

MCG message

Title: **Blue Cross Complete 2023 quarter 3 pharmacy updates**

Posting date: **October 16, 2023**

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 Nov. 1, 2023.** Some changes may require prescriber/pharmacy intervention.

Please note: Changes established by the Common Formulary Workgroup may not be posted immediately on the plan'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 6 and 7. Other references and PerformRx Pharmacy Help Desk information are available on Page 7. Definitions for abbreviations are included in the footer on each page.

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Formulary changes for November 1, 2023 implementation:

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 plan’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 6 and 7. Other references and PerformRx Pharmacy Help Desk information are available on Page 7. Definitions for abbreviations are included in the footer on each page.

New drug updates:

- ***Amjevita (adalimumab-atto) injection***
 - PDL class: Biologics
 - Biosimilar to Humira (adalimumab). It is approved for same indications as its reference product, Humira (adalimumab). It is not interchangeable with Humira.
 - Added to formulary as Tier 3.
- ***Atorvaliq (atorvastatin) oral suspension***
 - PDL class: Lipotropics: Statins
 - Indicated to reduce the risk of myocardial infarction (MI), stroke, revascularization procedures, and angina in adults; as an adjunct to diet to reduce low-density lipoprotein cholesterol (LDL-C) in adults with primary hyperlipidemia and in adults and pediatric patients aged 10 years and older with heterozygous familial hypercholesterolemia (HeFH); as an adjunct to other LDL-C lowering therapies, or alone if such treatments are unavailable, to reduce LDL-C in adults and pediatric patients aged 10 years and older with homozygous familial hypercholesterolemia (HoFH); and as an adjunct to diet for the treatment of adults with primary dysbetalipoproteinemia or hypertriglyceridemia.
 - Added to formulary as Tier 3.
- ***Cuvrior (trientine tetrahydrochloride) tablets***
 - Non-PDL class
 - Indicated in the treatment of adults with stable Wilson’s disease who are de-coppered and tolerant to penicillamine.
 - Added to FFS – MPPL w/PA
 - BCC – Non-formulary; PA request would be required for consideration of coverage.
- ***Joenja (leniolisib) tablets***
 - Non-PDL class
 - Kinase inhibitor indicated for the treatment of activated phosphoinositide 3-kinase delta (PI3Kδ) syndrome (APDS) in adult and pediatric patients ≥ 12 years of age.

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- Added to MPPL for FFS coverage.
 - BCC – Non-formulary; PA request would be required for consideration of coverage.
- **Konvomep (omeprazole/sodium bicarbonate) oral suspension**
 - PDL class: Proton Pump Inhibitors
 - Indicated in adults for the short-term treatment (4 to 8 weeks) of active benign gastric ulcer and reduction of risk of upper gastrointestinal (GI) bleeding in critically ill patients.
 - Added to formulary as Tier 3.
- **Rezvoglar (insulin glargine-aglr) injection**
 - PDL class: Insulins, Basal
 - Long-acting human insulin analog indicated to improve glycemic control in adults and pediatric patients with diabetes mellitus.
 - It is the second interchangeable biosimilar to Lantus® (insulin glargine) and is approved for the same indications.
 - Added to formulary as Tier 3.
- **Skyclarys (omavloxolone) capsules**
 - Non-PDL class
 - Nuclear factor erythroid-derived 2-related factor 2 (Nrf2) activator indicated for the treatment of Friedreich’s ataxia (FA) in adults and adolescents aged ≥ 16 years.
 - Added to FFS – MPPL w/PA
 - Product is a carve out. If billed to a Medicaid Health Plan, pharmacy will receive NCPDP reject code 831 along with supplemental messaging for billing/contacting Magellan.
- **Vowst (fecal microbiota spores, live-brpk) capsules**
 - Non-PDL class
 - Indicated to prevent the recurrence of Clostridioides difficile infection (CDI) in individuals ≥ 18 years of age following antibacterial treatment for recurrent CDI (rCDI). It is not indicated for the treatment of CDI.
 - Added to FFS – MPPL w/PA
 - BCC – Non-formulary; PA request would be required for consideration of coverage.

PDL class updates:

- **PDL Class Category: Diabetes**
 - **Incretin Mimetics**
 - Quantity limits will now apply to all incretin mimetic products. The QL is based on maximum recommended dose as documented in the FDA-approved label.
 - **Insulins, Rapid-Acting**
 - Insulin aspart pens and vials (generic for Novolog) moved to Tier 1.
 - Brand Novolog moves to Tier 3. Generic is preferred.
 - **Insulins, Mixes**
 - Insulin aspart prot/insulin asp Pens (generic for Novolog Mix) moved to Tier 1.
 - Brand Novolog Mix moves to Tier 3. Generic is preferred.
 - Generic vials are already in Tier 1 as preferred.

