

January 1, 2025 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 **January 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(S)	Note	Formulary
ABILIFY ASIMTUFI	ADDED/POSITIVE TIER CHANGE	F1, F2, F2, F3, F3 CHOICE
ALTUVIII	ADDED/POSITIVE TIER CHANGE	F1, F2, F2, F3, F3 CHOICE
APRETUDE	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 CHOICE
ASMANEX HFA	ADDED	F2, F2 CHART, F3, F3 CHOICE, F4 CHART
BAFIERTAM	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
BENEFIX	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
Breyna	ADDED	F2, F2 CHART, F3, F3 CHOICE, F4 CHART
BRIVIACT	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
budesonide-formoterol	ADDED	F2, F2 CHART, F3, F3 CHOICE, F4 CHART
DAXXIFY	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
HYTRULO	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
INPEFA	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART

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KANJINTI	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
LITFULO	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
MITIGARE	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
NEXVIAZYME	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
PREGNYL	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
TRAZIMERA	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
TRIPTODUR	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
VYVGART	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
TWIIST INSULIN PUMP DEVICE	ADDED/POSITIVE TIER CHANGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
ZITUVIO, ZITUVIMET, ZITUVIMET XR	ADDED/POSITIVE TIER CHNGE	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART

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(s)	Note	Formulary Alternatives	Formulary
DULERA	EXCLUSION	Breyna, Wixela Inhub, BREO ELLIPTA	F2,F3,F3 CHOICE
INVOKAMET/INVOKAMET XR	NEGATIVE TIER CHANEGE	FARXIGA, JARDIANCE	F1
JANUVIA	EXCLUSION	saxagliptin, ZITUVIO	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
JANUMET, JANUMET XR	EXCLUSION	saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
OVIDREL	EXCLUSION	PREGNYL	F2, F3, F3 CHOICE
VICTOZA	EXCLUSION/NEGATIVE TIER CHANGE	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY	F1, F2, F3, F3 CHOICE

V-GO INSULIN PUMP	EXCLUSION/NEGATIVE TIER CHANGE	Talk to your doctor	F1, F2, F2 CHART, F3, F3 CHOICE, F4 CHART
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Note: The most impactful changes are shown. It **is not** a comprehensive list of changes.

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
N/A		

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

Zituvio, for diabetes, will replace Januvia as the preferred DPP-4. Both contain the same active ingredient of sitagliptin, but Zituvio has generic equivalents available. Despite having the same active ingredient, Zituvio and Januvia cannot be substituted for one another without a new prescription.

Utilization Management Notes

No new non-specialty UM updates will occur on January 1, 2025. However, UM programs can be updated regularly based on updates to treatment guidelines, drug indications, and/or market dynamics.