BlueCross BlueShield of Alabama
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Pharmacy News

JULY 2021

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 July 1, 2021

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

Effective July 1, 2021, the following updates will be made to preferred drugs:

Infliximab
Avsola and Inflectra will be added as co-preferred infliximab products alongside Remicade. Patients who were previously receiving Renflexis may continue to receive that product.

Bevacizumab for ocular conditions
Bevacizumab products Avastin, Mvasi and Zirabev will become the preferred products for ocular indications. Patients who were previously receiving non-preferred therapies (Beovu, Eylea, Lucentis, Macugen) may continue to receive those products.

Hyaluronic Acid derivatives
Orthovisc will be added as a co-preferred hyaluronic acid derivative alongside Synvisc and Synvisc One. Euflexxa will no longer be a covered product. Members with a precertification for Euflexxa will be allowed to continue their existing course of therapy.

Gaucher disease type 1
Cerezyme will become the preferred product for Gaucher disease type 1. Patients must have an inadequate response, intolerance, or contraindication to Cerezyme prior to a trial of a non-preferred products Vpriv or Elelyso. Patients who were previously being treated with a non-preferred product may continue with that therapy.

New or Revised Provider Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Alpha-1_PI	Medical PA	**REVISED—Effective 7/1/21** – Add the exclusion that the patient does NOT have IgA deficiency per PI contraindication on all drugs.
Beovu	Medical PA	**NEW—Effective 7/1/21** – Any bevacizumab product (Avastin, Mvasi, Zirabev) will be the preferred option for ocular indications. Patients previously receiving Beovu may continue.
Botox	Medical PA	**REVISED—Effective 6/1/21** – Added newly approved FDA-expanded indication for use in pediatric patients at least 5 years of age with incontinence due to detrusor overactivity associated with a neurologic-condition.
Breyanzi	Oncology PA	**NEW—Effective 6/1/21** – New policy developed for the treatment of relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy.
Denosumab	Medical PA	**REVISED—Effective 7/1/21** – To Xgeva for giant cell tumor of the Bone, added use in combination with serial embolization. To Xgeva, added indication for use in systemic mastocytosis as second line therapy for patients with osteopenia/osteoporosis and bone pain not responding to bisphosphonates or in patients not candidates for bisphosphonates due to renal insufficiency.
Elelyso	Medical PA	**NEW—Effective 7/1/21** – Elelyso will become a non-preferred therapy for Gaucher disease type 1. Patients previously on therapy with Elelyso may continue. Cerezyme will be the preferred product.
Eylea	Medical PA	**NEW—Effective 7/1/21** – Any bevacizumab product (Avastin, Mvasi, Zirabev) will be the preferred option for ocular indications. Patients previously receiving Eylea may continue.
Fabrazyme	Medical PA	**NEW—Effective 7/1/21** – New FDA-expanded indication for use in patients at least 2 years of age with Fabry disease; this indication was previously only approved for use in patients at least 8 years of age.
Factor IX	Pharmacy PA	**REVISED—Effective 7/1/21** – Updated the dosing table for Ixinity to add dosing for use as routine prophylaxis in adult patients at least 18 years of age per the PI. Also updated the Ixinity dosing for control and prevention of bleeding episodes and perioperative management to reflect that dosing is for patients at least 12 years of age.
Filgrastims	Medical PA	**REVISED—Effective 7/1/21** – Added use in Wilms Tumor. To MDS, clarified use is for anemia with no del(5q) mutation. Removed febrile neutropenia risk factor for history of recurrent febrile neutropenia. To AML, aligned criteria with NCCN which includes use as reinduction therapy and relapsed or refractory disease.
Infliximab	Medical PA	**NEW—Effective 7/1/21** – Avsola and Inflectra will be added as co-preferred infliximab products alongside Remicade. Renflexis will remain non-preferred.
Keytruda	Oncology PA	**REVISED—Effective 7/1/21** – Added FDA-expanded indication for treatment of metastatic or locally advanced esophageal or gastroesophageal carcinoma with CPS ≥ 10 when used in combination with platinum and fluoropyrimidine-based chemotherapy as first-line treatment.
Leukine	Medical PA	**REVISED—Effective 7/1/21** – Added use for high-risk neuroblastoma in combo with Unituxin or Danyelza per their respective approved labeling.
Libtayo	Oncology PA	**NEW - Effective 6/1/21** – New policy developed for the treatment of metastatic or locally advanced cutaneous squamous cell carcinoma; treatment of locally advanced or metastatic basal cell carcinoma previously treated with a hedgehog pathway inhibitor; first-line treatment of locally advanced or metastatic non-small cell lung cancer whose tumor have high PD-L1 expression with no EGFR, ALK, or ROS1 aberrations.
Lucentis	Medical PA	**NEW—Effective 7/1/21** – Any bevacizumab product (Avastin, Mvasi, Zirabev) will be the preferred option for ocular indications. Patients previously receiving Lucentis may continue.
Macugen	Medical PA	**NEW—Effective 7/1/21** – Any bevacizumab product (Avastin, Mvasi, Zirabev) will be the preferred option for ocular indications. Patients previously receiving Macugen may continue.
Nulibry	Medical PA	**NEW—Effective 7/1/21** – New policy developed to reduce the risk of mortality in patients with molybdenum cofactor deficiency (MoCD) Type A.
Orthovisc	Medical PA	**NEW—Effective 7/1/21** – Orthovisc will be added as a preferred Hyaluronic Acid Derivative product alongside Synvisc and Synvisc One. Euflexxa will no longer be covered.
Pegfilgrastim	Medical PA	**REVISED—Effective 7/1/21** – Added use in Wilms Tumor based on NCCN 2a.
Pepaxto	Oncology PA	**NEW—Effective 7/1/21** – New policy developed for the treatment of relapsed or refractory multiple myeloma when used after at least four prior lines of therapy in combination with dexamethasone.

