February 2026 | Vol 32| Issue #1



Top News

- What's New for 2026
- Enter Medical Prior Authorizations Electronically for CareFirst Members

Breaking News

- 1099 Tax Forms Now Available in the CareFirst Provider Portal's Document Center

Focus on Quality

- Now Available: New Population Health Courses for Continuing Education Units

Noteworthy Stories

- Enhancements Coming Soon for Provider Directory Updates and Attestations Tool
- Reminder: Medical Records Requests in Progress

Administrative Support

- Reminder: How to Submit a Claim Inquiry
- Attach Clinical Documentation on all Initial Prior Authorization Requests
- Changes to Current Payment Policies
- Medical Policy Updates
- Medications Added to FEP PPO Prior Authorization List – Effective February 1, 2026
- Are you Up to Date on Best Practices and Quality Standards?

Government Programs Corner

- Medicaid Coverage Reminder: Chiropractic and PT Service Requirements
- Coming Soon! A New Way for CareFirst CHPMD and Advantage DualPrime Providers to Stay in Control of Your Data
- Rare and Expensive Case Management (REM) Program
- Attention Maryland Medicaid Providers – HIV Reporting Form
- CareFirst CHPMD Clinical Practice Guidelines
- Important Reminder for Providers: CMS Registration Requirement
- Medicaid Member Satisfaction Survey Results
- Complete the 2026 Mandatory Model of Care

Visit carefirst.com/bluelink to view past issues of BlueLink.

Serving Maryland, the District of Columbia and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. Group Hospitalization and Medical Services, Inc., and First Care, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, 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 BlueCross BlueShield, CareFirst MedPlus, and CareFirst Diversified Benefits are the business names of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The aforementioned legal entities (excepting First Care, Inc. of Maryland), CareFirst BlueChoice, 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. CareFirst of Maryland, Inc. CareFirst Community Partners, Inc. and The Dental Network, Inc. underwrite products in Maryland only.

Y0154_MA03965_C

Training Attestation Today!
- CareFirst CHPMD Pharmacy Updates
- CareFirst CHPMD Monthly and Quarterly Formulary Updates: Pharmacy Benefit

Events
- Provider Live Webinars Available for Registration
- CareFirst Holiday Closings in 2025
- Stay Connected with the Latest Information from CareFirst

Top News

What's New for 2026!

As we begin a new year, we want to share essential updates and important information to support you in delivering exceptional care to CareFirst members including:

- information on the new Healthy DC plan from CareFirst Community Health Plan District of Columbia,
- Information about the new Population Health Manager for CareFirst CHPMD and Advantage DualPrime members,
- Pharmacy updates and more.

Read full article.

Back to top

Enter Medical Prior Authorizations Electronically for CareFirst Members

Providers can use the CareFirst Provider Portal (CareFirst Direct) to verify eligibility and benefits, check claim status, verify prior authorization requirements and submit prior authorizations electronically for all their CareFirst patients.

Benefits of **Entering Prior Authorizations through the CareFirst Provider Portal**

- Eliminates the need to fax your requests
- Access to the Prior Authorization Lookup Tool to quickly verify requirements
- Quicker review and decision making by the Utilization Management team
    - Some requests receive real time approvals if they meet medical necessity guidelines.
- Ability to check the status of your requests
- Ability to edit dates of service on open authorizations
- Ability to easily upload any needed clinical documentation directly to your request
- Ability to view and respond to messages from CareFirst regarding the authorizations

you submitted

Need more information? Access the On-Demand Training section of the Learning and Engagement Center for step-by-step guides.

