BlueCross BlueShield of Alabama
An Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy News

OCTOBER 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 October 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

Provider-Administered Drug Updates – Effective October 1, 2021

The following updates will be made to provider-administered drugs:

IV Iron

Iron sucrose, iron dextran, or sodium ferric gluconate complex will become the preferred intravenous iron therapy products. Patients must have failed treatment with, or have a contraindication or intolerance to at least two (2) of the preferred products prior to consideration of non-preferred products (Feraheme, Injectafer or Monoferric). Patients currently receiving non-preferred products will be allowed to complete their existing course of therapy.

Retacrit

Retacrit will become the preferred epoetin product. Patients must have failed treatment with, or have a contraindication or intolerance, to Retacrit prior to consideration of non-preferred products. Patients currently receiving non-preferred products will be allowed to complete their existing course of therapy.

Aduhelm

Aduhelm will be non-covered for Blue Cross and Blue Shield of Alabama. The decision for non-coverage was made after reviewing available evidence from the FDA while taking into consideration the viewpoints expressed by the independent advisory committee who voted overwhelmingly against approval of this medication. Significant doubts surrounding safety and—to a greater degree—efficacy were raised by the advisory committee. Blue Cross will continue to evaluate its coverage position on Aduhelm as more information is revealed through the confirmatory trials.

Denosumab

Prolia and Xgeva will require precertification for approval. For use in osteoporosis, hypercalcemia of malignancy, systemic mastocytosis, or prevention of skeletal muscle related events in patients with multiple myeloma or bone metastases from solid tumor, the patient must have a documented treatment failure or ineffective response to bisphosphonates (oral or IV) OR the patient has a documented contraindication or intolerance to BOTH oral and IV bisphosphonates prior to consideration of these drugs. Patients currently receiving Prolia or Xgeva will be allowed to continue on their current therapy.

New or Revised Provider-Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Abecma	Oncology PA	**NEW—Effective 8/1/21** – New CAR-T policy developed for the treatment of Multiple Myeloma.
Aduhelm	Medical PA	**NEW—Effective 10/1/21** – Aduhelm is considered not medically necessary and will not be covered.
Alpha-1-Proteinase Inhibitors	Medical PA	**REVISED—Effective 10/1/21** – Alpha-1-Proteinase inhibitors will require a precertification prior to administration.
Aranesp	Medical PSCE*	**REVISED—Effective 10/1/21** – Dosing for anemia due to MDS is 150-300 mcg every other week and may be increased to 500 mcg every other week. Dosing for anemia due to MPN is 150 mcg weekly and may be increased to 300 mcg weekly. Dosing for adult patients with anemia due to CKD has max dosing of 600 mcg monthly and initial dosing for adult and pediatric patients is 0.75mcg/kg every 14 days.
Botox	Medical PA	**REVISED—Effective 10/1/21** – For treatment of esophageal achalasia, added peroral endoscopic myotomy (POEM) as another option of a prior treatment modality before using Botox. To Chronic Migraine, added caveat that criteria for non-use with prophylactic CGPRi's does not include CGPRi's used for acute treatment. Updated the criteria for migraine features for migraines with aura to indicate that the patient must have 3 of the characteristics listed and also at least one aura symptom is positive. Dosing for oromandibular dystonia is 80 units per side. Added orphan drug designation for upper limb spasticity in pediatric patients with cerebral palsy.
Camcevi	Medical PSCE*	**NEW—Effective 10/1/21** – Added subcutaneous product, Camcevi, for use in adult patients with advanced prostate cancer. Added compendia recommended indication for use in menses suppression prior and after stem cell transplant associated thrombocytopenia. Additions made to previous leuprolide depot policy. Will be added as a Post-Service Claim Edit drug.
Crysvita	Medical PA	**REVISED—Effective 10/1/21** – Added criteria that other forms of hypophosphatemic rickets had been ruled out.
Denosumab	Medical PA	**NEW—Effective 10/1/21** – Prolia and Xgeva will require a precertification prior to administration. For use in osteoporosis, hypercalcemia of malignancy, systemic mastocytosis, or prevention of skeletal muscle related events in patients with multiple myeloma or bone metastases from solid tumor, the patient must have a documented treatment failure or ineffective response to bisphosphonates (oral or IV) OR the patient has a documented contraindication or intolerance to BOTH oral and IV bisphosphonates prior to consideration of these drugs. Patients currently receiving Prolia or Xgeva will be allowed to continue on their current therapy.
Dysport	Medical PA	**REVISED—Effective 10/1/21** – Dysport will require a precertification prior to administration. To chronic migraine, added caveat that criteria for non-use with prophylactic CGPRi's does not include CGPRi's used for acute treatment. Updated the criteria for migraine features for migraines with aura to indicate that the patient must have 3 of the characteristics listed and also at least one aura symptom is positive.
Elitek	Oncology PA	**NEW—Effective 10/1/21** – Elitek will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Elzonris	Oncology PA	**NEW—Effective 10/1/21** – Elzonris will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Epoetin alfa	Medical PA	**REVISED—Effective 10/1/21** – Removed the indication, dosing, and renewal criteria for use in anemia secondary to rheumatoid arthritis. To the box containing criteria for IV iron supplementation, changed the ferritin level requiring treatment with IV iron from <500ng/mL to ≤500ng/mL.
Epogen	Medical PA	**REVISED—Effective 10/1/21** – Epogen will become a non-preferred epoetin alfa product. Patients previously on therapy with Epogen may continue. Retacrit will be the preferred product.
Feraheme	Medical PA	**NEW—Effective 10/1/21** – Feraheme will become a non-preferred parenteral iron product. Patients previously on therapy with this drug may continue their current course of treatment. The preferred parenteral iron products will be iron sucrose, iron dextran or sodium ferric gluconate complex.
Imlygic	Oncology PA	**NEW—Effective 10/1/21** – Imlygic will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Injectafer	Medical PA	**NEW—Effective 10/1/21** – Injectafer will become a non-preferred parenteral iron product. Patients previously on therapy with this drug may continue their current course of treatment. The preferred parenteral iron products will be iron sucrose, iron dextran or sodium ferric gluconate complex.

