



Blue ReviewSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

THIRD QUARTER 2022

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Contact Us



Confused about where to go for answers? Use our online Provider contact reference guide to help guide you to the best point of contact for your answer.

<https://www.bcbsmt.com/provider/network-participation/contact-us>

Our *Blue Review* newsletter is produced quarterly for participating professional and institutional providers across all lines of business (commercial and government programs). The newsletter serves as a vehicle to communicate **timely, consistent and relevant messaging** related to:

- New products, programs and services available at Blue Cross and Blue Shield of Montana (BCBSMT)
- Notification of changes as required by contract or other mandates
- Member initiatives and patient resources

Blue Review is a quarterly newsletter published for institutional and professional providers contracting with BCBSMT. We encourage you to share the content of this newsletter with your staff. *Blue Review* is located on our website at [bcbsmt.com/provider](https://www.bcbsmt.com/provider).

The editors and staff of *Blue Review* welcome letters to the editor. Address letters to:

BLUE REVIEW

Blue Cross and Blue Shield of Montana

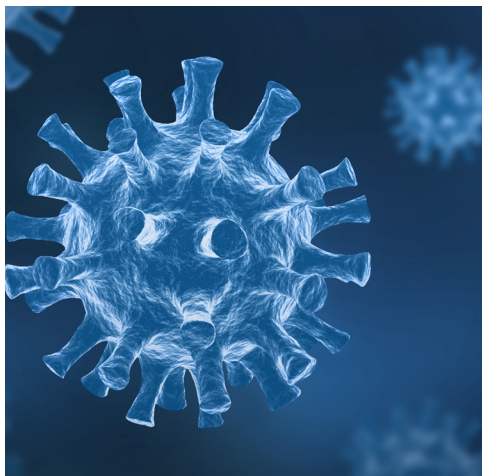
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COVID-19 Coverage

We are closely monitoring activity around the novel coronavirus 2019 (COVID-19). We are committed to helping our members, staff, providers and communities we serve stay informed and assisting those who might be affected. We stand ready to aid doctors, hospitals and federal, state and local public health organizations in serving our members and our communities.

Because this is a rapidly evolving situation, continue to use [Centers for Disease Control](https://www.cdc.gov) guidance on COVID-19, as the CDC has the most up-to-date information and recommendations. In addition, watch for updates on [BCBSMT Provider website's COVID-19 information page](#).



Are You Using These Shared Decision-Making Aids?

Shared decision-making is a communications process. It's a way for providers and patients to make informed health care decisions that align with what matters most to patients. Below are resources to help you involve your patients in shared decision-making.

These evidence-based aids provide information about treatment options, lifestyle changes and outcomes. They don't replace your guidance but can help your conversations with patients.

Why It's Important

When patients help make decisions about their health care, it can lead to improved patient experience, better outcomes, and quality of life.

Mayo Clinic Knowledge and Evaluation Research Unit **Care That Fits Tools**

- [Acute Myocardial Infarction Choice](#)
- [Anticoagulation Choice](#)
- [Cardiovascular Primary Prevention Choice](#)
- [Chest Pain Choice](#)
- [Depression Medication Choice](#)
- [Diabetes Medication Choice](#)
- [Graves' Disease Treatment Choice](#)
- [Head CT Choice](#)
- [Osteoporosis Choice](#)
- [Percutaneous Coronary Intervention Choice](#)
- [Rheumatoid Arthritis Choice](#)
- [Smoking Cessation Around the Time of Surgery](#)
- [Statin Choice](#)

This information is also on our Clinical Practice Guidelines webpage.



Avoiding Antibiotics for Acute Bronchitis and Other Viruses

With the start of flu and cold season, we encourage you to talk with our members about taking antibiotics only when needed. **Antibiotics don't work against viruses, which are often the cause of acute bronchitis, colds and flu.** They only treat certain bacterial infections.

Why It Matters

- At least 28% of antibiotics prescribed each year in doctor's offices and emergency departments aren't needed, according to the [Centers for Disease Control and Prevention](#) (CDC).
- Antibiotics can cause [side effects](#) ranging from minor to severe, including rash, diarrhea, yeast infections and allergic reactions.
- Antibiotics also give bacteria a chance to become more resistant to them, making future infections harder to treat. More than 35,000 people die each year in the U.S. because of [antibiotic-resistant infections](#).

Closing Care Gaps

We track [Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis](#) (AAB) to help monitor and improve our members' care. AAB is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from the National Committee for Quality Assurance (NCQA). **It measures the appropriate treatment for acute bronchitis/bronchiolitis, meaning antibiotics weren't prescribed.**

Tips to Consider

The CDC suggests [alternatives to antibiotics](#) for acute bronchitis and other conditions, including:

- Adequate rest and increased fluids
- Using a clean humidifier or cool mist vaporizer
- Inhaling hot shower steam or other sources of hot vapor
- Throat lozenges for adults and children age 5 years and older
- Over-the-counter medications to treat symptoms

Consider sharing resources with our members, such as [these from the CDC](#). They explain that viruses, not bacteria, cause colds and flu.

Based on Your Claims History You May Not Have to Request Prior Authorization for Some ABA Assessment CPT Codes

We're Reducing Prior Authorization Requirements for Certain Applied Behavioral Analysis (ABA) Codes for Some Commercial Members, in some instances.

Blue Cross and Blue Shield of Montana (BCBSMT) is using claims data to improve access to care for our members and make the prior authorization process easier for you. Effective Sept. 1, 2022, we eliminated the prior authorization requirement for certain ABA assessments for some **commercial** members, in some instances.

What's Changing

Based on your specific claim history going forward you may not have to request prior authorization for Current Procedural Terminology (CPT®) codes 97151 and 97152.* Prior authorization for these two codes **still may be required, however**, when:

- The member's benefit plan specifically requires prior authorization of these codes.
- Use of these codes isn't consistent with the presenting clinical issue, related medical policy or benefit plan design (in these cases, we'll ask for more information).
- Claim analysis shows billing patterns that vary significantly from your peers.

