



BLUE REVIEWSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FIRST QUARTER 2019



INSIDE THIS ISSUE

Annual Reminder: Medicare Outpatient Observation Notice Required	2	Federal Judge Rules Individual Mandate Unconstitutional. Nothing Changes for Our Members	7	Leverage the Availity Provider Portal for Efficiencies and Cost Savings	23
Contact Us	2	Verifying Procedure Code Preauthorization Requirements Online	8	BCBSMT's Payer Spaces Updates in Availity	24
Notification of Annual Benefit Updates	3	Reminder of 2019 Benefit Preauthorization Changes: eviCore Training, Reminders and Resources	9	New and Updated Behavioral Health Forms	24
2019 Standards of Medical Care in Diabetes	3	Pharmacy Program Updates: Quarterly Pharmacy Changes and Pharmacy Network Changes Effective Jan. 1, 2019	11	Government Programs: Verifying Claim Status in the Availity Provider Portal	25
Navigating Provider Finder®	4			Behavioral Health Care Providers	25
American Lung Association Spirometry Course	4			Finding Meaning in Health Care's Complex Language	26
Why Doctors Review Health Insurance Claims	5				
Bluecard® Alert: Itemized Bill May Be Required for Some Inpatient Claims, Effective March 1, 2019	6				



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* provider 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 BCBSMT
- Notification of changes as required by contract or other mandates
- Member initiatives and patient resources

Annual Reminder: Medicare Outpatient Observation Notice Required

As of March 8, 2017, hospitals and Critical Access Hospitals (CAH) must give the standardized Medicare Outpatient Observation Notice (MOON) to people who receive Medicare benefits and are observed as outpatients for more than 24 hours. This includes people with Blue Cross Medicare Advantage (PPO)SM, and Blue Cross Medicare Advantage (HMO)SM health plans.

This notice lets people know why they are not inpatients and what their cost sharing and hospital coverage will be. It must be explained verbally and completed no later than 36 hours after observation begins or sooner if patients are admitted, transferred or released. Patients must sign to confirm they received and understand the notice. If they say no, the staff member who gave the notice must certify that it was presented.

The information provided here is only intended to be a summary of the law that have 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.

Checking 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 and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.



Notification of Annual Benefit Updates

BCBSMT will be updating member files with annual benefit changes. Updates are also in progress due to open enrollment. As always, we encourage you to verify your patients' coverage first, using Availity® or your preferred vendor portal. In the event you are asked to contact BCBSMT Provider Customer Service, please know that hold times may be longer than normal. For patients who are not scheduled for appointments, you may want to defer eligibility and benefit information requests to a later date.

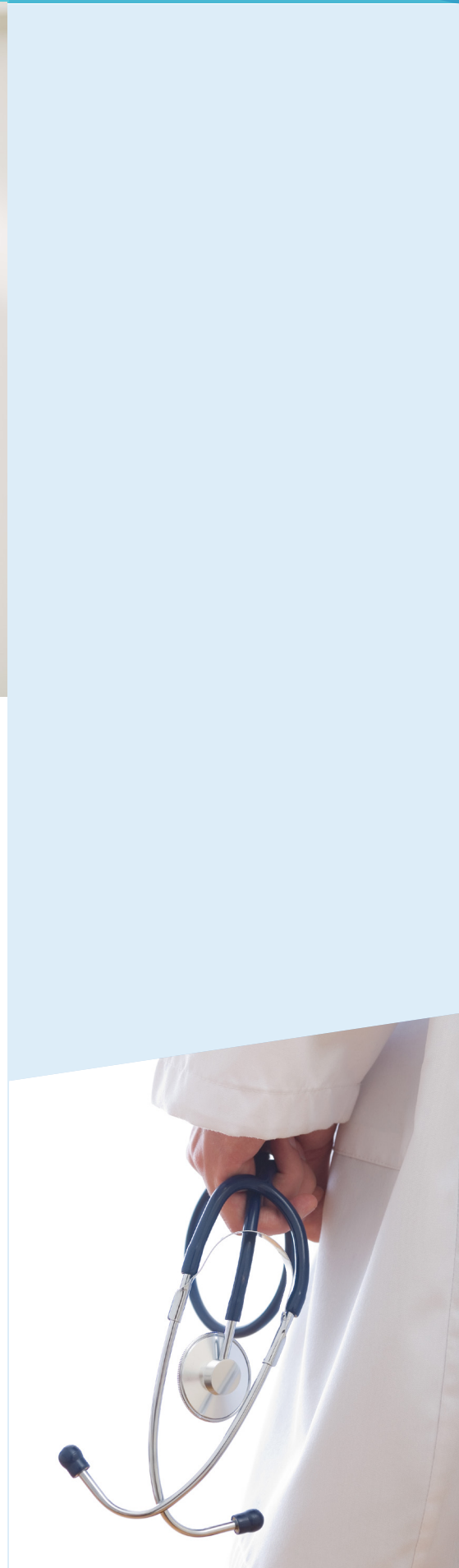
The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

Availity is a trademark of 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. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

2019 Standards of Medical Care in Diabetes

The American Diabetes Association (ADA) has released the 2019 Standards of Medical Care in Diabetes. The new guideline includes the ADA's current clinical practice recommendations and is intended to provide clinicians, patients, and others with tools to evaluate the quality of care. The Standards of Medical Care in Diabetes is updated annually, or more frequently online if new evidence or regulatory changes merit immediate incorporation. A link to the 2019 Standards is now available on the BCBSMT website in the Clinical Practice Guidelines section at <https://www.bcbsmt.com/provider/clinical-resources/clinical-practice-guidelines>.

Source: Standards of Medical Care in Diabetes—2019 Diabetes Care Jan 2019, 42 (Supplement 1) S1-S2; DOI: 10.2337/dc19-Sint01





American Lung Association Spirometry Course

**FRIDAY, APRIL 26, 2019
BOZEMAN, MT**

The American Lung Association will be providing their course 'Implementation and Interpretation of Spirometry in the Primary Care Practice' on Friday, April 26 in Bozeman. The course provides 7 AMA PRA Category 1 Credits for physicians and 7 CEUs for nurses, respiratory therapists, and pharmacists (pending). Taught by Ed Corazalla, MS, RPFT, the Technical Director of the Pulmonary Lab at the University of Minnesota and an incredible content expert. \$160 for full-day, lunch included, scholarships available. To [register click here](#). For more information contact Montana@lung.org.

Navigating Provider Finder

The Provider Finder tool is available on the BCBSMT website. Provider Finder improves search results so that our members can easily find in-network physicians, specialists and other health care providers.

It's important for you to review your own information and to help direct our members to other in-network providers. Below is a step-by-step guide to help you navigate the Provider Finder.

1. Use this [link](#) from our provider website
2. Select the "Search All Providers" link in the "Are You Shopping? Find a Provider by Name or Location" section. (Please encourage members to choose "Search In-Network Providers." This will lead them through a series of prompts to help focus results.)

To check your own information for accuracy, enter your name and your location. Then in the search results, select your name to view your record, which will include the BCBSMT group and retail networks with which you are contracted.

To search for other providers who are in-network for a one of your patients, go back to the "Find a Doctor or Hospital" screen, then:

- Enter a provider's name and location in the "Search All Providers" link in the "Are You Shopping? Find a Provider by Name or Location" section. Then select "Find a Doctor or Hospital" at the bottom of the page.

Or

- Enter the location information then choose "More Search Options" to reveal other search options. Choose a provider type or a specialty from the dropdown box. Then select "Find a Doctor or Hospital" at the bottom of the page.

Note: If you are looking for an in-network provider for BCBSMT Medicare/Medicaid members, go back to the "Find a Doctor or Hospital" screen and choose the member's Medicare/Medicaid network in the "Helpful Links" section.

