



BlueCross BlueShield of Western New York
257 West Genesee Street • Buffalo, New York 14202

STAT Bulletin

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To: All MD/DO

Contracts affected: Commercial only

Updated Drug Therapy Guidelines Available Online

Why you're receiving this stat	The following drug therapy guidelines have been updated.
What you need to know	These guidelines are available online at bcbswny.com/provider . To access them, select <i>Policies & Guidelines > Drug Therapy Guidelines</i> .
What you need to do	Please refer to these updated guidelines when discussing treatment options with your BlueCross BlueShield of Western New York patients. If you do not have access to the Internet, you may request a paper copy by calling Provider Service at 1-800-950-0051 or (716) 884-3461.

Updated Drug Therapy Guidelines

Please refer to individual policies for details, which are available online.

Guidelines to be Posted by January 15, 2019, and effective on February 15, 2019

Actemra®	Infliximab	Preferred Drug Step Therapy: Testosterone Replacements
Adalimumab (Previously called Humira®)	Kalydeco®	Preferred Drug Step Therapy: Topical Dermatologics
Appetite Suppressants	Kyprolis®	Preferred Drug Step Therapy: Yupelri™
Antinarcotic Agents	Libtayo®	Preferred Drug Step Therapy: Yupelri™
Bavencio®	Lorbrena®	Procybsi®
Calcitonin Gene-Related Peptide (CGRP) Inhibitors (Previously called Aimovig™)	Lumoxiti™	Promacta®
Cimzia®	Nplate®	Revcovi™
Colony Stimulating Factors (CSFs)	Nutritional Supplements	Simponi®
Copiktra™	Orencia®	Spinraza®
Dupixent®	Orkambi®	Stelara®
Emflaza®	Otezla®	Sucraid®
Enbrel®	Oxervate™	Taltz®
Entyvio®	Preferred Drug Step Therapy: Select Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (Previously called Topical Non-Steroidal Anti-Inflammatory Drugs and Vivlodex®)	Talzenna®
Erectile Dysfunction Agents	Preferred Drug Step Therapy: Prostaglandin Analogs	Tegsedi™
Esbriet®	Preferred Drug Step Therapy: Select Tetracyclines (Previously called Extended-Release Antibiotics)	Vizimpro®
Ferriprox®	Preferred Drug Step Therapy: Simpazan™	Xeljanz®
Forteo®	Preferred Drug Step Therapy: Tiglutik™	Xolair®
Gamifant®		Xyrem®
Glassia		Yervoy®
Gonadotropin-releasing hormone (GnRH) Agonists		Yutiq™
Hemlibra®		

Guidelines to be Posted by January 15, 2019, and effective immediately

Abiraterone	Preferred Drug Step Therapy: BPH (alpha-antagonists)	Transmucosal Immediate-Release Fentanyl (TIRF)
Abbreviated Criteria: Syprine®		
Abbreviated Criteria: Xatmep®	Preferred Drug Step Therapy: Epinephrine Products	Tykerb®
Cinqair®	Preferred Drug Step Therapy: Inhaled Combinations	Tymlos®
Duzallo®		Uloric
Endari™	Preferred Drug Step Therapy: Inhaled Corticosteroids	Valchlor®
Exondys 51™	Preferred Drug Step Therapy: Intranasal Steroids	Vectibix®
Fasenra™		Verzenio™
Grastek®	Preferred Drug Step Therapy: Proton Pump Inhibitors (PPIs)	Vidaza
Incretin Mimetics	Preferred Drug Step Therapy: Osteoporosis Agents	Votrient®
Jynarque™		Xalkori®
Kevzara®	Preferred Drug Step Therapy: Urinary Agents	Xhance®
Kineret®	Penicillamine Products	Xtandi®
Krystexxa®	Poteligeo®	Yescarta®
Lartruvo®	Pulmonary Arterial Hypertension (PAH Agents)	Zaltrap®
Lutathera®		Zejula®
Nucala®	Ragwitek®	Zelboraf®
Odactra™	Rubraca®	Zolinza®
Ofev®	Sedative Hypnotics	Zurampic®
Olumiant®	Symdeko™	Zydelig®
Oralair®	Tavalisse™	Zykadia®
Preferred Drug Step Therapy: Beta Agonist Inhalers	Topical Immunomodulators	

Retired Policies

Incretin Mimetics/Insulin Combos	Preferred Drug Step Therapy: Statins
Intravenous (IV) Bisphosphonates	RANKL Inhibitors
Lucentis®	