



# Blue Review<sup>SM</sup>

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FOURTH QUARTER 2021

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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

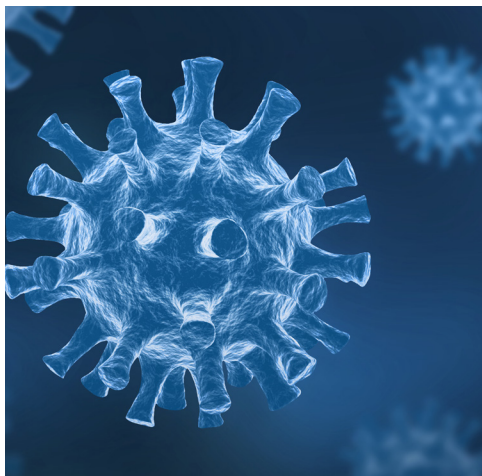
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## COVID-19 Coverage

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](#).

# 2022 Federal Employee Program Benefit Changes

Please confirm the benefits prior to submission with the 2022 Federal Employee Program Service Benefit Plan Brochure for Standard and Basic Option or Blue Focus Option

**Kidney transplants** will now require Prior Approval and are now part of the Blue Distinction® Centers for Transplants (BDCT) Program. This means members will be eligible for BDCT travel and lodging benefits when criteria are met.

**Pancreas transplants** have been removed from the BDCT program but still require Prior Approval.

## **Gender Reassignment Surgery (GRS):**

- Benefit update will now include nipple reconstruction.
- Top-only surgery – hormone therapy no longer required and only one referral letter needed.
- Non-gender identity can be considered a form of gender dysphoria, therefore can be covered if all other criteria are met.

**EKG** will no longer be considered part of the preventive benefit. There must be a medical necessity.

**Maternity benefit** now offers a breast pump and milk storage bags for members who are pregnant and/or nursing when ordered through our fulfillment vendor, Harte Hanks.

Specialty drug pharmacy will be administered by CVS Caremark. ([fepblue.org/specialtypharmacy](http://fepblue.org/specialtypharmacy) Learn more about third-party links or call us at **888-346-3731**). For Blue Focus: Walgreens and Duane Reade Pharmacies will no longer be in-network.

**Air Ambulance (non-emergent) transport** from one facility to another requires Prior Approval and falls under the No Surprise Billing Act.

For **emergency medical services** performed in the emergency department of a hospital or urgent care centers licensed as and permitted to provide emergency services that do not contract with our Blue Cross and Blue Shield Plan, our allowance is determined in accordance with federal laws and regulations, such as the No Surprise Billing Act.

For questions contact Customer Service at **800-634-3569**.



## Catch up on Vaccines for All Ages

The COVID-19 pandemic has significantly disrupted routine immunizations for children, adolescents and adults, according to the [U.S. Department of Health and Human Services](#). You may hear from our members about catching up on delayed vaccinations. We've created [resources for them about staying current on routine vaccines](#). Examples of routine vaccinations include:

- **Influenza (flu) vaccine** annually for ages 6 months and older
- **Human papillomavirus (HPV) vaccine** for ages 9 to 14, or for ages 15 to 26 if not received earlier, to protect against some cancers
- **Measles, mumps and rubella (MMR) vaccine** for ages 12 to 15 months; 4 to 6 years; and adults with no immunity or medical conditions
- **Pneumonia vaccine** for older adults and adults with health issues that weaken their immune system
- **Shingles vaccine** for adults ages 50 and older

See our [preventive care guidelines](#) on immunization schedules.

**COVID-19 vaccine:** The Centers for Disease Control and Prevention (CDC) recommends the **COVID-19 vaccine** for [everyone ages 12 and older](#) and [booster shots in certain populations](#). The CDC says that [other vaccines may be given](#) with the COVID-19 vaccine. The Food and Drug Administration granted full approval of the Pfizer COVID-19 vaccine for ages 16 and older, and emergency use authorization (EUA) for ages 12 to 15. The Moderna and Johnson & Johnson vaccines have EUA for ages 18 and older. COVID-19 vaccines may be approved for younger children this fall. We will update vaccination information on our website when this occurs. Learn more about [COVID-19 vaccines and coverage](#).

## Closing Care Gaps

As part of monitoring and helping improve quality of care, we track two measures related to immunizations. Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA).

- [Child Immunization Status](#), which tracks the percentage of children who received by their 2nd birthday a total of four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one MMR; three haemophilus influenza type B (HiB); three hepatitis B (Hep B); one varicella (VZV); four pneumococcal (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two flu vaccines.
- [Immunizations for Adolescents](#), which tracks the percentage of 13-year-olds who had one dose of meningococcal vaccine; one tetanus, diphtheria and pertussis (Tdap); and the complete HPV vaccine series by their 13th birthday.

## Tips to Consider

- Identify members who have missed vaccinations and contact them or their caregivers to schedule appointments.
- Check at each visit for any missing immunizations and deliver vaccines that are due.
- Address common misconceptions about vaccines.



# Claim Editing Enhancements Coming Jan. 10, 2022

Effective Jan. 10, 2022 BCBSMT will enhance our claims editing and review process with Cotiviti for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed.

**What this means for you:** These enhancements will require you to continue to follow generally accepted claim payment policies. With your help, the improved claims review process will help our members get the right care at the right time and in the right setting.

**About the guidelines:** BCBSMT will continue to follow claim payment policies that are global in scope, simple to understand and come from recognized sources, including the Centers for Medicare and Medicaid Services (CMS).

Using these guidelines will help ensure a more accurate review of all claims.

**Note: Inaccurately coded claims will result in denied or delayed payment.**

**What's changing:** Components of the editing and review enhancements include:

**Coding for services within the global surgical period** - The global surgery package payment policies include all necessary services normally provided by the surgeon before, during and after a surgical procedure, and applies only to primary surgeons and co-surgeons. The global surgery package applies only to surgical procedures that have post-operative periods of 0, 10 and 90 days, as defined by CMS.

## More Detail from CMS

The global surgery package includes:

- Review of preoperative evaluation and management visits after the decision is made to operate, where the visits occur one day prior to major surgery and on the same day a major or minor surgical procedure is performed.
- When a physician sees a patient within the global follow-up period of a surgical procedure that has a 10-, or a 90-day post-operative period, the physician should report the appropriate modifier(s), relevant to the circumstance, for the procedure performed.
- The physician should report the appropriate modifier for any surgical procedure performed within the follow-up period of the original surgical procedure, if applicable. The appropriate, applicable modifiers are as follows:
  - **58** - Staged or Related Procedure or Service by the Same Physician during the Postoperative Period
  - **78** - Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period
  - **79**- Unrelated Procedure or Service by the Same Physician during the Postoperative Period

**More Information:** visit our provider web site for [Payment and Coding Policies](#) with more information on the global surgery package payment policies.



## Consolidated Appropriations Act & Transparency in Coverage Final Rule

The Consolidated Appropriations Act (CAA) of 2021 and the Transparency in Coverage Final Rule will impact many of our members starting Jan. 1, 2022. As providers caring for our members, you may be impacted as well.

Here are highlights of changes we are making. This isn't a comprehensive review of all requirements. Some details may change if the federal government issues additional regulations or guidance. Watch [News and Updates](#) for more information and consult with your own legal advisors for information on obligations that may apply to you.

### [Provider Directory \(plan years beginning on or after Jan. 1, 2022\)](#)

CAA requires provider directory information to be verified **every 90 days**. Providers and insurers have roles in fulfilling this requirement to maintain an accurate directory. [Learn more.](#)

### [ID Cards \(plan years beginning on or after Jan. 1, 2022\)](#)

The CAA requires that member ID cards include deductible information and out-of-pocket maximums. We will provide new electronic cards for all members.