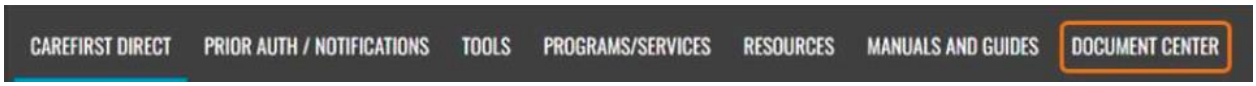
Back to top

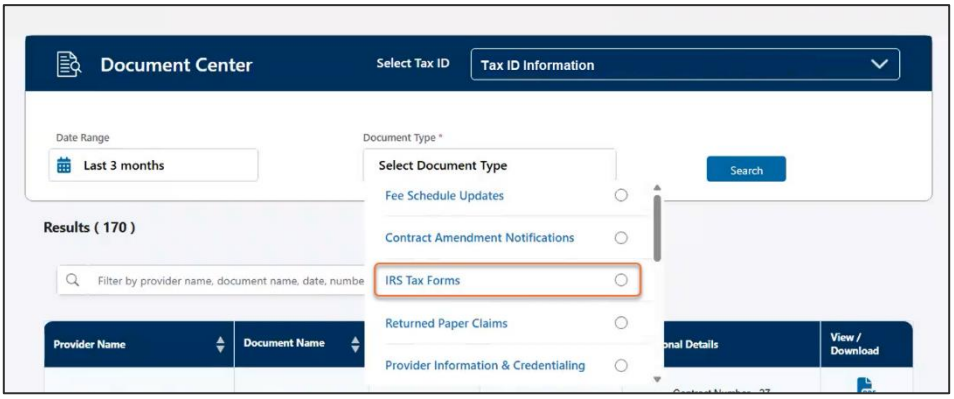
Breaking News

1099 Tax Forms Now Available in the CareFirst Provider Portal's Document Center

We're pleased to share that 1099 IRS Tax Forms are now available within the CareFirst Provider Portal's Document Center. Providers can log in at any time to view and download their forms for tax year reporting.

Once logged in, select the **'Document Center'** tab and within the **'Document Type'** dropdown, select, **'IRS Tax Forms'**.





Please Note: You may receive more than one 1099 if payments were processed through multiple payment platforms during the year.

If you need assistance accessing the Document Center, access these step-by-step instructions.

Back to top

Focus on Quality

Now Available: New Population Health Courses for Continuing Education Units

CareFirst is excited to provide approved Population Health courses for Continuing Education

Units (CEUs) for eligible providers and staff.

The Risk Adjustment and Coding team collaborated with the American Academy of Professional Coders (AAPC) to offer new online courses in Quality Improvement and Risk Adjustment. Each takes approximately 30-45 minutes to complete, and each is CEU eligible, providing you the opportunity to earn no-cost course credits at a time that's best for you.

Read full article.

Back to top

Noteworthy Stories

Enhancements Coming Soon for Provider Directory Updates and Attestations Tool

Providers will soon be able to access enhancements available in the CareFirst Provider Directory Updates and Attestation self-service tool that will allow you to easily attest and update your provider directory information.

What new features are included?

These enhancements will include valuable new features, including:

- Access to the list of CareFirst networks you participate in, along with start dates
- The ability to track cases opened within the tool
- The ability to add new practitioners to existing groups

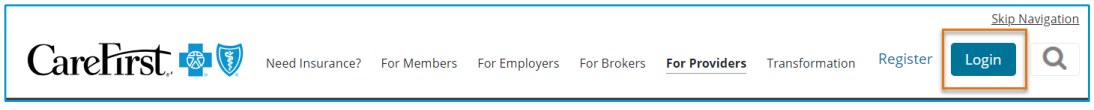
  Improved navigation for a better user experience

Access the Provider Directory Updates and Attestations Webinar: What's New? for a quick overview of all the new features.

How do I access the new tool?

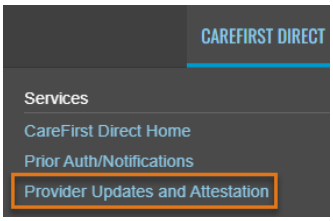
The Provider Directory Updates and Attestation self-service tool is located within the Provider Portal (CareFirst Direct). To access the tool, follow the steps below:

- Navigate to https://provider.carefirst.com and login.



