

MCG message

Title: **Blue Cross Complete 2024 quarter 1 pharmacy updates**

Posting date: **Jan. 22, 2024**

Summary: This document provides important pharmacy benefit updates for current activities and upcoming formulary changes which impact Medicaid patients.

Contents:

- Co-preferred Product Update – p. 2
- Pending Product Discontinuation Update – p. 2
- Formulary Changes for Feb. 1, 2024 Implementation – pages 2-5
 - New drug updates – p. 2-5
 - Preferred Drug List (PDL) class updates – p. 5
 - Non-PDL class updates – p. 6
- Section 1625 Reimbursement Methodology Update – p. 6
 - 2023 Public Act (PA) 279, Section 105i
- Formulary Products eligible for Maintenance Supplies – p. 6
- Vaccines
 - Coverage Updates – p. 7
 - VFC Information – p. 7
 - Billing Information – p. 7-8
- Carve-Out Information – p. 8
- Website References and Resources
 - Pharmacy Benefits website – p. 8
 - Blue Cross Complete's D.O Payer Sheet – p. 8
 - Common Formulary Website – p. 8
 - Provider Portal - FFS Medicaid Website – p. 8
- Additional Resources
 - MDRP – Medicaid Drug Rebate Program – p. 8
 - MDHHS Brand Preferred Over Generic Products List – p. 8
- Product Shortage Reporting – p. 8-9
- Claim Assistance Contact Information and Additional Website Resources – p. 9

AL = Age limit

FFS = Fee for service

NDC = National drug code

ST = Requires step therapy

Tier 3 = Non-preferred, PA required

CO = Carve out

GSN = Generic sequence number

NSO = New starts only

Tier 1 = Preferred, no PA

Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children's Special Healthcare Services

ML = Maintenance list**

PA = Prior authorization

Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.



Co-preferred product update (generics for Advair and Advair HFA):

Availability challenges with Advair Diskus and Advair HFA have resulted in a move to co-prefer the generics for each of the products. As of Jan. 4, 2024, pharmacies are able to bill for either the generic equivalent or the brand version of both products. All strengths are covered with a quantity limit of three inhalers per 90 days. If brand is billed, remember to submit the claim with DAW-9 to ensure that the brand level reimbursement is applied.

Preferred Generics for Advair Diskus

- Fluticasone-Salmeterol
- Wixela Inhub

Preferred Generic for Advair HFA

- Fluticasone-Salmeterol HFA

Pending discontinuations of Flovent and Levemir:

The manufacturers of Flovent and Levemir have recently communicated plans to discontinue all brand name formulations of these products in 2024. We encourage you to work with your patients who utilize these products to identify appropriate alternatives on the Preferred Drug List. Although coverage for the discontinued products will remain in place for up to one year after the discontinuation date, supply will dictate the urgency of transition to an alternate product or a generic equivalent, in the case of Flovent HFA.

Product Name	Discontinuation Date (Per Manufacturer)	PDL Preferred (Tier 1 or 2) Alternative(s) in same PDL class
Flovent Diskus* Flovent HFA*	1/1/2024	Alvesco Inhaler Asmanex Twisthaler
Levemir Flexpen*	4/1/2024	Lantus Solostar 100 unit/mL
Levemir Vials*	End of 2024	Lantus 100 unit/mL vial

Please note if MDHHS updates the PDL to allow for generic equivalents, branded generics, biosimilars, or other alternatives, we will provide an update to ensure additional transition options are presented.

Formulary changes for Feb. 1, 2024 implementation:

Summary: Blue Cross Complete of Michigan is a member of the Michigan Managed Care Common Formulary Workgroup. The formulary changes below meet requirements set by the state of Michigan and the Common Formulary Workgroup. Some changes may require prescriber/pharmacy intervention.

Please note: Changes established by the Common Formulary Workgroup may not be posted immediately on the Blue Cross Complete’s website. Please allow time for documents to be updated and posted and for the searchable formulary to be updated. New information will be posted as soon as possible prior to the implementation date. References for websites are included on pages 7 and 8. Other references and PerformRx Pharmacy Help Desk information are available on Page 8. Definitions for abbreviations are included in the footer on each page.

AL = Age limit
 FFS = Fee for service
 NDC = National drug code
 ST = Requires step therapy
 Tier 3 = Non-preferred, PA required

CO = Carve out
 GSN = Generic sequence number
 NSO = New starts only
 Tier 1 = Preferred, no PA
 Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children’s Special Healthcare Services
 ML = Maintenance list**
 PA = Prior authorization
 Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.

