BlueCross BlueShield of Montana

Blue Review℠

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS **FIRST QUARTER 2024**

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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

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Contact Us

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

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

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

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

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

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

BLUE REVIEW
Blue Cross and Blue Shield of Montana
Attn: Kenzie Lombardi
PO Box 4309
Helena, MT 59604
Email: **Kenzie_Lombardi@bcbsmt.com**
Website: **bcbsmt.com/provider**

30-Day Facility Readmission Reviews for Medicare Advantage Members

As a reminder, BCBSMT performs clinical reviews of acute care facility readmissions that occur within 30 days of discharge of our Blue Cross Medicare Advantage (PPO)℠ members, or consistent with your provider contract. If we determine that the acute stays were clinically related, we may deny payment to the facility for related admissions.

We've conducted these reviews since March 1, 2020, to support quality improvement, consistent with Centers for Medicare & Medicaid Services guidelines.

When we request medical records for a 30-day facility readmission review to a facility:

- 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.

CMS resources

- Medicare Claims Processing Manual, Chapter 3, Section 40.2.5 (Repeat Admissions)
- Medicare Quality Improvement Organization Manual, Chapter 4, Section 4240 (Readmission Review)

Avoiding the Inappropriate Use of Antipsychotic Medication in Anxiety Disorders

Most antipsychotic medications aren't approved for the treatment of anxiety disorders, such as panic disorder and generalized anxiety disorder. Because antipsychotics can have adverse effects, we encourage prescribing providers to carefully assess symptoms, risks and benefits in prescribing medications for our members with anxiety disorders.

Our Behavioral Health Clinical Practice Guidelines have evidence-based information from nationally recognized sources. These are intended to provide a framework for patient care but not substitute for clinical judgment in individual cases. Following are guidelines related to anxiety disorder:

- Practice Guideline for the Treatment of Patients with Panic Disorder, Second Edition (2009) American Psychiatric Association
- Clinical Practice Review for GAD (2015) Anxiety and Depression Association of America
- Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults (2015) American Family Physician
- Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders (2020) American Academy of Child & Adolescent Psychiatry
- VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder (2023) Department of Veterans Affairs/Department of Defense

For more information on medications in behavioral health care, see our **Quick Reference on Potential Side Effects.**

Closing Gaps in Our Members' Care

People with serious mental illness who use antipsychotic medications are at increased risk of diabetes, according to the National Committee for Quality Assurance. Regular screening for diabetes is important for detecting, monitoring and in the treatment of the disease. We track the NCQA quality measure Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications**.** SSD tracks the number of people 18 to 64 years old with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had an **annual diabetes screening**.

Blue Cross and Blue Shield Federal Employee Program HEDIS Records: Collecting February through April 2024

Providers who care for our FEP® members may receive medical record requests from Blue Cross and Blue Shield of Montana from February through April 2024. We collect data for Healthcare Effectiveness Data and Information Set measures to help monitor FEP members' care.

How You Can Help

We will contact you by fax, phone or email to provide details about the medical records needed and how you can return them. When requested, please **provide us complete and accurate records** within **5 business days** of the request.

Patient authorization isn't required to release these records, as their collection and review is considered health care operations under the Health Information Portability and Accountability Act.

What Data We're Seeking

We collect data for HEDIS measures developed by the National Committee for Quality Assurance, including:

- High Blood Pressure Control
- Diabetes Care
  - Hemoglobin A1c Control
  - Blood Pressure Control
  - Eye Exam
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Childhood Immunizations
- Immunizations for Adolescents
- Prenatal and Postpartum Care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

This data helps us ensure compliance with Federal Employee Health Benefits Program requirements.

If You Have Questions

Contact FEP Quality Improvement at 1-888-907-7918.

Caring for Substance Use Disorders

Providers can play an important role in our members' care by discussing the signs of substance use disorder and encouraging them to seek help, if appropriate. We've created resources for members that may help.

To monitor our members' care, we track the following Healthcare Effectiveness Data and Information Set (HEDIS®) measures related to substance use disorders:

Initiation and Engagement of SUD Treatment

This measure applies to members ages 13 and older with a new episode of SUD. We capture two stages of adequate and timely follow-up treatment:

- **Initiation of SUD treatment:** One treatment within 14 days of the diagnosis
- **Engagement of SUD treatment:** Two or more additional treatment sessions within 34 days of the initiation visit

Treatment may occur in an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication-assisted treatment.