Prior Authorization Verification

Providers can determine if they require prior authorization for codes 97151 and 97152 for their patient by calling the customer service number on the member ID card. Ask to speak to a behavioral health customer advocate.

We hope this change helps reduce the administrative burden of your office in submitting prior authorization requests.

For additional information about ABA criteria, or claims processes, please reference the BCBSMT Medical Policy [Applied Behavior Analysis \(ABA\) for Autism Spectrum Disorder \(ASD\) Diagnosis](#) and the BCBSMT [Applied Behavioral Analysis Payment and Coding Policy](#).



Confirm Medical Record Receipt Status Online for Prior Authorization Requests

You can now use the Medical Record Status Viewer to confirm receipt of medical records submitted by fax or mail to BCBSMT for prior authorization requests. As a reminder, this application is accessible to you in our BCBSMT-branded Payer Spaces section via Availity® Essentials.

What Does This Application Provide?

The Medical Record Status Viewer search results will specify “Yes” or “No” regarding receipt. If records have been received, the response will display the receipt date, number of pages, and associated group number for up to four of the most recent medical records on file with BCBSMT for claim processing and prior authorization requests.

For More Information

Refer to the instructional Medical Record Status Viewer User Guide in the [Provider Tools](#) section of our website. If you need further assistance or training, you can email our Provider Education Consultants.

Don't have an Availity Essentials account?

Register today by going to [Availity](#) or contact Availity Client Services at **800-282-4548**.

This information is not applicable to Medicare Advantage claims or prior authorization requests.



Coverage Information for Monkeypox

We are closely monitoring activity around monkeypox. The government is currently supplying the vaccine, so there should not be a need to seek reimbursement. However, if the vaccine is received by means other than government supply, and a claim is submitted, our standard vaccine coverage applies.

Vaccine Coverage

Under medical benefits, the monkeypox vaccine and administration of the vaccine is covered at no member cost share from an in-network provider. For **out-of-network claims**, we cover at the out-of-network preventive level, which may result in cost sharing.

If and when **pharmacies** have access to monkeypox vaccines, we will cover under our member's pharmacy benefit.

Testing and Treatment

Monkeypox is diagnosed by taking a swab of a lesion and sending it to a lab for *polymerase chain reaction* (PCR) testing. Any tests or treatment for monkeypox are covered under a member's standard medical benefit. This means there may be member cost share since it is not a preventive service.

Dig Deeper

For more information on monkeypox, see the [Centers for Disease Control and Prevention](#) or the [World Health Organization](#) sites.



Flex and Open Access for Medicare Patients and Providers

If you're a Medicare provider, you may treat **Blue Cross Medicare Advantage Flex (PPO)SM and Blue Cross Group Medicare Advantage Open Access (PPO)SM members**, regardless of your contract or network status with BCBSMT. That means you don't need to participate in BCBSMT Medicare Advantage networks or in any other BCBSMT networks to see these members. The only requirement is that you **accept Medicare assignment and will submit the claims to BCBSMT**.

Flex and Open Access Advantage

Individual members may join the Flex plan. The Group Open Access plan is available to retirees of employer groups.

These plans cover the same benefits as Medicare Advantage Parts A and B plus additional benefits per plan. Members' coverage levels are the same inside and outside their plan service area nationwide for covered benefits.

- The **Flex plan** includes medical coverage and prescription drug coverage. It doesn't require member cost share.
- The **Open Access plan** includes medical coverage and may include prescription drug coverage. Plan members may have to pay deductibles, copays and coinsurance, depending on their benefit plan. Call the number on the member ID card for details.

Referrals aren't required for office visits. Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSMT. Before providing care to our members, always check eligibility and benefits first.

— CONTINUED ON THE NEXT PAGE



For reimbursement



Follow the billing instructions on the member’s ID card. When you see these members, you’ll submit the claims to BCBSMT and not Medicare.

- **If you’re a Medicare Advantage-contracted provider with any Blue Cross and Blue Shield (BCBS) plan,** you’ll be paid your contracted rate. You’re required to follow utilization management review requirements and guidelines.
- **If you’re a Medicare provider who isn’t contracted for Medicare Advantage with any BCBS plan,** you’ll be paid the Medicare-allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowed amount.* You aren’t required to follow utilization management guidelines. However, you may request a review to confirm medical necessity.

Flex Plan Members



You can identify Flex plan members by their member ID card. **Look for the Flex plan name on the front.** If you have questions, call **877-774-8592**.


 BlueCross BlueShield of Montana		Blue Cross Medicare Advantage (PPO)*
Name: SAMPLECARD ID: YDJ123456789 Plan (80840): 9101000310		Office Visit: \$ Specialist: \$ Emergency Room: \$
RxBin: RXBIN RxPCN: RXPCN RxGrp: RXGROUP RxID: RXID		Plan: Blue Cross Medicare Advantage Flex (PPO)
H0107 006		

www.getbluemt.com/mapd	
	
Provider: File medical claims with your local BCBS Plan	Pharmacy Line: 1-877-277-7898 Customer Service: 1-877-774-8592 TTY/TDD: 711 Nurse Advice Line: 1-800-631-7023
Medicare Limiting Charges Apply	 BlueCross BlueShield of Montana
HMO and PPO plans provided by Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC),	
an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract.	

Group Open Access Plan Members

Look for the Open Access name on the front of member ID cards. Call **877-299-1008** with questions.

 BlueCross BlueShield of Montana		Blue Cross Group Medicare Advantage (PPO) SM
Name: SAMPLECARD ID: YDV123456789 Plan (80840): 9101000310		Office Visit: \$ Specialist: \$ Emergency Room: \$
RxBin: RXBIN RxPCN: RXPCN RxGrp: RX_GROUP RxID: RX_ID		Plan: Blue Cross Group Medicare Advantage Open Access (PPO)
H0107 801		

www.getbluemt.com/mapd	
	
For Providers: 1-877-299-1008 TTY: 711 Pharmacy Help Desk: 1-877-277-7898	For Members: Customer Service: 1-877-299-1008 TTY: 711 Nurse Advice Line: 1-800-631-7023
File medical claims with your local plan	
Medicare Limiting charges apply	
PPO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage Organization with a Medicare contract.	



