

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 **December 1, 2022**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
ACTIVNUTRIENTS CHEWABLE TAB	PEDIATRIC MULTIPLE VITAMINS W/MINERAL	ADD	OTC	F
CALQUENCE TAB 100MG	ANTINEOPLASTIC AGENT	ADD	SP, PA	F
CULTURELLE ADVANCED REGULARITY	ANTIDIARRHEAL/PROBIOTIC AGENT	ADD	OTC	F
CULTURELLE KIDS CHEWABLE PROBIOTIC-MULTIVIT-LUTEIN	PEDIATRIC MULTIPLE VITAMIN	ADD	OTC	F
CULTURELLE KIDS PROBIOTIC + FIBER	ANTIDIARRHEAL/PROBIOTIC AGENT	ADD	OTC	F
CULTURELLE WOMEN'S WELLNESS CHEWABLE	ANTIDIARRHEAL/PROBIOTIC AGENT	ADD	OTC	F
ENSPRYNG SUBQ INJECTION 120 MG/ML	NEUROMYELITIS OPTICA SPECTRUM DISORDER AGENT	ADD	SP, PA	F
JAVYGTOR TAB 100 MG	METABOLIC MODIFIER	ADD	SP, PA	F
LENALIDOMIDE CAP 2.5 MG	IMMUNOMODULATOR	ADD	SP, PA, QL	F
LENALIDOMIDE CAP 20 MG	IMMUNOMODULATOR	ADD	SP, PA, QL	F
OSENI TAB 12.5 MG-15 MG	ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS	REMOVE		NF

PRO COMFORT SPACER-INFANT MASK	SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	ADD	OTC	F
SOLIRIS IV SOLUTION 300 MG/30 ML	NEUROMYELITIS OPTICA SPECTRUM DISORDER AGENT	REMOVE	SP, PA	NF
UPLIZNA IV SOLUTION 100 MG/10 ML	NEUROMYELITIS OPTICA SPECTRUM DISORDER AGENT	ADD	SP, PA	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.