BlueCross BlueShield of Alabama
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Pharmacy News

October 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 October 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

Drug Updates for Commercial Members (including PEEHIP)

Effective November 1, 2025, for Vyvgart Hytrulo™ (efgartigimod alfa-fcab and hyaluronidase-qvfc), members must have tried the self-administered product and had an inadequate response prior to approval under the provider-administered channel or there is evidence to support the use of a provider-administered product over the self-administered product. The self-administered Vyvgart Hytrulo™ product will be available under the self-administered benefit as of November 1, 2025.

Effective October 1, 2025, the following preferred product strategies will apply to **PEEHIP patients only**.

Denosumab Products

- **Preferred:** Jubbonti, Wyost, Stobcolo, Osenvelt
- **Noncovered:** Prolia, Xgeva, Ospomyv, Conexxence, Bomyntra, Xbryk

Patients currently receiving treatment with one of the non-covered products will be required to switch to the preferred product as of October 1, 2025.

Pegfilgrastim Products

- **Preferred:** Nyvepria
- **Non-preferred:**
  - Neulasta Onpro – Treatment for non-preferred products Neulasta On-Pro may be considered when the following criteria are met: The patient is unable to return to the clinic the day following chemotherapy and lives in excess of 60 miles from the treatment facility.
  - Udenyca Onbody and Fulphila – Treatment for non-preferred products (Udenyca On-body and Fulphila) may be considered when the following criteria are met: Patient is currently receiving and is stable on treatment with a non-preferred agent.
- **Noncovered:** Stimufend, Fylnetra, Rolvedon, Ziextenzo, Ryzneuta, Pegfilgrastim-fpgk

Trastuzumab Products

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

New or Revised Provider-Administered (Medical) Drug Policies

Policy Name	Type of Policy	Coverage Criteria and Changes
Emrelis™ (telisotuzumab vedotin-tllv)	Medical PA	**New – Effective 10/1/2025 –** New policy for Non-Small Cell Lung Cancer.
Imaavy™ (nipocalimab-aahu)	Medical PA	**New – Effective 9/1/2025 –** New policy for Generalized Myasthenia Gravis.
Penpulimab-KCQX™ (penpulimab-kcqx)	Medical PA	**New – Effective 9/1/2025 –** New policy for Nasopharyngeal Carcinoma (NPC).
Vyvgart™ (efgartigimod alfa—fcab)	Medical PA	**Revised—Effective 11/1/2025 –** For Generalized Myasthenia Gravis, requirement for thymectomy will be removed. The requirement to trial an oral corticosteroid plus another immunosuppressive agent will be decreased from 1 year to 6 months. The initial approval period will increase from 90 days to 6 months with annual renewal available thereafter.
Vyvgart Hytrulo™ (efgartigimod alfa-fcab and hyaluronidase-qvfc)	Medical PA	**Revised—Effective 11/1/2025 –** For Generalized Myasthenia Gravis, the requirement for thymectomy will be removed. The requirement will change from two (2) or more immunosuppressive therapies to an oral corticosteroid plus another immunosuppressive agent, and decrease requirement to trial from 1 year to 6 months. The initial approval period will increase from 90 days to 6 months with annual renewal available thereafter. For Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), the requirement for baseline CIDP Disease Activity Status (CDAS) score ≥2 will be removed as it is no longer used in clinical practice.
Zevaskyn™ (prademagene zamikeracel)	Medical PA	**New – Effective 9/1/2025 –** New policy for Recessive Dystrophic Epidermolysis Bullosa (RDEB).
Zusduri™ (mitomycin)	Medical PA	**New – Effective 10/1/2025 –** New policy for bladder cancer.

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).