Health Equity and Social Determinants of Health: New Resources for Providers

Health inequities persist across racial and ethnic lines even among those who get their health care coverage through work, according to this recent study. To help close these gaps in care, we are expanding our efforts to address health equity and social determinants of health. We have a new webpage dedicated to improving access to care for all our members.

The page has information about health equity: what it is, how we're helping address it and what you can do to help.

Here's one example of our efforts with the [Care Van® Program and Caring Foundation of Montana®](#) (CFMT). We work to ensure all Montanans have access to preventive health care services, regardless of insurance coverage or ability to pay. Through partnerships and sponsors across Montana, CFMT provides these services at low or no cost to individuals of all ages. Efforts focus primarily on rural and frontier communities that have little or no access to health care services. The Care Team, through the Care Van program, has traveled more than 105,000 miles to help deliver 30,000 vaccines, health screenings, educational resources, and preventive services in 42-plus Montana counties since 2014.

More information: Visit the [BCBSMT Health Equity and Social Determinants of Health](#) (SDoH) web page to learn more about our programs for members in need.

Help Close Diabetes Disparity Gaps

Diabetes is one of the most common chronic conditions in the U.S. According to the [Centers for Disease Control and Prevention](#), more than 37 million Americans of all ages have diabetes. An estimated 96 million Americans have prediabetes or are at high risk for type 2 diabetes. **Diabetes has a disproportionate impact on certain populations:**

- Racial and ethnic minorities have a higher risk of diabetes and higher rates of diabetes complications and mortality, according to the [American Diabetes Association](#).
- Adults with less than a high school education and with family income below the federal poverty level have higher rates of diabetes diagnoses, according to the [CDC](#).

For these and other populations affected by diabetes, non-medical drivers of health – or **social determinants of health** – impose barriers to health and wellness, according to the [National Institutes of Health](#). See our [Health Equity and Social Determinants of Health](#) page for more details and resources.

How You Can Help

- You and your staff may play an important role in supporting our members with diabetes or at risk of developing the disease. To help remove barriers to health equity and close gaps in care, you can:
- Educate our members on the unique risks that affect racial and ethnic minorities and other populations.
- Ask members about their needs related to social determinants of health, such as issues with transportation, food insecurity or housing.
- Discuss regular tests and screenings with our members. We've created [information that may help](#):
 - [Type 1](#) and [Type 2](#) symptoms
 - [Hemoglobin A1c and other tests](#)
 - Annual eye exams to avoid [vision loss](#), or diabetic retinopathy
 - Screenings for [kidney disease](#), or diabetic nephropathy
 - [Blood pressure control](#)
- Participate in [shared decision-making](#) to identify the best screening and treatment options for each member.
- For members who [need language assistance](#), let them know we offer help and information in their language at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.
- Offer telehealth services when available and appropriate.
- Help members schedule appointments and follow up if appointments are missed.
- Talk with members and other treating providers to ensure all tests are completed and results are documented in the medical record. To help monitor and improve our members' care, we track quality measures developed by the National Committee for Quality Assurance related to diabetes care, including [Kidney Health Evaluation for Patients with Diabetes and Comprehensive Diabetes Care](#). See our [preventive care](#) and [clinical practice guidelines](#) on diabetes for more details

Help Close Gaps in Care for Group Medicare Advantage Members

If we need medical records for **Blue Cross Group Medicare Advantage (PPO)SM** members, you will receive requests only from BCBSMT or our vendor, Change Healthcare. This is part of the Blue Cross and Blue Shield (BCBS) **National Coordination of Care** program so that you won't receive requests from multiple BCBS plans or their vendors. Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

Important Update for adding new Providers to the BCBSMT network

Group Providers, please submit your Provider Onboarding Form for new Providers at least fourteen (14) days in advance of the new Provider's start date at your practice, even if that Provider is already credentialed by BCBSMT. [Provider Onboarding Form](#).

Beginning October 1, 2022, the effective date for network participation of new Group Providers who are already credentialed with BCBSMT will be the date of submission of the Provider Onboarding Form or the start date requested by the Provider Group, whichever is later. BCBSMT will not retroactively load networks to new Providers or adjust claims to process in-network. Please direct any questions to hcsx6100@bcbsmt.com.

Machine-Readable Files

Requirement of the Transparency in Coverage Final Rule

Health insurers are required to publicly display certain health care price information via machine-readable files on their websites beginning July 1, 2022. These machine-readable files will include negotiated rates with in-network providers and allowed amounts for out-of-network providers. The files are in a format required by the Centers for Medicare and Medicaid Services.

What this means for you

- These files will include the place of service (POS) code, your federal [Taxpayer Identification Number](#) (TIN) and your National Provider Identifier.
- If you are using your Social Security number as your TIN, we encourage you to register for a new TIN and update us through our [Demographic Change Form](#).

Learn more about machine-readable files and [how to access them](#).

More on the [CAA and Transparency in Coverage Final Rule](#).



New Online Option to Confirm Medical Record Receipt Status

Providers no longer need to call BCBSMT to confirm receipt of medical records for claim processing. We recently implemented a new application in our BCBSMT-branded Payer Spaces section via Availity Essentials for you to verify receipt of medical records for claims submitted by mail or faxed. This new functionality is just the first iteration of more enhancements coming soon.

Steps to confirm medical record receipt status online:

1. Log into [Availity](#) Essentials
2. Select **Payer Spaces** from navigation menu and choose **BCBSMT**
3. Select **Medical Record Status Viewer** from the Applications tab
4. Enter the **required data elements** and click **View Medical Record Status**
5. Response specifies if the medical records were received by BCBSMT, along with the number of pages submitted

For More Information

Watch for the instructional **Medical Record Status Viewer User Guide** coming soon to the [Provider Tools](#) section of our website. Refer to upcoming [Blue Review](#) publications as well as [News and Updates](#) articles to gain knowledge of future enhancements. If you need further assistance, you can email our [Provider Education Consultants](#).

Don't have an Availity Essentials account?

You can register today by going to [Availity](#) or contact Availity Client Services at **800-282-4548**.

