BlueCross BlueShield of Alabama
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Pharmacy News

January 2025

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 January 1, 2025

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 Formulary Updates
- Source+Rx 1.0 Prescription Drug List
- Source+Rx 2.0 Prescription Drug List
- NetResults Formulary Updates
- **Clinical Programs**
  - Prior Authorization
  - Step Therapy
  - Quantity Limit

Provider-Administered Drug Preferred Product Updates – Effective January 1, 2025

The preferred product strategies for the provider-administered drugs listed below will apply to our commercial members. **This update excludes patients who are Public Education Employees' Health Insurance Plan (PEEHIP) members**.

Patients must have tried and had an inadequate response, intolerance or contraindication to the preferred products prior to approval of a non-preferred product. Patients currently receiving a non-preferred product may continue their current course of treatment unless otherwise noted.

Intravenous Immunoglobulin (IVIG) Products

- **Preferred:** Gammagard, Gammaked, Gamunex-C, Privigen, Octagam
- **Non-Preferred:** Gammagard SD, Gammaplex, Bivigam, Flebogamma, Panzyga, Yimmugo
- **Non-Covered:** Asceniv

Subcutaneous Immunoglobulin (SCIG) Products

- **Preferred:** Hyqvia, Xembify
- **Preferred for CIDP:** Hizentra
- **Non-preferred:** Cuvitru, Cutaquig, Gamunex-C (subcutaneous only), Gammaked (subcutaneous only), Gammagard (subcutaneous only)

Tocilizumab Products

- **Preferred:** Tyenne IV
- **Non-Preferred:** Actemra IV, Tofidence – Patients currently on non-preferred therapies may complete their current course of treatment for the duration of the current precertification period. Upon precertification renewal or restarting therapy, transition to the preferred product is required.

Trastuzumab Products

- **Preferred:** Trazimera, Kanjinti, Ogivri
- **Non-Preferred:** Ontruzant, Herzuma, Herceptin, Hercessi, Herceptin Hylecta

Additionally, the preferred product strategies for the 505(b)(2) pathway products listed below will be updated.

The 505(b)(2) new drug application is a specialized regulatory submission process that allows for the approval of a drug based partly on existing clinical data from previously approved drugs. It also incorporates new studies to support differences such as new formulations, dosing regimens or new indications.

Bendamustine

- **Preferred:** Belrapzo J9036, Treanda J9033
- **Non-Preferred:** Bendeka J9034, Vivimusta J9056, J9058 (Apotex), J9059 (Baxter)

Pemetrexed

- **Preferred:** Alimta J9305, J9294 (Hospira), J9297 (Sandoz)
- **Non-Preferred:** Pemfexy J9304, Pemrydi RTU J9324, J9314 (Teva), J9296 (Accord), J9322 (Bluepoint), Pemetrexed ditromethamine J9323

Draft provider-administered drug policies for the products that became available on November 15, 2024.

Final provider-administered drug policies will be published on January 1, 2025.

Provider-Administered Drug Preferred Product Updates for PEEHIP – Effective January 1, 2025

The following preferred product strategies will apply to PEEHIP members:

Tocilizumab Products

- **Preferred:** Tyenne IV
- **Non-Covered:** Actemra IV and Tofidence: Patients currently on non-covered therapies may complete their current course of treatment for the duration of the current precertification period. Upon precertification renewal or restarting therapy, transition to the preferred product is required.

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Kisunla (donanemab-azbt)	Medical PA	**New – Effective 11/1/24 –** New policy for mild cognitive impairment due to Alzheimer's Disease (AD) or mild AD.
Lymphir (denileukin diftitox-cxdl)	Medical PA	**New – Effective 12/1/24 –** New policy for cutaneous T-cell lymphoma (CTCL).
Niktimvo (axatilimab-csfr)	Medical PA	**New – Effective 12/1/24 –** New policy for chronic graft versus host disease (cGVHD).
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)	Medical PA	**New – Effective 1/1/25 –** New policy for multiple sclerosis.
Piasky (crovalimab-akkz)	Medical PA	**New – Effective 11/1/24 –** New policy for paroxysmal nocturnal hemoglobinuria (PNH).
Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs)	Medical PA	**New – Effective 1/1/25 –** New policy for non-small cell lung cancer (NSCLC).
Tecelra (afamitresgene autoleucel)	Medical PA	**New – Effective 12/1/24 –** New policy for synovial carcinoma.

Note: Prior authorization is abbreviated as PA.

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).