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- **Glucagon Agents**
 - Zegalogue (dasiglucagon) syringe moved to Tier 1.
- **PDL Class Category: Gastrointestinal**
 - **Opioid Induced Constipation (OIC)**
 - Movantik (naloxegol) moved to Tier 3.
 - Current utilizers grandfathered for 90 days.
 - Formulary preferred for OIC indication are Amitiza and Linzess.
- **PDL Class Category: Miscellaneous**
 - **Biologic Immunomodulators – Agents to Treat Asthma**
 - Fasenna (benralizumab) pens moved to Tier 2.
 - **Biologic Immunomodulators – Agents to Treat Atopic Dermatitis**
 - Adbry (tralokinumab-ldrm) syringe moved to Tier 2.
 - **Urea Cycle Disorder Agents – *new PDL class***
 - All products are carved out.
 - Example products “Preferred” under FFS coverage:
 - Buphenyl, Carbaglu
 - Example products “Non-Preferred” under FFS coverage:
 - Carglumic acid (generic for Carbaglu)
 - Ravicti
 - 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

Non-PDL class updates:

- **Contraception**
 - Added to formulary:
 - Phexxi 1.8-1-0.4% vaginal gel w/QL of 180 grams/30 days
- **Endocrine**
 - Removed from formulary:
 - Increlex 40 mg/4 mL Vial
 - Vyndamax 61mg capsule
 - Vyndaquel 20mg capsule

Pending Criteria Changes for 2/1/2023:

- **Diabetic Incretin Mimetics**
 - As of 2/1/2023, all diabetic incretin mimetics will require a prior authorization.
 - Preferred PDL Incretin Mimetics (Byetta, Trulicity, and Victoza):
 - Clinical criteria will apply. Member must have diagnosis of Type 2 Diabetes.

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- 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.

Inventory Savings Opportunities:

- The following authorized generics are included in Tier 1. Sample NDCs are provided.
 - Insulin Lispro (generic for Humalog)
 - Insulin Lispro 100 unit/mL vial (10 mL), NDC: 00002-7737-01
 - Insulin Lispro Kwikpen U-100 (5X3 mL), NDC: 00002-8222-59
 - Insulin Lispro JR. 100 unit/mL (5X3 mL), NDC: 00002-7752-05
 - Insulin Aspart Prot/Insulin Asp (generic for Novolog Mix)
 - Insulin Aspart Pro Mix 70-30 vial, NDC: 73070-0200-11
 - Insulin Aspart Pro Mix 70-30 pen, NDC: 73070-0203-10
 - Insulin aspart pens and vials (generic for Novolog)
 - Insulin Aspart 100 unit/mL vial, NDC: 73070-0100-11
 - Insulin Aspart 100 unit/mL pen, NDC: 73070-0103-15

Vaccine Coverage Updates:

- **Updates to vaccine coverage for BCC members at the pharmacy:**
 - 2023/2024 COVID-19 Vaccine
 - All newly available NDCs approved by the FDA and through the EUA are covered for enrolled BCC members.
 - 2023/2024 Flu Vaccine
 - All available NDCs for the 2023/2024 flu season are covered for enrolled BCC members.
 - RSV Vaccine
 - Arexvy and Abrysvo are covered for enrolled BCC members.
 - Arexvy is limited to members ≥ 60 years old
 - Abrysvo is available to members ≥ 60 years old
 - Coverage is also available for pregnant members at 32 through 36 weeks gestational age for the prevention of RSV in infants from birth through 6 months of age.

- **Other vaccines covered for BCC members at the pharmacy:**

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- Hep A, HPV, MMR, Pneumonia, Shingles
- **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.
 - Submission Clarification Codes (420-DK)
 - No longer required as with prior COVID-19 vaccine doses.
 - If SCC is utilized for another purpose, the claim will still pay regardless of code utilized.
 - 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 Medicaid health plan, 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
- Medicaid Health Plan Pharmacy Benefit – Common Formulary website
 - michigan.gov/mcopharmacy
- MDHHS Provider Portal – FFS Medicaid website

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- michigan.magellanrx.com/provider/

Additional Resources:

- **MDRP – Medicaid Drug Rebate Program**
 - Labeler list reference is available at mibluecrosscomplete.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.*

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:
 - mibluecrosscomplete.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.

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