April 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 April 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.

Formulary Additions/Positive Tier Changes

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

Product	Note	Formulary
BONSITY	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F3 Choice
ELIQUIS	ADDED	F4 CHART
LYBALVI	ADDED	F2 CHART, F4 CHART
NUPLAZID	ADDED	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
ADZENYS XR*	REMOVED	amphetamine ER	EXCHANGE^
ARMOUR THYROID, NP THYROID	REMOVED	levothyroxine, liothyronine	F2, F3, F3 Choice, F2 CHART
ARNUITY ELLIPTA*	REMOVED	fluticasone furoate	EXCHANGE^
BRILINTA*	NEGATIVE TIER CHANGE	clopidogrel, prasugrel, ticagrelor	F1, F2, F3, F3 Choice
COPAXONE INJ 40MG/ML	NEGATIVE TIER CHANGE	cladribine, dimethyl fumarate, fingolimod, glatiramer acetate, KESIMPTA, MAVENCLAD, REBIF	F1, F2, F3, F3 Choice
COPIKTRA	REMOVED	BRUKINSA, CALQUENCE	F2 CHART, F4 CHART
DIFICID*	NEGATIVE TIER CHANGE	fidaxomicin	F1, F2, F3, F3 Choice, EXCHANGE^
FORTEO*	REMOVED	teriparatide, zoledronic acid, BONSITY, TYMLOS	F2, F3, F3 Choice
PREMARIN*	REMOVED	conjugated estrogens	EXCHANGE^
PROGRAF INJ 5MG/ML	REMOVED	tacrolimus inj 5mg/mL	EXCHANGE^
SAXENDA*	NEGATIVE TIER CHANGE	liraglutide, WEGOVY	F1, F2, F3, F3 Choice, F2 CHART
SYMBICORT*	NEGATIVE TIER CHANGE	budesonide/formoterol, fluticasone/salmeterol,	F1

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.
PRD1121 (4/26)

		fluticasone/vilanterol, BREO ELLIPTA	
XARELTO SUS 1MG/ML*	REMOVED	rivaroxaban sus 1mg/mL	EXCHANGE^

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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
ANZUPGO	STEP THERAPY, POST PRIOR AUTHORIZATION WITH QUANTITY LIMIT	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART
BRINSUPRI	PRIOR AUTHORIZATION	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART
LINZESS	PRIOR AUTHORZATION	F4 CHART
RHAPSIDO	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	F1, F2, F3, F3 Choice, F2 CHART, F4 CHART
XDEMVY	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

N/A

Summary of Utilization Management Updates

A step therapy, post prior authorization with quantity limit has been added to the eczema agent, ANZUPGO, across all applicable formularies. The patient must trial a medium to high potency topical corticosteroid before approval.

A prior authorization has been added to the bronchiectasis agent, BRINSUPRI, across all applicable formularies.

A prior authorization with quantity limit has been added to the chronic spontaneous urticaria agent, RHAPSIDO, across all applicable formularies.

A prior authorization with quantity limit has been added to the anti-parasitic eye drop agent, XDEMVY across all applicable formularies.

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