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### Continuity of Care (plan years beginning on or after Jan. 1, 2022)

Most of our group and fully insured plans include a period of continuity of care at in-network reimbursement rates when a provider leaves our networks. The new legislation also requires continuity of care for affected members when:

- A provider's network status changes
- A group health plan changes health insurance issuer, resulting in the member no longer having access to a participating provider in our network.

### Surprise Billing Provisions of No Surprises Act (NSA) (plan years beginning on or after Jan. 1, 2022)

Under NSA, most out-of-network providers will no longer be allowed to balance bill patients for:

- Emergency services (learn about the updated definition of emergency services)
- Out-of-network care during a visit to an in-network facility
- Out-of-network air ambulance services, if patients' benefit plan covers in-network air ambulance services

### Gag Clauses (effective Dec. 27, 2020)

CAA prohibits health insurers and group health plans from agreements with providers that include gag clauses related to provider cost and quality information. If any of our contracts include such CAA gag clause language, the contract language will be remediated, and in the interim, the language will be considered unenforceable as a matter of law.

### Machine-Readable Files

Health insurers are required to publicly display certain health care price information via machine-readable files on their websites beginning in 2022. These machine-readable files will include negotiated rates with in-network providers, allowed amounts for out-of-network providers and may include prescription-drug pricing.

### More About the Legislation

Congress passed the CAA in December 2020. It includes the No Surprises Act (NSA), which addresses surprise medical billing for certain services. It also has requirements for health insurers and group health plans to provide information and tools for consumers to better navigate their health care.

The Departments of Health and Human Services (HHS), Labor and Treasury (the Departments) released the **Transparency in Coverage Final Rule** in October 2020. The rule requires certain health care price information to be made available to help consumers and other stakeholders make health care decisions.

**Note:** On Aug. 20, 2021, the Departments issued guidance in the form of frequently asked questions to address the implementation of aspects of the Transparency in Coverage Final Rule and the CAA. Specifically, the Departments indicated that they are delaying their enforcement of certain provisions. We are evaluating this guidance and will provide updates as needed.





## Continuity of Care Changes

### Requirement of the Consolidated Appropriations Act (plan years on or after Jan. 1, 2022)

Most of our group and fully insured plans currently include a time period for continuity of care at in-network reimbursement rates when a provider leaves our networks. The new legislation also requires continuity of care for affected members when:

- A provider's network status changes
- A group health plan changes health insurance issuer, resulting in the member no longer having access to a participating provider in our network.

### What this means for you

If you leave our network, we will notify members and allow them to request continuity of care for the following conditions or care:

- Treatment of a serious and complex condition
- Institutional or inpatient care
- Schedule a nonelective surgery
- Pregnancy or course of treatment for pregnancy
- Terminal illness

Members can choose to continue services with the same in-network coverage for either (the earlier date):

- 90 days after the notice
- The date they're no longer a continuing care patient

State laws, which may require a longer continuity of care period for certain conditions, will continue to apply.

You (or your facility) must accept payment from us plus member cost share as payment in full during the continuity of care period.



## Contract Requests, Adding New Providers to Existing Groups & Provider Demographic Updates

BCBSMT is implementing electronic submission for contract requests, adding new providers to existing groups and provider demographic updates. Effective January 01, 2022 BCBSMT will no longer be accepting paper submissions.

### What's Changing?

Contracts can be requested by completing the Provider On-Boarding form under Step 1 at the link below:

<https://www.bcbsmt.com/provider/network-participation/steps-to-join>

New Providers can be added to existing groups using the Provider On-Boarding Form under Step 1 at the link below:

<https://www.bcbsmt.com/provider/network-participation/steps-to-join>

Provider Demographic Updates can be completed by using the Demographic Change Form at the link below:

<https://www.bcbsmt.com/provider/network-participation/update-your-provider-network>

If you have questions please send an email to [hcsx6100@bcbsmt.com](mailto:hcsx6100@bcbsmt.com).



## Covid-19 Vaccine Billing for Medicare Advantage Members

Starting Jan. 1, 2022, BCBSMT will cover the cost of COVID-19 vaccines and their administration for Blue Cross Medicare Advantage members instead of the Original Medicare program (also known as fee-for-service Medicare). Medicare Advantage members will continue to have no cost-sharing during their 2022 benefit year for COVID-19 vaccines and their administration, including approved booster doses.

### What This Means for You

- **Through Dec. 31, 2021:** For Medicare Advantage members you vaccinate through Dec. 31, submit claims for the vaccine and its administration to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved. Payment for the vaccine and its administration is through the Original Medicare program until the end of the year.
- **Starting Jan. 1, 2022:** For Medicare Advantage members you vaccinate on or after Jan. 1, follow your normal submission process to BCBSMT or refer to the member's ID card for billing instructions when submitting vaccine and administration claims.

### Reimbursement

- In-network providers will be reimbursed for the COVID-19 vaccine and administration fee based on contracted rates.
- Out-of-network providers will be reimbursed based on established out-of-network reimbursement policy that follows Medicare rates.

### Resources

- Learn more about [COVID-19 coverage](#).
- See [CMS guidance](#) on Medicare billing for the COVID-19 vaccine administration



## Current Procedural Terminology (CPT®) Codes Updated for Prior Authorization for Commercial Members

**What's Changing:** BCBSMT is changing prior authorization requirements that may apply to some commercial members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

**Important Reminder:** Always check eligibility and benefits first through the [Availity®](#) Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- **Jan. 1, 2022** – Adding Genetic Testing codes to be reviewed by AIM
- **Jan. 1, 2022** – Removal of Genetic Testing codes previously reviewed by AIM

**More Information:** For a revised list of codes go to the [Predetermination and Preauthorization section](#) of our provider website.



## Delivering Quality Care: Breast Cancer Screening

To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in News and Updates.

Breast cancer is the second leading cause of death among women in the U.S., according to the [Centers for Disease Control and Prevention \(CDC\)](#). About [1 in 8 women](#) will get breast cancer at some point in her life. We encourage providers to talk with our members about the importance of regular screenings for women. We've created [some resources](#) that may help. Screening is the best way to find breast cancer early, when it's easier to treat, and may help reduce the risk of death.

### Closing Care Gaps

[The U.S. Preventive Services Task Force](#) recommends that **women ages 50 to 74 be screened for breast cancer every two years**. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50.

[Breast cancer screening](#) is also a Healthcare Effectiveness Data and Information Set (HEDIS®) measure from the National Committee for Quality Assurance (NCQA). The measure tracks women ages 50 to 74 who had at least one mammogram in the past two years.

See our [preventive care guidelines](#) on breast cancer screening.

### Tips to Consider

- Talk with our members about breast cancer [risk factors and regular screenings for women](#).
- Document screenings in the medical record. Indicate the specific date and result.
- Document medical and surgical history in the medical record, including dates.
- Use correct diagnosis and procedure codes. Submit claims and encounter data in a timely manner.
- For [men who are at high risk](#), the American Cancer Society recommends [discussing with them how to manage risks](#).



## Hospitals Must Provide Medicare Outpatient Observation Notice

Hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to our Blue Cross Medicare Advantage<sup>SM</sup> members who are under outpatient observation for more than 24 hours. The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.

