



BLUE REVIEWSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FOURTH QUARTER 2019

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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 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 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](https://www.bcbsmt.com/provider).

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

BLUE REVIEW

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A Change in the Coding of Physical Medicine Service Units

As of July 22, 2019 we changed our time measurement standard for billing physical medicine services. We will now follow the American Medical Association (AMA) guidelines for time-based services. These are time-based codes within the Physical Medicine and Rehabilitation section of the Current Procedural Terminology (CPT) code book.

When billing for time-based services use the (CPT) codes in the AMA code book, except as required by federal law for Medicare and Medicaid patients. The AMA guidelines will apply to these physical medicine services:

97110, 97113, 97116, 97530, 97533, 97535, 97537, 97542, 97750, G0515

As always, it is critical to check eligibility and benefits first, prior to rendering care and services to confirm coverage, network status and other important details. When you check eligibility and benefits online by submitting an electronic 270 transaction through the [Availity® Provider Portal](#) or your preferred web vendor portal, you may determine if benefit preauthorization/pre-notification may be required based on the procedure code.

Addition of New Preauthorization Requirements for Montana Members

There are important changes to the preauthorization requirements for some of your Blue Cross and Blue Shield of Montana patients with fully insured benefit plans and self-funded group benefit plans. Beginning January 1, 2020, upon the members' renewal date, preauthorization will be required or expanded for these drug therapies:

- Outpatient provider administered drug therapies, including Cellular Immunotherapy, Gene Therapy and other medical benefit drug therapies.

[View the complete code list here.](#)

For other services requiring preauthorization through BCBSMT, use iExchange® to preauthorize those services. Refer to our [iExchange web page](#) for more information or to set up an iExchange account.

Preauthorization through BCBSMT may also be requested by calling the phone number listed on the member/participant's ID card.

Going forward, it is critical to use Availity® or your preferred vendor to check [eligibility and benefits](#), determine if you are in-network for your patient and whether any preauthorization or predetermination is required. Availity allows you to determine if preauthorization is required based on the procedure code. Refer to "Eligibility and Benefits" under "Claims and Eligibility" at www.bcbsmt.com/provider web site for more information on Availity. Providers can also refer to the [Predetermination and Preauthorization](#) under "Claims and Eligibility" for assistance.



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, Blue Cross Group Medicare Advantage (PPO)SM and Blue Cross Group Medicare Advantage Open Access (PPO)SM health plans.

This notice lets people know why they are not considered to be inpatient 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 patient the notice must certify that it was presented.

The MOON and what to do with it can be found [Online](#).

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.

Antibiotic Use in Outpatient Settings

Over prescription of antibiotics has increased antibiotic resistance. We can work together to combat antibiotic resistance and appropriately prescribe these important medications. According to a Pew¹ Charitable Trust report regarding [Antibiotic Use in Outpatient Settings](#), 30% of antibiotics prescribed are found to be unneeded for treating conditions like viral illnesses and asthma exacerbation.

Common Conditions That Don't Need Antibiotics

The Center for Disease Control and Prevention (CDC)² and other reliable sources have suggested antibiotics are most often inappropriately prescribed for conditions like:

- Asthma
- Flu
- Common cold
- Bronchitis

Using antibiotics when they are not needed can do more harm than good.

Alternatives to Antibiotics

You may consider other remedies when treating conditions that don't need antibiotics, like:

- Getting adequate rest
- Increasing oral fluids
- Using a humidifier or cool mist vaporizer and ensuring they have been properly cleaned
- Inhaling hot shower steam or other sources of hot vapor
- Taking throat lozenges for adults and children, ages five years and older
- Considering over-the-counter medications to treat symptoms

The CDC has a [poster](#), you can download and display in the exam room to inform patients of your commitment to their health.

If you have any questions about the appropriate use of antibiotics, [please email](#) the Federal Employee Program Quality Improvement Department at Blue Cross and Blue Shield of Montana.

¹<https://www.pewtrusts.org/en/about/mission-and-values>

²CDC.gov (www.cdc.gov/<https://www.cdc.gov/index.htm>) is the official website of the Centers for Disease Control and Prevention (CDC). It is a public domain website, which means you may link to CDC.gov at no cost and without specific permission.

BCBSMT to Review Implant Claims from Stand-Alone ASCs

At Blue Cross and Blue Shield of Montana, we are changing the way claims are reviewed for implants performed at free-standing ambulatory surgery centers (ASCs). EquiClaim currently reviews implant claims submitted by hospitals and hospital outpatient departments for services provided to our members. As of Dec. 15, 2019, EquiClaim will also provide post-payment review for all ASC claims with implant charges.

Claims containing implant charges in any combination of revenue and procedure codes will be reviewed for:

- Consistency with the provider agreement
- Consistency with [clinical payment and coding policies](#)
- Accuracy of payment

EquiClaim will let you know if your claim for an implant was incorrectly paid. They will tell you how to repay the funds or appeal the decision.

As a reminder, we may recoup payment for any device that does not meet our requirements. For more information, refer to the requirements and provider manual on our provider site at bcbsmt.com/provider.

If you have any questions or concerns, contact your BCBSMT [Provider Network Consultant](#).

Be Covered – Increasing Coverage for the Uninsured and Underinsured

Around 86,000 people in Montana do not have health insurance. Approximately 62% of those qualify for Medicaid or a federal subsidy to help reduce the cost of coverage. Affordable care and better health outcomes start with health care coverage.

To help address this issue, we are promoting [Be Covered](#), our grassroots campaign to educate, engage and enroll the uninsured and underinsured in our communities.

How can you help?

- If you have patients who are underinsured or uninsured, tell them about Be Covered and the available resources (like the [subsidy calculator](#)).
- Use Be Covered education tools so that people are better informed about their coverage options.

Our goal is to help people understand their coverage options and how to make the most of what is available to them – no matter their stage of life.

Visit BeCovered.org for more information.

Blue Cross and Blue Shield MAPD 30-Day Facility Readmission

Consistent with the Centers for Medicare & Medicaid Services (CMS) guidelines, **beginning March 1, 2020**, Blue Cross and Blue Shield of Montana will review acute hospital claims, to determine if such readmissions to the same facility within 30 days of discharge are related and may deny payment to the facility for related admissions. These changes help support quality of care improvement efforts by linking payment to the quality of facility care for our Blue Cross Medicare Advantage (PPO) members.

As a provider what should I expect?

- **Beginning March 1, 2020**, BCBSMT will perform a clinical review of acute care facility readmissions that occur within 30 days of discharge from the same facility.
- If BCBSMT determines that a provider has submitted a second claim after a patient has been discharged from an acute in patient stay, BCBSMT may request medical records from the provider.
- Following CMS guidelines this does not currently affect Critical Access Hospitals (CAH).

As a provider what should I do?

- Upon request of medical records, the facility must forward related medical records and any documents involving the admissions.
- If it is determined that the acute stays were clinically related, BCBSMT may deny payment to the facility for the readmission.
- Providers may dispute determinations through existing processes, which can be found in the provider manual located on our website.

Learn More

- Information available on the [CMS website](#).
- If you have questions, contact your [Provider Network Consultant](#).

BlueCard Alert: Itemized Bill May Be Required for Some Inpatient Claims, Effective January 1, 2020

Beginning January 1, 2020, BCBSMT will lower the itemized claim review threshold for out-of-area member claims to \$200,000 and up. Additionally, audits may occur for claims below this dollar threshold as needed.

An 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 once claims are sent to their home state for finalization.

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](#).



Care for Patient Long-Term Health: Measure and Document Body Mass Index (BMI)

Maintaining a healthy weight is key to reducing the risk of high blood pressure, high blood cholesterol and type 2 diabetes. Reducing the risk of these factors decreases the risk of heart disease and stroke. Body Mass Index (BMI) is a measurement that screens for weight categories that may lead to health problems. Measuring and documenting your patients' BMI can help you care for their long-term health.

You can help us collect data about our members by measuring and documenting their BMI at least once every two years. We use this data to measure and improve the quality of care our members receive. To make this process easier, follow these tips:

- Measure and report BMI using the appropriate ICD-10 Z codes during our members' office visit. This may help you avoid a request for medical records later
- If your office uses an electronic medical record:
 - Ensure that the ICD-10, height, weight and calculated BMI or percentile transfers to the vitals sheet or progress notes with a date of service
- If your office uses paper charts:
 - Calculate and document the BMI or BMI percentile using a BMI wheel or smartphone app
 - Document the BMI in the medical record
- Be sure to include the date of service for each episode in the medical record
- ICD-10 Z-Codes must be used or medical records will be requested

NOTE: ICD-10 Z-codes for Adult BMI range from Z68.1 through Z68.44. ICD-10 Z-codes for Pediatric BMI range from Z68.51 through Z68.54. These must be used as a secondary code and are non-reimbursable

Change in Advance Member Notification Process Effective 1/1/2020

To improve cost transparency for our Members and provide a more efficient process for our Participating Providers, Blue Cross and Blue Shield of Montana is making changes to our Advance Member Notification (AMN) process. These changes will apply to all lines of BCBSMT business except for Medicare Supplement and Medicare Advantage, effective 1/1/2020.

What is Advance Member Notification?

AMN refers to the process in which a BCBSMT Participating Provider informs a BCBSMT Member that a service, supply, device, or drug may not be a Medically Necessary covered service prior to the service being performed.

Participating Providers agree they will not bill Members for services BCBSMT denies as not Medically Necessary. However, through the AMN process, the Member may make an informed decision to assume potential financial responsibility for the service if the Member chooses to proceed with the service. With an appropriately completed AMN form for the specific services, the Participating Provider can bill the Member for services denied as not Medically Necessary.

