

MCG message

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

Posting date: **October 11, 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 November 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. Brand Humalog will continue to process. Sample national drug codes are below.
 - 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 (5x mL) NDC: 00002-7752-05
 - Novolog Mix 70-30 vial
 - The Novo Nordisk Authorized Generic (Insulin Aspart Prot/Insulin Asp) is now preferred and in Tier 1. Brand Novolog will still process. Sample NDC below.
 - Insulin Aspart Pro Mix 70-30 vial NDC: 73070-0200-11

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New drug updates

- ***Cibinqo (abrocitinib) tablets***
 - Preferred drug class: Immunomodulators – atopic dermatitis
 - A Janus kinase or JAK inhibitor indicated for the treatment of adults with refractory, moderate-to-severe atopic dermatitis whose disease isn't adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.
 - Added to formulary as Tier 3 with age limit greater than or equal to 18 years of age.
- ***Dartisla ODT (glycopyrrolate) tablets***
 - Non-PDL class
 - An anticholinergic indicated in adults to reduce symptoms of a peptic ulcer as an adjunct to treatment of peptic ulcer; not indicated as monotherapy for treatment of peptic ulcer because effectiveness in peptic ulcer healing hasn't been established.
 - Added to fee for service – *Michigan Pharmaceutical Product List* with prior authorization.
 - BCC – Non-formulary; prior authorization request would be required for consideration of coverage.
- ***Fleqsuvy (baclofen) oral suspension***
 - PDL class: Skeletal muscle relaxants
 - A gamma-aminobutyric acid (GABA-ergic) agonist indicated for the treatment of spasticity resulting from multiple sclerosis, particularly for the relief of flexor spasms and concomitant pain, clonus and muscular rigidity.
 - Added to formulary as Tier 3 with AL ≥ 18 years old.
- ***Ibsrela (tenapanor) tablets***
 - PDL Class: GI Motility, chronic – Irritable bowel syndrome with constipation (IBS-C)
 - A sodium/hydrogen exchanger 3 (NHE3) inhibitor indicated for the treatment of irritable bowel syndrome with constipation (IBS-C) in adults.
 - Added to formulary as Tier 3 with age limit greater than or equal to 18 years of age and quantity limit = 2 tablets/day.
- ***Levamlodipine maleate tablets***
 - PDL class: Calcium channel blockers – Dihydropyridine
 - A calcium channel blocker that can be used alone or in combination with other antihypertensive agents for the treatment of hypertension, to lower blood pressure.
 - Added to formulary as Tier 3.

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- **Norliqva (amlodipine) oral solution**
 - PDL class: Calcium channel blockers – Dihydropyridine
 - A long-acting dihydropyridine calcium channel blocker indicated for the treatment of hypertension in adults and children 6 years of age and older, to lower blood pressure. It’s also indicated for the treatment of coronary artery disease (CAD) defined as chronic stable angina, vasospastic angina and angiographically documented CAD.
 - Added to formulary as Tier 3 with age limit greater than or equal to 6 years of age.
 - Note: Prior authorization approval limited to patients with swallowing difficulties.
- **Pyrukynd (mitapivat) tablets**
 - *Non-PDL class*
 - A pyruvate kinase activator indicated for the treatment of hemolytic anemia in adults with pyruvate kinase deficiency.
 - Added to FFS – *Michigan Pharmaceutical Product List* with prior authorization; medication is carved out. See “Carve Out Drugs” section, p. 6.
- **Quviviq (daridorexant) tablets**
 - PDL class: Sedativehypnotics
 - An orexin receptor antagonist indicated in the treatment of adult patients with insomnia characterized by difficulties with sleep onset or sleep maintenance.
 - Added to formulary as Tier 3.
- **Releuko (filgrastim-ayow) injection**
 - PDL class: Colony stimulating factors
 - A leukocyte growth 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 significant incidence of severe neutropenia with fever.
 - For reducing the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia.
 - To reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with non-myeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation.
 - For chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia or idiopathic neutropenia.

