

CareFirst 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 **(November 1, 2021)**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
VISTA ADVANCED AREDS2	Multivitamin	Add	OTC	F
VISTA ADVANCED DRY EYE	Multivitamin	Add	OTC	F
CHOLESTYRAMINE-ASAPARTAME	Antihyperlipidemic	Add		F
SAJAZIR	Bradykinin B2 Receptor Antagonist	Add	PA, QL	F
AFTERPILL	Emergency Contraceptive	Add	QL, OTC	F
COMFORT TOUCH PEN NEEDLE 32G x 4MM & 6MM 31G x 5MM & 8MM	Diabetic Supplies	Add	QL	F
CHILDREN'S OMEGA-3 GUMMY FISH	Multivitamin	Add	OTC	F
DERMACINRX RIBOTIN-E	Multivitamin	Add	OTC	F
DERMACINRX ZINTREXYL-C	Multivitamin	Add	OTC	F
JUST 4 KIDZ MULTIVIT-PROBIOTIC	Multivitamin	Add	OTC	F
MYCOZYL AL	Multivitamin	Add	OTC	F
OM3-DHA-EPA-COD LIVER-VIT A-D3	Multivitamin	Add	OTC	F
OMEGA 3-DHA-EPA-FISH OIL	Multivitamin	Add	OTC	F

DIDANOSINE DELAYED RELEASE CAPSULE 200 MG, 250 MG, 400 MG	Antiretroviral	Remove (Discontinued)		NF
RYBELSUS TAB 3MG, 7MG, 14MG	Antidiabetic	Add (UM Update)	ST, QL	F
TRULICITY INJ 0.75 MG/0.5ML	Antidiabetic	Add (UM Update)	ST, QL	F
TRULICITY INJ 1.5 MG/0.5ML	Antidiabetic	Add (UM Update)	ST, QL	F
TRULICITY INJ 3 MG/0.5ML	Antidiabetic	Add (UM Update)	ST, QL	F
TRULICTY INJ 4.5 MG/0.5ML	Antidiabetic	Add (UM Update)	ST, QL	F
OZEMPIC INJ 2/1.5ML	Antidiabetic	Add (UM Update)	ST, QL	F
OZEMPIC INJ 4MG/3ML	Antidiabetic	Add (UM Update)	ST, QL	F
TODAY SPONGE	Contraceptive	Add	QL	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.