

## MCG message

Title: **Pharmacy Benefit Update – August 1, 2022 Formulary Changes**

Posting date: **July 28, 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 August 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. References for websites, definitions for and other useful information appears on the last page.

### Inventory savings opportunities

- The following products are no longer included on the Michigan Department of Health and Human Services' *Brand Preferred over Generics Products List*:
  - Humalog Vial, Kwikpen, and Junior Kwikpen
    - The Eli Lilly authorized generics (Insulin Lispro) are now preferred and are in Tier
      1. The brand Humalog will continue to process. Sample national drug codes:
        - 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
  - Novolog mix 70-30 vial
    - The Novo Nordisk authorized generic (insulin Aspart Prot/insulin Asp) is now preferred and is in Tier 1. The brand Novolog will still process. Sample NDC:
      - Insulin Aspart Pro Mix 70-30 vial NDC: 73070-0200-11

### New drug updates

- **Adbry (tralokinumab-ldrm) syringe**
  - Prescription drug class: Immunomodulators – atopic dermatitis
    - An interleukin-13 antagonist indicated for the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.
  - Added to formulary as Tier 3.

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- **Elyxyb (celecoxib) oral solution**
  - Preferred Drug List class: Antimigraine agents, acute treatment – other
    - A nonsteroidal anti-inflammatory drug indicated for the acute treatment of migraine with or without aura in adults.
  - Added to formulary as Tier 3.
- **Imcivree (setmelanotide) vial**
  - Non-PDL class
    - A melanocortin 4 (MC4) receptor agonist indicated for chronic weight management in adult and pediatric patients 6 years of age and older with obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS).
  - Added to FFS – *Michigan Pharmaceutical Product List*; medication is carved out. See “Carve Out Drugs” section, p. 5.
- **Livtency (maribavir) tablet**
  - Non-PDL class
    - A cytomegalovirus (CMV) pUL97 kinase inhibitor indicated for the treatment of adults and pediatric patients (≥ 12 years of age and weighing ≥ 35 kg) with post-transplant CMV infection/disease that is refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir, or foscarnet.
  - Added to formulary as Tier 4.
- **Recorlev (levoketoconazole) tablet**
  - Non-PDL class
    - A cortisol synthesis inhibitor indicated for the treatment of endogenous hypercortisolemia in adults with Cushing’s Syndrome (CS) for whom surgery is not an option or has not been curative; not approved for the treatment of fungal infections.
  - Added to FFS – *Michigan Pharmaceutical Product List w/PA*
    - BCC - Non-formulary; PA request would be required for consideration of coverage.
- **Tarpeyo (budesonide) capsule**
  - Non-PDL class
    - An oral corticosteroid indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk of rapid disease progression, generally a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g.
  - Added to fee for service – *Michigan Pharmaceutical Product List* with prior authorization.
    - Blue Cross Complete - non-formulary; PA request would be required for consideration of coverage.

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- **Voxzogo (vosoritide) vial**
  - Non-PDL class
    - A human C type natriuretic peptide (CNP) analogue, is indicated to increase linear growth in pediatric patients with achondroplasia who are 5 years of age and older with open epiphyses.
  - Added to FFS – *Michigan Pharmaceutical Product List*; medication is carved out. See “Carve-out drugs” section on page 5.
- **Vuity (pilocarpine) eye drop**
  - Non-PDL class
    - A cholinergic muscarinic receptor agonist indicated for the treatment of presbyopia in adults.
  - Added to FFS – *Michigan Pharmaceutical Product List* with PA
    - Blue Cross Complete - non-formulary; PA request would be required for consideration of coverage.

