BlueCross BlueShield of Alabama
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Pharmacy News

APRIL 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 April 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

New or Revised Provider-Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Keytruda	Oncology PA	**REVISED – Effective 3/1/21** – added expanded FDA indication for use in combination with chemotherapy for treatment of recurrent unresectable or metastatic triple negative breast cancer with PD-L1 (CPS≥10).
Danyelza	Oncology PA	**NEW – Effective 4/1/21** – new policy developed for the treatment of relapsed or refractory high-risk neuroblastoma in the bone or bone marrow.
Margenza	Oncology PA	**NEW – Effective 4/1/21** – new policy developed for the treatment of metastatic HER2-positive. Breast cancer in patients who have received two or more prior anti-HER2 regimens.
Riabni	Oncology PA	**NEW – Effective 4/1/21** – new rituximab biosimilar indicated for the treatment of non-Hodgkin's Lymphoma and Chronic Lymphocytic Leukemia.
Enhertu	Oncology PA	**REVISED – Effective 5/1/21** – added FDA expanded indication for treatment of locally advanced or metastatic HER2 positive gastric or GEJ adenocarcinoma in adult patients who have received prior treatment with a trastuzumab based regimen.
Opdivo	Oncology PA	**REVISED – Effective 5/1/21** – added expanded FDA indication for the treatment of advanced renal cell carcinoma as first line therapy in combination with Cabometyx.

New or Revised Provider-Administered (Medical) Non-Oncology Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Benlysta IV	Medical PA	**REVISED – Effective 4/1/21** – Added FDA approved expanded indication in adults with active lupus nephritis and updated exclusion criteria (removed lupus nephritis and IV cyclophosphamide) per PI.
Givlaari	Medical PA	**REVISED – Effective 4/1/21** – Removed exclusion criteria for concomitant use with CYP1A2 or CYP2D6 substrates as the concentration of Givlaari is not affected by concomitant use, but the concentration of the substrates is affected, therefore this criteria is not needed in the policy.
Nplate	Medical PA	**REVISED – Effective 5/1/21** – Added newly approved FDA expanded indication for the treatment of Hematopoietic Syndrome of Acute Radiation Syndrome in adult and pediatric patients along with dosing, length of authorization, renewal criteria, and MU.
Rituximab IV	Medical PA	**REVISED – Effective 4/1/21** – Added the newly FDA approved biosimilar product, Riabni, into the policy.
Tepezza	Medical PA	**REVISED – Effective 4/1/21** – Removed need for clinical activity score. Edited criteria for onset of symptoms in previous 9 months to instead be openly inclusive of active disease in previous 9 months, i.e., 'includes but is not limited to onset…' **Effective 5/1/21** - Clarified definition of active disease using CAS ≥4 based on pivotal study inclusion criteria.
Xeomin	Medical PA	**REVISED – Effective 4/1/21** – Added newly expanded FDA approved indication for use to treat chronic sialorrhea in patients 2 years of age and older along with dosing (divided dosing into adult dosing and pediatric dosing).
Xolair	Medical PA	**REVISED – Effective 4/1/21** – Added newly expanded indication for nasal polyps.

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.