

Upcoming Formulary Change Notice

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 **June 1, 2022**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
NEWFLORA PROBIOTIC	DIETARY SUPPLEMENT	ADD	OTC	F
PROBACAP CAP	DIETARY SUPPLEMENT	ADD	OTC	F
REJUVAFLOR CAP	DIETARY SUPPLEMENT	ADD	OTC	F
LENALIDOMIDE CAP 5 MG, 10 MG, 15 MG, 25 MG	ANTINEOPLASTIC AGENT	ADD	SP, PA, QL	F
DIGOXIN TAB 62.5 MCG (0.0625 MG)	CARDIOTONIC	ADD		F
DROPSAFE ALCOHOL PREP PADS	DIABETIC SUPPLIES	ADD	OTC	F
DROPSAFE INSULIN PEN NEEDLE 31G X 5MM	DIABETIC SUPPLIES	ADD	OTC, QL	F
EMBRACE SAFETY LANCET 21G, 28G	DIABETIC SUPPLIES	ADD	OTC, QL	F
SOAANZ (TORSEMIDE) TAB 20 MG	DIURETIC	ADD		F
KERENDIA (FINERENONE) TAB 10 MG, 20 MG	MINERALCORTICOID RECEPTOR ANTAGONIST	Add	PA	F

ALIVE DAILY WOMEN'S DAILY ULTRA POTENCY MULTIVITAMIN TAB	MULTIVITAMIN	ADD	OTC	F
ALIVE MULTIVITAMIN LIQUID	MULTIVITAMIN	ADD	OTC	F
DERMACINRX MULTIVITAMIN TAB	MULTIVITAMIN	ADD		F
ZELDANA MULTIVITAMIN CAP	MULTIVITAMIN	ADD	OTC	F
BENZAEPRIl/HCTZ TAB 5-6.25 MG	ACE INHIBITOR COMBINATION	REMOVE		NF
METHYLDOPA TAB 250 MG, 500 MG	ANTIHYPERTENSIVE	REMOVE		NF
OXYCODONE-ASPIRIN TAB 4.8355-325 MG	OPIOID ANALGESIC	REMOVE (Discontinued)		NF

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.