



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)**

## Updated Drug Therapy Guidelines Available Online

Why you're receiving this stat	We want to let you know that we have updated the enclosed drug therapy guidelines.
What you need to know	These guidelines are currently available online at <b>bsneny.com</b> . To access them, select <i>Policies &amp; Guidelines &gt; Drug Therapy Guidelines</i> .
What you need to do	<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

Besponsa™	Idhifa®	Odactra™
Duzallo®	Kymriah™	Tremfya™
Endari™	Mavyret™	Vosevi™
Gocovri™	Nerlynx™	Vyxeos™

## Updated Guidelines

Abbreviated Criteria: Austedo™	Harvoni®	Preferred Drug Step Therapy: Inhaled Combinations
Abbreviated Criteria: Difucid®	Hereditary Angioedema (HAE) Agents	Preferred Drug Step Therapy: Insulin - Basal
Abbreviated Criteria: Gralise®	Horizant®	Preferred Drug Step Therapy: Selective Serotonin Reuptake Inhibitors
Abbreviated Criteria: Hetlioz®	Ibrance®	Preferred Drug Step Therapy: Statins
Abbreviated Criteria: Nuedexta®	Ingrezza™	Preferred Drug Step Therapy: Calcipotriene Combos
Abbreviated Criteria: Nuplazid®	Iressa®	Preferred Drug Step Therapy: Versacloz™
Abbreviated Criteria: Xenazine®	Lemtrada®	Provenge®
Addyi®	Lonsurf®	Qutenza®
Alecensa®	Multiple Sclerosis (MS) Agents	Revlimid®
Alunbrig™	Nexavar®	Rituxan®
Ampyra®	Ocrevus™	Rydapt®
Antifungal Agents	Olysio®	Sedative/Hypnotics
Anti-Influenza Agents	Opdivo®	Siliq™
Antinarcotic Agents	Orencia®	Sovaldi®
Aubagio®	Perjeta®	Sprycel®
Benlysta®	Pomalyst®	Stelara®
Botulinum Toxins	Portrazza™	Stivarga®
Brineura™	Preferred Drug Step Therapy: Acne/Rosacea Therapy	Sutent®
Cosentyx®	Preferred Drug Step Therapy: Antipsychotics 2nd Generation	Synribo®
Dacogen®	Preferred Drug Step Therapy: CNS Stimulants	Tafinlar®
Daklinza®	Preferred Drug Step Therapy: Desvenlafaxine	Taltz®
Duopa™	Preferred Drug Step Therapy: Extended-Release Antibiotics	
Dupixent®		
Empliciti™		
Epclusa®		
Gilenya®		
Growth Stimulating Drugs		

## Drug Therapy Guidelines Updates

Please refer to individual policies for details.

### Updated Guidelines (cont'd)

Tarceva®	Temodar®	Vidaza®
Tasigna®	Topical Immunomodulators	Viekira™
Tecfidera®	Torisel®	Xifaxan®
Technivie®	Tysabri®	Zepatier®

### Additional Updates

Effective January 1, 2018, the following medical injectable codes will require preauthorization for **all** diagnoses:

J1556 - Bivigam®

J0585 - Botox®

J1566 - Carimune NF®, Gammagard S/D®, and Panglobulin NF®

J0894 - Dacogen®

J0586 - Dysport®

J9217 - Eligard®, Lupron Depot®

J1572 - Flebogamma®/Flebogamma DIF®

J1569 - Gammagard®

J1557 - Gammaplex®

J1561 - Gamunex -C®, Gammaked®

J1950 - Lupron Depot®, Lupron Depot-Ped®

J9218 - leuprolide acetate

J0587 - Myobloc®

J1568 - Octagam®

J1459 - Privigen®

J9310 - Rituxan®

J9025 - Vidaza®

J0588 - Xeomin®