

MCG message

Title: **Blue Cross Complete 2024 quarter 2 pharmacy updates**

Posting date: **April 30, 2024**

Summary: This document provides important pharmacy benefit updates for current activities and upcoming formulary changes which impact Medicaid patients covered by Blue Cross Complete of Michigan.

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Formulary changes for May 1, 2024, 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 10. Other references and PerformRx Pharmacy Help Desk information are available on Page 11. Definitions for abbreviations are included on the bottom of Page 11.

New drug updates:

- **Abrilada (adalimumab-afzb) syringe and pen**
 - PDL class: Biologics
 - Biosimilar to Humira (adalimumab) and is indicated for treatment of rheumatoid arthritis (RA) in adults, juvenile idiopathic arthritis (JIA) in patients 2 years of age and older, psoriatic arthritis (PsA) in adults, ankylosing spondylitis (AS) in adults, Crohn's disease (CD) in patients 6 years of age and older, ulcerative colitis (UC) in adults, plaque psoriasis (PS) in adults, hidradenitis suppurativa (HS) in adults and uveitis (UV) in adults.
 - Added to formulary under Tier 3.
 - **Preferred formulary alternative:**
 - Humira - brand is preferred, must bill Symbicort with DAW-9
 - Generics and select biosimilars will reject with NCPDP error 606 (Brand/Drug/Specific Labeler Code Required).
- **Airsupra (albuterol/budesonide) inhaler**
 - PDL class: Beta Adrenergic and Corticosteroid Inhaler Combinations
 - Indicated for as-needed treatment or prevention of bronchoconstriction and to reduce the risk of exacerbations in patients with asthma ≥ 18 years of age.
 - Added to formulary under Tier 3.
 - **Preferred formulary alternative:**
 - Albuterol – Ventolin HFA and Proventil HFA are preferred and must be billed with DAW-9. Albuterol will reject with NCPDP error 606.
 - Brand Xopenex HFA is also formulary preferred. Can be utilized if albuterol product is not appropriate.
 - Inhaled Corticosteroid – Fluticasone Prop HFA, Alvesco, or Asmanex Twisthaler.
- **Bimzelx (bimekizumab-bkzx) syringe**
 - PDL class: Biologics: Agents to Treat Plaque Psoriasis
 - Indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.
 - Added to formulary under Tier 3.

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- **Preferred formulary alternative:**
 - Cosentyx, Enbrel, or Humira
- ***Breyna (budesonide/formoterol) inhaler***
 - PDL class: Beta Adrenergic and Corticosteroid Inhaler Combinations
 - Indicated for the treatment of asthma in patients 6 years of age and older and for the maintenance treatment of airflow obstruction and reducing exacerbations in patients with chronic obstructive pulmonary disease (COPD) including chronic bronchitis and/or emphysema. Not indicated for the relief of acute bronchospasm.
 - Added to formulary under Tier 3.
 - **Preferred formulary alternative:**
 - Symbicort – brand is preferred, must bill Symbicort with DAW-9
 - Generic equivalent will reject with NCPDP error 606.
- ***Iyuzeh (latanoprost/PF) eye drops***
 - PDL class: Glaucoma – Prostaglandin Analogues
 - Indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.
 - Preservative Free dosage form
 - Added to formulary under Tier 3.
 - **Preferred formulary alternative:**
 - Preserved - Latanoprost Ophthalmic Solution 0.005 %
- ***Jesduvroq (daprodustat) tablets***
 - PDL class: Hematopoietic Agents
 - Indicated for the treatment of anemia due to chronic kidney disease (CKD) in adults who have been receiving dialysis for ≥ 4 months.
 - Added to formulary under Tier 3.
- ***Likmez (metronidazole) oral suspension***
 - PDL class: Anti-Infectives: Gastrointestinal Antibiotics
 - Indicated for (1) trichomoniasis in adults, (2) amebiasis in adults and pediatric patients, (3) anaerobic bacterial infections in adults.
 - Added to formulary under Tier 3.
 - Reserved for members/patients unable to swallow tablets.
 - QL = 400 mL/10 days
 - **Preferred formulary alternative:**
 - Metronidazole tablets
- ***Ngenla (somatrogon-ghla) pens***
 - PDL class: Growth Hormones
 - Indicated for treatment of pediatric patients aged 3 years and older who have growth failure due to inadequate secretion of endogenous growth hormone.
 - Added to formulary under Tier 3.
- ***Pokonza (potassium chloride) packets***
 - Non-PDL class