This information is not applicable to Medicare Advantage claims.



Reminders When Using the Claims Inquiry Resolution (CIR) Tool

As an alternative to phone calls or faxing forms, you can use the **Claim Inquiry Resolution (CIR) tool via [Availity Essentials](#)** to submit **claim reconsideration requests** online for certain finalized claims. As a reminder, the CIR tool is in our BCBSMT-branded Payer Spaces section.

Here are some tips to help you submit claim inquiries using the CIR tool:

- If your claim was processed within the last 18 months, select **Look Up Claim** on the inquiry screen to populate the Subscriber ID, Group Number, Patient Account, Patient Name and Date of Service on the next screen.
- If your claim processed prior to 18 months, select **Show More Fields** to manually enter this information on the next screen.
- Only include medical records when they are requested or required.

Claim number or document control number required: If an appropriate claim number, also known as a document control number (DCN), is not included in the request, we will soon be rejecting those inquiries and will ask for a correct claim number.

CIR limitations: Users can employ this tool for finalized claims that require review relating to reasons outlined in the CIR user guide. The CIR tool **cannot** be used to:

- Obtain eligibility and benefit information
- Check claim status
- Submit formal claim appeals
- Submit predeterminations

More Information: Refer to the CIR page in our Provider Tools section of our website for more information and for the instructive CIR user guide to help you submit claim inquiries online.

Not Registered For Availity? Sign up online today, at no cost.

Verify Your Directory Details Every 90 Days

As a reminder, the [Consolidated Appropriations Act \(CAA\) of 2021](#) requires that certain directory information be verified every 90 days. It must be verified every 90 days **even if your data hasn't changed since you last verified it.**

Under the CAA, we're required to remove providers from [Provider Finder](#)[®] whose data we're unable to verify.

What to Verify

Verify your name, address, phone, specialty and digital contact information (website) every 90 days. You also must update your information when it changes, including if you join or leave a network. See our [Verify and Update Your Information](#) page on our Provider website.

How Professional Providers Can Verify

- We recommend you use the **Provider Data Management feature** on [Availity Essentials](#) to quickly verify your information with us and other insurers every 90 days. See the [Provider Data Management web page](#) and [User Guide](#) for more details.
- If you're unable to use Availity, you may use our [Demographic Change Form](#). See our [User Guide](#) on how to verify your data using this form.
- If you haven't verified your data, you may receive email or postcard reminders from us. The email has a unique link to verify information.

How Facilities and Ancillary Providers Can Verify

Facilities and ancillary providers may only use the [Demographic Change Form](#) to verify information. See our User Guide for more details.

To Update Your Information

If you need to change your data, you may continue to use the [Demographic Change Form](#). Professional providers may update some data in Availity [Provider Data Management](#). See our [Verify and Update Your Information](#) page for details. Updating your data will count as your 90-day verification.

We won't accept demographic changes by email, phone or fax to enable us to meet the two-day directory update requirement defined by the CAA. Any demographic updates requested through these channels will be rejected and closed.

Other Notices to Verify

You may receive other notices to verify your data for the Council for Affordable Quality Healthcare[®] (CAQH), which collects data as part of our [credentialing and recredentialing process](#). These are separate from the CAA requirements. Entering and attesting to data for CAQH doesn't verify the directory information needed for the CAA.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2022 – Part 1

Important Pharmacy Benefit Reminders

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most BCBSMT members. As you see your patients, please consider the following reminders:

- Members’ benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients’ benefits during an office visit or confirm their benefits by calling the number on their member ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsmt.com/provider/ for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients’ benefit plans. Please advise them to review their benefit materials for details.

Drug List Changes

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSMT drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective Oct. 1, 2022 are outlined below.**

The October Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the October 1 effective date.

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2022

Non-Preferred Brand ¹	Drug Class/ Condition Used for	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
CYSTADANE (betaine powder for oral solution)	Homocystinuria	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200, mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Multi-Tier Basic and Multi-Tier Enhanced Drug Lists Revisions			
DEXAMETHASONE (dexamethasone tab 0.5 mg, 0.75 mg)	Inflammatory Conditions	methylprednisolone tablets, prednisone tablets	
Balanced, Performance and Performance Select Drug Lists Revisions			
DEXAMETHASONE (dexamethasone tab 0.5 mg, 0.75 mg)	Inflammatory Conditions	methylprednisolone tablets, prednisone tablets	
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 ml)	Pain	propranolol, atenolol	

MORPHINE SULFATE ER (morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg)	Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
QUINIDINE SULFATE (quinidine sulfate tab 200 mg, 300 mg)	Arrhythmia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SULFADIAZINE (sulfadiazine tab 500 mg)	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRAMADOL HCL ER (tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg)	Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRIHEXYPHENIDYL HCL (trihexyphenidyl hcl oral soln 0.4 mg/ml)	Parkinson's Disease, Extrapyramidal Disorders	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VANDAZOLE (metronidazole vaginal gel 0.75%)	Bacterial Vaginosis	metronidazole vaginal gel 0.75%	
Balanced and Performance Select Drug Lists Revisions			
MOXIFLOXACIN HYDROCHLORIDE (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Antibacterial- Ophthalmic	ciprofloxacin ophthalmic solution, gatifloxacin ophthalmic solution, ofloxacin ophthalmic solution, moxifloxacin ophthalmic solution	
Balanced Drug List Revisions			
ZOLPIDEM TARTRATE (zolpidem tartrate sl tab 1.75 mg, 3.5 mg)	Insomnia	eszopiclone tablets, zaleplon capsules, zolpidem tablets	
Health Insurance Marketplace (HIM) Drug List Revisions			
EPIDUO FORTE (adapalene-benzoyl peroxide gel 0.3-2.5%)	Acne	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
RESTASIS MULTIDOSE (cyclosporine (ophth) emulsion 0.05%)	Dry Eye		Restasis single dose vials, Xiidra
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions	epinephrine (generic EpiPen), Auvi-Q	
Balanced Drug List Exclusions			
CLODERM (clocortolone pivalate cream 0.1%)	Skin conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PAXIL (paroxetine hcl oral susp 10 mg/5 ml (base equivalent))	Depression, Mood Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Health Insurance Marketplace (HIM) Drug List Revisions			
DEXAMETHASONE - dexamethasone tab 0.5 mg, 0.75 mg	Inflammatory Conditions	methylprednisolone tablets, prednisone tablets	
MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5 ml	Pain	morphine sulfate solution 10 mg/5 ml	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg	Arrhythmia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

