

<b>To:</b>	Blue Cross Complete of Michigan's Pharmacy Network	<b>From:</b>	PerformRx
<b>Date:</b>		<b>Pages:</b>	7
<b>Re:</b>	8/1/2023 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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    - Currently formulary Tier 1 w/QL
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**Formulary changes for August 1, 2023 implementation:**

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. 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 6. 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:**

- ***Daybue (trofinetide) oral solution***
  - Non-PDL class
    - A synthetic analog of glycine-proline-glutamate that is indicated for the treatment of Rett syndrome in adults and pediatric patients ≥ 2 years of age.
  - Added to MPPL for FFS coverage.
    - 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.
- ***Ermeza (levothyroxine) oral solution***
  - Non-PDL class
    - Hypothyroidism: Indicated as replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism
    - Pituitary Thyrotropin (Thyroid-Stimulating Hormone, TSH) Suppression: Indicated as an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer.
  - Added to formulary as Tier 4
- ***Filspari (sparsentan) tablets***
  - Non-PDL class
    - Indicated for the treatment of amyotrophic lateral sclerosis (ALS) in adults.
  - Added to FFS – MPPL w/PA
    - BCC – Non-formulary; PA request would be required for consideration of coverage.
- ***Pheburane (sodium phenylbutyrate) oral pellets***
  - Non-PDL class



- Indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients with urea cycle disorders (UCDs), involving deficiencies of carbamylphosphate synthetase (CPS), ornithine transcarbamylase (OTC) or argininosuccinic acid synthetase (AS).
  - Added to MPPL for FFS coverage.
    - 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.
- ***Stimufend (pegfilgrastim-fpgk) syringe***
  - PDL class: Colony Stimulating factors
    - 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.
- ***Briumvi (ublituximab-xiyy) vial***
  - Non-PDL class
    - A CD20-directed cytolytic antibody 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 adults.
  - Added to FFS – MPPL; product is typically physician administered and billed under a patient’s medical coverage. Added to MPPL as covered only when not administered in a physician office/clinic.
    - BCC – Non-formulary; PA request would be required for consideration of coverage.

**PDL class updates:**

- **PDL Class Category: Antibiotics/Anti-Infectives**
  - **ACE Inhibitors**
    - Move tobramycin 300mg/5mL solution for inhalation (generic for TOBI) to Tier 1
      - Brand TOBI solution remains Tier 3.
    - TOBI Podhaler remains Tier 1.
  - **Vaginal Antibiotics**
    - Move Clindesse (clindamycin) 2% cream to Tier 1.
      - The following remain as Tier 1 products:
        - Cleocin 100mg vaginal ovule
        - Clindamycin 2% vaginal cream (generic for Cleocin)
        - Clindesse 2% vaginal cream
        - Metronidazole vaginal 0.75% gel (generic for Vandazole)



- Nuversa vaginal 1.3% gel

- **PDL Class Category: Asthma/COPD/Allergy**

- **Beta Adrenergics – Short Acting**

- Move Xopenex HFA (levabuterol) inhaler to Tier 1.
- The following rescue inhalers remain as Tier 1 products:
  - Proventil HFA
  - Ventolin HFA

- **Phosphodiesterase-4 (PDE-4) Inhibitors**

- Move roflumilast (generic for Daliresp) to Tier 1 w/clinical PA.

- **Inhaled Glucocorticoids**

- Alvesco (ciclesonide) inhaler to Tier 1.
- The following single-agent glucocorticoid inhalers remain as Tier 1 products:
  - Flovent HFA
  - Asmanex Twisthaler

**Non-PDL class updates:**

- **Anticoagulants**

- Added QL to the following products:

- Eliquis 2.5mg = up to 2 tablets/day
- Eliquis 5mg = up to 218 tablets/102 days, allows for all approved dosing scenarios
- Eliquis DVT-PE Starter Pack = 74 tablets (1 pack)/30 days
- Xarelto 2.5mg = 2 tablets/day
- Xarelto 10mg and 20mg = 1 tablet/day
- Xarelto 15mg = up to 102 tablets/102 days, allows for all approved dosing scenarios
- Xarelto 1 mg/mL suspension = up to 20 mL/day
- Pradaxa 75mg and 150mg = up to 2 capsules/day
  - Dabigatran is Tier 3 and also applies the updated QL
  - Ensure DAW-9 is utilized when dispensing brand to ensure proper reimbursement. Generic product will reject with NCPDP error 606
- Pradaxa 110mg = up to 4 capsules/day

- **Cystine-Depleting Agents**

- Moved to Carve Out status: HIC3 R1W – Cystine-Depleting Agents, Nephropathic Cystinosis
  - Impacts billing for Procysbi and Cystagon
  - If billed to a Medicaid Health Plan, pharmacy will receive NCPDP reject code 831 along with supplemental messaging for billing/contacting Magellan.



- **Proton Pump Inhibitors**
  - Added QL of 2 units/day for the following products
    - Nexium DR Packets
    - Omeprazole DR Capsules
    - Pantoprazole/Protonix tablets
    - Protonix Suspension
- **Platelet Aggregation Inhibitors**
  - Added QL to Clopidogrel 75mg = 1 tablet/day
- **Asthma/COPD Inhalers**
  - QL updated to allow up to 3 inhalers/90 days are allowed for the following inhalers:
    - Anoro Ellipta, Bevespi Aerosphere, Breztri Aerosphere, Incruse Ellipta, Trelegy Ellipta, Stiolto Respimat
  - QL updated to allow up to 5 inhalers/90 days for Combivent Respimat

#### **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**.

#### **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

#### **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 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 Blue Cross Complete's Customer Service at 1-800-228-8554 for assistance as well. TTY users should call 1-888-987-5832.

<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>.

#### **Website References and Resources:**

- Blue Cross Complete of Michigan website – Pharmacy Benefits page
  - [mibluccrosscomplete.com/pharmacy](https://mibluccrosscomplete.com/pharmacy)
  - Go to: *Preferred drug list* section
- Blue Cross Complete of Michigan website – D.O Payer Sheet
  - [mibluccrosscomplete.com/providers/self-service/](https://mibluccrosscomplete.com/providers/self-service/) > Pharmacy billing.
    - i. Plan BIN = 019595
    - ii. Plan PCN = PRX00621
- Medicaid Health Plan Pharmacy Benefit – Common Formulary website
  - [michigan.gov/mcopharmacy](https://michigan.gov/mcopharmacy)
- MDHHS Provider Portal – FFS Medicaid website
  - [michigan.magellanrx.com/provider/](https://michigan.magellanrx.com/provider/)
- 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](https://michigan.magellanrx.com/provider/documents) > *Other Drug Information*
    - i. Includes products where brand name is preferred and required for coverage
    - ii. DAW-9 is necessary for proper claim reimbursement
      1. Generic will reject with NCPDP error 606 - Brand/Drug/Specific Labeler Code Required



#### 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](https://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:
    - [mibluccrosscomplete.com/member-benefits/pharmacy-benefits/](https://mibluccrosscomplete.com/member-benefits/pharmacy-benefits/)
    - [michigan.gov/mcopharmacy](https://michigan.gov/mcopharmacy)
    - [michigan.magellanrx.com/provider](https://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.

*\*Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content*