

CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP)
Preferred Drug List
Medicare Part B Step Therapy
January 2026

The CareFirst BlueCross BlueShield Advantage DualPrime (HMO-SNP) Preferred Drug List includes medications that are effective and affordable in the following drug categories. Members may need to try the preferred medications first before the plan will cover non-preferred ones. However, this rule does not apply to members who are already being treated with non-preferred medications. Non-preferred medications require prior authorization.

<i>Drug Class</i>	<i>Non-Preferred Medication(s)</i>	<i>Preferred Medication(s)</i>
<i>Amyloidosis</i>	Tegsedi Wainua	Onpattro Amvuttra
<i>Asthma, severe</i>	Cinqair Xolair Tezspire	Fasenra Nucala
<i>Bevacizumab</i>	Avastin Vegzelma Alymsys Jobevne	Mvasi Zirabev
<i>Complement inhibitors /Myasthenia Gravis</i>	Soliris Rystiggo Piasky Enspryng Uplinza Empaveli	Ultomiris Vyvgart Vyvgart Hytrulo
<i>Erythropoietin</i>	Epogen Mircera	Aranesp Retacrit Procrit
<i>Filgrastim</i>	Granix Leukine Neupogen Nypozi Releuko	Nivestym Zarxio

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<i>Drug Class</i>	Non-Preferred Medication(s)	Preferred Medication(s)
<i>Gaucher's Disease</i>	Elelyso	Cerezyme Vpriv
<i>Hemophilia B</i>	AlphaNine SD Benefix Ixinity Idelvion Profilnine SD Rebinyn Rixubis	Alprolix
<i>Infliximab</i>	Infliximab Remicade	Avsola Renflexis Inflectra
<i>Ocular VEGF</i>		Avastin Byooviz Eylea/Eylea HD Yesafili Opuviz Vabysmo Cimreli Pavblu Ahzantive Enzeevu Lucentis Susvimo Beovu
<i>Pulmonary Arterial Hypertension</i>	Remodulin	Treprostinil
<i>Rituximab</i>	Rituxan Rituxan Hycela	Truxima Riabni Ruxience
<i>Toxins</i>	Botox Myobloc Daxxify	Dysport Xeomin
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta Hercessi Herzuma Ontruzant	Kanjinti Ogivri Trazimera

<i>Drug Class</i>	<i>Non-Preferred Medication(s)</i>	<i>Preferred Medication(s)</i>
<i>Viscosupplements</i>	Gel-One Genvisc 850 Hyalgan Hymovis Monovisc Orthovisc SupartzFX Synojoynt Synvisc Synvisc-One Triluron Trivisc Visco-3	Durolane Euflexxa Gelsyn-3