SULFADIAZINE - sulfadiazine tab 500 mg	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRIHEXYPHENIDYL HCL (trihexyphenidyl hcl oral soln 0.4 mg/ml)	Parkinson's Disease, Extrapyramidal Disorders	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Balanced, Performance and Performance Select Drug Lists Exclusions			
BIDIL (isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CONTRAVE (naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg)	Weight Loss	Qsymia, Saxenda, Wegovy	
ESBRIET (pirfenidone tab 267 mg, 801 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
FERRIPROX (deferiprone tab 1000 mg)	Transfusional Iron Overload	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
K-PHOS (potassium phosphate monobasic tab 500 mg)	Urinary Acidification	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SAMSCA (tolvaptan tab 15 mg)	Hyponatremia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
STALEVO 50 (carbidopa-levodopa-entacapone tabs 12.5-50-200 mg)	Parkinson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
STALEVO 75 (carbidopa-levodopa-entacapone tabs 18.75-75-200 mg)	Parkinson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
STALEVO 100 (carbidopa-levodopa-entacapone tabs 25-100-200 mg)	Parkinson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
STALEVO 125 (carbidopa-levodopa-entacapone tabs 31.25-125-200 mg)	Parkinson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
STALEVO 150 (carbidopa-levodopa-entacapone tabs 37.5-150-200 mg)	Parkinson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
STALEVO 200 (carbidopa-levodopa-entacapone tabs 50-200-200 mg)	Parkinson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
UKONIQ (umbralisib tosylate tab 200 mg)	Cancer	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Performance and Performance Select Drug Lists Exclusions			
metronidazole lotion 0.75%	Rosacea	metronidazole cream 0.75%, metronidazole gel 0.75%	
testosterone td gel 20.25 mg/1.25 gm (1.62%), 40.5 mg/2.5 gm (1.62%)	Hypogonadism	testosterone gel pump 1.62%	
tretinoin gel 0.025%	Acne	tretinoin cream 0.025%	tretinoin cream 0.025%

Balanced Drug List Exclusions			
ACZONE (dapsone gel 7.5%)	Acne	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
COMBIGAN (brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%)	Glaucoma, Ocular Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ZIPSOR (diclofenac potassium cap 25 mg)	Pain/ Inflammation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Performance Select Drug List Exclusions			
adapalene-benzoyl peroxide gel 0.3-2.5%	Acne	tretinoin cream 0.1%	
Health Insurance Marketplace (HIM) Drug List Exclusions			
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Glaucoma, Ocular Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ESBRIET - pirfenidone tab 267 mg, 801 mg	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
FERRIPROX - deferiprone tab 1000 mg	Iron Overload	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
K-PHOS - potassium phosphate monobasic tab 500 mg	Hypophosphatemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SAMSCA - tolvaptan tab 15 mg	Hyponatremia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
testosterone td gel 20.25 mg/1.25 gm (1.62%), 40.5 mg/2.5 gm (1.62%)	Hypogonadism	testosterone gel pump 1.62%	
Ukoniq - umbralisib tosylate tab 200 mg	Cancer	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIMPAT - lacosamide oral solution 10 mg/mL	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

1. Third-party brand names are the property of their respective owner.
2. This list is not all inclusive. Other medicines may be available in this drug class.

Dispensing Limit Changes

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the following charts.**

BCBSMT letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Effective June 15, 2022

Drug Class and Medication(s) ¹	Dispensing Limit(s)
2021 Health Insurance Marketplace (HIM), 2022 HIM, Performance and Performance Select Drug Lists	
Oxbryta	
Oxbryta (voxelotor)*	90 tablets per 30 days

1. Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Effective Sept. 1, 2022

Drug Class and Medication(s) ¹	Dispensing Limit(s)
2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and Performance Select Drug Lists	
IL-13 Antagonist	
Adbry (tralokinumab-ldrm)*	4 mL per 30 days

1. Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Effective Oct. 1, 2022

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, 2022 Health Insurance Marketplace (HIM), Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	
Dartisla ODT*	120 tablets per 30 days
Lyvispah (baclofen) 5 mg Granule packet*2	120 packets per 30 days
Lyvispah (baclofen) 10 mg Granule packet*2	120 packets per 30 days
Lyvispah (baclofen) 20 mg Granule packet*2	120 packets per 30 days
Valsartan oral solution*	2400 mL per 30 days
Miscellaneous	
Emla (lidocaine-prilocaine) 2.5%-2.5%	60 grams per 30 days
Therapeutic Alternatives	
METAXALONE TAB 400 MG*	240 tablets per 30 days
PHOSPHOLINE SOL 0.125%OP*	5 mL per 30 days
Basic, Enhanced, 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists	
Cibinqo	
Cibinqo (abrocitinib) 50 mg tablets*	30 tablets per 30 days
Cibinqo (abrocitinib) 100 mg tablets*	30 tablets per 30 days
Cibinqo (abrocitinib) 200 mg tablets*	30 tablets per 30 days

Insulin Pumps	
Omnipod DASH kit/Omnipod 5 kit*	1 kit per 720 days
Pyrukynd	
Pyrukynd (mitapivat) Therapy Pack 5 MG*	7 tablets per 365 days
Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7 x 5 MG*	14 tablets per 365 days
Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7 x 20 MG*	14 tablets per 365 days
Pyrukynd (mitapivat) 5 mg tablets*	56 tablets per 28 days
Pyrukynd (mitapivat) 20 mg tablets*	56 tablets per 28 days
Pyrukynd (mitapivat) 50 mg tablets*	56 tablets per 28 days
Recorlev	
Recorlev (levoketoconazole)*	240 tablets per 30 days
Tarpeyo	
TARPEYO (budesonide)*	120 capsules per 30 days
Basic, Enhanced and Balanced Drug Lists	
Oxbryta	
Oxbryta (voxelotor)	90 tablets per 30 days
Basic and Enhanced Drug Lists	
IL-13 Antagonist	
Adbry (tralokinumab-ldrm)	4 mL per 30 days
Vuity	
Vuity (pilocarpine HCL) ophthalmic solution	2.5 mL per 30 days

1. Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

** The correct dispensing limit for Alinia (nitazoxanide) suspension is 150 mL per 30 days. The 7/1 dispensing limit letter incorrectly listed the dispensing limit as 180 mL per 30 days.

