

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 5 α -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.
- ***Fynetra (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.
 - Added to formulary as Tier 4 with PA, AL \geq 18 years old and QL = 60 packets/30 days.
- ***Ryaltris (olopatadine/mometasone) nasal spray***
 - 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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Tier 1 = Preferred, no PA

Tier 4 = Non-preferred, edits vary according to Common Formulary requirements

CSHCS = Children's Special Healthcare Services

ML = Maintenance list**

PA = Prior authorization

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- Added to formulary as Tier 4 with PA and AL ≥ 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 (Trepstinil) 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**
 - Antineoplastic - KRAS inhibitor
 - Krazati 200mg tablet; added to Tier 4
- **Dermatologicals**
 - Acne Therapy Topical - Retinoids & Derivatives
 - Tretinoin 0.025% cream; step therapy requirement removed, AI and QL remain
 - Dermatological - Antipsoriatic Agents Topical
 - 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
 - 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 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 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 <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

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*](https://michigan.gov/mcopharmacy)
 - [michigan.magellanrx.com/provider*](https://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. mbluexcrosscomplete.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 mbluexcrosscomplete.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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