Provider News & Updates

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New Medications Requiring Approval & Site of Care Management

Updates effective October 1, 2026

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 October 1, 2026, 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

Ahzantive
Armlupeg
Avlayah
Boncresa
Decnupaz
Entyvio pen/pfs
Enzeevu
Eydenzelt
Fesilty
Jubereq
Kresladi
Loargys
Omlyclo
Opuviz
Osvyrti
Otarmeni
Oziltus
Pemrydi RTU
Ponlimsi
Yesafili

Site of Care Management Updates

Yimmugo

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.

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How to Request Approvals

The Specialty and 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 October 1, 2026, 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 October 1, 2026. ^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)	Avastin Avzivi Vegzelma Alymsys Jobevne	Mvasi Zirabev
Complement Inhibitors/ Myasthenia Gravis	Soliris Rystiggo Piasky Empaveli Enspryng Uplizna Zilbrysq	Vyvgart Vyvgart Hytrulo Ultomiris
Denosumab (Oncology)	Aukelso Bomyntra Jubereq* Oziltus* Wyost Xbryk Xgeva Xtrenbo	Bilprevda Osenvelt

Denosumab (Osteoporosis)	Boncresa* Bosaya Conexxence Enoby Jubbonti Osvyrti* Ospomyv Ponlimsi* Prolia	Bildyos Stoboclo
Erythropoietin	Epogen Mircera	Aranesp Retacrit Procrit
Filgrastim	Filkri Granix Leukine Neupogen Releuko Nypozi	Nivestym Zarxio
Gaucher's Disease	Elelyso Cerdelga	Cerezyme Vpriv
Gonadotropin releasing hormone (GnRH) – (central precocious puberty)	Lupron Depot-PED	Fensolvi Supprelin Triptodur
Hemophilia B	Ixinity Rixubis Alphanine SD Profilnine SD Alhemo Qfitlia Hympavzi Idelvion*	Alprolix Benefix Rebinyn*
Infertility	Follistim AQ chorionic gonadotropin Novarel	Gonal-F Ovidrel Pregnyl
Infliximab	Infliximab Remicade Zymfentra	Avsola Renflexis Inflectra
Ocular VEGF		Ahzantive Avastin Beovu Byooviz Cimerli Enzeevu Eydenzelt* Eylea/Eylea HD Lucentis Opuviz Pavblu Susvimo

		Vabysmo Yesafili
Pegfilgrastim	Armlupeg* Fylnetra Neulasta/Neulasta Onpro Nyvepria Rolvedon Stimufend Ziextenzo	Fulphila Udenyca/Udenyca Onbody
Pulmonary Arterial Hypertension	Remodulin	treprostinil
Rituximab	Rituxan Rituxan Hycela	Truxima Ruxience Riabni
*Tocilizumab**	Actemra Tofidence	Avtozma Tyenne
Toxins	Botox Myobloc Daxxify	Dysport Xeomin
Trastuzumab	Herceptin Herceptin Hylecta Hercessi Herzuma Ontruzant	Kanjinti Trazimera Ogivri
Ustekinumab^*	Imuldosa (ustekinumab-srlf) Otulfi (ustekinumab-aauz) Selarsdi (ustekinumab-aekn) Starjemza ustekinumab-hmny) Stelara (ustekinumab) Steqeyma (ustekinumab-stba) Wezlana (ustekinumab-auub)	Pyzchiva (ustekinumab-ttwe) Yesintek (ustekinumab-kfce)
Viscosupplements	Gel-One Genvisc 850 Hyalgan Hymovis Hymovis ONE Monovisc Orthovisc Sodium Hyaluronate Supartz FX Synojoynt Synvisc Synvisc-One Triluron Trivisc Visco-3	Durolane Euflexxa Gelsyn-3

What This Means for Patients

- Preferred drug strategies have been implemented for Tocilizumab and Ustekinumab drug classes. For members currently receiving a non-preferred medication within these classes, authorizations for the preferred products—consistent with the existing approval on file—have been issued proactively to facilitate transition to the preferred products.
- 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.