What Has Changed?

Effective 1/1/2020 the AMN process has been expanded to include participating facility providers. Additionally, all Participating Providers are required to submit the **NEW** BCBSMT AMN Form with their claim to ensure appropriateness and accurate application of financial responsibility.

For complete information please review the Provider Compensation Policy available on the [Secure Provider Portal](#).

The **NEW** AMN Form is available on the BCBSMT provider website [Forms and Documents page](#).

For questions, please contact your [Provider Network Consultant](#).

Effective January 1, 2020: Change to NDC Fee Schedule for Medication Fulphila And Udenyca

The medications Fulphila (J5108), and Udenyca (J5111) will have an update in the allowable effective January 1, 2020. The update for these codes will be reflected in the BCBSMT professional NDC fee schedule available on the BCBSMT Secure Provider Portal.

If you have any questions, please contact your [Provider Network Consultant](#).

Changes to Medicare Advantage Payment Models for Skilled Nursing Facility and Home Health Care Claims

The Centers for Medicare & Medicaid Services (CMS) is launching new payment models for skilled nursing facilities and home health care. Blue Cross and Blue Shield of Montana is aligning its payment models with CMS for Medicare Advantage claims.

These changes will help support patient-focused, streamlined claims processes for skilled nursing facilities and home health agencies that are contracted to provide care and services for our Blue Cross Medicare Advantage (PPO) (MA PPO) members.

What Is Changing?

- **Beginning October 1, 2019**, BCBSMT will transition to CMS's Patient Driven Payment Model, which classifies skilled nursing facility claims into payment groups based on patient characteristics. This model replaces the Resource Utilization Group, Version IV (RUG-IV), which we will no longer support.
- **Beginning January 1, 2020**, BCBSMT will adopt CMS's Patient-Driven Groupings Model for home health patients, as part of the Home Health Prospective Payment System. Under this new model, payment is based on 30-day periods rather than 60 days, and therapy service thresholds are eliminated.

Medicare Advantage providers should use the new CMS classifications when submitting claims for skilled nursing facility and home health services.

Learn More

Visit the CMS website for more information, including answers to frequently asked questions about CMS's [payment model for skilled nursing facilities](#). Also refer to the CMS website for access to an interactive grouper tool and other details on the [home health patient-driven groupings model](#).



Collaborating to Reduce Opioid Abuse

At Blue Cross and Blue Shield of Montana we pledge:

To Do Everything In Our Power To Stand With Our Members In Sickness And In Health®

We take that very seriously. That is why we have started a new program to help you care for members who may be at risk for an opioid-related adverse event. We hope that by collaborating with members and providers, we can find ways to reduce risk and promote patient safety.

BCBSMT now scans pharmacy and medical claims to identify members with a combination of the following risk factors:

- High morphine equivalent daily dosing (MED)¹
- Dangerous drug combinations (i.e., opioids, benzodiazepines, muscle relaxers)
- Receiving controlled substance prescriptions from multiple providers.

When warranted, we reach out to members and providers to inform them of the potential risks. We also provide support to reduce that risk. Support can include ensuring members have access to Narcan (naloxone) and are aware of how to use it. We can also offer non-opioid alternatives such as physical therapy and cognitive behavioral therapy. This initiative is one of the enhancements we made this summer to our behavioral health offerings.

It is our hope that by identifying and sharing prescribing concerns, we can collaborate to increase patient safety and improve clinical care and outcomes.

“The number of opioid overdoses still occurring in this country requires a coordinated effort across the entire delivery system,” said Ben Kurian, MD, Executive Medical Director of Risk Identification & Outreach Program, Health Care Service Corporation. “We hope to use our data to partner with providers for the benefit of patients and their families.”

At Blue Cross and Blue Shield of Montana, we are always working to improve health outcomes for all our members. Thank you for helping ensure the safety and wellbeing of your patients/our members.

¹Source: 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>

²The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Montana may not have outpatient behavioral health care management.

Members can check their benefit booklet, ask their group administrator or call Customer Service to verify that they have these services.

This is only a brief description of some member plan benefits. Not all benefits are offered by all plans. For more complete details, including benefits, limitations and exclusions, please refer patients to their certificate of coverage.

Cotiviti Denial Rationale and Additional Action(s) Now Available in the Claim Research Tool

In the [August 2019 News and Updates](#) notice we announced new and exciting functionality coming to the Claim Research Tool (CRT) on the Availity portal. Listed below are the CRT enhancements implemented by Blue Cross and Blue Shield of Montana to improve your online claim status experience. As a reminder, the CRT is not currently available for government programs (Medicare Advantage) claims.

Cotiviti, INC. (formerly known as Verscend) Code Audit Denial Rationale:

The CRT now returns Cotiviti claim denial logic for finalized claims processed on or after Aug. 26, 2019. This enhancement offers greater claim processing specificity, allowing you to view expanded denial descriptions and rationale.

Additional Action(s):

The CRT response now provides Additional Action(s) for specific ineligible reason codes on finalized claim denials. This information will help you understand what further step(s) may be taken for certain claim denial scenarios.

For additional information, refer to the [CRT tip sheet](#) in the Provider Tools section on our website at bcbsmt.com/provider. As a reminder, you must be registered with Availity to utilize the CRT. To register with Availity, go to availity.com and complete the online guided process.

If you have additional questions, contact the Provider Education Consultants at PECS@bcbsmt.com.

FEP Blue Focus Prior Authorization Reminder

Thank you for serving our Federal Employee Program® (FEP®) Blue Focus members. As a reminder, prior authorization is required for some services for FEP Blue Focus members. The services include high tech imaging studies, such as magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), computed tomography (CT), computed tomography angiography (CTA), nuclear cardiology and position emission tomography (PET) scans.

For information on FEP Medical Policies and Utilization Management Guidelines, please refer to the [Policies & Guidelines section](#).

We encourage you to check eligibility and benefits for FEP members via an electronic 270 transaction through the [Availity® Provider Portal](#) or your preferred vendor portal. If you have any questions, call the number on the member's ID card.

Blue Cross and Blue Shield of Montana is proud of our long history of serving federal employees, retirees and their families with products that deliver high-quality, comprehensive coverage. We appreciate your continued partnership in serving your patients and our FEP members.



Group Medicare Plans Get New Names and ID Cards Starting January 1, 2020

Beginning Jan. 1, 2020, you may notice new names and ID cards for two of our group Medicare plans. In addition to Blue Cross Medicare AdvantageSM plans for individuals, you may see the following new names for group plans offered by our members' benefit administrators. While the plan names have changed, your experience as a provider will be the same. Members will have no change to benefits due to the plan name changes.

- **Blue Cross Group Medicare Advantage (PPO)** is the new name of Blue Cross Medicare Advantage (PPO) for group Medicare members. This traditional PPO allows members to seek care in-network and out-of-network, typically providing cost savings for in-network care.
- **Blue Cross Group Medicare Advantage Open Access (PPO)** is the new name of Blue Cross Medicare Advantage (PPO) Employer GroupSM. This plan offers members access to providers nationwide who accept assignments from Medicare and are willing to bill Blue Cross and Blue Shield of Montana. Because there are no network restrictions, coverage levels are the same for all care regardless of provider network affiliation.

The new member ID cards will have a Customer Service number for providers and the new plan names.

Introducing a New Preauthorization Submission Tool Via Availity® Provider Portal

Blue Cross and Blue Shield of Montana is excited to introduce a brand-new online preauthorization application via the Availity Portal, called Authorizations (HIPAA-standard 278 transaction). This new and more convenient functionality will be available to providers as of Jan. 30, 2020, making it faster and easier to submit and receive confirmation from BCBSMT. For Federal Employee Program; (FEP), providers should continue to use their current preauthorization process until this the new application becomes available in the near future.

What does this mean?

BCBSMT's current electronic preauthorization tool, iExchange®, will be deactivated on April 15, 2020, and all electronic preauthorization requests and referrals should be submitted using this new capability. This includes inpatient admissions, select outpatient services, behavioral health services and referral requests handled by BCBSMT.

The process of submitting preauthorization requests to eviCore is not changing.

Medical and surgical predetermination of benefits requests should be submitted via fax or mail by using the appropriate Predetermination Request Form, along with the pertinent medical documentation. This form is located in the [Forms section](#) on our Provider website.

What should you do?

During the transition period, providers should migrate from iExchange to the new five-step Availity Authorization application. Providers not yet registered with Availity can sign up today at Availity, at no charge. For registration assistance call availity.com Client Services at **800-282-4548**.

Submitting online preauthorization requests using Availity's Authorizations application is easy and consists of only five steps:

1. Log into availity.com
2. Select Patient Registration menu option, choose Authorizations & Referrals, then Authorizations*
3. Select Payer BCBSMT, then choose your organization
4. Select Inpatient Authorization or Outpatient Authorization
5. Review and submit your authorization

This new online option will increase administrative efficiencies for your organization by also allowing providers to:

- access and verify status of requests
- upload clinical medical records
- edit and/or extend requests
- obtain printable confirmation number for your records

For More Information

Watch for the new **Availity Authorizations & Referral tip sheets**, coming soon to the [Provider Tools](#) section of our website.

If you need further assistance or customized training, contact our [Provider Education Consultants](#).



Make Sure Your National Provider Identifier (NPI) is Accurate

Important Reminder: Review your provider National Provider Identifier (NPI) information, ensure it is accurate and make any necessary changes.