Clarification to the July 2022 Quarterly Changes Dispensing Limit Letter

The dispensing limit letter incorrectly listed Edarbi, Edarbyclor and Soolantra as target drugs included in the Therapeutic Alternatives program. **These target drugs belong to the Miscellaneous program, effective July 1, 2022.**

Letters mailed in late April to impacted members on the Basic, Enhanced, 2022 Health Insurance Marketplace (HIM), Balanced, Performance and Performance Select Drug Lists. Clarification letters will not be sent to members because the dispensing limits are accurate on the letter and both programs apply to the drug lists mentioned above.

Utilization Management Program Changes

New Target Drugs Added to Existing PA Programs

Effective **Oct. 1, 2022**, the following changes will be applied:

- Target drugs Dartisla ODT, Valsartan oral solution and Lyvispah (baclofen) granule packet will be added to the Alternative Dosage Form PA program. This change applies to the 2022 Health Insurance Marketplace (HIM), Performance and Performance Select Drug Lists.*
- Target drugs METAXALONE TAB 400 MG, PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5 ML (BASE EQUIV), PHOSPHOLINE SOL 0.125%OP, METFORMIN TAB 625 MG and VTAMA (tapinarof) 1% CREAM will be included in the Therapeutic Alternatives PA program. This change applies to the 2022 HIM Drug Lists.*
- Target drug Omnipod DASH kit/Omnipod 5 kit will be added to the Insulin Pumps PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*

New Programs Added to Select Drug Lists

Effective **Sept. 1, 2022**, the Interleukin-13 (IL-13) Antagonist Specialty PA program and target drug Adbry (tralokinumab-ldrm) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*

Effective **Oct. 1, 2022**, the following changes will be applied:

- The Cibinqo Specialty PA program and target drug Cibinqo will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*
- The Pyrukynd Specialty PA program and target drug Pyrukynd (mitapivat) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*
- The Recorlev Specialty PA program and target drug Recorlev (levoketoconazole) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*
- The Tarpeyo PA program and target drug TARPEYO (budesonide) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*

Members were notified about the PA standard program changes listed in the following tables.

Drug categories added to current pharmacy PA standard programs, effective July 1, 2022

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Cibinqo	Cibinqo (abrocitinib) ^{2*}
IL-13 Antagonist	Adbry (tralokinumab-ldrm) ^{2*}

1. Third-party brand names are the property of their respective owner.

2. Member level PAs were entered through Oct. 1, 2022, for Basic and Enhanced Drug Lists.

* Not all members may have been notified due to limited utilization.

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2022

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Pyrukynd	Pyrukynd (mitapivat) Therapy Pack 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7 x 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7 x 20 MG*, Pyrukynd (mitapivat) 5 mg tablets*, Pyrukynd (mitapivat) 20 mg tablets*, Pyrukynd (mitapivat) 50 mg tablets*
Recorlev	Recorlev (levoketoconazole)*
Tarpeyo	TARPEYO (budesonide)*

1. Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2022

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced and Balanced Drug Lists	
Alternative Dosage Form	Dartisla ODT*, Lyvispah (baclofen) 5 mg Granule packet*, Lyvispah (baclofen) 10 mg Granule packet*, Lyvispah (baclofen) 20 mg Granule packet*, Valsartan oral solution*
Basic, Enhanced, 2021 Health Insurance Marketplace (HIM) and 2022 HIM Drug Lists	
Insulin Pumps	Omnipod DASH kit/Omnipod 5 kit*
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Therapeutic Alternatives	METAXALONE TAB 400 MG*, METFORMIN TAB 625 MG*, PHOSPHOLINE SOL 0.125% OP*, PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5 ML (BASE EQUIV)*, VTAMA (tapinarof) 1% CREAM*

1. Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website. If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsmt.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Change in Benefit Coverage for Select High Cost Products

Several high cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSMT members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

High cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
DICLOFENAC TAB 25 MG	PAIN	DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
METFORMIN TAB 625 MG	DIABETES	METFORMIN 500 MG TABS
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	MUSCLE PAIN	CYCLOBENZAPRINE, ORPHENADRINE

1. All brand names are the property of their respective owners.

2. This list is not all-inclusive. Other products may be available.

* This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.

Split Fill Program Category Expansion

Starting on Jan. 1, 2023, the Split Fill Program will be expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

Reminder:

BCBSMT offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2022 – Part 2

Important Pharmacy Benefit Reminders

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Montana members. As you see your patients, please consider the following reminders:

- Members’ benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients’ benefits during an office visit or confirm their benefits by calling the number on their member ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsmt.com/provider/ for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients’ benefit plans. Please advise them to review their benefit materials for details.

Drug List Changes

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSMT drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the [Quarterly Pharmacy Changes Part 1 article](#). Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective Oct. 1, 2022 and previous updates effective Feb. 18, 2022 – Sept. 1, 2022 are outlined below.