  - If you do not have an account, select 'Register' to create an account. You can access this guide for step-by-step instructions: Accessing and Registering for CareFirst Direct.

- From the homepage, select the 'CareFirst Direct' tab.
- Select "Provider Updates and Attestation" from the dropdown to access the tool.



Is training available?

Yes! You can access our on-demand course 24/7 on our Learning and Engagement Center.

- It's a 'Featured Course' available on the home page, and is also available within the On-Demand Training heading under CareFirst Essentials (located at CareFirst Direct: All Portal Users)
- Direct Link to the course available here: Provider Directory Updates and Attestations

How often should I update and attest?

Per Federal law, professional providers in our commercial and Medicare Advantage networks are required to attest to/update their data, including the URL and email addresses for your practice,

every 90 days. Updating your data through the CareFirst Provider Directory Updates and Attestations self-service tool satisfies this requirement and ensures your data is always up to date.

Back to top

Reminder: Medical Records Requests in Progress

Each year, CareFirst retrieves medical records from our network providers to fulfill various regulatory requirements and audits. We recognize large medical requests can be time-intensive and labor-intensive to your practices, so we hope this reminder is helpful in allowing you to coordinate requests across initiatives and vendors. As always, thank you for your partnership.

View the Record Retrieval Calendar: Click here to access the calendar and note the various vendors that may reach out on behalf of CareFirst. Very few practices will be impacted by all retrieval efforts.

Read the full article.

Back to top

Administrative Support

Reminder: How to Submit a Claim Inquiry

An inquiry is an informal request to review or explain how a claim was processed or paid. It may involve authorizations, billing frequency, ICD-10 codes, medical records, procedures or referrals. Before sending an inquiry, check whether submitting a **corrected claim** is more appropriate.

How to Submit a Claim Inquiry

- Submit electronically through the CareFirst Provider Portal (CareFirst Direct) using the Claim Inquiry.
    - For step-by-step instructions, access this tutorial.
- For questions about enrollment denials, copays/deductibles, missing prior authorization, or claims payment, call the **Provider Services** number on the back of the member's ID card.

Deadlines and Processing Time

- Submit inquiries within **180 days (six months)** from the date of the Explanation of Benefits (EOB).
- Allow **30 days** for a response.
- Attach the **claim** and any supporting documents.

This streamlined process helps provide an efficient way to get answers to your claims-related questions.

Back to top

Attach Clinical Documentation on all Initial Prior Authorization Requests

Including clinical documentation with your electronic prior authorization requests is the most efficient and effective way to ensure you submit a complete request. Prior authorization requests that do not include necessary clinical documentation cannot be resolved until that documentation is received, causing potential delays and/or denials.

When utilizing the CareFirst Prior Authorization/Notification Portal, you will notice messaging reminding you to attach clinical documentation to your request.



How do I upload clinical documentation?

You should upload your clinical documentation with your initial prior authorization request. Access our courses, Entering Inpatient Prior Authorizations and Entering Outpatient Prior Authorizations, for step-by-step instructions. You will also find this course and others related to prior authorizations on our Learning and Engagement Center, located under the *On-Demand Training* heading under the *CareFirst Essentials* section.

Back to top

Changes to Current Payment Policies

In consideration of current industry standards and to align with CareFirst's mission to provide affordable healthcare, CareFirst has made an update to the following Payment Policy in the online Payment Policy Reference Manual:

The following Payment Policies have been updated:

- **PP CO 010.02 POS Specialty Services Policy** – Coding guidelines related to physical therapy services have been removed from the policy.
- **Policy PP CO 500.03 Sexually Transmitted Infections Testing**– effective April 1, 2026, CareFirst will now include code 87494 as part of the bundling log.

Back to top

Medical Policy Updates

Our Healthcare Policy department regularly reviews medical policies and procedures based on new evidence and technological advances. You can review Healthcare Policy Updates on our Medical Policy webpage.

Back to top

Medications Added to FEP PPO Prior Authorization List – Effective February 1, 2026

Effective February 1, 2026, the medications included in this document are subject to prior authorization and site of care management to better manage rising specialty drug costs. These medications are covered under the medical benefit and are administered in the outpatient hospital, home or office settings.