Help us continue to help our members find you. If you find discrepancies when checking your own information on the Provider Finder, please submit a request to make the necessary changes. Visit [Update Your Information](#) page for help.



AS PHYSICIANS,
WE FOCUS
ON THE SCIENCE
THAT SUPPORTS THE
TREATMENT RATHER
THAN COST OF
THE TREATMENT.

Why Doctors Review Health Insurance Claims

Doctors employed by health insurers help make sure members get safe and effective care — and that members' premium dollars aren't wasted.

By Heather Punke

When a doctor prescribes a drug, test or a course of treatment, people tend to take it at face value. Doctors have medical training and experience, after all, and often have a close relationship with their patients.

So when an insurer says it needs to approve the treatment before it will be covered, or denies a payment for a service their doctor recommended, members may balk at what seems like bureaucratic interference.

But medical review is a step health insurers take to help make sure members get safe and effective care — and that members' premium dollars aren't wasted.

"There are certain services that need to be reviewed to make sure there is evidence it will work for the member," says Dr. Joseph McClaran, a medical director with the Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas.

This review process is one of the key ways insurers help to hold down premium costs for everyone.

— CONTINUED ON PAGE NEXT PAGE

Clinicians at every step

Medical review isn't necessary for all services. Annual physicals, blood tests and other routine care services are typically covered without review.

But some treatment plans or surgeries do require prior approval, and some claims may be reviewed after the service has been rendered. Insurers employ nurses and doctors to review cases for proper documentation, medical necessity and other criteria.

There are a few reasons a preauthorization, predetermination or claim would not be approved. The most common reason is missing documentation, according to McClaran.

For instance, a doctor may reference a result of an MRI in a note, but the insurer may need the complete MRI report to approve the claim.

Other times, the insurer may deem a service experimental or investigational because it isn't proven to improve outcomes.

If a review leads to a denial, the health insurance plan sends a letter to the member and his/her physician explaining the reason the service was denied. The appeal process is explained in the denial letter.

Sometimes medical review brings something more important to the request — point of view. The medical reviewer has access to medical policies (based on evidence-based best practices that help determine medical necessity).

In one instance, McClaran reviewed a case in which a physician ordered home health physical therapy for a patient with cystic fibrosis. Essentially, the therapist would tap on the patient's chest to loosen up mucus and [decrease the chance of a lung infection](#). However, the patient's benefits would only pay for 25 home health visits in a year.

As part of the review, McClaran contacted the patient's physician. He explained the denial and made a suggestion — though the patient's plan wouldn't cover more home health visits, it would cover a [high-frequency chest wall oscillation vest](#). The vest vibrates and performs the same function as the in-home therapist did, but at a much lower long-term cost.

"I knew we had a way around this, but the doctor didn't know," McClaran says. "I was able to point him to the durable medical equipment, associated medical policy and with this information the provider was able to secure the approval for the vest."

Bluecard Alert: Itemized Bill May Be Required for Some Inpatient Claims, Effective March 1, 2019

Beginning March 1, 2019, BCBSMT will request an itemized bill for any institutional inpatient BlueCard (out-of-area) member claim billed at \$250,000 or more.

The itemized bill is needed for completion of a required pre-payment review process, as mandated by the Blue Cross and Blue Shield Association. The purpose of the review is to support accurate claim payment. The review also may help reduce the need for further inquiry or review of itemized bill statements, after claims are paid.

If you receive a request for an itemized bill, you may submit it electronically, along with the appropriate claim number, using our Claim Inquiry Resolution tool.

For additional information on submitting claims for out-of-area Blue Cross and Blue Shield members, refer to the BlueCard Program Provider Manual. If you have questions, contact your BCBSMT Provider Network Consultant.

Cost and crime containment

Medical review can help contain health care costs and root out [fraud or waste](#) in the system.

Some experimental procedures or medications are expensive but don't have clinical trials proving they will benefit the member or treat the member's condition.

"We won't pay for a drug that's not proven to work," McClaran says.

Medical review helps shine a light on services that drive up the cost of care but may not help the member's condition.

"As physicians, we focus on the science that supports the treatment rather than cost of the treatment," McClaran says. "Of course, if evidence shows that multiple treatments have been proven similarly effective, medical policy may require a trial of the less costly treatment first."

Additionally, the review process serves as a "checks and balance system" of sorts, says Dr. Deb Sirmans, a medical director with the Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas. "It helps catch the outliers."

Hundreds of billions of dollars are [spent each year on wasteful or unnecessary care](#), experts estimate.

Focus on the member

Decisions about which tests and treatments to pursue are between a doctor and a patient. The insurer determines what's covered under a member's plan.

While the peer review process can help hold costs in check and identify potential fraudulent or wasteful activity, the doctors who participate know in the end it's about the member, not about the money.

In fact, that message is a key part of training Sirmans received from the five Blues Plans when she joined as a medical director.

"They always told us, use your medical knowledge and do what's right for the member," Sirmans says. "We are physicians who do have the members' best interest at heart. We do take time looking at all these cases to do what we think, based on guidelines and literature is in the best interest of the member and for medical practice."

Federal Judge Rules Individual Mandate Unconstitutional. Nothing Changes for Our Members

You may be aware that a federal judge in Texas ruled that the individual mandate was unconstitutional, and that the entire Affordable Care Act was invalid. For now, nothing changes; current and 2019 coverage remains in place for our members and employers.

We expect this decision to be appealed, and for the litigation process to continue for a period of time. We are currently reviewing the decision and will keep you updated on any next steps.

Meanwhile, Blue Cross and Blue Shield of Montana continues to work with state and federal regulators and legislators to ensure a stable and affordable health insurance market that is accessible to all Americans regardless of health status.

Verifying Procedure Code Preauthorization Requirements Online

As of **December 10, 2018**, providers can access preauthorization requirements for specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes when conducting an eligibility and benefits inquiry through the Availity® Provider Portal. As a reminder, the CPT/HCPCS code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits. Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized is not a guarantee of payment.

How to determine preauthorization requirements for CPT/HCPCS codes via Availity Portal:

- Eligibility and benefit inquiry entry (270) – Select a benefit/service type and/or enter a valid CPT/HCPCS code(s) and the associated place of service. Providers may enter up to eight CPT/HCPCS codes in the inquiry.
Note: If a benefit/service type is not selected, the place of service and at least one CPT/HCPCS code is required. If a CPT/HCPCS code is not entered, the place of service and benefit/service type is required.
- Eligibility and benefit inquiry response (271) – Displays specific preauthorization requirements in the Pre-Authorization Info tab for the benefit/service type and/or CPT/HCPCS codes entered in the inquiry. This information is organized in two sections:
 - Requested Procedure Code Authorization – Displays preauthorization information for the procedure codes submitted in the inquiry. If no procedure codes are submitted in the request, this section will not display any preauthorization information.
 - Service Level Authorization – Displays preauthorization information for the submitted benefit/service type in the inquiry. This section may also include preauthorization information for procedure codes related to the benefit/service type submitted in the inquiry.

When preauthorization is required for a benefit/service type and/or procedure code, the Pre-Authorization Info tab will display a red “Auth Required” badge. If preauthorization is not required a green “No Auth Required” badge is displayed. In some instances, providers may see a gray “Auth Info Unknown” response for the requested benefit/service type. If preauthorization is required or unknown, contact information for completing the request and other important details are included.

Online CPT/HCPCS code inquiry for preauthorization is not returned for the following Blue Cross and Blue Shield of Montana (BCBSMT) members:

- Federal Employee Program® (FEP®)
- Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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 or contract of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member’s ID card.

CPT copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Availity is a trademark of 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. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by independent third-party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.



