BlueCross BlueShield of Alabama
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Pharmacy News

OCTOBER 2020

Drug Guide and Clinical Program Updates

Prime Therapeutics® Pharmacy and Therapeutics (P&T) Committee, in association with Blue Cross and Blue Shield of Alabama's Formulary Business Committee, recently approved updates to the Drug Guides and made clinical program changes to select medications. Members will receive a letter from Blue Cross if they are negatively affected by a formulary change that is not a result of a new generic being available.

Formulary and Clinical Programs - Effective October 1, 2020

Click the links below to view updated formularies and clinical programs. If members have questions about their benefits, they should call the Customer Service number on the back of their Blue Cross member ID card.

- Standard Prescription Drug Guide Updates
- Generic Plus Drug Guide Updates
- High Cost Exclusion Updates
- Source+Rx 1.0 Prescription Drug List
- Source+Rx 2.0 Prescription Drug List
- Source Rx Formulary Updates
- NetResults Formulary Updates
- Clinical Programs
  - Prior Authorization
  - Step Therapy
  - Quantity Limit

New or Revised Provider-Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Bavencio	Oncology Prior Authorization (PA)	**REVISED – Effective 11/1/20** – Added new FDA approved indication for use as first line maintenance treatment of locally advanced or metastatic carcinoma.
Crysvita	Medical PA	**REVISED – Effective 10/1/20** – Added new indication (tumor-induced osteomalacia) as per package information and adjusted maximum dosing allowance to account for new indication.
Darzalex Faspro	Oncology PA	**NEW – Effective 9/1/20** – New policy developed for the treatment of multiple myeloma.
Evomela	Oncology PA	**NEW – Effective 10/1/20** – New policy developed for treatment of multiple myeloma.
Imfinzi	Oncology PA	**REVISED – Effective 9/1/20** – Changed designation for small cell lung cancer from compendia approved indication to FDA approved indication.
Infliximab	Medical PA	**REVISED – Effective 10/1/20** – Unified all infliximab products into one policy. Added new criteria for use in steroid refractory acute Graft Versus Host Disease (GVHD) based on NCCN 2a recommendations. Also updated policy to include changes made in package information: patient must be up to date with vaccinations prior to therapy, patient will not be concomitantly on therapeutic infectious agents like BCG for bladder cancer, added new contraindication related to doses > 5mg/kg in patients with NYHA functional class III/IV heart failure. Also added use in severe or worse cardiac and conduction abnormality as well as use in moderate or severe steroid refractory myalgias and myositis to management of immune checkpoint inhibitor therapy criteria.
Keytruda	Oncology PA	**REVISED – Effective 9/1/20** – Added FDA approved dosing of 400 mg every 6 weeks for all currently approved adult indications.

New or Revised Provider-Administered (Medical) Drug Programs (continued)

Policy Name	Type of Policy	Coverage Criteria and Changes
Keytruda	Oncology PA	**REVISED – Effective 10/1/20** – Added FDA approved indication for use as a single agent in the treatment of metastatic tumor mutational burden-high (TMB-H) solid tumors that have progressed following prior treatment with no satisfactory alternative treatment options. Also added expanded FDA indication for use as a single agent for treatment of recurrent and metastatic cutaneous squamous cell carcinoma that is not curable by surgery or radiation.
Keytruda	Oncology PA	**REVISED – Effective 11/1/20** – Added FDA approved indication for first line treatment in MSI-H/dMMR colorectal cancer.
Mylotarg	Oncology PA	**REVISED – Effective 10/1/20** – Added FDA indication for use in combination with daunorubicin and cytarabine for pediatric patients with de novo acute myeloid leukemia.
Opdivo	Oncology PA	**NEW – Effective 9/1/20** – Change compendia indication to FDA approved indication for use in combination with Yervoy as first line treatment of metastatic or recurrent NSCLC whose tumors express PD-L1 (1%) with no EGFR or ALK genomic tumor aberrations.
Opdivo	Oncology PA	**REVISED – Effective 10/1/20** – Added FDA approved indication for use in unresectable advanced, recurrent or metastatic esophageal squamous cell carcinoma after fluoropyrimidine and platinum-based chemotherapy.
Pegfilgrastim	Medical/Oncology PA	**REVISED – Effective 10/1/20** – Added Nyvepria to pegfilgrastim policy requiring precertification.
Phesgo	Oncology PA	**NEW – Effective 11/1/20** – New policy developed for use of subcutaneous injection in the treatment of breast cancer.
Reblozyl	Medical/Oncology PA	**REVISED – Effective 10/1/20** – Removed the 8 dose limitation for use in Myelodysplastic Syndrome (MDS) and allowed for renewal in patients with a decrease in transfusion requirement or increase in hemoglobin until unacceptable toxicity, loss of response, or disease progression. Updated the Length of Authorization for MDS to allow initial approval for 15 weeks (6 initial doses) and may be renewed every 6 months thereafter.
Stelara	Medical PA	**REVISED – Effective 10/1/20** – In accordance with package information, updated universal criteria to reflect that patients must be up to date with vaccine therapy.
Tecartus	Oncology PA	**NEW – Effective 11/1/20** – New CAR-T policy developed for use in the treatment of relapsed or refractory mantle cell lymphoma.
Tecentriq	Oncology PA	**REVISED – Effective 9/1/20** – Added FDA approved indication for first line treatment of metastatic NSCLC as a single agent. Also added indication for use in combination with Avastin for treatment of unresectable or metastatic hepatocellular carcinoma.
Tecentriq	Oncology PA	**NEW – Effective 11/1/20** – Added FDA approved indication for the treatment of melanoma in combination with cobimetinib and vemurafenib.
Trodelvy	Oncology PA	**NEW – Effective 9/1/20** – New policy developed for the treatment of metastatic triple negative breast cancer after at least two prior therapies for metastatic disease.
Uplizna	Medical PA	**NEW – Effective 10/1/20** – New policy developed with criteria for Neuromyelitis Optica Spectrum Disorder (NMOSD).
Yescarta	Oncology PA	**NEW – Effective 10/1/20** – Updated lab values in approval criteria.
Yervoy	Oncology PA	**REVISED – Effective 9/1/20** – Change compendia indication to FDA approved indication for use in combination with Opdivo as first line treatment of metastatic or recurrent NSCLC whose tumors express PD-L1 (1%) with no EGFR or ALK genomic tumor aberrations.
Zepzelca	Oncology PA	**New – Effective 10/1/20** – New policy developed for the treatment of metastatic small cell lung cancer with disease progression on or after platinum-based chemotherapy.

The Prime Therapeutics P&T Committee — consisting of doctors, pharmacists and other healthcare professionals — advises and makes recommendations based on clinical appropriateness. The Blue Cross and Blue Shield of Alabama Formulary Business Committee gives final approval of these clinical recommendations before implementation.