

CareFirst BlueCross BlueShield
Medicare Advantage
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Changes to CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) Formulary

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, depending on the type of change, there may be different options to consider. For example:

You may be able to use another drug on our Drug List to treat your medical condition. Alternative drug(s) are provided below to help your prescriber to find a covered drug that might work for you. Ask your prescriber if one of the possible alternative drug(s) is right for you.

You, your prescriber, or your authorized representative may also ask for an exception. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call Customer Care at 410-779-9932 or toll-free at 1-844-386-6762 (TTY: 711), 8 am– 8 pm EST, 7 days a week, October 1 through March 31 and Monday through Friday, April 1 through September 30.

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Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
ABELCET INJ 5MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMPHOTERICIN B LIPOSOME IV FOR SUSP 50MG	Tier 5	01/01/2026
DIFICID TAB 200MG	Deletion Of Drug From Formulary	Generic Available	FIDAXOMICIN TAB 200MG	Tier 5	02/01/2026
ENTRESTO TAB	Deletion Of Drug From Formulary	Generic Available	SACUBITRIL-VALSARTAN TAB	Tier 3	01/01/2026
EPITOL TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARBAMAZEPINE TAB 200 MG	Tier 3	01/01/2026
EPRONTIA SOL 25MG/ML	Deletion Of Drug From Formulary	Generic Available	TOPIRAMATE SOL 25MG/ML	Tier 4	01/01/2026
IXCHIQ INJ	Deletion Of Drug From Formulary	Market Removal	VIMKUNYA INJ 40MCG/0.8ML	Tier 1	01/01/2026
JYNARQUE TAB	Deletion Of Drug From Formulary	Generic Available	TOLVAPTAN TAB	Tier 5	01/01/2026
KELNOR 1/50 TAB 1 MG-50 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTYA 1/50 TAB 1 MG-50 MCG	Tier 2	01/01/2026
OCELLA TAB 3-0.03MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG; SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG	Tier 2	02/01/2026
OGSIVEO TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OGSIVEO TAB 100MG, 150MG	Tier 5	02/01/2026
REGRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/01/2026
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 4	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 4	02/01/2026
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	Tier 4	02/01/2026
TOBRAMYCIN SULFATE INJ 2GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TOBRAMYCIN SULFATE INJ 80MG/2ML	Tier 3	02/01/2026
VIGPODER POW 500MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VIGABATRIN PAK 500MG; VIGADRONE POW 500MG	Tier 5	02/01/2026
XARELTO SUSP 1MG/ML	Deletion Of Drug From Formulary	Generic Available	RIVAROXABAN SUSP 1MG/ML	Tier 3	01/01/2026

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.