

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 Pharmacy & Therapeutic Committee or added/removed from the formulary based on pharmacy policy. Changes will take effect on **September 1, 2022**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
ALMYSIS 100 MG/4 ML INJECTION	KINASE INHIBITOR	ADD	PA, SP	F
BEOVU 6 MG/ 0.05 ML INJECTION	RETINAL DISORDERS	ADD	PA, SP	F
BEXAROTENE 1% TOPICAL GEL	ANTINEOPLASTIC	ADD	PA, SP	F
BYOOVIZ 0.5 MG/0.05 ML INJECTION	RETINAL DISORDERS	ADD	PA, SP	F
CHILDRENS GILTUSS EX ORAL SOLN	EXPECTORANT	ADD	OTC	F
FLUTICASONE PROPIONATE HFA 110 MCG/PUFF	INHALED CORTICOSTEROID	ADD		F
FLUTICASONE PROPIONATE HFA 220 MCG/PUFF	INHALED CORTICOSTEROID	ADD		F
FLUTICASONE PROPIONATE HFA 44 MCG/PUFF	INHALED CORTICOSTEROID	ADD		F
NUCALA 100 MG/ML INJ PREFILLED SYR	RESPIRATORY	ADD	PA, SP	F
OLUMIANT 4 MG TAB	ANTINEOPLASTIC	ADD	PA, SP	F

PRIORIX (PF) INJ 0.5ML VIAL	VACCINE	ADD		F
SORAFENIB 200 MG TAB	ANTINEOPLASTIC	ADD	PA, SP	F
SPIKEVAX (PF) VACCINE	VACCINE	ADD		F
STYE (PVA-POVIDONE) EYE DROPS 0.5-0.6%	OPHTHALMIC	ADD	OTC	F
TYVASO DRY POWDER INH 16 MCG	PULMONARY ARTERIAL HYPERTENSION	ADD	PA, SP, QL	F
TYVASO DRY POWDER INH 32 MCG	PULMONARY ARTERIAL HYPERTENSION	ADD	PA, SP, QL	F
TYVASO DRY POWDER INH 48 MCG	PULMONARY ARTERIAL HYPERTENSION	ADD	PA, SP, QL	F
TYVASO DRY POWDER INH 64 MCG	PULMONARY ARTERIAL HYPERTENSION	ADD	PA, SP, QL	F
TYVASO DRY POWDER INH 16 MCG-32 MCG	PULMONARY ARTERIAL HYPERTENSION	ADD	PA, SP, QL	F
TYVASO DRY POWDER INH 16 MCG-32 MCG-48 MCG	PULMONARY ARTERIAL HYPERTENSION	ADD	PA, SP, QL	F
TYVASO DRY POWDER INH 32 MCG-48 MCG	PULMONARY ARTERIAL HYPERTENSION	ADD	PA, SP, 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.