### Steps for Providers to Complete the MOON

- Download the notice from the Centers for Medicare and Medicaid Services (CMS) website .
- Fill in the reason the member is outpatient rather than inpatient.
- Explain the notice verbally to the member if they are in observation more than 24 hours.
- Have the member sign to confirm they received and understand the notice. If the member declines, the staff member who provided the notice must certify that it was presented.
- Document all member communications regarding the MOON process in members' records.

The notice must be completed no later than 36 hours after observation begins or sooner if the patient is admitted, transferred or released.



## Montana Senate Bill 217 Psychiatric Collaborative Care and Primary Care Behavioral Health Mandate

Montana Senate Bill 217 expands coverage of certain outpatient psychiatric services delivered through the psychiatric collaborative care and primary care behavioral health models.

### Applies to:

- Retail
- Fully-Insured Group
- State of Montana Employee Plan, Montana University System Employee Plan, and other state and local governmental plans
- Self-funded Multiple Employer Welfare Arrangements

**Effective date:** The law applies to policies issued, amended, delivered, or renewed on or after Jan. 1, 2022.

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**What's changing:** The mandate expands outpatient benefits to include care that's delivered in two ways:

- Primary care behavioral health: services provided in a **primary or specialty care setting** that recognizes licensed psychologists as either consultants or direct service providers
- Psychiatric collaborative care: services provided by a **primary care provider** and a **care manager** in collaboration with a **psychiatric consultant**

The mandate specifies certain billing codes that must be covered to meet this requirement.

**What's the impact to our plans:** We are updating our coding to allow claims for psychiatric services that meet the expanded definition, including:

- Care management services for behavioral health conditions
- Health behavior assessment and intervention
- Telephone/internet/electronic health record consultations

### What are the impacted codes?

#### Care management services for behavioral health conditions

- 99492
- 99493
- 99494
- 99484

#### Health behavior assessment and intervention

- 96156
- 96158
- 96159
- 96164
- 96165
- 96167
- 96168
- 96170
- 96171

#### Interprofessional telephone/internet/electronic health record consultations

- 99446
- 99447
- 99448
- 99449
- 99451

For more information, contact your network representative.





## New Flexible Medicare Advantage PPO Plan

We're offering certain Blue Cross Medicare Advantage<sup>SM</sup> members a new way to access care. The Blue Cross Medicare Advantage Flex (PPO)<sup>SM</sup> Plan is an open access plan. **It allows members to see any provider accepting Medicare**, including Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and Blue Cross Medicare Advantage (HMO)<sup>SM</sup> contracted providers. Members can see providers inside or outside the plan service area or plan network, at no additional cost.

### What This Means for You

- Starting Jan. 1, 2022, you can identify Flex Plan members by their member ID card. Look for the Flex Plan name on the front.
- You can see Flex Plan members if you accept Medicare and bill BCBSMT. Follow the billing instructions on the member ID card.
- If you are a Medicare Advantage-contracted provider with BCBS, you will be paid at your contracted rate.
- If you are not a Medicare Advantage-contracted provider with BCBS, you will receive the Medicare allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowance.

### Value for Members

Flex Plan members' coverage level is the same whether in or outside the plan service area nationwide. Services must meet medical necessity criteria to be covered. The Flex Plan includes:

- Prescription drug coverage
- MDLIVE® for telehealth and 24/7 Nurseline
- SilverSneakers® fitness program at no cost
- A traveler benefit for members leaving their service area for up to six months

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## Check Eligibility and Benefits First

Use the [Availity Provider Portal](#) or your preferred vendor to verify members' eligibility and benefits before every appointment. Eligibility and benefit quotes include:

- Membership verification
- Coverage status
- Prior authorization requirements
- Provider's network status for the member's policy
- Applicable copayment, coinsurance and deductible amounts

Ask to see the member's ID card and a photo ID to help guard against medical identity theft. If services may not be covered, members should be notified that they may be billed directly.

## Patients in the Qualified Medicare Beneficiary Program Should not be Billed

If you participate in Blue Cross Medicare Advantage plans, you may not bill our members enrolled in the Qualified Medicare Beneficiary (QMB) program, a federal Medicare savings program.

QMB patients are dual eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a state Medicaid benefit, QMB covers the Medicare Advantage premiums, deductibles, coinsurance and copayments of QMB beneficiaries. **QMB beneficiaries are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs.**

For services you provide to QMB patients, you must:

- Bill both Medicare Advantage and Medicaid
- Accept Medicare Advantage payments and any Medicaid payments as payment in full

### Tips to Avoid Billing QMB Patients

Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It is against federal law for any Medicare provider to bill QMB patients, whether or not the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB patients for Medicare Advantage cost-sharing.

To avoid billing QMB patients, please take these precautions:

- Understand the Medicare Advantage cost-sharing billing process
- Be sure your billing software and staff remove QMB patients from Medicare Advantage cost-sharing billing and related collections efforts

### Questions?

Call Customer Service at 1-877-774-8592 to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the Centers for Medicare & Medicaid Services [website](#).



## Provider Directory Information Verification

### Requirement of the Consolidated Appropriations Act (plan years on or after Jan. 1, 2022)

The Consolidated Appropriations Act (CAA) requires provider directory information to be verified **every 90 days**. Providers and insurers have roles in fulfilling this requirement to maintain an accurate directory.

**What this means for you:** Starting Jan. 1, 2022, you must:

- Verify your directory information every 90 days
- Update your information when it changes, including if you come in or go out of a network

**We recommend using the [Availity Provider Data Management](#) feature to quickly verify and update your information with us and other insurers every 90 days. If you are unable to use Availity, you may submit a [Demographic Change Form](#) or, if you are new to our networks, the [Provider Onboarding Form](#). We won't accept changes by email, phone or fax. Updates will be reflected in our [Provider Finder](#)®.**

Under CAA, **we are required to remove providers from our directory** whose data we are unable to verify within 90 days. If you don't verify your details every 90 days, we will reach out to you by **email** and ask that you **quickly respond** by following the unique link in the email. It will take you to a secure landing page where you can update your information.

**If you leave a network, please update your directory information immediately. If you are incorrectly identified as an in-network provider, it may limit member cost-sharing to in-network levels.**

# Rural Health Clinics and Federally Qualified Health Centers May Meet Quality Measure

Starting Jan. 1, 2022, Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) may meet the requirements for the quality measure **Follow-up After Hospitalization for Mental Illness (FUH)**. We track FUH as part of monitoring the quality of our members' care.

## Meeting the Measure

For RHCs and FQHCs, Psychiatric Collaborative Care Model (CoCM) service may satisfy the measure. Psychiatric CoCM must meet all of the following criteria:

- Sixty minutes or more of clinical staff time for psychiatric CoCM services directed by an RHC or FQHC practitioner (physician, nurse practitioner, physician's assistant or certified nurse-midwife), and
- Include services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month

This guidance is for RHCs and FQHCs only. It applies to measurement year 2022.

## Why FUH Matters

FUH is a [Healthcare Effectiveness Data and Information Set \(HEDIS®\) measure](#) from the National Committee for Quality Assurance (NCQA). It requires a timely outpatient follow-up visit with a qualified mental health provider, including telehealth visits, or in certain outpatient settings. Timely follow-up care is important for members' health and well-being after hospitalization for mental illness, according to [NCQA](#).

For FUH we capture the percentage of discharges for members ages 6 and older who were hospitalized for the treatment of selected mental illness or intentional self-harm and who had a follow-up visit with a mental health provider. The follow-up visit must be on a different date than the discharge date. Two percentages are measured and reported:

- Discharges for which members had a follow-up visit within 30 days after discharge
- Discharges for which members had a follow-up visit within seven days after discharge

If the first follow-up visit is within seven days after discharge, then both rates are counted for this measure.