### Preferred Drug List class updates

- **Antibiotics/anti-infectives classes**
  - **Antivirals – influenza**
    - Move Tamiflu (oseltamivir) brand to Tier 3
      - **Generic remains Tier 1**
  - **Ophthalmic fluoroquinolones**
    - Move moxifloxacin (generic for Vigamox) to Tier 3
    - Move Vigamox (moxifloxacin) to Tier 1
      - Added to the *Brand Preferred Over Generic Products List*
- **Asthma/COPD/Allergy**
  - **Beta Adrenergics – Short Acting**
    - Move Proventil HFA (albuterol) inhaler to Tier 1
      - Added to the Brand Preferred Over Generic Products List.
      - ProAir HFA and Ventolin remain as Tier 1
  - **Antihistamines – 2nd Generation**
    - Move fexofenadine tablets to preferred to Tier 1
  - **Immunomodulators- Asthma**
    - Add the following agents as Tier 2 and AL of ≥ 6 years old:
      - Xolair (omalizumab) syringe
      - Dupixent (dupilumab)
    - Add the following agents as Tier 3:
      - Nucala (mepolizumab)

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- AL ≥ 6 years old
  - Fasentra (benralizumab)
    - AL ≥ 12 years old
  - Xolair (omalizumab) vial
    - AL ≥ 6 years old
- **Additional Preferred Drug List updates**
  - **Dermatologic**
    - Insulin glargine 100 unit/mL vial and Solostar
      - Added to formulary – Tier 3 and QL = 90 mL/claim
    - Lantus remains brand preferred in Tier 1 and requires DAW-9 for brand reimbursement.
  - **Diabetes**
    - Diclofenac 2% solution pump (generic for Pennsaid)
      - Added to formulary – Tier 3
  - **Gastrointestinal**
    - Mesalamine ER 500 mg capsule (generic for Pentasa)
      - Added to formulary – Tier 3

### Non-Preferred Drug List class updates

- **Anti-infectives**
  - Livtensity
    - Added to formulary – Tier 4 with PA
- **Cardiac**
  - Corlanor 5mg tablets, 10mg tablets, and 5mg/5mL oral solution
    - Added to formulary – Tier 4 with PA
- **Endocrine & Metabolic and non-drug products**
  - No changes
- **MCO miscellaneous**
  - **General inhalation agents**
    - The following have been added for CSHCS members:
      - Nebusal 3% and 6 % vials
      - Hyper-Sal 3.5% vial
      - Sodium Chloride 3% and 7% vials
  - **Narcotic antagonists**
    - The following products now allow up to 6 units/90 days. Additional quantities above the QL can be requested through prior authorization.
      - Naloxone 0.4 mg/mL Carpuject

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- Naloxone 0.4 mg/mL vial
- Naloxone 4 mg/10 mL vial
- Naloxone 2 mg/2 mL syringe

### 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 fee-for-service Medicaid. For billing assistance, call the Magellan Clinical Call Center at **1-877-864-9014**.

### New carve out classes added

- J8F – Anti-obesity – melanocortin 4 receptor agonists
  - Example – IMCIVREE (setmelanotide)
- Z12 – Natriuretic peptides
  - Example – Voxzogo (vosoritide)

### 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.
- Reminders for pharmacies:
  - Review the website [www.michigan.gov/WeTreatHepC](http://www.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.
  - Counsel patients to help increase adherence, reinforce the importance of their follow up appointments and the importance of their 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.

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- Blue Cross Complete of Michigan members can request Case Management assistance by calling Customer Service at 1-800-228-8554, 24 hours a day, seven days a week.

### Sickle cell initiative

- The Pediatric Sickle Cell Improvement Program (P-SCIP) is a collaborative between MDHHS, the University of Michigan QMetric team, Shift and the Medicaid health plans. Pharmacies and pharmacists can play a significant role in making a positive difference in the care of all patients with sickle cell disease and their families.
- **Please consider identifying and enhancing care for your patients who have sickle cell disease.**
  - Refresh your knowledge and educate staff about sickle cell disease and current treatment guidelines.
  - How can you help to mitigate treatment barriers experienced by patients with sickle cell disease?
  - What can you do to help decrease the number of pharmacy visits your sickle cell members have to make?
  - What can you do to help increase adherence to medications and care in order to decrease the risk of vaso-occlusion and subsequent end organ damage?
- Current formulary medications commonly utilized in the treatment of sickle cell disease or prevention of complications:
  - **Hydroxyurea**
    - The American Society of Hematology recommends that hydroxyurea be offered at nine months of age; product information cites U.S. Food and Drug Administration approval for  $\geq 2$  years.
    - Hydroxyurea 500 mg capsules and Droxia capsules
      - Tier 4; Members can receive up to a 3 month supply of 500 mg capsules
    - Note: compounded products may require prior authorization
  - **Prophylactic antibiotic therapy for children < 5 years old**
    - Many commonly utilized antibiotics for this purpose are Tier 1
  - **Endari™ (L-glutamine oral powder)**
    - Tier 4; PA = Y; AL  $\geq 5$  years old; QL = 180 packets/30 days
  - **Oxbryta® (voxelotor)**
    - 500 mg tablets – Tier 4; PA = Y; AL  $\geq 12$  years old; QL = 90 tablets/30 days
    - 300 mg tablets for suspension – Tier 4; PA = Y; AL  $\geq 4$  years old

