

July 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 July 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
ACCU-CHEK AVIVA PLUS STRIPS & KITS, ACCU-CHEK GUIDE STRIPS & KITS, ACCU-CHEK SMARTVIEW STRIPS & KITS, ACCU-CHEK LANCETS & LANCING DEVICES	ADDED	F2 CHART, F4 CHART
ALVAIZ	ADDED	F2 CHART
CREXONT	POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
CRINONE GEL	ADDED	F3, F3 Choice
IQIRVO	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART
ivermectin cream	ADDED	F2, F3, F3 Choice
ITOVEBI	ADDED	F4 CHART
LIBERVANT	ADDED	F2, F3, F3 Choice
OTREXUP	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
PYZCHIVA, YESINTEK	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART, EXCHANGE
RELION TRUE METRIX STRIPS & KITS, SAFE-T-PRO LANCETS	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART
VASCEPA	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
VYNDAMAX	POSITIVE TIER CHANGE	F2 CHART
VYNDAQEL	ADDED	F2 CHART, F4 CHART
XHANCE	POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice

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
ALUNBRIG	REMOVED/NEGATIVE TIER CHANGE	ALCENSA, LORBRENA	F4 CHART
ATTRUBY	REMOVED	VYNDAMAX, VYNDAQEL	F2 CHART
BARACLUDE	NEGATIVE TIER CHANGE	entecavir, lamivudine, tenofovir	F2 CHART

		disoproxil fumarate, VEMLIDY	
BETIMOL SOL*	REMOVED	timolol ophth sol	EXCHANGE
CLIMARA PRO	REMOVED	COMBIPATCH	F2, F3, F3 Choice
DAYVIGO	REMOVED	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, QUVIVIQ	F2
DIVIGEL*, EVAMIST	REMOVED	estradiol	F2, F3, F3 Choice
EDURANT, EMTRIVA	NEGATIVE TIER CHANGE	efavirenz, lamivudine	F2 CHART
ELESTRIN, MENOSTAR	REMOVED	estradiol	F2
ENDOMETRIN	REMOVED	CRINONE	F2, F3, F3 Choice
FRAGMIN	NEGATIVE TIER CHANGE	enoxaparin, fondaparinux	F2 CHART
FUZEON INJ	REMOVED/NEGATIVE TIER CHANGE	Talk to your doctor	F2 CHART, F4 CHART
HYRIMOZ (Sandoz product only)	REMOVED	HYRIMOZ (by Cordavis) remains preferred in all indications	F2, F3, F3 Choice, F2 CHART, F4 CHART
icosapent ethyl	REMOVED	omega-3-acid ethyl esters, VASCEPA	F2, F3, F3 Choice
INTELENCE	REMOVED	Talk to your doctor	F2 CHART
JATENZO, XYOSTED	REMOVED/NEGATIVE TIER CHANGE	testosterone gel (except authorized generics for TESTIM & VOGELXO), testosterone solution, NATESTO	F1, F2, F3, F3 Choice
LEUKERAN, LYSODREN, MATULANE, MYLERAN, TABLOID, TREXALL, ZOLINZA	NEGATIVE TIER CHANGE	Talk to your doctor	F2 CHART
MESNEX*	REMOVED	mesna	EXCHANGE
NEXIUM GRANULES DR*	REMOVED	esomeprazole	EXCHANGE
NORPACE CR*, RYTHMOL SR*, TIKOSYN, ZIAC*	NEGATIVE TIER CHANGE	disopyramide, propafenone, dofetilide, bisoprolol/hctz, metoprolol/hctz	F2 CHART
OCALIVA	REMOVED	IQIRVO	F2, F3, F3 Choice, F2 CHART, F4 CHART
ONETOUCH ULTRA STRIPS & KITS, ONETOUCH VERIO STRIPS & KITS, ONETOUCH LANCETS & LANCING DEVICES	REMOVED/NEGATIVE TIER CHANGE	ACCU-CHEK AVIVA PLUS STRIPS & KITS, ACCU-CHEK GUIDE STRIPS & KITS, ACCU-CHEK SMARTVIEW STRIPS & KITS, ACCU-CHEK LANCETS & LANCING DEVICES, TRUE METRIX STRIPS & KITS	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART

OXTELLAR XR*	NEGATIVE TIER CHANGE	oxcarbazepine, FYCOMPA, XCOPRI	F2 CHART
RASUVO INJ	REMOVED	methotrexate, OTREXUP	F2, F3, F3 Choice
ROCALTROL*, ZEMPLAR*	NEGATIVE TIER CHANGE	calcitriol, doxercalciferol, paricalcitol	F2 CHART
SALAGEN*	NEGATIVE TIER CHANGE	pilocarpine	F2 CHART
SOLU-CORTEF*	NEGATIVE TIER CHANGE	hydrocortisone sodium succinate	EXCHANGE
SOOLANTRA*	REMOVED/NEGATIVE TIER CHANGE	azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole, FINACEA FOAM	F1, F2, F3, F3 Choice
STENDRA*	REMOVED	avanafil	EXCHANGE
TAVALISSE	REMOVED/NEGATIVE TIER CHANGE	DOPTELET	F2 CHART, F4 CHART
UROCIT-K*, URSO*, URSO FORTE*	NEGATIVE TIER CHANGE	potassium citrate ER, ursodiol	F2 CHART
VFEND*, VANCOCIN*	NEGATIVE TIER CHANGE	voriconazole, vancomycin capsules	F2 CHART
ZEPBOUND	REMOVED	orlistat, QSYMIA, SAXENDA, WEGOVY	F2, F3, F3 Choice, F2 CHART, F4 CHART

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
CEQUA, EYSUVIS, MIEBO, RESTASIS, TYRVAYA, VEVYE, XIIDRA	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	F2 CHART
JOURNAVX	QUANTITY LIMIT, POST PRIOR AUTHORIZATION	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 BIMZELX will be moved to non-preferred for the conditions Hidradenitis Suppurativa and Non-radiographical Axial Spondyloarthritis on the following formularies: F2, F3, and F3 Choice

Summary of Utilization Management Updates

A prior authorization with quantity limit will be added to the ophthalmic agents CEQUA, EYSUVIS, MIEBO, RESTASIS, TYRVAYA, VEVYE, and XIIDRA, indicated for the maintenance treatment of Dry Eye Disease, to help ensure utilization that is consistent with FDA-approved labeling for the F2 CHART formulary

A post-prior authorization quantity limit has been added to the analgesic drug, JOURNAVX, indicated for acute pain, to help ensure utilization that is consistent with FDA-approved labeling for the F4 CHART formulary