# Pharmacy Program Updates: Quarterly Pharmacy Effective Jan. 1, 2022 – Part 1

## Pharmacy Network Changes

Some Blue Cross and Blue Shield of Montana members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2022. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient which pharmacy is their preferred choice.

## 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/](https://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 Jan. 1, 2022 are outlined below.**

You can view a preview of the January drug lists on our [Member Prescription Drug Lists website](#). The final lists will be available on both the Member Prescription Drug Lists website and Pharmacy Program section of our Provider website closer to the January 1 effective date.

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

**Please Note:** If you have patients with an individual benefit plan offered on/off the Montana Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our [Individual and Family Member website](#).

## Drug List Updates (Revisions/Exclusions) – January 1, 2022

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition Used for	Preferred Generic Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
CHANTIX (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CHANTIX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 150-500 mg, 24 hr 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKANA (canagliflozin tab 100 mg, 300 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablet 0.6 mg	
PROLIA (denosumab inj soln prefilled syringe 60 mg/ml)	Osteoporosis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
<b>Basic and Multi-Tier Basic Drug List Revisions</b>			
PAZEO (olopatadine hcl ophth soln 0.7% (base equivalent))	Allergic Conjunctivitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Drug <sup>1</sup>	Drug Class/Condition Used for	Generic Alternative(s) <sup>2</sup>	Brand Alternative(s) <sup>1,2</sup>
<b>Balanced, Performance and Performance Select Drug List Revisions</b>			
FLUTAMIDE (flutamide cap 125 mg)	Cancer	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg)	Pain	hydrocodone/acetaminophen tablets	
IVERMECTIN (ivermectin lotion 0.5%)	Parasitic Infections	Permethrin 5% cream, Malathion 0.5% lotion	
MENOPUR (menotropins for subc inj 75 unit)	Infertility	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
METHOXSALEN (methoxsalen rapid cap 10 mg)	Psoriasis, Vitiligo	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
STAVUDINE (stavudine cap 15 mg, 20 mg, 30 mg, 40 mg)	Viral Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

Balanced Drug List Revisions			
ALA-SCALP (hydrocortisone lotion 2%)	Inflammatory Conditions	Hydrocortisone 2.5% lotion	
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablets	
TIMOLOL MALEATE (timolol maleate tab 10 mg)	Hypertension	atenolol, metoprolol, carvedilol	
Balanced, Performance and Performance Select Drug List Exclusions			
ADASUVE (loxapine aerosol powder breath activated 10 mg)	Schizophrenia, Bipolar Disorder	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.	
ADDERALL XR (amphetamine-dextroamphetamine cap er 24hr 5 mg, 24 hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg)	Attention Deficiency Hyperactivity Disorder (ADHD)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
BANZEL (rufinamide tab 200 mg, 400 mg)	Seizures	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CHANTIX (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CHANTIX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 150-500 mg, 24hr 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKANA (canagliflozin tab 100 mg, 300 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
KALETRA (lopinavir-ritonavir tab 100-25 mg, 200-50 mg)	Viral Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
MIACALCIN (calcitonin (salmon) inj 200 unit/ml)	Hypercalcemia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PREPIDIL (dinoprostone cervical gel 0.5 mg/3 gm)	Induction of Labor	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.	
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Oral Fluoride	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PROSTIN E2 (dinoprostone vaginal suppos 20 mg)	Induction of Labor	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.	

QTERN (dapagliflozin-saxagliptin tab 5-5 mg, 10-5 mg)	Diabetes	Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
ribavirin for inhal soln 6 gm	Respiratory Syncytial Virus (RSV)	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.
THIOLA (tiopronin tab 100 mg)	Homozygous Cystinuria	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

**Performance and Performance Select Drug List Exclusions**

betamethasone valerate aerosol foam 0.12%	Inflammatory Conditions	fluocinonide solution 0.05%
clobetasol propionate lotion 0.05%	Inflammatory Conditions	Clobetasol 0.05% cream, Clobetasol 0.05% ointment, Clobetasol 0.05% solution
clobetasol propionate shampoo 0.05%	Inflammatory Conditions	Clobetasol 0.05% solution
clotrimazole w/ betamethasone lotion 1-0.05%	Inflammatory Conditions	clotrimazole w/ betamethasone cream 1-0.05% cream
desonide lotion 0.05%	Inflammatory Conditions	Desonide cream 0.05%, Triamcinolone 0.025% lotion, Triamcinolone 0.025%cream
fluocinonide emulsified base cream 0.05%	Inflammatory Conditions	triamcinolone cream 0.5%
halobetasol propionate oint 0.05%	Inflammatory Conditions	halobetasol cream 0.05%
hydrocodone-acetaminophen tab 5-300 mg	Pain	Hydrocodone/ acetaminophen 5/325 mg tablets
hydrocodone-acetaminophen tab 7.5-300 mg	Pain	Hydrocodone/ acetaminophen 7.5/325 mg tablets
hydrocodone-acetaminophen tab 10-300 mg	Pain	Hydrocodone/ acetaminophen 10/325 mg tablets
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate cream 0.1%)	Inflammatory Conditions	betamethasone valerate cream 0.1%
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	Triamcinolone acetonide lotion 0.1%, betamethasone dipropionate lotion 0.05%
hydrocortisone butyrate cream 0.1%	Inflammatory Conditions	betamethasone valerate cream 0.1%
hydrocortisone butyrate oint 0.1%	Inflammatory Conditions	triamcinolone acetonide 0.025% ointment



hydrocortisone butyrate soln 0.1%	Inflammatory Conditions	Triamcinolone acetonide lotion 0.1%, betamethasone dipropionate lotion 0.05%	
hydrocortisone valerate cream 0.2%	Inflammatory Conditions	betamethasone valerate cream 0.1%	
hydrocortisone valerate oint 0.2%	Inflammatory Conditions	triamcinolone 0.1% ointment	
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablets	

**Balanced and Performance Select Drug List Exclusions**

ABSORICA (isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg)	Acne	isotretinoin generics (including: amnesteem capsule, claravis capsule, isotretinoin capsule, myorisan capsule, zenatane capsule)	
AZOPT (brinzolamide ophth susp 1%)	Glaucoma, Ocular Hypertension	dorzolamide 2% solution	
LEVULAN KERASTICK (aminolevulinic acid hcl for soln 20% (stick applicator))	Actinic Keratosis	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.	

**Balanced Drug List Exclusions**

ABILIFY MYCITE (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ABILIFY MYCITE STARTER KIT (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ACUVAIL (ketorolac tromethamine (pf) ophth soln 0.45%)	Ocular Pain/ Inflammation	ketorolac tromethamine 0.5% ophthalmic solution	
AMELUZ (aminolevulinic acid hcl gel 10%)	Actinic Keratosis	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.	
APLENZIN (bupropion hbr tab er 24hr 174 mg, 24hr 348 mg, 24hr 522 mg)	Depression	bupropion generics	
BEPREVE (bepotastine besilate ophth soln 1.5%)	Allergic Conjunctivitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
BIJUVA (estradiol-progesterone cap 1-100 mg)	Hot Flashes	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

