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mibluecrosscomplete.com

MCG message

Title: Blue Cross Complete 2023 quarter 2 pharmacy updates

Posting date: June 6, 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 were implemented May 1, 2023**. Some changes may require prescriber/pharmacy intervention.

BIN and PCN Update:

Blue Cross Complete is changing its claims processor to Abarca Health. Due to this change, the current BIN (600428) and PCN (06210000) for members has changed. Please use the new BIN and PCN combination: BIN – 019595 and PCN – PRX00621.

New drug updates:

• Entadfi (finasteride/tadalafil) capsules

- PDL class: BPH Agents 5-Alpha Reductase (5AR)
 - A combination a 5α-reductase inhibitor and a phosphodiesterase 5 (PDE5) inhibitor indicated to initiate treatment of the signs and symptoms of benign prostatic hyperplasia (BPH) in men with an enlarged prostate for up to 26 weeks.
- Added to formulary as Tier 3.
- Fylnetra (pegfilgrastim-pbbk) syringe
 - PDL class: Colony Stimulating Factors
 - A colony stimulating factor indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.
 - Added to formulary as Tier 3.

• Relyvrio (sodium phenylbutyrate and taurursodiol) packets for oral suspension

- Non-PDL class
 - Indicated for the treatment of amyotrophic lateral sclerosis (ALS) in adults.
- \circ Added to formulary as Tier 4 with PA, AL ≥ 18 years old and QL = 60 packets/30 days.
- Ryaltris (olopatadine/mometasone) nasal spray
 - o PDL class: Nasal Antihistamines and Nasal Corticosteroids
 - Added to formulary as Tier 3.
- Sotyktu (deucravacitinib) tablet
 - PDL class: Biologics: Agents to Treat Plaque Psoriasis

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- A tyrosine kinase 2 (TYK2) inhibitor indicated for the treatment of adults with moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy. It is not recommended for use in combination with other potent immunosuppressants.
- \circ Added to formulary as Tier 3 with AL \geq 18 years old and QL = 1 tablets/day.
- Tadliq (tadalafil) oral suspension
 - o PDL class: Pulmonary Arterial Hypertension (PAH) Agents
 - A phosphodiesterase 5 (PDE5) inhibitor indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO group 1) to improve exercise ability.
 - \circ Added to formulary as Tier 3 with AL ≥ 18 years old.

• Tascenso (fingolimod) orally disintegrating tablets

- \circ PDL class: Multiple Sclerosis Agents
 - A sphingosine-1-phosphate receptor modulator indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing- remitting disease, and active secondary progressive disease, in pediatric patients 10 years of age and older and weighing less than or equal to 40 kg.
- \odot Added to formulary as Tier 3 with AL \geq 10 years old or \leq 17 years old.
- Tlando (testosterone undecanoate) capsules
 - \circ Non-PDL class
 - Indicated for testosterone replacement therapy (TRT) in adult (≥18 years) for conditions associated with a deficiency or absence of endogenous testosterone: congenital or acquired primary hypogonadism and hypogonadotropic hypogonadism.
 - \circ Added to FFS MPPL w/PA
 - BCC Non-formulary; PA request would be required for consideration of coverage.

• Xaciato (clindamycin) vaginal gel

- PDL class: Vaginal Antibiotics
 - A lincomycin antibiotic indicated for the treatment of bacterial vaginosis (BV) in female patients 12 years of age and older.
- \odot Added to formulary as Tier 3 with AL \geq 12 years old.

• Xelstrym (dextroamphetamine) patch

- PDL class: Drugs for ADHD Amphetamines
 - A central nervous system (CNS) stimulant indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years of age and older.
- 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.

• Zoryve (roflumilast) cream

- o Non-PDL Class
- A phosphodiesterase 4 (PDE-4) inhibitor indicated for topical treatment of plaque psoriasis, including intertriginous areas (e.g., groin folds, axillae, gluteal cleft), in patients ≥ 12 years old.

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○ Added to formulary as Tier 4 with PA and AL \ge 12 years old.

PDL class updates:

- PDL Class Category: Cardiovascular
 - ACE Inhibitors
 - Move ramipril (generic for Altace) to Tier 1.
 - Brand Altace remains Tier 3.
 - Beta Blockers
 - Move Coreg CR (carvedilol ER) to Tier 1.
- Must submit claim with DAW-9 to received brand reimbursement.
 - Generic remains Tier 3.
 - Pulmonary Arterial Hypertension (PAH) Agents
 - Move sildenafil suspension (generic for Revatio) to Tier 1 w/clinical PA.
 - Move brand Revatio suspension (sildenafil) to Tier 3.
 - Move Adempas (riociguat) to Tier 1 w/clinical PA.
 - Move Tyvaso DPI (Treprostinil) to Tier 3. Allow a 6-month grandfather period.
 - Add Tadliq (tadalafil) suspension as Tier 3.
- **PDL Class Category: Ophthalmics**
 - No changes were applied.

Non-PDL class updates:

- Antineoplastics
 - o Antineoplastic KRAS inhibitor
 - Krazati 200mg tablet; added to Tier 4
- Dermatologicals
 - Acne Therapy Topical Retinoids & Derivatives
 - Tretinoin 0.025% cream; step therapy requirement removed, Al and QL remain
 - Dermatological Antipsoriatic Agents Topical \cap
 - Calcipotriene 0.005% solution and Calcipotriene 0.005% cream
- AL and QL removed and will be managed within PA criteria •
 - Calcipotriene 0.005% ointment; Added to Tier 4 with PA
 - Tazarotene 0.1% cream; Added to Tier 4 with PA
 - . Tazarotene 0.05% gel and Tazarotene 0.1% gel; Added to Tier 4 with PA
 - Vtama 1% cream; Added to Tier 4 with PA

Gastrointestinal Therapy Agents

- **Digestive Enzyme Mixtures** 0
 - Pancreaze (all strengths) no longer participate in MDRP, removed from formulary.
 - Preferred formulary alternatives include products such as *Creon* and *Zenpep*. Please • recommend change or seek prior authorization if preferred or non-preferred agents (Pertzye or Viokace) are not appropriate.

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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**.

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.¹

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 members can utilize the plan's Community Resource Hub page at <u>mibluecrosscomplete.com/resources/community-resources/</u>. 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 Blue Cross Complete Customer Service at 1-800-228-8554 for assistance as well. TTY users should call 1-888-987-5832.

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

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:
 - mibluecrosscomplete.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.

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References:

- 1. Blue Cross Complete Pharmacy Benefits page
 - a. mibluecrosscomplete.com/pharmacy
 - b. Go to: 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 mibluecrosscomplete.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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