Why review and update my NPI?

- Compliance: It is a [mandated HIPPA standard](#) and you must notify the enumerator of any changes within 30 days of change
- It prevents impermissible disclosures of PHI to incorrect mailing locations
- It simplifies billing and ensures timely payments – Keep your information up to date by reporting changes in your address, telephone number, tax id number, and more
- Ensures Provider Finder® accuracy and improves payer to provider communications
- Accurate NPI information streamlines business processes across the healthcare system

How do I manage my NPI?

- Log onto <https://nppes.cms.hhs.gov/#/> to manage your account and update your information
- You can also [Download the form](#) from CMS to make changes by mail

Medical Policy Reminder Regarding Robotic Assistance in Surgery

The Blue Cross and Blue Shield of Montana Commercial medical policy Endoscopic, Arthroscopic, Laparoscopic, and Thoracoscopic Surgery SUR701.014 contains criteria that explains robotic assistance is not considered medically necessary. "The surgical instruments, devices and adjuncts a surgeon selects for performing a surgical procedure are regarded as integral to achieving a successful outcome for that procedure. Robotic assistance, as an adjunct to the primary procedure, is considered not medically necessary."

For more information regarding BCBSMT medical policy, please refer to the [BCBSMT provider website](#).

Medicare Advantage: Electronic Payment Summary Now Available for 835 ERA Receivers

This notice applies to providers submitting claims to BCBSMT for [Blue Cross Medicare Advantage \(PPO\) members](#).

As of Nov. 18, 2019, providers enrolled to receive Electronic Remittance Advices (835 ERA) from BCBSMT for the above-referenced members will begin receiving electronic provider claim summary (PCS) files, the electronic version of the remittance advice (RA), in conjunction with the ERA. The 835 ERA and PCS/RA files are delivered to your designated clearinghouse or vendor. Therefore, ERA receivers will no longer receive paper remittance advices delivered by mail.

As an additional option, provider claim summaries and/or remittance advices are available online in the Reporting On-Demand application via the Availity® Provider Portal. This application allows providers to view, download, save and/or print claim remittances for claims processed on or after April 12, 2019. For instructions on how to use this application, you'll find a [Reporting On-Demand tip sheet](#) in the [Provider Tools section](#) of our Provider website.

Not yet enrolled for ERA?

Online ERA enrollment is available to registered Availity users. If you have not yet registered, simply go to [Availity](#) and sign up today, at no cost. To learn more about ERA enrollment through Availity, refer to the [Availity ERA tip sheet](#). Providers who are not registered with Availity have the option to download and fax the ERA enrollment form located in the [Forms and Documents section](#) on our Provider website.

Medicare Advantage: Interpreting the 'PLB' Segment on the 835 Electronic Remittance Advice (ERA)

The below announcement applies to providers submitting claims for the following Blue Cross and Blue Shield of Montana government programs members:

- Blue Cross Medicare Advantage (PPO)

Reversals and corrections may occur when claim adjudication results have been modified from a previous claim report. The method for revision is to reverse the entire claim and resend with modified data. Provider level adjustments are reported in the Provider Level Balance (PLB) segment within the 835 ERA from BCBSMT.

As of Dec. 5, 2019, the following information will change in the 835 ERA PLB segment for the above-referenced members' claims:

- Adjustment Reason Code (PLB03-1) – qualifier FB (Forward Balance) will be replaced with qualifier WO (Overpayment Recovery – negative amount).
- Provider Adjustment Identifier (PLB03-2) – this field currently contains check number and will be replaced with patient control number and payer document control number (DCN) of the overpaid claim.
 - Example: PLB*15483NN082*20191231*WO:JONES001 181580099999*-1156

We encourage you to refer to the [Government Programs: Interpreting the PLB Segment on the 835 ERA](#) resource document on our Provider website. This document provides additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the requirements as specified within the

Health Insurance Portability and Accountability Act of 1996 (HIPAA)-mandated Technical Report Type 3 (TR3).^{*} The document also includes information on PLB segment definitions and examples, as well as how to locate overpaid claims on the ERA and paper Provider Claim Summary (PCS).

Please share this document with your practice management/hospital information system software vendor, and/or your billing service or clearinghouse, if applicable.

^{*}The HIPAA mandated ASC X12 Health Care Claim / Payment Advice (835) TR3 is available for purchase on the X12 website at x12.org.

References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.

Medicare Advantage: New Claim Status Tool Via Availity[®] Provider Portal

This notice applies to providers rendering services for the following Blue Cross and Blue Shield of Montana members:

- Blue Cross Medicare Advantage PPO

As of Oct. 31, 2019, a new and improved Availity Claim Status tool is available for providers to verify status online for the above-referenced member. This Claim Status tool is found in the Claims & Payment menu in the Availity portal and allows providers to search for claims by member ID or specific claim number.

The claim status results are real-time and provide more detailed information than the HIPAA-standard 277 claim status transaction. In addition, this new claim status option returns the following details:

- patient and provider data submitted on claims
- in-network and out-of-network patient liability breakdown
- billing and rendering provider name and NPI
- check number, check date and payee name
- other carrier payment amount
- ineligible reason codes and associated descriptions

Resources Coming Soon

For additional instructions, watch for the new **Government Programs: Claim Status Tool tip sheet** that will soon publish in the Provider Tools section of our Provider website. As a reminder, you must be registered with Availity to utilize the Claim Status tool. For registration information, visit Availity, or contact Availity Client Services at **800-282-4548**.

If you have additional questions, contact our [Provider Education Consultants](#).

BCBS National Coordination of Care Program to Serve Group Medicare Advantage PPO Members

Beginning Jan. 1, 2020, we will participate in a new Blue Cross and Blue Shield Association National Coordination of Care program to help improve care and services for Blue Cross Group Medicare Advantage (PPO) (MA PPO) members nationwide. This program also will help streamline administrative processes for providers.

As we announced in November, Blue Cross Group Medicare Advantage (PPO) is the new name of Blue Cross Medicare Advantage (PPO) for Blue Cross and Blue Shield of Montana members who purchase MA PPO coverage through their employers or other groups. While the name has changed, the program retains its traditional PPO network that allows members to seek care in-network and out-of-network, typically providing cost savings for in-network care.

Through the National Coordination of Care program, BCBSMT will collaborate with you to identify gaps in care and retrieve medical records for claims you submit to BCBSMT for Group MA PPO members living in Montana. This includes BCBSMT members with Group MA PPO coverage, as well as Group MA PPO members enrolled in other BCBS Plans who are living in Montana.

You will receive requests only from BCBSMT or our vendor when medical records are needed, or when potential gaps in care or risk adjustment gaps are identified related to claims submitted to BCBSMT for these members. You will no longer receive these requests from multiple BCBS plans or their vendors.

This program is part of our ongoing initiative to support our members in receiving the right care at the right time and place. As a result of concerns about gaps in care, this program may help encourage members to come into your practice more frequently, allowing for greater continuity of care. For out-of-area members with Group MA PPO coverage, this program will help BCBSMT give these members' BCBS Plans a fuller understanding of their members' health status.

Questions? Call the Customer Service number on the member's ID card.

Important Reminders

- As outlined in your contract with us, you are required to respond to requests in support of risk adjustment, Healthcare Effectiveness Data and Information Set (HEDIS®) and other government-required activities within the requested timeframe. This includes requests related to this program.
- It is important that you use Availity® or your preferred vendor to check eligibility and benefits for all BCBSMT patients before every scheduled appointment, including for Group MA PPO members in this program. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit prior authorization requirements. Ask to see the member's BCBSMT ID card and a driver's license or other photo ID to help guard against medical identity theft. See our [Eligibility and Benefits page](#) for more details.
- Consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any other applicable laws and regulations, BCBSMT or BCBSMT's vendor is contractually bound to preserve the confidentiality of members' protected health information (PHI) obtained from medical records and provider engagement on Stars and/or risk adjustment gaps. You will only receive requests from BCBSMT or BCBSMT's vendor that are permissible under applicable law. Consistent with your current practices, patient-authorized information releases are not required in order for you to fulfill medical records requests and support closure of Stars and/or risk adjustment gaps received through this care coordination program.

New Form: Coordinating Care Among Behavioral Health and Medical Providers

Coordinating care between behavioral health and medical providers helps deliver the best care for our members. Our surveys consistently show providers appreciate care coordination. Consulting and referring providers should share information such as diagnoses, medications, treatment plans and recommendations. To help providers request information from each other, Blue Cross and Blue Shield of Montana has created a [simple form](#) that providers can use to improve care coordination.

Be sure members sign a release to allow you to share information with other providers before using this form.

Coordination of Care Form

The [form](#) is useful for both referring and consulting providers. To request patient visit information from a consulting provider, complete the Patient Information and Referring Provider sections before sending it to the consulting provider. The consulting provider can use the form to communicate information about the visit to the referring provider. This form is for provider use with other providers only. Do not send this form to BCBSMT.

Need Help Finding a Behavioral Health Provider?

Call the number on the back of the member's ID card to find outpatient providers or behavioral health facilities. You can also search for providers with our online [Provider Finder](#) or [Montana BH Providers for Specialized Services Reference Guide](#).

Have a Member with Complex Health Needs?

Additional support and resources from a behavioral health or medical clinician are available. Call the number on the back of the member's ID card to refer members to Case Management and learn about other resources.



New Online Enrollment Process for 835 EFT and ERA Through the Availity® Provider Portal

Nov. 07, 2019

A new online Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) setup tool is coming soon to Blue Cross and Blue Shield of Montana. This new capability will be available in the Availity Provider Engagement Portal using the multi-payer Transaction Enrollment tool. BCBSMT's current online EFT and ERA enrollment option available in our Availity Payer Spaces section will be removed once the transition to the new tool is complete.