Follow-up after Emergency Department Visit for Substance Use

This measure captures ED visits for members ages 13 and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, who had a follow-up visit for SUD. We track:

- ED visits for which the member received follow-up within 30 days (31 total days)
- ED visits for which the member received follow-up within seven days (eight total days)

Follow-Up After High-Intensity Care for Substance Use Disorder

This measure tracks the percentage of discharges for members ages 13 and older who were hospitalized, received detoxification or residential treatment for a diagnosis of SUD and who had a follow-up visit or service for SUD. The follow-up visit must be on a different date than the discharge date. We track:

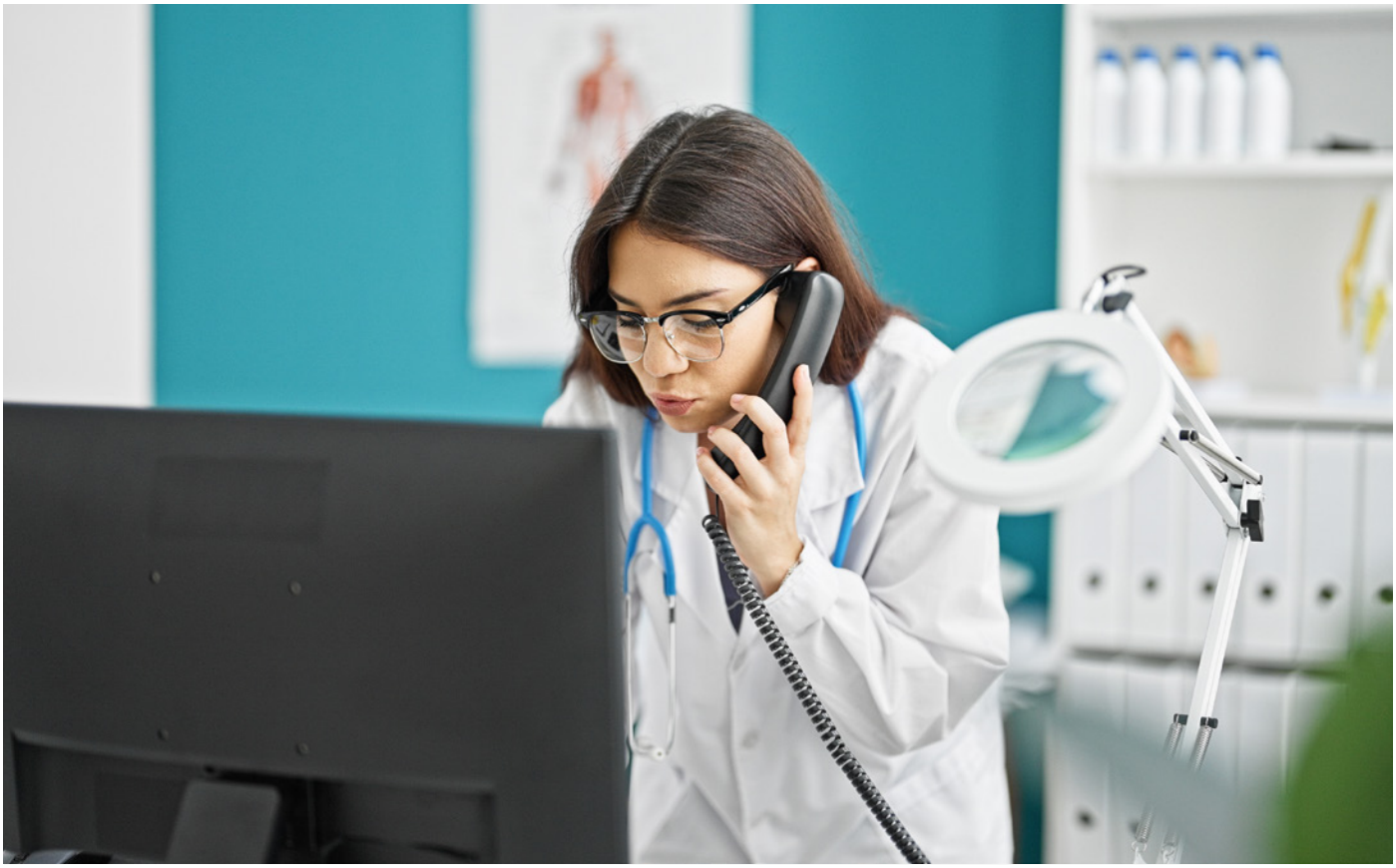
- Discharges that had a follow-up visit within 30 days after discharge
- Discharges that had a follow-up visit within seven days after discharge

Pharmacotherapy for Opioid Use Disorder

We capture the percentage of new pharmacotherapy treatment events for OUD among our members 16 and older with a diagnosis of OUD. The treatment of OUD with medication must continue for at least 180 days.