Drug List Coverage Additions – As of Oct. 1, 2022

Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
NUCALA (mepolizumab subcutaneous solution pref syringe 40 mg/0.4 ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
OZEMPIC (semaglutide soln pen-inj 2 mg/dose (8 mg/3 ml))	Diabetes
VARENICLINE STARTING MONTH BOX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation
Balanced, Performance and Performance Select Drug Lists	
OMNIPOD 5 G6 KIT (insulin infusion disposable pump kit)	Diabetes
OMNIPOD 5 G6 PODS (insulin infusion disposable pump supplies)	Diabetes
PYRUKYND (mitapivat sulfate tab 5 mg, 20 mg, 50 mg)	Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency

PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 5 mg)	Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency
PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg)	Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency
SKYRIZI (risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4 ml)	Crohn's Disease
VONJO (pacritinib citrate cap 100 mg)	Myelofibrosis
Balanced and Performance Select Drug Lists	
EYSUVIS (loteprednol etabonate ophth susp 0.25%)	Dry Eye
Balanced Drug List	
CITALOPRAM HYDROBROMIDE (citalopram hydrobromide cap 30 mg)	Depression
DARTISLA ODT (glycopyrrolate tab disintegrating 1.7 mg)	Peptic Ulcer Disease
FLEQSUVY (baclofen susp 25 mg/5 ml)	Spasticity
RECORLEV (levoketoconazole tab 150 mg)	Cushing Syndrome
SEGLENTIS (celecoxib-tramadol hcl tab 56-44 mg)	Pain
SOAAZ (torsemide tab 20 mg, 40 mg, 60 mg)	Edema
TARPEYO (budesonide delayed release cap 4 mg)	IgA Nephropathy

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of Jan. 2, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
GVOKE KIT (glucagon subcutaneous soln 1 mg/0.2 ml)	Hypoglycemia

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of Feb. 27, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
BD VERITOR AT-HOME COVID- 19 TEST (covid-19 at home antigen test kit)	Covid-19 test
CARESTART COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
COMIRNATY (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3 ml)	Covid-19 Prophylaxis
NUWIQ (antihemophilic factor concentrate (budding factor, sim) for injection 1500 unit)	Hemophilia A
TAKHZYRO (lanadelumab-injection soln pref syringe 300 mg/2 ml (150 mg/ml))	Hereditary Angioedema Prevention
Performance Drug List	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg (generic for STALEVO)	Parkinson's Disease
Balanced and Performance Select Drug Lists	
NAFTIN (naftifine hcl gel 1%)	Antifungal (Topical)

Balanced Drug List	
BACLOFEN (baclofen oral soln 5 mg/5 ml)	Spasticity
TRAMADOL HYDROCHLORIDE (tramadol hcl oral soln 5 mg/ml)	Pain

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of March 6, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
apomorphine hcl soln cartridge 30 mg/3 ml (generic for APOKYN)	Parkinson Disease

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of March 13, 2022

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
tolvaptan tab 15 mg (generic for SAMSCA)	Hyponatremia
Balanced, Performance and Performance Select Drug Lists	
DIFLORASONE DIACETATE (diflorasone diacetate cream 0.05%)	Inflammatory Conditions-Topical
GLYCATE (glycopyrrolate tab 1.5 mg)	Peptic Ulcer Disease
GLYCOPYRROLATE (glycopyrrolate tab 1.5 mg)	Peptic Ulcer Disease
NEXICLON XR (clonidine hcl tab er 24hr 0.17 mg (base equivalent))	Hypertension

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of March 20, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	Seizures
MAYZENT (siponimod fumarate tab 1 mg (base equivalent))	Multiple Sclerosis
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (7) starter pack)	Multiple Sclerosis
RINVOQ (upadacitinib tab er 24hr 45 mg)	Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis
Balanced Drug List	
diclofenac potassium cap 25 mg (generic for ZIPSOR)	Pain/Inflammation

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of March 25, 2022

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
NIACIN (niacin tab 500 mg)	Dyslipidemias

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of March 27, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
BREATHE COMFORT ANTI-STAT IC VALVED HOLDING CHAMBER/ADULT (spacer/aerosol-holding chambers - device)	Asthma/Chronic Obstructive Pulmonary Disease
BREATHE COMFORT ANTI-STAT IC VALVED HOLDING CHAMBER/CHILD (spacer/aerosol-holding chambers - device)	Asthma/Chronic Obstructive Pulmonary Disease
CELLTRION DIATRUST COVID- 19 AG HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
potassium phosphate monobasic tab 500 mg (generic for K-PHOS)	Urinary Acidification
Balanced and Performance Select Drug Lists	
fluoxetine hcl tab 60 mg	Depression, Mood Disorders
Balanced Drug List	
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Pain
PRENATAL PLUS VITAMIN AND MINERAL (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of March 29, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 50 mcg/0.5 ml)	Covid-19 Prophylaxis

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of April 1, 2022

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
LOREEV XR (lorazepam cap er 24hr sprinkle 1.5 mg)	Anxiety

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of April 17, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic for BIDIL)	Heart Failure
Balanced Drug List	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic for COMBIGAN)	Glaucoma, Ocular Hypertension

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of April 24, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
OZEMPIC (semaglutide soln pen-inj 2 mg/dose (8 mg/3 ml))	Diabetes
VARENICLINE STARTING MONT H BOX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation
Balanced and Performance Select Drug Lists	
TRIZIVIR (abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg)	HIV
Balanced Drug List	
VALSARTAN (valsartan oral soln 4 mg/ml)	Hypertension

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of May 8, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
INDICAID COVID-19 RAPID A NTIGEN AT-HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	Covid-19 treatment
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Covid-19 treatment
pirfenidone tab 267 mg, 801 mg (generic for ESBRIET)	Idiopathic Pulmonary Fibrosis
Balanced, Performance and Performance Select Drug Lists	
LEVAMLODIPINE (levamlodipine maleate tab 2.5 mg, 5 mg)	Hypertension
OXYCODONE HYDROCHLORIDE/A CETAMINOPHEN (oxycodone w/ acetaminophen soln 5-325 mg/5 ml)	Pain

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of May 15, 2022

Drug ¹	Drug Class/Condition Used for
Balanced Drug List	
CONJUPRI (levamlodipine maleate tab 5 mg)	Hypertension

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of May 22, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
lacosamide oral solution 10 mg/ml (generic for VIMPAT)	Seizures
Balanced and Performance Select Drug Lists	
diclofenac sodium soln 2% (generic for PENNSAID)	Pain/Inflammation
Balanced Drug List	
mesalamine cap er 500 mg (generic for PENTASA)	Ulcerative Colitis
METFORMIN HYDROCHLORIDE (metformin hcl tab 625 mg)	Diabetes

