

Medical Preferred Drug List

Step Therapy (Applies to the Outpatient setting only.)

The CareFirst BlueCross BlueShield Community Health Plan Maryland (CHPMD) 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 CHPMD 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. CHPMD members who are actively receiving treatment will be allowed to continue with a non-preferred product on the CHPMD Medical PDL as long as their current medical records support its use.

<i>Drug Class</i>	<i>Non-Preferred Product(s)</i>	<i>Preferred Product(s)</i>
<i>Acromegaly</i>	Lanreotide acetate Sandostatin LAR	Somatuline Depot
<i>Autoimmune Infused Infliximab</i>	Remicade Infliximab Inflectra Ixifi Renflexis	Avsola
<i>Bevacizumab (oncology)</i>	Avastin Alymsys Zirabev	Mvasi Vegzelma
<i>Botulinum Toxins</i>	Botox Myobloc Xeomin	Dysport
<i>Gonadotropin releasing hormone (GnRH)</i>	Lupron Depot-PED Fensolvi Supprelin LA	Triptodur
<i>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</i>	Epogen Mircera Procrit Retacrit	Aranesp

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
<i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i>	Granix Leukine Neupogen Releuko Nivestym	Zarxio
<i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i>	Neulasta/Onpro Fulphila Ziextenzo Fylnetra Rolvedon Nyvepria	Udenyca Stimufend
<i>Hemophilia B</i>	Idelvion Ixinity Rebinyn Rixubis Mononine Alphanine SD Profilnine	Alprolix Benefix
<i>Osteoarthritis, Viscosupplements</i>	1% sodium hyaluronate Euflexxa Euflexxa Gel-One Gelsyn-3 Genvisc 850 Hyalgan Hymovis Monovisc Orthovisc SynoJoynt Synvisc Synvisc-one Triluron Trivisc Visco-3	Durolane Supartz FX
<i>Pulmonary Arterial Hypertension</i>	Remodulin	Treprostinil
<i>Retinal Disorders Agents</i>	Beovu Lucentis Susvimo	Avastin Byooviz Cimerli Eylea/Eylea HD Vabysmo

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<i>Drug Class</i>	Non-Preferred Product(s)	Preferred Product(s)
<i>Rituximab</i>	Rituxan Rituxan Hycela Ruxience	Riabni Truxima
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta Herzuma Trazimera Ogivri	Kanjinti Ontruzant

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