BUNAVAIL (buprenorphine-naloxone buccal film 2.1-0.3 mg, 4.2-0.7 mg, 6.3-1 mg (base equiv))	Opioid Dependence	Buprenorphine / Naloxone sublingual tablet, Buprenorphine / Naloxone film	
CAPLYTA (lumateperone tosylate cap 42 mg)	Schizophrenia	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Depression	duloxetine capsules	
EPROSARTAN MESYLATE (eprosartan mesylate tab 600 mg)	Hypertension	Losartan, Valsartan, Irbesartan, Olmesartan, Telmisartan	
HELIDAC THERAPY (metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack)	Bacterial Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.	
HYSINGLA ER (hydrocodone bitartrate tab er 24 hr deter 20 mg, 24hr deter 30 mg, 24hr deter 40 mg, 24hr deter 60 mg, 24hr deter 80 mg, 24hr deter 100 mg, 24hr deter 120 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NAFTIFINE HYDROCHLORIDE (naftifine hcl cream 2%)	Fungal Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NEVANAC (nepafenac ophth susp 0.1%)	Ocular Pain/ Inflammation	Bromfenac ophthalmic solution, Diclofenac ophthalmic solution, Ketorolac ophthalmic solution	
NORTHERA (droxidopa cap 100 mg, 200 mg, 300 mg)	Orthostatic Hypotension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
OMECLAMOX-PAK (amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack)	Bacterial Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PROLENSA (bromfenac sodium ophth soln 0.07% (base equivalent))	Ocular Pain/ Inflammation	Bromfenac ophthalmic solution, Diclofenac ophthalmic solution, Ketorolac ophthalmic solution	
PYLERA (bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg)	Bacterial Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SLYND (drospirenone tab 4 mg)	Contraceptives	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VELTIN (clindamycin phosphate-tretinoin gel 1.2-0.025%)	Acne	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
<b>Performance Drug List Exclusions</b>			
calcipotriene ointment 0.005%	Plaque Psoriasis	calcipotriene soln 0.005%, calcipotriene cream 0.005%	

isosorbide dinitrate tab 40 mg	Angina	isosorbide dinitrate tab 20 mg	
MYTESI (crofelemer tab delayed release 125 mg)	Diarrhea	diphenoxylate/atropine tablet	
SEGLUROMET (ertugliflozin-metformin hcl tab 2.5-500 mg, 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
STEGLATRO (ertugliflozin l-pyroglyutamic acid tab 5 mg, 10 mg (base equiv))	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
zolpidem tartrate sl tab 1.75 mg, 3 mg	Insomnia		zolpidem tablets
<b>Performance Select Drug List Exclusions</b>			
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Glaucoma, Ocular Hypertension	latanoprost solution	

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.

### Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2022

The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2022. Members may pay more for these drugs.

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Multi-Tier Basic, Multi-Tier Enhanced and Performance Drug Lists</b>	
amlodipine besylate-valsartan tab 5-160 mg, 10-160 mg, 5-320 mg	Hypertension
carbonyl iron susp 15 mg/1.25 ml (elemental iron)	Vitamin/Supplement
famciclovir tab 125 mg	Viral Infections
haloperidol lactate oral conc 2 mg/ml	Schizophrenia
hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml	Cough/Cold
nabumetone tab 750 mg	Pain/Inflammation
nifedipine tab er 24hr osmotic release 60 mg	Hypertension
nitroglycerin td patch 24hr 0.2 mg/hr	Angina
orphenadrine citrate tab er 12hr 100 mg	Pain/Muscle Spasms
perindopril erbumine tab 2 mg, 4 mg	Hypertension
primidone tab 250 mg	Seizures
prochlorperazine maleate tab 10 mg (base equivalent)	Nausea/Vomiting
sotalol hcl (afib/af) tab 160 mg	Atrial Fibrillation/Atrial Flutter
sotalol hcl tab 160 mg, 240 mg	Arrhythmias
telmisartan tab 80 mg	Hypertension
tetracaine hcl ophth soln 0.5%	Ocular Anesthesia
valacyclovir hcl tab 1 gm	Viral Infections

valsartan tab 160 mg, 320 mg	Hypertension
valsartan-hydrochlorothiazide tab 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	Hypertension
Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
heparin sodium (porcine) lock flush iv soln 10 unit/ml	Maintenance of IV device patency
naproxen tab ec 375 mg, 500 mg	Pain/Inflammation
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Bacterial Infections
Performance Drug List	
nifedipine tab sr 24hr osmotic release 60 mg	Hypertension
orphenadrine citrate tab sr 12hr 100 mg	Pain/Muscle Spasms

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### 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 charts below.**

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 Jan. 1, 2022

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Deferasirox	
deferasirox 125 mg tablet for oral suspension (EXJADE)	30 tablets per 30 days
deferasirox 250 mg tablet for oral suspension (EXJADE)	30 tablets per 30 days
deferasirox 500 mg tablet for oral suspension (EXJADE)	90 tablets per 30 days
deferasirox 90 mg tablet (JADENU)	30 tablets per 30 days
deferasirox 180 mg tablet (JADENU)	30 tablets per 30 days
deferasirox 360 mg tablet (JADENU)	180 tablets per 30 days
deferasirox 90 mg sprinkle granules (JADENU)	30 packets per 30 days
deferasirox 180 mg sprinkle granules (JADENU)	30 packets per 30 days
deferasirox 360 mg sprinkle granules (JADENU)	180 packets per 30 days
Supplemental Therapeutic Alternatives	
Elepsia XR 1000 mg tablet (levetiracetam)	90 tablets per 30 days
Elepsia XR 1500 mg tablet (levetiracetam)	60 tablets per 30 days
Therapeutic Alternatives	
ergotamine w/ caffeine tablet 1-100 mg (CAFERGOT)	40 tablets per 28 days
ketoprofen 25 mg capsule	360 capsules per 30 days
Niacor 500 mg tablet (niacin)	360 tablets per 30 days

Empaveli	
pegcetacoplan subcutaneous soln 54 mg/ml (EMPAVELI)*	8 vials per 28 days
Verquvo	
vericiguat tablet 2.5 mg (VERQUVO)*	30 tablets per 30 days
vericiguat tablet 5 mg (VERQUVO)*	30 tablets per 30 days
vericiguat tablet 10 mg (VERQUVO)*	30 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.

## Utilization Management Program Changes

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

- The Accrufer PA program will be added to the Balanced, Performance and Performance Select Drug Lists.\*
  - Note: This program will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
- The Kerendia PA program will be added to the Balanced, Performance and Performance Select Drug Lists.\*
  - Note: This program will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
- The Elagolix PA program will change its name to Elagolix/Relugolix and the target drug Myfembree will be added to the Balanced, Performance and Performance Select Drug Lists.
  - Note: Myfembree will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
- Target Migranal will be removed from the Therapeutic Alternatives PA program and added to the Acute Migraine Agents PA program. This change will apply to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.
- Targets Nurtec ODT and Ubrelvy will be removed from the Acute Migraine Agents PA program and added to the Calcitonin Gene-Related Peptide (CGRP) PA program. This change will apply to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.
- Target Nexium Granules (esomeprazole) will be removed from the non-standard Proton Pump Inhibitors (PPIs) ST program and added to the Alternative Dosage Form PA program. This change will apply to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.

