

# April 1, 2024 CareFirst Formulary Updates

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) strive to provide affordable, accessible care to our members. We know that any increases in pharmacy spending have the potential to be transferred to our subscribers in the form of higher healthcare costs or offset by lower payments to our valued provider partners. To prevent unnecessary increases, we conduct a quarterly review of our formularies and make changes to encourage utilization of safe and clinically cost-effective drugs.

This document provides a list of formulary changes effective **April 1, 2024**. It is not inclusive of all formulary changes. You can view a complete list of covered drugs and utilization management programs on our [website](#).

## Drug Additions

These medications will be added to formulary coverage.

Product	Note	Formulary
HUMATROPE	ADDED	F2 CHART, F4 CHART
SOGROYA	ADDED	F2 CHART, F4 CHART
VITALIPID N INFANT, VITLIPID N ADULT, VITLIPID N INFANT <sup>\$</sup>	ADDED (NON-PREFERRED)	F2, F3, F3 Choice

<sup>\$</sup>Coverage subject to plan design

## Formulary Removals

These medications will be removed from formulary coverage or moved to a higher cost-sharing tier. If medical necessity dictates that an excluded medication be covered, providers may submit an [exception request](#).

Product	Note	Formulary Alternatives	Formulary
ALPHAGAN	REMOVED	brimonidine solution	EXCHANGE <sup>+</sup>
albuterol sulfate aerosol (NDCs: 00093317431, 66993001968)	REMOVED	albuterol sulfate aerosol (all other NDCs), levalbuterol tartrate aerosol	F2, F3, F3 Choice, F2 CHART, F4 CHART
BIDIL	UPTIERED	isosorbide dinitrate-hydralazine	F1, F2, F3, F3 Choice
DIVIGEL	UPTIERED	estradiol	F2 CHART
DUEXIS	REMOVED	famotidine PLUS diclofenac sodium, ibuprofen, meloxicam tablet, or naproxen (except naproxen CR or naproxen suspension); diclofenac sodium-misoprostol	F2 CHART
ESTROGEL	REMOVED	estradiol	F2 CHART
EVAMIST SPRAY	UPTIERED	estradiol	F1, F2, F3, F3 Choice
GENOTROPIN	REMOVED	HUMATROPE, NORDITROPIN, SOGROYA	F2 CHART, F4 CHART
HUMIRA	REMOVED	TALK TO YOUR DOCTOR	F2, F3, F2 CHART, F4 CHART
IMBRUVICA	REMOVED	BRUKINSA, CALQUENCE	F2, F3, F3 Choice
IYUZH	REMOVED	latanoprost	F4 CHART
PYLER PAK	UPTIERED	bismuth-metronidazole-tetracycline, lansoprazole + amoxicillin + clarithromycin, TALICIA	F1, F2, F3, F3 Choice
SPIRIVA HANDIHALER	REMOVED	tiotropium bromide	EXCHANGE <sup>+</sup>

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.  
PRD1121 (04/24)

SUPREP	UPTIERED	peg 3350-electrolytes, sodium sulfate-potassium sulfate-magnesium sulfate	F1
VELPHORO	REMOVED	calcium acetate, sevelamer carbonate, AURYXIA	F2, F3, F3 Choice
VELPHORO	UPTIERED	calcium acetate, sevelamer carbonate, AURYXIA	F1
VOTRIENT	REMOVED	pazopanib	EXCHANGE+
ZYCLARA	UPTIERED	fluorouracil cream 5%, fluorouracil solution, imiquimod	F1, F2

+Exchange formulary changes occur on May 1,2024.

## Utilization Management Changes

These medications will require new or updated utilization management. Instructions on how to submit a prior authorization or limit override request can be found at [here](#).

Product	Note	Formulary
ZEPBOUND*	PRIOR AUTHORIZATION AND QUANTITY LIMIT	F1, F2, F3, F2 CHART, F4 CHART

\*Only for plans that cover weight loss medication, it will still be excluded for other plans.

**Please note:** Formulary updates are subject to change and utilization management changes are communicated to you as required by Maryland Insurance Code §15-854.

### Key Updates for 4/1/2024

- **Humira** (TNF for inflammatory conditions) will be excluded.
  - **Alternative:** Talk to your doctor about the most appropriate alternative.
- **Albuterol sulfate aerosol (certain NDCs)** (bronchodilator for asthma) will be removed from F2 and F3.
  - **Alternatives:** other NDCs of albuterol sulfate, levalbuterol tartrate
  - Ask your pharmacists to substitute to one of the covered products.

### Key Utilization Management Changes

- **Zepbound** (GLP-1 for weight loss) will have prior authorization and quantity limit.
  - No members impacted, currently on NTM block.
  - Coverage will not be granted, even with a prior authorization, for plans that do not cover weight loss medication.