CareFirst BlueCross BlueShield
Community Health Plan Maryland
P.O. Box 915
Owings Mills, MD 21117**carefirst.com/medicaid**

Medical drugs requiring prior authorization as of 10/1/25

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) may add or remove drugs from its medical drug prior authorization list at any time to encourage utilization of clinically appropriate and lower net cost products or to comply with state guidance.

Drug Name	HCPCS Code
Abecma	Q2055
Actimmune	J9216
Adcetris	J9042
Altuviio	J7199
Alymsys	Q5126
Amondys 45	J1426
Amvuttra	J0225
Anktiva	J9399
Avastin (oncology only)	C9257, J9035
Benefix	J7195
Beqvez	J3590
Blincyto	J9039
Botox	J0585
Breyanzi	Q2054
Bylvay	J8499
Cabenuva	J0741
Cablivi	J3590
Camcevi	J1952
Carvykti	Q2056
Casgevy	J3392
Cerezyme	J1786
Cetrotide	J3490
Cinryze	J0598
Crysvita	J0584
Danyelza	J9348
Daxxify	J0589
Daybue	J8499
Elaprase	J1743
Elevidys	J3490, J3590
Eligard	J9217
Eloctate	J7205
Empaveli	J3490, J3590

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Evkeeza	J1305
Fabhalta	J8499
Fensolvi	J3357, J1951
Follistin AQ	S0128
Fyarro	J9331
Fyremadel	S0132
Gattex	J3490
Gel-One	J7326
Genvisc 850	J7320
Givlaari	J0223
Gonal F	S0126
Granix	J1447
Haegarda	J0599
Hemgenix	J1411
Hemlibra	J7170
Herceptin	J9355
Herceptin Hylecta	J9356
Hercessi	Q5146
Herzuma	Q5113
Hyalgan	J7321
Hymovis	J7322
Infliximab	J1745
Jivi	J7208
Joenja	J8499
Kimmtrak	J9274
Korlym	J8499
Krystexxa	J2507
Lamzede	J3490, J3590
Lanreotide Acetate	J1932
Leukine	J2820
Leuprolide acetate inj 1 mg/0.2 mL	J9218
Livmarli	J8499
Lupron Depot	J9218
Lupron Depot-PED	J1950
Lyfgenia	J3394
Menopur	S0122
Mononine	J7193
Monovisc	J7327

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Myalept	J3490, J3590
Myobloc	J0587
Neupogen	J1442
Nexviazyme	J0219
Nivestym	Q5110
Novarel	J0725
Novoseven	J7189
Nulibry	J3490
Ogivri	Q5114
Olpruva	J8499
Onpattro	J0222
Orfadin	J8499
Orladeyo	J8499
Orthovisc	J7324
Ovidrel	J3590
Oxlumo	J0224
Pombiliti	J1203
Poteligeo	J9204
Pregnyl	J0725
Procysbi	J8499
Ravicti	J8499
Releuko	Q5125
Remicade	J1745
Remodulin	J3285
Renflexis	Q5104
Rethymic	J3590
Revcovi	J3590, J3490
Rituxan	J9312
Rituxan Hycela	J9311
Rivfloza	J3490
Roctavian	J3490, J3590
Ruxience	Q5119
Ryplazim	J2998
Skysona	J3590
Sohonos	J8499
Soliris	J1300
Spinraza	J2326
Supartz FX	J7321

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Supprelin LA	J9226
SynoJoynt	J7331
Synvisc/Synvisc One	J7325
Takhzyro	J0593
Tepezza	J3241
Trazimera	Q5116
Trelstar	J3315
Triluron	J7321
Triptodur	J3316
Trivisc	J7329
Ultomiris	J1303
Vegzelma	Q5129
Veopoz	J3590
Viltepso	J1427
Vimizim	J1322
Visco-3	J7321
Vyjuvek	J3590
Vyondys 53	J1429
Xenpozyme	J0218
Xyntha	J7185
Yervoy	J9228
Zoladex	J9202
Zolgensma	J3399
Zynteglo	J3590

What if I need further assistance? Please call the Provider Line at 410-779-9359 or 800-730-8543 and follow the voice prompts for the option that will address your service needs.

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