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- Indicated for the treatment and prophylaxis of hypokalemia with or without metabolic alkalosis, in patients for whom dietary management with potassium-rich foods or diuretic dose reduction is insufficient.
 - Added to FFS – MPPL w/ PA.
 - BCC – Non-formulary; PA request required for consideration of coverage.
 - **Formulary alternatives include:**
 - Potassium Chloride ER tablets or capsules (Klor-Con and generics)
 - Klor-Con/EF Oral Tablet Effervescent 25 MEQ and generics
- **Velsipity (etrasimod arginine) tablets**
 - PDL classes: Biologics: Agents to Treat Ulcerative Colitis
 - Indicated for the treatment of moderately to severely active ulcerative colitis in adults.
 - Added to formulary under Tier 3.
- **Zepbound (tirzepatide) pens**
 - PDL class: Anti-Obesity Agents
 - Indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of ≥ 30 kg/m² (obesity) or ≥ 27 kg/m² (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes mellitus, obstructive sleep apnea or cardiovascular disease).
 - Added to formulary under Tier 2.
- **Zurzuvae (zuranolone) capsules**
 - Non-PDL class
 - Indicated for the treatment of postpartum depression (PPD) in adults.
 - Zurzuvae is a schedule-IV controlled substance.
 - Agents under HIC3 – H24 (Antidepressant-Postpartum Depression) are carved out. If a claim is adjudicated to BCC, the 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.
 - Added to MPPL w/ PA.
- **Opfolda (miglustat) capsules**
 - Non-PDL class
 - Indicated, in combination with cipaglucosidase alfa-atga (Pombiliti), for the treatment of adult patients with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing ≥ 40 kg and who are not improving on their current enzyme replacement therapy (ERT).
 - Agents under HIC3 – Z1G (Glucosylceramide Synthase Inhibitor) are carved out. If a claim is adjudicated to BCC, the pharmacy will receive the following reject messaging:
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PDL class updates:

- **PDL Class Category: Cardiovascular Drugs**
 - **Beta-Blockers**
 - Nebivolol (generic for Bystolic) moved to Tier 1.
 - Brand Bystolic remains under Tier 1.

- **PDL Class Category: Ophthalmic Drugs**
 - **Ophthalmic Antibiotics: Fluoroquinolones**
 - Moxifloxacin (generic for Vigamox) moved to Tier 1.
 - Brand Vigamox moved to Tier 3.
 - **Ophthalmic Antihistamines**
 - OTC brand Zaditor (ketotifen) moved to Tier 3.
 - Generic versions remain covered under Tier 1.
 - Olopatadine Rx (generic for Pataday and Patanol) moved to Tier 3.

- **PDL Class Category: P&T Miscellaneous**
 - **Immunomodulators: Atopic Dermatitis**
 - Elidel Cream – Brand preferred requirement removed due to shortage.
 - Generic Pimecrolimus Cream moved to Tier 1 to ensure access.
 - Prior authorization requirement remains for both brand and generic.

Non-PDL class updates:

- **Smoking Deterents** - No changes recommended.
- **Electrolyte Balance-Nutritional Products** – No changes recommended.

HEDIS Improvement – Asthma Medication Ratio (AMR):

Asthma management continues to be a challenge for many Medicaid patients in Michigan. Pharmacists and their staff are well positioned to help drive improved outcomes in patients being treated for asthma. As one of the most accessible providers in health care, pharmacists can identify patients who may be struggling to control their asthma, provide counsel to ensure patients are receiving the maximum benefit from current therapy, and advocate for better control through education and referrals back to the patient’s PCP or asthma specialist when control is poor.

Healthcare Effectiveness Data and Information Set (HEDIS) is a standardized population health management tool that health care providers and managed care organizations can use to assess the quality of care their patient or member population receives. HEDIS is the most widely used performance improvement tool in health care. Blue Cross Complete uses our HEDIS performance to ensure we focus additional resources in specific areas to help to improve the health outcomes of our member population.

The Asthma Medication Ratio (AMR) is a HEDIS measure intended to identify potential poor asthma control by measuring against appropriate controller and rescue inhaler utilization. AMR is a measure of the number of controller units of medication divided by the number of units of total asthma medications (controller and rescue units) dispensed. A unit is defined as a dispensing event, rather than the total metric quantity dispensed. If a

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patient's ratio is less than 0.50 it means that a patient may be using too much rescue medication and may be at risk of, or suffering from, poor asthma control.

Many factors can cause excessive rescue inhaler use, such as:

- Perceived need – may be overutilization or due to exercise demand.
- Misunderstanding regarding which inhaler provides control and which provides rescue.
- Poor adherence.
- Need for therapeutic optimization (i.e., increased dose, additional therapy/mechanism of action).
- Environmental conditions (atmosphere in the patient's home, seasonal allergens, etc.).