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

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

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

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic and Enhanced Drug Lists</b>	
Empaveli	pegcetacoplan subcutaneous soln 54 mg/mL (EMPAVELI)*
Supplemental Therapeutic Alternatives	Elepsia XR 1000 mg tablet (levetiracetam)*, Elepsia XR 1500 mg tablet (levetiracetam)*
Verquvo	vericiguat tablet 2.5 mg (VERQUVO)*, vericiguat tablet 5 mg (VERQUVO)*, vericiguat tablet 10 mg (VERQUVO)*
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Deferasirox	deferasirox 125 mg tablet for oral suspension (EXJADE), deferasirox 250 mg tablet for oral suspension (EXJADE), deferasirox 500 mg tablet for oral suspension (EXJADE), deferasirox 90 mg tablet (JADENU), deferasirox 180 mg tablet (JADENU), deferasirox 360 mg tablet (JADENU), deferasirox 90 mg sprinkle granules (JADENU), deferasirox 180 mg sprinkle granules (JADENU), deferasirox 360 mg sprinkle granules (JADENU)

Therapeutic Alternatives	ergotamine w/ caffeine tablet 1-100 mg (CAFERGOT), flurandrenolide lotion 0.05% (CORDRAN), Halog Solution 0.1% (halcinonide), hydrocortisone lotion 2% (ALA SCALP), ketoprofen 25 mg capsule, Lexette Foam 0.05% (halobetasol propionate), Niacor 500 mg tablet (niacin)
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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 Jan. 1, 2022

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic and Enhanced Drug Lists</b>	
SGLT-2 Inhibitors and Combinations	Invokamet 50-1000 mg (canagliflozin/metformin)*, Invokamet 150-500 mg (canagliflozin/metformin)*, Invokamet 150-1000 mg (canagliflozin/metformin)*, Invokamet XR 50-500 mg (canagliflozin/metformin ER)*, Invokamet XR 50-1000 mg (canagliflozin/metformin ER)*, Invokamet XR 150-500 mg (canagliflozin/metformin ER)*, Invokamet XR 150-1000 mg (canagliflozin/metformin ER)*, Invokana 100 mg (canagliflozin)*, Invokana 300 mg (canagliflozin)*, Qtern 5-5 mg (dapagliflozin/saxagliptin)*, Qtern 10-5 mg (dapagliflozin/saxagliptin)*, Segluromet 2.5-500 mg (ertugliflozin/metformin)*, Segluromet 2.5-1000 mg (ertugliflozin/metformin)*, Segluromet 7.5-500 mg (ertugliflozin/metformin)*, Segluromet 7.5-1000 mg (ertugliflozin/metformin)*, Steglatro 5 mg (ertugliflozin)*, Steglatro 15 mg (ertugliflozin)*, Steglujan 5-100 mg (ertugliflozin/sitagliptin)*, Steglujan 15-100 mg (ertugliflozin/sitagliptin)*

1. Third-party brand names are the property of their respective owner.  
 \* Not all members may have been notified due to limited utilization. Continuation of therapy will not be in place. Members on a current drug regimen will be impacted.

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](http://bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

### Diabetic Test Strips at a Reduced Cost-Share

Effective Jan. 1, 2022 (regardless of renewal), select diabetic test strips will be moved to a lower tier from a preferred brand to either a non-preferred generic or generic tier, based on plan benefits.

**Details:** This will apply across all drug lists for our group BCBSMT members.

- This benefit change applies at retail and home delivery pharmacies.
- Dispensing/quantity limits will still apply.
- Any additional charges for using a non-value or out-of-network pharmacy will still apply. Note: Some members’ benefit plans may include a Value Pharmacy Network, which offers reduced out-of-pocket expenses if members use a value pharmacy instead.
- The drug list publications will not show the distinction in tier change.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the diabetic test strips at a reduced cost-share.

### Insulin Copay Maximum Added to Pharmacy Benefit Plans

A \$25 copay cap for a 30-day supply of a preferred insulin drug will be applied to BCBSMT pharmacy benefit plans starting Jan. 1, 2022, regardless of renewal.

**Details:** Members can get preferred insulin medication at a \$25 copay cap for a 30-day supply at a value or home delivery pharmacy.

- Dispensing/quantity limits will still apply.
- For plans on the Value Pharmacy Network, members will pay the reduced cost-share at a value pharmacy only. Members who use other pharmacies will pay the applicable cost-share for that pharmacy based on their plan. The cost-share will not be capped at \$25.
- For plans that do not have the Value Pharmacy Network, members will pay the reduced cost-share at any in-network pharmacy based on their plan.
- For a High Deductible Health Plan (HDHP) that does not have preventive benefit coverage for insulin, members must meet their deductible first before the insulin cost-share cap would apply.
- The drug list publications will not show which insulins are eligible for the copay cap.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the preferred insulin at a reduced cost-share.

### Change in Benefit Coverage for Select High-Cost Products

Several high-cost products that either are new to market or have therapeutic equivalents available have been 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.

**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 <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1, 2</sup>
ACCRUFER	IRON DEFICIENCY	OTC IRON
DERMACINRX PRETRATE	PREGNANCY <sup>†</sup>	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19
DICLOFENAC POTASSIUM 25 MG TABLETS	PAIN	DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
TERIPARATIDE SOLN PEN-INJ 620 MCG/2.48 ML	OSTEOPOROSIS	TYMLOS OR FORTEO

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.

† The prenatal products also apply to members on the Balanced, Performance and Performance Select Drug Lists.

### Prescription Opioid Duration Limits to Change for Select Members 19 Years of Age and Younger

BCBSMT's Appropriate Use of Opioids program is reducing the 7-day supply limit on an initial fill of an immediate-release opioid medication to a 3-day supply limit effective Jan. 1, 2022.

#### The Details:

This change applies to select members 19 years of age and younger who are considered opioid naïve.

- Opioid naïve means the member does not have opioids on hand within the past 60 days per pharmacy claims.
- No member lettering is needed due to acute or one-time use of opioids.
- Members with an oncology medication on hand in the past 90 days per pharmacy claims will not be subject to the day supply limit.

- If members have an oncology or hospice diagnosis and a recent opioid fill (within the past six months), continuation of therapy will be in place.
- Once the first three-day supply has been filled, later fills will not call for the three-day duration need, as long as the member is not opioid naïve.
- Prior authorization is required for members to fill an opioid prescription at the pharmacy if they exceed the program limit. Prescribing physicians can find the authorization request form on the Prior Authorization/ Step Therapy Programs section of our provider website at [bcbsmt.com/provider](http://bcbsmt.com/provider).

#### **The Centers for Disease Control and Prevention (CDC) Says:**

- The treatment of acute pain can lead to long-term opioid use.<sup>1</sup>
- For patients to safely use opioid therapy for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids – three days or less will often be sufficient.<sup>1</sup>
- Adolescents who misuse opioid medication commonly use from their leftover prescription.<sup>1</sup>

#### **Reminder:**

- The Appropriate Use of Opioids Program promotes safe and effective use of prescription opioids for our members who have prescription drugs benefits administered through Prime Therapeutics®.

#### **Source:**

<sup>1</sup> Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

#### **HDHP-HSA Preventive Drug Program Reminder**

Select BCBSMT members' High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced or \$0 cost-share for members using certain medications for preventive purposes. *Please note:* If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under their preventive drug benefit may also change.

#### **New Insulin Products Available for Coverage**

Starting Jan. 1, 2022, **Semglee (insulin glargine-yfgn)** and insulin **glargine-yfgn (unbranded Semglee)** will be added to the preferred brand tier on select drug lists, and **Lantus (insulin glargine)** will be excluded as a benefit denial across all drug lists.

This drug list change is the result of the U.S. Food and Drug Administration (FDA)'s approval of Semglee as the **first interchangeable biosimilar** insulin product to treat adults and pediatric patients with Type 1 diabetes mellitus and adults with Type 2 diabetes mellitus on July 28, 2021.<sup>1</sup>

#### **Background:**

- An interchangeable biosimilar is a biologic drug considered highly similar to and has no clinically meaningful differences from the original biologic. There are no clinically meaningful differences between Semglee/ insulin glargine-yfgn (unbranded) and Lantus (original biologic).
- The FDA defines biologic drugs or biologics as, "generally large, complex molecules that are made from living sources such as bacteria, yeast and animal cells."<sup>2</sup>

#### **Why it matters:**

- Semglee/insulin glargine-yfgn (unbranded) can be substituted for Lantus at the pharmacy in the same way that a generic drug is being substituted for a brand drug – meaning the pharmacist does not need a new prescription from the doctor.