Reminder of 2019 Benefit Preauthorization Changes: eviCore Training, Reminders and Resources

As we head into 2019 we want to thank our providers for making 2018 a healthier year for so many of our members. We also want to take this time to remind providers of the upcoming changes for 2019.

As we announced in November 2018, BCBSMT will expand its benefit preauthorization requirements for certain outpatient services. These changes will affect both PPO and HMO plans effective Jan. 1, 2019.

These changes may mean you need to obtain benefit preauthorization through eviCore healthcare (eviCore), an independent specialty medical benefits management company that provides utilization management for BCBSMT, for the following new care category:

- Advanced Imaging

Also, members will be requested to get authorization through BCBSMT for:

- Expanded specialty pharmaceuticals

If you have not already attended any of the eviCore training sessions, it's not too late. Visit the [Provider Resource page](#) on the eviCore website, where you will find the training session invite, along with registration instructions.

Benefit preauthorization through BCBSMT will continue to be required for other services/care categories. For benefit preauthorization through BCBSMT, we encourage you to use our online tool, [iExchange](#)®.

Predeterminations may be submitted using the BCBSMT predetermination form to request review for services subject to medical necessity that do not require a preauthorization. Visit the BCBSMT provider website to find predetermination forms on the [Forms and Documents page](#).

Always Check Eligibility and Benefits First

Benefits will vary based on the service being rendered policy elections. It is critical to check eligibility and benefits for every patient to confirm coverage details. This step will also identify benefit preauthorization requirements and specify utilization management vendors that must be used, if applicable. Submit online eligibility and benefits requests (electronic 270 transactions) via the Availity Provider Portal or your preferred web vendor portal.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSMT.

Checking eligibility and benefits and/or obtaining preauthorization/pre-notification for a service is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider. **If you have any questions, please call the number on the member's BCBSMT ID card.**

iExchange is a trademark of Medecision, Inc., a separate company that offers collaborative health care management solutions for payers and providers. BCBSMT makes no endorsement, representations or warranties regarding any products or services offered by third party vendors such as Availity and Medecision. If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly.

Learn More About Availity and iExchange

We offer a variety of webinars with an emphasis on using electronic options. We encourage you to attend a BCBSMT Back to Basics: "Availity 101" webinar for an overview of electronic transactions, such as eligibility and benefits, that can be conducted via the Availity Portal. Also, be sure to sign up for an iExchange webinar to learn how to access and navigate our online benefit preauthorization tool.

Dates, times and online registration links for upcoming BCBSMT webinars, visit the [Provider Training](#) webpage at bcbsmt.com/provider.

Stay Informed

Continue to watch the [News and Updates](#) for more information in the coming weeks.





THE BIG BLUE SKY INITIATIVESM

Together the blue sky is the limit to what we can do to make everyone happy and healthy.SM So Blue Cross and Blue Shield of Montana is launching a statewide Big Blue Sky InitiativeSM to help fight opioid abuse, rising suicide rates and meth and heroin epidemics that can get in our way of living healthier, fuller lives. The Big Blue Sky InitiativeSM is ready to put resources in the hands of the communities we serve, so we all get through this together.

By bringing health care providers, community groups and state government together to fight this fight, we can set a positive example for years to come. Because with everyone's help, there's hope.

Together the blue sky is the limit to what we can do to make everyone happy and healthy.



BlueCross BlueShield
of Montana

Learn more at:
bigblueskyinitiativemt.com

Pharmacy Program Updates: Quarterly Pharmacy Changes and Pharmacy Network Changes Effective Jan. 1, 2019

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Montana (BCBSMT) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2019. 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. Based on claims data, members impacted by these changes were sent letters from BCBSMT to alert them.

Some BCBSMT members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2019. 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. Based on claims data, members impacted by these changes were sent letters from BCBSMT to alert them.

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, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of Montana (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 that were effective Jan. 1, 2019 are outlined below.

Please Note: If you have patients with an individual benefit plan offered on/off the Illinois Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our Member Services website.

DRUG LIST UPDATES (COVERAGE ADDITIONS) – AS OF JAN. 1, 2019

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists	
CLOMIPHENE CITRATE (clomiphene citrate tab 50 mg)	Infertility
CYSTADANE (betaine powder for oral solution)	Homocystinuria
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	Menopause/Low estrogen
PREMPHASE (conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5 mg (14))	Menopause/Low estrogen
PREMPRO (conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg)	Menopause/Low estrogen
RETACRIT (epoetin alfa-epbx inj 2000 unit/mL, 3000 unit/mL, 4000 unit/mL, 10000 unit/mL, 40000 unit/mL)	Anemia
TRULICITY (dulaglutide soln pen-injector 0.75 mg/0.5 mL, 1.5 mg/0.5 mL)	Diabetes
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg)	Pain
YONSA (abiraterone acetate tab 125 mg)	Cancer

Preferred Drug ¹	Drug Class/Condition Used For
Performance and Performance Select Drug Lists	
AFLURIA 2018-2019 (influenza virus vaccine split im susp)	Influenza
AFLURIA PF 2018-2019 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Influenza
AFLURIA QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
AFLURIA QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent im inj)	Influenza
BRAFTOVI (encorafenib cap 50 mg, 75 mg)	Cancer
colesevelam hcl packet for susp 3.75 gm (generic for WELCHOL)	High Cholesterol
crotamiton lotion 10% (generic for EURAX)	Scabies
dalfampridine tab er 12hr 10 mg (generic for AMPRYA)	Multiple Sclerosis
FLUAD 2018-2019 (influenza vac type a&b surface ant adj susp pref syr 0.5 mL)	Influenza
FLUARIX QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
FLUBLOK QUADRIVALENT 2018 -2019 (influenza vac recomb ha quad pf soln pref syr 0.5 mL)	Influenza
FLUCELVAX QUADRIVALENT 2018-2019 (influenza vac tiss-cult subunt quad susp pref syr 0.5 mL)	Influenza
FLUCELVAX QUADRIVALENT 2018-2019 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza
FLULAVAL QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
FLULAVAL QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent im inj)	Influenza
FLUZONE HIGH-DOSE PF 2018 -2019 (influenza virus vac split high-dose pf susp pref syr 0.5 mL)	Influenza
FLUZONE QUADRIVALENT 2018 -2019 (influenza virus vac split quadrivalent susp pref syr 0.25 mL)	Influenza
FLUZONE QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
FLUZONE QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent im inj)	Influenza
FLUZONE QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent inj 0.5 mL)	Influenza
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
HEPLISAV-B (hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5 mL)	Hepatitis B
HUMIRA PEN-CD/UC/HS START ER (adalimumab pen-injector kit 80 mg/0.8 mL)	Crohn's Disease, Ulcerative Colitis, Hidradenitis Suppurativa
HUMIRA PEN-PS/UV STARTER (adalimumab pen-injector kit 80 mg/0.8 mL & 40 mg/0.4 mL)	Plaque Psoriasis, Uveitis
ISOPTO ATROPINE (atropine sulfate ophth soln 1%)	Ophthalmic procedures and conditions
JYNARQUE (tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg)	Hyponatremia, Kidney disease
KETOPROFEN (ketoprofen cap 25 mg)	Pain/inflammation
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Cancer
LENVIMA 12 MG DAILY DOSE (lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose))	Cancer
LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent))	Opiate agonist withdrawal
MEKTOVI (binimetinib tab 15 mg)	Cancer
nevirapine susp 50 mg/5 mL (generic for VIRAMUNE)	HIV
ORKAMBI (lumacaftor-ivacaftor granules packet 100-125 mg, 150-188 mg)	Cystic Fibrosis
RETACRIT (epoetin alfa-epbx inj 2000 unit/mL, 3000 unit/mL, 4000 unit/mL, 10000 unit/mL, 40000 unit/mL)	Anemia

