

CareFirst BlueCross BlueShield Medicare Advantage  
Preferred Drug List  
Medicare Part B Step Therapy  
January 2025

The CareFirst BlueCross BlueShield Medicare Advantage Preferred Drug List recommends using effective and affordable medications in the following drug categories. 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. Non-preferred medications require prior authorization.

| <b>Drug Class</b>                                       | <b>Non-Preferred Medication(s)</b>                                                                                                                             | <b>Preferred Medication(s)</b>                              |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b><i>Amyloidosis</i></b>                               | Tegsedi<br>Wainua                                                                                                                                              | Onpattro<br>Amvuttra                                        |
| <b><i>Autoimmune (excluding multiple sclerosis)</i></b> | Actemra<br>Cimzia<br>Cosentyx<br>Entyvio<br>Ilumya<br>Infliximab<br>Omvoh IV<br>Orencia<br>Remicade<br>Skyrizi<br>Tofidence<br>Tremfya IV<br>Tyenne<br>Tysabri | Avsola<br>Inflectra<br>Renflexis<br>Simponi Aria<br>Stelara |
| <b><i>Bevacizumab (oncology)</i></b>                    | Avastin<br>Vegzelma<br>Alymsys                                                                                                                                 | Mvasi<br>Zirabev                                            |
| <b><i>Complement inhibitors</i></b>                     | Soliris<br>Rystiggo<br>Piasky                                                                                                                                  | Ultomiris<br>Vyvgart<br>Vyvgart Hytrulo                     |
| <b><i>Erythropoietin</i></b>                            | Epogen<br>Mircera                                                                                                                                              | Aranesp<br>Retacrit<br>Procrit                              |

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| <b><i>Drug Class</i></b>                      | <b>Non-Preferred Medication(s)</b>                                                | <b>Preferred Medication(s)</b>           |
|-----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------|
| <b><i>Filgrastim</i></b>                      | Granix<br>Leukine<br>Neupogen<br>Releuko                                          | Nivestym<br>Zarxio                       |
| <b><i>Gaucher's Disease</i></b>               | Elelyso                                                                           | Cerezyme<br>Vpriv                        |
| <b><i>Hemophilia A (short-acting)</i></b>     | Advate<br>Afstyl<br>Kogenate<br>Kovaltry<br>Novoeight<br>Recombinate<br>Roctavian | Nuwiq<br>Xyntha/Solofuse                 |
| <b><i>Hemophilia A (long-acting)</i></b>      | Adynovate<br>Altuviio<br>Jivi<br>Esperoct                                         | Eloctate<br>Hemlibra                     |
| <b><i>Ocular VEGF</i></b>                     | Lucentis<br>Susvimo<br>Beovu                                                      | Avastin<br>Byooviz<br>Vabysmo<br>Cimreli |
| <b><i>Pulmonary Arterial Hypertension</i></b> | Remodulin                                                                         | Treprostinil                             |
| <b><i>Pegfilgrastim</i></b>                   | Neulasta/Onpro<br>Ziextenzo<br>Rolvedon<br>Stimufend<br>Fylnetra<br>Udenyca       | Nyvepria<br>Fulphila                     |
| <b><i>Rituximab</i></b>                       | Rituxan<br>Rituxan Hycela<br>Riabni                                               | Truxima<br>Ruxience                      |
| <b><i>Toxins</i></b>                          | Botox<br>Myobloc<br>Daxxify                                                       | Dysport<br>Xeomin                        |

| <b><i>Drug Class</i></b>       | <b>Non-Preferred Medication(s)</b>                                                                                                                                                | <b>Preferred Medication(s)</b>   |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b><i>Trastuzumab</i></b>      | Herceptin<br>Herceptin Hylecta<br>Herzuma<br>Ogivri<br>Ontruzant                                                                                                                  | Kanjinti<br>Trazimera            |
| <b><i>Viscosupplements</i></b> | Gel-One<br>Genvisc 850<br>Hyalgan<br>Hymovis<br>Monovisc<br>Orthovisc<br>Sodium Hyaluronate<br>SupartzFX<br>Synojoynt<br>Synvisc<br>Synvisc-One<br>Triluron<br>Trivisc<br>Visco-3 | Durolane<br>Euflexxa<br>Gelsyn-3 |