

CareFirst BlueCross BlueShield
Medicare Advantage
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Cambios en el formulario de CareFirst BlueCross BlueShield Group Advantage (PPO)

CareFirst BlueCross BlueShield Group Advantage (PPO) podrá remover de inmediato un medicamento de marca de su Lista de Medicamentos si lo reemplaza con un nuevo medicamento genérico, que aparecerá en el mismo nivel de costo compartido o en un nivel inferior y con las mismas o menos restricciones. O, al agregar el nuevo medicamento genérico, podrá decidir mantener el medicamento de marca en su lista de medicamentos, pero moverlo inmediatamente a un nivel de costo compartido diferente o agregar nuevas restricciones. Es posible que no se le informe con anticipación antes de realizar ese cambio, pero luego se le proporcionará información sobre los cambios específicos realizados. Además, si la Administración de Alimentos y Medicamentos considera que un medicamento de su formulario no es seguro o el fabricante del medicamento lo retira del mercado, podrán eliminarlo inmediatamente de su formulario y notificar a los miembros que lo tomen.

Antes de realizar otros cambios durante el año en su lista de medicamentos que afecten a los miembros que actualmente toman un medicamento y que requieran notificación previa, notificaremos a los miembros afectados sobre el cambio al menos 30 días antes de que entre en vigencia, o en el momento en el que el miembro solicite un reabastecimiento del medicamento, momento en el que recibirá un suministro del medicamento para un mes.

Si se ve afectado por un cambio en la cobertura o restricción de medicamentos, según el tipo de cambio, es posible que haya diferentes opciones a considerar. Por ejemplo:

Es posible que pueda utilizar otro medicamento de nuestra Lista de Medicamentos para tratar su afección médica. A continuación se proporcionan medicamentos alternativos para ayudar a su médico a encontrar un medicamento cubierto que pueda funcionar para usted. Pregúntele a su médico si alguno de los posibles medicamentos alternativos es adecuado para usted.

Usted, su médico o su representante autorizado también pueden solicitar una excepción. El aviso que se le proporcionará también incluirá información sobre los pasos para solicitar una excepción. Para obtener más información sobre las decisiones de cobertura y cómo solicitar una excepción, consulte su *Evidencia de cobertura* o llame a Atención al cliente al 855-290-5744 (TTY: 711), 12 horas al día, 7 días a la semana.

CareFirst BlueCross BlueShield Medicare Advantage es el nombre comercial de CareFirst Advantage PPO Inc., un licenciatario independiente de Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® y los símbolos de la Cruz y el Escudo son marcas de servicio registradas de Blue Cross and Blue Shield Association, una asociación de planes independientes de Blue Cross y Blue Shield.

La siguiente tabla describe los cambios en el formulario que podrían afectarlo.

Nombre del medicamento afectado	Descripción de cambio	Razón para el cambio	Medicamento(s) alternativo(s) *	Nivel de costo compartido de medicamento(s) alternativo(s)	Fecha de entrada en vigencia
ACCOLATE TAB 20MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZAFIRLUKAST TAB 20MG	Tier 2	01/01/2024
ALDACTAZIDE TAB 25-25 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 2	01/03/2024
ALIQOPA INJ 60MG	Deletion Of Drug From Formulary	Market Removal	BRUKINSA CAP; LUNSUMIO INJ; TAZVERIK TAB	Tier 5	01/05/2024
AMABELZ TAB 1-0.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	Tier 3	01/03/2024
AMCINONIDE LOT 0.1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BETAMETHASONE DIPROPIONATE LOTN 0.05%	Tier 2	01/03/2024
ANTARA CAP 90MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FENOFIBRATE CAP 67MG, 134MG, 200MG	Tier 2	01/02/2024
CALCIPOTRIENE FOAM 0.005%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SORILUX AER 0.005%	Tier 5	01/02/2024
CEFACLOR SUS 125/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 2	01/02/2024
CEFACLOR SUS 375/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 2	01/02/2024
CEFTAZIDIME/ SOL D5W 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 2	01/02/2024
CEFTAZIDIME/ SOL D5W 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 2	01/02/2024
CIPROFLOXACIN HCL TAB 100 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXACIN HCL TAB 250 MG	Tier 1	01/02/2024
CLINDAMYCIN INJ 300MG/2ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINDAMYCIN INJ 600MG/4ML	Tier 2	01/02/2024
CLODERM CRE 0.1%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	CLOCORTOLONE PIVALATE CRE 0.1%	Tier 2	01/05/2024
CONJUPRI TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVAMLODIPINE MALEATE TAB	Tier 2	01/04/2024
CYOGAM INJ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALGANCICLOVIR TAB 450MG	Tier 2	01/02/2024
DARAPRIM TAB 25MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	PYRIMETHAMINE TAB 25 MG	Tier 5	01/01/2024
DARTISLA ODT TAB 1.7MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GLYCOPYRROLATE TAB 1MG, 2MG	Tier 2	01/02/2024
DESRX GEL 0.05%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DESONIDE GEL 0.05%	Tier 2	01/01/2024
DIASTAT ACUDIAL GEL 20MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIAZEPAM GEL 20MG	Tier 2	01/03/2024
DIASTAT PED GEL 2.5M GEL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIAZEPAM GEL 2.5MG	Tier 2	01/02/2024
DORYX TAB 80MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE HYCLATE TAB DR 80 MG	Tier 5	01/01/2024
DORYX TAB DR 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE HYCLATE TAB DR 50 MG	Tier 2	01/03/2024
DXEVO 11-DAY TAB THERAPY PACK 1.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DEXABLISS TAB THERAPY PACK 1.5MG	Tier 4	01/03/2024

