

Upcoming CareFirst Formulary Updates

Effective July 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.

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
JORNAY	New Addition	Formulary 2, 3
ZEGALOGUE	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
gentamicin sulfate cream, gentamicin sulfate ointment	Quantity Limit Added	Formulary 1, 2, 3
gentamicin sulfate ophth soln	Quantity Limit Added	Formulary 1, 2, 3
tetracycline capsules	Quantity Limit Added	Formulary 1, 2, 3
ALTRENO	Prior Authorization Added	Formulary 1, 2, 3, 4
ATRALIN	Prior Authorization Added	Formulary 1, 2, 3, 4
AVITA	Prior Authorization Added	Formulary 1, 2, 3, 4
CEQUA	Prior Authorization Added	Formulary 1, 2, 3
EYSUVIS	Prior Authorization Added	Formulary 1, 2, 3
KERENDIA	Prior Authorization Added	Formulary 1, 2, 3
OPZELURA	Prior Authorization Added	Formulary 1, 2, 3
RELISTOR	Prior Authorization Added	Formulary 1, 2, 3
RELTONE	Prior Authorization Added	Formulary 1, 2, 3
RESTASIS	Prior Authorization Added	Formulary 1, 2, 3
RETIN-A	Prior Authorization Added	Formulary 1, 2, 3, 4
RETIN-A MICRO	Prior Authorization Added	Formulary 1, 2, 3, 4
TWYNEO	Prior Authorization Added	Formulary 1, 2, 3, 4
TYRVAYA	Prior Authorization Added	Formulary 1, 2, 3
VELTIN	Prior Authorization Added	Formulary 1, 2, 3, 4
XIIDRA	Prior Authorization Added	Formulary 1, 2, 3, 4
ZIANA	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
DEXILANT	Drug removal	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel	Exchange Formulary, Formulary 2, 3
dexlansoprazole	Drug removal	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel	Formulary 2, 3
COMBIGAN	Drug removal	generic brimonidine-timolol ophthalmic solution	Exchange Formulary
QUILLICHEW ER	Drug removal	amphetamine/dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	Formulary 2, 3
QUILLIVANT XR	Drug removal	amphetamine/dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	Formulary 2, 3
MOVANTIK	Drug removal	lubiprostone, SYMPROIC	Formulary 2, 3
VANDAZOLE	Drug removal	clindamycin vaginal cream 2%, metronidazole vaginal gel 0.75%	Exchange Formulary
eluryng	Drug removal	NUVARING (will be covered at Tier 1 Copay)	Formulary 2, 3
etonogestrel-ethinyl estradiol	Drug removal	NUVARING (will be covered at Tier 1 Copay)	Formulary 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.