

CareFirst BlueCross Blue Shield Community Health Plan Maryland may add or remove drugs from its formulary at any time as part of its Drug Use Management Program. We will immediately remove any drug from our formulary that is deemed by the Food and Drug Administration to be unsafe or the drug's manufacturer removes the drug from the market.

The following formulary changes were reviewed and approved by the CareFirst Community Health Plan Maryland Partners Pharmacy & Therapeutic Committee or added/removed from the formulary based on pharmacy policy. Changes will take effect on **April 1, 2021**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 CAPSULE, TABLET	Analgesic	Remove (Does not apply to existing members using this medication prior to 04/01/2021)		NF
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-500-40 CAPSULE, TABLET	Analgesic	Remove (Does not apply to existing members using this medication prior to 04/01/2021)		NF
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 CAPSULE, TABLET	Analgesic	Remove (Does not apply to existing members using this medication prior to 04/01/2021)		NF
NINLARO 2.3MG, 3MG, 4MG CAP	Antineoplastic	Add	PA, QL, SP	F
ROZLYTREK 100MG, 200MG CAP	Antineoplastic	Add	PA, QL, SP	F
THALOMID 50MG, 100MG, 150MG, 200MG CAPSULE	Antineoplastic	Add	PA, QL, SP	F
VELCADE INJ 3.5MG	Antineoplastic	Add	PA, QL, SP	F
VERZENIO TABLET 50MG, 100MG, 150MG, 200MG TABLET	Antineoplastic	Add	PA, QL, SP	F

XALKORI 200MG, 250MG CAP	Antineoplastic	Add	PA, QL, SP	F
XOSPATA 40MG TAB	Antineoplastic	Add	PA, QL, SP	F
IBRANCE 75MG, 100MG, 125MG, TABLET & 75MG, 100MG, 125MG CAPSULE	Antineoplastic	Remove		NF
NEXAVAR 200MG TAB	Antineoplastic	Remove		NF
VITRAKVI 25MG,100MG CAP	Antineoplastic	Remove		NF
VITRAKVI 20MG/ML SOLUTION	Antineoplastic	Remove		NF
ZYKADIA 150MG CAPSULE & TABLET	Antineoplastic	Remove		NF
ROSUVASTATIN 5MG, 10MG, 20MG, 40MG TABLET	Cardiovascular	Add		F
SUPREP BOWEL SOL PREP KIT	Gastrointestinal	Add		F
DOPTELET 20MG TAB	Hematologic	Add	PA, QL, SP	F
RETACRIT INJ 20,000 UNITS	Hematologic	Add	PA, SP	F
ZIEXTENZO INJ 6/0.6ML	Hematologic	Add	PA, QL, SP	F
MULPLETA 3MG TAB	Hematologic	Remove		NF
PROMACTA 12.5MG, 25MG, 50MG, 75MG TABLET	Hematologic	Remove		NF
UDENYCA INJ 6MG/0.6ML	Hematologic	Remove		NF
AVSOLA INJ 100MG	Immunologic Agents	Add	PA, QL, SP	F
OXYCODONE/ACETAMINOPHEN ORAL SOLUTION	Opioid Analgesics	Remove (Discontinued)		NF
ALVESCO AER 80MCG, 160MCG	Respiratory	Add	QL	F
TRELEGY AER 100-62.5-25MCG/INH	Respiratory	Add	QL	F
TRELEGY AER 200-62.5-25MCG/INH	Respiratory	Add	QL	F

FASENRA INJ 30MG/ML	Respiratory	Add	PA, QL, SP	F
FASENRA PEN INJ 30MG/ML	Respiratory	Add	PA, QL, SP	F
LIDOCAINE PATCH 5%	Topical	Add QL	PA, QL	F
CALCIUM 280MG TAB	Vitamins & Minerals	Add	OTC	F
CALCIUM/D3 CHEWABLE WAFER	Vitamins & Minerals	Add	OTC	F
IRON HP 65MG TAB	Vitamins & Minerals	Add	OTC	F
VITAMIN D3 CALCIUM/PHOSPHORUS TAB	Vitamins & Minerals	Add	OTC	F

NOTE: This table outlines upcoming changes to our formulary that may impact your patients.

Legend: PA = Prior Authorization, SP = Specialty, QL = Quantity limit, OTC = Over-the-Counter, F = Formulary, AL = Age Limit

What if my patient will be adversely affected by the formulary change? We recognize the unique aspects of patients' cases. If for medical reasons your CareFirst Community Health Plan Maryland patient cannot be converted to a formulary alternative, you can download a **Non-Formulary/Brand Medically Necessary Drug Exception Form** from our website at www.carefirstchpmd.com and fax the completed form to our Pharmacy Department for review.

What if I need further assistance? Please call the Provider Line at 1-800-730-8543 and follow the voice prompts for the option that will address your service needs.