Tips to Consider

- Discuss the importance of timely follow-up visits with our members.
- Use the same diagnosis for substance use at each follow-up.
- Coordinate care between behavioral health and primary care providers. Share progress notes and include the diagnosis for substance use.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.



Change Healthcare Cybersecurity Incident Impact and Options

On Feb. 21, 2024, Change Healthcare announced they experienced a cybersecurity incident. We are not aware of any impact to our systems. However, the implications of Change Healthcare's incident touch many of our health care partners.

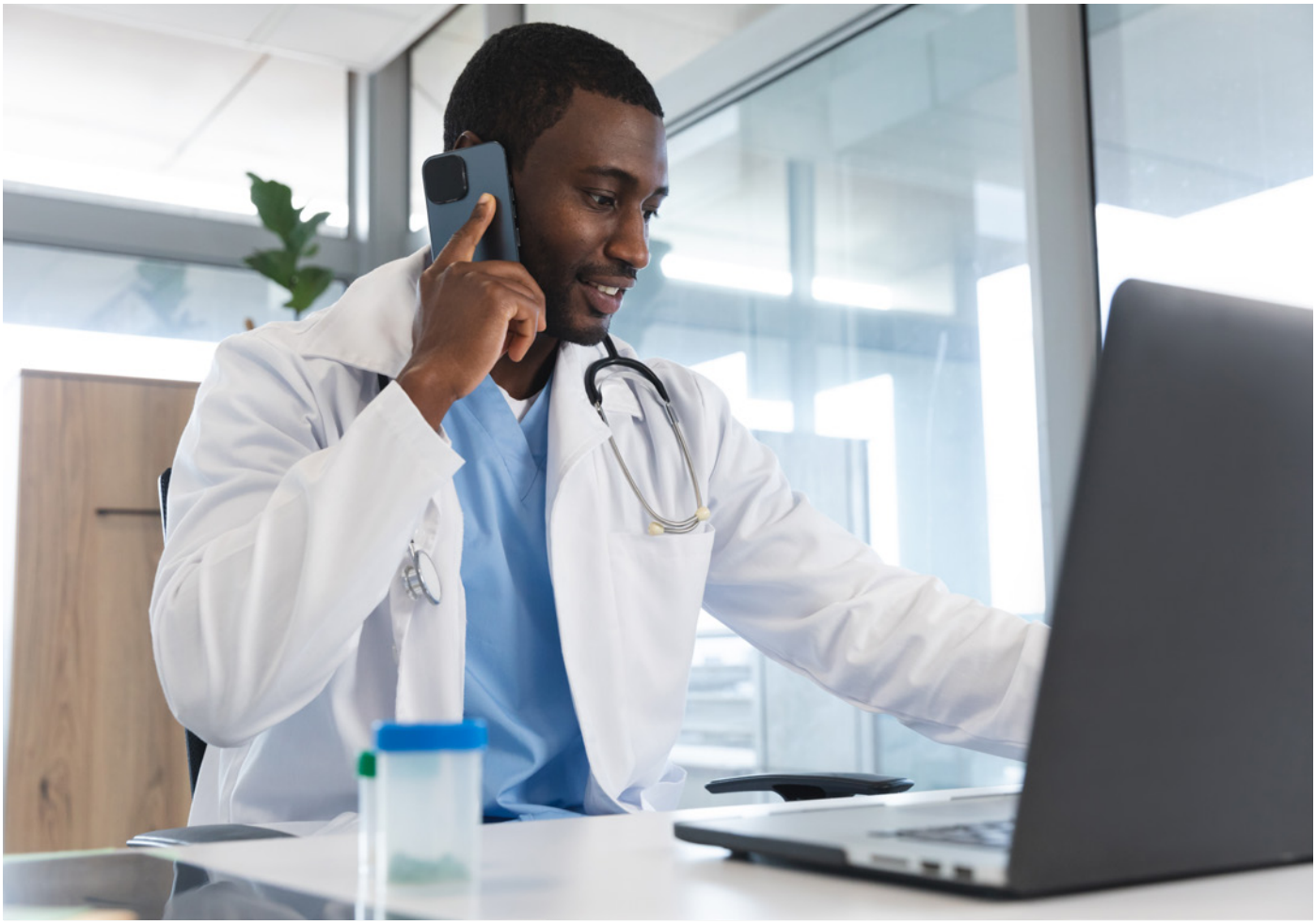
As a provider, you have options for submitting claims that don't require connectivity with Change Healthcare. Those include:

- Signing in directly to the Availity® Essentials portal to conduct transactions including eligibility and benefits verification, prior authorization requests, claim submissions and to check claim status.
- Using an alternate clearinghouse to submit your claims via Availity.