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EMCYT CAP 140MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/05/2024
FENOFIB MICR CAP 90MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FENOFIBRATE CAP 67MG, 134MG, 200MG	Tier 2	01/02/2024
FLEBOGAMMA DIF INJ 10GM/100ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	Tier 5	01/03/2024
FLEBOGAMMA DIF INJ 2.5GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OCTAGAM INJ 2.5GM/50ML	Tier 5	01/03/2024
FLEBOGAMMA DIF INJ 20GM/200ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	Tier 5	01/03/2024
FLEBOGAMMA DIF INJ 5GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	Tier 5	01/03/2024
FORTESTA GEL 10MG/ACT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TESTOSTERONE GEL 10MG/ACT	Tier 2	01/03/2024
GLUCAGON EMERGENCY KIT 1MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GLUCAGON (RDNA) KIT 1MG	Tier 2	01/02/2024
GVOKE PFS INJ PREF SYRINGE 0.5 MG/0.1ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYPOPEN; GVOKE KIT	Tier 3	01/03/2024
HUMALOG MIX INJ 50/50 VIAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMALOG MIX INJ 50/50 KWIKPEN	Tier 4	01/04/2024
HUMIRA PEN INJ CD/UC/HS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN INJ 40MG/0.8ML	Tier 5	01/04/2024
IMPEKLO LOT 0.05%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLOBETASOL LOT 0.05%	Tier 2	01/01/2024
INFUGEM SOL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GEMCITABINE HCL INJ	Tier 2	01/01/2024
INVEGA TAB 1.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PALIPERIDONE TAB ER 1.5MG	Tier 2	01/01/2024
ISTURISA TAB 10MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISTURISA TAB 5MG	Tier 5	01/02/2024
LOPROX SUS 0.77%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CICLOPIROX SUS 0.77%	Tier 2	01/02/2024
LOSEASONIQUE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CAMRESE LO TAB; LEVONORGESTREL-ETHINYL ESTRADIOL 91-DAY TAB 0.1-0.02 & 0.01 MG	Tier 2	01/05/2024
METHOCARBAMOL TAB 1000MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METHOCARBAMOL TAB 500 MG, 750MG	Tier 3	01/02/2024
MINOLIRA TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	MINOCYCLINE TAB	Tier 2	01/05/2024
MIRAPEX ER TAB 0.375MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRAMIPEXOLE TAB ER 0.375MG	Tier 2	01/02/2024
MIRAPEX ER TAB 0.75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRAMIPEXOLE TAB ER 0.75MG	Tier 2	01/02/2024
MIRAPEX ER TAB 1.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRAMIPEXOLE TAB ER 1.5MG	Tier 2	01/02/2024

