BlueCross BlueShield of Alabama
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Pharmacy News

July 2023

Drug Guide and Clinical Program Updates

The Prime Therapeutics® Pharmacy and Therapeutics 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, 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

PEEHIP Updates – Effective August 1, 2023

The following changes will affect Public Education Employees' Health Insurance Plan (PEEHIP) patients:

5-HT3 Antagonists

If a patient is receiving moderately emetogenic chemotherapy (MEC), the patient must have tried and had an inadequate response, intolerance or contraindication to another 5-HT3 antagonist (i.e., ondansetron or granisetron) while receiving the current chemotherapy regimen prior to consideration of **Aloxi** (palonosetron).

Sustol will be a noncovered product for PEEHIP patients. Patients currently on this therapy may complete their current course of treatment for the duration of the current precertification period. Upon precertification renewal or restarting therapy, Sustol will be noncovered.

Substance P/Neurokinin 1 Receptor Antagonists

Emend (fosaprepitant dimeglumine) will be the preferred NK1 receptor antagonist for PEEHIP patients and **Cinvanti** (aprepitant) will be a non-preferred product. Patients currently on therapy may complete their current course of treatment for the duration of the current precertification period. Upon precertification renewal or restarting therapy, patients must transition to preferred product or have tried and had an inadequate response, intolerance or contraindication to Emend while receiving the current chemotherapy regimen prior to consideration of Cinvanti.

Combination Therapy

Akynzeo (fosnetupitant/palonosetron) will be a noncovered product for PEEHIP patients. Patients currently on therapy may complete their current course of treatment for the duration of the current precertification period. Upon precertification renewal or restarting therapy, Akynzeo will be noncovered.

Medical Policy Step Therapy Additions

The following step therapy changes will begin for PEEHIP patients who take **Tezspire** (tezepelumab-ekko):

- For allergic-type asthma, the patient must have tried and had an inadequate response to Xolair (omalizumab) used for a minimum of 4 months or an intolerance, hypersensitivity or contraindication to Xolair prior to consideration of Tezspire.
- For oral corticosteroid-dependent-type asthma, the patient must have tried and had an inadequate response to Dupixent (dupilumab) used for a minimum of 4 months or an intolerance, hypersensitivity or contraindication to Dupixent prior to consideration of Tezspire.
- For eosinophilic-type asthma, the patient must have tried and had an inadequate response to Dupixent AND an IL-5 inhibitor (e.g., Fasenra, Nucala) used for a minimum of 4 months, or intolerance, hypersensitivity or contraindication to Dupixent AND an IL-5 inhibitor prior to consideration of Tezspire.

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Berinert	Medical PA	**REVISED – Effective 7/1/23 –** Ad hoc review to remove the age restriction to open up use to all age groups in order to make an on-demand product for pediatric patients to correspond with Takhzyro's expanded indication as prophylactic use in patients 2 years and older.
Botox	Medical PA	**REVISED – Effective 8/1/23 –** To Prophylaxis for Chronic Migraines, updated list of prophylactic intervention modalities. Also, updated the diagnostic criteria timeframe for headache days from at least 3 months to > 3 months to align with the AHS guidelines. Added new indication for use in Temporomandibular disorders (TMD).
Enjaymo	Medical PA	**REVISED – Effective 6/1/23 –** Clarified the baseline Hgb level to be <= 10 g/dL to align with the inclusion criteria of both pivotal studies as well as establishing a set starting point. To the criterion for no combination therapy, added a preclusion that it does not apply when Enjaymo is being used as bridge therapy to rituximab. Added a step therapy through rituximab first (precluding patients who require urgent Enjaymo therapy as rapid-acting treatment) based on guideline use and KOL review/support.
Evkeeza	Medical PA	**REVISED – Effective 7/1/23 –** Added the FDA-approved expanded indication to now allow use for treatment of HoFH in pediatric patients at least 5 years of age. Added Universal Criteria excluding use in combination with lomitapide to keep at parity with the Juxtapid policy. Also, removed lomitapide from the examples of other LDL-lowering therapies that Evkeeza is to be used in combination with.
Eylea	Medical PA	**REVISED – Effective 6/1/23 –** Added the newly FDA-approved expanded indication for treatment of Retinopathy of Prematurity along with applicable max units, renewal criteria, dosing and diagnosis codes.
Keytruda	Oncology PA	**REVISED – Effective 7/1/23 –** Added the newly FDA-approved expanded indication for use in combination with Padcev for the treatment of adult patients with locally advanced or metastatic urothelial cancer who are not eligible for cisplatin-containing chemotherapy.
Lamzede	Medical PA	**NEW – Effective 6/1/23 –** Newly approved drug for the treatment of alpha mannosidosis.
Myobloc	Medical PA	**REVISED – Effective 8/1/23 –** To Prophylaxis for Chronic Migraines, updated list of prophylactic intervention modalities. Also, updated the diagnostic criteria timeframe for headache days from at least 3 months to > 3 months to align with the AHS guidelines.
Padcev	Oncology PA	**REVISED – Effective 7/1/23 –** Added the newly FDA-approved expanded indication for use in combination with Keytruda for the treatment of adult patients with locally advanced or metastatic urothelial cancer who are not eligible for cisplatin-containing chemotherapy.
Polivy	Oncology PA	**REVISED – Effective 7/1/23 –** Added the newly FDA-approved expanded indication for use in combination with a rituximab product, cyclophosphamide, doxorubicin and prednisone (R-CHP) for the treatment of patients with previously untreated DLBCL, not otherwise specified or high-grade B-cell lymphoma (HGBL) and who have an International Prognostic Index score of 2 or greater.

Policy Name	Type of Policy	Coverage Criteria and Changes
SCIG	Medical PA	**REVISED – Effective 8/1/23 –** Ad hoc review for the FDA-approved expanded indication for HyQvia to now allow use for treatment of Primary Immunodeficiency Diseases in pediatric patients 2 years of age and older. This was previously only approved for use in adults.
Syfovre	Medical PA	**NEW – Effective 7/1/23 –** Newly approved drug for the treatment of geographic atrophy.
Takhzyro	Medical PA	**REVISED – Effective 6/1/23 –** Added newly FDA-approved expanded indication for use in pediatric patients 2 years of age and older for prophylaxis to prevent attacks of HAE.
Tepezza	Medical PA	**REVISED – Effective 8/1/23 –** Ad hoc update based on the revision to the PI indication to now allow use in Thyroid Eye Disease (TED) patients regardless of TED activity or duration. As a result, the criteria for baseline clinical activity score (CAS) of at least 4 and corresponding table containing CAS elements, criteria for active phase TED that is non-sight threatening but has a significant impact on daily living, and criteria requiring the presence of active disease were all removed from the policy.
Yervoy	Oncology PA	**REVISED – Effective 6/1/23 –** Added expanded FDA-approved indication for cutaneous melanoma, for use in unresectable/metastatic disease when used in combination with nivolumab for patients at least 12 years of age.

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. Prime Therapeutics LLC is an independent company contracted by Blue Cross and Blue Shield of Alabama to provide pharmacy benefit management services. Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association. 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).