New drug updates:

- **Adalimumab Biosimilars**
 - PDL class: Biologics
 - **Cyltezo** (adalimumab-adbm) injection – RA, JIA (2+), PsA, AS, CD (6+), UC, Ps, HS, UV
 - **Hadlima** (adalimumab-bwwd) injection – RA, JIA (2+), PsA, AS, CD (6+), UC, Ps, HS, UV
 - **Hulio and unbranded** (adalimumab-fkjp) injection – RA, JIA (2+), PsA, AS, CD (6+), UC, Ps, HS, UV
 - **Hyrimoz and unbranded** (adalimumab-adaz) injection – RA, JIA (2+), PsA, AS, CD (6+), UC, Ps, HS, UV
 - **Idacio** (adalimumab-aacf) injection – RA, JIA (2+), PsA, AS, CD (6+), UC, Ps, HS, UV
 - **Yuflyma** (adalimumab-aaty) injection – RA, JIA (2+), PsA, AS, CD (6+), UC, Ps, HS
 - **Yusimry** (adalimumab-aqvh) injection – RA, JIA (2+), PsA, AS, CD (6+), UC, Ps, HS, UV
 - Added to formulary as Tier 3.
 - Brand Humira remains preferred under Tier 1.
 - **Diagnosis key:** RA (rheumatoid arthritis), JIA (juvenile idiopathic arthritis), PsA (psoriatic arthritis), AS (ankylosing spondylitis), Ps (plaque psoriasis), CD (Crohn’s Disease), UC (ulcerative colitis), HS (hidradenitis suppurativa), UV (uveitis)
- **Inpefa (sotagliflozin) tablets**
 - PDL class: Oral Hypoglycemics – SGLT2 Inhibitors
 - Indicated to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent HF visit in adults with: (1) HF or (2) type 2 diabetes mellitus, chronic kidney disease, and other CV risk factors.
 - Added to formulary as Tier 3.
- **Liqrev (sildenafil) oral suspension**
 - PDL class: Pulmonary Arterial Hypertension Agents
 - Indicated for the treatment of pulmonary arterial hypertension (WHO Group 1) to improve exercise ability and delay clinical worsening.
 - Added to formulary as Tier 3.
- **Litfulo (ritlecitinib) capsules**
 - Non-PDL class
 - Indicated for the treatment of severe alopecia areata in adults and adolescents 12 years and older.
 - Added to formulary under Tier 4 with PA, AL ≥ 12 years old, QL = 1 capsule/day.
- **Miebo (perfluorohexyloctane/PF) eye drops**
 - PDL class: Ophthalmic Anti-Inflammatory/Immunomodulators
 - Indicated for the treatment of the signs and symptoms of dry eye disease.
 - Added to formulary as Tier 3.
- **Olpruva (sodium phenylbutyrate) pellets for oral suspension**
 - PDL class: Urea Cycle Disorder Agents
 - Indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients weighing 20 kg or greater and with a body surface area of 1.2 m² or greater, with urea cycle disorders involving

AL = Age limit

FFS = Fee for service

NDC = National drug code

ST = Requires step therapy

Tier 3 = Non-preferred, PA required

CO = Carve out

GSN = Generic sequence number

NSO = New starts only

Tier 1 = Preferred, no PA

Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children’s Special Healthcare Services

ML = Maintenance list**

PA = Prior authorization

Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.

deficiencies of carbamylphosphate synthetase, ornithine transcarbamylase, or argininosuccinic acid synthetase.

