

CareFirst Formulary Updates for October 1, 2021

The formulary updates outlined below are effective October 1, 2021. Brand-name drugs are CAPITALIZED and generic drugs are lowercase. 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
CALQUENCE	New Addition	Formulary 2
KOSELUGO	New Addition	Formulary 2, 4

Utilization Management Changes

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

Product	Note	Formulary
Adapalene	Prior Authorization Added <i>PA required only for members aged 35 years or older</i>	Formulary 1, 2, 3, 4
VFEND	Prior Authorization Added	Formulary 1, 2, 3
ZYVOX	Prior Authorization Added	Formulary 1, 2, 3
VALTOCO	Prior Authorization Added	Formulary 1, 2, 3
Opioid Cough and Cold Products in Children	Safety Edit <i>To limit the use of opioid cough and cold medicines containing codeine in children ages 12 years or younger or hydrocodone in children ages 6 years or younger because the risk of these medicines outweighs their potential benefits</i>	Formulary 1, 2, 3, 4, Exchange
Codeine and Tramadol Use for Pain in Children	Safety Edit <i>To limit the use of codeine or tramadol in children ages 12 years or younger as the risk of these medicines outweighs their potential benefits</i>	Formulary 1, 2, 3, 4, Exchange
Opioid-Containing Cough and Cold Products	Quantity Limit/Duration Limit Added	Formulary 1, 2, 3, 4
doxycycline hyclate dr	Prior Authorization Added	Formulary 1
meloxicam cap	Prior Authorization Added	Formulary 1
TRULICITY	Quantity Limit Added	Formulary 4
VICTOZA	Quantity Limit Added	Formulary 4
OZEMPIC	Quantity Limit Added	Formulary 4
RYBELSUS	Quantity Limit Added	Formulary 4

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. 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](#).

Product	Tier Change or Drug Removal	Covered Alternative(s)*	Formulary
doxycycline hyclate dr	Drug removal	doxycycline hyclate capsule, minocycline, tetracycline	Formulary 2, 3, 4, Exchange
meloxicam cap	Drug removal	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	Formulary 2, 3, 4
CORDRAN	Drug removal	desonide, hydrocortisone	Formulary 2, 3, 4
paroxetine HCL ER	Drug removal	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline	Formulary 2, 3
TRUVADA	Tier Increase	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine	Formulary 1, 2, 3

*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.