

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 **April, 2023**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
ACTIVNUTRIENTS (NO COPPER-IRON)	VITAMIN SUPPLEMENT	ADD	OTC	F
BUDESONIDE TAB ER 9 MG	GASTROINTESTINAL	ADD		F
DIFICID SUS	ANTI-INFECTIVES	ADD	PA	F
DIFICID TAB 200 MG	ANTI-INFECTIVES	ADD	PA	F
EMBRACE PEN NEEDLES/31G X 8MM	DIABETIC SUPPLIES	ADD	OTC, QL	F
EMBRACE PEN NEEDLES/32G X 4MM	DIABETIC SUPPLIES	ADD	OTC, QL	F
ETHACRYNIC ACID TAB 25 MG	DIURETIC	ADD		F
HER STYLE TAB	EMERGENCY CONTRACEPTIVE	ADD	OTC, QL	F
HUMATROPE INJ 12 MG	HUMAN GROWTH HORMONE	ADD	SP, PA	F
HUMATROPE INJ 24 MG	HUMAN GROWTH HORMONE	ADD	SP, PA	F
HUMATROPE INJ 6 MG	HUMAN GROWTH HORMONE	ADD	SP, PA	F
MESALAMINE SUP 1000 MG	GASTROINTESTINAL	ADD		F

MINERAL OIL (BULK)	EMOLLIENT	ADD	OTC	F
MINERAL OIL (TOPICAL)	EMOLLIENT	ADD	OTC	F
NOZIN NASAL MIS SANITIZE	MISC.	REMOVE	OTC	NF
OZEMPIC INJ 2 MG/3 ML	ANTIDIABETIC	ADD	ST, QL	F
PHENYTOIN SODIUM EXTENDED CAP 30 MG	ANTICONVULSANT	REMOVE		NF
ROBITUSSIN COUGH+CHEST CONGESTION DM	COUGH SUPPRESSANT	ADD	OTC	F
SKYRIZI INJ 180/1.2	AUTOIMMUNE AGENTS	ADD	SP, PA, QL	F
SMART NEB COMPRESSOR NEBULIZER	MEDICAL DEVICE	ADD	OTC, QL	F
SULFADIAZINE TAB 500MG	ANTIBACTERIAL	REMOVE		NF
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	DIABETIC SUPPLIES	ADD	OTC, QL	F
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	DIABETIC SUPPLIES	ADD	OTC, QL	F
ZTALMY SUS 50 MG/ML	ANTICONVULSANT	ADD	SP, PA	F

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.