Sending claims electronically is preferred and is your fastest path to payment.

For More information

Our Claims and Eligibility page has information about submitting claims. Our Eligibility and Benefits page has information about options for checking members' benefits. Availity has provided updated information and options for providers on its website.



Changes Coming to Claim Inquiry Resolution – Itemized Bill Review Only

The Claim Inquiry Resolution tool within the Electronic Refund Management portal will soon change to only host submission of Host Itemized Bill high dollar prepay review requests. The other inquiry options that were available via CIR have transitioned to the **Dispute Claim** or **Message this Payer** features.

Important: As of January 27, 2024, any request submitted through CIR that is not for review of a Host I-Bill high dollar prepay review will be rejected.

To prepare for this change, start using the **Dispute Claim** or **Message This Payer** options now. Both functions are available after performing an Availity Essentials Claim Status search by utilizing the Member and/or Claim Number tabs. Using these capabilities ensures that the claim review inquiry is handled as **priority over faxed or mailed receipts**. The below information provides an overview of the **Dispute Claim** (Claim Reconsiderations) and **Message This Payer** options.

Dispute Claim – Claim Reconsiderations

A **claim reconsideration** is a request to review and/or reevaluate certain finalized claim denials online (including BlueCard® out-of-area claims). You can view the applicable ineligible reason codes on the last page of the Claim Reconsiderations User Guide. This type of inquiry submission is the **preferred method** as it allows you to upload supporting documentation and monitor the status.

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Use this online offering to:

- Manage status
- Upload supporting documentation with your submission
- View and print the confirmation and decision
- Generate a dashboard view of claim reconsideration request activity
- View uploaded documents after attaching them to the request*

*__Note:__ *Uploaded attachments may take minutes to hours before they are viewable in the request.*

For more details, refer to the Claim Reconsiderations page and instructional user guide under the Provider Tools section of our website.

Claim Reconsiderations is **not currently available** for Medicare Advantage claims.

Message This Payer

The **Message This Payer** option allows you to send secure messages to BCBSMT for claim management questions and follow along with the conversation history. Once a message is submitted to BCBSMT, you will receive a response within two business days in the **Messaging queue** on the Availity Essentials homepage.

Use this online option to:

- Initiate a message to BCBSMT from the Availity Claim Status tool
- Receive an online response from a BCBSMT associate
- Monitor message status via a dashboard view
- View and print conversations

For more details, refer to the Message This Payer page and instructional user guide under the Provider Tools section of our website.

Message This Payer is **not currently available** for Medicare Advantage or BlueCard (out-of-area) claims.

For More Information

Email our Provider Education Consultants if you have any questions on accessing these tools or need customized training.

Continue to watch our Blue Review and News and Updates for future announcements, resources, and training opportunities.

If you do not have Availity access, visit our provider website for information on submitting claim review requests.

Changes to Claim Inquiry Resolution – High-Dollar, Pre-Pay Reviews Only

The Claim Inquiry Resolution tool within the Electronic Refund Management portal only accepts inquiry submissions related to High-Dollar, Pre-Pay Review requests for most Host (BlueCard out-of-area) claims (Medical Records and/or Itemized Bills). The other inquiry options that were available via CIR have transitioned to the **Dispute Claim** or **Message This Payer** features.

Important: As of January 27, 2024, any inquiry submitted through CIR that is not for High-Dollar, Pre-Pay Reviews will be rejected.

To prepare for this change, start using the **Dispute Claim** or **Message This Payer** options now. Both functions are available after performing an Availity Essentials Claim Status search by utilizing the Member and/or Claim Number tabs. Using these capabilities ensures that the claim review inquiry is handled as **priority over faxed or mailed receipts**.

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Claim Reconsiderations is **not currently available** for Medicare Advantage claims.

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For More Information

Email our Provider Education Consultants if you have any questions on accessing these tools or need customized training.

Continue to watch our Blue Review and News and Updates for future announcements, resources, and training opportunities.

If you do not have Availity access, visit our provider website for information on submitting claim review requests.

