

January 1, 2026 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 January 1, 2026. 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 (Formulary Additions/Positive Tier Changes)

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

Product	Note	Formulary
ADEMPAS	ADDED	EXCHANGE
AUVELITY	POSITIVE TIER CHANGE	F1, F2
AUSTEDO, ERZOFRI, RYKINDO, XYWAV	ADDED	F2 CHART, F4 CHART, EXCHANGE
BASAGLAR [^]	ADDED	F2 CHART, F4 CHART
BRAFTOVI	ADDED/POSITIVE TIER CHANGE	F2 CHART, EXCHANGE
BRUKINSA, SCEMBLIX [^]	ADDED/POSITIVE TIER CHANGE	F2 CHART, F4 CHART, EXCHANGE
CIMZIA	ADDED	F2 CHART, F4 CHART, EXCHANGE
CORTROPHIN	ADDED	EXCHANGE
colchicine 0.6mg capsules	ADDED	F2, F3, F3 Choice, F4, F2 CHART, F4 CHART
cyclosporine emu 0.05%	ADDED	EXCHANGE
DELSTRIGO	ADDED	F2 CHART, F4 CHART, EXCHANGE
ENTYVIO [^]	ADDED	F2, F3, F3 Choice, F4, F2 CHART, F4 CHART, EXCHANGE
FABHALTA	ADDED	F2 CHART, F4 CHART
FILSPARI [^] , VANRAFIA [^]	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4, F2 CHART, F4 CHART
FULPHILA	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4
GLARGIN YGFN	ADDED	EXCHANGE
HYRIMOZ (Cordavis)	ADDED	EXCHANGE
IBTROZI, JAKAFI [^]	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4
IMBRUVICA, MEKTOVI, NILOTINB, TAGRISSO	ADDED	EXCHANGE
KESIMPTA	ADDED	EXCHANGE
KISQALI	ADDED	F4
LO LOESTRIN FE	ADDED	F4 CHART
LITFULO [^]	ADDED/POSITIVE TIER CHANGE	F2 CHART, F4 CHART, EXCHANGE
MEKINIST, TAFINLAR	POSITIVE TIER CHANGE	F2 CHART

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the business name of CareFirst Advantage, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MULTAQ	POSITIVE TIER CHANGE	EXCHANGE
NOVOLOG	ADDED	F3 Choice
NUCALA, TUXARIN ER	ADDED	EXCHANGE
ODACTRA	POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
OLUMIANT^	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4, F2 CHART, F4 CHART, EXCHANGE
ONGENTYS	ADDED	F2 CHART
PANCREAZE	ADDED	F4
PAXLOVID	POSITIVE TIER CHANGE	F2 CHART
sacubitril-valsartan	ADDED	EXCHANGE
TAKHZYRO	POSITIVE TIER CHANGE	F2 CHART
TOSYMRA	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
TRUQAP^	ADDED	F4 CHART, EXCHANGE
TRYPTYR	ADDED	F2 CHART, F4 CHART, EXCHANGE
TUXARIN ER	ADDED	EXCHANGE
VASCEPA*	ADDED	F2 CHART, F4 CHART, EXCHANGE
VEVYE	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4
VTAMA	ADDED	F2 CHART
VYNDAMAX	POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
XERESE CREAM 5-1% [^]	ADDED	EXCHANGE
YUTREPIA [^]	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice, F4
ZORYVE	ADDED	F2 CHART, EXCHANGE

Brand name drugs are in CAPITAL letters; generic drugs are in lower case. *Multi-source Brand product. ^Product to be added to formulary November 1, 2025

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
APTIOM	NEGATIVE TIER CHANGE	carbamazepine, oxcarbazepine	F2, F3, F3 Choice
ADBRY	REMOVED/NEGATIVE TIER CHANGE	CIBINQO, DUPIXENT, EBGLYSS, NEMLUVIO, RINVOQ	F1, F2, F3, F3 Choice, F4
amlodipine/olmesartan tabs, amlodipine/telmisartan tabs	REMOVED	amlodipine/valsartan	EXCHANGE
AUSTEDO XR	REMOVED	tetrabenazine, AUSTEDO, INGREZZA	F2, F3, F3 Choice, F4
BANZEL*, LIBERVANT	REMOVED	clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel, diazepam rectal gel, VALTOCO	F2 CHART