- Agents under HIC3 - D9A (Ammonia Inhibitors) are carved out.
 - If claim is adjudicated to BCC, pharmacy will receive the following reject messaging:
 - NCPDP reject code 831 - PROD/SVC ID CARVE-OUT; BILL MEDICAID FFS
 - Supplemental messaging for billing/contacting Magellan.
 - Added to PDL, non-preferred w/ PA.
- **Sogroya (somapacitanb-beco) pens**
 - PDL class: Growth Hormones
 - Indicated for the treatment of pediatric patients aged 2.5 years and older who have growth failure due to inadequate secretion of endogenous hormone and for replacement of endogenous growth hormone in adults with growth hormone deficiency.
 - Added to formulary as Tier 3.
- **Sohonos (palovarotene) capsules**
 - Non-PDL class
 - Indicated for reduction in the volume of new heterotopic ossification in adults and children aged ≥ 8 years for females and ≥ 10 years for males with fibrodysplasia ossificans progressiva.
 - Agents under HIC3 – Z13 (Retinoic Acid Receptor Agonists) are carved out.
 - If claim is adjudicated to BCC, pharmacy will receive the following reject messaging:
 - NCPDP reject code 831 - PROD/SVC ID CARVE-OUT; BILL MEDICAID FFS
 - Supplemental messaging for billing/contacting Magellan.
 - Added to MPPL w/PA.
- **Suflave (PEG 3350/sod sulf,chl/pot/mag) powder**
 - Non-PDL class
 - Indicated for the cleansing of the colon as a preparation for colonoscopy in adults.
 - Added to FFS – MPPL w/PA.
 - BCC – Non-formulary; PA request would be required for consideration of coverage.
 - BCC formulary coverage for low volume bowel prep kit needs:
 - **Generic** for Suprep Bowel Prep Kit. Tier 4 w/QL = 1 bottle/30 days
- **Veozah (fezolinetant) tablets**
 - Non-PDL class
 - Indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.
 - Added to FFS – MPPL w/PA.
 - BCC – Non-formulary; PA request would be required for consideration of coverage.
- **Xdemvy (lotilaner) eye drops**
 - Non-PDL class
 - Indicated for the treatment of Demodex blepharitis.
 - Added to FFS – MPPL w/PA.
 - BCC – Non-formulary; PA request would be required for consideration of coverage.

AL = Age limit

FFS = Fee for service

NDC = National drug code

ST = Requires step therapy

Tier 3 = Non-preferred, PA required

CO = Carve out

GSN = Generic sequence number

NSO = New starts only

Tier 1 = Preferred, no PA

Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children's Special Healthcare Services

ML = Maintenance list**

PA = Prior authorization

Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.

- **Zavzpret (zavegepant) nasal spray**
 - PDL class: Antimigraine Agents, Acute Treatment - Other
 - Indicated for the acute treatment of migraine with or without aura in adults. It is not indicated for the preventive treatment of migraine.
 - Added to formulary as Tier 3.

PDL class updates:

- **PDL Class Category: Analgesics**
 - **Opioid related PDL subclasses**
 - Renamed as “Opioids” in lieu of “Narcotics.”
- **PDL Class Category: B. Central Nervous System Drugs**
 - **Multiple Sclerosis Agents**
 - Teriflunomide (generic for Aubagio) moved to Tier 1.
 - Brand Aubagio remains under Tier 3.
 - Fingolimod (generic for Gilenya) moved to Tier 1.
 - Brand Gilenya moved to Tier 3.
 - Formulary preferred for OIC indication are Amitiza and Linzess.
 - Refined the medication-specific criteria for the non-preferred agents that require a trial of two preferred medications. Updated therapeutic failure requirement from "two preferred medications" to "one month trial of at least two preferred medications".
 - **Antimigraine Agents, Preventive Treatment**
 - Ajovy (fremanezumab-vfrm) moved to Tier 2
- **PDL Class Category: Dermatological Agents**
 - No changes recommended.
- **REMINDER - Diabetic Incretin Mimetics PDL Class Change**
 - As of 2/1/2024, all diabetic incretin mimetics will require a prior authorization.
 - Preferred PDL Incretin Mimetics (Byetta, Trulicity, and Victoza) are being moved to Tier 2:
 - Clinical criteria will apply. Member must have diagnosis of type 2 diabetes.
 - Prescriber must attest to discontinuation of all other incretin mimetics to prevent duplication of therapy.
 - Non-Preferred Incretin Mimetic changes:
 - Ozempic – allowance for bypass of the non-preferred PA criteria will be discontinued in favor of preferred drugs.
 - Trulicity and Victoza also carry the additional indication for reducing the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus who have established cardiovascular disease or multiple cardiovascular risk factors.

AL = Age limit
FFS = Fee for service
NDC = National drug code
ST = Requires step therapy
Tier 3 = Non-preferred, PA required

CO = Carve out
GSN = Generic sequence number
NSO = New starts only
Tier 1 = Preferred, no PA
Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children’s Special Healthcare Services
ML = Maintenance list**
PA = Prior authorization
Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.



Non-PDL class updates:

- ***Dermatological - Antipsoriatic Agents Topical***
 - Age limit update:
 - Zoryve 0.3% Cream is now ≥ 6 years old.