ClaimsXten Quarterly Update Effective April 15, 2024

Blue Cross and Blue Shield of Montana will implement its first quarter code updates for the ClaimsXten auditing tool on or after April 15, 2024.

These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology codes
- Healthcare Common Procedure Coding System codes

When applicable, BCBSMT may also post advance notice of significant changes, like implementation of new rules, in the News and Updates section of our Provider website and the Blue Review monthly newsletter.

Use Clear Claim Connection™ (C3) to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that mirrors the logic behind BCBSMT's code-auditing software.

Please note that C3 doesn't contain all our claim edits and processes. Its results don't guarantee the final claim decision.

For more information, refer to the Clear Claim Connection page in the Education and Reference/Provider Tools section of our provider website for more information on C3 and ClaimsXten. It includes a user guide, rule descriptions and other details.

Closing Gaps in Colon Care

Adults ages 45 to 75 should have preventive screenings to reduce their risk of colorectal cancer, according to the U.S. Preventive Services Task Force and Centers for Disease Control and Prevention. Colorectal cancer is becoming more common in people younger than 55. We encourage you to discuss colon health and screening options with our members. We've created resources for members to help.

Recommended Screening

USPSTF recommends screening with any of the following tests for adults ages 45 to 75:

- Annual guaiac fecal occult blood test (gFOBT)
- Annual fecal immunochemical testing (FIT)
- DNA-FIT (Cologuard®) every three years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years with annual FIT
- Computed tomography colonography every five years
- Colonoscopy every 10 years

See our preventive care guidelines for more information about screening. Providers may want to discuss earlier testing with members with a family history of colorectal disease or other risk factors.

Closing Care Gaps

Colorectal Cancer Screening is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure that tracks appropriate screenings for adults age 45 to 75. To help close gaps in our members' care, consider these tips:

- In our members' medical records, document the date a colorectal cancer screening is performed or include the pathology report indicating the type and date of screening.
- Encourage members to stay up-to-date on their screenings as well as all screening options available.
- Reach out to members who cancel screenings and help them reschedule.

Checking Eligibility and Benefits

Check member eligibility and benefits using Availity Essentials or your preferred vendor before every scheduled appointment. Eligibility and benefit quotes include members' coverage status and other important information, such as applicable copays, coinsurance and deductibles.

For most of our members, **preventive colorectal cancer screening** is covered **at no cost share**.
For **diagnostic tests for colorectal cancer**, our members **may have out-of-pocket costs**. This includes diagnostic tests for members who have signs of health problems or a family history of disease. Learn more.

Some screenings involve a member's **pharmacy benefits** in addition to their medical benefits, such as the prep kit for colonoscopies. For details about pharmacy benefit coverage, call the number on the member's ID card. A member's pharmacy benefit may be managed by a company other than Blue Cross and Blue Shield of Montana.

Follow-up Care for Mental Health

Among Americans ages 18 to 44, nearly 600,000 are hospitalized yearly for mental health-related conditions, according to the National Alliance on Mental Illness. A recent study found that mental health-related visits to emergency departments have increased among children and young adults. Timely follow-up care after these visits is linked to **improved health outcomes and fewer repeat hospital visits**, according to the National Committee for Quality Insurance. You can help our members by encouraging follow-up care with behavioral health care providers when appropriate.

We track data for the following Healthcare Effectiveness Data and Information Set (HEDIS®) measures to help assess our members' care:

Follow-up after Hospitalization for Mental Illness

FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the treatment of mental illness or intentional self-harm. FUH captures the percentage of discharges for which members had a follow-up visit:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (eight total days)

Follow-up after Emergency Department Visit for Mental Illness

FUM captures the percentage of ED visits for which members ages 6 and older with a diagnosis of mental illness or intentional self-harm had a follow-up visit:

- Within 30 days of the ED visit (31 total days)
- Within seven days of the ED visit (eight total days)

Tips to Close Gaps in Care

For EDs and hospitals:

- Help our members schedule an in-person or telehealth follow-up visit with a mental health provider within seven days of discharge. The follow-up visit must be on a different date than the discharge date.
- Consider member preference for treatment, allowing members to take ownership of the treatment process.

For providers:

- Encourage members to bring their hospital discharge paperwork to their first appointment.
- Educate members about following up and adhering to treatment recommendations.
- Use the same diagnosis for mental illness at each follow-up visit. A non-mental illness diagnosis code won't fulfill this measure.
- Coordinate care between behavioral health and primary care providers:
  - Share progress notes and updates
  - Include the diagnosis for mental illness
  - Reach out to members who cancel appointments and help them reschedule as soon as possible

Hospitals Must Provide Medicare Outpatient Observation Notice

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

To Complete the MOON

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

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

Learn more from CMS instructions.