Read full article.

Back to top

Are You Up to Date on Best Practices and Quality Standards?

From recommending preventive care options for your patients to managing day-to-day office operations, the clinical resources on our provider website offer valuable time-saving tools. Use these resources to help support your treatment plan for patients with chronic diseases and those in need of preventive services.

CareFirst's Quality Improvement Council reviews our clinical resources annually and adopts nationally recognized guidelines and best practices to make sure you are updated when information changes.

Click on the links below for details on topics that can help you improve your patients' care:

General Guidelines and Survey Results	
Topic	Website Link
CareFirst's Quality Improvement Program *Includes processes, goals and outcomes*	Quality Improvement Program | CareFirst BlueCross BlueShield
Clinical Practice Guidelines *Includes evidence-based clinical practice guidelines for medical and behavioral conditions*	Clinical Practice Guidelines
Preventive Service Guidelines *Includes evidence-based preventive health guidelines for perinatal care, children, adolescents, and adults*	Preventive Service Guidelines
Accessibility and Availability of Appointments *Includes medical and behavioral health accessibility and availability standards for routine care appointments, urgent care appointments, and after-hours care*	Practitioner Office Standards and Performance Measures
Medical Record Documentation Standards and Performance Measures *Includes guidance on standards monitored as part of our Quality Improvement Programs.*	Medical Record Documentation Standards
Care Management Programs	
Topic	Website Link
Access to Care Management *Includes instructions for making referrals to Care Management.*	Care Management eForm

Practitioner Referrals for Disease Management *Includes information on how to use services, how a member becomes eligible, and how to opt in or opt out*	Disease Management
Pharmaceutical Management	
Topic	Website Link
Pharmaceutical Management Includes the formularies, restrictions/preferences, guidelines/policies, and procedures	Prescription Drug Search | CareFirst
Utilization Procedures	
Topic	Website Link
Utilization Management Criteria *Includes information on how to obtain utilization management criteria for both medical and behavioral health*	Provider Manual Ch 7
Physician Reviewer *Includes instructions on how to obtain a physician reviewer to discuss utilization management decisions for both medical and behavioral health*	Provider Manual Ch 7
Decisions about Medical and Mental Health, and Pharmacy *Includes affirmative statements for anyone making decisions regarding utilization management*	Provider Manual Ch 7
Member-Related Resources	
Topic	Website Link
Quality of Care Complaints *Includes an email address for complaints involving medical issues or services given by a provider in our network*	Contact Us | CareFirst BlueCross BlueShield
How to File an Appeal *Includes policies and procedures for members requesting an appeal of a claim payment decision*	How to Appeal an Insurance Claim | CareFirst BlueCross BlueShield
Members' Privacy Policy *Includes a description of our privacy policy and how we protect our members' health information*	Member's Privacy Policy | CareFirst BlueCross BlueShield

Members' Rights and Responsibilities Statement *Outlines the rights and responsibilities of our members*	Rights and Responsibilities | CareFirst BlueCross BlueShield

Back to top

Government Programs Corner

Medicaid Coverage Reminder: Chiropractic and PT Service Requirements

As part of our commitment to provider partnership and compliance with Maryland Medicaid policy, we want to highlight key requirements for physical therapy and chiropractic services.

Key Requirements

Medicaid Billing Rule: PT Services Require PT Enrollment

Chiropractors are not permitted to bill Medicaid for physical therapy (PT) services unless they are separately enrolled in Medicaid as a physical therapist. A chiropractic license with privileges to practice PT does not meet Medicaid's enrollment requirement for billing for PT.

Age Limitation for Coverage

Per the MDH EPSDT Provider Manual, only members under age 21 are eligible for chiropractic services.

Why This Matters

- Following these rules ensures members receive services consistent with Medicaid policy.
- It protects providers and members by aligning billing practices with state and federal regulations.

