

October 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 October 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
BELSOMRA	ADDED	F3, F3 Choice, F4, F4 CHART

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
ALPHAGAN P SOL*	NEGATIVE TIER CHANGE	brimonidine solution	F2 CHART
baclofen suspension	REMOVED	baclofen tablets	F4, F4 CHART
CORLANOR TABLETS*	NEGATIVE TIER CHANGE	ivabradine	F2 CHART
NAFTIN GEL	NEGATIVE TIER CHANGE	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, naftifine	F1, F2, F2 CHART
NORVIR CAPSULES	REMOVED	ritonavir tablets	F4, F4 CHART
PROLENSA DROPS 0.07%*	NEGATIVE TIER CHANGE	bromfenac, diclofenac, ketorolac, ILERVO	F2 CHART
VYVANSE*	REMOVED	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS	F2, F3, F3 Choice, F4, F2 CHART, F4 CHART
XARELTO 2.5mg*	REMOVED	rivaroxaban 2.5mg	EXCHANGE

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
voriconazole	PRIOR AUTHORIZATION REMOVED	F4, F4 CHART
JOURNAVX	QUANTITY LIMIT, POST PRIOR AUTHORIZATION	F1, F2, F3, F3 Choice, F2 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

N/A

Summary of Utilization Management Updates

The prior authorization for the antifungal agent, voriconazole, has been retired from the F4 and F4 CHART formularies increasing access.

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 F1, F2, F3, F3 Choice, F2 CHART formularies.