Managing Antidepressant Medication

Major depressive disorder is one of the most common mental disorders in the U.S., affecting more than 17 million adults each year, according to the Substance Abuse and Mental Health Services Administration. About a third of those don't receive behavioral therapy or medication treatment, or a combination. Patients often rely on their primary care physicians for behavioral health care, according to the American Academy of Family Physicians.

We encourage you to talk with our members about getting help for depression, if needed. A depression screening tool can help clarify whether depressive symptoms indicate major depressive disorder.

We created a video about depression screening tools, procedure codes and following up on positive screening. You can watch the video here.

Supporting Quality Behavioral Health Care

We track Antidepressant Medication Management, a Healthcare Effectiveness Data and Information Set measure from the National Committee for Quality Assurance. By managing patients' antidepressant medication, providers can help increase medication compliance, monitor side effects and improve treatment outcomes, according to NCQA.

AMM applies to our members with major depression who are age 18 and older. It captures the percentage of members who are newly treated with antidepressant medication and remain on it. Providers who prescribe antidepressants should support members in reaching these two phases:

- **Effective Acute Treatment Phase:** Adults who remained on antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Treatment Phase:** Adults who remained on antidepressant medication for at least 180 days (six months)

Each phase starts when the prescription is first filled.

Tips to Consider

- Document all the following:
  - Date of service
  - Diagnosis of major depression
  - Clear evidence that antidepressant medication was prescribed
- Help our members understand that most antidepressants take four to six weeks to work. How long treatment lasts depends on the episode severity and number of recurrences.
- Encourage members to continue any prescribed medication, even if they feel better. Discuss the danger of discontinuing suddenly. If they take medication for fewer than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.

See our documentation and coding resources for major depressive disorder.

Medicare Advantage HEDIS Records Collection through June 2024

Medicare Advantage providers may receive requests from BCBSMT or our vendor Advantmed from January through June 2024 to collect data for HEDIS measures. The data you provide helps us monitor the **quality of our members' care and their health outcomes**.

How You Can Help

Either BCBSMT or Advantmed may contact you by fax or phone to provide details about the records needed and how you can return them to us. When requested, please **promptly provide complete and accurate records**.

Patient authorization isn't required to release these records, as their collection and review is considered a component of health care operations under the Health Information Portability and Accountability Act.

The Data We're Seeking

We collect data for HEDIS measures developed by the National Committee for Quality Assurance, including:

- Controlling High Blood Pressure
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
- Transitions of Care

Please contact your Provider Network Representative if you have questions.

Other Records Requests

For our **Blue Cross Group Medicare Advantage (PPO)**℠ members, you will receive requests from BCBSMT or vendor Change Healthcare as part of the Blue Cross and Blue Shield National Coordination of Care program.

We also request medical records throughout the year for risk adjustment, focusing on chart reviews and the accuracy of risk-adjustable codes submitted to the Centers for Medicare & Medicaid Services.

Monitoring Children Using ADHD Medication

Medication for attention-deficit/hyperactivity disorder can help manage symptoms in children, according to the Centers for Disease Control and Prevention. Providers who prescribe ADHD medication to children should monitor them to ensure medications are prescribed and managed correctly, according to the National Committee for Quality Assurance. NCQA recommends following up with children who are newly prescribed ADHD medication and who remain on medication long term.

Supporting Quality Care

We track the NCQA quality measure Follow-Up Care for Children Prescribed ADHD Medication. This measure captures the percentage of children ages 6 to 12 who had:

- Initiation phase: One follow-up visit with a provider with prescribing authority within 30 days of the first prescription
- Continuation and maintenance phase: Two or more follow-up visits with a provider in the nine months (270 days) after the initiation phase. The child also has remained on the ADHD medication for at least 210 days

Depending on the member's benefits, visits for both phases can be by telehealth when appropriate.

For tips to close gaps in care for this measure, see our tip sheet.

Musculoskeletal Spinal Surgery Prior Authorization Codes Updated for Commercial Members, Effective April 22, 2024

What's Changing

Starting April 22, 2024, prior authorization requests for spinal surgeries for some BCBSMT members will now be delegated to Carelon Medical Benefits Management. This change will apply to commercial and retail members. Self-funded accounts will continue to be managed internally until plan renewal where review of these services will be optional.

Important Reminder

Always check eligibility and benefits first through the Availity Essentials Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.
Prior authorization requests for these services for other members will continue to be managed by BCBSMT, until member plan renewal.

