

Medical Preferred Drug List

Step Therapy (Applies to the Outpatient setting only.)

The CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) Medical Preferred Drug List (PDL) recommends using effective and affordable medications in the following drug categories.

Prior authorization is required for all non-preferred medications. Members may need to try the preferred medications first before the plan will cover non-preferred ones. However, this rule does not apply to members who are already being treated with non-preferred medications.

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
Bevacizumab (oncology)	Avastin Alymsys Vegzelma	Mvasi Zirabev
Filgrastim	Granix Leukine Neupogen Releuko Nivestym	Zarxio
Infliximab	Remicade Infliximab Renflexis	Avsola Inflectra
Pulmonary Arterial Hypertension	Remodulin Tyvaso	Treprostinil
Rituximab	Rituxan Rituxan Hycela Ruxience	Riabni Truxima
Botulinum Toxins	Botox Myobloc Daxxify	Dysport Xeomin
Trastuzumab	Herceptin Herceptin Hylecta Hercessi Herzuma Trazimera Ogivri	Kanjinti Ontruzant
Osteoarthritis, Viscosupplements	Gel-One Genvisc 850 Hyalgan Hymovis Monovisc Orthovisc Sodium hyaluronate Supartz FX SynoJoynt	Durolane Euflexxa Gelsyn-3

	Synvisc Synvisc-one Triluron Trivisc Visco-3	
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