This new enrollment capability allows providers to submit their EFT and ERA enrollments electronically to multiple payers at the same time. Providers can also monitor the status of the enrollment using Availity's Transaction Enrollment option.

EFT and ERA enrollment via Availity is easy to complete, without the inconvenience of downloading and faxing or mailing paper enrollment forms. Once the enrollment is processed, providers will receive a confirmation letter acknowledging the enrollment effective date along with other important details.

Advantages of enrolling for EFT:

- Quicker receipt of payments
- Greater security – no more risk of lost or stolen paper checks
- Direct deposit into the bank account of your choice

Advantages of enrolling for ERA:

- Faster remittance delivery
- Automatic posting capabilities
- Designate delivery to a specific clearinghouse or vendor

How to access Availity's Transaction Enrollment Option:

1. Login into [Availity](#)
2. Select My Account Dashboard on the Availity homepage
3. Select Enrollments Center
4. Select Transaction Enrollment*
5. Complete and submit

*The EFT Transaction Enrollments option is only available to Availity administrator and/or users who have been granted access.

Online EFT and ERA enrollment is available to registered Availity users. To register for Availity, simply go to [Availity](#) and sign up today, at no cost. The [Availity EFT Tip Sheet](#) and [Availity ERA Tip Sheet](#) located on our Provider website are currently being updated to reflect the new enrollment process for navigational assistance.

Have questions or need additional education?

[Email Electronic Commerce Services](#). Be sure to include your name, direct contact information and Tax ID or Billing NPI.

New Wellbeing Management and Health Advocacy Solutions Programs Help Members Lead Healthier Lives

A complex combination of factors affects each person's health journey. Some of our members are navigating critical health concerns. They may be struggling to combat chronic conditions such as diabetes, obesity, substance abuse disorder or depression. Our Wellbeing Management and Health Advocacy Solutions programs help empower our members to improve their own health and wellness.

Wellbeing Management and Health Advocacy Solutions

Employers can offer Wellbeing Management and Health Advocacy Solutions to their employees, our members. Members have access to components of these programs depending on their benefit plans. We have relationships with several companies to increase member participation in programs that target critical health issues. We've seen positive results so far.

Options for Member Engagement

Some of your patients with Wellbeing Management or Health Advocacy Solutions may mention Well onTarget®, Livongo®, Omada® and Naturally Slim®. These programs combine data sciences with cognitive behavioral therapy coaching techniques. They often use internet-connected biometric devices to help our members achieve health improvement goals. Below are descriptions of these programs.

Well onTarget

Our Well onTarget Wellness Portal gives eligible members an online platform to find support for chronic conditions. They can also use the portal to help establish lifelong wellness goals.

Livongo

Livongo is an end-to-end diabetes management solution. It combines the use of a connected glucose meter with personal support by Certified Diabetes Educators.

Omada

Omada is an obesity-related prevention program. It uses remote monitoring tools, education and social community support to improve health and reduce chronic disease risk.

Naturally Slim

Naturally Slim is an online weight loss and metabolic syndrome management solution and coaching program. It teaches healthy eating behaviors via a behavior modification structure.

New for 2020 – Hinge Health

Hinge Health provides a musculoskeletal program that takes proven nonsurgical care guidelines and turns them into a coach-led program. It is delivered remotely using mobile and wearable technology.

We encourage you to talk with your patients about available programs and resources, when appropriate. Members with questions can call the number on their Blue Cross and Blue Shield of Montana ID card or log into their Blue Access for MembersSM (BAMSM) account for more information.

This material is meant for informational purposes only. It includes only a brief description of some plan benefits. Not all benefits are offered by all plans. For details, including benefits, limitations and exclusions, refer patients to their certificate of coverage.

Reminder: Medicare Providers May Not Bill Participants in the Qualified Medicare Beneficiary Program

As a Medicare provider, you may not bill individuals enrolled in the Qualified Medicare Beneficiary Program (QMB), a federal Medicare Savings Program.

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

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Your Responsibility

Providers participating in Blue Cross Medicare Advantage plans may not bill their QMB patients for services provided to them, regardless of whether the State reimburses the full Medicare cost-sharing amounts. You must bill both Medicare and Medicaid and accept Medicare payments and any Medicaid payments as payment in full.

Federal Law

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 cost-sharing.

Helpful Tips

To avoid billing QMB patients, please take these precautions:

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

More Information

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](#).



Reminder: Out-Of-Network Medicare Providers Can Treat Group Medicare Advantage Open Access (PPO) Members

As a Medicare provider, you do not need to have a contract with Blue Cross and Blue Shield of Montana to treat Blue Cross Group Medicare Advantage Open Access (PPO) members.

As we announced in [October](#), Blue Cross Group Medicare Advantage Open Access (PPO) is the new name of Blue Cross Medicare Advantage (PPO) Employer Group. This plan offers members access to care from any providers nationwide who accept Medicare assignment and are willing to bill BCBSMT. Members' coverage levels are the same in and out of network, and you will be paid the Medicare allowed amount.

What you need to know

- Referrals are not required for office visits
- Prior authorization may be required for certain Medicare-covered services.
- Out-of-network providers will be paid the Medicare allowed amount for covered services as defined by Medicare, less any member cost-sharing. In-network providers will be paid their contracted rate.
- For eligibility, prior authorization or claims inquiries, call **877-299-1008**.

Member ID card

Group Medicare Advantage Open Access (PPO) members will have this ID card. Look for [“Open Access” on the front](#).

[Details](#) about Group Medicare Advantage Open Access (PPO), available on the flier.

Questions? [Contact us](#).

Availity Remittance Viewer Tool Upgrade

The Availity Remittance Viewer tool has been upgraded to better assist you with viewing, searching and reconciling Electronic Remittance Advices (835 ERA). Remittance Viewer is available to providers who are enrolled to receive 835 ERA files from Blue Cross and Blue Shield of Montana. If you have not yet enrolled with BCBSMT, you can register online via the Availity Portal. Refer to the [Availity ERA tip sheet](#) for enrollment instructions.

Remittance Viewer upgraded features:

- Improved data response – Remittance Viewer now displays the provider organization’s last 48 hours of remittances upon opening the tool.
- More search options – New search technology is available for providers to locate specific information with advanced filtering.

Providers can search by check number, Electronic Funds Transfer (EFT) trace number or BCBSMT claim number. Additionally, when entering a check number, claim number or patient/member ID, this intuitive tool presents applicable options as the user enters characters. Also, the Claim search option now offers additional filter fields, allowing users to specify the exceptions and adjustment code(s), as needed.

How to access Remittance Viewer via Availity Portal:

- Log into [availity.com](#)
- Select “Claims & Payment” from the navigation menu
- Select “Remittance Viewer”

Contact your Availity Administrator if Remittance Viewer is not available in your Claims & Payments menu. As a reminder, you must be registered with Availity to use Remittance Viewer. If you are not yet registered, visit [availity.com](#), select register and completed the online guided process – at no charge.

Additional Support

Learn how to use this improved Availity offering by attending a Remittance Viewer training webinar hosted monthly by BCBSMT. To register for an upcoming session, refer to the [Training page](#). Also, the updated [Remittance Viewer tip sheet](#) is available for navigational assistance.

If you have additional questions or would like customized training, email the Provider Education Consultant team at PECS@bcbsmt.com.

Well-Child Visits Within the First 15 Months of Life (W15)

At Blue Cross and Blue Shield of Montana, we are committed to offering support and resources to physicians to achieve the highest level of care possible for their patients, our members, in order to achieve the best possible health outcomes. Thank you for your dedication to ensure that your patients receive exceptional care.

Healthcare Effectiveness Data and Information Set® (HEDIS) was developed and is maintained by the National Committee for Quality Assurance (NCQA) to standardize and measure quality for all patients. The Office of Personnel Management (OPM) reviews HEDIS performance of certain measures for Federal Employee Program (FEP) members. One of these measures focuses on well-child visits for infants and children within the first 15 months of life. With the assistance of the Centers for Medicare & Medicaid Services (CMS) and the American Academy of Pediatrics, NCQA has developed this measure with a goal to promote optimal health outcomes for infants and children through regular well-child visits.

Medical record documentation must include a comprehensive visit note from the primary care physician, date of the visit, history to include physical health, physical development, mental development, a physical exam, and health education and recommendations. Documentation of these metrics is appropriate to demonstrate a well-child visit when performed by a primary care physician. Well-child exams may be performed even if the office visit is to treat illness.

Generally, it is recommended that infants and children receive at least **six well-child visits within the first 15 months of life**. The ages for well-child visits, as recommended by the American Academy of Pediatrics' Bright Futures Periodicity Schedule, are:

- Newborn
- One month
- Two months
- Six months
- Nine months
- 12 months
- 15 months

Below is a chart for easy access for commonly-used routine office visit codes. For your reference, the following are just a few of the approved NCQA codes. For a complete list, please refer to the [NCQA website](#).