– CONTINUED FROM PREVIOUS PAGE

tadalafil tab 20 mg (pah) (generic for ADCIRCA)	Pulmonary Arterial Hypertension
TAVALISSE (fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent))	Cancer
TIBSOVO (ivosidenib tab 250 mg)	Cancer
XELJANZ (tofacitinib citrate tab 10 mg (base equivalent))	Cancer
YONSA (abiraterone acetate tab 125 mg)	Cancer
Performance Select Drug List	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE (clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%) (generic for ACANYA)	Acne
IMIQUIMOD PUMP (imiquimod cream 3.75%)	Actinic Keratosis

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

DRUG LIST UPDATES (COVERAGE TIER CHANGES) – AS OF JAN. 1, 2019

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Performance and Performance Select Drug List		
acetaminophen w/ codeine tab 300-60 mg	Preferred Generic	Pain
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Preferred Generic	Allergic Rhinitis
bupropion hcl tab 75 mg	Preferred Generic	Depression
bupropion hcl tab er 12hr 200 mg	Preferred Generic	Depression
bupropion hcl tab sr 12hr 200 mg	Preferred Generic	Depression
carbidopa & levodopa tab 25-100 mg	Preferred Generic	Parkinson's Disease
cefdinir cap 300 mg	Preferred Generic	Antibiotic
cefepodoxime proxetil for susp 50 mg/5 mL	Preferred Generic	Antibiotic
CLOMIPHENE (clomiphene tab 50 mg)	Preferred Brand (optional Infertility component)	Infertility
CYSTADANE (betaine powder for oral solution)	Preferred Brand	Homocystinuria
DEXAMETHASONE (dexamethasone tab 1 mg, 2 mg)	Preferred Brand	Inflammatory Conditions
diltiazem hcl cap er 24hr 180 mg	Preferred Generic	Hypertension
diltiazem hcl cap sr 24hr 180 mg	Preferred Generic	Hypertension
diltiazem hcl extended release beads cap er 24hr 180 mg	Preferred Generic	Hypertension
diltiazem hcl extended release beads cap sr 24hr 180 mg	Preferred Generic	Hypertension
duloxetine hcl enteric coated pellets cap 30 mg, 30 mg (base eq)	Preferred Generic	Depression
enalapril maleate tab 20 mg	Preferred Generic	Hypertension
eszopiclone tab 2 mg	Preferred Generic	Insomnia
fenofibrate tab 48 mg	Preferred Generic	High Cholesterol
fluconazole for susp 10 mg/mL	Preferred Generic	Fungal Infections
fluconazole tab 200 mg	Preferred Generic	Fungal Infections
flurbiprofen sodium ophth soln 0.03%	Preferred Generic	Ophthalmic Anti-Inflammatory
folic acid cap 0.8 mg	Preferred Generic	Vitamin
gabapentin tab 800 mg	Preferred Generic	Anticonvulsant/Nerve Pain

– CONTINUED ON PAGE NEXT PAGE

– CONTINUED FROM PREVIOUS PAGE

haloperidol tab 2 mg	Preferred Generic	Antipsychotic
hydrocodone-acetaminophen tab 10-325 mg	Preferred Generic	Pain
hydrocodone-ibuprofen tab 7.5-200 mg	Preferred Generic	Pain
isosorbide mononitrate tab sr 24hr 120 mg	Preferred Generic	Angina
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Non-Preferred Brand	Seizures
LAMICTAL ODT (lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit)	Non-Preferred Brand	Seizures
LAMICTAL ODT (lamotrigine tab disint 50 mg (42) - 100 mg (14) titration kit)	Non-Preferred Brand	Seizures
levetiracetam oral soln 100 mg/mL	Preferred Generic	Seizures
levetiracetam tab 750 mg	Preferred Generic	Seizures
levofloxacin oral soln 25 mg/mL	Non-Preferred Generic	Antibiotic
liothyronine sodium tab 5 mcg, 25 mcg	Preferred Generic	Hypothyroid
mesalamine tab delayed release 800 mg	Non-Preferred Generic	Ulcerative Colitis
methadone hcl tab 10 mg	Preferred Generic	Pain
methylprednisolone tab 32 mg	Preferred Generic	Inflammatory Conditions
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Preferred Generic	Hypertension
metoprolol succinate tab sr 24hr 100 mg (tartrate equiv)	Preferred Generic	Hypertension
morphine sulfate oral soln 10 mg/5 mL	Preferred Generic	Pain
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Preferred Generic	Antibiotic
nitroglycerin sl tab 0.4 mg	Preferred Generic	Angina
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	Preferred Generic	Oral Contraceptives
nystatin oint 100000 unit/gm	Preferred Generic	Topical Anti-Infective
potassium chloride cap cr 10 meq	Preferred Generic	Hypokalemia
potassium chloride cap er 10 meq	Preferred Generic	Hypokalemia
potassium chloride oral soln 20% (40 meq/15 mL)	Non-Preferred Generic	Hypokalemia
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Preferred Generic	Migraine
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg	Preferred Generic	High Cholesterol
sotalol hcl tab 240 mg	Preferred Generic	Hypertension
thyroid tab 15 mg (1/4 grain)	Preferred Generic	Hypothyroid
valacyclovir hcl tab 1 gm	Preferred Generic	Viral Infections
Performance Drug List		
dihydroergotamine mesylate inj 1 mg/mL	Non-Preferred Generic	Migraine
Performance Select Drug List		
ENDOMETRIN (progesterone vaginal insert 100 mg)	Preferred Brand (optional Infertility component)	Infertility
GANIRELIX (ganirelix acetate inj 250 mcg/0.5 mL)	Preferred Brand (optional Infertility component)	Infertility
MENOPUR (menotropins for subcutaneous inj 75 unit)	Preferred Brand (optional Infertility component)	Infertility
NOVAREL (chorionic gonadotropin for im inj 5000 unit, 10000 unit)	Preferred Brand (optional Infertility component)	Infertility
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL (chorionic gonadotropin for im inj 10000 unit)	Preferred Brand (optional Infertility component)	Infertility

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

– CONTINUED ON PAGE NEXT PAGE

DRUG LIST UPDATES (REVISIONS/EXCLUSIONS) – AS OF JAN. 1, 2019

Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug List Revisions			
BILTRICIDE (praziquantel tab 600 mg)	Anthelmintic	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
MEPHYTON (phytonadione tab 5 mg)	Vitamin K Deficiency	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NORVIR (ritonavir tab 100 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, hydromorphone ER tablet	Xtampza ER
PRALUENT (alirocumab subcutaneous soln pen-injector 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha
STRIBILD (elvitegrav-cobic-emtricitab-tenofovdif tab 150-150-200-300 mg)	HIV	N/A	Biktarvy, Genvoya
TEMODAR (temozolomide for iv soln 100 mg)	Cancer	temozolomide capsule	N/A
WELCHOL (colesevelam hcl tab 625 mg)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug List Revisions			
AXIRON (testosterone td soln 30 mg/act)	Low Testosterone	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EMEND (aprepitant capsule 40 mg, 125 mg)	Antiemetic	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ESTRACE (estradiol vaginal cream 0.1 mg/gm)	Menopausal Changes	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
MIRENA (levonorgestrel releasing iud 20 mcg/day (52 mg total))	Contraceptives	N/A	This product may be covered under the medical benefit.
REYATAZ (atazanavir sulfate cap 150 mg (base equiv), 200 mg (base equiv), 300 mg (base equiv))	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SABRIL (vigabatrin powd pack 500 mg)	Infantile Spasms	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SKYLA (levonorgestrel releasing iud 14 mcg/day (13.5 mg total))	Contraceptives	N/A	This product may be covered under the medical benefit.
SUSTIVA (efavirenz cap 50 mg, 200 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUSTIVA (efavirenz tab 600 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VIREAD (tenofovir disoproxil fumarate tab 300 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZIAGEN (abacavir sulfate soln 20 mg/mL (base equiv))	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

