

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, 2025

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](#)

For Commercial Members (excluding PEEHIP) – Effective July 1, 2025

The preferred ustekinumab products will be Stelara (ustekinumab), unbranded ustekinumab, Selarsdi, Yesintek and Steqeyma. Patients must have failed or have a contraindication or intolerance to at least two of the preferred ustekinumab products prior to consideration of a non-preferred ustekinumab product. Patients who have been receiving non-preferred products may continue therapy with that product.

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Datroway (datopotamab deruxtecan-dlnk)	Medical PA	New – Effective 6/1/25 – New policy for breast cancer
Encelto (revakinagene taroretcel-lwey)	Medical PA	New – Effective 7/1/25 – New policy for idiopathic macular telangiectasia
Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)	Medical PA	New – Effective 5/1/25 – New policy for Opdivo's subcutaneous product
Rylaze (asparaginase Erwinia chrysanthemi [recombinant]-rywn)	Medical PA	New – Effective 6/1/25 – New policy for acute lymphoblastic leukemia, lymphoblastic lymphoma and T-cell lymphomas
Ryoncil (remestemcel-L-rknd)	Medical PA	New – Effective 5/1/25 – New policy for acute graft-versus-host-disease

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).