DESCRIPTION	ICD-10 CODE
Health examination for newborn under eight days old	Z00.110
Health examination for newborn eight to 28 days old	Z00.111
Encounter for routine child health examination with abnormal findings	Z00.121
Encounter for routine child health examination without abnormal findings	Z00.129
Encounter for other general examination	Z00.8
Encounter for health supervision and care of other healthy infant and child	Z76.2

What You Need to Know About the 2019-2020 Flu Season

The Centers for Disease Control and Prevention (CDC) recommends yearly flu shots for all patients 6 months and older without vaccine contraindication. Providers may administer any U.S. Food and Drug Administration (FDA) approved, age-appropriate flu shot. Remember to review the current [flu vaccine product table](#) for the most recent updates on available products and their approved age ranges.¹

What's different this flu season?¹

- All standard adult and pediatric dose flu vaccines will be quadrivalent; no trivalent regular dose flu shots are available this season.
- Afluria Quadrivalent® is now licensed for children 6 months of age and older.
- Baloxavir (Xofluza™) is a new single-dose antiviral drug approved by the FDA for people 12 years and older who have had flu symptoms for less than 48 hours. Baloxavir (Xofluza) is not a substitute for early vaccination with the annual seasonal flu vaccine.

Reminders this Flu Season²

- Trivalent high dose or adjuvant containing flu vaccines for the elderly (65 and older) are made specifically to create a better or stronger immune response.
- Oseltamivir (Tamiflu®) is used for the treatment of influenza for patients 2 weeks or older who have had flu symptoms for less than 48 hours, as well as the prophylaxis of influenza in patients 1 year and older. Oseltamivir (Tamiflu) is not a substitute for early vaccination with the annual seasonal flu vaccine.
 - Oseltamivir (Tamiflu) is also available as a generic medication, which may have a lower cost to the member compared to a branded medication.

Coding Reminders

- Please file your claims with correct coding*
- The American Academy of Pediatrics (AAP) [coding chart](#) recommends which billing code to use based on the vaccine administered. (This chart is not a comprehensive list.)
- Code descriptions are specific to the vaccine product
- Code descriptions may include:
 - Dosage amounts
 - Trivalent vs. quadrivalent formulations
 - Distinctive features (i.e., preservative-free, split virus, recombinant DNA, cell cultures or adjuvanted).

*Correct coding requires services to be reported with the most specific code available that appropriately describes the service.

¹CDC, Frequently Asked Influenza (Flu) Questions: 2019-2020 Season, Sept. 16, 2019. <https://www.cdc.gov/flu/season/faq-flu-season-2019-2020.htm#>

²CDC, Antiviral Drugs for Seasonal Influenza: Additional Links and Resources, Nov. 29, 2018. <https://www.cdc.gov/flu/professionals/antivirals/links.htm>

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The above material 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. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. 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 certificate of coverage 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.

Dr. David Lechner Announced as New BCBSMT CMO



Blue Cross and Blue Shield of Montana is pleased to announce that Dr. David Lechner joined the team as Chief Medical Officer this past November.

Born and raised in Billings as a third-generation Montanan, Lechner graduated from Billings West High School and Carroll College with a Bachelor of Science degree in Biology. He graduated medical school from the University of Washington School of Medicine (WAMI) in 1989 and served a residency in family medicine in Spokane, Washington.

Lechner returned to Montana in 1992, joining the Family Health Clinic in Helena and practicing family medicine including operative obstetrics and hospital care. He moved to Community Medical Center in 2011 as President of the Community Physicians group and later assumed the role of Chief Medical Officer at Community Medical Center. While there, he helped develop Patient-Centered Medical Home (PCMH) programs, integrated behavioral health and pharmacy programs while

successfully implementing strategies within the Comprehensive Primary Care Plus (CPC+) home-based primary care model. As CMO, he oversaw all management of physicians and medical staff, including credentialing, peer review, inpatient utilization review, case management, social work, Medicare and Medicaid programs, quality and risk.

As BCBSMT CMO, Lechner will serve as the clinical leader for the Montana Plan, oversee Wellbeing Management and Total Health Management, and partner with our Network team to advance Value Based Care in Montana.

"I am really excited to return to Helena and to work with so many friends and colleagues," Lechner said. "I enjoy meeting new friends and look forward to the opportunities to improve care delivery this new role will bring. I am especially excited to take on the challenge of attaining the Triple Aim of Health Care, this time from the payer's side, while bringing my 27 years of experience of being a primary care physician and a physician executive to this job."

Lechner and his wife, Kerry, have two children. He enjoys playing adult recreational league hockey, softball, fly fishing and river rowing.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2020 – 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, 2020. 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.

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.

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 Blue Cross and Blue Shield of Montana 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, 2020 are outlined below.**

You can view a preview of the January drug lists on our [Member Services website](#). The final lists will be available on both the Member Services 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 [Member Services website](#).

DRUG LIST UPDATES (REVISIONS/EXCLUSIONS) – AS OF JAN. 1, 2020

Non-Preferred Brand ¹	Drug Class/Condition Used for	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
EXJADE (deferasirox tab for oral susp 125 mg)	Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin

OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	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			
LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual Drug List Revisions			
ADCIRCA (tadalafil tab 20 mg (pah))	EXJADE (deferasirox tab for oral susp 250 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ALBENZA (albendazole tab 200 mg)	EXJADE (deferasirox tab for oral susp 500 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%))	FINACEA (azelaic acid gel 15%)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ANDROGEL (testosterone td gel 40.5 mg/2.5 gm (1.62%))	NUEDEXTA (dextromethorphan hbr-quinidine sulfate cap 20-10 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%))	OMNITROPE (somatropin for inj 5.8 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CANASA (mesalamine suppos 1000 mg)	OMNITROPE (somatropin inj 5 mg/1.5 ml)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CIALIS (tadalafil tab 2.5 mg)	OMNITROPE (somatropin inj 10 mg/1.5 ml)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CIALIS (tadalafil tab 5 mg)	PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base))	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CIALIS (tadalafil tab 10 mg)	SABRIL (vigabatrin tab 500 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CIALIS (tadalafil tab 20 mg)	SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CORTIFOAM (hydrocortisone acetate rectal foam 10% (90 mg/dose))	SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	hydrocortisone enema	
EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 ml (1:1000))	SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 125 mg)	SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5 ml)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 250 mg)	SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EXJADE (deferasirox tab for oral susp 500 mg)	SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
FINACEA (azelaic acid gel 15%)	SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NUEDEXTA (dextromethorphan hbr-quinidine sulfate cap 20-10 mg)	TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

OMNITROPE (somatropin for inj 5.8 mg)	TARCEVA (erlotinib hcl tab 100 mg (base equivalent))		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	TARCEVA (erlotinib hcl tab 150 mg (base equivalent))		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	VIRAMUNE (nevirapine susp 50 mg/5 ml)		Norditropin
PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base))	WELCHOL (colesevelam hcl packet for susp 3.75 gm)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SABRIL (vigabatrin tab 500 mg)	ZYTIGA (abiraterone acetate tab 250 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	ADCIRCA (tadalafil tab 20 mg (pah))	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	ALBENZA (albendazole tab 200 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%))	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5 ml)	ANDROGEL (testosterone td gel 40.5 mg/2.5 gm (1.62%))		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%))		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	CANASA (mesalamine suppos 1000 mg)		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	CIALIS (tadalafil tab 2.5 mg)		Enbrel, Humira
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	CIALIS (tadalafil tab 5 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	CIALIS (tadalafil tab 10 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	CIALIS (tadalafil tab 20 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VIRAMUNE (nevirapine susp 50 mg/5 ml)	CORTIFOAM (hydrocortisone acetate rectal foam 10% (90 mg/dose))	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 ml (1:1000))	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZYTIGA (abiraterone acetate tab 250 mg)	EXJADE (deferasirox tab for oral susp 125 mg)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Multi-Tier Basic Annual Drug List Revisions			
ASACOL HD (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
COLCRYS (colchicine tab 0.6 mg)	Gout		Mitigare
ELIDEL (pimecrolimus cream 1%)	Atopic Dermatitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

FARESTON (toremifene citrate tab 60 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml)	Infertility	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

Balanced, Performance and Performance Select Drug List Revisions

AMOXICILLIN/CLAVULANATE POTASSIUM ER (amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg)	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
DILTIAZEM HCL ER (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DILT-XR (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DOXEPIN HCL (doxepin hcl cap 150 mg)	Depression, Anxiety	doxepin 50 mg capsule, doxepin 100 mg capsule	
FLUPHENAZINE HCL (fluphenazine hcl tab 1 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 2.5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 10 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLURBIPROFEN SODIUM (flurbiprofen sodium ophth soln 0.03%)	Ophthalmic Pain	diclofenac ophth soln, ketorolac ophth soln	
ISOSORBIDE DINITRATE (isosorbide dinitrate tab 30 mg)	Angina	isosorbide dinitrate tab (10 mg, 20 mg), isosorbide mononitrate ER tab	
MEXILETINE HCL (mexiletine hcl cap 150 mg)	Arrhythmia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