Basic and Multi-Tier Basic Drug List Revisions			
BYDUREON (exenatide for inj extended release susp 2 mg)	Diabetes	N/A	Trulicity, Ozempic
BYDUREON BCISE (exenatide extended release susp auto-injector 2 mg/0.85 mL)	Diabetes	N/A	Trulicity, Ozempic
BYDUREON PEN (exenatide extended release for susp pen-injector 2 mg)	Diabetes	N/A	Trulicity, Ozempic
CLEOCIN (clindamycin phosphate vaginal suppos 100 mg)	Vaginal Anti-Infective	clindamycin vaginal cream, metronidazole vaginal gel	N/A
GABITRIL (tiagabine hcl tab 12 mg, 16 mg)	Anticonvulsant	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NUCYNTA ER (tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg)	Pain	tramadol ER tablet	N/A
Multi-Tier Basic Drug List Revisions			
FORTEO (teriparatide (recombinant) inj 600 mcg/2.4 mL)	Osteoporosis	N/A	Tymlos
KADIAN (morphine sulfate cap er 24hr 40 mg, 200 mg)	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, hydromorphone ER tablet	Xtampza ER
NASONEX (mometasone furoate nasal susp 50 mcg/act)	Allergic Rhinitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PATADAY (olopatadine hcl ophth soln 0.2% (base equivalent))	Ocular Allergy	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PENTASA (mesalamine cap er 250 mg, 500 mg)	Ulcerative Colitis	N/A	Apriso, Asacol HD, Delzicol
VIGAMOX (moxifloxacin hcl ophth soln 0.5% (base equiv))	Ophthalmic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Drug ¹	Drug Class/Condition Used For	Preferred Alternative(s) ^{1,2}	
Performance and Performance Select Drug Lists Revisions			
COMPLERA (emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	BIKTARVY, ODEFSEY, TRIUMEQ	
HYDROCODONE BITARTRATE/CH LORPHENIRAMINE MALEATE/PSE (pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5 mL)	Cough/Cold	Members should talk to their pharmacist or doctor about over-the-counter options.	
METHYLTESTOSTERONE (methyltestosterone cap 10 mg)	Low Testosterone	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
OXAZEPAM (oxazepam cap 30 mg)	Anxiety	alprazolam, lorazepam	
PREDNISOLONE (prednisolone syrup 15 mg/5 mL (usp solution equivalent))	Inflammatory Conditions	prednisolone oral solution 15 mg/5 mL (generic for ORAPRED), prednisolone oral solution 5 mg/5 mL base equiv (generic for PEDIAPRED), prednisone tablet	
STRIBILD (elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg)	HIV	BIKTARVY, GENVOYA, TRIUMEQ	
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg)	Hypertension	amlodipine, diltiazem, other formulations of verapamil available at lower tier	
VERAPAMIL HCL SR (verapamil hcl cap er 24hr 360 mg)	Hypertension	amlodipine, diltiazem, other formulations of verapamil available at lower tier	
Performance Select Drug List Revisions			
NUCYNTA ER (tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg)	Pain	tramadol ER tablet	
Performance and Performance Select Drug Lists Exclusions			
BILTRICIDE (praziquantel tab 600 mg)	Anthelmintic	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CARAFATE (sucralfate susp 1 gm/10ml)	Ulcers	ranitidine tablet, ranitidine syrup, sucralfate tablet	
cholecalciferol cap 400 unit, 1000 unit	Vitamin/Supplement	Members should talk to their pharmacist or doctor about over-the-counter options.	

– CONTINUED FROM PREVIOUS PAGE

cholecalciferol chew tab 400 unit, 1000 unit	Vitamin/Supplement	Members should talk to their pharmacist or doctor about over-the-counter options.
cholecalciferol drops 400 unit/0.03 mL (per drop), 2000 unit/0.03 mL (per drop)	Vitamin/Supplement	Members should talk to their pharmacist or doctor about over-the-counter options.
cholecalciferol drops 5000 unit/mL (1000 unit/0.2 mL)	Vitamin/Supplement	Members should talk to their pharmacist or doctor about over-the-counter options.
cholecalciferol oral liquid 400 unit/mL	Vitamin/Supplement	Members should talk to their pharmacist or doctor about over-the-counter options.
cholecalciferol tab 400 unit, 1000 unit	Vitamin/Supplement	Members should talk to their pharmacist or doctor about over-the-counter options.
CLEOCIN (clindamycin phosphate vaginal suppos 100 mg)	Vaginal Anti-Infective	clindamycin vaginal cream, metronidazole vaginal gel
CYCLOPHOSPHAMIDE (cyclophosphamide cap 25 mg, 50 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
FAZACLO (clozapine orally disintegrating tab 12.5 mg)	Antipsychotic	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
GABITRIL (tiagabine hcl tab 12 mg, 16 mg)	Anticonvulsant	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
MEPHYTON (phytonadione tab 5 mg)	Vitamin K Deficiency	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
NASCOBAL (cyanocobalamin nasal spray 500 mcg/0.1 mL)	Vitamin B Deficiency	cyanocobalamin injection
NORVIR (ritonavir tab 100 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, XTAMPZA ER
PRALUENT (alirocumab subcutaneous soln pen-injector 75 mg/mL, 150 mg/mL)	High Cholesterol	REPATHA
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	REPATHA
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Oral Contraceptives	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SUCRALFATE (sucralfate susp 1 gm/10 mL)	Ulcers	ranitidine tablet, ranitidine syrup, sucralfate tablet
WELCHOL (colesevelam hcl tab 625 mg)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ZAVESCA (miglustat cap 100 mg)	Gaucher's Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Performance Select Drug List Exclusions		
GLUMETZA (metformin hcl tab er 24hr modified release 500 mg)	Diabetes	metformin tablet, metformin ER tablet (generic for Glucophage XR)
GLUMETZA (metformin hcl tab sr 24hr modified release 1000 mg)	Diabetes	metformin tablet, metformin ER tablet (generic for Glucophage XR)
SUPRAX (cefixime for susp 100 mg/5 mL, 200 mg/5 mL)	Anti-Infective	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

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

²These lists are not all -inclusive. Other medications may be available in this drug class.

³To continue using this drug, members may need to meet certain criteria before coverage consideration may be approved.

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.

– CONTINUED ON PAGE NEXT PAGE

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Performance and Performance Select Drug Lists Changes	
Biologic Immunomodulators	
Enbrel 25 mg/0.5 mL	4 syringes per 28 days
Kineret	28 syringes per 28 days
Xeljanz 5 mg	60 tablets per 30 days
Metformin ER	
Metformin ER	High Cholesterol
Mupirocin Cream QL	
Bactroban cream 2%	120 grams per 90 days
Nocturia	
Noctiva 0.83 mcg/0.1 mL nasal emulsion spray	3.8 mL/30 days
Noctiva 1.66 mcg/ 0.1 mL nasal emulsion spray	3.8 mL/30 days
Oral Anticoagulant	
Eliquis 5 mg	74 tabs per 30 days
Polycystic Kidney Disease	
Jynarque 45-15 mg tablet therapy pack	56 tablets per 28 days
Jynarque 60-30 mg tablet therapy pack	56 tablets per 28 days
Jynarque 90-30 mg tablet therapy pack	56 tablets per 28 days
Topiramate ER	
Qudexy XR 25 mg capsule	30 capsules per 30 days
Qudexy XR 50 mg capsule	30 capsules per 30 days
Qudexy XR 100 mg capsule	30 capsules per 30 days
Qudexy XR 150 mg capsule	30 capsules per 30 days
Qudexy XR 200 mg capsule	60 capsules per 30 days
Topiramate ER 25 mg capsule	30 capsules per 30 days
Topiramate ER 50 mg capsule	30 capsules per 30 days
Topiramate ER 100 mg capsule	30 capsules per 30 days
Topiramate ER 150 mg capsule	30 capsules per 30 days
Topiramate ER 200 mg capsule	60 capsules per 30 days
Trokendi XR 25 mg capsule	30 capsules per 30 days
Trokendi XR 50 mg capsule	30 capsules per 30 days
Trokendi XR 100 mg capsule	30 capsules per 30 days
Trokendi XR 200 mg capsule	60 capsules per 30 days