New or Revised Provider-Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Ixempra	Oncology PA	**NEW—Effective 10/1/21** – Ixempra will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Jemperli	Oncology PA	**NEW—Effective 8/1/21** – New policy developed for the use in mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer that has progressed on or following a prior platinum containing regimen.
Keytruda	Oncology PA	**REVISED—Effective 9/1/21** – Added expanded FDA indication for HER2-positive gastric or GEJ cancer in combination with trastuzumab, fluoropyrimidine and platinum containing chemotherapy as first line treatment.
Lumoxiti	Oncology PA	**NEW—Effective 10/1/21** – Lumoxiti will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Monoferric	Medical PA	**NEW—Effective 10/1/21** – Monoferric will become a non-preferred parenteral iron product. Patients previously on therapy with this drug may continue their current course of treatment. The preferred parenteral iron products will be iron sucrose, iron dextran or sodium ferric gluconate complex.
Myobloc	Medical PA	**REVISED—Effective 10/1/21** – To chronic migraine, added caveat that criteria for non-use with prophylactic CGPRi's does not include CGPRi's used for acute treatment. Updated the criteria for migraine features for migraines with aura to indicate that the patient must have 3 of the characteristics listed and also at least one aura symptom is positive. Updated examples of unacceptable toxicity to renewal section and adjusted the max dosing/units for sialorrhea to align with package insert.
Opdivo	Oncology PA	**REVISED—Effective 8/1/21** – Added new FDA indication for use in combination with fluoropyrimidine and platinum containing chemotherapy for advanced or metastatic gastric cancer, GEJ cancer, and esophageal carcinoma. **NEW—Effective 9/1/21** – Added new FDA indication for adjuvant treatment of completely resected esophageal or GEJ cancer with residual pathologic disease who have received neoadjuvant chemoradiotherapy.
Portrazza	Oncology PA	**NEW—Effective 10/1/21** – Portrazza will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Poteligeo	Oncology PA	**NEW—Effective 10/1/21** – Poteligeo will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Procrit	Medical PA	**REVISED—Effective 10/1/21** – Procrit will become a non-preferred epoetin alfa product. Patients previously on therapy with Procrit may continue. Retacrit will be the preferred product.
Retacrit	Medical PA	**REVISED—Effective 10/1/21** – Retacrit will become the preferred epoetin alfa product.
Rybervant	Oncology PA	**NEW—Effective 9/1/21** – New policy developed for use in advanced or metastatic non-small cell lung cancer with EGFR exon 20 insertion mutations that progressed on or after platinum based chemotherapy.
Somatuline	Oncology PA	**NEW—Effective 10/1/21** – Somatuline will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Sylvant	Oncology PA	**NEW—Effective 10/1/21** – Sylvant will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Tecentriq	Oncology PA	**REVISED—Effective 8/1/21** – Removed indication for use as subsequent therapy after prior platinum therapy in Urothelial Cancer – FDA approval withdrawn.
Ultomiris	Medical PA	**REVISED—Effective 10/1/21** – Added the new indication for PNH to now allow use in patients at least one month of age. Removed the age requirement under aHUS. Removed exclusion criteria for non-use in patients with an active infection as the package insert allows use in patients with active systemic infections so long as they are monitored closely for signs and symptoms of worsening infection.
Vyxeos	Oncology PA	**NEW—Effective 10/1/21** – Vyxeos will require a precertification prior to administration. Patients currently on this medication will be allowed to continue their current therapy.
Xeomin	Medical PA	**REVISED—Effective 10/1/21** – Xeomin will require a precertification prior to administration. To Chronic Migraines added caveat that criteria for non-use with prophylactic CGPRi's does not include CGPRi's used for acute treatment. Updated the criteria for migraine features for migraines with aura to indicate that the patient must have 3 of the characteristics listed and also at least one aura symptom is positive.

New or Revised Provider-Administered (Medical) drug programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Xolair	Medical PA	**REVISED—Effective 10/1/21** – Added criteria stating that the pre-filled syringe formulation may be self-administered for use in asthma, CIU, and nasal polyps after the initial 3 doses are administered in the healthcare setting AND the healthcare provider determines that self-administration is appropriate.
Zynlonta	Oncology PA	**NEW—Effective 8/1/21** – New policy developed for use in relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy.

**Post-Service Claims Edit is abbreviated as PSCE*

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.