BlueCross BlueShield of Alabama
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Pharmacy News

JANUARY 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 January 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
Actemra IV	Medical PA	**REVISED – Effective 1/1/21** – Update to juvenile idiopathic arthritis (JIA) to allow for use with oral DMARDs as an alternative to oral NSAIDs. To cytokine release syndrome (CRS), added use in CRS to be open to grades 2-4, as well as use in patients with neurotoxicity with concurrent CRS, and also use in patients who have refractory CRS after blinatumomab. **Effective 2/1/21** – added the off label indication for use in NMOSD.
Beovu	Medical PA	**REVISED – Effective 1/1/21** – Added retinal vasculitis and/or retinal vascular occlusion to the list of unacceptable toxicities in the Renewal Criteria.
Berinert	Medical PA	**REVISED – Effective 1/1/21** – Removed trial of prophylactic oral agents prior to approval of on-demand therapy for hereditary angioedema (HAE) nC1-INH (aka Type III).
Blenrep	Oncology PA	**NEW – Effective 12/1/20** – New policy developed for the treatment of relapsed/refractory multiple myeloma.
Botox	Medical PA	**REVISED – Effective 11/1/20** – To lower limb spasticity (LLS), added the expanded FDA approved indication for use in pediatric patients with cerebral palsy (CP). Removed the off-label use for CP with equinus gait as now it is bundled under the expanded indication for LLS.
Cimzia	Medical PA	**REVISED – Effective 1/1/21** – To plaque psoriasis, updated the disease diagnostic criteria (i.e. BSA of at least 3% for mod/sev disease) and intractable pruritis.
Cinryze	Medical PA	**REVISED – Effective 1/1/21** – Added use for short-term HAE prophylaxis prior to a procedure (i.e., dental or medical procedure). Removed laryngeal attacks from examples of unacceptable toxicity in the Renewal Criteria section. Updated MU and QL to reflect max dosing of up to 2,500 units every 3 to 4 days.

