BlueCross BlueShield of Alabama
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Pharmacy News

JULY 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 July 1, 2020

Click the links below to view updated formularies and clinical programs. If a member has 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
- 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

ACA Preventive Drug List Update – Effective July 1, 2020

- Truvada for PrEP added to the ACA Preventive Drug List

Preferred Product Update – Effective August 1, 2020

- Preferred Biosimilar Products

New or Revised Provider-Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Abraxane	Oncology PA	**REVISED – Effective 6/1/20** – Added indications for AIDS-Related Kaposi Sarcoma, NSCLC, breast cancer, melanoma, small bowel adenocarcinoma. Removed indication for use in bladder cancer/urothelial carcinoma.
Adcetris	Oncology PA	**REVISED – Effective 6/1/20** – Added indication for use in classical Hodgkin's Lymphoma when used in combo with nivolumab as subsequent systemic therapy (if not previously used) for relapsed or refractory disease.
Alimta	Oncology PA	**REVISED – Effective 6/1/20** – Added indications to CNS when used in combination with whole brain RT in patients who received prior high-dose MTX-based therapy; added to mesothelioma for use in unresectable disease or subsequent therapy when used as a single agent. Removed bladder cancer as it is no longer a recommended indication.
Bendamustine (Treanda and Bendeka)	Oncology PA	**REVISED – Effective 6/1/20** – Added indication to cHL, when used in combination with etoposide/carboplatin as subsequent therapy; combined the bendamustine policy with the bendamustine RTD policy.
Bevacizumab ONCO	Oncology PA	**REVISED – Effective 6/1/20** – Added indication to NSCLC for continuation maintenance therapy when used in combination with erlotinib for EGFR mutation positive disease. For platinum sensitive persistent/recurrent Ovarian CA, added indication for use as a single agent or in combination with niraparib; combined the biosimilar and reference product policies into a unified bevacizumab policy. **REVISED – Effective 8/1/20** – Requirement of use of preferred products is added for all new starts of bevacizumab. Existing patients can continue on current treatment with non-preferred products. Preferred products are Zirabev and Mvasi. Avastin is the non-preferred product.
Enhertu	Oncology PA	**NEW – Effective 5/1/20** – New policy developed for treatment of metastatic HER-2 positive breast cancer.
Erbitux	Oncology PA	**REVISED – Effective 6/1/20** – Added indication to colorectal cancer when used as first-line therapy in combination with irinotecan after previous adjuvant FOLFOX or CapeOx within the past 12 months.
Infliximab	Medical PA	**REVISED – Effective 6/1/20** – Authorization durations updated to 12 months for all infliximab policies (Remicade, Renflexis, Avsola, Inflectra).
Keytruda	Oncology PA	**REVISED – Effective 5/1/20** – Added new FDA approved indication for use in for the treatment of patients with Bacillus Calmette-Guerin (BCG)-unresponsive, high-risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS).
Kymriah	Oncology PA	**REVISED – Effective 5/1/20** – Updated lab values in approval criteria.
Nplate	Medical/Oncology PA	**REVISED – Effective 5/1/20** – Added NCCN 2A recommendation for use in patients with Myelodysplastic Syndromes (MDS).
Opdivo	Oncology PA	**REVISED – Effective 6/1/20** – Added indication for use in local bladder cancer recurrence or persistent disease in a preserved bladder; updated indications for use in cutaneous melanoma.
Pegfilgrastim	Oncology PA	**REVISED – Effective 5/1/20** – Combined the biosimilar products with the reference product and created a unified Pegfilgrastim policy.
Perjeta	Oncology PA	**REVISED – Effective 6/1/20** – To CRC, added therapy in combination with trastuzumab in patients (RAS wild-type) who are not appropriate for intensive therapy, if no previous treatment with a HER2 inhibitor as primary treatment for locally advanced, unresectable (or medically inoperable), metastatic disease; also added oxaliplatin and irinotecan therapy to subsequent therapy; and also added use as adjuvant therapy.

New or Revised Provider-Administered (Medical) Drug Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
Reblozyl	Medical/Oncology PA	**REVISED – Effective 6/1/20** – Added exclusion criteria for use in beta thalassemia stating that Reblozyl cannot be used as a substitute for RBC transfusions in patients requiring immediate correction of anemia. Added indication for use in lower risk MDS associated with symptomatic anemia. **REVISED – Effective 8/1/20** – Updated use in MDS to align with newly expanded FDA approval.
Rituximab IV	Medical/Oncology PA	**REVISED – Effective 6/1/20** – Unified policies for rituximab to include all rituximab IV products. To cGVHD, added that use must be in combination with corticosteroids. To the management of immunotherapy toxicity indication, added use for bullous dermatitis or for myasthenia gravis. Added use for pediatric aggressive B-cell lymphoma as induction/consolidation therapy or for relapsed/refractory disease. **REVISED – Effective 8/1/20** – Requirement of use of preferred product is added for all new starts for rituximab. Existing patients can continue on current treatment of non-preferred products. Preferred product is Ruxience; non-preferred product are Rituxan and Truxima (and Rituxan Hycela).
Rituximab SQ	Oncology PA	**REVISED – Effective 8/1/20** – Requirement of use of preferred product is added for all new starts for Rituxan Hycela. Existing patients can continue on current treatment with non-preferred products. Preferred product is Ruxience; Non-preferred product is Rituxan Hycela.
Sarclisa	Oncology PA	**NEW – Effective 7/1/20** – New policy developed for use in the treatment of multiple of myeloma.
Tecentriq	Oncology PA	**REVISED – Effective 6/1/20** – Added indication for use in local bladder cancer recurrence or persistent disease in a preserved bladder; added indication to NSCLC for use as continuation of maintenance therapy in patients with nonsquamous histology.
Trastuzumab IV	Oncology PA	**REVISED – Effective 6/1/20** – Added indication to colon cancer for use as primary and adjuvant therapies; combined ALL of the biosimilar trastuzumab products into one unified policy. **REVISED – Effective 8/1/20** – Requirement of use of preferred products is added for all new starts of trastuzumab. Existing patients can continue on current treatment with non-preferred products. Preferred products are Trazimera and Kanjinti. Non-preferred products are Herceptin, Ogivri, Herzuma and Ontruzant (and Herceptin Hylecta).
Trastuzumab SQ	Oncology PA	**REVISED – Effective 8/1/20** – Requirement of use of preferred products is added for all new starts of trastuzumab. Existing patients can continue on current treatment with non-preferred products. Preferred products are Trazimera and Kanjinti. Non-preferred product is Herceptin Hylecta.
Vyepti	Medical PA	**NEW – Effective 7/1/20** – New policy for preventative treatment of migraines. Requires trial and failure of: an oral medication for migraine prevention, two preferred self-administered CGRP inhibitors and Botox prior to approval of Vyepti.
Yescarta	Oncology PA	**REVISED – Effective 5/1/20** – Updated lab values in approval criteria.

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.