

## CareFirst Formulary Updates for January 1, 2022

The formulary updates outlined below are effective January 1, 2022. 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
TRESIBA	New Addition	Formulary 4
WAKIX	New Addition	Formulary 2, 3
XYWAV	New Addition	Formulary 2, 3
CLENPIQ	New Addition	Exchange

### 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
SYMLINPEN	Step Therapy	Formulary 1, 2, 3
ADLYXIN	Step Therapy	Formulary 1, 2, 3
BYDUREON/BYDUREON BCISE	Step Therapy	Formulary 1, 2, 3
BYETTA	Step Therapy	Formulary 1, 2, 3
OZEMPIC	Step Therapy	Formulary 1, 2, 3
RYBELSUS	Step Therapy	Formulary 1, 2, 3
TRULICITY	Step Therapy	Formulary 1, 2, 3
VICTOZA	Step Therapy	Formulary 1, 2, 3
FARXIGA	Step Therapy	Formulary 1, 2, 3
INVOKANA	Step Therapy	Formulary 1, 2, 3
JARDIANCE	Step Therapy	Formulary 1, 2, 3
STEGLATRO	Step Therapy	Formulary 1, 2, 3
INVOKAMET/ INVOKAMET XR	Step Therapy	Formulary 1, 2, 3
SEGLUROMET	Step Therapy	Formulary 1, 2, 3
SYNJARDY/ SYNJARDY XR	Step Therapy	Formulary 1, 2, 3
XIGDUO XR	Step Therapy	Formulary 1, 2, 3
GLYXAMBI	Step Therapy	Formulary 1, 2, 3
QTERN	Step Therapy	Formulary 1, 2, 3
STEGLUJAN	Step Therapy	Formulary 1, 2, 3
QTERNMET XR	Step Therapy	Formulary 1, 2, 3

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<b>TRIJARDY XR</b>	Step Therapy	Formulary 1, 2, 3
<b>SOLQUA</b>	Step Therapy	Formulary 1, 2, 3
<b>XULTOPHY</b>	Step Therapy	Formulary 1, 2, 3
<b>JANUMET/ JANUMET XR</b>	Step Therapy	Formulary 1, 2, 3
<b>JANUVIA</b>	Step Therapy	Formulary 1, 2, 3
<b>JENTADUETO/ JENTADUETO XR</b>	Step Therapy	Formulary 1, 2, 3
<b>KAZANO</b>	Step Therapy	Formulary 1, 2, 3
<b>KOMBIGLYZE XR</b>	Step Therapy	Formulary 1, 2, 3
<b>NESINA</b>	Step Therapy	Formulary 1, 2, 3
<b>ONGLYZA</b>	Step Therapy	Formulary 1, 2, 3
<b>OSENI</b>	Step Therapy	Formulary 1, 2, 3
<b>TRADJENTA</b>	Step Therapy	Formulary 1, 2, 3
<b>NURTEC ODT</b>	Step Therapy with Quantity Limit	Formulary 1, 2, 3
<b>UBRELVY</b>	Step Therapy with Quantity Limit	Formulary 1, 2, 3
<b>Nitazoxanide</b>	Quantity Limit	Formulary 4
<b>Malathion</b>	Prior Authorization	Exchange
<b>SPINOSAD</b>	Prior Authorization	Exchange
<b>butalbital-acetaminophen-caffeine</b>	Prior Authorization or members aged 70 and older	Exchange
<b>butalbital-acetaminophen-caffeine w/ codeine</b>	Prior Authorization or members aged 70 and older	Exchange
<b>butalbital-acetaminophen-caffeine</b>	Prior Authorization or members aged 70 and older	Exchange
<b>butalbital-aspirin-caffeine</b>	Prior Authorization or members aged 70 and older	Exchange
<b>butalbital-acetaminophen tab</b>	Prior Authorization or members aged 70 and older	Exchange
<b>carisoprodol w/ aspirin &amp; codeine</b>	Prior Authorization or members aged 70 and older	Exchange
<b>Opioid Cough and Cold Products in Children</b>	Safety Edit - Subject to initial 7-day limit. 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	Exchange
<b>calcipotriene solution</b>	Prior Authorization	Exchange
<b>calcitriol ointment</b>	Prior Authorization	Exchange
<b>calcipotriene-betamethasone dipropionate ointment</b>	Prior Authorization	Exchange
<b>TRULICITY</b>	Quantity Limit Added	Exchange
<b>VICTOZA</b>	Quantity Limit Added	Exchange
<b>OZEMPIC</b>	Quantity Limit Added	Exchange
<b>zileuton tab ER</b>	Prior Authorization	Exchange
<b>gabapentin</b>	Quantity Limit Added	Exchange
<b>OSPHENA</b>	Prior Authorization	Exchange
<b>Female Condoms</b>	Quantity Limit Added	Exchange

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ketoconazole shampoo 2%

Quantity Limit Added

Exchange

## 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
ELIQUIS	Drug removal	warfarin, XARELTO	Formulary 2, 3
AIMOVIG	Drug removal	AJOVY, EMGALITY	Formulary 2, 3, 4
TRUVADA	Drug removal	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS	Formulary 2, 3
Budesonide TAB ER 9MG	Drug removal	UCERIS TABLET (Tier 1 Strategy)	Formulary 2, 3
Ivermectin 1% Cream	Drug removal	SOOLANTRA 1% CREAM (Tier 1 Strategy)	Formulary 2, 3
Tavaborole	Drug removal	terbinafine tablet	Formulary 2, 3
OXYCONTIN ER	Drug removal	hydrocodone tab ER, oxycodone tab ER, XTAMPZA ER CAP	Exchange
SUPREP BOWEL	Drug removal	CLENPIQ	Exchange
hyoscyamine tab 0.125mg	Drug removal	dicyclomine, glycopyrrolate, methscopolamine	Exchange
REYVOW	Tier Increase	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY	Formulary 1, 2, 3
DOPTELET	Tier Increase	PROMACTA, TAVALISSE	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.