

Upcoming CareFirst Formulary Updates

CareFirst BlueCross BlueShield (CareFirst) is updating its commercial and exchange formularies for members with CareFirst's prescription benefit. Formulary updates include utilization management, changes to drug tiers, and removal of medications. These updates will occur on April 1 for Formularies 1, 2, 3, and 4 and May 1 for the Exchange Formulary. Formulary updates may occur quarterly to help ensure drugs covered are safe and clinically cost-effective. You can view a complete list of covered drugs and utilization management, if applicable, by formulary on our [website](#).

Please note: Formulary updates subject to change and utilization management changes are communicated to you as required by Maryland Insurance Code §15-854.

Utilization Management Changes

Below is a list of medications that will require utilization management including prior authorization, step therapy and quantity limit.

Product	Change	Formulary
doxepin, Prudoxin, Zonalon topical	Quantity Limit Update	Exchange; Formulary 1, 2, 3
vancomycin oral	Quantity Limit Added	Formulary 1, 2, 3
clindamycin, erythromycin topical	Quantity Limit Prior Authorization Added	Formulary 1, 2, 3
Zyflo ER (zileuton ER) oral	Prior Authorization Added	Formulary 1, 2, 3
topiramate ext-rel sprinkle capsule (generics for QUDEXYXR only)	Prior Authorization Added	Formulary 1
armodafinil tabs	Added Quantity Limit to Prior Authorization	Formulary 4
modafinil tab 100 mg	Added Quantity Limit to Prior Authorization	Formulary 4
buprenorphine hcl subl	Added Quantity Limit to Prior Authorization	Formulary 4
paroxetine mesylate capsule 7.5mg	Prior Authorization Added	Formulary 1
doxycycline hyclate delayed-rel tablet 50mg	Prior Authorization Added	Formulary 1
fenofibrate tablet 40mg, fenofibrate capsule 50mg, 130mg	Prior Authorization Added	Formulary 1
clocortolone pivalate cream 0.1%,	Prior Authorization Added	Formulary 1
desoximetasone oint 0.05%,	Prior Authorization Added	Formulary 1
hydrocortisone butyrate lotion 0.1%	Prior Authorization Added	Formulary 1
triamcinolone acetonide oint 0.05%	Prior Authorization Added	Formulary 1

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Trianex Ointment 0.05%	Prior Authorization Added	Formulary 1
hyoscyamine tablet ext-rel 0.375 mg	Prior Authorization Added	Formulary 1
pantoprazole delayed-rel suspension	Prior Authorization Added	Formulary 1

Formulary Drug Tier Changes and Removals

Below is a list of commonly prescribed medications that will move to a higher tier or no longer be covered, along with covered drug alternative options. This list is not all inclusive. The covered alternatives show brand-name drugs in CAPS and generic drugs in lowercase. If a member needs a drug covered at a lower cost share tier or a non-formulary drug to be covered for medical necessity reasons, providers may submit an exception request [here](#).

Product	Tier Change or Drug Removal	Covered Alternative(s)*	Formulary
hyoscyamine ext-rel 0.375 mg	Drug removal	dicyclomine, hyoscyamine sulfate	Exchange; Formulary 2,3
Ciprodex	Drug removal	ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of Ciprodex)	Exchange
Taytulla	Drug removal	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of Taytulla)	Exchange
Atripla	Tier Change	efavirenz-emtricitabine-tenofovir disoproxil fumarate (generic of Atripla)	Formulary 1,2,3
paroxetine 7.5 mg capsule	Drug removal	paroxetine HCl	Formulary 2,3
mesalamine 800 mg tab	Drug removal	ASACOL HD (will be covered at Tier 1 Copay)	Formulary 2,3,4
estradiol vaginal tab yuvafem vaginal tab	Drug removal	VAGIFEM (will be covered at Tier 1 Copay)	Formulary 2,3,4
colchicine 0.6 mg capsule	Drug removal	MITIGARE (will be covered at Tier 1 Copay)	Formulary 2,3,4

*Covered alternatives may vary based on formularies.