

# July 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 **July 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](#).

## Positive Change

These medications will be added to formulary coverage or moved to a lower cost-sharing tier.

Product	Note	Formulary
CABENUVA	ADDED	F1, F2, F2 CHART, F3, F3 Choice
ELAFABRIO	ADDED	F1, F2, F2 CHART, F3, F3 Choice
ELURYNG	ADDED	F2, F3, F3 Choice
ENILLORING	ADDED	F2, F3, F3 Choice
ethinyl estradioletonogestrel	ADDED	F2, F3, F3 Choice
FABRAZYME	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
GALAFOLD	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
HALOETTE	ADDED	F2, F3, F3 Choice
Icosapent ethyl	ADDED	F2, F2 CHART, F3, F3 Choice, F4 CHART
RADICAVA	POSITIVE TIER CHANGE	F1
VYVANSE	ADDED	F4 CHART
XALKORI ORAL PELLETS	ADDED	F2, F3, F3 Choice, F4 CHART
XYOSTED	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
ZORYVE	POSTIVE TIER CHANGE	F1, F2, F3, F3 Choice

## Formulary Removals/Negative Tier Changes

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
MYDAYIS	NEGATIVE TIER CHANGE	Methylphenidate, Amphetamine / dextroamphetamine	F1
NUVARING	REMOVAL	ELURYNG, ENILLORING, ethinyl estradioletonogestrel ring, HALOETTE	F2, F3, F3 Choice
Tramadol 100mg (certain NDCs)	REMOVAL	Other NDCs	F2, F2 CHART, F3, F3 Choice, F4 CHART
TROKENDI XR	NEGATIVE TIER CHANGE	generics, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI	F2, F3, F3 Choice
VPRIV	REMOVAL	TALK TO YOUR DOCTOR	F2, F3, F3 Choice
VASCEPA	REMOVAL	Icosapent ethyl	F2, F3, F3 Choice, F4 CHART
XERESE	REMOVAL	Acyclovir, valacyclovir	F2

## 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
CONTINUOUS GLUCOSE MONITORS	PA w/ SCREEN OUT LOGIC	F1, F2, F2 CHART, F3, F3 Choice, F2, F4 CHART
DISPOSABLE INSULIN PUMPS	PA w/ LIMIT	F1, F2, F2 CHART, F3, F3 Choice, F2, F4 CHART
OPIOID REVERSAL AGENTS	LIMIT w/ POST LIMIT PA	F1, F2, F2 CHART, F3, F3 Choice, F2, F4 CHART
PAXLOVID	INITIAL LIMIT	F1, F2, F2 CHART, F3, F3 Choice, F2, F4 CHART
VOQUEZNA	PA w/LIMIT	F1, F2, F2 CHART, F3, F3 Choice, F2, CHART, F4 CHART
XPHOZAH	PA	F1, F2, F2 CHART, F3, F3 Choice, F2, F4 CHART

**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 7/1/2024

Most negatively impacted drugs are MSB changes. Brand-name drugs with generic equivalents. The exceptions are listed on above.

### Key Utilization Management Changes

**Opioid Reversal Agents** (Narcan, naloxone, et al) is a generous quantity limit to avoid stockpiling.

**XPHOZAH** (chronic kidney disease) and **VOQUEZNA** (erosive esophagitis, GERD) are costly new to market drugs with little to no utilization.