

MCG message

Title: **Pharmacy Benefit Update – May 1, 2022 Formulary Changes**

Posting date: **April 20, 2022**

Summary: Blue Cross Complete 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. **All changes will be implemented May 1, 2022.** Some changes may require prescriber/pharmacy intervention.

To allow time for documents and the searchable formulary to be updated, changes established by the Common Formulary Workgroup may not immediately appear on our website. New information will be posted as soon as possible prior to the implementation date.

New drug updates

- ***Livmarli (maralixibat chloride) oral solution***
 - Non-preferred drug class
 - An ileal bile acid transporter (IBAT) inhibitor indicated for the treatment of cholestatic pruritus in patients one year of age and older with Alagille syndrome.
 - Added to Michigan Pharmaceutical Product List; medication is carved out. See “Carve out drugs” on page 4.
- ***Opzelura (ruxolitinib phosphate) cream***
 - Preferred drug class: Immunomodulators – atopic dermatitis
 - A Janus kinase inhibitor indicated for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients 12 years of age and older whose disease isn’t adequately controlled with topical prescription therapies or when those therapies aren’t advisable.
 - Added to formulary as Tier 3.
- ***Qulipta (atogepant) tablets***
 - Preferred drug class: Anti-migraine agents, preventive treatment
 - A calcitonin gene-related peptide receptor antagonist indicated for the preventive treatment of episodic migraine in adults.
 - Added to formulary as Tier 3.

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- ***Skytrofa (lonapegsomatropin-tcgd) cartridge***
 - Preferred drug class: Growth hormones
 - A long-acting prodrug of a human growth hormone indicated for the treatment of pediatric patients one year of age and older who weigh more than 11.5 kg and have growth failure due to inadequate secretion of endogenous growth hormone.
 - Added to formulary as Tier 3.
- ***Tavneos (avacopan) capsules***
 - Non-preferred drug class
 - A complement 5a receptor antagonist indicated as an adjunctive treatment of adult patients with severe active anti-neutrophil cytoplasmic autoantibody-associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA]) in combination with standard therapy including glucocorticoids.
 - Added to Michigan Pharmaceutical Product List; medication is carved out. See “Carve out drugs” on page 4.
- ***Trudhesa (dihydroergotamine mesylate) nasal spray***
 - Non-preferred drug class
 - An ergotamine derivative indicated for the acute treatment of migraine with or without aura in adult.
 - Added to fee for service Michigan Pharmaceutical Product List with PA
 - Blue Cross Complete: Non-formulary; PA request would be required for consideration of coverage.
- ***Tyrvaya (varenicline tartrate) nasal spray***
 - NEW preferred drug class – ophthalmic anti-inflammatory/immunomodulator
 - A cholinergic agonist indicated for the treatment of the signs and symptoms of dry eye disease.
 - Added to formulary as Tier 3.
- ***Winlevi (clascoterone) cream***
 - Non-preferred drug class
 - An androgen receptor inhibitor indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.
 - Added to fee for service Michigan Pharmaceutical Product List with PA
 - Blue Cross Complete: Non-formulary; PA request would be required for consideration of coverage.
- ***Saphnelo (anifrolumab-fnia) vials***
 - Non-preferred drug class

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- A type I interferon receptor antagonist indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus, who are receiving standard therapy.
- Added to Michigan Pharmaceutical Product List; typically physician-administered, therefore added to MPPL as a covered pharmacy benefit only when not administered in the physician office/clinic.
 - Blue Cross Complete: Non-formulary; PA request would be required for consideration of coverage.

Preferred drug list class updates

- **Cardiovascular classes**
 - **Lipotropics: PCSK9 inhibitors**
 - Praluent (evolocumab) moved to Tier 2; QL remains at two doses/28 days.
- **Ophthalmic classes**
 - **Ophthalmic anti-inflammatory/immunomodulator – new preferred drug list class**
 - **Added as Tier 1**
 - Restasis (cyclosporine) 0.05% eye emulsion (single-use)
 - QL = 60 ampules/30 days
 - Restasis (cyclosporine) multidose 0.05%
 - QL = 5.5 ml/30 days
 - Xiidra (lifitegrast) 5% eye drops
 - QL = 60 ampules/30 days
 - **Added as Tier 3**
 - Cequa (cyclosporine) 0.09% ophthalmic solution
 - QL = 60 ampules/30 days
 - Cyclosporine 0.05% eye emulsion (generic for Restasis single-use containers)
 - QL = 60 ampules/30 days
 - Eysuvis (loteprednol) 0.25% eye drops
 - AL removed; QL = 1 bottle (8.3ml) per fill (14 days)
 - Tyrvaya (varenicline) nasal spray
 - QL = 8.4 ml/30 days

