

**MCG message**

**To:** Blue Cross Complete of Michigan's Pharmacy Network

**Date:** January 23, 2023

**Subject:** 2/1/2023 formulary changes and miscellaneous updates

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

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**Inventory Savings Opportunities:**

- The following authorized generics are included in Tier 1:
  - Insulin Lispro
    - 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
    - Insulin Aspart Pro Mix 70-30 vial NDC: 73070-0200-11

**Formulary changes for February 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 Page 5. Other references and helpdesk information is available on Page 9. Definitions for abbreviations are included in the footer on each page.

**New drug updates:**

- ***Adlarity (donepezil) patches***
  - PDL class: Alzheimer's Agents
    - An acetylcholinesterase inhibitor indicated for the treatment of mild, moderate, and severe dementia of the Alzheimer's type.
    - Dosage form is a once weekly transdermal patch.
  - Added to formulary as Tier 3.
- ***Aspruzo (ranolazine) ER sprinkles***
  - Non-PDL class
    - An extended-release granule formulation of ranolazine indicated for the treatment of chronic angina.
  - Added to formulary as Tier 4 with PA, AL ≥ 18 years old and QL = 60 sachets/30 days.
    - NOTE: Generic ranolazine tablets are preferred. PA approval reserved for patients with swallowing difficulties.
- ***Camzyos (mavacamten) capsules***
  - Non-PDL class
    - A reversible selective cardiac myosin inhibitor indicated for the treatment of adults with symptomatic New York Heart Association

- (NYHA) class 2 to class 3 obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms.
  - Added to formulary as Tier 4 with PA, AL ≥ 18 years old and QL = 30 capsules/30 days.
  - Note: REMS – Medical/Pharmacy provider certification and patient enrollment required.
- ***Epsolay (benzoyl peroxide) cream pump (see note on next page)***
  - Non-PDL class
    - An oxidizing agent with bactericidal and keratolytic effects indicated for the treatment of inflammatory lesions of rosacea in adults.
  - Added to FFS – MPPL w/PA. (retracted)
    - At the time of this communication, the labeler for Epsolay no longer participates in the MDRP. Adjudications through FFS or Medicaid Health Plans will reject with NCPDP error AC. See additional information under the “Additional resources” section.
    - BCC – Non-formulary; PA request would be required for consideration of coverage.
      - There are individual acne agents available on the BCC formulary.
- ***Hyftor (sirolimus) gel***
  - Non-PDL class
    - An mTOR inhibitor immunosuppressant indicated for the treatment of facial angiofibroma associated with tuberous sclerosis in adults and pediatric patients 6 years of age and older.
  - Added to formulary as Tier 4 with PA, AL ≥ 6 years old and QL is according to age.
    - Ages 6 to 11 years old – allow up to 20 grams/30 days
    - Ages ≥ 12 years old – allow up to 30 grams/30 days
- ***Lyvispah (baclofen) granule packets***
  - PDL class: Skeletal Muscle Relaxants
    - A gamma-aminobutyric acid (GABA-ergic) agonist indicated for the treatment of spasticity resulting from multiple sclerosis, particularly for the relief of flexor spasms and concomitant pain, clonus, and muscular rigidity.
  - Added to formulary as Tier 3 with PA.
    - NOTE: Generic baclofen tablets are Tier 1. PA approval for granules is limited to patients with swallowing difficulties.
- ***Mounjaro (tirzepatide) pens***
  - PDL class: Incretin Mimetics
    - A glucose-dependent insulinotropic polypeptide (GIP) receptor agonist and glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus (T2DM).
  - Added to formulary as Tier 3.