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BRILINTA	NEGATIVE TIER CHANGE	clopidogrel, prasugrel, ticagrelor	F2 CHART
CETROTIDE	NEGATIVE TIER CHANGE	cetorelix acetate	F2 CHART
COPIKTRA, ZYDELIG	REMOVED/NEGATIVE TIER CHANGE	BRUKINSA, CALQUENCE	F1, F2, F3, F3 Choice, F4
CREON	REMOVED	PANCREAZE, ZENPEP	F4
DUOBRII LOTION	NEGATIVE TIER CHANGE	calcipotriene-betamethasone dipropionate lotion	F1
ENTRESTO*	REMOVED/NEGATIVE TIER CHANGE	sacubitril-valsartan	F1, F2, F3, F3 Choice, F4, F2 CHART, F4 CHART, EXCHANGE
flurbiprofen tab 100mg	REMOVED	flurbiprofen tab 50mg, ibuprofen	EXCHANGE
frovatriptan	REMOVED	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	EXCHANGE
FASENRA	REMOVED	DUPIXENT, XOLAIR	EXCHANGE
FYCOMPA*	REMOVED/NEGATIVE TIER CHANGE	perampanel	F1, F2, F3, F3 Choice, EXCHANGE
FYLNETRA	REMOVED/NEGATIVE TIER CHANGE	FULPHILA, NYVEPRIA	F1, F2, F3, F3 Choice, F4
HUMATROPE, HUMATROPEN	REMOVED	NORDIPEN, NORDITROPIN	EXCHANGE
HYRIMOZ (Sandoz)	REMOVED	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, HYRIMOZ (Cordavis)	EXCHANGE
icosapent ethyl, ORENITRAM	REMOVED	omega-3- acid ethyl esters, UPTRAVI, VASCEPA	F2 CHART, F4 CHART, EXCHANGE
ivermectin tablet 6mg	REMOVED	ivermectin tablet 3mg	F4, F4 CHART
JYNARQUE PAK*	REMOVED	tolvaptan	F4 CHART
KEVZARA	NEGATIVE TIER CHANGE	ACTEMRA, TYENNE	F1
MENOPUR, TEGSEDI	NEGATIVE TIER CHANGE	Talk with your doctor	F1, F2, F3, F3 Choice
MESNEX*, ZELBORAF	REMOVED	mesna, talk with your doctor	EXCHANGE
MIEBO	REMOVED	RESTASIS, TRYPTYR	F2 CHART
MITIGARE*	REMOVED/NEGATIVE TIER CHANGE	colchicine 0.6mg capsules	F1, F2, F3, F3 Choice, F4, F2 CHART, F4 CHART
NORPACE CR	REMOVED	disopyramide	F4 CHART
NUCALA (lyophilized powder), SPIRIVA HANDIHALER*	REMOVED	tiotropium bromide, DUPIXENT, FASENRA, NUCALA (except lyophilized powder), SPIRIVA RESPIMAT, XOLAIR	F2 CHART, F4 CHART
ONZETRA XSAIL	REMOVED	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH	F2, F3, F3 Choice
OTREXUP	REMOVED/NEGATIVE	methotrexate	F2, F3, F3 Choice, F4

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TIER CHANGE			
RESTASIS*, timolol drops	REMOVED	RESTASIS MULTIDOSE, cyclosporine emu 0.05%, betaxolol, carteolol	EXCHANGE
REVLIMID	REMOVED/NEGATIVE TIER CHANGE	lenalidomide	F1, F2, F3, F3 Choice, F4, F2 CHART, F4 CHART, EXCHANGE
STELARA	REMOVED	PYZCHIVA, YESINTEK	EXCHANGE
STRIBILD	NEGATIVE TIER CHANGE	Talk with your doctor	F1
TACLONEX	REMOVED/NEGATIVE TIER CHANGE	betamethasone, calcipotriene	F3, F3 Choice, F4
TANDEM INSULIN PUMPS & SUPPLIES (except certain NDCs)	REMOVED	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP AND SUPPLIES	F3, F3 Choice
TASMAR*	REMOVED	entacapone, ONGENTYS	F2 CHART
THALOMID	NEGATIVE TIER CHANGE	Talk with your doctor	EXCHANGE
TRESIBA	REMOVED	TOUJEO	F3 Choice
TYVASO, TYVASO DPI	REMOVED	YUTREPIA	F4
V-GO KIT, ONETOUCH PRODUCTS	REMOVED	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP AND SUPPLIES, ACCU-CHEK PRODUCTS	EXCHANGE
VELMIDY	REMOVED	entecavir, lamivudine, tenofovir disoproxil fumarate	F2, F3, F3 Choice, F4
XIIDRA	REMOVED	RESTASIS, VEVYE	F2, F3, F3 Choice, F4, F2 CHART, F4 CHART

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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
XDEMVY	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	F4

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 Updates

The self-administered, autoimmune agents AMJEVITA, BIMZELX, HUMIRA, HYRIMOZ (Sandoz) will be removed as preferred products for hidradenitis suppurativa on formularies [F2 CHART](#) and [F4 CHART](#). The preferred products are ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX, and HYRIMOZ (Cordavis).

The self-administered, autoimmune agents BIMZELX and TALTZ will be removed as a preferred product for non-radiographical axial spondylarthritis on formularies [F2 CHART](#) and [F4 CHART](#). The preferred products are CIMZIA, COSENTYX, and RINVOQ.

On the [EXCHANGE](#) formulary, the self-administered autoimmune agent COSENTYX will be added as a preferred product for hidradenitis suppurativa and non-radiographical axial spondylarthritis. The self-administered autoimmune agent RINVOQ will be added as a preferred product for non-radiographical axial spondylarthritis.

Summary of Utilization Management Updates

A prior authorization with quantity limit has been added to the ophthalmic drug, XDEMVY, indicated for Demodex blepharitis, to help ensure utilization that is consistent with FDA-approved labeling for the [F4](#) formulary.