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Non-preferred drug list class updates

- **Contraceptives**
 - [HASA 22-12*](#): Medicaid policy bulletin - update to contraceptive supply limit
 - Effective May 1, 2022, limits will be increased to allow up to a 12-month supply of prescribed contraceptives for program beneficiaries. Contraceptive drug products in this policy update include oral, vaginal ring and contraceptive hormonal patches.
 - Contraceptive medications will be subject to other existing fee-for-service pharmacy policies, managed care organization policies and coverage limitations including refill thresholds and prior authorization requirements.
- **Electrolyte balance – nutritional products**
 - Potassium CL ER 20 mcg tablets (GSN 001276)
 - Added to formulary as Tier 4
 - Vitamin D3 25 mcg tablet (GSN 028465)
 - Added to formulary as Tier 4

Carve out drugs

If a carve out drug is billed to Blue Cross Complete, the pharmacy will receive a NCPDP 831 rejection error. Carve out drugs must be billed through fee-for-service 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**.

We Treat Hep C

- Original information provided in [L 21-21*](#) sent out by MDHHS on April 6, 2021.
- Mavyret® established as the only direct-acting antiviral identified as preferred on the Michigan Preferred Drug List. Under preferred status, Mavyret doesn't require clinical PA when prescribed in accordance with Federal Drug Administration-approved labeling.
- Reminders for pharmacies:
 - Review the website: michigan.gov/WeTreatHepC*
 - Promote MDHHS' [We Treat Hep C](#)* initiative.
 - Educate providers: Mavyret is the preferred drug for Michigan Medicaid members and requires no prior authorization.
 - Ensure an appropriate supply of Mavyret is available at your pharmacy.
 - MDHHS allows pharmacies to dispense up to a 12-week supply when appropriate.

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- To help increase adherence, counsel patients and reinforce the importance of their follow-up appointments and their labs to ensure safety and sustained virologic response.
- Medications used in the treatment of HCV are carved-out by MDHHS and should be billed to FFS Medicaid for reimbursement. Unless Mavyret is prescribed, prior authorization submissions should also be sent to MDHHS.
- Blue Cross Complete members can request Case Management assistance by calling Blue Cross Complete Customer Service at **1-800-228-8554**, 24 hours a day, seven days a week.

Sickle cell initiative:

- The Pediatric Sickle Cell Improvement Program is a collaboration between MDHHS, the University of Michigan QMetric team, Shift and Medicaid health plans. Pharmacies and pharmacists can play a significant role in making a positive difference in the care of all patients with sickle cell disease and their families.
- Consider identifying and enhancing care for your patients who have sickle cell disease.
 - Refresh your knowledge and educate staff about sickle cell disease and current treatment guidelines.
 - How can you help to mitigate treatment barriers experienced by patients with sickle cell disease?
 - What can you do to help decrease the number of pharmacy visits your sickle cell members have to make?
 - What can you do to help increase adherence to medications and care in order to decrease the risk of vaso-occlusion and subsequent end organ damage?
- Current formulary medications commonly utilized in the treatment of sickle cell disease or prevention of complications:
 - **Hydroxyurea**
 - The American Society of Hematology recommends that hydroxyurea be offered at nine months of age; product information cites FDA approval for patients aged two and older.
 - Hydroxyurea 500 mg capsules and droxia capsules
 - Tier 4; members can receive up to a three month supply of 500 mg capsules.
 - Note: compounded products may require prior authorization.
 - **Prophylactic antibiotic therapy for children younger than 5 years old**
 - Many commonly utilized antibiotics for this purpose are Tier 1
 - **Endari™ (L-glutamine oral powder)**
 - Tier 4; PA = Y; AL ≥ 5 years old; QL = 180 packets/30 days

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- **Oxbryta® (voxelotor)**
 - 500 mg tablets – Tier 4; PA = Y; AL ≥ 12 years old; QL = 90 tablets/30 days
 - 300 mg tablets for suspension – Tier 4; PA = Y; AL ≥ 4 years old
- **Adakveo® (crizanlizumab)**
 - Managed care organization coverage - non-formulary. Pharmacy benefit coverage is limited. Included on the fee for service Michigan Pharmaceutical Product List. Therefore, managed care organizations would consider under PA, medical necessity review.
 - Medical benefit coverage available for medical provider administration.