Please review each patient's refill frequency for their asthma controller and rescue medication, intervene when concern is identified, and assist with appropriate recommendations. Also, if access (i.e., transportation) is a barrier, the formulary for each Medicaid health plan allows up to a 3-month supply for most inhalers. Medicaid Health Plans will also cover transportation to the pharmacy for members who require this service. Blue Cross Complete members can access transportation assistance at mibluecrosscomplete.com/transportation.

Best Practices:

- Confirm that patients are adhering to their asthma medication including filling controller prescriptions as advised.
- Check with patients to confirm if they have any barriers to filling their prescriptions and assist in resolving the barrier(s).
- Educate patients on the difference between a rescue inhaler versus a long-term controller.
- During counselling, ask patients (or caregiver) whether they have developed an asthma action plan with their medical provider. If not, encourage them to do so during their next visit or sooner, if appropriate. For an example template, visit cdc.gov/asthma/actionplan.html.
- If asthma triggers are identified, educate the patient or caregiver regarding resources available and, if appropriate, possible solutions.
 - For example, smoking cessation assistance and medications (i.e., nicotine replacement) are covered under the benefit.
 - Monitor for medications which might worsen asthma symptoms and intervene when appropriate.
 - Educate regarding environmental triggers and assist with or encourage refill visits when triggers are low.

Medicaid health plans in Michigan also provide coverage of spacers and peak flow meters (PFM) under the pharmacy benefit. Members are allowed up to 4 units per 365 days, when appropriate.

We Treat Hep C:

- Original information provided in L 21-21 sent out by MDHHS on April 6, 2021.
- MAVYRET® established as the only DAA identified as Preferred on the Michigan Preferred Drug List (PDL). Under preferred status, Mavyret does not require clinical PA when prescribed in accordance with FDA-approved labeling.

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- Reminders for pharmacies:
 - Review the website michigan.gov/WeTreatHepC.
 - Promote the We Treat Hep C Initiative.
 - Educate providers - Mavyret is the preferred drug for Michigan Medicaid members and requires no prior authorization.
 - Ensure an appropriate supply of Mavyret 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 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 is prescribed, prior authorization submissions should also be sent to MDHHS.
- The Centers for Disease Control and Prevention provides testing recommendations for Hepatitis C Virus infection at cdc.gov/hepatitis/hcv/guidelinesc.htm.
- Additional information regarding infectious disease impact related to the opioid epidemic, the state's syringe service program, and viral hepatitis surveillance in Michigan can be found at michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hepatitis.

Blue Cross Complete members can request Case 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**.

PrEP (Pre-Exposure Prophylaxis) – A game-changer in HIV prevention:

In the ongoing battle against HIV, preexposure prophylaxis, or PrEP, has emerged as a transformative medication that can help reduce the risk of infection, particularly for high-risk individuals.

High-risk populations for HIV infections include men who have sex with men, transgender individuals, people who engage in unprotected sex, individuals with multiple sexual partners, and those who inject drugs. According to the Centers for Disease Control and Prevention, these groups often face elevated rates of HIV transmission due to numerous factors, including limited access to health care, stigma, and socioeconomic disparities.

The CDC recommends that physicians offer PrEP to patients who are HIV negative, but at high risk of getting the infection. PrEP can be taken in the form of pills or shots. The medication contains a combination of two antiretroviral drugs — tenofovir and emtricitabine. Injectable PrEP with Cabotegravir is recommended to prevent HIV among all people at risk through sex. Cabotegravir is given as an intramuscular injection. These drugs work by inhibiting the virus's ability to establish a foothold in the body, thereby preventing infections if exposure occurs.

The CDC estimates that 1.2 million people could benefit from PrEP in the United States, yet only about one quarter of them received the medication in 2020. Although most people who could benefit from PrEP are at-risk Black or Latino, CDC data suggest very few people in either population group have received a prescription for it.

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In 2021, less than one-quarter of Black and Latino people who were eligible for PrEP were prescribed the medication, compared to three-quarters of white people. Rates of new HIV infections are almost eight times higher among Black people and almost four times higher among Latino people than among white people.

How you can help

Pharmacists should ensure they are up to date regarding HIV as well as the prevention and treatment of the infection. Pharmacy staff should also be educated to ensure awareness, help reduce stigma, and understand their contribution to successful prevention and treatment. Pharmacies should also ensure they are stocking medications approved for PrEP along with commonly prescribed HIV regimens to ensure patients have reliable access to necessary medications.

Who is eligible for PrEP?

Those who test negative for HIV and:

- Engage in infrequent or inconsistent condom use during sex with partners.
- Have had unprotected sex with someone whose HIV status is unknown.
- Have been diagnosed with a sexually transmitted disease in the past six months.
- Have shared needles or other equipment to inject drugs.
- Have an HIV-positive sexual partner (especially if the partner has an unknown or detectable viral status).

