

Pharmacy Reference Guide

Pharmacy provider services

Providers and pharmacies with questions about Blue Cross Complete benefit coverage or claims transmission issues can call Pharmacy Customer Service, or Help Desk, at **1-888-288-3231**. TTY users should call **1-888-988-0071**.

Pharmacy network and contracting	<p>Phone: 1-800-555-5690</p> <p>Email: PharmacyNetwork@performrx.com</p> <p>Both the prescriber of medications and pharmacy dispensing medications must be enrolled as an active provider in the Community Health Automated Medicaid Processing System or CHAMPS.</p>
Pharmacy prescription claims processing information	<p>Argus Health Systems: Blue Cross Complete of Michigan</p> <p>Bank identification number (BIN): 019595</p> <p>Processor control number (PCN): PRX00621</p>
Pharmacy directory	<p>Click on Participating pharmacy or go to mibluccrosscomplete.com, then go to Provider > Self-Service Tools > Pharmacy directory > Participating pharmacy.</p>

Prior authorization

Phone: 1-888-989-0057

Fax: 1-855-811-9326 (Attn: Pharmacy)

How to submit a request for pharmacy prior authorization

Online	<p>Use the online prior authorization form: Click on Prior authorization online form or go to mibluccrosscomplete.com, then go to Provider > Self-Service Tools > Prior authorization > Prior authorization online.</p> <p>Providers can use this form to:</p> <ul style="list-style-type: none"> • Electronically submit all relevant member information. • Attach member-specific documents, such as lab results, chart notes and consultation documentation. • Save unique provider information to expedite future web submissions. • Print a summary page for easy reference.
By fax	<p>Fax the Prior authorization request form (PDF) to 1-855-811-9326 (Attn: Pharmacy) or go to mibluccrosscomplete.com, go to Provider > Self-Service Tools > Prior authorization > Prior authorization request form (PDF).</p>
By phone	<p>Call Pharmacy Services at 1-888-989-0057.</p>

Specialty and injectable request forms: Specialty drugs include unusually high-cost oral, inhaled, injectable and infused pharmaceuticals prescribed for a relatively narrow spectrum of diseases and conditions. Specialty medications require prescribing physician to submit a Prior Authorization. Our preferred Specialty Pharmacy to dispense specialty medications is Perform Specialty, phone: 1-855-287-7888.

[Blue Cross Complete's D.0 Payer Sheet \(PDF\)](#) contains Blue Cross Complete's BIN (600428), PCN (06210000), member services number, field definitions and other helpful information for pharmacy claim billing and rebilling.

Go to mibluccrosscomplete.com, then go to Provider > Self-Service Tools > Pharmacy billing > [Blue Cross Complete's D.0 Payer Sheet \(PDF\)](#).

Member copays

Brand name medications: \$0.00

Generic medications: \$0.00

Note: Healthy Michigan Plan members won't have a copay at the pharmacy. They may have a charge on their MI Health account. For more information, go to michigan.gov/healthymiplan.* Click on "What are the costs" on the left side of the page and then click on the "Healthy Michigan Plan Co-pays" link.

*Our website is 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.

General plan limitations (additional limits may apply)	
Day supply program	≤ 34
Claim exceptions available	<p>Call the Blue Cross Complete Pharmacy Help Desk at 1-888-288-3231 if any of the following are needed:</p> <ul style="list-style-type: none"> • Synchronization • Emergency supply • Early refill <ul style="list-style-type: none"> – Maximum of one early refill per medication per year is allowed. – Note: Early refill exception is not allowed for controlled substances.
Refill frequency	<ul style="list-style-type: none"> • ≥ 75% of the medication must be utilized (23 days on a 30-day supply) for legend drugs • ≥ 90% of the medication must be utilized (27 days on a 30-day supply) for controlled substances

Formulary	
Michigan Department of Health and Human Services –Medicaid Health Plan Common Formulary	All formulary decisions are voted on by the Common Formulary Workgroup and approved by the Michigan Department of Health and Human Services. Less restrictive changes to the formulary are presented to the AmeriHealth Caritas Pharmacy and Therapeutics Committee for approval.
Searchable formulary	For the most current formulary information, click on Online drug list or go to mibluccrosscomplete.com , then go to Provider > Self-Service Tools > Drug formulary > Online drug list.
Printable formulary	For the most current formulary information, click on Preferred Drug List or go to mibluccrosscomplete.com , then go to Provider > Self-Service Tools > Drug formulary > Preferred drug list.
Mandatory generic	Requests for “brand necessary” require prior authorization. If a brand-name (dispense as written) request is submitted, it must include documentation of an adverse event or lack of efficacy with the generic formulation and a completed U.S. Food and Drug Administration MedWatch form. The original FDA MedWatch form is to be forwarded to the FDA by the provider.
Prior authorization required for	<ul style="list-style-type: none"> • All nonformulary medications • All prescriptions that exceed plan limits (see General plan limitations above) • Specialty medications • Early refills • All prescriptions which exceed safety edits
Other notes	<ul style="list-style-type: none"> • Over the counter, or OTC: Some products are covered with a prescription. • School supply: Some products may be covered with a prescription. • Out-of-state pharmacies require an override.

Durable medical equipment covered under pharmacy	
Blood glucose meter (Two blood glucose monitors per 365 days)	<p>Roche® products</p> <ul style="list-style-type: none"> • Accu-Chek Guide glucose meter
Diabetes testing supplies (Max amount: 200 per month)	<ul style="list-style-type: none"> • Lancets • Strips • Alcohol swabs
Aerochambers or peak flow meters	Quantity limit: four per 365 days without prior authorization
Blood pressure monitors (kits and cuffs)	To be billed for a quantity of one with a day supply of 365
DME items not listed	<p>To find network durable medical equipment providers, call Customer Service at 1-800-228-8554.</p> <p>TTY users should call 1-888-987-5832.</p>

Recipient restrictions	
Benefits Monitoring Program or BMP	<p>Eligible members may be restricted to any combination of their primary care practitioner (PCP) and pharmacy.</p> <p>Providers can refer members to the Benefits Monitoring Program by calling Customer Service at 1-800- 228-8554. TTY users should call 1-888-987-5832.</p>