

Provider News & Updates

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Medications Added to Prior Authorization List—Effective January 1, 2024

Effective January 1, 2024, the medications below will be added to the list of drugs subject to prior authorization and site of care management to better manage rising specialty drug costs. These medications are covered under the medical benefit and are administered in the outpatient hospital, home or office settings.

The [Specialty Drug List](#) includes all medications covered under the medical benefit subject to prior authorization and/or site of care management. This list is updated monthly.

Why the change?

CareFirst is continually working with healthcare delivery partners to optimize utilization management strategies to increase efficiencies and control costs while ensuring members receive affordable, quality care. Prior authorization helps balance access with appropriate and safe utilization of these high-cost medications.

Through prior authorization, site of care criteria is applied for selected medications as an opportunity to help reduce overall healthcare costs without compromising quality of care. The outpatient hospital setting is generally recognized as one of the most expensive options for specialty infusions with costs up to three times higher compared to non-hospital settings.

Prior authorization additions

Prior authorization approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia and/or evidence-based practice guidelines. Failure to obtain prior authorization for these medications may result in the denial of the claim payment.

Drug Name	Drug Class
Rystiggo	Antimyasthenic agents
Lanreotide acetate	Acromegaly
Ixifi*	Autoimmune disease

*Subject to PA upon drug launch.

How to Request Prior Authorization

Providers may submit a prior authorization online by logging in to the Provider Portal at

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www.carefirst.com/providerlogin and navigating to the Pre-Auth / Notifications tab. Training resources for entering prior authorizations are available on our [Learning and Engagement Center](#).

As a reminder, the following specialties/scenarios are out-of-scope and do not require prior authorization for medications covered under the medical benefit:

- Ambulatory Surgery Centers
- Birthing Centers
- Dialysis
- Emergency Room
- Home Health Agencies
- Hospice
- Lithotripsy
- Inpatient Hospital Stay
- Mental Health Facilities & Halfway Houses
- Outpatient Department during Surgery
- Patients in Observation
- Skilled Nursing Facilities

Medical Preferred Drug Strategy Update: January 1, 2024

Effective January 1, 2024, the preferencing strategy for select medications covered under the medical benefit will be updated. When medically appropriate, the preferred medications listed in the chart below will need to be tried first before a non-preferred medication can be covered.

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Acromegaly	Lanreotide Acetate	Sandostatin LAR Somatuline Depot
Amyloidosis	Tegsedi	Onpattro Amvuttra
Antimyasthenic Agents	Rystiggo	Vyvgart Vyvgart Hytrulo Soliris Ultomiris

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Autoimmune	Actemra Orencia Tysabri (if <u>not</u> using for multiple sclerosis)	Cimzia Entyvio Ilumya Simponi Aria Stelara Skyrizi
Autoimmune Infused Infiximab	Remicade Infliximab Ixifi Inflectra Renflexis	Avsola
Bevacizumab (oncology)	Avastin Vegzelma Alymsys	Mvasi Zirabev
Botulinum Toxins	Botox Myobloc Vyepti	Dysport Xeomin
Complement inhibitors	Empaveli Enspryng Uplizna	Ultomiris Soliris
Fertility Regulators - FSH	Follistim AQ	Gonal-F
Gonadotropin releasing hormone (GnRH) - CPP	Lupron Depot-PED	Fensolvi Supprelin LA Triptodur
Hematologic, Erythropoiesis - Stimulating Agents (ESA)	Epogen Mircera Procrit	Aranesp Retacrit

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Hematologic, Neutropenia Colony Stimulating Factors - Short Acting	Granix Leukine Neupogen Releuko	Nivestym Zarxio
Hematologic, Neutropenia Colony Stimulating Factors - Long Acting	Neulasta syringe/Neulasta Onpro Fulphila Ziextenzo Rolvedon Stimufend Fylnetra	Nyvepria Udenyca
Hemophilia A	Esperoct Hemlibra Advate Adynovate Recombinate Afstyla Novoeight Roctavian	Altuviio Eloctate Jivi Kogenate Kovaltry Nuwiq Xyntha
Hemophilia B	Idelvion Ixinity Rebinyn Rixubis Mononine Alphanine Profilnine	Alprolix Benefix
Hereditary Transthyretin Amyloidosis	Tegsedi	Amvuttra Onpattro
Lysosomal Storage Disorders - Gaucher Disease	VPRIV Elelyso	Cerezyme

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Osteoarthritis, Viscosupplements	1% sodium hyaluronate Gel-One Gelsyn-3 Genvisc 850 Hyalgan Hymovis Monovisc Orthovisc Supartz fX Synojoy Synvisc Synvisc-one Triluron Trivisc Visco-3	Durolane Euflexxa
Pulmonary Arterial Hypertension	Remodulin	treprostinil
Retinal Disorders Agents	Lucentis Susvimo Beovu	Avastin Eylea/Eylea HD Byooviz Cimerli Vabysmo
Rituximab	Rituxan Rituxan Hycela Ruxience	Riabni Truxima
Severe Asthma	Cinqair	Tezspire Fasenra Nucala Xolair

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Trastuzumab	Herceptin Herceptin Hylecta Trazimera Ontruzant Herzuma	Kanjinti Ogivri

Why the change?

CareFirst's Medical Preferred Drug Strategy supports utilization of preferred medications which are equally safe and clinically effective as non-preferred medications and leverages lower drug costs associated with biosimilar therapies to manage cost.

What this means for impacted patients

- If a patient is taking a non-preferred medication, they can continue to take that medication until the current prior authorization expires.
- If a patient needs to continue medication therapy with the non-preferred medication, their doctor can submit a new prior authorization upon the expiration date of the current prior authorization.
- The new prior authorization may result in an approval for an alternative, preferred medication, which is as clinically effective and safe as the non-preferred medication.
- If their doctor believes the non-preferred medication must be continued, their doctor can submit information within the new prior authorization request to obtain a medical necessity exception.

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