

CareFirst Formulary Updates for July 1, 2021

The formulary updates outlined below are effective July 1, 2021. You can view a complete list of covered drugs and utilization management, if applicable, by formulary on our [website](#).

Drug Additions

Below is a list of medications that will be added to the formulary. This list is not all inclusive.

Product	Note	Formulary
ACCU-CHEK AVIVA PLUS, ACCU-CHEK COMPACT PLUS, ACCU-CHEK GUIDE, ACCU-CHEK SMARTVIEW STRIPS AND KITS	ACCU-CHEK and ONETOUCH Diabetic Supplies will be co-preferred on Formulary 2, 3, 4	Formulary 2, 3, 4

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
APOKYN	Quantity Limit Added	Exchange
REYVOW	Step Therapy with Quantity Limit	Formulary 1, 2, 3
ketoconazole shampoo 2%	Added Quantity Limit to Prior Authorization	Formulary 4
carisoprodol 250 mg	Prior Authorization Added	Formulary 1
zolpidem sublingual	Prior Authorization Added	Formulary 1
tramadol capsule	Prior Authorization Added	Formulary 1
PROMETRIUM	Prior Authorization Added	Formulary 1
lactojen	Prior Authorization Added	Formulary 1
PRILOSEC	Prior Authorization Added	Formulary 1
THEO-24	Prior Authorization Added	Formulary 1
luliconazole	Prior Authorization Added	Formulary 1
SEASONIQUE	Prior Authorization Added	Formulary 1
NEO-SYNALAR	Prior Authorization Added	Formulary 1
halcinonide cream 0.1%	Prior Authorization Added	Formulary 1
flurandrenolide cream & lotion 0.05%	Prior Authorization Added	Formulary 1
nolix cream	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 alternatives. This list is not all inclusive. Brand-name drugs are CAPITALIZED and generic drugs are 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, the provider may submit an [exception request](#).

Product	Tier Change or Drug Removal	Covered Alternative(s)*	Formulary
carisoprodol 250 mg	Drug removal	carisoprodol 350mg tablet, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	Exchange; Formulary 2, 3, 4
zolpidem sublingual	Drug removal	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel	Formulary 2, 3, 4
icosapent ethyl capsule 1 GM	Drug removal	VASCEPA 1 GM (will be covered at Tier 1 Copay)	Formulary 2, 3, 4
WP THYROID	Drug removal	levothyroxine, liothyronine	Formulary 2, 3
NATURE THYROID	Drug removal	levothyroxine, liothyronine	Formulary 2, 3
Brand Prenatal Vitamin (except CITRANATAL)	Drug removal	generic prenatal vitamins, CITRANATAL	Formulary 2, 3
AMITIZA	Drug removal	lubiprostone	Exchange
ZOMIG NASAL SPRAY	Drug removal	zolmitriptan nasal spray	Exchange

*Covered alternatives may vary based on formularies.

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