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- **Adakveo® (crizanlizumab)**
  - Medical care organization coverage - non-formulary. Pharmacy benefit coverage is limited. Included on the FFS – *Michigan Pharmaceutical Product List*. Therefore, MCOs would consider under PA, medical necessity review.
  - Medical benefit coverage available for medical provider administration.

## COVID-19 related coverage updates

- **COVID-19 vaccines**
  - Pharmacy benefit coverage implemented under MSA 20-75 (12/23/2020)
  - All emergency use authorization vaccines are covered for U.S. Centers for Disease Control recommended doses with appropriate National Council for Prescription Drug Programs field completion. Remember to use the appropriate Submission Clarification Code.
    - Initial dose; SCC=2
    - Second dose; SCC=6
    - Additional dose; SCC=7
    - Booster doses; SCC=10
  - Pharmacy administration (incentive fee) reimbursement
    - Place of service = 1 (pharmacy); \$37.53
    - Place of service = 12 (home); additional \$33.63 (total reimbursement of \$71.16)
  - **Note:** If you receive a rejection for a COVID-19 vaccine that's currently on the market, call the Pharmacy Help Desk for assistance. Coding takes time and may not be complete before pharmacies receive the product.
- **COVID-19 antivirals**
  - Pharmacy benefit coverage implemented under MSA 20-81 (2/2/2021)
  - Paxlovid and Molnupiravir are both covered as Tier 4 with no edits
    - Dispensing fee reimbursement limit is \$20.02.
- **COVID-19 at-home tests**
  - Pharmacy benefit coverage implemented under MSA 21-50 (11/30/2021)
  - Covered NDCs are listed at [michigan.magellanrx.com/provider/documents](https://michigan.magellanrx.com/provider/documents)
    - COVID-19 test products covered NDC list
  - When applicable, pharmacies must coordinate benefits before billing Medicaid
  - When pharmacist NPI is used as prescriber, SCC-13 (Payer Recognized Emergency/Disaster Assistance Request) must be submitted in NCPDP field 420-DK.
  - Reimbursement based on adjudicated NDC. No dispensing fee is applied.
  - **Note:** If you receive a rejection for a COVID-19 at-home test that's

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new and was recently added to the MDHHS covered list, call the Pharmacy Help Desk for assistance.

- **COVID-19 monoclonal antibodies**

- Pharmacy benefit coverage implemented under HASA 22-02 (2/18/2022)
- Billing requirements:
  - Professional Service Code (NCPDP Field 440-E5) = MA
  - Basis of Cost Determination (NCPDP Field 423-DN) = 15
  - Place of Service (NCPDP Field 307-C7)
    - Pharmacy = 1; Home = 12
- Coding status is as follows for pharmacy benefit billing:
  - Regen-COV and generic products – coding is complete
    - Administration (incentive) fee reimbursement ONLY
      - Pharmacy admin fee (POS-1) =
        - Dates of service 11/21/20 to 12/31/20: \$285.74
        - Dates of service 01/01/21 to 05/05/21: \$285.51
        - Dates of service 05/06/21 to 12/31/21: \$413.02
        - Dates of service 01/01/22 onward: \$413.61
      - Home admin fee (POS-12) =
        - Dates of service 05/06/21 to 12/31/21: \$688.93
        - Dates of service 01/01/22 onward: \$688.92
    - Evusheld – coding is pending
      - Administration (incentive) fee reimbursement ONLY for dates of service on or after 12/8/2021
        - Pharmacy admin fee (POS-1) = \$138.30
        - Home admin fee (POS-12) = \$230.17
      - Pharmacy Help Desk can assist with overrides while coding is in process.

