



BlueShield of Northeastern New York
40 Century Hill Drive • Latham, New York 12110

STAT Bulletin

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To: All MD/DO

**Contracts affected: All lines of business
(unless indicated)**

Drug Therapy Guideline Updates Available Online

<p>Why you're receiving this stat</p>	<p>We want to let you know that the attached drug therapy guidelines have been reviewed and updated by our Pharmacy and Therapeutics Committee.</p>
<p>What you need to know</p>	<p>This update is a result of the annual guideline review and new drug evaluations performed quarterly by our Pharmacy and Therapeutics Committee.</p> <p>These guidelines are currently available online at bsneny.com/provider. To access them, click <i>Policies & Guidelines</i>, then <i>Learn More under Access Drug Therapy Guidelines</i>.</p>
<p>What you need to do</p>	<p>Please refer to these updated guidelines when discussing treatment options with your BlueShield of Northeastern New York patients.</p> <p>If you do not have access to the Internet, you may request a paper copy by calling Provider Service at 1-800-444-4552 or (518) 220-5620.</p>

Drug Therapy Guidelines Updates

Please refer to individual policies for details.

New Guidelines

Abbreviated Criteria - Austedo™	Dupixent®	Radicava™
Abbreviated Criteria - Xatmep™	Imfinzi™	Rydapt®
Alunbrig™	Ingrezza™	Symproic®
Bavencio®	Kevzara®	Tymlos™
Brineura™	Kisqali®	Xyrem®
	Ocrevus™	Zejula™

Updated Guidelines

Abbreviated Criteria: Carbaglu®	Halaven®	Multiple Sclerosis Agents
Abbreviated Criteria: Chenodal®	Hepatitis C Interferon-Ribavirin Therapy	Neumega®
Abbreviated Criteria: Cholbam®	Herceptin®	Ninlaro®
Abbreviated Criteria: Jetrea®	Hereditary Angioedema (HAE) Agents	Ocaliva®
Abbreviated Criteria: Kanuma®	Iclusig®	Preferred Drug Step Therapy: Constipation Agents
Abbreviated Criteria: Strensiq®	Ilaris®	Preferred Drug Step Therapy: Duexis®
Abbreviated Criteria: Xuriden™	Imbruvica®	Preferred Drug Step Therapy: Pancreatic Enzymes
Actimmune®	Immune Globulins	Preferred Drug Step Therapy: Prostaglandin Analogs
Antiemetic Agents	Increlex®	Preferred Drug Step Therapy: Proton Pump Inhibitors (PPIs)
Appetite Suppressants (Anorexiant) and Weight-Loss Agents	Infliximab	Preferred Drug Step Therapy: Vimovo®
Arcalyst®	Injectable Fertility Medications	Ravicti®
Botulinum Toxins	Inlyta®	Relistor®
Cabometyx™	Istodax®	Sylatron™
Cimzia®	Jakafi®	Synagis®
Colony Stimulating Factors	Jevtana®	Targretin®
Compounded Medications	Kadcyla®	Tecentriq®
Cotellic®	Korlym®	Unituxin™
Darzalex®	Kyprolis®	Venclexta™
Entyvio®	Lucentis®	Vimizim®
Eylea®	Macugen®	Xermelo™
Gattex®	Makena®	Zinplava™
Gazyva®	Marqibo®	
Gilotrif®	Mekinist®	
Gleevec®	Movantik®	
Growth Stimulating Drugs	Mozobil®	