- ***Radicava (edaravone) ORS suspension***
  - Non-PDL class
    - A free radical scavenger indicated for the treatment of amyotrophic lateral sclerosis (ALS).
  - Added to FFS – MPPL w/PA
    - BCC – Non-formulary; PA request would be required for consideration of coverage.
- ***Verkazia (cyclosporine) ophthalmic emulsion***
  - PDL class: Ophthalmic Anti-Inflammatory/Immunomodulators
    - A calcineurin inhibitor immunosuppressant approved for the treatment of vernal keratoconjunctivitis (VKC) in children  $\geq 4$  years old and adults.
  - Added to formulary as Tier 3 with PA, AL  $\geq 4$  years old and QL = 120 single-use vials/30 days.
- ***Vivjoa (oteseconazole) capsules***
  - PDL class: Antifungals - Oral
    - An azole antifungal indicated to reduce the incidence of recurrent vulvovaginal candidiasis (RVVC) in females with a history of RVVC who are NOT of reproductive potential.
  - Added to formulary as Tier 3 with PA and QL = 18 tablets per treatment course.
- ***Vtama (tapinarof) cream***
  - Non-PDL Class
    - An aryl hydrocarbon receptor agonist indicated for the topical treatment of plaque psoriasis in adults.
  - Added to FFS – MPPL w/PA.
    - BCC – Non-formulary; PA request would be required for consideration of coverage.
      - *Plaque psoriasis treatments and their respective drug formulary status will be reviewed again during the February Common Formulary meeting.*
- ***Amvuttra (vutrisiran) syringe***
  - Non-PDL Class
    - A transthyretin-directed small interfering RNA indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis in adults.
  - Added to FFS – MPPL w/PA; typically physician-administered, therefore add to MPPL as a covered pharmacy benefit only when not administered in the physician office/clinic.
    - BCC – Non-formulary; PA request would be required for consideration of coverage.
- ***Xenpozyme (olipudase alfa-rpcp) vials***
  - Non-PDL Class



- A hydrophilic lysosomal sphingomyelin-specific enzyme indicated for the treatment of non-central nervous system (non-CNS) manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients.
- Added to FFS – MPPL w/PA; typically physician-administered, therefore add to MPPL as a covered pharmacy benefit only when not administered in the physician office/clinic.
  - BCC – Non-formulary; PA request would be required for consideration of coverage.

#### **PDL class updates:**

- **PDL Class Category: Analgesics**
  - **Narcotics, Short and intermediate acting**
    - No change to the current classification of drug products
    - Seglentis (celecoxib/tramadol) criteria revision – add
      - Patient must be 18 years and older if being used for post-operative management of pain in tonsillectomy and/or adenoidectomy
  - **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**
    - Move ketoprofen immediate release to Tier 3
- **PDL Class Category: Central Nervous System Drugs**
  - **Drugs for ADHD – Pseudoamphetamines**
    - NOTE: Carve-out class, bill through FFS/Magellan
    - Move Quillichew ER (methylphenidate ER) to non-preferred
    - Move Quillivant XR (methylphenidate XR) to non-preferred
  - **Anti-Parkinson's Agents – Other**
    - Move rasagiline tablets (generic for Azilect) to Tier 2
      - Brand Azilect remains Tier 3
  - **Antimigraine Agents, Acute Treatment – Other**
    - No change to the current classification of drug products
    - Elyxyb (celecoxib) – add QL = 14 doses per 30 days
  - **Antimigraine Agents, Preventive Treatment**
    - No change to the current classification of drug products
    - Nurtec ODT (rimegepant) – revise QL to 54 tablets per 90 days
  - **Skeletal Muscle Relaxants**
    - Move baclofen oral solution to Tier 2 with clinical PA for swallowing difficulties
    - Move chlorzoxazone (generic for Lorzone) to non-preferred. Allow a 90-day grandfather period
    - Add Lyvispah (baclofen) granule packets as Tier 3 with medication-specific criteria to allow if patient has swallowing difficulties



- **PDL Class Category: Dermatological Agents**
  - **Topical Steroids - Low Potency**
    - Move hydrocortisone/aloe cream to Tier 1
  - **Topical Steroids – Very High Potency**
    - Move clobetasol gel to Tier 3
    - Move generic epinephrine to Tier 3