We appreciate your continued partnership and commitment to compliance with MDH standards. Please review your enrollment status and billing practices to ensure they meet these requirements.

Back to top

Coming Soon! A New Way for CareFirst CHPMD and Advantage DualPrime Providers to Stay in Control of Data

We are excited to share that CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) and CareFirst BlueCross BlueShield Advantage DualPrime providers will soon be able to utilize the CareFirst Directory Updates and Attestations self-service tool within the CareFirst Provider Portal (CareFirst Direct) to easily attest and update provider directory information.

Read the full article.

Back to top

Rare and Expensive Case Management (REM) Program

The Rare and Expensive Case Management (REM) Program is a Maryland Medicaid benefit administered by the Maryland Department of Health (MDH). It provides specialized care coordination for members with rare, catastrophic or high-cost medical conditions that require complex, long-term management.

The REM Program supports members by improving access to specialty care, coordinating services across systems and reducing administrative burden for providers caring for medically complex patients.

MDH REM Program Overview and Helpful Links:

- Rare and Expensive Case Management (REM) Program
- REM One-Pager
- Rare and Expensive Disease Diagnosis ICD10

Who Should Be Referred?

Members enrolled in CareFirst CHPMD who meet REM qualifying criteria, including but not limited to:

- Rare or catastrophic diagnoses listed on the MDH REM ICD-10 Disease List
- High-cost or specialty medication utilization
- Dependence on complex DME (e.g., ventilator, dialysis)
- Frequent hospitalizations or intensive specialty care needs

CareFirst and MDH also proactively identify potential REM candidates using claims-based and utilization data.

Why Refer to the REM Program?

REM enrollment helps:

- Coordinate complex specialty and tertiary care

- Improve access to high-level specialty providers and DME
- Reduce fragmentation across inpatient, outpatient, pharmacy and DME services
- Support providers with documentation, care coordination, and long-term planning

How to Refer a Member (Provider Steps)

- Complete the MDH REM Intake & Referral Form
- Complete the MDMC Medical Record Request Form and attach requested clinical documentation listed on form
- Provider signature and date is required on the first and second page of the Referral Form
- Submit via:
- Fax to MDH REM Intake: 410-333-5426
- Email: mdh.remreferralfax@maryland.gov
    - If documents were requested by CareFirst, you can also fax directly to us: 410-840-7483

Frequently Asked Questions (FAQs)

Do I need to know all REM-qualifying ICD-10 codes?

No. While MDH maintains an extensive REM ICD-10 disease list, providers may refer based on clinical concern. MDH will determine eligibility upon review.

Does REM replace CareFirst Case Management?

If a member enrolls in REM, they leave their HealthChoice MCO and will receive care and services from Medicaid FFS providers

Can hospitals or specialists initiate referrals?

Yes. Referrals may come from PCPs, specialists, inpatient teams or care management staff, as long as required documentation and provider signature are included.

What happens after a referral is submitted?

- MDH reviews for completeness and eligibility
- If approved, the member is assigned a REM care management agency
- Providers may be contacted for clarification or additional documentation

Please Note: Provider response delays are one of the primary barriers to REM enrollment. Timely return of signed forms and supporting documentation helps ensure eligible members receive services without delay.

Need Additional Help? Questions about the program can be directed here: 1-800-565-8190

Back to top

Attention Maryland Medicaid Providers: HIV Reporting Form

Providers participating in Maryland Medicaid must use the link below to report patients with an HIV diagnosis to the Maryland Department of Health. This will ensure beneficiaries receive appropriate resources to help manage their care. Access the Maryland Confidential Morbidity Report (DHMH 1140) - HIV Only form for instructions and points of contact for any questions.

Back to top

CareFirst CHPMD Clinical Practice Guidelines

CareFirst BlueCross BlueShield Community Health Plan Maryland's (CareFirst CHPMD) clinical practice guidelines are designed to assist clinicians with the treatment of the most common medical issues by providing an analytical framework for evaluation and treatment. CareFirst CHPMD's Provider Advisory Committee reviews and approves the clinical guidelines yearly. View the latest clinical guidelines.