- Interchangeable biosimilars have undergone studies to ensure members can safely switch to the biosimilar without safety or efficacy issues.
- Biosimilars and interchangeable biosimilars are important because they can introduce competition into the market at lower prices than the original biologic, which can help lower overall drug prices.

**Member notices:** Members will receive a letter explaining the insulin changes listed below in early November 2021.

### Insulin Coverage Updates by Drug Lists:

#### Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Performance Drug Lists – Changes effective Jan. 1, 2022

Product(s) No Longer Covered <sup>1</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml, SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml, SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

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

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

#### Balanced and Performance Select Drug Lists – Changes effective Jan. 1, 2022

Product(s) No Longer Covered <sup>1</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

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

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

#### Sources:

<sup>1</sup> FDA. FDA News Release: [FDA Approves First Interchangeable Biosimilar Insulin Product for Treatment of Diabetes](#), July 28, 2021

<sup>2</sup> FDA. [Health Care Provider Materials – Fact Sheets: Overview of Biosimilar Products](#).

**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 Jan. 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/](https://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.

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

## 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 Jan. 1, 2022 are outlined below.**

## Drug List Coverage Additions – As of Jan. 1, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists</b>	
AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5 ml)	Migraine
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5 ml)	Migraine
DUPIXENT (dupilumab subcutaneous soln pen-injector 200 mg/1.14 ml, 200 mg/2 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Paroxysmal Nocturnal Hemoglobinuria (PNH)
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Eosinophilic Asthma

— CONTINUED ON THE NEXT PAGE

INSULIN GLARGINE (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
INSULIN GLARGINE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1 ml)	Opioid Overdose
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NURTEC (rimegepant sulfate tab disint 75 mg)	Migraine
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Migraine
SEMGLEE (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
SEMGLEE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	Bowel Prep
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Migraine
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5 ml, 150 mg/ml)	Allergic Asthma, Nasal Polyps, Urticaria

**Multi-Tier Basic and Multi-Tier Enhanced Drug Lists**

ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 25 mcg/0.42 ml, 40 mcg/0.4 ml, 60 mcg/0.3 ml, 100 mcg/0.5 ml, 200 mcg/0.4 ml, 300 mcg/0.6 ml)	Anemia
INTRON A (interferon alfa-2b for inj 10000000 unit, 18000000 unit, 50000000 unit)	Cancer
INTRON A (interferon alfa-2b inj 6000000 unit/ml, 10000000 unit/ml)	Cancer
alprazolam tab er 24hr 2 mg, 3 mg	Anxiety
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg	Schizophrenia, Bipolar Disorder
bupropion hcl tab 75 mg	Depression
cholecalciferol cap 1.25 mg (50000 unit)	Vitamin/Supplement
clindamycin hcl cap 75 mg	Infections
diltiazem hcl extended release beads cap er 24hr 180 mg	Hypertension
fenofibrate micronized cap 67 mg	Hypertriglyceridemia
hydrocodone-acetaminophen tab 5-300 mg	Pain
isosorbide mononitrate tab er 24hr 120 mg	Angina
metoprolol tartrate tab 37.5 mg, 75 mg	Hypertension/Angina
nevirapine susp 50 mg/5 ml	HIV
nitroglycerin sl tab 0.4 mg	Angina
ofloxacin ophth soln 0.3%	Ocular infections
potassium chloride tab er 20 mq (1500 mg)	Hypokalemia
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	Neuropathy/Fibromyalgia

sildenafil citrate tab 25 mg, 50 mg, 100 mg	Erectile Dysfunction
sodium chloride soln nebu 7%	Cystic Fibrosis
<b>Balanced, Performance and Performance Select Drug Lists</b>	
AFLURIA QUADRIVALENT 2021 -2022 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
AFLURIA QUADRIVALENT 2021 -2022 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5 ml)	Migraine
amphetamine-dextroamphetamine cap er 24hr 5 mg, 24hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg	Attention Deficiency Hyperactivity Disorder (ADHD)
amphetamine-dextroamphetamine cap sr 24hr 5 mg, 24hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg	Attention Deficiency Hyperactivity Disorder (ADHD)
arformoterol tartrate soln nebu 15 mcg/2 ml (base equiv)	Chronic Obstructive Pulmonary Disease (COPD)
AYVAKIT (avapritinib tab 25 mg, 50 mg)	Cancer
EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Paroxysmal Nocturnal Hemoglobinuria (PNH)
enalapril maleate oral soln 1 mg/ml	Hypertension/Heart Failure
FLUAD QUADRIVALENT 2021-2022 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2021-2022 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2021-2022 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE HIGH-DOSE PF 2021-2022 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1 ml)	Opioid Overdose
LUMAKRAS (sotorasib tab 120 mg)	Cancer
MYRBETRIQ (mirabegron granules for oral extended release susp 8 mg/ml)	Overactive Bladder
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Contraception
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4 ml, 87.5 mg/0.7 ml, 125 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Juvenile Idiopathic Arthritis
ORENCIA CLICKJECT (abatacept subcutaneous soln auto-injector 125 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Juvenile Idiopathic Arthritis
sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent)	Cancer
TIROSINT-SOL (levothyroxine sodium oral solution 37.5 mcg/ml, 44 mcg/ml, 62.5 mcg/ml)	Hypothyroidism

TRUSELTIQ (infigratinib phos cap pack 100 & 25 mg (125 mg daily dose))	Cancer
TRUSELTIQ (infigratinib phos cap ther pack 100 mg (100 mg daily dose))	Cancer
TRUSELTIQ (infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose), 3 x 25 mg (75 mg daily dose))	Cancer
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5 ml, 0.5 mg/0.5 ml, 1 mg/0.5 ml, 1.7 mg/0.75 ml, 2.4 mg/0.75 ml)	Weight Loss
XOFLUZA (baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose))	Influenza
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5 ml, 150 mg/ml)	Allergic Asthma, Nasal Polyps, Urticaria
<b>Balanced and Performance Select Drug Lists</b>	
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5 ml)	Migraine
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension
<b>Performance Drug List</b>	
SUTAB (sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg)	Bowel Prep
<b>Balanced Drug List</b>	
ACCRUFER (ferric maltol cap 30 mg (fe equiv))	Iron Deficiency
ADAPALENE (adapalene lotion 0.1%)	Acne
ADAPALENE (adapalene pads 0.1%)	Acne
ADAPALENE (adapalene soln 0.1%)	Acne
ANDRODERM (testosterone td patch 24hr 2 mg/24hr, 24hr 4 mg/24hr)	Hypogonadism
BREXAFEMME (ibrexafungerp citrate tab 150 mg)	Yeast Infection
budesonide tab er 24hr 9 mg	Ulcerative Colitis
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Plaque Psoriasis
CIPRO HC (ciprofloxacin-hydrocortisone otic susp 0.2-1%)	Otic Infections
COLCHICINE (colchicine cap 0.6 mg)	Gout
CONSENSI (amlodipine besylate-celecoxib tab 2.5-200 mg, 5-200 mg, 10-200 mg)	Hypertension/Osteoarthritis
DIFFERIN (adapalene lotion 0.1%)	Acne
dihydroergotamine mesylate nasal spray 4 mg/ml	Migraine
DIPENTUM (olsalazine sodium cap 250 mg)	Ulcerative Colitis
DOXYCYCLINE HYCLATE (doxycycline hyclate tab delayed release 80 mg)	Acne, Infections
doxycycline hyclate tab delayed release 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	Acne, Infections
EXSERVAN (riluzole oral film 50 mg)	Amyotrophic Lateral Sclerosis (ALS)
febuxostat tab 40 mg, 80 mg	Gout
IMPOYZ (clobetasol propionate cream 0.025%)	Plaque Psoriasis
JATENZO (testosterone undecanoate cap 158 mg, 198 mg, 237 mg)	Hypogonadism
KRISTALOSE (lactulose oral crystal packet 10 gm, 20 gm)	Constipation