New or Revised Provider-Administered (Medical) Drug Programs *(continued)*

Policy Name	Type of Policy	Coverage Criteria and Changes
Cinqair	Medical PA	**REVISED – Effective 1/1/21** – To asthma, added exclusion criteria for use in the treatment of other eosinophilic conditions, acute bronchospasm, or status asthmaticus. Added baseline measurements for at least one of the following: use of systemic corticosteroids, use of inhaled corticosteroid, number of hospitalizations, ER visits, or unscheduled visits to healthcare provider, or FEV1.
Dysport	Medical PA	**REVISED – Effective 11/1/20** – To upper limb spasticity (ULS)/LLS, added the expanded FDA approved indication for use in pediatric patients with CP.
Entyvio	Medical PA	**REVISED – Effective 1/1/21** – Added a requirement for the patient to be at least 18 years of age; added a requirement for patient to be up to date with all immunizations according to current immunization guidelines as per PI; added moderate (grade 2) diarrhea and colitis and removed a requirement of prior failure on infliximab to management of immune checkpoint inhibitor related diarrhea/colitis criteria to align with NCCN.
Eylea	Medical PA	**REVISED – Effective 1/1/21** – Added a requirement that therapy will not be used with other ophthalmic VEGF inhibitors.
Factor VIII	Medical PA	**REVISED – Effective 12/1/20** – Added prophylaxis dosing to Xyntha to account for the new FDA expanded indication for use in adults and pediatrics with Hemophilia A for use as prophylaxis of bleeds.
Factor IX	Medical PA	**REVISED – Effective 11/1/20** – Based on the expanded indication for prophylactic therapy, updated the dosing/administration section with dosing.
Fasenra	Medical PA	**REVISED – Effective 1/1/21** – To initial criteria for severe asthma, added exclusion criteria of acute bronchospasm or status asthmaticus (per PI).
Firazyr	Medical PA	**REVISED – Effective 1/1/21** – Removed trial of prophylactic oral agents prior to approval of on-demand therapy for HAE nC1-INH (i.e., Type III).
Haegarda	Medical PA	**REVISED – Effective 1/1/21** – Update age of use to 6 years and older based on expanded FDA indication.
Hyaluronic Acid Derivatives	Medical PA	**REVISED – Effective 1/1/21** – Changed requirement for conservative therapy to be BOTH non-pharmacologic and pharmacologic prior to an intra-articular (IA) injection therapy.
Ilumya	Medical PA	**REVISED – Effective 11/1/20** – Added requirement that patients must be up to date with vaccinations prior to therapy to align with the package insert (PI). To psoriasis, updated the disease diagnostic criteria (i.e. BSA of at least 3% for mod/sev disease and intractable pruritis) based on AAD-NPF 2019 and defined phototherapy-ineligible per UpToDate.
IVIG	Medical PA	**REVISED – Effective 1/1/21** – From acute ITP, removed criteria stating "is considered to be at risk for intracerebral hemorrhage" from the bullet for severe thrombocytopenia with platelets <20,000. From chronic ITP, removed the age requirement. To MMN, updated criteria to state that patient must have focal, asymmetric limb weakness for >1. From Kawasaki's disease, removed "pediatric" from the indication for treatment. To management of immune-checkpoint-inhibitor related toxicity, added indications for use in severe or life-threatening bullous dermatitis; Stevens-Johnson syndrome; toxic epidermal necrolysis; severe or life-threatening myocarditis, pericarditis, arrhythmias, impaired ventricular function, or conduction abnormalities refractory to 24 hours of pulse-dose methylprednisolone therapy; and moderate, severe, or life-threatening steroid-refractory myalgias or myositis all per NCCN 2A recommendations. To the renewal criteria for ITP, updated criteria to require a platelet count of ≥ 30 X 109/L and at least doubling of the baseline platelet count. To renewal criteria section, added criteria stating that use for the treatment of GBS, MG, Kawasaki's disease, FAIT, neonatal alloimmune thrombocytopenia, and toxic shock syndrome cannot be renewed To the renewal criteria for HIV in children, added criteria stating that being at an increased risk of infection is defined as an IgG level < 400 mg/dL.
Kalbitor	Medical PA	**REVISED – Effective 1/1/21** – Removed trial of prophylactic oral agents prior to approval of on-demand therapy for HAE nC1-INH (aka Type III).
Keytruda	Oncology PA	**REVISED – Effective 2/1/21** – Added FDA approved indication for Classical Hodgkin Lymphoma (cHL) for relapsed or refractory disease in adults and after at least 2 prior therapies for pediatric patients (previously after 3 or more lines of therapy for both patient populations).

