

Medical Preferred Drug List

Step Therapy (Applies to the Outpatient setting only.)

The CareFirst BlueCross BlueShield Community Health Plan Maryland Medical Preferred Drug List (PDL) encourages utilization of clinically appropriate and lower net cost products within the following drug and therapeutic drug classes available under the The CareFirst BlueCross BlueShield Community Health Plan Maryland medical benefit.

The listed preferred products must be used first and do not require a prior authorization. A prior authorization process is in place for specific circumstances that may warrant a need for a non-preferred product. The CareFirst BlueCross BlueShield Community Health Plan Maryland members who are actively receiving treatment will be allowed to continue with a non-preferred product on the The CareFirst BlueCross BlueShield Community Health Plan Maryland Medical PDL as long as their current medical records support its use.

<i>Drug Class</i>	<i>Preferred Product(s)</i>	<i>Non-Preferred Product(s)</i>
<i>Acromegaly</i>	Somatuline Depot	Sandostatin LAR Signifor LAR Somavert
<i>Botulinum Toxins</i>	Dysport	Botox Myobloc Xeomin
<i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i>	Zarxio	Granix Leukine Neupogen Nivestym
<i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i>	Ziextenzo	Fulphila Neulasta syringe Nyvepria Udenyca
<i>Hereditary Angioedema</i>	Berinert	Ruconest
<i>Lysosomal Storage Disorders – Gaucher Disease</i>	Cerezyme	Elelyso VPRIV
<i>Multiple Sclerosis (Infused)</i>	Ocrevus Tysabri	Lemtrada

Prior Authorization* (Applies to the Outpatient setting only.)

The following drugs continue to require prior authorization:

- Darzalex
- Herceptin
- Keytruda
- Opdivo

*Prior authorization was effective on medical claims with dates of service January 1, 2021.

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