



## 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, 2024

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](#)

## PEEHIP Update: Immune Globulin Dose Optimization Policy – Effective July 31, 2024

The following update to the Immune Globulin Dose Optimization Policy affects Public Education Employees' Health Insurance Plan (PEEHIP) patients:

New-to-therapy members receiving intravenous (IV) or subcutaneous (SC) immune globulin (IG) may be required to utilize dosing based on adjusted body weight instead of total body weight for prespecified conditions including:

- Chronic inflammatory demyelinating polyneuropathy (CIDP)
- Multifocal motor neuropathy (MMN)
- Dermatomyositis/polymyositis
- Stiff person syndrome
- Acquired immune deficiency secondary to chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL)
- Acquired immune deficiency secondary to acute lymphoblastic leukemia (ALL) or multiple myeloma

## New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
<b>Amtagvi (lifileucel)</b>	Oncology PA	<b>New – Effective 6/1/24</b> – New policy for cutaneous melanoma.
<b>Anktiva (nogapendekin alfa inakicept-pmln)</b>	Oncology PA	<b>New – Effective 8/1/24</b> – New policy for bladder cancer.
<b>Cosentyx (secukinumab)</b>	Medical PA	<b>New – Effective 5/1/24</b> – New policy for Cosentyx intravenous (IV) formulation to be administered through the medical drug benefit.
<b>Elevidys (delandistrogene moxeparvovec-rokl)</b>	Medical PA	<b>Revised – Effective 4/16/24</b> – Updated Elevidys policy to allow for coverage in Duchenne muscular dystrophy.
<b>Lenmeldy (atidarsagene autotemcel)</b>	Medical PA	<b>New – Effective 7/1/24</b> – New policy for metachromatic leukodystrophy.
<b>Tevimbra (tislelizumab-jsgr)</b>	Oncology PA	<b>New – Effective 7/1/24</b> – New policy for esophageal squamous cell 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).