

# Upcoming CareFirst Formulary Updates

Effective October 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
ENVARUSUS XR	Addition	F2, F3
PROGRAF	Addition	F2, F3

## 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
NEXLETOL	Prior Authorization Added	Formulary 1, 2, 3,
NEXLIZET	Prior Authorization Added	Formulary 1, 2, 3
LOVAZA	Prior Authorization Added	Formulary 1, 2, 3
VASCEPA	Prior Authorization Added	Formulary 1, 2, 3
MOVANTI	Prior Authorization Added	Formulary 1, 2, 3
SYMPROIC	Prior Authorization Added	Formulary 1, 2, 3
CORLANOR	Prior Authorization Added	Formulary 1, 2, 3, 4
VERQUVO	Prior Authorization Added	Formulary 1, 2, 3, 4
RESTASIS	Prior Authorization Added	Formulary 4
XIIDRA	Prior Authorization Added	Formulary 4
ALVESCO	Quantity Limit Added	Formulary 1, 2, 3
ARMONAIR DIGIHALER	Quantity Limit Added	Formulary 1, 2, 3
ARNUITY ELLIPTA	Quantity Limit Added	Formulary 1, 2, 3
ASMANEX HFA	Quantity Limit Added	Formulary 1, 2, 3
ASMANEX TWISTHALER	Quantity Limit Added	Formulary 1, 2, 3
FLOVENT DISKUS	Quantity Limit Added	Formulary 1, 2, 3
FLOVENT HFA	Quantity Limit Added	Formulary 1, 2, 3
PULMICORT FLEXHALER	Quantity Limit Added	Formulary 1, 2, 3
PULMICORT RESPULES	Quantity Limit Added	Formulary 1, 2, 3
QVAR REDIHALER	Quantity Limit Added	Formulary 1, 2, 3

## 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
<b>betamethasone dipropionate ointment</b>	Drug Removal: Hyperinflation exclusion	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%)	F2, F3, F4
<b>clobetasol propionate emollient</b>	Drug Removal: Hyperinflation exclusion	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment	F2, F3, F4
<b>lansoprazole ODT</b>	Drug Removal: Hyperinflation exclusion	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	F2, F3, F4

\*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.