MEXILETINE HCL (mexiletine hcl cap 200 mg)	Arrhythmia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
MEXILETINE HCL (mexiletine hcl cap 250 mg)	Arrhythmia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NADOLOL/BENDROFLUMETHIAZIDE (nadolol & bendroflumethiazide tab 40-5 mg)	Hypertension	metoprolol tablet, nadolol tablet, hydrochlorothiazide tablet	
OXAZEPAM (oxazepam cap 10 mg)	Anxiety	lorazepam tablet, temazepam capsule	
PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Ophthalmic Inflammatory Conditions	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 300 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
Balanced Drug List Revision			
MUPIROCIN (mupirocin calcium cream 2%)	Topical Anti-Infective	mupirocin ointment	
Balanced, Performance, and Performance Select Drug List Exclusions			
AKYNZEO (netupitant-palonosetron cap 300-0.5 mg)	Nausea/Vomiting	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
AMITIZA (lubiprostone cap 8 mcg)	Opioid Induced Constipation, Chronic Idiopathic Constipation		Symproic, Trulance
AMITIZA (lubiprostone cap 24 mcg)	Opioid Induced Constipation, Chronic Idiopathic Constipation		Symproic, Trulance
DELZICOL (mesalamine cap dr 400 mg)	Ulcerative Colitis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ERYPED 400 (erythromycin ethylsuccinate for susp 400 mg/5 ml)	Anti-Infective	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
EXJADE (deferasirox tab for oral susp 125 mg)	Iron Overload	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	Vitamin/Supplement	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
JENTADUETO (linagliptin-metformin hcl tab 2.5-500 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
JENTADUETO (linagliptin-metformin hcl tab 2.5-850 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
JENTADUETO (linagliptin-metformin hcl tab 2.5-1000 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
JENTADUETO XR (linagliptin-metformin hcl tab sr 24hr 2.5-1000 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
JENTADUETO XR (linagliptin-metformin hcl tab sr 24hr 5-1000 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR

LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
LOTEMAX (loteprednol etabonate ophth susp 0.5%)	Ophthalmic Inflammatory Conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
MESTINON (pyridostigmine bromide syrup 60 mg/5 ml)	Myasthenia Gravis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
MOVANTIK (naloxegol oxalate tab 12.5 mg (base equivalent))	Opioid Induced Constipation		Symproic
MOVANTIK (naloxegol oxalate tab 25 mg (base equivalent))	Opioid Induced Constipation		Symproic
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 125 mg/ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA CLICKJECT (abatacept subcutaneous soln auto-injector 125 mg/ml)	Rheumatoid Arthritis		Enbrel, Humira
REVATIO (sildenafil citrate for suspension 10 mg/ml)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira

SUPRAX (cefixime cap 400 mg)	Infections	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRACLEER (bosentan tab 62.5 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRACLEER (bosentan tab 125 mg)	Pulmonary Arterial Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TRADJENTA (linagliptin tab 5 mg)	Diabetes		Januvia, Onglyza
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis		Enbrel, Humira
Balanced and Performance Select Drug List Exclusions			
CUPRIMINE (penicillamine cap 250 mg)	Wilson's Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
RELISTOR (methylnaltrexone bromide inj 8 mg/0.4 ml (20 mg/ml))	Opioid Induced Constipation		Symproic
RELISTOR (methylnaltrexone bromide inj 12 mg/0.6 ml (20 mg/ml))	Opioid Induced Constipation		Symproic
RELISTOR (methylnaltrexone bromide tab 150 mg)	Opioid Induced Constipation		Symproic
Balanced Drug List Exclusions			
FLUOXETINE HYDROCHLORIDE (fluoxetine hcl tab 60 mg)	Depression	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TEKTURNA (aliskiren fumarate tab 150 mg (base equivalent))	Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TEKTURNA (aliskiren fumarate tab 300 mg (base equivalent))	Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

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

²This 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, 2020

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, 2020. Members may pay more for these drugs.

Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
7t lido gel 2%	amitriptylin tab 75 mg
amitriptylin tab 100 mg	apap/codeine tab 300-60 mg
atenol/chlor tab 100-25 mg	bethanechol tab 5 mg
bumetanide tab 0.5 mg	bumetanide tab 1 mg
carisoprodol tab 350 mg	chloroquine tab 500 mg
chlorothiaz tab 500 mg	cimetidine tab 300 mg
cimetidine tab 400 mg	clindamycin cap 75 mg
cloraz dipot tab 3.75 mg	cloraz dipot tab 7.5 mg
constulose sol 10 gm/15	diltiazem tab 90 mg
diltiazem tab 120 mg	dipyridamole tab 25 mg
dorzol/timol sol 22.3-6.8	doxepin hcl cap 25 mg
estazolam tab 1 mg	estazolam tab 2 mg
fluconazole sus 10 mg/ml	fluoxetine tab 10 mg
fluphenazine tab 1 mg	fluphenazine tab 2.5 mg
fluphenazine tab 5 mg	fluphenazine tab 10 mg
flurbiprofen tab 100 mg	generlac sol 10 gm/15
haloperidol con 2 mg/ml	hydroco/apap tab 10-325 mg
hydrocod/ibu tab 7.5-200	hydroxychlor tab 200 mg
ketoconazole tab 200 mg	ketoprofen cap 50 mg
ketoprofen cap 75 mg	ketorolac tab 10 mg
levo/liothy tab 90 mg	levothyroxin tab 300 mcg
lidocaine gel 2% jelly	lidocaine sol 4%
medroxypr ac inj 150 mg/ml	methadose tab 40 mg
methotrexate inj 25 mg/ml	methyl dopa tab 500 mg
metoclopram sol 5 mg/5 ml	minocycline cap 75 mg
minocycline cap 100 mg	naproxen sod tab 275 mg
naproxen sod tab 550 mg	nitroglycer cap 2.5 mg er
nizatidine cap 150 mg	ofloxacin dro 0.3% op
pentoxifylli tab 400 mg er	phenobarb tab 16.2 mg
phenobarb tab 32.4 mg	polyeth glyc pow 3350 nf
prazosin hcl cap 1 mg	prazosin hcl cap 2 mg

proctozone cre -hc 2.5%	prometh vc sol plain
prometh vc/ syp codeine	proparacaine sol 0.5% op
propranolol tab 40 mg	propranolol tab 80 mg
smz-tmp sus 200-40/5	tamoxifen tab 10 mg
tamoxifen tab 20 mg	tropicamide sol 0.5% op
tropicamide sol 1% op	zonisamide cap 25 mg
Balanced, Performance, Performance Select Drug Lists	
acetaminophen w/ codeine tab 300-60 mg	amoxicillin & k clavulanate for susp 400-57 mg/5 ml
amoxicillin & k clavulanate for susp 600-42.9 mg/5 ml	atenolol & chlorthalidone tab 100-25 mg
bisoprolol fumarate tab 10 mg	bupropion hcl tab 75 mg
carbinoxamine maleate soln 4 mg/5 ml	cefpodoxime proxetil for susp 50 mg/5 ml
clindamycin hcl cap 75 mg	diclofenac sodium tab er 24hr 100 mg
diclofenac sodium tab sr 24hr 100 mg	diltiazem hcl cap er 24hr 180 mg
diltiazem hcl cap sr 24hr 180 mg	diltiazem hcl extended release beads cap er 24hr 180 mg
diltiazem hcl extended release beads cap sr 24hr 180 mg	dipyridamole tab 25 mg
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	flecainide acetate tab 50 mg
fluconazole for susp 10 mg/ml	flurbiprofen tab 100 mg
fluvoxamine maleate tab 25 mg	fluvoxamine maleate tab 50 mg
fluvoxamine maleate tab 100 mg	haloperidol lactate oral conc 2 mg/ml
hydrocodone-acetaminophen tab 10-325 mg	hydrocodone-ibuprofen tab 7.5-200 mg
isosorbide mononitrate tab er 24hr 120 mg	isosorbide mononitrate tab sr 24hr 120 mg
lactulose (encephalopathy) solution 10 gm/15 ml	lactulose solution 10 gm/15 ml
levetiracetam oral soln 100 mg/ml	levetiracetam tab 750 mg
lidocaine hcl soln 4%	liothyronine sodium tab 5 mcg
liothyronine sodium tab 25 mcg	lithium carbonate tab cr 300 mg
lithium carbonate tab cr 450 mg	lithium carbonate tab er 300 mg
lithium carbonate tab er 450 mg	metoclopramide hcl soln 5 mg/5 ml (10 mg/10 ml)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	metoprolol succinate tab sr 24hr 100 mg (tartrate equiv)
mometasone furoate cream 0.1%	mometasone furoate solution 0.1% (lotion)
nitroglycerin sl tab 0.4 mg	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	ofloxacin ophth soln 0.3%
pentoxifylline tab cr 400 mg	pentoxifylline tab er 400 mg
potassium chloride cap cr 10 meq	potassium chloride cap er 10 meq
propafenone hcl tab 150 mg	propranolol hcl tab 40 mg
quinapril-hydrochlorothiazide tab 10-12.5 mg	quinapril-hydrochlorothiazide tab 20-25 mg
tamoxifen citrate tab 10 mg (base equivalent)	zonisamide cap 25 mg
zonisamide cap 100 mg	

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.**

EFFECTIVE JAN. 1, 2020:

Drug Class and Medication(s)	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Cablivi	
Cablivi	58 kits per 365 days
Constipation Agents	
Movantik 12.5 mg	30 tablets per 30 days
Movantik 25 mg	30 tablets per 30 days
Relistor 150 mg	90 tablets per 30 days
Relistor 8 mg/0.4 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	60 vials per 30 days
Symproic 0.2 mg	30 tablets per 30 days
Zelnorm 6 mg	60 tablets per 30 days
Enhanced Annual Drug List	
Alternative Dosage form	
Carafate suspension	1200 mL per 30 days
Naprosyn suspension	1800 mL per 30 days
Tiglutik	600 mL per 30 days
Amifampridine	
Firdapse	240 tablets per 30 days
Ruzurgi	300 tablets per 30 days
Arikayce	
Arikayce	235.2 mL per 28 days
Cablivi	
Cablivi	58 kits per 365 days
Constipation Agents	
Amitiza 8 mcg	60 capsules per 30 days
Amitiza 24 mcg	60 capsules per 30 days
Linzess 72 mcg	30 capsules per 30 days
Linzess 145 mcg	30 capsules per 30 days
Linzess 290 mcg	30 capsules per 30 days
Motegrity 1 mg	30 tablets per 30 days
Motegrity 2 mg	30 tablets per 30 days