### Pharmacy administered immunizations

- The 2022/2023 flu season is approaching fast. Coding is underway for this season’s vaccines. At this time, the following flu vaccines are being coded for payment. Reimbursement for pharmacies will be based on ingredient cost allowed and an administration fee of \$12.50. Additional flu vaccine NDCs will be added when they become available.

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NDC	Label name	Age limit
70461012203	FLUAD QUAD 2022-2023 SYRINGE	≥ 65 years old
49281042250	FLUZONE QUAD 2022-2023 SYRINGE	≥ 3 years old
49281042288	FLUZONE QUAD 2022-2023 SYRINGE	≥ 3 years old
49281063715	FLUZONE QUAD 2022-2023 VIAL	≥ 3 years old
49281063778	FLUZONE QUAD 2022-2023 VIAL	≥ 3 years old
49281012265	FLUZONE HIGH-DOSE QUAD 2022-23	≥ 65 years old
49281012288	FLUZONE HIGH-DOSE QUAD 2022-23	≥ 65 years old
33332042210	AFLURIA QUAD 2022-2023 VIAL	≥ 3 years old
33332032203	AFLURIA QUAD 2022-23 (3YR UP)	≥ 3 years old
70461032203	FLUCELVAX QUAD 2022-2023 SYR	≥ 3 years old
70461042210	FLUCELVAX QUAD 2022-2023 VIAL	≥ 3 years old
19515080852	FLULAVAL QUAD 2022-2023 SYRINGE	≥ 3 years old
49281072210	FLUBLOK QUAD 2022-2023 SYRINGE	≥ 18 years old
49281072288	FLUBLOK QUAD 2022-2023 SYRINGE	≥ 18 years old
49281042210	FLUZONE QUAD 2022-2023 VIAL	≥ 3 years old
49281042258	FLUZONE QUAD 2022-2023 VIAL	≥ 3 years old
58160089052	FLUARIX QUAD 2022-2023 SYRINGE	≥ 3 years old

- The following vaccines are covered under the pharmacy benefit. Ingredient cost reimbursement is NDC dependent and there is a \$7.50 administration (incentive) fee applied to each claim.
  - Hepatitis A vaccine (Havrix or Vaqta)
  - M-M-R II
  - Pneumonia vaccine (Pneumovax, Prevnar, Vaxneuvance)
  - Shingles vaccine (Shingrix)
- Call the Pharmacy Help Desk for assistance or billing questions.

### Additional resources

- **MDRP – Medicaid Drug Rebate Program**
  - Labeler list reference is available at [mibluccrosscomplete.com](http://mibluccrosscomplete.com). Go to **Providers**, then select **Resources** from the drop-down. Scroll down to Pharmacy Resources, and select the [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](http://michigan.magellanrx.com). \* Select *Other Drug Information* and click on the *Brand Preferred Over Generic Products List*.

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- Includes products where brand name is preferred and required for coverage
- DAW-9 is necessary for proper claim reimbursement

### Claims and authorization 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](http://mibluccrosscomplete.com/pharmacy) > Preferred drug list
  - [michigan.gov/mcopharmacy](http://michigan.gov/mcopharmacy)\*
  - [michigan.magellanrx.com/provider](http://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](http://mibluccrosscomplete.com/pharmacy)
  - b. Scroll down to the **Preferred drug list** section on the pharmacy page
2. Medicaid Health Plan Pharmacy Benefit – Common Formulary website
  - a. [michigan.gov/mcopharmacy](http://michigan.gov/mcopharmacy)\*
3. MDHHS Provider Portal – fee-for-service Medicaid website
  - a. [michigan.magellanrx.com](http://michigan.magellanrx.com)\*

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

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