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MCG message

Title: **Single Preferred Drug List planned for October 1, 2020**

Posting date: **8/3/2020**

Effective for dates of service on or after **October 1, 2020**, the Michigan Department of Health and Human Services will require Medicaid health plans to follow the Michigan Preferred Drug List used by the Fee-for-Service pharmacy program. This will be described as the Single PDL. The Michigan PDL is available on the web at michigan.magellanrx.com » **Provider** » **Michigan Preferred Drug List**.

The Single PDL will align coverage of PDL drug products under managed care with FFS. This includes both formulary status and edits. Blue Cross Complete will be collaborating with MDHHS and the other Medicaid health plans throughout this process. To help facilitate a smooth transition, Blue Cross Complete will begin notifying members negatively impacted by the implementation of the Single PDL on August 1, 2020. Multiple notices may be sent, depending on the type of change, to notify the members of any updates or grandfathering decisions. The intent of each notification is to prompt member discussion with their health care provider.

In the event of a negative change, the member notification will identify the current medication according to claims data. In the case of a shift from preferred to non-preferred, the alternative preferred medications which will be in place as of **October 1, 2020** will be listed. If there is a different edit change (i.e an age or quantity limit), the new limit as of **October 1, 2020** will be provided.

It is important to note that coding for formulary changes and prior authorization criteria will not be active until October 1st. Therefore, we recommend that providers wait until October before requesting prior authorization or changing patient's medication to a Single PDL preferred drug. Until then, pharmacy adjudication will continue to be managed under the current formulary. Prior authorizations will also be reviewed under the current criteria.

We appreciate your patience as we proceed with this transition.



The following is a list of example medications and classes where a higher volume of impact is expected as of **October 1, 2020**.

- Medications where Fee-For-Service requires the brand name medication to be dispensed. This list can be found at michigan.magellanrx.com » Provider Portal » Documents » Other Drug Information » Brand Preferred Over Generic Products List.
- **Class: BETA ADRENERGICS - SHORT ACTING (Largest overall impact)**
 - **PREFERRED:** We will be required to cover brand name ProAir HFA[®] or Proventil HFA[®] as the preferred inhaler in this class. No prior authorization is required.
 - **Non-Preferred:** Generic Albuterol HFA inhalers will move to non-preferred status and will require prior authorization.
- **Class: BETA ADRENERGIC AND CORTICOSTEROID INHALER COMBINATIONS**
 - **PREFERRED:** Products such as Advair Diskus[®], Advair HFA[®], Dulera[®], and Symbicort[®] will be preferred drugs on the formulary. Both Advair Diskus[®] and Symbicort[®] are brand preferred. No prior authorization for preferred products in this class is required
 - **Non-Preferred:** Generics for Advair Diskus[®] and Symbicort[®], as well as other inhalers currently available in this class will move to non-preferred status and will require prior authorization.
 - The largest negative impact is with the generics for Advair Diskus[®] and Symbicort[®].
- **Class: INSULINS, BASAL**
 - **PREFERRED:** We will be required to cover brand name Lantus or Levemir[®] as the preferred long-acting insulins on the formulary.
 - **Non-Preferred:** Products such as Basaglar[®] (currently preferred), Toujeo[®], and Tresiba[®] will move to non-preferred and will require prior authorization.
- **Class: INSULINS, RAPID ACTING**
 - **PREFERRED:** We will be required to cover brand name Apidra[®], Humalog[®] or Novolog[®] as the preferred rapid-acting insulins on the formulary.
 - **Non-Preferred:** Products such as Admelog[®] and Insulin Lispro (generic Humalog[®]) are currently preferred and will move to non-preferred with a prior authorization requirement.

Please note, the Single PDL will not change the status of medications in classes currently established on the MDHHS Health Plan Pharmacy Programs Carve-Out.

If you have any questions, contact PerformRX Provider Services Department at 1-888-989-0057 or your Blue Cross Complete provider account executive.