Note: All prior authorization requests for inpatient stays for spinal surgeries should continue to be submitted to BCBSMT.

When Carelon is delegated for review of a spinal surgery procedure, any request for an inpatient admission following the surgery should be submitted to BCBSMT once an approved authorization is received from Carelon.

More Information

For a revised list of all CPT codes that require prior authorization go to the Utilization Management section of our provider website. For information on how to request prior authorization, visit our website here.

Patients in the Qualified Medicare Beneficiary Program Should Not Be Billed

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

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

For services you provide to QMB patients, you must:

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

Tips to Avoid Billing QMB Patients

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

To avoid billing QMB patients, please take these precautions:

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

Questions?

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

Prior Authorization Changes for Medicare Advantage and Healthy Montana Kids Members

What's Changing

BCBSMT is changing prior authorization requirements for Medicare Advantage and Healthy Montana Kids members to reflect new, replaced or removed codes due to updates from utilization management, prior authorization assessment, Current Procedural Terminology® code changes released by the American Medical Association or Healthcare Common Procedure Coding System code changes from the Centers for Medicaid & Medicare Services.

A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the Availity Essentials provider portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

A summary of changes is included below:

- July 1, 2024 – **Addition of Lab codes to be** reviewed by eviCore (HMK)
- July 1, 2024 – **Removal of Lab codes previously** reviewed by eviCore (HMK)
- July 1, 2024 – **Addition of Speciality Drug codes to be** reviewed by BCBSMT

More Information

For a revised list of codes go to the Prior Authorization Requirements section of our provider website.

If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

Prior Authorization Changes for Medicare Advantage Members

What's Changing

BCBSMT is changing prior authorization requirements for Medicare Advantage members to reflect new, replaced or removed codes due to updates from utilization management, prior authorization assessment, CPT code changes released by the American Medical Association or HCPCS code changes from the Centers for Medicaid and Medicare Services.

A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the Availity Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

A summary of changes is included below:

- April 1, 2024 – **Addition of medical drugs to be** reviewed by BCBSMT

More Information

For a revised list of codes go to the Prior Authorization Requirements section of our provider website. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

Prior Authorization Codes Updated for Commercial Members

What's Changing

BCBSMT is changing prior authorization requirements that may apply to some commercial members, to reflect new, replaced or removed codes. These changes are based on updates from utilization management prior authorization assessment, including CPT code changes released by the American Medical Association or HCPCS code changes from the Centers for Medicaid & Medicare Services. A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the Availity Essentials Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- April 1, 2024 – Addition of Gene Therapy codes to be reviewed by BCBSMT

More Information

For a revised list of codes go to the Prior Authorization and Recommended Clinical Review section of our provider website.

Prior Authorization Codes Updated for Commercial Members

What's Changing

BCBSMT is changing prior authorization requirements that may apply to some commercial members, to reflect new, replaced or removed codes. These changes are based on updates from utilization management prior authorization assessment, including CPT code changes released by the American Medical Association or HCPCS code changes from the Centers for Medicaid & Medicare Services. A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the Availity Essentials Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- **July 1, 2024** – Addition of Specialty Pharmacy codes to be reviewed by BCBSMT
- **July 1, 2024** – Replacement of Medical Oncology codes reviewed by Carelon
- **July 1, 2024** – Addition of Medical Oncology codes **to be** reviewed by Carelon
- **July 1, 2024** – Addition of Genetic Testing codes **to be** reviewed by Carelon

More Information

For a revised list of codes go to the Prior Authorization and Recommended Clinical Review section of our provider website.

Remind Our Members about Cervical and Breast Cancer Screenings

The new year is an opportunity to remind our members to schedule their screenings for cervical cancer and breast cancer. Regular screening tests can detect problems early when they're easier to treat.

Recommended Screenings

The U.S. Preventive Services Task Force recommends:

Screening all women for cervical cancer starting at age 21

Screening women ages 50 to 74 for breast cancer every two years. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50.

See our preventive care guidelines for more information.

Addressing Health Disparities

According to the American Cancer Society:

- Native American and Hispanic women have the highest rates of cervical cancer.

Black women are more likely to die from breast and cervical cancer than other racial or ethnic groups.

- Other non-medical drivers of health, such as education levels and poverty, are also linked to different health outcomes. See our Health Equity and Social Determinants of Health page for more information on health equity and how you can help.

