

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 **May 1, 2022**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
GERI-LANTA SUPREME 400 MG-135 MG/5 ML SUSPENSION	Antacid	Add	OTC	F
SOLIQUA 100 UNITS/ML & 33 MCG/ML PEN INJ	Antidiabetic	Add	PA	F
XULTOPHY 100 MG/3.6 ML PEN INJ	Antidiabetic	Add	PA	F
CARBOXYMETHYL OPHTHALMIC GEL 1%	Artificial Tears/Lubricant Single Agents	Add	OTC	F
CARBOXYMETHYL OPHTHALMIC EYE DROPS 0.5%	Artificial Tears/Lubricant Single Agents	Add	OTC	F
MARAVIROC 150 MG & 300 MG TAB	Antiretroviral	Add	QL	F
VUMERITY 231 MG CAP	Multiple Sclerosis Agent	Add	PA, QL, SP	F
LANREOTIDE ACETATE ER 120 MG/0.5 ML INJ	Somatostatin Agents	Add	PA, QL	F

MULTIVITAMIN WOMENS 50+ ADVANCED TAB	Vitamins	Add	OTC	F
WESCAPS CAP (B-COMPLEX W/C & FOLIC ACID 1 MG CAP)	Vitamins	Add	OTC	F
AJOVY 225 MG/1.5 ML INJ & SYRINGE	Antimigraine Agents	Remove		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.