BlueCross BlueShield of Alabama
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Pharmacy News

January 2023

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, 2023

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
- Generics 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

Preferred Drug Changes for Non-PEEHIP Patients

Pegfilgrastim – **Effective January 1, 2023**, Fulphila (pegfilgrastim-jmdb) and Nyvepria (pegfilgrastim-apgf) will become the preferred pegfilgrastim products.

Note: This change does not apply to patients with Public Education Employees' Health Insurance Plan (PEEHIP) coverage.

Patients must have tried and had an inadequate response, or have a contraindication or intolerance to Fulphila and Nyvepria prior to consideration of non-preferred products. If the requested agent is Neulasta Onpro Kit, **both of the following criteria must apply**:

- The patient, and caregiver if applicable, are unable to administer the injection;

AND

- The patient is unable to return to the clinic the day following chemotherapy.

Patients receiving non-preferred products will be allowed to complete their existing course of therapy.

Bevacizumab, Trastuzumab and Rituximab – Effective January 1, 2023, the following will become preferred products:

- Trazimera (trastuzumab-qyyp) and Ogivri (trastuzumab-dkst) will become the exclusive preferred trastuzumab products.
- Ruxience (rituximab-pvvr) and Truxima (rituximab-abbs) will become the exclusive preferred rituximab products.
- Mvasi (bevacizumab-awwb) and Zirabev (bevacizumab-bvzr) will remain the exclusive preferred bevacizumab products for oncologic indications.

Note: This change does not apply to patients with PEEHIP coverage.

Patients on non-preferred therapies may complete their current course of treatment for the duration of the existing precertification period. Upon precertification renewal or restarting therapy, transition to the preferred product is required.

Preferred Drug Changes for Patients with PEEHIP Coverage

Pegfilgrastim – **Effective November 1, 2022**, Fulphila (pegfilgrastim-jmdb) is the preferred pegfilgrastim product for PEEHIP patients.

Patients must have tried and had an inadequate response, or have a contraindication or intolerance to Fulphila prior to consideration of non-preferred products. If the requested agent is Neulasta or Neulasta Onpro Kit, the patient must be unable to return to the clinic the day following chemotherapy OR lives in excess of 60 miles from the treatment facility.

Patients currently receiving non-preferred products for oncology indications will be allowed to continue existing therapy.

Bevacizumab, Trastuzumab and Rituximab – Effective November 1, 2022, the following will become preferred products:

- Zirabev is the exclusive preferred bevacizumab product for oncologic indications.
- Trazimera and Ogivri are the exclusive preferred trastuzumab products.
- Ruxience and Truxima are the exclusive preferred rituximab products.

Patients currently on non-preferred therapies for oncology indications will be allowed to continue with existing therapy. All new starts to therapy for both oncology and non-oncology indications will be required to utilize preferred products.

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Benlysta_IV	Medical PA	**REVISED – Effective 12/1/22 –** Ad hoc to add the expansion of the FDA-approved indication of IV Benlysta for the treatment of patients with active lupus nephritis who are receiving standard therapy to now include patients 5 to 17 years of age. Updated the age requirement under the general Initial Criteria to allow use in patients at least 5 years of age as this now applies to all indications in the policy, and removed specific age criteria under the Systemic Lupus Erythematosus heading.
Dextenza	Medical PA	**REVISED – Effective 12/1/22 –** To itching associated with allergic conjunctivitis, updated the criteria to specify that trial/failure or intolerance to antihistamines is for topical antihistamines only.
Enhertu	Oncology PA	**REVISED – Effective 12/1/22 –** Added the newly approved expanded indication for patients with unresectable or metastatic HER2-low breast cancer who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within six months of completing adjuvant chemotherapy. Also added the new FDA-approved indication for NSCLC in patients with unresectable or metastatic disease who have received prior systemic therapy.
Eylea	Medical PA	**REVISED – Effective 1/1/23 –** Added faricimab-svoa to the list of VEGF inhibitors that Eylea cannot be used in combination with.
Imfinzi	Oncology PA	**REVISED – Effective 1/1/23 –** Added the new FDA-approved indication for biliary tract cancer.
Infliximab	Medical PA	**REVISED – Effective 1/1/23 –** To the Universal Criteria, updated the examples of other TNF-inhibitors, biologic response modifiers or other non-biologic agents. Removed the legacy prescriber specialty criteria from all indications.
IVIG	Medical and Oncology PA	**REVISED – Effective 2/1/23 –** Added compendia supported indication for use in IgG Subclass Deficiency. To Management of Immune Checkpoint Inhibitor Related Toxicity, updated criteria for use in bullous dermatitis to indicate that it is to be used as an adjunct to rituximab, updated verbiage for use in myocarditis to better align with NCCN, and added use in moderate (G2) pneumonitis if no improvement after 48 to 72 hours of corticosteroids all per NCCN 2A recommendations. Added use as supportive care after Rethymic transplant per the Rethymic PI along with corresponding initial and renewal criteria, dosing limits, and dosing.
Macugen	Medical PA	**REVISED – Effective 1/1/23 –** Added faricimab-svoa to the list of VEGF inhibitors that Macugen cannot be used in combination with.
Ocrevus	Medical PA	**REVISED – Effective 1/1/23 –** To the Universal Criteria, included criteria stating that lives or live-attenuated vaccines will not be administered within four weeks prior to initiation of treatment per the PI.