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Enhanced Drug List Changes	
Antibiotics	
Baxdela 450 mg	28 tablets per 180 days
Benlysta	
Benlysta	4 mLs/28 days
Keveyis	
Keveyis	120 tablets per 30 days
Miscellaneous	
Prevymis 240 mg	100 tablets per 180 days
Prevymis 480 mg	100 tablets per 180 days
Neuropathy	
Lyrica CR 82.5 mg	30 tablets per 30 days
Lyrica CR 165 mg	30 tablets per 30 days
Lyrica CR 330 mg	60 tablets per 30 days
Oral Immunotherapy	
Odactra	30 tablets per 30 days
Parkinson's Disease	
Gocovri 68.5 mg	30 capsules per 30 days
Gocovri 137 mg	60 capsules per 30 days
Pseudobulbar Affect	
Nuedexta	60 capsules per 30 days
Therapeutic Alternatives	
Chlorzoxazone 250 mg tabs	120 tabs per 30 days
Fenoprofen 200 mg caps	180 caps per 30 days
Fenoprofen 400 mg caps	120 caps per 30 days
Topical Corticosteroids - cumulative across agents	
Amincinide 0.1% cream, lotion, ointment	180 grams per 90 days
Apexicon E 0.05% cream	180 grams per 90 days
Clobex 0.05% lotion	180 grams per 90 days
Clobex 0.05% spray	180 grams per 90 days
Cordran Tape	180 grams per 90 days
Diprolene, Diprolene AF, Betamethasone Augmented	180 grams per 90 days
Elocon 0.1% ointment	180 grams per 90 days
Enstilar, Taclonex susp, oint	180 grams per 90 days
fluocinonide cream 0.05%	180 grams per 90 days
fluocinonide cream E 0.05%	180 grams per 90 days

fluocinonide gel 0.05%	180 grams per 90 days
fluocinonide ointment 0.05%	180 grams per 90 days
fluocinonide solution 0.05%	180 grams per 90 days
Halog cream, ointment	180 grams per 90 days
Impoyz 0.025% cream	180 grams per 90 days
Olux 0.05%	180 grams per 90 days
Olux E 0.05%	180 grams per 90 days
Psorcon 0.05% cream	180 grams per 90 days
Sernivo, betamethasone dipropionate 0.05%	180 grams per 90 days
Temovate 0.05% cream	180 grams per 90 days
Temovate 0.05% ointment	180 grams per 90 days
Temovate 0.05% solution	180 grams per 90 days
Topicort 0.25% spray, cream, ointment; 0.05% cream, gel, ointment	180 grams per 90 days
triamcinolone cream 0.5%	180 grams per 90 days
triamcinolone ointment 0.5%	180 grams per 90 days
Ultravate 0.05% cream, lotion, ointment	180 grams per 90 days
Performance Select Drug List Changes	
Metformin ER	
Fortamet 500 mg tablet	150 tablets per 30 days
Fortamet 1000 mg tablet	60 tablets per 30 days
Glumetza 500 mg tablet	120 tabs per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective Nov. 1, 2018, the Combination GI Protectants Prior Authorization (PA) program changed its name to: Combination NSAIDs. This PA program includes the same targeted medications and a new one, Conseni. The program criteria remains the same.

Effective Jan. 1, 2019, the following changes were applied:

- The Addyi PA program changed its name to: Hypoactive Sexual Desire Disorder (HSDD). The targeted medications and program criteria remains the same.
- The Neprilysin Inhibitor and Oral Immunotherapy PA programs were removed from all BCBSMT prescription drug benefit plans.
- The target drugs Fortamet/generic Fortamet and Glumetza/generic Glumetza were removed from the Therapeutic Alternatives standard PA program and included in a new standard PA program called Metformin ER, effective Jan. 1, 2019. Members with a recent prescription history for Fortamet/ generic Fortamet or Glumetza/generic Glumetza and did not have the Therapeutic Alternatives PA program as part of their benefits prior to the effective date, were notified of the change. The new PA program will apply to all prescription drug lists.
- Several drug categories and/or targeted medications were added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans. *As a reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

DRUG CATEGORIES ADDED TO CURRENT PHARMACY PA STANDARD PROGRAMS, EFFECTIVE JAN. 1, 2019

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced, Performance, Performance Select Drug Lists	
Polycystic Kidney Disease	Jynarque
Topiramate ER	Qudexy XR/Topiramate ER, Trokendi XR
Basic and Enhanced Drug Lists	
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
Enhanced and Performance Drug Lists	
Pseudobulbar Affect	Nuedexta
Enhanced Drug List	
Benlysta	Benlysta
Hemophilia Factor VIII, IX	Alprolix, Adynovate, Afstyla, Eloctate, Idelvion, Jivi, Rebinyn
Hereditary Angioedema	Berinert, Firazyr, Haegarda, Ruconest, Takhzyro
Huntington's Disease/Tardive Dyskinesia	Austedo, Ingrezza, Xenazine/tetrabenazine
Keveyis	Keveyis
Neuropathy	Lyrica CR
Parkinson's Disease	Gocovri, Osmolex ER
Enhanced Drug List	
Vitamin B12 Deficiency	Nascobal

TARGETED DRUGS ADDED TO CURRENT PHARMACY PA STANDARD PROGRAMS, EFFECTIVE JAN. 1, 2019:

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced, Performance, Performance Select Drug Lists	
Cystic Fibrosis	Symdeko
Therapeutic Alternatives	Aplenzin, Chlorzoxazone/Parafon Forte, Fenopropfen, Wellbutrin XL
Enhanced Drug List	
Vitamin B12 Deficiency	Nascobal

DRUG CATEGORIES ADDED TO CURRENT PHARMACY ST STANDARD PROGRAMS, EFFECTIVE JAN. 1, 2019:

Drug Category	Targeted Medication(s) ¹
Enhanced Drug List	
Insomnia	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo/zolpidem, Lunesta, Rozerem, Silenor, Sonata, Zolpimist
Phosphate Binder	Auryxia, Fosrenol /lanthanum carbonate, Renagel, Renvela/sevelamer carbonate, Velphoro

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

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.

OxyContin Drug List Status Change Effective Jan. 1, 2019 – Xtampza ER preferred*

Starting Jan. 1, 2019, OxyContin, and its authorized generics, is no longer covered on our Performance and Performance Select drug lists, as well as drug lists for the Health Insurance Marketplace plans. OxyContin, and its authorized generics, is also a covered non-preferred brand on our Basic and Enhanced drug lists.

As part of this drug list change, renewed use of OxyContin, or its authorized generic, will be reviewed under the Appropriate Use of Opioids program. Members will be required to show intolerance of Xtampza ER before a coverage exception approval may be considered. They also need to provide a copy of a submitted claim for Xtampza ER. Written medical notes may also be required. You can find approval submission forms and program criteria on the Prior Authorization/Step Therapy section at bcbsmt.com/provider.

