

April 1, 2025 CareFirst Formulary Updates

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, "CareFirst") is committed to our mission of providing affordable, accessible care to our members. We know that any increases in pharmacy spending have the potential to impact our members by making healthcare less affordable and to affect our valued provider partners by lowering payments. 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, 2025. 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
ADALIMUMAB-FKJP	ADDED	F2, F3, F2 CHART
MEKINIST	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4
ONETOUCH LANCETS/ LANCING DEVICES	POSITIVE TIER CHANGE	F2 Chart
PIQRAY	POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
SAFE-T-PRO LANCET	POSITIVE TIER CHANGE	F2 CHART
SOTFLIX LANCETS	ADDED	F2 CHART
TAFINLAR	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4
TRUQAP	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4
XDEMVY	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4

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

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
CORLANOR*	NEGATIVE TIER CHANGE	ivabradine	F1
COTELLIC	REMOVED/ NEGATIVE TIER CHANGE	MEKINIST, MEKTOVI	F1, F2, F3, F3 Choice, F4
FLUOXETINE 60MG TABLET	REMOVED	citalopram, escitalopram, fluoxetine (except 60mg tablet), paroxetine HCl, paroxetine HCl ext-rel, sertraline, vilazodone, TRINTELLIX	F2, F2 CHART
LANCETS/LANCING DEVICES (except ACCU-CHEK LANCETS/LANCING DEVICES and ONETOUCH LANCETS/LANCING DEVICES)	REMOVED	ACCU-CHEK LANCETS/LANCING DEVICES ONETOUCH LANCETS/LANCING DEVICES	F2 CHART
SPRYCELL*	REMOVED/ NEGATIVE TIER CHANGE	dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX	F1, F2, F3, F3 Choice, F2 CHART
VICTOZA*	REMOVED	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY	F2 CHART, F4 CHART
ZELBORAF	REMOVED/ NEGATIVE TIER CHANGE	BRAFTOVI, TAFINLAR	F1, F2, F3, F3 Choice, F4

Brand name drugs are in CAPITAL letters; generic drugs are in lower case. *Multi-source Brand product.

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 [here](#).

Product	Note	Formulary
OHTUVAYRE	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART

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

Indication-Based Strategy Update

The self-administered, autoimmune agent ADALIMUMAB-FKJP will be added as a preferred product for all indications on the following formularies: F1, F2, F3, and F2 CHART.

Summary of Utilization Management Updates

A prior authorization with quantity limit will be added to the newly approved OHTUVAYRE (ensifentrine), used for the maintenance treatment of adults with chronic obstructive pulmonary disease (COPD), to help ensure utilization that is consistent with FDA-approved labeling.