

October 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 **October 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 Changes

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

Product	Note	Formulary
ALVAIZ	ADDED	F1, F2, F3, F3 Choice
MEKINIST	ADDED	F2, F3, F3 Choice
OPSYNVI	POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
PAXLOVID	POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
TAFINLAR	ADDED	F2, F3, F3 Choice
TYVASO	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
ZURZUVAE	POSITIVE 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
FINGERSTICK, SINGLE-LET, MICROLET LANCETS	EXCLUSION	ACCU-CHECK, ONETOUCH LANCETS	F2 CHART, F4 CHART
FREESTYLE, MEDISENSE, CONTOUR, PRECISION XTRA CONTROL SOLUTION	EXCLUSION	ACCU-CHECK CONTOL SOLUTION	F2 CHART, F4 CHART
FRAGMIN	NEGATIVE TIER CHANGE	emtricitabine, lamivudine	F2
INVOKANA	NEGATIVE TIER CHANGE	FARXIGA, JARDIANCE	F1
KETOSTIX	EXCLUSION	Talk to your doctor	F2, F3, F3 Choice
KETO-DIASTIX	EXCLUSION	Talk to your doctor	F2, F3, F3 Choice
LEUKERAN	NEGATIVE TIER CHANGE	Talk to your doctor	F2, F3, F3 Choice
MATULANE	NEGATIVE TIER CHANGE	Talk to your doctor	F2, F3, F3 Choice
MYLERAN	NEGATIVE TIER CHANGE	Talk to your doctor	F2, F3, F3 Choice
ONEXTON	NEGATIVE TIER CHANGE	clindamycin/benzoyl peroxide gel	F2, F3, F3 Choice

PEGASYS	NEGATIVE TIER CHANGE	Talk to your doctor	F1
PROLENSA	NEGATIVE TIER CHANGE	bromfenac ophthalmic solution,	F2, F3, F3 Choice
TABLOID	NEGATIVE TIER CHANGE	methotrexate, RASUVO	F1, F2, F3, F3 Choice
THALITONE 15MG	EXCLUSION	chlorthalidone	F4 CHART
TREXALL	NEGATIVE TIER CHANGE	methotrexate, RASUVO	F1, F2, F3, F3 Choice
TRUDHESA	EXCLUSION	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY	F2, F3, F3 Choice
ZOLINZA	NEGATIVE TIER CHANGE	Talk to your doctor	F3, F3 Choice

Note: This is not a comprehensive list of changes.

Brand name drugs are in CAPITAL letters; generic drugs are in lower case.

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
EPINEPHRINE	QUANTITY LIMIT	EXCHANGE
EOHILIA	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	F1, F2, F2 CHART, F3, F3 Choice, F4 CHART
REZDIFFRA	PRIOR AUTHORIZATION	F1, F2, F2 CHART, F3, F3 Choice, F4 CHART
URINARY ANTISPASMODICS	STEP THERAPY	F1, F2, F2 CHART, F3, F3 Choice, F4 CHART, EXCHANGE

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 Formulary Updates

PAXLOVID, for COVID treatment, will have a positive tier change.

Key Utilization Management Updates

A prior authorization is being added to the newly approved REZDIFFRA (resmetirom), used for the treatment of adults with noncirrhotic non-alcoholic steatohepatitis (NASH) with moderate to advanced liver scarring (fibrosis), to be used along with diet and exercise.