CareFirst CHPMD publishes medical guidelines from a number of well-respected national sources. These guidelines may have some differences in recommendations. Information contained in the guidelines is not a substitute for a health care professional's clinical judgment and is not always applicable to an individual. Therefore, the health care professional and patient should work in partnership in the decision-making process regarding the patient's treatment. Furthermore, using this information will not guarantee a specific outcome for each patient. None of the information in the guidelines is intended to interfere with or prohibit clinical decisions made by a treating health care professional regarding medically available treatment options for patients.

Back to top

Important Reminder for Providers: CMS Registration Requirement

As a reminder, providers must be registered with the Centers for Medicare & Medicaid Services (CMS) to be paid for services rendered to Medicare patients.

The Provider Enrollment, Chain, and Ownership System (PECOS) is a web-based platform managed by CMS that facilitates the enrollment process for Medicare providers and suppliers. PECOS streamlines provider enrollment, allowing providers and credentialing staff to efficiently manage and submit Medicare enrollment information electronically.

Review the PECOS Fact Sheet.

The PECOS database can be found here.

Back to top

Medicaid Member Satisfaction Survey Results

Each Spring, the State of Maryland Department of Health (MDH) contracts with the Center for Study of Services (CSS), a National Committee for Quality Assurance (NCQA)-certified survey vendor, to administer and report a Member Satisfaction Survey using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H Adult and Child Medicaid Surveys. These surveys measure member experiences from enrollment to seeking care and receiving services. The survey also assesses how well the health plan meets member expectations. The surveys provide vital information to help health plans improve access to care, services, benefit structure, and network design.

Adult Member Satisfaction

CareFirst BlueCross BlueShield Community Health Plan Maryland's 2025* Member Satisfaction survey demonstrated improvement compared to the previous year in one of nine adult-focused categories. CareFirst CHPMD performed better than the HealthChoice state average in four areas.

*Surveys completed in 2025 represent care that happened in 2024.

Measure Category	2024 Composite Scores	2025 Composite Scores	2025 HealthChoice Aggregate Scores
Getting Needed Care	80.41%	79.57%	79.10%
Getting Care Quickly	81.44%	75.86%	76.83%
Rating of Personal Doctor	67.76%	65.64%	64.68%
Rating of Specialist Seen Most Often	63.01%	65.33%	64.57%
Rating of All Health Care	55.91%	52.68%	54.08%
Rating of Health Plan	58.62%	55.36%	56.89%
Coordination of Care	90.28%	82.84%	81.52%
Customer Service	89.57%	85.68%	87.04%
How well Doctors Communicate	96.00%	90.48%	92.25%

Child Member Satisfaction

CareFirst BlueCross BlueShield Community Health Plan Maryland (CFCHPMD) demonstrated improvement compared to the previous year in one of nine child-focused categories. CareFirst CHPMD performed better than the HealthChoice state average in four areas.

Measure Category	2024 Composite Scores	2025 Composite Scores	2025 HealthChoice Aggregate Scores
Getting Needed Care	80.56%	79.86%	79.77%
Getting Care Quickly	85.10%	83.65%	82.07%
Rating of Personal Doctor	74.22%	72.69%	75.09%
Rating of Specialist Seen Most Often	71.43%	69.30%	67.84%
Rating of All Health Care	68.44%	67.74%	70.84%
Rating of Health Plan	73.09%	69.49%	68.88%
Coordination of Care	79.38%	79.01%	80.44%
Customer Service	90.82%	84.49%	85.68%
How well Doctors Communicate	89.18%	91.54%	91.72%

CareFirst BlueCross BlueShield Community Health Plan Maryland is committed to improving the member experience by acting on the opportunities for improvement identified and implementing timely and meaningful interventions. Your participation in the Member Satisfaction Survey is crucial to the health, wellness, and satisfaction of our members.

