

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 **March 1, 2023**

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
COUGH & CONGESTION KIDS LIQUID 5-100 MG/5ML	COUGH SUPPRESSANT	ADD	N/A	F
CREON CAP 12000 UNT	PANCREATIC ENZYMES	REMOVE	N/A	NF
CREON CAP 24000 UNT	PANCREATIC ENZYMES	REMOVE	N/A	NF
CREON CAP 3000 UNT	PANCREATIC ENZYMES	REMOVE	N/A	NF
CREON CAP 36000 UNT	PANCREATIC ENZYMES	REMOVE	N/A	NF
CREON CAP 6000 UNT	PANCREATIC ENZYMES	REMOVE	N/A	NF
HALOETTE VA RING 0.120-0.015 MG/24HR	CONTRACEPTIVES	ADD	N/A	F
LINZESS CAP 145 MCG	GASTROINTESTINAL	REMOVE	N/A	NF
LINZESS CAP 290 MCG	GASTROINTESTINAL	REMOVE	N/A	NF
LINZESS CAP 72 MCG	GASTROINTESTINAL	REMOVE	N/A	NF
LUBIPROSTONE 8 MCG	GASTROINTESTINAL	ADD	N/A	F

LUBIPROSTONE 24 MCG	GASTROINTESTINAL	ADD	N/A	F
MVW HI-D DROPS	PEDIATRIC MULTIVITAMIN WITH MINERALS	ADD	N/A	F
PAIN & FEVER INFANTS SUS	ANALGESICS	ADD	N/A	F
PAIN & FEVER KIDS SUSP 160 MG/5ML	ANALGESICS	ADD	N/A	F
TRULANCE TAB 3 MG	GASTROINTESTINAL	REMOVE	N/A	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.