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- An additional biosimilar to Neupogen.
 - Neupogen 300 mcg and 480 mcg vials and syringes remain in Tier 1.
- Added to formulary as Tier 3.
- **Seglentis (celecoxib/tramadol) tablets**
 - PDL class: Narcotics – short and intermediate acting
 - An opioid agonist and nonsteroidal anti-inflammatory drug combination indicated for the management of acute pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are inadequate.
 - Added to formulary as Tier 3 with age limit greater than or equal to 12 years of age and quantity limit = 120 tablets/30 days.
- **Twynéo (tretinoin/benzoyl peroxide) cream**
 - Non-PDL class
 - A combination of tretinoin, a retinoid and benzoyl peroxide indicated for the topical treatment of acne vulgaris in adults and pediatric patients 9 years of age or older.
 - Added to FFS – *Michigan Pharmaceutical Product List* with prior authorization.
 - BCC – Non-formulary; prior authorization request would be required for consideration of coverage.
 - There are individual acne agents available on the BCC formulary.
- **Vijoice (alpelisib) tablets**
 - Non-PDL class
 - A kinase inhibitor indicated for severe manifestations of PIK3CA-related overgrowth spectrum in adults and pediatric patients 2 years of age and older who require systemic therapy.
 - Vijoice’s indication was approved under accelerated approval based on response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).
 - Added to FFS – *Michigan Pharmaceutical Product List* with prior authorization; medication is carved out. See “Carve Out Drugs” section, p. 6.
- **Enjaymo (sutimlimab-jome) injection**
 - Non-PDL class
 - A classical complement inhibitor indicated to decrease the need for red blood cell transfusion due to hemolysis in adults with cold agglutinin disease.
 - Added to FFS – *Michigan Pharmaceutical Product List* with prior authorization; typically physician-administered, therefore add to MPPL as a covered pharmacy benefit only when not administered in the physician office/clinic.

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Preferred Drug List class updates

- **PDL class category: Diabetes**
 - **Oral Hypoglycemics: Combinations**
 - Move Glyxambi (empagliflozin/linagliptin) to Tier 3.
 - Select single agent SGLT-2i and DPP-4i products remain on formulary under Tier 1 coverage.
 - SGLT-2 inhibitors in Tier 1
 - Farxiga, Invokana, and Jardiance
 - DPP-4 inhibitors in Tier 1
 - Januvia and Tradjenta
 - **Glucagon agents**
 - Move Gvoke Hypopens to Tier 1 with quantity limit of 2 units/30 days.
 - Generic glucagon kits, Glucagen and Baqsimi remain covered under Tier 1.
 - Generic glucagon formulary NDCs are limited to NDCs under Eli Lilly & Co. or Amphastar Pharmaceuticals.
 - **Insulin Suppressants – *new PDL class***
 - Includes the following products with no change to current formulary status:
 - Proglycem 50 mg/mL oral suspension (brand) remains in Tier 1
 - Diazoxide 50 mg/mL oral suspension (generic equivalent) remains in Tier 3
- **PDL class category: Gastrointestinal**
 - **GI Motility, chronic**
 - Irritable bowel syndrome with constipation
 - Ibsrela (tenapanor) tablets added to formulary in Tier 3
 - **Proton pump inhibitors**
 - Generic pantoprazole remains in Tier 1
 - Protonix (pantoprazole) tablets and suspension moved to Tier 1
 - Brand mandate **doesn't** apply
 - **Immunomodulators - asthma**
 - Add the following agents as Tier 2 and age limit of 6 years or older:
 - Xolair (omalizumab) syringe
 - Dupixent (dupilumab)
 - Add the following agents as Tier 3:
 - Nucala (mepolizumab)
 - Age limit of 6 years or older

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- Fasenra (benralizumab)
 - Age limit of 12 years or older
- Xolair (omalizumab) vial
 - Age limit of 6 years or older
- **PDL class category: Miscellaneous**
 - **Colony stimulating factors**
 - Udenyca (pegfilgrastim-cbqv) syringe moves to Tier 3.
 - Nyvepria 6 mg/0.6 mL syringe remains in Tier 1 with quantity limit of 0.6 mL/14 days.
 - Added Releuko (filgrastim-ayow) injection to formulary in Tier 3.
 - **Epinephrine injectables**
 - Move brand EpiPen and EpiPen Jr. (epinephrine) to Tier 1.
 - Move generic epinephrine to Tier 3.
 - **Uterine disorder treatments**
 - Move Myfembree (telugolix/estradiol/norethindrone) to Tier 2.
 - Oriahnn capsules and Orilissa tablets remain in Tier 2.

Non-Preferred Drug List class updates

- **Anti-infectives**
 - Atovaquone 750 mg/5 mL suspension
 - Prior authorization requirement removed.
 - Valganciclovir 450 mg tablets
 - Prior authorization requirement removed.

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

- H23 – Neuroactive steroid GABA-A receptor modulator
 - Example – ZTALMY (ganaxolone)
- M0T – Pyruvate kinase activators
 - Example – PYRUKYND (Mitapivat)

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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. Under preferred status, Mavyret **doesn't** require clinical prior authorization when prescribed in accordance with FDA-approved labeling.
- 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 the importance of their labs to ensure safety and sustained virologic response.
- Medications used in the treatment of hepatitis C 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.
- 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**.

