

# Provider News & Updates

Stay Connected

## New Medications Requiring Approval & Site of Care Management

*Updates effective July 1, 2025*

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 July 1, 2025, 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

Aucatzyl	Selarsdi IV
Beleodaq*	Selarsdi PFS
Boruzu	Steqeyma IV
Datroway	Steqeyma PFS
Hercessi	Tecelra
Hympavzi	Tecentriq Hybreza
Imuldosa PFS	Tevimbra
Imuldosa IV	Tremfya IV
Kebilidi	Tremfya PFS/Pen/One-Press
Niktimvo	Ustekinumab-aekn IV
Ocrevus Zunovo	Ustekinumab-aekn PFS
Omvoh IV	Vyloy
Omvoh PFS/Pen	Wezlana INJ
Opdivo Qvantig	Wezlana IV
Otulfi IV	Wezlana PFS
Otulfi PFS	Yesintek INJ
Pavblu	Yesintek IV
Pyzchiva IV	Yesintek PFS
Pyzchiva SC	Ziihera

### Site of Care Management Updates

Ocrevus Zunovo  
Opdivo Qvantig  
Tecentriq Hybreza  
Tevimbra

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.

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.

## How to Request Approvals

The [Specialty Drug 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 July 1, 2025, 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 July 1, 2025.

Drug Class	Non-Preferred Medication(s)	Preferred Medication(s)
Alpha-1 proteinase inhibitors	Prolastin-C	Zemaira Glassia Aralast NP
Amyloidosis	Tegsedi Wainua	Onpattro Amvuttra
Asthma, severe	Cinqair	Fasenra Nucala Xolair Tezspire
Autoimmune (excluding multiple sclerosis)	Actemra Cimzia Cosentyx Ilumya Infliximab Orencia Renflexis Remicade Tofidence Tremfya* Tyenne Tysabri	Avsola Inflectra Simponi Aria Stelara Skyrizi Entyvio
Bevacizumab (oncology)	Avastin Vegzelma Alymsys	Mvasi Zirabev
Complement Inhibitors	Soliris Rystiggo Piasky Empaveli Enspryng Uplizna	Vygart Vygart Hytrulo Ultomiris

Erythropoietin	Epogen Mircera	Aranesp Retacrit Procrit
Filgrastim	Granix Leukine Neupogen Releuko	Nivestym Zarxio
Gaucher's Disease	Elelyso Cerdegla	Cerezyme Vpriv
Gonadotropin releasing hormone (GnRH) – (central precocious puberty)	Lupron Depot-PED	Fensolvi Supprelin Triptodur
Hemophilia A (short acting)	Advate Kogenate Kovaltry Recombinate Afstyl Novoeight Roctavian	Nuwig Xyntha/Solofuse
Hemophilia A (long acting)	Adynovate Altuviio Jivi Esperoct	Eloctate Hemlibra
Hemophilia B	Ixinity Rebinyn Rixubis Alphanine Profilnine	Alprolix Benefix Idelvion
Infertility	Follistim AQ Fyremadel cetorelix acetate Novarel chorionic gonadotropin	Gonal-F cetorelix acetate (Cetrotide) ganirelix acetate Ovidrel Pregnyl
Ocular VEGF	Lucentis Susvimo Beovu	Avastin Byooviz Cimerli Vabysmo
Pulmonary Arterial Hypertension	Remodulin	treprostinil
Pegfilgrastim	Neulasta/Onpro Ziextenzo Rolvedon Stimufend Fylnetra Udenyca/Onbody	Nyvepria Fulphila
Rituximab	Rituxan Rituxan Hycela Riabni	Truxima Ruxience
Toxins	Botox Myobloc Daxxify	Dysport Xeomin
Trastuzumab	Herceptin Herceptin Hylecta	Kanjinti Trazimera

	Hercessi* Herzuma Ogivri Ontruzant	
Viscosupplements	Gel-One Genvisc 850 Hyalgan Hymovis Monovisc Orthovisc Sodium Hyaluronate SupartzFX Synojoynt Synvisc Synvisc-One Triluron Trivisc Visco-3	Durolane Euflexxa Gelsyn-3

## What This Means for Patients

- 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.