BlueCross BlueShield of Alabama
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# Pharmacy News

April 2023

## 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, 2023

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
- Generics 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

## Important PEEHIP Drug Updates

The following updates apply to Public Education Employees Health Insurance Plan (PEEHIP) members only:

- **Effective March 1, 2023**, Zarxio will become the sole preferred short-acting granulocyte colony-stimulating factor (G-CSF). All other short-acting G-CSFs will be non-preferred. Patients who are currently receiving a non-preferred product may complete their existing course of therapy.
- **Effective March 1, 2023**, patients must have tried and had an inadequate response, contraindication or intolerance to intravenous or subcutaneous belimumab (Benlysta) prior to Saphnelo (anifrolumab-fnia). Patients would also qualify for Saphnelo if they had a history of severe depression or thoughts of suicide, or if they have moderate to severe cutaneous disease.
- **Effective March 1, 2023**, PEEHIP does not require a step through a prophylactic calcitonin gene-related peptide (CGRP) prior to use of Botox for the prophylaxis of chronic migraines.
- **Effective April 1, 2023**, patients must have tried and had an inadequate response, intolerance or contraindication to Vyvgart prior to consideration of Ultomiris for generalized myasthenia gravis.
- **Effective April 1, 2023**, Inflectra and Renflexis will become the preferred infliximab products. All other infliximab products will be non-covered. Patients who are currently receiving a non-covered product may complete their existing course of therapy through the current precertification period. Upon renewal or restarting therapy, the patient must transition to a preferred product.

## New or Revised Provider-Administered (Medical) Drug Policies

| Policy Name | Type of Policy | Coverage Criteria and Changes |
|---|---|---|
| **Adcetris** | Oncology PA | **REVISED – Effective 3/1/23 –** Added new FDA-approved indication for use in combination with doxorubicin, vincristine, etoposide, prednisone and cyclophosphamide for pediatric patients 2 years of age and older with previously untreated high-risk classical Hodgkin lymphoma (cHL). |
| **Elahere** | Oncology PA | **NEW – Effective 3/1/23 –** New policy developed for the treatment of folate receptor alpha positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer in patients who have received one to three prior systemic treatment regimens. |
| **Hemgenix** | Medical PA | **NEW – Effective 4/1/23 –** New policy for treatment of hemophilia B (congenital factor IX deficiency). |
| **Imfinzi** | Oncology PA | **REVISED – Effective 3/1/23 –** Added FDA-approved indication for use in combination with Imjudo and platinum-based chemotherapy for use in metastatic non-small cell lung cancer with no sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) genomic tumor when used in combination with Imfinzi and platinum-based chemotherapy. Also added indication for use in combination with Imjudo for the treatment of unresectable hepatocellular carcinoma. |
| **Imjudo** | Oncology PA | **NEW – Effective 3/1/23 –** New policy developed for the treatment of unresectable hepatocellular carcinoma when used in combination with Imfinzi. Also approved for use in metastatic non-small cell lung cancer with no sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) genomic tumor when used in combination with Imfinzi and platinum-based chemotherapy. |
| **Keytruda** | Oncology PA | **REVISED – Effective 5/1/23 –** Added expanded FDA-approved indication for adjuvant treatment following resection and platinum-based chemotherapy for stage IB, II, or IIIA non-small cell lung cancer (NSCLC). |
| **Pedmark** | Oncology PA | **NEW – Effective 2/1/23 –** New policy developed for use in the reduction of ototoxicity associated with cisplatin in pediatric patients 1 month and older with localized, non-metastatic solid tumors. |
| **Rolvedon** | Oncology PA | **NEW—Effective 3/1/23 –** New policy for the prophylactic use in adult patients with solid tumors or non-myeloid malignancy to prevent the incidence of febrile neutropenia. |
| **Tecentriq** | Oncology PA | **REVISED – Effective 4/1/23 –** Added expanded FDA-approved indication for the treatment of unresectable or metastatic alveolar soft part sarcoma in patients 2 years of age and older. |
| **Tecvayli** | Oncology PA | **NEW – Effective 3/1/23 –** New policy developed for the treatment of relapsed or refractory multiple myeloma in patients who received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD-38 monoclonal antibody. |
| **Tzield** | Medical PA | **NEW – Effective 4/1/23 –** New policy for Diabetes Mellitus (Type 1). |
| **Vivimusta** | Oncology PA | **NEW – Effective 4/1/23 –** New drug added to current Bendamustine policy for use in the treatment of chronic lymphotic leukemia (CLL) and indolent non-Hodgkin lymphoma (NHL). |
| **Vyepti** | Medical PA | **REVISED—Effective 4/1/23 –** To the Universal Criteria for no concurrent treatment with a botulinum toxin, added a post-note explaining that this does not apply when the botulinum toxin is used for an indication other than prevention of chronic migraines. Removed the renewal criteria allowing dose escalation up to a max of 300 mg per dose as there is no data to support that the 300 mg dose has better efficacy than the 100 mg dose or that patients with an inadequate response to the 100 mg dose will have an improved response to the 300 mg dose. The Dosing Limits section and dosing table have also been updated to reflect this change. Updated the diagnostic criteria timeframe for headache days from at least 3 months to > 3 months to align with the American Headache Society (AHS) guidelines. |

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. Prime Therapeutics LLC is an independent company contracted by Blue Cross and Blue Shield of Alabama to provide pharmacy benefit management services. Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association. ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).