Movantik 12.5 mg	30 tablets per 30 days
Movantik 25 mg	30 tablets per 30 days
Relistor 150 mg	90 tablets per 30 days
Relistor 8 mg/0.4 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	60 vials per 30 days
Symproic 0.2 mg	30 tablets per 30 days
Trulance 3 mg	30 capsules per 30 days
Zelnorm 6 mg	60 tablets per 30 days
Galafold	
Galafold capsules	14 capsules per 28 days
Glaucoma	
Rhopressa sol 0.02%	2.5 mL per 20 days
hATTR Amyloidosis Neuropathy	
Tegsedi 284 mg/1.5 mL syringe	6 mL per 28 days
Hyperhidrosis	
Qbrexza	30 pads per 30 days
Neurotrophic Keratitis	
Oxervate	56 vials per 56 days
Nocturia	
Nocdurna 27.7 mcg	30 tablets per 30 days
Nocdurna 55.3 mcg	30 tablets per 30 days
Nuvigil/Provigil	
Nuvigil 50 mg	30 tablets per 30 days
Nuvigil 150 mg	30 tablets per 30 days
Nuvigil 200 mg	30 tablets per 30 days
Nuvigil 250 mg	30 tablets per 30 days
Provigil 100 mg	30 tablets per 30 days
Provigil 200 mg	60 tablets per 30 days
Oral PAH	
Upravi 200 mcg titration bottle	140 tablets per 180 days
Orilissa	
Orilissa 150 mg	30 tablets per 30 days
Orilissa 200 mg	60 tablets per 30 days
SA Oncology	
Zykadia 150 mg capsule	90 capsules per 30 days
Therapeutic Alternatives	
Kenalog spray	189 grams per 90 days

Topical Lidocaine	
Pliaglis	100 grams per 30 days
Synera	4 patches per 28 days
Vascepa	
Vascepa 0.5 g	240 capsules per 30 days
Vascepa 1 g	120 capsules per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective Sept. 15, 2019, the Tafamidis Prior Authorization (PA) program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drugs Vyndaqel and Vyndamax.

Effective Jan. 1, 2020, the following changes will be applied:

- The Opioid Induced Constipation PA program will change its name to: Constipation Agents. This PA program includes the same targeted medications and five new ones: Amitiza, Linzess, Motegrity, Trulance and Zelnorm. This program currently applies to the Basic, Enhanced and Enhanced Annual Drug Lists. On Jan. 1, this program will be applied to the Performance Drug List. Members impacted by this program change will be notified.
- New target drugs, Rhopressa and Rocklatan, will be added to the Enhanced Annual Drug List. These drugs are included in the Glaucoma ST program (formerly known as Ophthalmic Prostaglandins).
- Several drug categories and/or targeted medications will be added to the PA 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 for the medication being prescribed to your patient.

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

DRUG CATEGORIES ADDED TO CURRENT PHARMACY PA STANDARD PROGRAMS, EFFECTIVE JAN. 1, 2020

Drug Category	Targeted Medication(s) ¹
Enhanced Annual Drug List	
Fabry Disease	Galafold
Hyperhidrosis	Qbrexza
Orilissa	Orilissa
Arikayce	Arikayce
Amifampridine (previously known as Firdapse)	Firdapse, Ruzurgi*
hATTR Amyloidosis Neuropathy	Tegsedi
Neurotrophic Keratitis	Oxervate
Vascepa	Vascepa
Alternative Dosage Form	Carafate suspension, Naprosyn suspension, Tiglutik*
Human Fibrinogen Concentrate	Fibryga, RiaSTAP
Procysbi	Procysbi

¹Third 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, 2020

Drug Category	Targeted Medication(s) ¹
Enhanced Annual Drug List	
Antifungal (Cresemba, Noxafil, Tolsura, Vfend)	Tolsura
Nocturia	Nocdurna
Therapeutic Alternatives	Diflorasone ointment and cream, Dutoprol, Kenalog spray
Topical Lidocaine	Pliaglis, Synera
Basic, Enhanced, Enhanced Annual and Performance Drug Lists	
Therapeutic Alternatives	Mupirocin cream

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

*Members did not receive letters due to limited utilization.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

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

Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSMT members with a group health plan, though some exceptions may apply.

Letters will be sent in October to members who have been identified as using a drug coupon. Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Norditropin Drug List Status Change Effective Jan. 1, 2020

Starting Jan. 1, 2020, Norditropin will become the preferred brand drug for treating growth hormone deficiencies on all group and individual plan BCBSMT drug lists. BCBSMT members who have prescription drug benefits administered by Prime Therapeutics may have a lower cost share for this drug.

Omnitrope will become a non-preferred brand drug on the open drug lists (Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists) and excluded on the managed drug lists (Balanced, Performance, Performance Annual, Performance Select, Performance Select Annual and Health Insurance Marketplace Drug Lists).

As part of this drug list change, prior authorization (PA) will also be required for members filling a new prescription for Omnitrope to be considered for coverage.

Please Note:

- Members who have been approved through the Growth Hormone PA program to receive Omnitrope in 2019 will continue to pay their current member cost share (copay/coinsurance) for the duration of the PA approval. Once the member’s authorization expires, the member will need to have a new PA request submitted for coverage consideration.

- If the member receives an approval for Omnitrope, the member will pay the applicable cost share for the drug, based on their benefits.
- Starting on Jan. 1, 2020, if members who are currently approved to receive Omnitrope through the Growth Hormone PA, decide to switch to the preferred Norditropin product, they WILL NOT be subject to an additional PA review.
- Impacted members were notified on this change.

Select Prescription Drug Lists' Update Frequency Change – Final Implementation

As previously communicated throughout 2019, most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, have moved to a quarterly update. For patients on these affected drug lists, the frequency change was implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019 and continued throughout the remaining quarters of 2019 (on or after July 1, 2019 and Oct. 1, 2019). The final implementation will occur in the first quarter of 2020, on or after Jan. 1, 2020.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Note:** For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.

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.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2020 – Part 2

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 Blue Cross and Blue Shield of Montana 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, 2020 are outlined below.

DRUG LIST COVERAGE ADDITIONS – AS OF JAN. 1, 2020

Preferred Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
BELBUCA (buprenorphine hcl buccal film 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg (base equivalent))	Pain
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)	Episodic Cluster Headache
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Diabetes
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs))	Multiple Sclerosis
NORDITROPIN FLEXPRO (somatropin inj 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	Growth Hormone Deficiency
PIQRAY 200 MG DAILY DOSE (alpelisib tab therapy pack 200 mg daily dose)	Cancer
PIQRAY 250 MG DAILY DOSE (alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs))	Cancer
PIQRAY 300 MG DAILY DOSE (alpelisib tab pack 300 mg daily dose (2x150 mg tab))	Cancer
PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia
RINVOQ (upadacitinib tab er 24hr 15 mg)	Rheumatoid Arthritis
SUNOSI (solriamfetol hcl tab 75 mg, 150 mg (base equiv))	Excessive Daytime Sleepiness
SYMPROIC (naldemedine tosylate tab 0.2 mg (base equivalent))	Opioid-Induced Constipation
TRULANCE (plecanatide tab 3 mg)	Chronic Idiopathic Constipation
VERZENIO (abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg)	Cancer
VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent))	Cancer
VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent))	Cancer
VYNDAMAX (tafamidis cap 61 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)
VYNDAQEL (tafamidis meglumine (cardiac) cap 20 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)

— CONTINUED ON THE NEXT PAGE

Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
IBRANCE (palbociclib cap 75 mg, 100 mg, 125 mg)	Cancer
JANUMET (sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg)	Diabetes
JANUMET XR (sitagliptin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 100-1000 mg)	Diabetes
Balanced, Performance and Performance Select Drug Lists	
AFLURIA QUADRIVALENT 2019 -2020 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
AFLURIA QUADRIVALENT 2019 -2020 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
aminocaproic acid oral soln 0.25 gm/ml (generic for AMICAR)	Hemorrhage, Bleeding Prophylaxis
CIMZIA (certolizumab pegol inj kit 2 x 200 mg/ml)	Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
CIMZIA STARTER KIT (certolizumab pegol inj kit 6 x 200 mg/ml)	Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Heart Failure
DOPTELET (avatrombopag maleate tab 20 mg (base equiv))	Thrombocytopenia, Chronic Liver Disease
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)	Episodic Cluster Headache
epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000) (generic for EPI-PEN JR)	Anaphylaxis
FERRIPROX (deferiprone tab 1000 mg)	Transfusional Iron Overload
FLUAD 2019-2020 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2019-2020 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2019-2020 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2019-2020 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2019-2020 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2019-2020 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2019-2020 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE HIGH-DOSE PF 2019 -2020 (influenza virus vac split high-dose pf susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2019 -2020 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2019 -2020 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2019 -2020 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
hydrocortisone acetate suppos 25 mg	Crohn's Disease, Ulcerative Colitis, Irritable Bowel Syndrome
icatibant acetate inj 30 mg/3 ml (base equivalent) (generic for FIRAZYR)	Hereditary Angioedema
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs))	Multiple Sclerosis
morphine sulfate tab 15 mg, 30 mg	Pain
NORDITROPIN FLEXPRO (somatropin inj 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	Growth Hormone Deficiency
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Asthma
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Asthma
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 5 mg, 12hr 7.5 mg, 12hr 10 mg, 12hr 15 mg, 12hr 20 mg, 12hr 30 mg, 12hr 40 mg)	Pain