LACTULOSE (lactulose oral crystal packet 10 gm)	Constipation, Hepatic Encephalopathy
mafenide acetate packet for topical soln 5% (50 gm)	Burn
minocycline hcl tab er 24hr 45 mg, 24hr 90 mg, 24hr 135 mg	Acne
naproxen sodium tab er 24hr 375 mg, 24hr 500 mg (base equiv)	Pain, Inflammation
NATESTO (testosterone nasal gel 5.5 mg/act)	Hypogonadism
NOCDURNA (desmopressin acetate sublingual tab 27.7 mcg)	Nocturnal Polyuria
ONZETRA XSAIL (sumatriptan succinate exhaler powder 11 mg/nosepiece)	Migraine
ORTIKOS (budesonide cap er 24hr 6 mg, 24hr 9 mg)	Crohn's Disease
oxiconazole nitrate cream 1%	Fungal Infections
PENTASA (mesalamine cap cr 250 mg, 500 mg)	Ulcerative Colitis
PIFELTRO (doravirine tab 100 mg)	HIV
STRIANT (testosterone buccal mucoadhesive system 30 mg)	Hypogonadism
TESTOSTERONE (testosterone td gel 25 mg/2.5 gm, 50 mg/5 gm (1%))	Hypogonadism
TESTOSTERONE PUMP (testosterone td gel 12.5 mg/act (1%))	Hypogonadism
testosterone td gel 10mg/act (2%)	Hypogonadism
VOGELXO (testosterone td gel 50 mg/5 gm (1%))	Hypogonadism
VOGELXO PUMP (testosterone td gel 12.5 mg/act (1%))	Hypogonadism
XYOSTED (testosterone enanthate solution auto-injector 50 mg/0.5 ml, 75 mg/0.5ml, 100 mg/0.5 ml)	Hypogonadism
ZEMBRACE SYMTOUCH (sumatriptan succinate solution auto-injector 3 mg/0.5 ml)	Migraine
ZOLMITRIPTAN (zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit)	Migraine
ZOMIG (zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit)	Migraine

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

### Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2022

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>		
alprazolam tab sr 24hr 2 mg, 24 hr 3 mg	Preferred Generic	Anxiety
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg	Preferred Generic	Schizophrenia, Bipolar Disorder
bupropion hcl tab 75 mg	Preferred Generic	Depression
clindamycin hcl cap 75 mg	Preferred Generic	Infections
diltiazem hcl extended release beads cap er 24hr 180 mg	Preferred Generic	Hypertension/Angina
diltiazem hcl extended release beads cap sr 24hr 180 mg	Preferred Generic	Hypertension/Angina
DUPIXENT (dupilumab subcutaneous soln pen-injector 200 mg/1.14 ml, 300 mg/2 ml)	Preferred Brand	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Preferred Brand	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Preferred Brand	Eosinophilic Asthma

fenofibrate micronized cap 67 mg	Preferred Generic	Hypertriglyceridemia
isosorbide mononitrate tab er 24hr 120 mg	Preferred Generic	Angina
diltiazem hcl extended release beads cap sr 24hr 180 mg	Preferred Generic	Hypertension/Angina
alprazolam tab sr 24hr 2 mg, 24 hr 3 mg	Preferred Generic	Anxiety
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg	Preferred Generic	Schizophrenia, Bipolar Disorder
isosorbide mononitrate tab sr 24hr 120 mg	Preferred Generic	Angina
metoprolol tartrate tab 37.5 mg, 75 mg	Preferred Generic	Hypertension/Angina
nevirapine susp 50 mg/5 ml	Preferred Generic	HIV
nitroglycerin sl tab 0.4 mg	Preferred Generic	Angina
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Preferred Brand	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Preferred Brand	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NURTEC (rimegepant sulfate tab disint 75 mg)	Preferred Brand	Migraine
ofloxacin ophth soln 0.3%	Preferred Generic	Ocular Infection
potassium chloride tab er 20 meq (1500 mg)	Preferred Generic	Hypokalemia
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	Preferred Generic	Neuropathy/Fibromyalgia
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Preferred Brand	Migraine
SEMGLEE (insulin glargine-yfgh inj 100 unit/ml)	Preferred Brand	Diabetes
SEMGLEE (insulin glargine-yfgh soln pen-injector 100 unit/ml)	Preferred Brand	Diabetes
sildenafil citrate tab 25 mg, 50 mg, 100 mg*	Preferred Generic	Erectile Dysfunction
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Preferred Brand	Migraine
<b>Performance Drug List</b>		
arformoterol tartrate soln nebu 15 mcg/2 ml (base equivalent)	Non-Preferred Generic	Chronic Obstructive Pulmonary Disease (COPD)
INSULIN GLARGINE (insulin glargine-yfgh inj 100 unit/ml)	Preferred Brand	Diabetes
INSULIN GLARGINE (insulin glargine-yfgh soln pen-injector 100 unit/ml)	Preferred Brand	Diabetes
mefloquine hcl tab 250 mg	Non-Preferred Generic	Malaria
potassium chloride microencapsulated crys er tab 15 meq	Non-Preferred Generic	Hypokalemia
pyrazinamide tab 500 mg	Non-Preferred Generic	Bacterial Infections

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

\* Optional sexual dysfunction component coverage for select health plans.

## Utilization Management Program Changes

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

- The Antifungal Agents Prior Authorization (PA) program will add the target drug Brexafemme (ibresafungerp). This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.
- The Enzyme Deficiency Specialty PA program will change its name to Phenylketonuria. This program has new criteria requirements for approval.
- The standard Insulin Agents PA program will change its name to Rapid to Immediate Acting Insulin. One targeted medication, Semglee, will be removed from this program and added to the new non-standard Long Acting Insulin PA program.
  - Please note: This non-standard program is effective Jan. 1, 2022 and will also include Lantus (insulin glargine) and other insulin agents. This program only applies to members with a Health Insurance Marketplace plan (Individual or Employer-Offered Small Group) or a Student Health plan.
- The target drug Verkazia will be added to the Ophthalmic Immunomodulators PA program. This program applies to the Basic, Enhanced and Performance Drug Lists.

Effective **March 1, 2022**, the Cholestasis Pruritis Specialty PA program will be added to the Balanced and Performance Select Drug Lists. This program includes the target drug Bylvay (odevixibat).

- Effective **March 15, 2022**, this Specialty PA program will be added to the Performance Drug List.

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](http://bcbsmt.com) and log in to BAM or [MyPrime.com](http://MyPrime.com) for a variety of online resources.



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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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.

Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT.

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MDLIVE is a separate company that has contracted with BCBSMT to provide virtual visit services for members with coverage through BCBSMT. MDLIVE is solely responsible for its operations and for those of its contracted providers. Virtual visits may not be available to all BCBSMT members.

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