CareFirst BlueCross BlueShield Community Health Plan Maryland's 2026 Adult and Child Member Satisfaction Action Plan includes the following activities. We look forward to partnering with you to help our members in the year ahead.

- A comprehensive education plan and best-practice resources for CareFirst staff and network providers.
- Ongoing member micro-surveys and service recovery.
- Monthly access and availability audits to identify and address barriers to care.
- Enhancements to call center metrics monitoring.

A copy of the State of Maryland Executive Summary Report for Health Choice MCOs can be viewed here: State of Maryland 2025 Executive Summary Report on Member Satisfaction.

Back to top

Complete the 2026 Mandatory Model of Care Training Attestation Today!

All providers who see CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) members **must** complete their mandatory Model of Care training upon enrollment in our network, and then annually each year after. Attestation for the annual training may be done at the practice

level and takes less than 10 minutes.

Failure to complete the attestation will be considered a violation of your contract with CareFirst. Continue reading for more information on why and how to complete the training.

What is Model of Care (MOC) training?

CMS requires all Medicare Advantage Special Needs Plans (SNP) to have a Model of Care (MOC). MOC training ensures that all providers have the specialized training that this unique population requires. CMS also requires that all SNPs conduct initial and **annual** training (that reviews the major elements of the MOC for providers).

Upon completion of the training, providers will be able to:

- Describe the basic components of the CareFirst MOC.
- Explain how medical management staff coordinates care for dual-eligible (Medicare Advantage and Medicaid) members.
- Describe the essential role of providers in the implementation of the MOC program.

Thank you for helping us meet our members' needs and comply with federal regulations.

How to complete the MOC training

Access our self-paced course, CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) Model of Care, today to complete your requirement and attest.

Back to top

CareFirst CHPMD Pharmacy Updates

MASH Now a Covered Indication for Wegovy

As of December 1, 2025, Wegovy is covered for members 18 years of age and older with non-cirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis). Liver fibrosis must be measured with transient elastography (8 kPa to 15 kPa), shear wave elastography [pSWE] (1.2 m/s to 2 ms), magnetic resonance elastography [MRE] (3.4 kPa to 6.7 kPa), ELF (7.7 to 9.8), Fibrotest (0.32 to 0.48), Fibrotic NASH Index [FNI] (0.1 to 0.33), MACK-3 (0.135 to 0.549), or liver biopsy. In addition to the MASH indication, Wegovy is also covered to reduce the risk of major adverse cardiovascular events (MACE) in adults with established atherosclerotic cardiovascular disease. Patients may need to meet other criteria for approval.

MedWatch Form Required for Dispense as Written Brand Name Products with AB Rated Generics

Beginning in 2026, when requesting a prior authorization for a brand name product with an AB rated generic available, a MedWatch form will need to be submitted with the prior authorization

request. The form must provide details and documentation of the adverse reaction or treatment failure to the generic medication. MedWatch form and instructions can be found here: https://health.maryland.gov/mmcp/pap/Pages/Pharmacy-Program-Forms.aspx. Please submit the form with the prior authorization request. Do not submit to the fax number listed on the form.

Back to top

CareFirst CHPMD Monthly and Quarterly Formulary Updates: Pharmacy Benefit

CareFirst CHPMD posts monthly and quarterly formulary updates in its website's *Drug List* section. https://www.carefirst.com/medicaid/members/drug-listformulary-updates.html

For a non-formulary drug, a provider can either switch to a formulary alternative or submit a Prior Authorization/Medication Exception request to CVS Caremark to support why the member is unable to use up to three (3) formulary products. Documentation is required for approval: name of medication(s) tried and reason for treatment failure: inadequate treatment response, intolerance, contraindication, and/or adverse effect, whichever are applicable. Prior authorizations can be submitted electronically, by fax or by phone. https://www.carefirst.com/medicaid/members/pharmacy-authorizations.html

If the provider would like to do a Peer-to-Peer review, they can call the CVS Caremark CareFirst CHPMD Prior Authorization line for specialty drugs at 1-866-814-5506 or non-specialty drugs at 1-877-418-4133. A Peer-to-Peer review is only allowed PRIOR to an appeal being requested. Appeals are processed by the Plan; guidance is included in the Adverse Determination (Denial) letter.