Section 1625 Reimbursement Methodology Update:

On December 21, 2023, MDHHS released finalized L 23-74 and sent the notice to pharmacy providers. The purpose of the letter was to notify pharmacies that, starting with date of service Feb. 13, 2024, Medicaid Health Plans will be contractually required to reimburse pharmacies located in Michigan who have 7 or fewer retail outlets total, in accordance with Section 105i of the 2023 Public Act (PA) 279.

Appendix A included eligible NPI list as of date of the letter, Appendix B included request for removal, and Appendix C included request for addition. It is important to note that the letter stated, "Providers are required to update their CHAMPS enrollment to reflect any changes to ownership, specialty, licensure, certification, managing employees, etc. Additionally, pharmacies must ensure that their CHAMPS enrollment taxonomy is set to Community/Retail Pharmacy when appropriate. Failure to update CHAMPS enrollment with changes may result in audits, post-payment recoveries, or suspension/termination of enrollment."

An electronic version of this document is available at michigan.gov/mdhhs/assistance/programs/medicaid/portalhome/medicaid-providers at Policy, Letters & Forms. Please ensure you review the letter closely. It is recommended that you check your CHAMPS status and update it if it is incorrect.

Blue Cross Complete is currently preparing a coding update to ensure compliance with Section 105i of the 2023 Public Act (PA) 279 so that eligible pharmacies receive the appropriate reimbursement for paid claims under this update as of Feb. 13, 2024.

Formulary Products eligible for Maintenance Supplies:

Are you seeking additional ways to help your patients minimize trips to the pharmacy and to improve adherence rates? Extended days-of-supply may be the answer.

Many of the formulary products covered under the pharmacy benefit by Blue Cross Complete and other MHPs in Michigan are covered for up to a 3-month supply. Since the standard day supply allowance for Michigan Medicaid is 34 days, depending on the package size, some medications can be covered for up to a 102-day supply.

In addition, and when clinically appropriate, oral, transdermal, and vaginal contraceptives are also covered for up to a 12-month supply.

A full list of drugs which are eligible under the maintenance supply provision can be reviewed by visiting michigan.magellanrx.com/provider/documents. Click on Other Drug Information, Maintenance Drug List **or** Quantity Limitation Information.

AL = Age limit
FFS = Fee for service
NDC = National drug code
ST = Requires step therapy
Tier 3 = Non-preferred, PA required

CO = Carve out
GSN = Generic sequence number
NSO = New starts only
Tier 1 = Preferred, no PA
Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children's Special Healthcare Services
ML = Maintenance list**
PA = Prior authorization
Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.



Vaccine Coverage:

- **Current Pharmacist administered Vaccines covered for BCC members under their pharmacy benefit:**
 - COVID-19 (all available products)
 - Hep A (Havrix and Vaqta)
 - HPV (Gardasil)
 - Meningitis (A and B products)
 - RSV (Abrysvo and Arexvy)
 - Tdap (Adacel and Boostrix)
 - Flu (all available products)
 - Hep B (all available products)
 - MMR
 - Pneumonia (all available products)
 - Shingles (Shingrix)

- **Vaccines for Children (VFC services and enrollment):**
 - MDHHS and the MHPs would like to partner with community pharmacies to eliminate barriers, increase access and increase vaccination rates for children and adults. Pharmacists have an excellent platform to provide vaccine advocacy and can make a significant impact on disease prevention through administration of vaccines.

 - For further information regarding the VFC program and how to enroll, visit the MDHHS VFC Resource Guide page at michigan.gov/vfc. Pharmacy participation is vital in ensuring our communities are safe and everyone has access to necessary services.

 - Pharmacies can also engage in the improvement of the Medicaid program and ask additional questions regarding the VFC during the quarterly MDHHS Pharmacy Liaison Meetings. The next MDHHS Pharmacy Liaison Meeting is scheduled for 3/7/2024. Information can be found by visiting michigan.magellanrx.com/provider/pharmacy-liaison-committee.

- **Vaccine Billing Information:**
 - Vaccine claim reimbursement is based on ingredient cost and administration fee ONLY.
 - Vaccine claims are not eligible for dispensing fee reimbursement.
 - Vaccines require submission of the following fields to ensure proper reimbursement:
 - Incentive Amount Submitted Field (NCPDP field 438-E3).
 - Allows our system to pay your administration fee.
 - If field is submitted, field 440-E5 must be submitted with value of “MA” or claim will reject (see below for description).
 - Professional Service Field (NCPDP field 440-E5)
 - For vaccines, the appropriate value is “MA,” Medication Administered.
 - Vaccine must be administered in pharmacy if billed by pharmacy.
 - Basis of Cost Determination (NCPDP field 423-DN)
 - Value indicates the methodology for the price submitted in the Ingredient Cost Submitted field (NCPDP field 409-D9). For example:
 - Value of “01” indicates AWP (Average Wholesale Price)
 - Value of “15” indicates free product or no associated ingredient cost.