Current guidelines recommend anyone who has had sex get tested at least once. People at high risk for HIV are those with more than one sex partner (especially men who have sex with men), those who trade sex for money, housing, or drugs, or use IV drugs. Partners of those with HIV should be tested at least once a year. All pregnant people should be screened to protect their baby, and anyone who has a sexually transmitted disease, such as chlamydia or gonorrhea, should be tested (including their partner).

Please note: Antiretroviral medications (medications used in the prevention and treatment of HIV) are carved out by MDHHS for Medicaid members. Pharmacies must bill Magellan for coverage. If a pharmacy claim is adjudicated to a Medicaid Health Plan, the pharmacy will receive NCPDP error 831 - PROD/SVC ID CARVE-OUT; BILL MEDICAID FFS. There will also be supplemental messaging referring the pharmacy to Magellan. For billing assistance, pharmacies can call the Magellan Clinical Call Center at 1-877-864-9014.

Blue Cross Complete members can request Case 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**.

Current medications FDA approved for PrEP:

- Long-acting injectable dosage form
 - **Apretude®** (cabotegravir extended-release injectable suspension)
- Single tablet, oral dosage form
 - **Descovy®** 200 mg/25 mg tablet (emtricitabine/tenofovir alafenamide)
 - **Truvada®** 200 mg/300 mg tablets (emtricitabine/tenofovir disoproxil fumarate)
 - generic equivalent is available.

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Additional Provider Resources:

- MDHHS - michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/prep
- CDC - HIV Prevention
 - cdc.gov/hiv/clinicians/prevention/index.html
 - cdc.gov/stophivtogether/index.html
 - cdc.gov/hiv/risk/prep/index.html
- hiv.gov
- MATEC (Midwest AIDS Training & Education Center) - matec.info

Formulary Products eligible for Maintenance Supplies:

Are you seeking additional ways to help your patients minimize trips to the pharmacy and improve adherence rates? Extended days-of-supply may be the answer.

Many of the formulary products covered under the pharmacy benefit by Blue Cross Complete and other Medicaid Health Plans in Michigan are covered for up to a 3-month supply. Since the standard day supply allowance for Michigan Medicaid is 34 days, depending on the package size, some medications can be covered for up to a 102-day supply.

In addition, and when clinically appropriate, oral, transdermal, and vaginal contraceptives are also covered for up to a 12-month supply.

A full list of drugs which are eligible under the maintenance supply provision can be reviewed by visiting michigan.magellanrx.com/provider/documents > Other Drug Information > Maintenance Drug List or Quantity Limitation Information.

Vaccine Coverage:

- **Current Pharmacist-Administered Vaccines covered for BCC members under their pharmacy benefit:**
 - COVID-19 (all available products)
 - Hep A (Havrix and Vaqta)
 - HPV (Gardasil)
 - Meningitis (A and B products)
 - RSV (Abrysvo and Arexvy)
 - Tdap (Adacel and Boostrix)
 - Flu (all available products)
 - Hep B (all available products)
 - MMR
 - Pneumonia (all available products)
 - Shingles (Shingrix)
 - *Typhoid* (Typhim, Vivotif) – PA required
- **Vaccines for Children (VFC services and enrollment):**
 - MDHHS and the Medicaid Health Plans would like to partner with community pharmacies to eliminate barriers, increase access and increase vaccination rates for children and adults. Pharmacists have an excellent platform to provide vaccine advocacy and can make a significant impact on disease prevention through administration of vaccines.

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- For further information regarding the VFC program and how to enroll, visit the *MDHHS VFC Resource Guide* page at michigan.gov/vfc. Pharmacy participation is vital in ensuring our communities are safe and everyone has access to necessary services.
- Pharmacies can also engage in the improvement of the Medicaid program and ask additional questions regarding the VFC during the quarterly MDHHS Pharmacy Liaison Meetings. The next MDHHS Pharmacy Liaison Meeting is scheduled for 6/6/2024. Information can be found by visiting michigan.magellanrx.com/provider/pharmacy-liaison-committee.
- **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.
 - Professional Service Field (NCPDP field 440-E5)
 - For vaccines, the appropriate value is “MA,” Medication Administered.
 - 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.
 - 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*.
- Medicaid Health Plan Pharmacy Benefit – Common Formulary website
 - michigan.gov/mcopharmacy
- MDHHS Provider Portal – FFS Medicaid website
 - michigan.magellanrx.com/provider/

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Additional Resources:

- **MDRP – Medicaid Drug Rebate Program**
 - Labeler list reference is available at 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 > 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.
- FDA Drug Shortages site – accessdata.fda.gov/scripts/drugshortages/default.cfm

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/
 - 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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**ML indicates that medication allows up to a 102 day supply if prescribed for that quantity and day supply.