

Summary of CareFirst Formulary Updates

Effective 1/1/2026

At CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, CareFirst), our mission to advance affordable, accessible, equitable, high-quality healthcare guides every decision we make. We understand that changes in pharmacy spending can affect both our members and our valued provider partners. To ensure the best outcomes, we regularly review our formularies and make adjustments to promote the use of clinically appropriate and effective medications. Formulary updates may include drug additions, utilization management changes, changes to drug tiers and/or removal of medications.

Below are helpful terms to guide you through the formulary changes for this update. [If you have additional questions, please call the Pharmacy Helpdesk # listed on the back of your identification card. Representatives are available \(24/7\) to answer your pharmacy benefit questions.](#)

Key Terms:

- **Positive Changes**
 - o **Formulary Addition** – Drugs added to formulary for more comprehensive coverage
 - o **Down-tiering** – Lowering drugs to a more affordable tier (i.e., Tier 3 non-preferred brand → Tier 2 preferred brand)
- **Negative Changes**
 - o **Formulary Removals** – Drugs removed from formulary to maintain affordability
 - o **Up-tiering** – Raising drugs to a higher tier to favor more affordable options (i.e., Tier 2 preferred brand → Tier 3 non-preferred brand)
 - o **Multi-Source Brand Removal** – Removal/up-tiering brand name drugs when generics become available
- **New-to-Market Block** – Delayed inclusion into formulary post manufacturer launch to maintain affordability
- **Indication-Based Strategy** – Rather than uniform application, preference is based on the drug's indication, favoring less costly, clinically effective alternatives
 - o i.e., Drug X is approved for both psoriasis and Crohn's disease, it can be both preferred and non-preferred depending on the indication
- **Non-Formulary Drug Exception** – a request made by the prescriber if none of the formulary options are viable for the patient. Must provide documentation explaining the medical necessity of the nonformulary drug and why the formulary alternatives are not appropriate

All drug lists will be available on the Drug Search page at carefirst.com/rxgroup for the 2026 plan year. Below you will find a summary of the formulary changes and the impact to your employees effective 1/1/2026. Brand name drugs are in CAPITAL letters; generic drugs are in lower case.

Positive Changes: Drug Additions/Down-tiering

Therapeutic Category	Product/Drug Name
Alopecia Areata Agents	OLUMIANT [^]
Antidepressants	AUVELITY
Antigout Agents	colchicine 0.6mg capsules
Antineoplastic Agents	IBTROZI, JAKAFI [^]
Autoimmune Agents	ENTYVIO
Cardiovascular Agents	VYNDAMAX, YUTREPIA [^]
Genitourinary Agents	FILSPARI [^] , VANRAFIA [^]
Hematopoietic Growth Factors	FULPHILA
Immunologic Agents	ODACTRA
Migraine Agents	TOSYMRA
Ophthalmic Agents	VEVYE

[^]Drug to be added to formulary November 1, 2025

Negative Changes: Drug Removals and their Clinically Equivalent Alternatives

Therapeutic Category	Product/Drug Name	Alternatives
Antigout Agents	MITIGARE*	colchicine 0.6mg capsules
Antineoplastic Agents	COPIKTRA, REVLIMID, ZYDELIG	lenalidomide, BRUKINSA, CALQUENCE
Hematopoietic Growth Factors	FYLNETRA	FUPHILA, NYVEPRIA
Hepatitis B Agents	VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate
Migraine Agents	ONZETRA XSAIL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
Movement Disorders	AUSTEDO XR	tetrabenazine, AUSTEDO, INGREZZA
Ophthalmic Agents	XIIDRA	RESTASIS, VEVYE

*Multi-Source Brand Removal

Removed drugs can be requested for coverage by the prescriber through Nonformulary Drug Exception

Negative Changes: Drug Up-tiering and their Clinically Equivalent Alternatives

Therapeutic Category	Product/Drug Name	Alternatives
Antiseizure Agents	APTOM, FYCOMPA*	carbamazepine, oxcarbazepine, perampanel
Cardiovascular Agents	ENTRESTO*	sacubitril-valsartan
Dermatologic Agents	ADBRY	CIBINQO, DUPIXENT, EBGlySS, NEMLUVIO, RINVOQ
Endocrine and Metabolic Agents	MENOPUR, TEGSEDI	Talk with your doctor
Immunologic Agents	OTREXUP	methotrexate

**Multi-Source Brand Removal*

Removed drugs can be requested for coverage by the prescriber through Nonformulary Drug Exception by calling the Pharmacy Helpdesk number on the back of your CareFirst identification card

Key Formulary Updates (all major updates including UM)

- **ENTRESTO**, a heart failure medication, will be moved up a tier to prefer the generic alternative sacubitril-valsartan.
- **VEVYE**, an eye drop treatment for Dry Eye Disease, will be added to formulary while **XIIDRA** will be removed.