



Drug Guide and Clinical Program Updates

The Prime Therapeutics® Pharmacy and Therapeutics 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, 2024

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 Formulary Updates](#)
- [Source+Rx 1.0 Prescription Drug List](#)
- [Source+Rx 2.0 Prescription Drug List](#)
- [NetResults Formulary Updates](#)
- **Clinical Programs**
 - ▶ [Prior Authorization](#)
 - ▶ [Step Therapy](#)
 - ▶ [Quantity Limit](#)

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Adzynma	Medical PA	New – Effective 3/1/24 – New therapy for the treatment of congenital thrombotic thrombocytopenic purpura (cTTP).
Casgevy	Medical PA	New – Effective 4/1/24 – New gene therapy for the treatment of sickle cell disease. Precertification required for administration at all sites of care, including inpatient.
Loqtorzi	Oncology PA	New – Effective 3/1/24 – New first-line therapy for the treatment of nasopharyngeal carcinoma.
Lyfgenia	Medical PA	New – Effective 4/1/24 – New gene therapy for the treatment of sickle cell disease. Precertification required for administration at all sites of care, including inpatient.
OmvoH	Medical PA	New – Effective 3/1/24 – New therapy for the treatment of ulcerative colitis.
Pombiliti	Medical PA	New – Effective 2/1/24 – New therapy for the treatment of Pompe disease.
Ryzneuta	Oncology PA	New – Effective 4/1/24 – New leukocyte growth factor indicated to decrease incidence of febrile neutropenia in adult patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.

Note: Prior Authorization is abbreviated as PA.

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).