Please note: Starting on or after Jan. 1, 2019, members may also be subject to a shorter refill window for opioid prescriptions (i.e., refills may not be filled until 10 percent or less of the last opioid fill is on hand, based on dosing orders). This change is in line with most opioid refill policies for retail pharmacies. It will also help reduce stockpiling of unused medication and potential misuse. (Current non-opioid prescriptions may be refilled when 25 percent or less of the last fill is on hand.)

*Some drug list changes may not occur until the member's renewal date or new plan effective date on or after Jan. 1, 2019

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSMT contracts with Prime to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Leverage the Availity Provider Portal for Efficiencies and Cost Savings

Learn more during ongoing, how-to webinars.

Blue Cross and Blue Shield of Montana (BCBSMT) offers free online training sessions to help you and your staff learn more about existing and new tools in the Availity Provider Portal.

Back to Basics: 'Availity 101'

This general webinar is offered on an ongoing basis. Join us to learn how to use the Availity Portal to help verify patient information and check claim status. You'll also get an overview of advanced tools, such as the Medical Attachments application for quality and risk adjustment, Claim Encounter Reconciliation Application (CERA) and the Clinical Quality Validation (CQV) tool. [Register for an upcoming Availity 101 webinar.](#)

Learn More:

Medical Attachments for Quality and Risk Adjustment Purposes

You can now receive and respond to quality and risk adjustment medical record requests electronically via Availity's Medical Attachments tool. [Learn more about Electronic Quality and Risk Adjustment Medical Records Requests.](#)

Clinical Quality Validation (CQV) Tool

Comply with Healthcare Effectiveness Data and Information Set (HEDIS®) measures using Availity's new Clinical Quality Validation Tool. By using CQV you may document your patients' care and assessments electronically, while closing quality HEDIS gaps. CQV also helps support the Centers for Medicare & Medicaid (CMS) STAR rating for Blue Cross Medicare Advantage (HMO) and Blue Cross Medicare Advantage (PPO) plans.

[Learn more about CQV.](#)

Claim Encounter Reconciliation Application (CERA)

CERA helps you respond to BCBSMT if potential risk adjustment gaps are identified based on claims data for members with commercial and on/off-exchange health plans. Learn more about CERA.

Availity users have access to many other tools and resources. Visit the [BCBSMT provider website](#) to learn more about online options. Providers who are not Availity users are encouraged to register with [Availity.com](#) and complete the online application, at no charge.

At this time, electronic medical record request and submission process are not available for medical record requests resulting from utilization review activities or the claims adjudication process.

Availity® is a trademark of 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. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third-party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.





BCBSMT's Payer Spaces Updates in Availity

The Blue Cross and Blue Shield of Montana (BCBSMT)-branded Payer Spaces section in the Availity Portal delivers quick access to payer-specific applications, resources and announcements. You must be a registered Availity user to access Payer Spaces. If you are not yet registered, visit availity.com and select register, then complete the guided registration process – at no cost.

Updates were recently made to the BCBSMT's Payer Spaces to help providers do business with us more efficiently. Certain tools such as, Refund Management-eRM, NDC Units Calculator Tool and Research Procedure Code Edits have moved from the Resources tab to the Applications tab in our Payer Spaces. Additionally, a new "Filter by Category" option is available in the Resources tab to assist you with locating specific information related to communications, registrations and other available resources. Stay up-to-date with BCBSMT by visiting the News & Announcement section to view important announcements.

Accessing BCBSMT Payer Spaces via the Availity Portal:

1. In the top navigation bar in Availity select Payer Spaces
2. Choose the BCBSMT Payer Spaces option
3. In Payer Space use the tabs to navigate the space and locate the tool or link you need

Some of the applications in Payer Spaces are included in the Availity base role, so it is automatically available to users after BCBSMT adds applications in Payer Spaces. If an application does not display in Payer Spaces, and you need access to it to perform your job, contact your Availity administrator to assign the specific role or permission that gives you access to use these applications.

To learn more about the various electronic tools available to you, visit the [Provider Tools page](#) on our website. If you need additional assistance or personalized training, contact our Provider Education Consultant team at PECS@bcbsmt.com.

New and Updated Behavioral Health Forms

Starting, Jan. 1, 2019, you will notice some changes to BCBSMT's behavioral health request forms. The changes will make it easier for you to navigate the forms. The forms also include the new Current Procedural Terminology (CPT®) codes for Applied Behavioral Analysis (ABA).

Please use the CPT codes for 2019 as communicated by the American Psychological Association and the American Medical Association.

The changes include:

- A new [ABA Clinical Service Request Form](#) that replaces the following forms:
 - ABA Initial Treatment Request
 - ABA Managed Care/ Concurrent Review
 - ABA Treatment Request Member Schedule forms
- A new [ABA Initial Assessment Request form](#)
- Updates to the following existing forms:
 - [Electroconvulsive Therapy \(ECT\) Request Form](#)
 - [Focused Outpatient Management Program \(FOPM\)](#)
 - [Intensive Outpatient Program \(IOP\) Request Form](#)
 - [Psychological or Neuropsychological Testing Request Form](#)

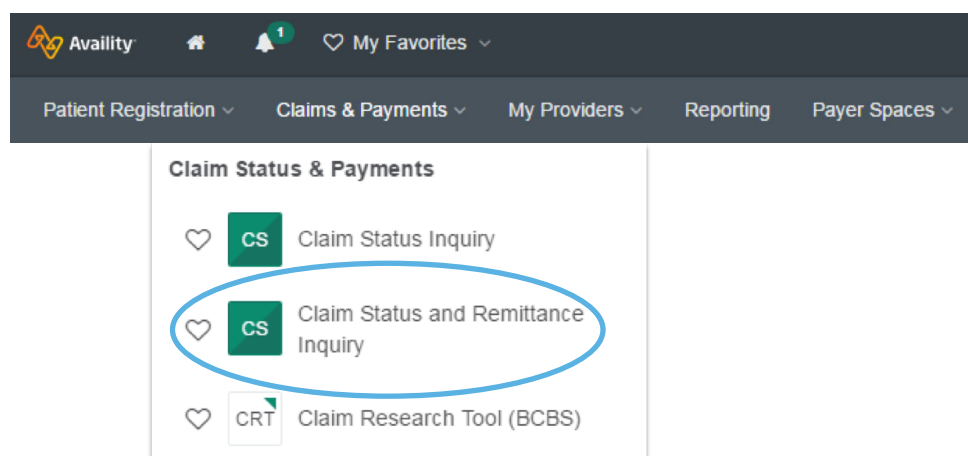
[View all available forms](#) on the BCBSMT provider site.

Government Programs: Verifying Claim Status in the Availity Provider Portal

This notice applies to providers rendering services for the following Blue Cross and Blue Shield of Montana (BCBSMT) government programs members:

- Blue Cross Medicare Advantage (HMO)
- Blue Cross Medicare Advantage (PPO)

A new claim status offering within the Availity Portal has been implemented to better assist providers with obtaining claim details online. Instead of using the Claim Status Inquiry tool, government programs providers can now obtain claim processing details by using the new Claim Status tool.



How to access and use the new Claim Status tool via Availity Portal:

- Log into [availity.com](https://www.availity.com)
- Select the "Claims & Payment" tab from the main menu and select "Claim Status and Remittance Inquiry"
- Next select "Claim Status"
- Choose the applicable government programs payer from the drop-down list
- Enter the essential provider, patient and claim data

Important claim status information is available within a few clicks, lessening the need to speak with a Customer Advocate. As a reminder, you must be registered with Availity to utilize the Claim Status tool. For registration information, visit [availity.com](https://www.availity.com), or contact Availity Client Services at **800-282-4548**.

Additional Support

Learn how to use this new Availity offering by attending an Availity 101 training webinar hosted weekly by BCBSMT. To register for an upcoming session, refer to the [Training page](#) on our provider website. If you need further assistance or customized training, email our Provider Education Consultant team at PECS@bcsmt.com.