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MIRAPEX ER TAB 2.25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRAMIPEXOLE TAB ER 2.25MG	Tier 2	01/02/2024
MIRAPEX ER TAB 3.75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRAMIPEXOLE TAB ER 3.75MG	Tier 2	01/02/2024
MIRAPEX ER TAB 4.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRAMIPEXOLE TAB ER 4.5MG	Tier 2	01/02/2024
NAMENDA TAB 10MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MEMANTINE TAB HCL 10MG	Tier 2	01/02/2024
NAMENDA TAB 5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MEMANTINE TAB HCL 5MG	Tier 2	01/03/2024
NAMENDA XR CAP 7MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MEMANTINE HCL CAP ER 7MG	Tier 2	01/02/2024
NEVIRAPINE TAB ER 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB ER 400MG	Tier 2	01/02/2024
OLOPATADINE DROPS 0.1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 2	01/02/2024
OSMOPREP TAB 1.5GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PEG 3350-KCL-NA BICARB-NA-CL-NA SULFATE FOR SOLN 236 GM	Tier 1	01/02/2024
PAROMOMYCIN CAP 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		01/04/2024
PENICILLIN G PROCAINE INJ SUSP 600000UNIT/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	Tier 2	01/03/2024
PROVENTIL HFA AERS 108MCG/ACT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ALBUTEROL SULFATE AERS 108MCG/ACT	Tier 2	01/03/2024
RELEXII TAB 72MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METHYLPHENIDATE TAB 72MG ER	Tier 4	01/02/2024
RHOFADE CRE 1%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	BRIMONIDINE GEL 0.33%	Tier 2	01/05/2024
SITAVIG TAB 50MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	FAMCICLOVIR TAB	Tier 2	01/05/2024
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB; EMTRICITABINE CAP; LAMIVUDINE 150 MG, 300 MG TAB; ZIDOVUDINE TAB	Tier 2	01/01/2024
SUPRAX CAP 400MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFIXIME CAP 400MG	Tier 2	01/02/2024
SUPRAX CHW 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFIXIME SUS 100MG/5ML	Tier 2	01/02/2024
SUPRAX CHW 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFIXIME SUS 200MG/5ML	Tier 2	01/02/2024
SUPRAX SUS 200MG/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFIXIME SUS 200MG/5ML	Tier 2	01/02/2024
SUPRAX SUS 500MG/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFIXIME SUS 200MG/5ML	Tier 2	01/02/2024
SYMJEPI INJ 0.15MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.15MG	Tier 2	01/02/2024
SYMJEPI INJ 0.3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.3MG	Tier 2	01/02/2024
SYNALAR SOL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUOCINOLONE ACETONIDE SOLN 0.01%	Tier 2	01/02/2024
SYNERA DIS 70-70MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PLIAGLIS CREAM 7-7%	Tier 4	01/02/2024

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SYNRIBO INJ 3.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ICLUSIG TAB; SCEMBLIX TAB	Tier 5	01/02/2024
TRIANEX OIN 0.05%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRIAMCINOLONE OIN 0.05%	Tier 2	01/04/2024
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	Tier 3	01/01/2024
TRITOCIN OIN 0.05%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRIAMCINOLONE ACETONIDE OINT 0.05%	Tier 2	01/01/2024
TRUDHESA AER 0.725MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	DIHYDROERGOTAMINE MESYLATE NASAL SPRAY 4 MG/ML	Tier 5	01/03/2024
TYVASO DPI POW 16-32MCG TITRATION KIT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TYVASO DPI POW 16-32-48 TITRATION KIT	Tier 5	01/04/2024
VANADOM TAB 350MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARISOPRODOL TAB 350 MG	Tier 3	01/03/2024
VIIBRYD KIT STARTER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VILAZODONE TAB	Tier 2	01/02/2024
XIMINO CAP 135MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MINOCYCLINE TAB 135MG ER	Tier 2	01/04/2024
XIMINO CAP 45MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MINOCYCLINE TAB 45MG ER	Tier 2	01/02/2024
XIMINO CAP 90MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MINOCYCLINE TAB 90MG ER	Tier 2	01/04/2024
ZOMIG TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZOLMITRIPTAN TAB	Tier 2	01/04/2024
ZORBTIVE INJ 8.8MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GATTEX KIT 5MG	Tier 5	01/03/2024
ZORVOLEX CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DICLOFENAC TAB DR	Tier 2	01/03/2024
ZYLOPRIM TAB 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ALLOPURINOL TAB 100MG	Tier 1	01/02/2024
ZYLOPRIM TAB 300MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ALLOPURINOL TAB 300MG	Tier 1	01/02/2024

*Los medicamentos alternativos son medicamentos que podría considerar con su médico. Sólo su médico puede determinar medicamentos alternativos que sean apropiados para usted dada la naturaleza individualizada de la terapia con medicamentos. Consulte a su médico para confirmar si este es un medicamento adecuado para usted.

**Aplica para nuevos comienzos