BlueCross BlueShield of Alabama
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Pharmacy News

July 2022

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, 2022

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 7/1/22 –** Added IV dose for the treatment of giant cell arteritis (GCA) along with GCA initial and renewal criteria, Length of Authorization, quantity limits (QL) and max units (MU).
Botox	Medical PA	**REVISED – Effective 8/1/22 –** To Cervical Dystonia, added criteria for involuntary contraction in one or more muscles of the upper shoulders per the American Academy of Neurology (AAN) guidelines. From Prophylaxis of Chronic Migraines, removed criteria excluding use in combination with prophylactic calcitonin gene-related peptide (CGRP) inhibitors based on the American Headache Society (AHS) 2021 Consensus Statement.
Carvykti	Oncology PA	**NEW – Effective 7/1/22 –** New policy developed for use in treatment of adult patients with relapsed or refractory multiple myeloma after four or more lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody.
Dysport	Medical PSCE	**REVISED – Effective 8/1/22 –** To Cervical Dystonia, added criteria for involuntary contraction in one or more muscles of the upper shoulders per the AAN guidelines. From Prophylaxis of Chronic Migraines, removed criteria excluding use in combination with prophylactic CGRP inhibitors based on the AHS 2021 Consensus Statement.
Elaprase	Medical PA	**REVISED – Effective 7/1/22 –** Based on feedback from clients and key opinion leaders (KOL), the standalone renewal criterion for urinary glycosaminoglycan (uGAG) improvement was bundled up within the list of possible positive outcomes to measure disease improvement or stabilization.

Policy Name	Type of Policy	Coverage Criteria and Changes
Enjaymo	Medical PA	**NEW – Effective 6/1/22 –** New policy developed for management of cold agglutinin disease.
Entyvio	Medical PA	**REVISED – Effective 7/1/22 –** Based on current 2020 American Gastroenterological Association (AGA) guidelines on ulcerative colitis (UC) and KOL support, we removed the TNF-inh step from the indication of UC by making it an "OR" statement. We also added guidance criteria for case-by-case requests that are above labeled dose and frequency; this is based on the GEMINI long-term study as well as KOL support.
Epoetin_alfa	Medical PA	**REVISED – Effective 8/1/22 –** For the initial criteria for Anemia Secondary to myelodysplastic syndrome (MDS), removed lower risk disease defined by International Prognostic Scoring System (IPSS) and WHO classification-based Prognostic Scoring System (WPSS) since this is no longer a recommendation by the National Comprehensive Cancer Network (NCCN).
Evkeeza	Medical PA	**REVISED – Effective 7/1/22 –** Removed requirement for baseline reduction in total cholesterol (TC), apolipoprotein B (apo B), and non-high density lipoprotein cholesterol (non-HDL-C) as not required on renewal and to keep at parity with the PCSK9i's.
Filgrastims	Oncology PA	**REVISED – Effective 7/1/22 –** Removed the following ICD-10s per NCCN – C94.00, C94.02, C94.20, C94.22 (related to AML). Added the new biosimilar to Neupogen called Releuko along with J3590/C9399 coding. Clarified that for prophylactic use includes use for solid tumors per NCCN. From MDS, in the definition of low-risk disease, left only the Revised International Prognostic Scoring System (IPSS-R) definition and removed the older less accurate for risk stratification, IPSS and WPSS, in order to align with NCCN.
Keytruda	Oncology PA	**REVISED – Effective 6/1/22 –** Removed use as a subsequent agent for recurrent, locally advanced or metastatic gastric or gastroesophageal junction (GEJ) adenocarcinoma that is PD -L1 positive with progression on ≥ prior lines of therapy including fluoropyrimidine- and platinum-containing chemotherapy and HER2 therapy (if appropriate) based on the Food and Drug Administration (FDA) removal of this indication.
Kimmtrak	Oncology PA	**NEW – Effective 6/1/22 –** New policy developed for use in HLA-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma.
Leuprolide_depot	Medical PSCE	**REVISED – Effective 6/1/22 –** Added compendia-supported indication for use in patients with gender dysphoria per Endocrine Society guidelines and updated dosing, dosing limits to account for the new indication.
Myobloc	Medical PA	**REVISED – Effective 8/1/22 –** To Cervical Dystonia, added criteria for involuntary contraction in one or more muscles of the upper shoulders per the AAN guidelines. From Prophylaxis of Chronic Migraines, removed criteria excluding use in combination with prophylactic CGRP inhibitors based on the AHS 2021 Consensus Statement.
Opdivo	Oncology PA	**REVISED – Effective 7/1/22 –** Added newly approved FDA-expanded indication for the treatment of adult patients with resectable (tumors ≥ 4cm or node positive) non-small cell lung cancer (NSCLC) in the neoadjuvant setting, in combination with platinum-doublet chemotherapy.
Opdualag	Oncology PA	**NEW – Effective 7/1/22 –** New policy developed for use in adults and children 12 years of age or older with unresectable or metastatic melanoma.
Reblozyl	Medical PA	**REVISED – Effective 7/1/22 –** Moved criteria for baseline Hb < 11.5 g/dL from under the Beta Thalassemia heading to Universal Criteria as this applies to both indications. To MDS, updated the definition of for very low to intermediate risk disease to now state lower risk disease (IPSS-R very low, low, or intermediate-risk).
Rituximab_IV	Oncology PA	**REVISED – Effective 6/1/22 –** Added pediatric mature B-cell acute leukemia per PI.
Saphnelo	Medical PA	**REVISED – Effective 7/1/22 –** Updated the criteria for confirming moderate to severe disease to require Physician's Global Assessment (PGA) score of ≥ 1 and Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI 2K) OR British Isles Lupus Assessment Group-2004 (BILAG) B organ domain score of ≥ 2 per KOL review.
Stelara	Medical PA	**REVISED – Effective 7/1/22 –** Based on current 2020 AGA guidelines on UC and KOL support, we removed the TNF-inh step from the indication of UC by making it an "OR" statement. Added use for mild, moderate or severe diarrhea/colitis related to immune checkpoint inhibitor toxicity per an NCCN 2a recommendation.