Policy Name	Type of Policy	Coverage Criteria and Changes
Oxlumo	Medical PA	**REVISED – Effective 2/1/23 –** Added criteria to initial criteria to include plasma oxalate level as an option of one of the baseline labs needed prior to treatment and also added corresponding renewal criteria.
Pegfilgrastim	Oncology and Medical PA	**REVISED – Effective 1/1/23 –** Added the sixth, newly FDA-approved biosimilar to Neulasta, called Stimufend (pegfilgrastim-fpgk), to the policy.
Ranibizumab	Medical PA	**REVISED – Effective 12/1/22 –** Added the new FDA-approved biosimilar interchangeable product, Cimerli, to the policy at FULL parity with Lucentis.
Skyrizi IV	Medical PA	**REVISED – Effective 1/1/23 –** Adjusted the length of authorization from eight weeks to nine weeks (63 days) in order to accommodate system parameters, no changes made to max units or dosing. Ad hoc update to add additional maintenance dosing for Crohn's disease of 180 mg at week 12 and every eight weeks thereafter per the updated PI.
Skysona	Medical PA	**NEW – Effective 1/1/23 –** New policy for cerebral adrenoleukodystrophy (CALD).
Spevigo	Medical PA	**NEW – Effective 1/1/23 –** New policy for Generalized Pustular Psoriasis (GPP).
Susvimo	Medical PA	**REVISED – Effective 1/1/23 –** Added Cimerli to examples of other ranibizumab products. Added faricimab-svoa to the list of VEGF inhibitors that Susvimo cannot be used in combination with.
Synagis	Medical PA	**REVISED – Effective 12/1/22 –** The date of expiration for the typical RSV season was changed from June 30, 2022, to December 31, 2022, unless otherwise specified, based on the AAP's interim guidance on interseasonal RSV as a result of the spike in RSV cases, which may have resulted from the relaxing COVID-19 precautions throughout the country. Per the AAP site as of July 2022, they continue to support the use of Synagis in eligible infants in any region experiencing rates of RSV activity at any time in 2022 similar to a typical fall/winter season with a recommendation to initiate the standard five consecutive monthly doses. The AAP is monitoring interseasonal trends and will update guidance as necessary.
Tezspire	Medical PA	**REVISED – Effective 1/1/23 –** From the Universal Criteria, removed criteria excluding use in patients with an active or untreated parasitic (helminth) infection as it is not an absolute contraindication to treatment.
Uplizna	Medical PA	**REVISED – Effective 1/1/23 –** Updated the renewal criteria to clarify improvement in stability as a neurological symptom that can be used to evaluate disease response to treatment and also added discontinuation of plasma exchange treatments to disease response criteria.
Xenpozyme	Medical PA	**NEW – Effective 1/1/23 –** New policy for Acid Sphingomyelinase Deficiency (ASMD) (Niemann-Pick Disease).
Xipere	Medical PA	**REVISED – Effective 12/1/22 –** To the universal criteria, updated the criteria excluding use in patients with ocular herpes simplex to specify that it is epithelial herpes simplex keratitis per the Package Insert (PI).
Zynteglo	Medical PA	**NEW – Effective 12/1/22 –** New policy for transfusion-dependent Beta Thalassemia.

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.

ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).