New or Revised Provider Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Rituximab_IV	Both	**REVISED—Effective 6/1/21** – Changed use in CLL/SLL relapsed/refractory disease to use as subsequent therapy. To first-line therapy for CLL/SLL without del(17p)/TP53 mutation, use in combination with bendamustine excludes use in frail patients. To Pediatric Aggressive Mature B-Cell Lymphomas, use is in patients 18 years of age and younger.
Sandostatin_LAR	Medical PA	**REVISED—Effective 7/1/21** – To carcinoid tumors/NET for distant metastatic bronchopulmonary or thymic disease, specified that use in somatostatin receptor positive disease and/or chronic cough/dyspnea is for chronic cough/dyspnea that is not responsive to inhalers and also added caveat for use as subsequent therapy including patients with disease progression on prior treatment with octreotide LAR who have functional tumors. From Carcinoid Tumors/NET for locoregional unresectable bronchopulmonary or thymic disease as primary therapy removed criteria stating it can only be used for low grade (typical) histology. To Carcinoid Tumors/NET for tumor control of locoregional advanced and/or metastatic neuroendocrine tumors of the pancreas, specified that use is in distant metastatic disease. To Carcinoid Tumors/NET for the management of locoregional advanced or metastatic disease of the gastrointestinal tract, specified that use is in distant metastatic disease. From diarrhea associated with VIPomas, removed subtypes pancreatic neuroendocrine (islet cell) tumor, insulinoma, glucagonoma, somatostatinoma, and gastrinoma. To Thymic Carcinomas/Thymomas, added use as first line therapy or postoperative treatment in patients who are unable to tolerate first-line combination regimens and simplified criteria for second line therapy per NCCN.
Sarclisa	Oncology PA	**REVISED—Effective 7/1/21** – Added FDA-expanded indication for treatment of relapsed or refractory multiple myeloma in combination with carfilzomib and dexamethasone after 1 to 3 prior lines of therapy.
VPRIV	Medical PA	**NEW—Effective 7/1/21** – VPRIV will become a non-preferred therapy for Gaucher disease type 1. Patients previously on therapy with VPRIV may continue. Cerezyme will be the preferred product.
Yescarta	Oncology PA	**REVISED—Effective 7/1/21** – Added FDA-expanded indication for the treatment of relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

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.