Policy Name	Type of Policy	Coverage Criteria and Changes
Synagis	Medical PA	**REVISED – Effective 6/1/22 –** To the Background Information section of the policy, updates were made to indicate that the American Academy of Pediatrics' (AAP) interim guidance on a flexible approach to respiratory syncytial virus (RSV) season is expected to end on June 30, 2022, and also added the AAP's new information regarding RSV prophylaxis that was released in December 2021. This new information states that the 2021-2022 fall/winter RSV season is considered a new season and not a continuation of the interseason spread that was observed in spring/summer 2021. The Length of Authorization section was updated to add the AAP's recommendations for regions experiencing interseasonal RSV circulation.
Trelstar	Medical PSCE	**REVISED – Effective 6/1/22 –** Added compendia-supported indication for use in patients with gender dysphoria per the Endocrine Society guidelines and updated dosing, dosing limits to account for the new indication.
Vabysmo	Medical PA	**NEW – Effective 6/1/22 –** New policy developed for management of neovascular age-related macular degeneration and diabetic macular edema.
VWF	Medical PA	**REVISED – Effective 6/1/22 –** Added new indication for routine prophylaxis to reduce the frequency of bleeding episodes in patients with severe Type 3 von Willebrand disease receiving on-demand therapy, and updated Dosing section to provide dose for the new indication.
Vyepti	Medical PA	**REVISED – Effective 7/1/22 –** Moved criteria for assessment of baseline disease severity from under Universal Criteria to under the general Initial Criteria heading as this information only has to be obtained on the initial approval. Moved the criteria for failure of at least an 8-week trial of any two oral medications for the prevention of migraines from under Universal Criteria to under Preventative Treatment of Migraines as this criteria does not have to be confirmed again after the initial approval. Updated Migraine Features table for migraine with aura to include criteria for at least one aura symptom that is positive (e.g., scintillations and pins and needles) and to specify that at least three characteristics are needed instead of two to align with guidelines.
Xeomin	Medical PSCE	**REVISED – Effective 8/1/22 –** To Cervical Dystonia, added criteria for involuntary contraction in one or more muscles of the upper shoulders per the AAN guidelines. From Prophylaxis of Chronic Migraines, removed criteria excluding use in combination with prophylactic CGRP inhibitors based on the AHS 2021 Consensus Statement.
Yescarta	Oncology PA	**REVISED – Effective 8/1/22 –** Added newly expanded indication for use in patients with large B-cell lymphoma that is refractory to the first-line chemoimmunotherapy or that relapses within 12 months of the first-line chemoimmunotherapy.

*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.

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).