

Blue Care Complete of Michigan prescription drug program overview

Blue Care Complete members have pharmacy coverage with no copayments. Conditions for coverage are as follows:

- Drugs that are excluded from coverage by the state of Michigan's Medicaid program are not covered for Blue Care Complete members. These excluded drugs include drugs used for cosmetic purposes, infertility, weight loss, sexual dysfunction and symptomatic relief of cough and cold; bulk powders for compounded products (except for baclofen); food supplements; and certain vitamin preparations.

Drugs that are part of the Medicaid Health Plan Carve-Out must be processed through Magellan and are not payable through Blue Care Complete. These include drugs used for HIV or AIDS, seizure disorders, sleep disturbances and certain types of mental illness.

- Covered drugs that are available as generics will be dispensed as the generic version.
- All prescriptions are limited to a 34-day supply.
- No copayment is required for covered drugs.
- A BCBSM/BCN network pharmacy must be used.
- Some over-the-counter pharmaceuticals are covered with a prescription. Covered over-the-counter items include pain relievers (acetaminophen and aspirin), laxatives and antacids, antihistamines, condoms and contraceptive gel products. Blue Care Complete also provides coverage for some diabetic medical supplies, including disposable insulin needles and syringes, lancets, test strips and alcohol swabs. For details, refer to the Blue Care Complete Preferred Drug List.
- Specialty medications are available through the University of Michigan Health System pharmacies or any other network retail pharmacy. To get a specialty drug filled by mail, contact Walgreen's Specialty Pharmacy at 1-866-515-1355 or online at walgreenshealth.com.

No mail-order drug benefit is available for Blue Care Complete members for non-specialty drugs.

Coverage for smoking cessation products included on the Michigan Pharmaceutical Product List (MPPL) requires current enrollment in Quit the Nic. Coverage is limited to three months every 12 months. Members should contact 1-800-811-1764 to enroll.

Blue Care Complete Preferred Drug List

The Blue Care Complete Preferred Drug List identifies drugs that are covered for Blue Care Complete members. This is an abbreviated list and does not include all covered drugs. Blue Care Complete may add or delete drugs from the Blue Care Complete Preferred Drug List during the year. Members affected by a negative change in the Blue Care Complete Preferred Drug List are notified in advance of the change. The Blue Care Complete Preferred Drug List is available online at MiBCN.com. The website is reviewed and updated monthly or as necessary.

Blue Care Complete encourages physicians to refer to the Blue Care Complete Preferred Drug List when considering drug therapy for Blue Care Complete members.

Requests for prior authorization

Some drugs require prior authorization or step therapy before they are covered by Blue Care Complete. The medications that require prior authorization are identified on the Blue Care Complete Preferred Drug List. Drugs that require prior authorization are covered only if Blue Care Network authorizes coverage. To request prior authorization for these medications, contact the BCN Clinical Pharmacy Help Desk at 1-800-437-3803. This number is available to providers 24 hours a day, seven days a week, including holidays.

An interactive Blue Care Complete Medication Request Form is also available online at MiBCN.com. Providers can complete the interactive form online and submit it directly to our BCN Clinical Pharmacy Help Desk.

Blue Care Complete considers requests for prior authorization based on medical necessity. Responses to requests for coverage determinations are made within 14 days. Providers should alert the Pharmacy Clinical Help Desk if the request is urgent. Urgent requests include requests for drugs without which the member's life, health or ability to regain maximum function would be jeopardized or that, in the opinion of the prescriber with knowledge of the member's condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment requested. Providers should consider these criteria when providing documentation if the request is urgent. A response to these requests will be provided within 72 hours.

Providers will need to provide documentation regarding the reason a formulary alternative is not appropriate for the member. If the request is for a higher quantity of a medication than Blue Care Complete allows, the provider must provide documentation showing that the allowed quantity is not adequate for the member's condition.

Brand-name drugs that physicians prescribe or members request to be dispensed as written and that are available as generics are covered only when they are determined to be medically necessary by the physician and approved by Blue Care Network. To document serious adverse events or a quality issue with the covered generic, the physician must submit a completed MedWatch form to the U.S. Food and Drug Administration. A copy must also be included with the Blue Care Complete Medication

Request Form (see below). Information regarding the MedWatch program and online forms is available at www.accessdata.fda.gov/scripts/medwatch.

Drug exclusions

Drugs that are not covered by Blue Care Complete include the following:

- Drugs used to promote smoking cessation that are not on the Michigan Pharmaceutical Product List
- Over-the-counter drugs that are not on the Michigan Pharmaceutical Product List
- Vitamins and mineral combinations unless prescribed for end stage renal disease, pediatric fluoride supplementation or prenatal care
- Drugs used for the symptomatic relief of cough and colds (codeine and hydrocodone-containing products are covered)
- Cosmetic drugs or drugs used for cosmetic purposes
- Drugs used for infertility
- Drugs used for sexual dysfunction
- Drugs used to treat gender identity conditions, such as hormone replacement
- Drugs used for the treatment of substance abuse
- Drugs used for anorexia or weight loss. Note: Xenical® is available for members who meet criteria; quantity limits apply.
- Food supplements and standard infant formulas
- Drugs that are not approved by the U.S. Food and Drug Administration
- Drugs used for experimental or investigational purposes
- Drugs prescribed specifically for medical studies
- Prescriptions filled after a member is no longer enrolled in Blue Care Complete or that provide more than a 34-day supply beyond a member's Blue Care Complete termination date
- Drugs included as a health care benefit, such as vaccines and other injectable drugs that are normally administered in a physician's office.
- Drugs covered by another plan, including Medicare Part D
- New drugs not yet added to the Blue Care Complete Preferred Drug List
- Drugs recalled by the labelers and discontinued drugs
- Drugs acquired without cost to the providers or included in the cost of other services or supplies
- Durable medical equipment and supplies, such as blood glucose monitors and ostomy supplies (these are covered under the medical certificate)
- Drugs used for HIV or AIDS, seizure disorders, sleep disorders and drugs for certain types of mental illness (Coverage is provided by the state of Michigan.)
- Compounded products that contain bulk powders, except for baclofen (unless authorized)
- Prescriptions that have been adulterated or are fraudulent

Additional information

Additional information about the Blue Care Complete Pharmacy Program is available at MiBCN.com.