

# Provider News & Updates

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## Medications Added to Prior Authorization and Site of Care Management Lists—Effective January 1, 2025

Effective January 1, 2025, the medications below will be added to the list of drugs subject to prior authorization and site of care management to better manage rising specialty drug costs. These medications are covered under the medical benefit and are administered in the outpatient hospital, home or office settings.

The [Specialty Drug List](#) includes all medications covered under the medical benefit subject to prior authorization and/or site of care management. This list is updated monthly.

### Why the change?

CareFirst is continually working with healthcare delivery partners to optimize utilization management strategies to increase efficiencies and control costs while ensuring members receive affordable, quality care. Prior authorization helps balance access with appropriate and safe utilization of these high-cost medications.

Through prior authorization, site of care criteria is applied for selected medications as an opportunity to help reduce overall healthcare costs without compromising quality of care. The outpatient hospital setting is generally recognized as one of the most expensive options for specialty infusions with costs up to three times higher compared to non-hospital settings.

### Prior authorization additions

Prior authorization approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia and/or evidence-based practice guidelines. Failure to obtain prior authorization for these medications may result in the denial of the claim payment.

Drug Name	Drug Class
Alyglo	Immunoglobulins
Beqvez	Hemophilia
Cerdelga	Gaucher's Disease
Cetrorelix acetate	Infertility
chorionic gonadotropin	Infertility
Columvi	Oncology
Daxxify	Toxins
Elrexio	Oncology

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Fyremadel	Infertility
Ganirelix Acetate	Infertility
Novarel	Infertility
Piasky	Complement Inhibitors
Pombiliti	Pompe Disease
Tofidence	Autoimmune
Tyenne	Autoimmune
Udenyca autoinjector	Neutropenia
Uptravi	Pulmonary arterial hypertension
Wainua	Amyloidosis
Winrevair	Pulmonary arterial hypertension

### Site of care management additions

Coverage for these medications in an outpatient hospital setting is approved only if medical necessity criteria are met at the time of prior authorization. If medical necessity is not met, members will have the opportunity to receive their infusion at a more cost-effective and convenient alternate site, including their home, an ambulatory infusion center or a physician's office.

Drug Name	Drug Class
Alyglo	Immunoglobulins
Pombiliti	Pompe Disease
Tofidence	Autoimmune
Tyenne	Autoimmune
Vyvgart Hytrulo	Neuromuscular

### How to Request Prior Authorization

Providers may submit a prior authorization online by logging in to the Provider Portal at [www.carefirst.com/providerlogin](http://www.carefirst.com/providerlogin) and navigating to the Pre-Auth / Notifications tab. Training resources for entering prior authorizations are available on our [Learning and Engagement Center](#).

As a reminder, the following specialties/scenarios are out-of-scope and do not require prior authorization for medications covered under the medical benefit:

- Ambulatory Surgery Centers
- Birthing Centers
- Dialysis
- Emergency Room
- Home Health Agencies
- Hospice
- Lithotripsy
- Inpatient Hospital Stay

- Mental Health Facilities & Halfway Houses
- Outpatient Department during Surgery
- Patients in Observation
- Skilled Nursing Facilities

## Medical Preferred Drug Strategy Update: January 1, 2025

Effective January 1, 2025, the preferencing strategy for select medications covered under the medical benefit will be updated. When medically appropriate, the preferred medications listed in the chart below will need to be tried first before a non-preferred medication can be covered.

\*Indicates update for January 1, 2025

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
Alpha-1 proteinase inhibitors	Prolastin-C*	Zemaira Glassia Aralast NP
Amyloidosis	Tegsedi Wainua*	Onpattro Amvuttra
Autoimmune (excluding multiple sclerosis)	Actemra Cimzia* Cosentyx* Entyvio* Ilumya* Infliximab Orencia Renflexis* Remicade Skyrizi* Tofidence* Tyenne* Tysabri	Avsola Inflectra* Simponi Aria Stelara
Bevacizumab (oncology)	Avastin Vegzelma Alymsys	Mvasi Zirabev
Complement Inhibitors	Soliris* Rystiggo* Piasky*	Vygart Vygart Hytrulo Ultomiris
Erythropoietin	Epogen Mircera	Aranesp Retacrit Procrit*
Filgrastim	Granix Leukine Neupogen Releuko	Nivestym Zarxio
Gaucher's Disease	Elelyso	Cerezyme

	Cerdegl <sup>a</sup> *	Vpriv <sup>a</sup> *
Gonadotropin releasing hormone (GnRH) – (central precocious puberty)	Lupron Depot-PED	Fensolvi Supprelin Triptodur
Hemophilia A (short acting)	Advate Kogenate Kovaltry Recombinate Afstyla Novoeight Roctavian	Nuwig Xyntha/Solofuse
Hemophilia A (long acting)	Adynovate Altuvii <sup>o</sup> * Jivi <sup>a</sup> * Esperoct	Eloctate Hemlibra <sup>a</sup> *
Hemophilia B	Ixinity Rebiny Rixubis Alphanine Profilnine	Alprolix Benefix Idelvion
Infertility	Follistim AQ Fyremadel <sup>a</sup> * cetorelix acetate <sup>a</sup> * Novarel <sup>a</sup> * chorionic gonadotropin <sup>a</sup> *	Gonal-F cetorelix acetate (Cetrotide) ganirelix acetate Ovidrel Pregnyl
Ocular VEGF	Lucentis Susvimo Beovu	Avastin Byooviz Cimerli Vabysmo
Pulmonary Arterial Hypertension	Remodulin	treprostinil
Pegfilgrastim	Neulasta/Onpro Ziextenzo Rolvedon Stimufend Fylnetra Udenyca <sup>a</sup> *	Nyvepria Fulphila <sup>a</sup> *
Rituximab	Rituxan Rituxan Hycela Riabni <sup>a</sup> *	Truxima Ruxience <sup>a</sup> *
Toxins	Botox Myobloc Daxxify <sup>a</sup> *	Dysport Xeomin
Trastuzumab	Herceptin Herceptin Hylecta Herzuma Ogivri <sup>a</sup> * Ontruzant	Kanjinti Trazimera <sup>a</sup> *
Viscosupplements	Gel-One	Durolane

	Genvisc 850 Hyalgan Hymovis Monovisc Orthovisc Sodium Hyaluronate SupartzFX Synjoynt Synvisc Synvisc-One Triluron Trivisc Visco-3	Euflexxa Gelsyn-3*
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### Why the change?

CareFirst’s Medical Preferred Drug Strategy supports utilization of preferred medications which are equally safe and clinically effective as non-preferred medications and leverages lower drug costs associated with biosimilar therapies to manage cost.

### What this means for impacted patients

- If a patient is taking a non-preferred medication, they can continue to take that medication until the current prior authorization expires.
- If a patient needs to continue medication therapy with the non-preferred medication, their doctor can submit a new prior authorization upon the expiration date of the current prior authorization.
- The new prior authorization may result in an approval for an alternative, preferred medication, which is as clinically effective and safe as the non-preferred medication.
- If their doctor believes the non-preferred medication must be continued, their doctor can submit information within the new prior authorization request to obtain a medical necessity exception.

### How to request prior authorization

Providers may submit a prior authorization online by logging in to the Provider Portal at [www.carefirst.com/providerlogin](http://www.carefirst.com/providerlogin) and navigating to the Pre-Auth / Notifications tab.