**Non-PDL class updates:**

- ***Antineoplastics – new product or NDC updates for Public Act 19 compliance***
  - Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants
    - Leuprolide Depot 22.5 mg vial; added to Tier 4
  - Antineoplastic - Isocitrate Dehydrogenase Inhibitors
    - Rezlidhia 150mg capsule; added to Tier 4
- ***Hepatitis B Treatment- Nucleoside Analogs (Antiviral)***
  - Vemlidy 25 mg tablet; added AL of ≥ 12 years old

**References:**

1. Blue Cross Complete of Michigan website – Pharmacy Benefits page
  - a. [mibluecrosscomplete.com/pharmacy](http://mibluecrosscomplete.com/pharmacy)
  - b. Go to: Preferred drug list section
2. Medicaid Health Plan Pharmacy Benefit – Common Formulary website
  - a. [michigan.gov/mcopharmacy](http://michigan.gov/mcopharmacy)\*
3. MDHHS Provider Portal – FFS Medicaid website
  - a. [michigan.magellanrx.com/provider](http://michigan.magellanrx.com/provider)\*

**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 **877-864-9014**.

**Social Determinants of Health (SDoH):**

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They are grouped into five domains: Economic stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context.<sup>1</sup>

Pharmacy providers and medical providers are in a great setting to assist their patients in addressing health care access and quality, as well as being advocates for resources and assistance.



Health care professionals can also refer members to their Medicaid health plan for resources. Every member of a Medicaid Health Plan has access to a care manager at their plan. Care managers are a key asset which members can utilize to help eliminate certain barriers which may contribute to their SDoH.

Blue Cross Complete of Michigan members have the ability to utilize the plan's Community Resource Hub page at [mibluccrosscomplete.com/resources/community-resources/](https://mibluccrosscomplete.com/resources/community-resources/). Members can use the hub to search for assistance with housing, utilities, food and other needs. Through Blue Cross Complete, members can also find information on low-cost internet service, SafeLink Wireless®, GED support, a health library, information about the 988 Suicide & Crisis Lifeline, and more. Members can call customer service at 800-228-8554 for assistance as well.

<sup>1</sup> Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 1/16/2023, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.\*

#### **Prior Authorization Process:**

Depending on benefit status, some medications and services require prior authorization before Blue Cross Complete of Michigan will pay a claim. There are a few details to remember regarding prior authorization for your Medicaid patients.

- Medicaid Health Plans are required to complete pharmacy benefit related prior authorization requests within 24 hours of receipt. Blue Cross Complete's average prior authorization turnaround for 2022 was 6 hours. Many prior authorizations are completed within 2 to 4 hours of receipt.
- There are two ways to request prior authorization. Both forms are available by visiting the Pharmacy Benefits page or the Provider Self-Service tools page found at [mibluccrosscomplete.com](https://mibluccrosscomplete.com).
  1. Online PA Request Form – a medical provider can complete the online request form and securely upload any supportive documentation by visiting the online portal.

**OR**

  2. Fax form – a medical provider can download, complete, and submit a prior authorization form.
- In emergent circumstances and when appropriate, pharmacy providers can call the Pharmacy Help Desk for a 72-hour emergency supply while the prior authorization is being submitted and processed. The Help Desk information is provided in the **Contact us for claims assistance** section on Page 9.

#### **We Treat Hep C:**

- Original information provided in L 21-21 sent out by MDHHS on April 6, 2021.