Sickle cell initiative

- The Pediatric Sickle Cell Improvement Program is a collaboration 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.
- 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?

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- 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 9 months of age; product information cites FDA approval for ages 2 years or older.
 - 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 younger than 5 years old**
 - Many commonly utilized antibiotics for this purpose are Tier 1.
 - **Endari™ (L-glutamine oral powder)**
 - Tier 4; PA = Y; AL ≥ 5 years old; QL = 180 packets/30 days
 - **Oxbryta® (voxelotor)**
 - 500 mg tablets – Tier 4; PA = Y; AL ≥ 12 years old; QL = 90 tablets/30 days.
 - 300 mg tablets for suspension – Tier 4; PA = Y; AL ≥ 4 years old.
 - **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 prior authorization, medical necessity review.
 - Medical benefit coverage available for medical provider administration.

COVID-19 related coverage updates

- **COVID-19 vaccines (updated)**
 - Pharmacy benefit coverage implemented under MSA 20-75 (12/23/2020)
 - All EUA 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

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- Place of service = 1 (pharmacy); \$37.53
 - Place of service = 12 (home); additional \$33.63 (total reimbursement of \$71.16)
- Coding for Bivalent vaccine has been completed. Additional work is still pending.
 - Covered with SCC 7 or SCC 10
 - Coverage is retroactive to 9/1/2022. Pharmacies may rebill claims where administration was completed but a claim wasn't billed.
 - All claims that adjudicated prior to coding completion will be corrected so pharmacies receive the correct reimbursement of \$37.53 per dose administered.
- **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 may not be complete before pharmacies receive product.
- **COVID-19 antivirals**
 - Pharmacy benefit coverage implemented under MSA 20-81 (2/2/2021)
 - Pharmacist prescribing is allowed under the Emergency Use Authorization as revised by the FDA July 6, 2022. If the pharmacist is the prescriber, the dispensing pharmacist's NPI must be utilized in the prescriber NPI field and an SCC-42 must be submitted with the claim.
 - 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
 - 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 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:

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- Regen-COV and generic products – coding is complete
 - Administration (Incentive) fee reimbursement only
 - Pharmacy admin fee (POS-1) =
 - For dates of service of 11/21/20 to 12/31/20: \$285.74
 - For dates of service of 01/01/21 to 05/05/21: \$285.51
 - For dates of service of 05/06/21 to 12/31/21: \$413.02
 - For dates of service of 01/01/22 onward: \$413.61
 - Home admin fee (POS-12) =
 - For dates of service of 05/06/21 to 12/31/21: \$688.93
 - For dates of service of 01/01/22 onward: \$688.92
- Evusheld – coding is complete
 - 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 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 \$16.13 as of October 1, 2022. Additional NDCs will be added when they are added to First Databank.

NDC	Label name	Age limit
19515080852	FLULAVAL QUAD 2022-2023 SYRING	≥ 3 years old
33332032203	AFLURIA QUAD 2022-23 (3YR UP)	≥ 3 years old
33332042210	AFLURIA 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
49281042210	FLUZONE QUAD 2022-2023 VIAL	≥ 3 years old
49281042250	FLUZONE QUAD 2022-2023 SYRINGE	≥ 3 years old
49281042258	FLUZONE QUAD 2022-2023 VIAL	≥ 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
49281072210	FLUBLOK QUAD 2022-2023 SYRINGE	≥ 18 years old

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49281072288	FLUBLOK QUAD 2022-2023 SYRINGE	≥ 18 years old
58160089052	FLUARIX QUAD 2022-2023 SYRINGE	≥ 3 years old
66019030910	FLUMIST QUAD NASAL 2022-23 VAC	≥ 3 to ≤ 49 years old
70461012203	FLUAD QUAD 2022-2023 SYRINGE	≥ 65 years old
70461032203	FLUCELVAX QUAD 2022-2023 SYR	≥ 3 years old
70461042210	FLUCELVAX QUAD 2022-2023 VIAL	≥ 3 years old

- The following vaccines are covered under the pharmacy benefit. Ingredient cost reimbursement is NDC dependent and there’s 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. 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. * Select *Other Drug Information* and click on the *Brand Preferred Over Generic Products List*.
 - 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:

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- mibluccrosscomplete.com/pharmacy > Preferred drug list
- michigan.gov/mcopharmacy*
- 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
 - 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*
3. MDHHS Provider Portal – fee-for-service Medicaid website
 - a. michigan.magellanrx.com*

*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.

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