July 1, 2026 CareFirst Commercial 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, 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
CRINONE	ADDED	F4 CHART
GEMTESA	POSITIVE TIER CHANGE	F1
INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F2 CHART, F4 CHART
MIEBO	POSITIVE TIER CHANGE	F1
SPRAVATO	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F2 CHART, F4 CHART
XYOSTED	ADDED	F2, F3

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
COMBIVENT RESPIMAT	REMOVED	ipratropium-albuterol inhalation solution, ANORO ELLIPTA, STIOLTO RESPIMAT	F2, F3
DIFICID TABLET*	NEGATIVE TIER CHANGE	fidaxomicin, DIFICID SUSPENSION	F2 CHART
ECOZA	REMOVED	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, naftifine	F2, F3
ENDOMETRIN*	REMOVED	CRINONE	F2 CHART
FYCOMPA*, FYCOMPA SUSP*	REMOVED/NEGATIVE TIER CHANGE	carbamazepine, carbamazepine ext-rel, divalproex sodium, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, perampanel, perampanel susp, phenobarbital, phenytoin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, XCOPRI	F2 CHART, EXCHANGE
GLEOSTINE*	REMOVED	lomustine	EXCHANGE
GRALISE*	NEGATIVE TIER CHANGE	gabapentin, pregabalin	F2 CHART

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MYRBETRIQ*	NEGATIVE TIER CHANGE	darifenacin ext-rel, fesoterodine ext-rel, mirabegron, oxybutynin ext-rel, solifenacin, tolterodine ext-rel, trospium ext-rel, GEMTESA	F1
NATESTO	NEGATIVE TIER CHANGE	testosterone gel, testosterone soln	F2 CHART
NUCYNTA*, NUCYNTA ER	NEGATIVE TIER CHANGE	fentanyl transdermal, hydrocodone, hydromorphone, hydromorphone ext-rel, morphine, morphine ext-rel oxycodone, XTAMPZA ER	F2 CHART, EXCHANGE
ORENCIA 50MG/0.4ML, ORENCIA 87.5MG/0.7ML, XELJANZ SOLUTION	REMOVED/NEGATIVE TIER CHANGE	ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (Cordavis)	F2, F3, F2 CHART, F4 CHART
PERSERIS	NEGATIVE TIER CHANGE	ABILIFY ASIMTUFII, ABILIFY MAINTENA, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA	F2, F3
PROMACTA	NEGATIVE TIER CHANGE	eltrombopag, ALVAIZ, DOPTELET, TAVALISSE	F1
STELARA, PYZCHIVA (by Sandoz)	REMOVED	Crohn's Disease: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENTYVIO SC, HYRIMOZ (by Cordavis), PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, YESINTEK SC Psoriasis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, BIMZELX, HYRIMOZ (by Cordavis), OTEZLA, OTEZLA XR, PYZCHIVA SC (by Cordavis), SKYRIZI SC, SOTYKTU, TREMFYA SC, YESINTEK Psoriatic Arthritis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), OTEZLA, OTEZLA XR, PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, YESINTEK Ulcerative Colitis: ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENTYVIO SC, HYRIMOZ (by Cordavis), PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA	F2, F3, F2 CHART, F4 CHART
TWYNEO	REMOVED/NEGATIVE TIER CHANGE	adapalene, benzoyl peroxide, clindamycin, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, WINLEVI	F1, F2, F3
ZTLIDO	REMOVED	lidocaine patch	F2, F3
ZYLET*	REMOVED	loteprednol-tobramycin ophth susp	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
QBREXZA, SOFDRA	STEP THERAPY WITH LIMIT, POST PRIOR AUTHORIZATION	F2, F3, 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 with Quantity Limit, Post Prior Authorization policy for QBREXZA and SOFDRA, the hyperhidrosis agents, has been added for the F2, F3, F2 CHART, F4 CHART formularies requiring members trial a one-month treatment of a topical antiperspirant to ensure utilization consistent with FDA-approved labeling.

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