October 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 October 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
COBENFY	ADDED	F4 CHART
FOUNDAYO	ADDED/POSITIVE TIER CHANGE	F1, F2, F3, F2 CHART, F4 CHART
KOSELUGO ORAL GRANULES	POSITIVE TIER CHANGE	F1, F2, F3
NEMLUVIO	ADDED	F2 CHART
ZEPBOUND	ADDED	F2, F3, F2 CHART, 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
ASTAGRAF XL CAP*	REMOVED	tacrolimus cap ER	EXCHANGE
BETIMOL*	NEGATIVE TIER CHANGE	timolol hemihydrate, timolol maleate solution, BETOPTIC S	F1
BRIVIACT*	NEGATIVE TIER CHANGE	brivaracetam, carbamazepine, divalproex sodium, eslicarbazepine, gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, XCOPRI	F1, F2, F3
EDURANT 25MG*	REMOVED	rilpivirine 25mg	EXCHANGE
EPIPEN*	NEGATIVE TIER CHANGE	epinephrine auto-injector	F2 CHART
ESCITALOPRAM CAP 15MG	REMOVED	citalopram, escitalopram oral solution/tablets, fluoxetine (except 60 mg tabs, paroxetine, paroxetine ext-rel, sertraline, vilazodone	F4 CHART

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FARXIGA*, XIGDUO XR* (except 2.5-1000mg)	NEGATIVE TIER CHANGE	dapagliflozin, dapagliflozin-metformin, JARDIANCE, SYNJARDY, SYNJARDY XR	F1, F2, F3
INTAL GT, OB COMPLETE, PRENATAL 19, TRINATE, WESCAP-PN	REMOVED	generic prenatal vitamins	F2, F3, F2 CHART, F4 CHART
LUMIGAN SOL 0.01% OPHTH*	REMOVED	bimatoprost sol 0.01% op	EXCHANGE
OFEV*	REMOVED	nintedanib	EXCHANGE
POMALYST*, REVLIMID*	REMOVED	pomalidomide, lenalidomide	EXCHANGE
SAVELLA*, SAVELLA MIS TITR PAK*	REMOVED	milnacipran, milnacipran titr pak	EXCHANGE
SYNTHROID*	NEGATIVE TIER CHANGE	levothyroxine	F2 CHART
XELJANZ*, XELJANZ SOL*, XELJANZ XR*	REMOVED/NEGATIVE TIER CHANGE	Rheumatoid Arthritis: tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENBREL, HYRIMOZ (by Cordavis), KEVZARA, ORENCIA CLICKJECT, ORENCIA SC, RINVOQ Ulcerative Colitis: tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, ENTYVIO SC, HYRIMOZ (by Cordavis), PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, VELSIPITY, YESINTEK SC, ZEPOSIA	F1, F2, F3, F2 CHART, F4 CHART, EXCHANGE

Brand name drugs are in CAPITAL letters; generic drugs are in lower case. *Multi-source Brand product.

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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	Status	Formulary
clotrimazole lozenges	QUANTITY LIMIT WITH POST-LIMIT PRIOR AUTHORIZATION	RETIRED	F1, F2, F3, F2 CHART, F4 CHART, EXCHANGE
fidaxomicin	PRIOR AUTHORIZATION	RETIRED	F4 CHART
KERYDIN	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	RETIRED	F1, F2, F3, F2 CHART, F4 CHART, EXCHANGE
LIBERVANT, VALTOCO	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	RETIRED	F1, F2, F3, F2 CHART, F4 CHART, EXCHANGE
tetracycline capsules	QUANTITY LIMIT WITH POST-LIMIT PRIOR AUTHORIZATION	RETIRED	F1, F2, F3, F2 CHART, F4 CHART, EXCHANGE
XEPI	PRIOR AUTHORIZATION WITH QUANTITY LIMIT	RETIRED	F1, F2, F3, F2 CHART, F4 CHART, EXCHANGE

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

SOTYKTU, the oral treatment for autoimmune conditions, will be targeted for the Psoriatic Arthritis indication on the **F2, F3, F2 CHART, F4 CHART** formularies. Preferred alternatives include tofacitinib, tofacitinib ext-rel, ADALIMUMAB-ADAZ, ADALIMUMAB-FKJP, COSENTYX SC, ENBREL, HYRIMOZ (by Cordavis), OTEZLA, OTEZLA XR, PYZCHIVA SC (by Cordavis), RINVOQ, SKYRIZI SC, TREMFYA SC, YESINTEK SC.

Summary of Utilization Management Updates

The prior authorization requirement for the antibiotic, **fidaxomicin** (generic DIFICID), has been **RETIRED** from the **F4 CHART** formulary, improving member access. The prior authorization for brand name DIFICD suspension still applies.

The quantity limit with post-limit prior authorization requirements for **clotrimazole oral lozenges** and **tetracycline capsules** have been **RETIRED** across all formularies, improving member access to these medications.

The prior authorization requirements for **KERYDIN, LIBERVANT, VALTOCO, XEPI** have been **RETIRED** across all formularies, improving member access to these medications.

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