BEHAVIORAL HEALTH CARE PROVIDERS

Time is running out to make sure we have the correct information about your practice.

We're updating our Provider Finder to help our members find the behavioral health care they need. To make sure we have the most accurate information about what you do, please take the survey that applies to your practice at the link below.

- [Professionals](#)
- [Facilities](#)

The survey closes March 31, 2019.



LITERACY IS
KEY TO SEEKING
HEALTH CARE AND
COMPLYING WITH
TREATMENT AND
PREVENTION.

Finding Meaning in Health Care's Complex Language

As many as 9 out of 10 adults may lack the ability to adequately understand the language of health care.

By Lisa Tanner

Finding a new doctor. Taking medicine as prescribed. Following instructions for what to do before and after surgery.

From simple to complex, most parts of the health care process require an ability to grasp health care terms. Yet as many as 9 out of 10 adults may lack the ability to understand the language of health care adequately, preventing them from managing their health care needs, according to an [assessment by the U.S. Department of Education](#).

That includes filling out often complex forms, finding doctors and health services, sharing personal health history with doctors, following self-care steps for managing disease and more.

Some people may lack health literacy. They often:

- Don't understand the causes of disease
- Find it hard to see how factors such as food choice and exercise impact their health
- Struggle with managing ongoing health problems such as high blood pressure, diabetes or asthma
- Skip important preventive care and health tests, such as flu shots and mammograms
- Are sicker when they first seek care
- More emergency services and end up in the hospital more often

— CONTINUED ON PAGE NEXT PAGE

On top of that, studies show that many people also don't understand insurance terms, the basics of health insurance or how to shop for it.

Gaining an understanding of what their plan covers and how insurance works — from paying premiums to using certain provider “networks,” to getting referrals and approvals — is vitally important for people who may not have had health insurance before.

The number of people who shop for health plans on their own surged because of the health insurance marketplaces created by the Affordable Care Act. In Texas, for example, the number of people who bought individual health plans increased 78 percent from 2013 to 2015, as reported in a [study](#) from Rice University's Baker Institute for Public Policy and the Episcopal Health Foundation.

For many, it was their first time to have insurance. These people were far less likely to understand basic health insurance terms like premium, copayment and deductible. They also had more difficulty understanding how to use their health plans compared to people with employer-based health plans or government programs like Medicare or Medicaid.

Using simple language

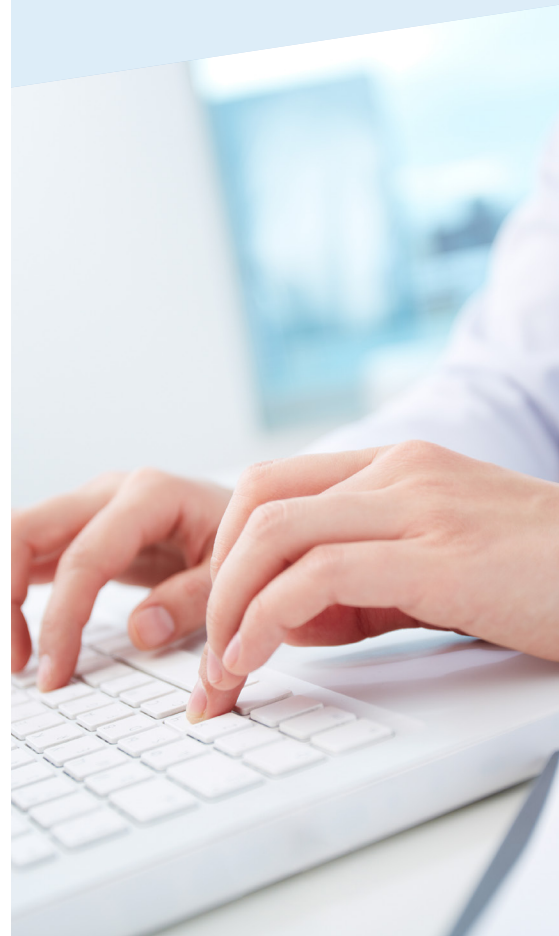
Implementation of the Affordable Care Act spurred steps toward more reader-friendly and easier to understand communications. Several Affordable Care Act provisions directly acknowledged the need for greater attention to health literacy, with requirements to communicate health and health care information clearly.

The American Association of Health Insurance Plans and the National Consumers League joined forces to create easy-to-use information for consumers. Called [MyHealthPlan Guide](#), the online guide provides definitions of health insurance terms, health appointment checklists and other handy tools. Others, including the federal government, have created similar resource sites.

For insurers across the U.S., this meant looking at consumer communications in a new way. It included simplifying language in many communications to members and others. Reviewing member education materials and rewriting at an easier reading comprehension level — usually around the sixth-grade reading level — was key to consumer comprehension. Even using simple graphics played a role in helping make health insurance more approachable for those wary of insurance.

“We want people to understand what they are reading so that they understand how insurance works — and their options,” says Laura Squires, a corporate communications manager for the Blue Cross and Blue Shield Plans in Illinois, Montana, New Mexico, Oklahoma and Texas. Leading up to the 2014 launch of the health insurance marketplaces, her team coordinated the literacy review of print, social media and web communications targeted at general consumers, created consumer education materials for the newly insured, and helped launch a website just for consumer education as part of the [Be Covered](#) community outreach program.

At the same time, another company team reviewed some 500 variations of letters that go to members to explain how their health care claims are processed. The goal was to create a friendly design with plain language to make the pieces easier to read and more engaging. Many of the letters had the comprehension measure reduced from a tenth-grade to sixth- to eighth grade reading level. A simpler, more conversational approach was crafted to provide an improved member experience.



“We want our members to understand in five seconds why we are sending the letter and what their – and our – next steps are,” says Lisa Byrd, senior director of business operations and regulatory communications.

Making health care and health insurance something that can be understood isn’t easy. Health terms and insurance terms, such as the names of diseases or phrases like “out-of-pocket maximum” are what they are. How you frame them in the larger communication, using context and examples, may simplify the language so that more consumers may understand the material.

Still, health care providers and insurers struggle with communicating effectively with people limited reading or writing skills. Literacy is one socio-economic indicator used to measure how well someone manages their health.

“Research done over 20 years ago linked the ability of parents and children to read to social welfare and health,” says Dr. Candace Kendle, an internationally known clinical researcher.

Kendle says she grew up in a family that read, a tradition started by her grandmother while raising her nine children. Each night, her grandmother would read aloud to the whole family. She had only graduated from eighth grade, and her husband’s formal education ended after grade school.

Of the nine, only the oldest child would go on to graduate from college. Finances were too tight from the Great Depression and World War II for the others. But they were all readers. Kendle’s mother, now 97, was the baby of that family. She passed along the reading aloud tradition to her own family.

Kendle never forgot the lesson. She went on to run a successful global clinical research company. Five years ago, she helped launch a nonprofit called [Read Aloud 15 MINUTES](#) to encourage parents to read daily to their children.

“Literacy is key to seeking health care and complying with treatment and prevention,” Kendle says. “It is hard to stay well if you cannot amass knowledge around wellness.”

Blue Review is a quarterly newsletter published for institutional and professional providers contracting with Blue Cross and Blue Shield of Montana. We encourage you to share the content of this newsletter with your staff.

Blue Review is located on our website at 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

Attn: Lyndsey Owens

P.O. Box 4309

Helena, MT 59604

Email: Lyndsey_Owens@bcbsmt.com

Website: bcbsmt.com/provider

BCBSMT makes no endorsement, representations or warranties regarding any products or services offered by independent third party vendors mentioned in this newsletter. The vendors are solely responsible for the products or services offered by them. If you have any questions regarding any of the products or services mentioned in this periodical, you should contact the vendor directly.