

# Upcoming CareFirst Formulary Updates

Effective April 1, 2023, and May 1<sup>st</sup>, 2023, 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](#).

## Utilization Management Changes

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

Product	Note	Formulary
Testosterone Products	Prior Authorization	F1, F3, F2 CHART, F4 CHART
WINLEVI	Prior Authorization	F1, F3, F2 CHART, F4 CHART
XIFAXAN 550MG ONLY	Prior Authorization with Quantity Limit	F2 CHART
VTAMA	Prior Authorization with Quantity Limit	F1, F3, F2 CHART, F4 CHART
XEPI	Prior Authorization with Quantity Limit	F1, F3, F2 CHART, F4 CHART
XHANCE	Prior Authorization with Quantity Limit	F1, F3, F2 CHART, F4 CHART
Antihistamine, Steroid, Combination Intranasal	Quantity Limit	F1, F2, F3, F2 CHART, F4 CHART
AUVELITY	Quantity Limit	F1, F2, F3, F2 CHART, F4 CHART
ZORYVE	Step Therapy	F1, F2, F3, F2 CHART, F4 CHART

## 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 Removal	Covered Alternative(s)*	Formulary
ACZONE	Drug Removal	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI	F2, F3

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BYSTOLIC	Drug Removal	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel	F2
CARBAGLU	Drug Removal	carglumic acid	F2, F3
CLIMARA	Drug Removal	estradiol, DIVIGEL, EVAMIST	F2, F3
COMBIGAN	Drug Removal	brimonidine-timolol	F2, F3
COMBIGAN	Tier 2 to Tier 3	brimonidine-timolol	F1
CYSTADANE	Drug Removal	betaine	F2, F3
DALIRESP	Tier 2 to Tier 3	roflumilast	F1
DALIRESP	Drug Removal	roflumilast	F2, F3, Exchange
DEPAKOTE, DEPAKOTE ER	Drug Removal	carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	F2, F3
DILANTIN	Drug Removal	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	F2
DIVIGEL	Drug Removal	estradiol	Exchange
fenofibrate micronized 30 mg, 90 mg	Drug Removal	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel	F2, F3
GILENYA	Drug Removal	fingolimod hcl	Exchange
GLUCAGON	Tier 2 to Tier 3	glucagon, human recombinant, BAQSIMI, GLUCAGEN HYPOKIT, GVOKE, ZEGALOGUE	F1
PERFOROMIST	Tier 2 to Tier 3	arformoterol, formoterol	F1
PERFOROMIST	Drug Removal	arformoterol, formoterol	F2, F3
SELZENTRY	Drug Removal	maraviroc	F2, F3
TARGETIN	Drug Removal	bexarotene	F2, F3

TAZORAC	Drug Removal	azarotene	Exchange
TEGRETOL, TEGRETOL XR	Drug Removal	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	F2, F3
TRILEPTAL	Drug Removal	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	F2, F3
TYVASO	Drug Removal	Talk to your doctor	F2
ZOMIG NASAL	Tier 2 to Tier 3	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH	F1, F2, F3

\*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.

*Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under the Coverage tab.*