BlueCross BlueShield of Alabama
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Pharmacy News

April 2022

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 April 1, 2022

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

Asceniv Update

Effective February 1, 2022, Asceniv has been excluded from coverage. Patients who were previously receiving Asceniv will be allowed to continue with this product.

Retacrit Shortage

Pfizer has communicated that Retacrit will experience a supply disruption in late May 2022, with a return to supply in early Q4 2022. If Retacrit is not obtainable, as confirmed by the FDA's drug shortage website located at www.accessdata.fda.gov/scripts/drugshortages/default.cfm, coverage will be provided for the originator brand.

New or Revised Provider-Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
ACTH	Medical PA	**REVISED – Effective 4/1/22 –** Based on the new approval of the Cortrophin (repository corticotropin gel), the policy was renamed Corticotropin-ACTH and the drug was incorporated into the policy.
Dextenza	Medical PA	**NEW – Effective 3/1/22 –** New policy created for allergic conjunctivitis and post-op inflammation and pain.
Fyarro	Oncology PA	**NEW – Effective 4/1/22 –** New policy developed for treatment of locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa).
Infliximab	Medical PA	**REVISED – Effective 5/1/22 –** Added the Janssen's new unbranded biologic product, Infliximab, which has the same HCPCS code as Remicade with a different NDC. An unbranded biologic is the same as the brand biologic, Remicade, and uses the same cell-line as the brand-name reference biologic.
Injectafer	Medical PA	**REVISED – Effective 2/1/22 –** Added newly FDA-approved expanded indication for use in patients at least 1 year of age with an intolerance or unsatisfactory response to oral iron.
Kanuma	Medical PA	**REVISED – Effective 3/1/22 –** Updated the dosing table to reflect dose escalations that are recommended in the package insert.
Keytruda	Oncology PA	**REVISED – Effective 2/1/22 –** Added new FDA-approved indication for cervical cancer when used in combination with chemotherapy, with or without bevacizumab, for patients with persistent, recurrent or metastatic cervical cancer.
Keytruda	Oncology PA	**REVISED – Effective 3/1/22 –** Added new FDA-expanded indication for use as adjuvant therapy for patients with RCC at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.
Keytruda	Oncology PA	**REVISED – Effective 4/1/22 –** Added new FDA-expanded indication for use as adjuvant treatment for patients at least 12 years of age with Stage IIB, IIC or II melanoma following complete resection.
Leqvio	Medical PA	**NEW – Effective 5/1/22 –** New policy created for heterozygous familial hypercholesterolemia/ atherosclerotic cardiovascular disease.
Orencia	Medical PA	**REVISED – Effective 4/1/22 –** Added new indication for use as prophylaxis for acute graft versus host disease (aGVHD), in combination with a calcineurin inhibitor and methotrexate, in adults and pediatric patients 2 years of age and older undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated donor.
Ranibizumab	Medical PA	**REVISED – Effective 3/1/22 –** Added preclusion that not used in combo with Susvimo with the disclaimer unless it is used as supplemental therapy.
SCIG	Medical PA	**REVISED – Effective 3/1/22 –** Added expanded indication for Cutaquig for use in PID in patients at least 2 years of age.
Susvimo	Medical PA	**NEW – Effective 3/1/22 –** New policy created for neovascular age-related macular degeneration.
Tecartus	Oncology PA	**REVISED – Effective 2/1/22 –** Added expanded FDA-approved indication for relapsed or refractory ALL.
Tecentriq	Oncology PA	**REVISED – Effective 2/1/22 –** Added new FDA-approved indication for NSCLC for use as adjuvant treatment following resection and platinum-based chemotherapy in patients with stage II to IIIA non-small cell lung cancer whose tumors have PD-L1 expression on ≥ 1% of tumor cells. Removed indication for metastatic triple negative breast cancer (mTNBC).
Tepezza	Medical PA	**REVISED – Effective 4/1/22 –** Updated Clinical Activity Score (CAS) Elements table as per 2021 European Group on Graves' orbitopathy (EUGOGO) clinical practice guidelines for the medical management of Graves' orbitopathy.
Tezspire	Medical PA	**NEW – Effective 5/1/22 –** New policy created for severe asthma.
Vyvgart	Medical PA	**NEW – Effective 5/1/22 –** New policy created for generalized myasthenia gravis.
Xipere	Medical PA	**NEW – Effective 3/1/22 –** New policy created for macular edema secondary to non-infectious uveitis.

*Post-Service Claims Edit is abbreviated as PSCE

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.