PIQRAY 200 MG DAILY DOSE (alpelisib tab therapy pack 200 mg daily dose)	Cancer
PIQRAY 250 MG DAILY DOSE (alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs))	Cancer
PIQRAY 300 MG DAILY DOSE (alpelisib tab pack 300 mg daily dose (2x150 mg tab))	Cancer
posaconazole tab delayed release 100 mg (generic for NOXAFIL)	Fungal Infections
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (generic for LYRICA capsules)	Diabetic Neuropathy, Fibromyalgia, Seizures
pregabalin soln 20 mg/ml (generic for LYRICA oral solution)	Diabetic Neuropathy, Fibromyalgia, Seizures
PROCARE SPACER CHAMBER W/ ADULT MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
PROCARE SPACER CHAMBER W/ CHILD MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
RINVOQ (upadacitinib tab er 24hr 15 mg)	Rheumatoid Arthritis
RUZURGI (amifampridine tab 10 mg)	Lambert-Eaton Myasthenic Syndrome (LEMS)
SUNOSI (solriamfetol hcl tab 75 mg, 150 mg (base equiv))	Excessive Daytime Sleepiness
SYMDEKO (tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk)	Cystic Fibrosis
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000))	Anaphylaxis
THIOLA EC (tiopronin tab delayed release 100 mg, 300 mg)	Kidney Stone Prophylaxis
triamterene cap 50 mg, 100 mg (generic for DYRENIUM)	Heart Failure, Edema
VYNDAMAX (tafamidis cap 61 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)
VYNDAQEL (tafamidis meglumine (cardiac) cap 20 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)
XPOVIO 60 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (60 mg once weekly))	Cancer
XPOVIO 80 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (80 mg once weekly))	Cancer
XPOVIO 80 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (80 mg twice weekly))	Cancer
XPOVIO 100 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (100 mg once weekly))	Cancer
Performance and Performance Select Drug Lists	
BELBUCA (buprenorphine hcl buccal film 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg (base equivalent))	Pain
FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))	Lambert-Eaton Myasthenic Syndrome (LEMS)
Balanced and Performance Select Drug Lists	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic for DICLEGIS)	Morning Sickness/Nausea
penicillamine cap 250 mg	Wilson's Disease
Balanced Drug Lists	
ASPIRIN/OMEPRAZOLE (aspirin-omeprazole tab delayed release 81-40 mg, 325-40 mg)	Myocardial Infarction and Stroke Prophylaxis
CORTISPORIN-TC (neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml)	Infections
halcinonide cream 0.1% (generic for HALOG cream)	Dermatitis, Inflammatory Conditions
KATERZIA (amlodipine benzoate oral susp 1 mg/ml (base equivalent))	Hypertension
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Musculoskeletal Pain
ORPHENGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Pain, Muscle Spasm
PYRIDOSTIGMINE BROMIDE (pyridostigmine bromide tab 30 mg)	Myasthenia Gravis

SLYND (drospirenone tab 4 mg)	Contraception
TRINAZ (prenatal vit w/ fe gluconate-fa tab 12-1 mg)	Prenatal Vitamin
VANCOMYCIN HYDROCHLORIDE (vancomycin hcl for oral soln 50 mg/ml (base equivalent))	Infections

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

DRUG LIST UPDATES (COVERAGE TIER CHANGES) – AS OF JAN. 1, 2020

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
amlodipine besylate-valsartan tab 5-320 mg, 10-160 mg	Preferred Generic	Hypertension
bicalutamide tab 50 mg	Preferred Generic	Cancer
bupropion hcl tab er 24hr 150 mg	Preferred Generic	Depression
doxycycline hyclate cap 100 mg; tab 100 mg	Preferred Generic	Infections
duloxetine hcl enteric coated pellets cap 20 mg (base equivalent)	Preferred Generic	Depression, Diabetic Neuropathy, Fibromyalgia
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	Non-Preferred Generic	Infections
eszopiclone tab 1 mg	Preferred Generic	Insomnia
famciclovir tab 125 mg	Preferred Generic	Viral Infections
fenofibrate tab 145 mg, 160 mg	Preferred Generic	Hypercholesterolemia
hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml; tab 5-1.5 mg	Preferred Generic	Cough
ibandronate sodium tab 150 mg (base equivalent)	Preferred Generic	Osteoporosis
methylprednisolone tab 16 mg	Preferred Generic	Inflammatory Conditions
morphine sulfate tab cr 15 mg; er 15 mg	Preferred Generic	Pain
oxybutynin chloride tab er 24hr 10 mg; sr 24hr 10 mg	Preferred Generic	Overactive Bladder, Urinary Incontinence
phenobarbital tab 15 mg, 30 mg, 60 mg, 100 mg	Preferred Generic	Seizures, Insomnia
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	Non-Preferred Generic	Inflammatory Conditions
PROGLYCEM (diazoxide susp 50 mg/ml)	Preferred Brand	Hypoglycemia
sotalol hcl (afib/af) tab 80 mg, 160 mg	Preferred Generic	Atrial Fibrillation
SYMPROIC (naldemedine tosylate tab 0.2 mg (base equivalent))	Preferred Brand	Opioid-Induced Constipation
TRULANCE (plecanatide tab 3 mg)	Preferred Brand	Chronic Idiopathic Constipation
VARUBI (rolapitant hcl tab 90 mg (base equiv))	Preferred Brand	Nausea/Vomiting
VERZENIO (abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg)	Preferred Brand	Cancer
VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent))	Preferred Brand	Cancer
VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent))	Preferred Brand	Cancer
Performance Drug List		
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	Preferred Brand	Hot Flashes
PREMPHASE (conj est 0.625 (14)/conj est-medroxypro ac tab 0.625-5 mg (14))	Preferred Brand	Menopause Side Effects and Osteoporosis Prevention
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)	Preferred Brand	Menopause Side Effects and Osteoporosis Prevention
SODIUM FLUORIDE (sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf))	Preferred Brand	Fluoride Supplement

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Correction to the Standard Utilization Management (UM) Programs:
 - The Amifampridine Prior Authorization (PA) Program, previously known as the Firdapse PA Program, was incorrectly listed as a Non-Specialty PA program. This program is a Specialty PA program and includes the target drugs Firdapse and Ruzurgi. As a reminder, this program applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.
- Effective Jan. 1, 2020, the Sunosi PA program and target drug Sunosi will be added to the Balanced, Performance and Performance Select Drug Lists.

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 BAM or MyPrime.com for a variety of online resources.

Out of Network Specialty Pharmacy Update – Changes Effective Jan. 1, 2020

Starting Jan. 1, 2020, BCBSMT will implement a new process for specialty drug claims filled at an out-of-network (OON) specialty pharmacy. This will mirror BCBSMT's current process for non-specialty drug claims filled OON. If members continue to use an OON specialty pharmacy after Jan. 1, they may be responsible for the full cost of the medicine. Based on their plan, members may be able to submit a claim to have their OON benefits applied.

Letters were sent to members who have been using an OON specialty pharmacy. The letter informs them of the change, how to transfer their existing prescription(s) and what to expect if they continue to use the same pharmacy they are using now. If your office stores pharmacy information on your patients' records, confirm with your patient the specialty pharmacy they use to update your records.

Reminder: Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSMT members with a group health plan, though some exceptions may apply.

Letters were sent starting in October to members who had been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

The 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.

Checking eligibility and benefits and/or obtaining benefit preauthorization/prenotification or predetermination of benefits is not a guarantee that benefits will be paid. Payment 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 your patient's policy certificate and/or benefits booklet and or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient.

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.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit preauthorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSMT's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits 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 questions, contact the number on the member's ID card.

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSMT. Cotiviti is solely responsible for the products and services that it provides.

EquiClaim, a Change Healthcare Solution, an independent company, provides payment integrity solutions for Blue Cross and Blue Shield of Montana.

eviCore healthcare is an independent specialty medical benefits management company that provides utilization management services for BCBSMT. eviCore is wholly responsible for its own products and services. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by eviCore.

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 Availity, eviCore, or Medecision. The vendors are solely responsible for the products or services they offer. If you have any questions regarding any of the products or services they offer, you should contact the vendor(s) directly.

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

It is important to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit prior authorization/pre-notification requirements. Ask to see the member's BCBSMT ID card and a driver's license or other photo ID to help guard against medical identity theft.

PPO plans provided by Blue Cross and Blue Shield of Montana, which refers to HCSC Insurance Services Company (HISC), PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

Livongo is an independent company that has contracted directly with BCBSMT to provide a diabetes management program that is covered under some of the health benefit plans. Naturally Slim is an independent company that has contracted directly with BCBSMT to provide a weight loss and metabolic syndrome reduction program that is covered under some of the health benefit plans. Omada is an independent company that has contracted directly with BCBSMT to provide an obesity-related chronic conditions (type 2 diabetes and heart disease) risk reduction program that is covered under some of the health benefit plans. Hinge Health offers digital care programs for people with chronic musculoskeletal conditions, such as back or joint pain, using technology to create a delightful participant experience by combining sensor-guided exercise therapy with health coaching and education. This material is meant for informational purposes only. BCBSMT makes no endorsement, representations or warranties regarding any products or services offered by independent companies such as Livongo, Naturally Slim, Omada, and Hinge Health. These companies are solely responsible for the products or services they provide. If you have any questions regarding the services described here, you should contact Livongo, Naturally Slim, Omada, or Hinge Health directly.

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.



BlueCross BlueShield of Montana

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.