



## BlueCaid prescription drug program overview

BlueCaid members have pharmacy coverage. Conditions for coverage are as follows:

- Drugs that are excluded from coverage by the State of Michigan's Medicaid program are not covered for BlueCaid 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 First Health Services Corporation and are not payable through BlueCaid. These drugs include antipsychotic medications and drugs used to treat HIV/AIDS.
- Covered drugs that are available as generics will be dispensed as the generic version.
- All prescriptions are limited to a 34-day supply.
- A BlueCaid-affiliated 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. BlueCaid 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 BlueCaid Preferred Drug List.
- Specialty medications are available either through a BlueCaid-affiliated pharmacy or through Walgreens-OptionCare.
- No mail-order drug benefit is available for BlueCaid members for non-specialty drugs.
- Some drugs require prior authorization or step therapy before they are covered by BlueCaid. Prior authorization criteria for psychotropic medications and anticonvulsants are developed and maintained by the Michigan Department of Community Health and applied by BlueCaid. These criteria may change from time to time. Changes are posted by the MDCH on their Web site at [michigan.fhsc.com](http://michigan.fhsc.com). The medications that require prior authorization are identified on the BlueCaid 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. An interactive BlueCaid Medication Request Form is available on web-DENIS > BCN Provider Publications and Resources > BlueCaid. Providers can complete the interactive form online and submit the form directly to our Pharmacy Help Desk.

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## About the BlueCaid Preferred Drug List

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

BlueCaid encourages physicians to refer to the BlueCaid Preferred Drug List when considering drug therapy for BlueCaid members.

## How the BlueCaid Preferred Drug List differs from the BCBSM/BCN Custom Formulary

The BlueCaid Preferred Drug List applies to all BlueCaid members. The BlueCaid Preferred Drug List is managed by the UMHS Ambulatory Pharmacy Committee and is different from the BCBSM/BCN Custom Formulary.

### Over-the-counter coverage

Some over-the-counter pharmaceuticals are covered with a prescription. Covered over-the-counter items include pain relievers (acetaminophen and aspirin), laxatives, antacids, antihistamines, condoms and contraceptive gel products. For details, refer to the BlueCaid Preferred Drug List.

### Coverage for smoking-cessation products

Coverage for smoking cessation products included on the Michigan Pharmaceutical Product List 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.

### Prior authorization and step therapy requirements

Some drugs require prior authorization or step therapy before they are covered by BlueCaid. Documentation must be provided to demonstrate that the member has tried and failed the available formulary agents or that the formulary agents would pose a danger to the member's health.

### Pharmacy network

Members must use a network pharmacy affiliated with BlueCaid. Additional information about the BlueCaid pharmacy network is available on the Web at MiBCN.com.

## Tamper-resistant prescription pads with National Provider Identifier number

BlueCaid-affiliated prescribers are encouraged to use tamper-resistant prescription pads that include their NPI number when writing prescriptions for BlueCaid members. The use of these pads will help avoid service delays at the point of sale when dispensing pharmacies ask for the prescriber's NPI number. The pharmacies are required to include the prescriber's NPI number on prescription claims submitted for BlueCaid members. In addition, prescriptions for antipsychotic medications and drugs for HIV/AIDS (drugs included on the 100 percent Michigan Medicaid health plan carve-out list) for BlueCaid members must be written on tamper-resistant prescription pads. Dispensing pharmacies may require that all prescriptions for BlueCaid members be written on tamper-resistant prescription pads in order to process them.

The requirements for tamper-resistant prescription pads and the inclusion of the NPI number are associated with federal and state regulations that affect prescriptions written for BlueCaid members. The requirement for tamper-resistant prescription pads does not apply to prescriptions ordered via telephone or fax, or to electronic prescriptions.

## Medications by mail

There is no mail-order drug benefit for BlueCaid members other than for specialty drugs.

## Requests for prior authorization

BlueCaid considers requests for prior authorization based on medical necessity.

To request prior authorization or an override of one of BlueCaid's drug utilization management tools, providers should 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.

Responses to requests for coverage determinations are made within 14 days. Providers should alert the BCN Clinical Pharmacy 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 BlueCaid 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 BlueCaid. 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 BlueCaid Medication Request Form. Information regarding the MedWatch program and online forms is available at [accessdata.fda.gov/scripts/medwatch](https://accessdata.fda.gov/scripts/medwatch).

To request prior authorization

The BlueCaid Medication Request Form should be used to request coverage for drugs that require prior authorization. This form is available from the BCN Clinical Pharmacy Help Desk at 1-800-437-3803. An interactive form is available on web-DENIS > BCN Provider Publications and Resources > BlueCaid.

## Drug exclusions

Drugs that are not covered by BlueCaid 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 not covered... (Continued)

- Drugs prescribed specifically for medical studies
- Prescriptions filled after a member is no longer enrolled in BlueCaid or that provide more than a 34-day supply beyond a member's BlueCaid 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 BlueCaid 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 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 altered or are fraudulent

## Additional information

Additional information about the BlueCaid Pharmacy program is available at [MiBCN.com](https://MiBCN.com).