- MAVYRET<sup>®</sup> established as the only DAA identified as Preferred on the Michigan Preferred Drug List (PDL). Under preferred status, Mavyret<sup>®</sup> does not require clinical PA when prescribed in accordance with FDA-approved labeling.
- Reminders for pharmacies:
  - Review the website [michigan.gov/WeTreatHepC\\*](https://michigan.gov/WeTreatHepC).
  - Promote the We Treat Hep C Initiative.
  - Educate providers - Mavyret<sup>®</sup> is the preferred drug for Michigan Medicaid members and requires no prior authorization.
  - Ensure an appropriate supply of Mavyret<sup>®</sup> is available at your pharmacy.
  - MDHHS will allow pharmacies to dispense up to a 12-week supply when appropriate.
    - Please advise medical providers of this option when appropriate.
  - Counsel patients to help increase adherence, reinforce the importance of their follow up appointments and the importance of their labs to ensure safety and sustained virologic response (SVR).
- Medications used in the treatment of HCV continue to be carved out by MDHHS and should be billed to FFS Medicaid for reimbursement. Unless Mavyret<sup>®</sup> is prescribed, prior authorization submissions should also be sent to MDHHS.
- Blue Cross Complete members can request Care Management assistance by calling Customer Service at **1-800-228-8554**, 24 hours a day, seven days a week. TTY users should call **1-888-987-5832**.

#### **Sickle Cell Initiative:**

- The Pediatric Sickle Cell Improvement Program (P-SCIP) is a collaboration between MDHHS, the University of Michigan QMetric team, Shift and the 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 (UPDATED)**
    - The American Society of Hematology recommends that hydroxyurea be offered at nine months of age; product information cites US Food and Drug Administration (FDA) approval for  $\geq 2$  years.





- Hydroxyurea 500mg capsules and **Droxia Capsules**
  - Tier 4; Members can receive up to a 3-month supply of 500mg capsules
- Note: Compounded products may require prior authorization
- **Siklos Tablets** added to Tier 4 with PA
- **Prophylactic Antibiotic Therapy for children < 5 years old**
  - Many commonly utilized antibiotics for this purpose are Tier 1
  - Expanded days of supply limit in place to allow for decrease in visits to pharmacy
    - Chewable dosage forms available in Tier 1
- **Endari™ (L-glutamine oral powder)**
  - Tier 4; PA = Y; AL ≥ 5 years old; QL = 180 packets/30 days
- **Oxbryta® (voxelotor)**
  - 500mg tablets – Tier 4; PA = Y; AL ≥ 12 years old; QL = 90 tablets/30 days
  - 300mg tablets for suspension – Tier 4; PA = Y; AL ≥ 4 years old
  - 300mg tablets – added to Tier 4; PA = Y; AL ≥ 4 years old
- **Adakveo® (crizanlizumab)**
  - MCO coverage – Non-formulary. Pharmacy benefit coverage is limited. Included on the Fee For Service MPPL. Therefore, MCOs would consider under PA, medical necessity review.
  - Medical benefit coverage available for medical provider administration.

#### **Pharmacy Administered Immunizations:**

- The following vaccines are covered under the pharmacy benefit. Ingredient cost reimbursement and administration fee reimbursement are NDC dependent.
- Flu shots (various brands)
- Hepatitis A Vaccine (Havrix or Vaqta)
- Pneumonia Vaccine (Pneumovax, Prevnar, Vaxneuvance)
- COVID-19 Vaccines (initial doses and boosters)
- M-M-R II
- Shingles Vaccine (Shingrix)
- Call the Pharmacy Help Desk for assistance with any billing questions.
- Pharmacies must submit “MA” for Medication Administered in the Professional Service Field in the DUR/PPS segment (NCPDP field number 440-E5) for appropriate vaccine reimbursement.

#### **Additional resources:**

- **MDRP – Medicaid Drug Rebate Program**
  - Labeler list reference is available at [mibluccrosscomplete.com/providers/resources/](https://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](http://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

**Contact us for claims assistance:**

- Pharmacies experiencing difficulty 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:
    - [mibluccrosscomplete.com/member-benefits/pharmacy-benefits/](http://mibluccrosscomplete.com/member-benefits/pharmacy-benefits/)
    - [michigan.gov/mcopharmacy](http://michigan.gov/mcopharmacy)
    - [michigan.magellanrx.com/provider](http://michigan.magellanrx.com/provider)

Members can call Pharmacy Customer Service at **1-888-288-3231** with any questions related to their

\*Our website is [mibluccrosscomplete.com](http://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.