Major formulary changes effective January 1, 2026 and February 1, 2026:

Added to the formulary:

- Austedo 6mg, 9 mg, 12mg (IR only, not XR)
- Blood pressure monitors
- Dapagliflozin 5mg, 10mg tablet
- Doptelet 10mg sprinkle capsule
- Drysol 20% solution
- Ebglyss 250/2ml injection
- Eliquis 0.15mg capsule
- Eliquis 0.5mg, 1.5mg, 2mg tablet
- Lansoprazole delayed release 30 mg capsule
- Methadone 5mg/5ml, 10mg/5ml solution
- Mounjaro injection
- Nexletol 180mg tablet
- Nexlizet 180/10mg tablet
- Nilotinb hcl 50mg, 150mg, 200mg capsule
- Otezla XR 75mg tablet

- Otezla XR 28 day treatment initation pack
- Rezvoglar 100ut/ml injection
- Tagrisso 40mg, 80mg tablet
- Taltz 20mg/0.25ml, 40mg/0.5ml, 80mg/1ml injection

Removed from the formulary:

- Clemastine 1.34mg, 2.68mg tablet
- Entresto 6-6 mg, 15-16mg capsule
- Gel-one 30mg/3ml injection
- Jardiance 10 mg, 25 mg tablet
- Norpace CR capsule (generic disopyramide remains formulary)
- Nurtec 75mg ODT tablet
- Ojemda 100 mg tablet and 25mg/ml suspension
- Revlimid capsule (generic lenalidomide remains formulary)
- Segluromet tab 2.5-500 mg, 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg tablet
- Skyrizi 60mg/ml, 150mg/ml, 180mg/1.2ml, 360mg/2.4ml injection
- Spinosad 0.9% suspension
- Steglatro 5 mg, 15 mg tablet
- Xiidra 5% ophthalmic drops
- Zelboraf 240mg tablet

Back to top

Events

Registration Available for 2026 Provider Live Webinars

We will have several live webinars available for you to attend in 2026. Please register for those that apply to you by clicking on the links below. .

Professional Quarterly Webinars

- March 4, from 10-11 a.m.
- March 5, from 1-2 p.m.

Did you miss our latest professional quarterly webinar? Check it out here!

Hospital Quarterly Webinars

- March 10, from 10-11 a.m.
- March 11, from 1-2 p.m.

Did you miss our latest hospital quarterly webinar? Check it out here!

Behavior Health Provider Quarterly Webinar

- March 17, from 10-11 a.m.

Did you miss our latest behavioral health quarterly webinar? Check it out here!

CareFirst CHPMD and Advantage DualPrime Quarterly Webinars

- March 18, from 2-3 p.m.
- March 19, from 10-11 a.m.

Did you miss our latest CareFirst CHPMD and Advantage DualPrime quarterly webinar? Check it out here!

When you click a link, a registration form should appear. Fill out all the fields on the form and submit your registration.

Once the registration is submitted, you will receive an auto-generated confirmation email from no-reply@zoom.us. This confirmation email will include a link to the webinar. You will use this link to join the webinar on the date and time selected (indicated in the email).

Need help registering? Check out this interactive guide!

Back to top

CareFirst Holiday Closings in 2026

- Presidents' Day: Monday, February 16
- Memorial Day: Monday, May 25
- Juneteenth: Friday, June 19
- Independence Day (Observed): Friday, July 3
- Labor Day: Monday, September 7
- Veterans Day: Wednesday, November 11
- Thanksgiving Day: Thursday, November 26
- Day after Thanksgiving: Friday, November 27
- Christmas Day: Friday, December 25

Back to top

Stay Connected with the Latest Information from CareFirst

Are you and your staff receiving CareFirst Provider News and our BlueLink Newsletter via email? If not, take a minute and sign up here.

Back to top