1. Third-party brand names are the property of their respective owner.

Drug List Coverage Additions – As of May 25, 2022

Drug ¹	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists	
OMNIPOD DASH KIT INTRO (insulin infusion disposable pump kit)	Diabetes

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Drug List Coverage Additions – As of July 1, 2022

Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
DESCOVY (emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg)	HIV/HIV Prophylaxis
MAYZENT (siponimod fumarate tab 1 mg (base equiv))	Multiple Sclerosis
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (7) starter pack)	Multiple Sclerosis
QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg)	Migraine
RINVOQ (upadacitinib tab er 24hr 45 mg)	Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis
Balanced, Performance and Performance Select Drug Lists	
DESCOVY (emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg)	HIV/HIV Prophylaxis
lenalidomide cap 5 mg, 10 mg, 15 mg, 25 mg (generic for REVLIMID)	Cancer
Balanced and Performance Select Drug Lists	
QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg)	Migraine

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Drug List Coverage Additions – As of Sept. 1, 2022

Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
ADBRY (tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml)	Atopic Dermatitis
Balanced, Performance and Performance Select Drug Lists	
ADBRY (tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml)	Atopic Dermatitis
ZIMHI (naloxone hcl soln prefilled syringe 5 mg/0.5 ml)	Opioid overdose

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Drug List Updates (Coverage Tier Changes) – As of Feb. 27, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
methyltestosterone cap 10 mg	Non-Preferred Generic	Hypogonadism, Metastatic Breast Cancer
Balanced and Performance Select Drug Lists		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg (generic for STALEVO)	Non-Preferred Generic	Parkinson's Disease

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Drug List Updates (Coverage Tier Changes) – As of April 17, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced and Performance Select Drug Lists		
TRIZIVIR (abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg)	Non-Preferred Brand	HIV

1. Third-party brand names are the property of their respective owner.

Drug List Updates (Coverage Tier Changes) – As of April 24, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Performance Drug List		
RESTASIS (cyclosporine (ophth) emulsion 0.05%)	Non-Preferred Generic	Dry Eye

1. Third-party brand names are the property of their respective owner.

Drug List Updates (Coverage Tier Changes) – As of May 1, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced and Performance Select Drug Lists		
doxepin hcl cap 150 mg	Non-Preferred Generic	Depression, Anxiety

1. Third-party brand names are the property of their respective owner.

Drug List Updates (Coverage Tier Changes) – As of May 15, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced and Performance Select Drug Lists		
doxepin hcl cap 150 mg	Non-Preferred Generic	Depression, Anxiety

1. Third-party brand names are the property of their respective owner.

Drug List Updates (Coverage Tier Changes) – As of May 22, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced and Performance Select Drug Lists		
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Non-Preferred Generic	Pain

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Utilization Management Program Changes

Prior Authorization (PA) Program Name Changes

- Effective **July 1, 2022**, the Polycystic Kidney Disease Specialty PA program changed its name to Jynarque. The program includes the same targeted medication.
- Effective **Aug. 15, 2022**, the Neuropathy PA program changed its name to Lyrica CR. The program includes the same targeted medication.

Retired Step Therapy (ST) Programs

Effective **Sept. 15, 2022**, the Lipid Management ST program and non-standard Fibromyalgia ST program retired. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit **bcsmt.com** and log in to Blue Access for Members (BAM) or MyPrime.com for a variety of online resources.

Implementation of New to Market Clinical Review Program for Select Prescription Drug Lists

What's new: Effective Oct. 1, 2022, a New to Market program applies to FDA-approved drugs launched into the market on or after Oct. 1, 2022. This replaces a similar program that was offered on our Basic and Enhanced prescription drug lists for select BCBSMT commercial plan members.

Program details: The program implements coverage exception clinical evaluation processes on new-to-market drug products until coverage evaluation decisions can be determined. Once the final clinical evaluation criteria is implemented, members that started drug therapy and have approval are not disrupted. Oral oncology and anti-retroviral drugs are not included.

Please call the number on the member's ID card to start any coverage exception review process, to verify coverage, or for further assistance or clarification on your patient's benefits.

New Proactive Utilization Management Approval Renewal Program, SmartRenew, Effective Oct. 1, 2022

What's new: Certain prescription drugs require utilization management (UM) program approval year over year. This can include prior authorization approval, step therapy exception requests and dispensing/quantity limits override requests. To help avoid you having to submit the request each year for your patients, a new proactive UM renewal program, **SmartRenew™**, is in effect as of Oct. 1, 2022.

This program helps save both you and your patient time and effort in needing to submit a new request, reduces frustration and potential coverage delays from not having an updated approval and provides a better overall experience.

Program Details:

- Applies to a pre-determined and regularly updated list of prescription drugs covered under the member's BCBSMT pharmacy benefit. These drugs are typically used for maintenance and have a high reapproval rate.
- The member and you do not need to do anything for drugs included in the program. Authorization approvals are automatically extended for 12 months, based on set program criteria. Members will need to meet program criteria, such as having:
 - a prior approval for a duration of at least six to 12 months,
 - a current prescription for an included drug product,
 - claims history within the past 180 days and
 - no change in coverage for their medication.
- Members are sent a notification of the drug's automatic approval confirmation and new expiration date. Identification of members will be ongoing. Letters will be sent at least 60 days prior to the original approval expiration date starting mid-November 2022.

Reminder of Split Fill Program Category Expansion

As a reminder, the Split Fill Program will be expanded starting on Jan. 1, 2023, to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

Program Reminder:

BCBSMT offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

The material presented here is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their member contract or member guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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*Group Open Access members may be responsible for cost share for supplemental dental services from non-contracted Medicare providers.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage Flex (PPO) or Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

HMO and PPO plans provided by Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HMO plans available for employer/union groups only. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

*Only CPT codes 97151 and 97152 are subject to this new ABA assessment prior authorization process.

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Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card. October 3, 2022

The information provided here is only intended to be a summary of the law that has been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

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