COVID-19 related coverage updates

- **COVID-19 vaccines**
 - Pharmacy benefit coverage implemented under [MSA 20-75*](#) (12/23/2020)
 - All emergency use authorization vaccines are covered for Centers for Disease Control recommended doses with appropriate National Council for Prescription Drug Program field completion. Remember to use the appropriate submission clarification code.
 - Initial dose; SCC=2
 - Second dose; SCC=6
 - Additional dose; SCC=7
 - Booster doses; SCC=10
 - Pharmacy administration (incentive fee) reimbursement
 - Place of service=1 (pharmacy); \$37.53
 - Place of service=12 (home); additional \$33.63 (total reimbursement of \$71.16)
- **COVID-19 antivirals**
 - Pharmacy benefit coverage implemented under [MSA 20-81*](#) (2/2/2021)
 - Paxlovid and Molnupiravir are both covered as Tier 4 with no edits
 - Dispensing fee reimbursement limit is \$20.02.
- **COVID-19 at-home tests**
 - Pharmacy benefit coverage implemented under [MSA 21-50*](#) (11/30/2021)
 - Covered NDCs are listed at michigan.magellanrx.com/provider/documents*
 - COVID-19 Test products covered NDC list
 - When applicable, pharmacies must coordinate benefits before billing Medicaid
 - When pharmacist NPI is used as prescriber, SCC-13 (payer recognized emergency/disaster assistance request) must be submitted in NCPDP field 420-DK.
 - Reimbursement based on adjudicated NDC. No dispensing fee is applied.

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- **COVID-19 monoclonal antibodies**

- Pharmacy benefit coverage implemented under HASA 22-02 (2/18/2022)
- Billing requirements:
 - Professional service code (NCPDP field 440-E5) = MA
 - Basis of cost determination (NCPDP field 423-DN) = 15
 - Place of service (NCPDP field 307-C7)
 - Pharmacy = 1; Home = 12
- Coding status is as follows for pharmacy benefit billing:
 - Regen-COV and generic products – coding is complete
 - Administration (incentive) fee reimbursement ONLY
 - Pharmacy admin fee (POS-1)
 - Dates of service 11/21/20 to 12/31/20: \$285.74
 - Dates of service 01/01/21 to 05/05/21: \$285.51
 - Dates of service 05/06/21 to 12/31/21: \$413.02
 - Dates of service 01/01/22 onward: \$413.61
 - Home admin fee (POS-12)
 - Dates of service 05/06/21 to 12/31/21: \$688.93
 - Dates of service 01/01/22 onward: \$688.92
 - Evusheld – coding is pending
 - Administration (incentive) fee reimbursement ONLY for dates of service on or after 12/8/2021
 - Pharmacy admin fee (POS-1) = \$138.30
 - Home admin fee (POS-12) = \$230.17
 - Pharmacy Help Desk can assist with overrides while coding is in process.

Pharmacy administered immunizations

- The following vaccines are covered under the pharmacy benefit. Ingredient cost reimbursement is NDC dependent and there’s a \$7.50 administration (incentive) fee applied to each claim.
 - Flu vaccine (seasonally available product NDCs)
 - Hepatitis A vaccine (Havrix or Vaqta)
 - M-M-R II
 - Pneumonia vaccine (Pneumovax, Prevnar, Vaxneuvance)
 - Shingles vaccine (Shingrix)
- Please call the Pharmacy Help Desk for assistance with any billing questions or for assistance.

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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

Claims assistance

Pharmacies experiencing any difficulties in processing prescription claims or authorization requests for Blue Cross Complete should call the PerformRx Clinical Pharmacy Help Desk at **1-888-989-0057**.

- Error messaging is provided for all denied claims.
- Supplemental messaging is provided when possible.
- Additional formulary information:
 - mibluccrosscomplete.com/pharmacy > Preferred drug list
 - michigan.gov/mcopharmacy*
 - michigan.magellanrx.com/provider*

Members can call Blue Cross Complete Pharmacy Customer Service at **1-888-288-3231** with any questions related to their pharmacy benefit.

References

1. Blue Cross Complete – pharmacy benefits page
 - a. mibluccrosscomplete.com/pharmacy – go to the preferred drug list section
2. Medicaid health plan pharmacy benefit – common formulary website
 - a. michigan.gov/mcopharmacy*
3. MDHHS provider portal – fee for service Medicaid website
 - a. michigan.magellanrx.com/provider/*

*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete does not control these sites and is not responsible for their content.

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