Provider News & Updates

Stay Connected

New Medications Requiring Approval & Site of Care Management

Updates effective January 1, 2027

At CareFirst BlueCross BlueShield (CareFirst), our mission to advance affordable, accessible, equitable, high-quality healthcare guides every decision we make. We understand that affordability is a significant concern for everyone, especially for the people we serve together.

Starting January 1, 2027, additional medications will require prior authorization approval and site of care management for members with commercial insurance. We cover many effective therapies and continuously evaluate new treatments as they become available. CareFirst is committed to supporting broad access to medically necessary treatments and working with partners to advance the health and well-being of our communities.

New Medications Requiring Approval

Adzynma
Beizray
Decnupaz
Ennumo
Gammagard Liquid ERC
Lumvoa
Lytenava
Nufymco
Orfadin
Poherdy
Ponlimsi
Qutenza
Ranluspec
Revtorpyk
Sarclisa Escena
Testopel
Tregzi
Tudriqev
Zimrixby

Site of Care Management Updates

Gammagard Liquid ERC
Qivigy
Rybrevant

Prior authorization approvals may have dosing limits based on FDA-approved labeling, accepted compendia and evidence-based practice guidelines. Failure to obtain approval for these medications may result in the denial of the claim payment.

Medications requiring site of care management can be accessed in an outpatient hospital setting if the home or office setting is clinically inappropriate according to CareFirst coverage policies. If this requirement is not met, members can receive their infusion at a more cost-effective and convenient alternate site, such as their home, an ambulatory infusion center or a physician's office.

Serving Maryland, the District of Columbia and portions of Virginia, CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. Group Hospitalization and Medical Services, Inc., and First Care, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst BlueCross BlueShield, CareFirst MedPlus, and CareFirst Diversified Benefits are the business names of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The aforementioned legal entities (excepting First Care, Inc. of Maryland), CareFirst BlueChoice, Inc., and The Dental Network, Inc., are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. CareFirst of Maryland, Inc. CareFirst Community Partners, Inc. and The Dental Network, Inc. underwrite products in Maryland only.

How to Request Approvals

The Specialty & Medical Drug Management List includes all medications covered under the medical benefit that require approval and/or site of care management. This list is updated monthly.

Providers can submit an approval request online by logging in to the Provider Portal and navigating to the **Pre-Auth/Notifications** tab. If you need assistance, resources are available on our Learning and Engagement Center

Medical Preferred Drug Update

Starting January 1, 2027, we will update the list of preferred medications covered under the medical benefit. When medically appropriate, patients will need to try the preferred medications listed in the chart below before a non-preferred medication can be covered.
**Indicates update for January 1, 2027. ^includes unbranded versions*

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
Alpha-1 proteinase inhibitors	Prolastin-C	Zemaira Glassia Aralast NP
Amyloidosis	Tegsedi Wainua Attruby Vyndamax Vyndaqel	Onpattro Amvuttra
Asthma	Cinqair Dupixent Exdensur Omlyclo	Fasenra Nucala Tezspire Xolair
Bevacizumab (Oncology)	Alymsys Avastin Avzivi Jobevne Zirabev*	Mvasi Vegzelma*
Complement Inhibitors/Myasthenia Gravis	Rystiggo Piasky Empaveli Enspryng Zilbrysq	Imaavy* Ultomiris Uplizna* Vyvgart Vyvgart Hytrulo
Denosumab (Oncology)	Aukelso Bomyntra Jubereq Oziltus Wyost Xbryk Xgeva Xtrenbo	Bilprevda Osenvelt
Denosumab (Osteoporosis)	Boncresa Bosaya Conexxence Enoby Jubbonti	Bildyos Stoboclo

	Osvyrti Ospomyv Ponlimsi* Prolia	
Eculizumab*	Bkemv Soliris	Epysqli
Erythropoietin	Epogen Mircera	Aranesp Retacrit Procrit
Filgrastim	Filkri Leukine Neupogen Nivestym* Nypozi Releuko	Granix* Zarxio
Gaucher's Disease	Elelyso Cerdelga	Cerezyme Vpriv
Gonadotropin releasing hormone (GnRH) – (central precocious puberty)	Fensolvi* Lupron Depot-PED	Supprelin Triptodur
Hemophilia B	Ixinity Rixubis Alphanine SD Profilnine SD Alhemo Qfitlia Hympavzi Idelvion	Alprolix Benefix Rebinyn
Immunoglobulin, subcutaneous (SCIG)*	Cuvitru Gammagard Liquid Gammagard Liquid ERC Gammaked Gamunex-C Hyqvia Xembify	Cutaquig Hizentra
Infertility	Follistim AQ chorionic gonadotropin Novarel	Gonal-F Ovidrel Pregnyl
Infliximab	Infliximab Remicade Zymfentra	Avsola Inflectra Renflexis
Ocular VEGF	Eylea* Eylea HD* Lucentis*	Ahzantive Avastin Beovu Byooviz Cimerli Enzeevu Eydenzelt Lytenava*

		Nufymco* Opuviz Pavblu Ranluspec* Susvimo Vabysmo Yesafili
Pegfilgrastim	Armlupeg Ennumo* Fylnetra Neulasta/Neulasta Onpro Nyvepria Rolvedon Stimufend Ziextenzo	Fulphila Udenyca/Udenyca Onbody
Pulmonary Arterial Hypertension	Remodulin	treprostinil
Rituximab	Rituxan Rituxan Hycela Truxima* Zimrixby*	Ruxience Riabni
Tocilizumab	Actemra Tofidence	Avtozma Tyenne
Toxins	Botox Myobloc Daxxify	Dysport Xeomin
Trastuzumab	Herceptin Herceptin Hylecta Hercessi Herzuma Kanjinti*	Ogivri Ontruzant* Trazimera
Ustekinumab^	Imuldosa Otulfi Selarsdi Starjemza Stelara Steqeyma Wezlana	Pyzchiva Yesintek
Viscosupplements	Durolane* Gel-One Gelsyn-3* Genvisc 850 Hyalgan Hymovis Hymovis ONE Monovisc Orthovisc Supartz FX SynoJoynt	Euflexxa Synvisc* Synvisc-one*

	Triluron Trivisc Visco-3	

What This Means for Patients

- Preferred drug strategies have been implemented for Eculizumab and Immunoglobulin subcutaneous (SCIG).
- Patients currently taking a non-preferred medication can continue using it until the current approval expires.
    - Providers can request a new approval when the current one expires if the patient needs to continue with the non-preferred medication.
        - The new approval request might suggest an alternative, preferred medication.
            - Refer to drug-specific policies to understand how this strategy may impact patients on an active treatment plan.
        - If the provider believes the non-preferred medication should be continued, they can submit supporting information with the approval request to obtain a medical necessity exception.