New or Revised Provider-Administered (Medical) Drug Programs *(continued)*

Policy Name	Type of Policy	Coverage Criteria and Changes
Krystexxa	Medical PA	**REVISED – Effective 1/1/21** – Updated criteria to patient experiencing 2 or more gout flares per year or nonresolving subcutaneous tophi and also added uricosuric agents as an option for prior urate-lowering therapy.
Kyprolis	Oncology PA	**REVISED - Effective 12/1/20** – Changed compendia indication to FDA approved indication for use in relapsed/refractory multiple myeloma in combination with daratumumab and dexamethasone.
Lucentis	Medical PA	**REVISED – Effective 1/1/21** – Added a requirement that therapy will not be used with other ophthalmic VEGF inhibitors.
Macugen	Medical PA	**REVISED – Effective 1/1/21** – Added a requirement that therapy will not be used with other ophthalmic VEGF inhibitors; added a statement to the dosing table indicating that the safety and efficacy of administration to both eyes concurrently have not been established per the PI.
Nvepria	Medical PA	**REVISED – Effective 1/1/21** – Nyvepria added to existing Pegfilgrastim policy.
Monjuvi	Oncology PA	**NEW - Effective 12/1/20** – New policy developed for the treatment of diffuse large b-cell lymphoma.
Nucala	Medical PA	**REVISED – Effective 1/1/21** – Added newly approved FDA expanded indication for the treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) for ≥6 months without an identifiable non-hematologic secondary cause. To asthma, added exclusion criteria for use in the treatment of acute bronchospasm or status asthmaticus and added baseline measurements for at least one of the following: use of systemic corticosteroids, use of inhaled corticosteroid, number of hospitalizations, ER visits, or unscheduled visits to healthcare provider, or FEV1. Removed dosing for use in patients 6-11 years of age and also updated criteria for asthma to state that patient must be at least 12 years of age.
Opdivo	Oncology PA	**REVISED - Effective 2/1/21** – Added FDA expanded indication for use in combination with nivolumab as first-line therapy for mesothelioma (MPM).
Orencia IV	Medical PA	**REVISED – Effective 11/1/20** – Added indications for use in graft versus host disease (GVHD) and management of immune checkpoint inhibitor related toxicity per NCCN 2A. Specified that use in management of immune checkpoint inhibitor related toxicity may not be renewed. Added requirement that patients must be up to date with vaccinations prior to therapy to align with the PI. To initial criteria for psoriatic arthritis (PsA), added criteria for use as a single agent or in combination with other non-biologic DMARDS to align with the PI.
Reblozyl	Medical/Oncology PA	**REVISED – Effective 1/1/21** – Updated length of authorization for MDS to be provided initially for 21 weeks (7 initial doses), changed to six initial doses instead of five.
Rituximab	Medical/Oncology PA	**REVISED – Effective 12/1/20** – Added the off label indication for use in NMOSD.
Ruconest	Medical PA	**REVISED – Effective 1/1/21** – Removed laryngeal attacks from examples of unacceptable toxicity in the renewal criteria section. Removed trial of prophylactic oral agents prior to approval of on-demand therapy for HAE nC1-INH (aka Type III).
Simponi Aria	Medical PA	**REVISED – Effective 2/1/21** – Based on an expanded FDA indication, updated use in PsA from 18 years and older to 2 years and older. Also based on an FDA expanded indication, added use in patients aged 2 years and older for polyarticular JIA along.
Soliris	Medical PA	**REVISED – Effective 11/1/20** – To neuromyelitis optica spectrum disorder (NMOSD), added diagnostic criteria based on international consensus diagnostic guidelines, also added a step through Uplizna first. **Effective 12/1/20** – To NMOSD, on the Uplizna first step added an alternative agent of rituximab as to offer an alternative B-cell depleting therapy of Uplizna OR Rituximab.
Spinraza	Medical PA	**REVISED – Effective 11/1/20** – Added excluded use in combination with any other spinal muscular atrophy (SMA) drug therapies.
Spravato	Medical PA	**REVISED – Effective 1/1/21** – Based on the expanded FDA indication for use in major depressive disorder with suicidal thoughts, criteria were broken out into two groups treatment resistant depression and major depressive disorder with acute suicidal ideation/ behavior. The QL were updated as well by indication.
Stelara	Medical PA	**REVISED – Effective 11/1/20** – Added the FDA expanded indication for use in pediatric patients aged 6 years and older with moderate to severe plaque psoriasis.

New or Revised Provider-Administered (Medical) Drug Programs *(continued)*

Policy Name	Type of Policy	Coverage Criteria and Changes
Testopel	Medical PA	**REVISED – Effective 11/1/20** – Added limitation to use only a single androgen or anabolic agent.
Tysabri	Medical PA	**REVISED – Effective 1/1/21** – Added additional information regarding PML risk in regard to anti-JCV antibody status, prior immunosuppressive therapy, and duration of therapy. Added thrombocytopenia to list of unacceptable toxicities per PI revisions.
Xeomin	Medical PA	**REVISED – Effective 12/1/20** – Added the newly approved FDA expanded indication for treatment of ULS in pediatric patients 2-17 years of age, excluding spasticity caused by cerebral palsy.
Xolair	Medical PA	**REVISED – Effective 1/1/21** – To asthma, added exclusion criteria for use in the treatment of acute bronchospasm, status asthmaticus, or other allergic conditions.
Yervoy	Oncology PA	**REVISED – Effective 2/1/21** – Added FDA expanded indication for use in combination with nivolumab as first-line therapy for mesothelioma (MPM).

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.