

Upcoming CareFirst Formulary Updates

Effective April 1 and May 1, 2022, certain medications on CareFirst formularies listed below will require utilization management, move to a higher tier, or no longer be covered. Brand-name drugs are CAPITALIZED, and generic drugs are lowercase. These formulary updates will occur on April 1 for Formularies 1, 2, 3, and 4 and May 1 for the Exchange Formulary.

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
GEMTESA	New Addition	Formulary 2, 3
HAEGARDA	New Addition	Formulary 2, 3

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
GRALISE	Quantity Limit Added	Formulary 1, 2, 3
HORIZANT	Quantity Limit Added	Formulary 1, 2, 3
Imiquimod 5% Cream	Quantity Limit Added	Formulary 1, 2, 3, 4
benzoyl peroxide-erythromycin gel	Quantity Limit Added	Exchange
clindamycin phosphate-benzoyl peroxide gel	Quantity Limit Added	Exchange
Clotrimazole troche	Quantity Limit Added	Exchange
Gentamicin ointment/cream	Quantity Limit Added	Exchange
Metronidazole gel/lotion	Quantity Limit Added	Exchange
Tetracycline capsule	Quantity Limit Added	Exchange
XIFAXAN 200mg	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
BENZAMYCIN	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
ACANYA	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
BENZACLIN	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
DUAC	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
ONEXTON	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
Female Condoms	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
clotrimazole troches/lozenges	Prior Authorization with Quantity Limit Added	Formulary 1, 2, 3
NAYZILAM	Prior Authorization Added with Quantity Limit	Formulary 1, 2, 3
KLISYRI	Prior Authorization Added with Quantity Limit	Formulary 1, 2, 3

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XIFAXAN 550mg	Prior Authorization Added	Formulary 1, 2, 3 (Except F2 FEP)
AKLIEF	Prior Authorization Added	Formulary 1, 2, 3
EPIDUO	Prior Authorization Added	Formulary 1, 2, 3, 4
EPIDUO FORTE	Prior Authorization Added	Formulary 1, 2, 3, 4
FABIOR	Prior Authorization Added	Formulary 1, 2, 3
ORIAHNN	Prior Authorization Added	Formulary 1, 2, 3
ORLISSA	Prior Authorization Added	Formulary 1, 2, 3
MYFEMBREE	Prior Authorization Added	Formulary 1, 2, 3
FINACEA	Prior Authorization Added	Formulary 1, 2, 3, 4
MIRVASO	Prior Authorization Added	Formulary 1, 2, 3, 4
NORITATE	Prior Authorization Added	Formulary 1, 2, 3, 4
RHOFADE	Prior Authorization Added	Formulary 1, 2, 3, 4
SOOLANTRA	Prior Authorization Added	Formulary 1, 2, 3, 4
BREXAFEMME	Step Therapy with Limits	Formulary 1, 2, 3
calcipotriene topical scalp solution	Prior Authorization Added	Formulary 1, 2, 3
CALCITRENE	Prior Authorization Added	Formulary 1, 2, 3, 4
DOVONEX	Prior Authorization Added	Formulary 1, 2, 3, 4
ENSTILAR	Prior Authorization Added	Formulary 1, 2, 3, 4
SORILUX	Prior Authorization Added	Formulary 1, 2, 3, 4
TACLONEX	Prior Authorization Added	Formulary 1, 2, 3, 4
VECTICAL	Prior Authorization Added	Formulary 1, 2, 3, 4
WYNZORA	Prior Authorization Added	Formulary 1, 2, 3, 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
albuterol sulfate HFA (generic Ventolin)	Drug removal	albuterol sulfate CFC-free aerosol (except NDC 66993001968) and levalbuterol tartrate CFC-free aerosol.	Formulary 2, 3, 4
MYRBETRIQ	Drug removal	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA (vibegron), and TOVIAZ (fesoterodine ext-rel)	Formulary 2, 3
DYMISTA	Drug removal	azelastine-fluticasone, flunisolide, fluticasone, and mometasone	Formulary 2, 3
BYSTOLIC	Tier Increase	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, and propranolol ext-rel	Formulary 1, 2
DUREZOL	Tier Increase	dexamethasone, difluprednate, loteprednol, prednisolone	Formulary 1, 2, 3

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acetate 1%, FML FORTE (fluorometholone), FML S.O.P.
(fluorometholone)

**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.