

**CareFirst BlueCross BlueShield Medicare Advantage
Preferred Drug List**
Medicare Part B Step Therapy
July 2023

The CareFirst BlueCross BlueShield Medicare Advantage Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The listed preferred products must be used first before a non-preferred product can be covered. This step therapy requirement does not apply to plan members who are actively receiving treatment with non-preferred products on the CareFirst BlueCross BlueShield Medicare Advantage Preferred Drug List.

<i>Drug Class</i>	Non-Preferred Product(s)*	Preferred Product(s)
<i>Acromegaly</i>	Signifor LAR Somavert	Sandostatin LAR Somatuline Depot
<i>Alpha-1 Antitrypsin Deficiency</i>	Aralast Glassia Zemaira	Prolastin-C

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<i>Drug Class</i>	Non-Preferred Product(s)*	Preferred Product(s)
<i>Autoimmune</i>	Actemra Cimzia Ilumya Infliximab Remicade Orencia Stelara	Avsola Entyvio Inflextra Renflexis Simponi Aria
<i>Bevacizumab</i>	Avastin	Mvasi Zirabev
<i>Botulinum Toxins</i>	Botox Myobloc	Dysport Xeomin
<i>Hematologic, Erythropoiesis –Stimulating Agents (ESA)</i>	Epogen Mircera Procrit	Aranesp Retacrit

<i>Drug Class</i>	Non-Preferred Product(s)*	Preferred Product(s)
<i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i>	Granix Leukine Neupogen	Nivestym Zarxio
<i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i>	Neulasta	Fulphila Nyvepria Udenyca Ziextenzo
<i>Lysosomal Storage Disorders – Gaucher Disease</i>	Cerezyme VPRIV	Elelyso
<i>Multiple Sclerosis (Infused)</i>	Lemtrada	Tysabri
<i>Osteoarthritis, Viscosupplements – Single Injection</i>	Durolane Gel-One	Synvisc-One Monovisc

<i>Drug Class</i>	Non-Preferred Product(s)*	Preferred Product(s)
<i>Osteoarthritis, Viscosupplements – Multi Injection</i>	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis TriVisc Visco-3	Orthovisc Synvisc
<i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</i>		Firmagon
<i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents</i>	Lupron Depot Trelstar Zoladex	Eligard
<i>Retinal Disorders Agents</i>	Beovu Eylea Lucentis	Avastin Byooviz

<i>Drug Class</i>	Non-Preferred Product(s)*	Preferred Product(s)
<i>Rituximab</i>	Rituxan Rituxan Hycela	Riabni Ruxience Truxima
<i>Severe Asthma</i>	Cinqair Fasenra	Nucala Xolair
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta	Herzuma Kanjinti Ogivri Ontruzant Trazimera