

## MCG message

Title: **Pharmacy Benefit Update – Formulary Changes**

Posting date: **January 18, 2022**

**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 will be implemented February 1, 2022.** Some changes may require prescriber/pharmacy intervention.

To allow time for documents and the searchable formulary to be updated, changes established by the Common Formulary Workgroup may not immediately appear on our website. New information will be posted as soon as possible prior to the implementation date.

### New drug updates:

- ***Aemcolo (rifamycin) tablets***
  - Preferred drug list class: gastrointestinal antibiotics
    - Indicated for the treatment of travelers' diarrhea (TD) caused by non-invasive strains of Escherichia coli (E. coli) in adults.
  - Added to formulary as Tier 3
- ***Brexafemme (ibrexafungerp) tablets***
  - Preferred drug list class: antifungals - oral
    - A triterpenoid antifungal indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC).
  - Added to formulary as Tier 3
- ***Bylvay (odevixibat) capsules and pellets***
  - Non-preferred drug list class
    - An ileal bile acid transporter (IBAT) inhibitor indicated for the treatment of pruritus in patients  $\geq 3$  months of age with progressive familial intrahepatic cholestasis (PFIC).
  - Added to Michigan Pharmaceutical Product List, medication is carved out. See "Carve out drugs" below.

AL = Age limit

FFS = Fee for service

NDC = National drug code

ST = Requires step therapy

Tier 3 = Non-preferred, PA required

CO = Carve out

GSN = Generic sequence number

NSO = New starts only

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

Tier 2 = Preferred, PA required

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

- **Exservan (riluzole) films**
  - Non-preferred drug list class
    - A glutamine pathway antagonist indicated for the treatment of amyotrophic lateral sclerosis (ALS).
  - Added to formulary as Tier 4 with PA; AL ≥ 18 years old.
- **Kerendia (finerenone) tablets**
  - Non-preferred drug list class
    - A non-steroidal mineralocorticoid receptor antagonist (MRA) indicated to reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes.
  - Added to formulary as Tier 4 with PA; AL ≥ 18 years old; QL = 1 tablet/day.
- **Myfembree (relugolix/norethindrone) tablets**
  - Preferred drug list class: uterine disorder treatments
    - A combination of relugolix, a gonadotropin-releasing hormone (GnRH) receptor antagonist, estradiol, an estrogen, and norethindrone acetate, a progestin, indicated for the management of heavy menstrual bleeding associated with uterine leiomyomas (fibroids) in premenopausal women.
  - Added to formulary as Tier 3; AL ≥ 18 years old.

**Preferred drug list class updates:**

- **Analgesics**
  - No changes were made to the current classification of drug products.
- **Anti-obesity agents – new PDL class**
  - **The following medications were added to the formulary as Tier 2; AL ≥ 18 years old unless otherwise noted.**
    - Pancreatic lipase inhibitors
      - **Xenical** (orlistat)
        - AL ≥ 12 years old
    - GLP-1 Agonists
      - **Saxenda** (liraglutide)
        - AL ≥ 12 years old
      - **Wegovy** (semaglutide)

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- Noradrenergic sympathomimetic agents
      - **Benzphetamine** (only available as generic); C-III
      - **Diethylpropion** (only available as generic); C-IV
      - **Phentermine** (generic, Adipex-P, Lomaira); C-IV
      - **Phendimetrazine** (only available as generic); C-III
    - Combination products
      - **Qsymia** (phentermine/topiramate); C-IV
      - **Contrave** (bupropion/naltrexone)
  - **Central nervous system drugs**
    - Anti-Parkinson’s agents – other
      - Criteria update:
        - Added new indication for Gocovri (amantadine extended-release) – now includes adjunctive treatment to levodopa/carbidopa in patients with Parkinson’s disease experiencing “off” episodes.
    - All other drugs included in the central nervous system drug review remain unchanged.
  - **Dermatological agents**
    - Immunomodulators – atopic dermatitis
      - Moved **Dupilixent (dupilumab)** dosage forms to Tier 1
    - All other drugs included in the dermatological agents review remain unchanged.

### Non-preferred drug list class updates:

- Hydroxyurea 500 mg capsules
  - Updated coding to allow up to a 102-day supply per fill
- ALS agent - benzathiazoles
  - Tiglutik 50 mg/10 ml suspension
    - Added to formulary as Tier 4 with PA; AL ≥ 18 years old.

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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**.

### 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](https://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.

### References:

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

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

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