AL = Age limit

FFS = Fee for service

NDC = National drug code

ST = Requires step therapy

Tier 3 = Non-preferred, PA required

CO = Carve out

GSN = Generic sequence number

NSO = New starts only

Tier 1 = Preferred, no PA

Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children’s Special Healthcare Services

ML = Maintenance list**

PA = Prior authorization

Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.



- Place of Service Field
 - If field is not populated, a value of “01” (Pharmacy) will be assumed.

Carve-Out Drugs:

If a carve-out drug is billed to the MHP, the pharmacy will receive a NCPDP 831 reject error. Carve-out drugs must be billed through FFS Medicaid. If applicable, prior authorization for a carve-out drug must also go through FFS Medicaid. For billing assistance, call the Magellan Clinical Call Center at **1-877-864-9014**.

Website References and Resources:

- Blue Cross Complete of Michigan website – Pharmacy Benefits page
 - mibluccrosscomplete.com/pharmacy
 - Go to: *Preferred drug list* section
- Blue Cross Complete of Michigan website – D.O Payer Sheet
 - mibluccrosscomplete.com/providers/resources/ > *Pharmacy Resources*.
 - i. Plan BIN = 019595
 - ii. Plan PCN = PRX00621
- MHP Pharmacy Benefit – Common Formulary website
 - michigan.gov/mcopharmacy
- MDHHS Provider Portal – FFS Medicaid website
 - michigan.magellanrx.com/provider/

Additional Resources:

- **MDRP – Medicaid Drug Rebate Program**
 - Labeler list reference is available at mibluccrosscomplete.com/providers/resources/ > *Pharmacy Resources > Medicaid Drug Rebate Program Labeler List* (PDF)
 - Non-MDRP eligible labelers will reject with NCPDP Error AC – Product Not Covered Non-Participating Manufacturer.
- **MDHHS Brand Preferred Over Generic Products List**
 - Reference is located at michigan.magellanrx.com/provider/documents > *Other Drug Information*
 - Includes products where brand name is preferred and required for coverage.
 - DAW-9 is necessary for proper claim reimbursement.
 - Generic will reject with NCPDP error 606 - Brand/Drug/Specific Labeler Code Required
 -

Product Shortage Reporting:

- Please reach out to the Help Desk to report any product shortages that are negatively impacting your ability to provide care to patients. There may be temporary overrides or short-term formulary updates that can be implemented to decrease the burden of a shortage, especially if the shortage is widespread or will be long-term.
- Additional information regarding drug shortages can be found by visiting the FDA Drug Shortages site at accessdata.fda.gov/scripts/drugshortages/default.cfm.

AL = Age limit
FFS = Fee for service
NDC = National drug code
ST = Requires step therapy
Tier 3 = Non-preferred, PA required

CO = Carve out
GSN = Generic sequence number
NSO = New starts only
Tier 1 = Preferred, no PA
Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children’s Special Healthcare Services
ML = Maintenance list**
PA = Prior authorization
Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.



Contact Us for Claims Assistance:

- Pharmacies having trouble processing prescription claims should call the PerformRx Pharmacy Help Desk for assistance at **1-888-989-0057**.
 - Error messaging is provided for all denied claims.
 - Supplemental messaging is provided when possible.
 - Additional formulary information can be found at the following websites:
 - mbluecrosscomplete.com/member-benefits/pharmacy-benefits/
 - michigan.gov/mcopharmacy
 - michigan.magellanrx.com/provider
- Members can call Pharmacy Customer Service at **1-888-288-3231** (TTY: **1-888-988-0071**) with any questions related to their pharmacy benefit.

AL = Age limit

FFS = Fee for service

NDC = National drug code

ST = Requires step therapy

Tier 3 = Non-preferred, PA required

CO = Carve out

GSN = Generic sequence number

NSO = New starts only

Tier 1 = Preferred, no PA

Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children's Special Healthcare Services

ML = Maintenance list**

PA = Prior authorization

Tier 2 = Preferred, PA required

**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.