BlueCross BlueShield of Alabama
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Pharmacy News

APRIL 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 April 1, 2020

To view updated formularies and clinical programs, click the links below. For questions about benefits, members 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 – Standard and Generics Plus
- 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
- Medical Drug Updates

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Abraxane	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for use in NTRK gene fusion positive cancers in non-small cell lung cancer.
Adakveo	Medical PA	**NEW – Effective 3/1/20** – New coverage policy added for Adakveo FDA-approved to reduce the frequency of vasoocclusive crises in adults and pediatric patients aged 16 years and older with sickle cell disease.
Alimta	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for NTRK gene fusion positive tumors for first and subsequent therapy in non-small cell lung cancer.
Avastin	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for use as continued maintenance therapy in combination with paclitaxel/carboplatin for stable disease following neoadjuvant therapy.
Avsola	Medical PA	**NEW – Effective 3/1/20** – New policy for new Remicade biosimilar product, Avsola. Remicade continues to be the preferred infliximab product, Avsola will be added as another non-preferred product.
Beovu	Medical PA	**NEW – Effective 1/1/20 –** New coverage policy added for Beovu for neovascular age-related macular degeneration.
Besponsa	Oncology PA	**REVISED – Effective 2/1/20** – Revised age limit to 2 years and older to allow use in pediatric b-acute lymphoblastic leukemia.

Policy Name	Type of Policy	Coverage Criteria and Changes
Botox	Medical PA	**REVISED – Effective 2/1/20** – Added new FDA-approved indication for use to treat pediatric lower limb spasticity in patients ages 2 years or greater, excluding spasticity caused by cerebral palsy. Added minimum age of 2 years old for treatment of cerebral palsy with concurrent equinus gait; added use in ventral hernias as preoperative therapy.
Crysvita	Medical PA	**REVISED – Effective 2/1/20** – Added FDA-expanded lower age limit of 6 months (was previously 1 year of age) along with weight-based dosing if under 18 years of age.
Darzalex	Oncology PA	**REVISED – Effective 1/1/20** – Added FDA-expanded indication for the treatment of newly diagnosed multiple myeloma on combination with bortezomib, thalidomide and dexamethasone in patients eligible for ASCT. **REVISED – Effective 3/1/20** – Added regimen of daratumumab, dexamethasone and carfilzomib for use as subsequent in the treatment of multiple myeloma.
Givlaari	Medical PA	**NEW – Effective 3/1/20** – New coverage policy added for the treatment of adults with acute hepatic porphyria.
Herceptin	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for colorectal cancer when used as subsequent therapy for progression of unresectable advanced or metastatic RAS WT disease; added indication for breast cancer for use in combination with endocrine therapy with or without lapatinib.
Herzuma	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for colorectal cancer when used as subsequent therapy for progression of unresectable advanced or metastatic RAS WT disease; added indication for breast cancer for use in combination with endocrine therapy with or without lapatinib.
Keytruda	Oncology PA	**REVISED – Effective 1/1/20** – Added FDA-expanded indication in the treatment of advanced endometrial cancer that is not MSI—H/dMMR in combination with lenvatinib as subsequent therapy. **REVISED – Effective 3/1/20** – Added indication for adjuvant treatment of cutaneous melanoma in patients with lymph node involvement after resection; added indication for use in unresectable esophageal cancer and when used for adenocarcinoma as third line or subsequent therapy; added indication for use in merkel cell carcinoma for recurrent regional disease; added indication for use in non-small cell lung cancer for NTRK gene fusion positive tumors for both first line and subsequent therapy; added indication for small cell lung cancer for use of metastatic disease with progression on or after platinum-based treatment; added indication for renal cell carcinoma for clear cell histology.
Kyprolis	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for use in combination with dexamethasone and daratumumab for previously treated myeloma.
Mvasi	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for use as continued maintenance therapy in combination with paclitaxel/carboplatin for stable disease following neoadjuvant therapy.
Nplate	Medical PA	**REVISED – Effective 2/1/20** – Added new FDA-approved indication for treatment of acute immune (idiopathic) thrombocytopenia (ITP) in adult patients.
Ogivri	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for colorectal cancer when used as subsequent therapy for progression of unresectable advanced or metastatic RAS WT disease; added indication for breast cancer for use in combination with endocrine therapy with or without lapatinib.
Ontruzant	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for colorectal cancer when used as subsequent therapy for progression of unresectable advanced or metastatic RAS WT disease; added indication for breast cancer for use in combination with endocrine therapy with or without lapatinib.
Opdivo	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for renal cell carcinoma when used in combination with ipilimumab for clear cell histology; added indication for use in small cell lung cancer after progression on platinum-based therapy and one other line of therapy; added indication for central nervous system cancer for recurrent disease when active regimen was used against primary tumor.

Policy Name	Type of Policy	Coverage Criteria and Changes
Padcev	Oncology PA	**NEW – Effective 4/1/20** – New policy developed for treatment of locally advanced or metastatic urothelial cancer.
Perjeta	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for colorectal cancer as subsequent therapy for progression of unresectable advanced or metastatic RAS WT disease.
Reblozyl	Medical PA	**NEW – Effective 2/1/20** – New coverage policy added for treatment of beta thalassemia.
Rituxan IV	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for relapsed/refractory ALL for Philadelphia chromosome positive disease; added indication for DLBCL when used as first line therapy in combination with chemotherapy.
Scenesse	Medical PA	**NEW – Effective 2/1/20** – New coverage policy added for Scenesse for treatment of erythropoietic protoporphyria (EPP).
Stelara	Medical PA	**REVISED – Effective 2/1/20** – Added new FDA-approved indication for ulcerative colitis.
Tecentriq	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for use in NTRK gene positive tumors in NSCLC.
Trazimera	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for colorectal cancer when used as subsequent therapy for progression of unresectable advanced or metastatic RAS WT disease; added indication for breast cancer for use in combination with endocrine therapy with or without lapatinib.
Truxima	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for relapsed/refractory ALL for Philadelphia chromosome positive disease; added indication for DLBCL when used as first line therapy in combination with chemotherapy.
Ultomiris	Medical PA	**REVISED – Effective 2/1/20** – Added FDA-approved indication for atypical hemolytic uremic syndrome (aHUS) in adult and pediatric patients.
Vyondys-53	Medical PA	**NEW – Effective 3/1/20** – New policy implemented stating Vyondys-53 will not be covered due to insufficient clinical evidence for demonstrated efficacy.
Yervoy	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for cutaneous melanoma for use with nivolumab in first line therapy and added use as a single agent in patients at least 12 years old after prior treatment with cytotoxic chemotherapy; added indication for central nervous system cance; added indication for use in initial therapy is for limited brain metastases.
Zaltrap	Oncology PA	**REVISED – Effective 3/1/20** – Added indication for use as primary treatment for patients with unresectable metachronous metastases in colorectal cancer.
Ziextenzo	Oncology PA	**NEW – Effective 2/1/20** – New colony stimulating factor policy developed (biosimilar product to Neulasta).

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.