

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 April 1, 2026

Click the links below to view updated formularies and clinical programs. If patients 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](#)

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Blenrep (belantamab mafodotin-blmf)	Medical PA	Renewed – Effective date 3/1/2026 – Updated policy for multiple myeloma.
Grafapex (treosulfan)	Medical PA	New – Effective 2/1/2026 – New policy for hematopoietic stem cell transplantation (HSCT).
Inlexzo (gemcitabine)	Medical PA	New – Effective 2/1/2026 – New policy for non-muscle invasive bladder cancer (NMIBC).
Itvsima (onasemnogene abeparvovec-brve)	Medical PA	New – Effective 4/1/2026 – New policy for spinal muscular atrophy (SMA).

Note: Prior authorization is abbreviated as PA.

PEEHIP: Medical Specialty Drug Updates – Effective February 1, 2026

The following medical specialty drug updates apply for Public Education Employees' Health Insurance Plan (PEEHIP) patients:

Denosumab Products:

- **Preferred:** Stobcolo, Osenvelt, Bildyos and Bilprevda
- **Noncovered:** Prolia, Xgeva, Ospomyv, Conexence, Bomynta, Xbryk, Jubbonti and Wyost

Patients currently receiving treatment with one of the noncovered products will be required to switch to the preferred product as of February 1, 2026.

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).