

## 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, 2024**.

Drug Name	Therapeutic Class	Add/Remove	Edit Description	Formulary Status
FLOVENT DISKUS 50 MCG, 100 MCG, 250 MCG	INHALER	REMOVE	N/A	NF
FLOVENT HFA 44 MCG, 110 MCG, 220 MCG	INHALER	REMOVE	N/A	NF
HUMIRA INJ 10/0.1 ML, 20/0.2 ML, 40/0.4 ML	IMMUNOLOGIC AGENT	REMOVE	N/A	NF
HUMIRA KIT 40 MG/0.8 ML	IMMUNOLOGIC AGENT	REMOVE	N/A	NF
HUMIRA PEDIATRIC INJ CROHNS 80 MG/0.8 ML	IMMUNOLOGIC AGENT	REMOVE	N/A	NF
HUMIRA PEDIATRIC INJ CROHNS STARTER PACK	IMMUNOLOGIC AGENT	REMOVE	N/A	NF
HUMIRA PEN INJ 40 MG/0.8 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	IMMUNOLOGIC AGENT	REMOVE	N/A	NF
HUMIRA PEN KIT PS/UV	IMMUNOLOGIC AGENT	REMOVE	N/A	NF
MOVANTIK TAB 12.5 MG, 25 MG	GASTROINTESTINAL	REMOVE	N/A	NF

OPSUMIT TAB 10 MG	CARDIOVASCULAR	REMOVE	N/A	NF
PADCEV INJ 20 MG, 30 MG	ANTINEOPLASTIC AGENT	ADD	SP, PA, QL	F
PAXLOVID TAB 150-100 MG, 300-100 MG	ANTI-INFECTIVE	ADD	QL	F
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG, 0.5 MG, 1 MG	VITAMIN	ADD	N/A	F
XALKORI CAP 20 MG, 50 MG, 150 MG	ANTINEOPLASTIC AGENT	ADD	SP, PA, 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](http://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.