



BlueShield of Northeastern New York
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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 you to know that the latest drug therapy guideline updates are now available.</p>
<p>What you need to know</p>	<p>The attached drug therapy guidelines have been reviewed and updated by our Pharmacy and Therapeutics Committee.</p> <p>This update is a result of the guideline review and new drug evaluations performed quarterly by our Pharmacy and Therapeutics Committee.</p>
<p>What you need to do</p>	<p>These guidelines are currently available online at bsneny.com. To access them, select <i>Policies & Guidelines > Drug Therapy Guidelines</i>.</p> <p>Reminder: FEP drug formularies are updated quarterly and are available at caremark.com/wps/portal.</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

Emflaza™	Siliq™
Insulin/Incretin Mimetic Combinations	Spinraza™
Noctiva™	Xermelo™
Rubraca™	

Updated Guidelines

Abbreviated Criteria: Keveyis®	Gonadotropin-Releasing Hormone Agonist	Preferred Drug Step Therapy: Fenofibrates
Abbreviated Criteria: Rayos®	H.P. Acthar®Gel	Preferred Drug Step Therapy: Inhaled Combinations
Abbreviated Criteria: Sylvant®	Imlygic®	Preferred Drug Step Therapy: Inhaled Corticosteroids
Abbreviated Criteria: Trelstar®	Incretin Mimetics	Preferred Drug Step Therapy: Insulin
Abbreviated Criteria: Zontivity®	Juxtapid®	Preferred Drug Step Therapy: Insulin - Basal
Adcetris®	Keytruda®	Preferred Drug Step Therapy: Metformin ER
Afinitor®	Kuvan®	Preferred Drug Step Therapy: Opioids, Long-Acting
Afrezza®	Kynamro®	Preferred Drug Step Therapy: Renin Inhibitors
Alimta®	Lenvima®	Preferred Drug Step Therapy: SGLT-002 Inhibitors
Appetite Suppressants/Aorexients	Lynparza™	Preferred Drug Step Therapy: Statins
Arzerra®	Myalept®	Preferred Drug Step Therapy: Test Strips for Blood Glucose
Avastin®	Natpara®	Preferred Drug Step Therapy: Testosterone Replacements
Beleodaq™	Northera®	Preferred Drug Step Therapy: Topical NSAIDs
Blincyto®	Nplate®	Preferred Drug Step Therapy: Vivlodex®
Bosulif®	Odomzo®	Qbrexiss™
Cambia®	PCSK9 Inhibitors	Samsca®
Caprelsa®	Preferred Drug Step Therapy: Acne/Rosacea	Signifor®
Cometriq®	Preferred Drug Step Therapy: Amitiza®(renamed Constipation Agents)	Soliris®
Corlanor®	Preferred Drug Step Therapy: ARBs	Somavert®
Cyramza®	Preferred Drug Step Therapy: Buprenorphine/Naloxone Therapy	
Dacogen™	Preferred Drug Step Therapy: DPP-4 Inhibitors	
Egrifta®	Preferred Drug Step Therapy: Epinephrine	
Epaned®		
Erbitux®		
Erivedge®		
Farydak®		
Gaucher's Disease Agents		

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Updated Guidelines (cont'd)

Symlin®
Tagrisso®
Topical Immunomodulators
Transmucosal Immediate-Release Fentanyl (TIRF)
Triptans
Yondelis®

Other updates

- Policies for oncology treatments will now explicitly cite the National Comprehensive Cancer Network® (NCCN) for coverage criteria. Most situations with a recommendation from NCCN as 2A or 1 will be covered. Recommendations of 2B, 3, or unlisted scenarios will require additional criteria to support medical necessity and coverage.
- On July 1, 2017, additional compounded medications will require preauthorization for coverage for certain patient populations. Coverage will depend upon the ability of a commercially available product to be used, clinical evidence that the requested compound is safe and effective for the requested use, and the FDA approval status of all of its ingredients. The updated Drug Therapy Guideline for Compounds will be made available upon request, and will be preemptively posted online by June 1, 2017. Affected members will also be contacted via mail by this date.
- Policies that include preferred products or step edits will include alternate criteria for coverage, in accordance with the New York State Step Therapy Bill.

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