

For brokers and producers only

Date: November 11, 2021

Markets: Commercial

2022 Rx Enhancements

Medical Preferred Drug Strategy Update

Effective January 1, 2022, the preferencing strategy for select medications covered under the medical benefit will change. Where medically appropriate, the preferred medications listed in the chart below will need to be tried first before a non-preferred medication can be covered.

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.

Member and provider notification

- Impacted members will be notified via [letter](#) by December 1, 2021.
- Providers will be notified via e-mail by December 1, 2021, and an article will be included in the December issue of BlueLink.

What this means for impacted members

- If a member is taking a non-preferred medication, they can continue to take that medication until the current prior authorization expires.
- If a member needs to continue medication therapy with the non-preferred medication, their doctor will need to submit a new prior authorization upon the expiration date of the current prior authorization.
- The new prior authorization may result in an approval for 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.

| Drug Class | Non-Preferred Medication(s) | Preferred Medication(s) |
|----------------------------------|---|-------------------------------|
| Infused Infliximab | Remicade | Avsola, Inflectra, Renflexis |
| Osteoarthritis, Viscosupplements | Durolane, Gel-One, Synvisc-One, Gelsyn-3, GenVisc, Hyalgan, Visco-3, Hymovis, TriVisc, SupartxFX, Synvisc | Monovisc, Euflexxa, Orthovisc |
| Retinal Disorders Agents* | Eylea, Lucentis | Avastin |

| | | |
|--|------------------------------|---|
| Paroxysmal Nocturnal Hemoglobinuria (PNH)* | Ultomiris | Empaveli |
| Rituximab | Rituxan, Rituxan Hycela | Truxima, Ruxience, Riabni |
| Trastuzumab | Herceptin, Herceptin Hylecta | Herzuma, Kanjinti, Trazimera, Ogivri, Ontruzant |

For more information

If you have any questions, please contact your broker sales representative.