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Closing Gaps in Care

Cervical Cancer Screening and Breast Cancer Screening are Healthcare Effectiveness Data Information Set measures developed by the National Committee for Quality Assurance. We track data from HEDIS measures to help assess and improve our members' care.

Cervical Cancer Screening tracks the following:

- Women ages 21 to 64 who had cervical cytology performed within the last 3 years
- Women ages 30 to 64 who had either:
  - Cervical high-risk human papillomavirus (hrHPV) testing within the last 5 years or
  - Cervical cytology/hrHPV cotesting within the last 5 years

Breast Cancer Screening assesses the percentage of women ages 50 to 74 who had at least one bilateral mammogram in the past two years.

Tips to Consider

- Talk with our members about risk reduction and prevention.
  - We've created resources on cervical cancer and breast cancer screening that may help.
  - The Centers for Disease Control and Prevention recommends human papillomavirus (HPV) vaccines for all people up to age 26 to protect against cervical cancers. We have a tip sheet on coding and documenting for HPV and related cancers.
- Document screenings in the medical record. Indicate the date and result.
- Document medical and surgical history in the medical record, including dates.
- For members who have had a hysterectomy, document the type of hysterectomy and date of surgery. If the member has not had a hysterectomy with removal of cervix, they will need to continue to receive their cervical cancer screening. A documentation of hysterectomy alone is not sufficient to remove the member from the cervical cancer screening measure. **There must be documentation of absence of cervix.**

Follow up with members if they miss their appointment and help them reschedule.

Reminder: Make Sure your Rates are Up To Date

Remember to **submit room rate updates 30 days prior** to implementing the material change. Please use the Hospital Room Rate Update Form available on the Provider Site.

Please send the **interim rate letters within 10 days of receipt** to hcsx6100@bcbsmt.com to ensure claims are processed at your most current rate.

Contact us with any additional questions.

Reminder: New Updates to Claim Editing Changes for Emergency Department Services

BCBSMT is enhancing its claims editing and review process with Cotiviti for emergency department evaluation and management services for our commercial members.

As we told you last year, for dates of service beginning Nov. 1, 2023, we began editing applicable **professional claims** to help ensure accurate billing and proper reimbursement.

Now, for dates of service beginning April 1, 2024, we will edit applicable **facility** claims to help ensure accurate billing.

What's Changing

You may receive a lower level of reimbursement if we cannot validate the level of E&M services billed, based upon the information provided with your claim. We follow the American Medical Association guidelines for level of service and medical decision making.

What Happens Next

If you agree with the level of service reimbursed, no further action is needed. If you do not agree with the level of service reimbursed, you may submit additional medical records to support your claim.

Learn More

For more information on our ED claims editing, please review our Coding and Coding and Compensation Policies in Availity Essentials by using the Plan Documents Viewer application in our BCBSMT-branded Payer Spaces section. Look for our Emergency Department Evaluation and Management Services – for Facility Services policy and our Emergency Department Evaluation and Management Services Coding – for Professional Services policy.

Reminder: Update Your Records with New Mailing Addresses

We announced new mailing addresses in November for faster claims processing and responses. If you haven't yet updated your records, make note of the addresses below.

General Mail and Commercial and Group Claims

Electronic claim submission is preferred, but if you need to submit paper claims for commercial plans, and for general mail, please use the following:

Blue Cross and Blue Shield of Montana
PO Box 660255
Dallas, TX 75266-0255

Forms updated with the new address are available to download, including the Claim Review, Corrected Claim, Additional Information and Requests for Recommended Clinical Review forms.

Medicare Supplement Correspondence
Blue Cross and Blue Shield of Montana
PO Box 660694
Dallas, TX 75266-0694

Medicare Supplement Claims
Blue Cross and Blue Shield of Montana
PO Box 660071
Dallas, TX 75266-0071

Behavioral Health Correspondence
Blue Cross and Blue Shield of Montana
PO Box 660240
Dallas, TX 75266-0240

Dental Claims
Blue Cross and Blue Shield of Montana
PO Box 660247
Dallas, TX 75266-0247

Mail sent to our previous BCBSMT PO Boxes will be forwarded to the new addresses while we transition.

See our Claim Submission page and the Contact Us page for more information.

If you require a written copy of this notice, please email us at hcsx6100@bcbsmt.com.

See Our Revised Coding and Compensation Policy for Anesthesia Services

What's changing?

Effective **June 1, 2024**, Blue Cross and Blue Shield of Montana is updating its Anesthesia Compensation Policy.

The Details

Under this revised policy BCBSMT will no longer offer additional reimbursement for services based on the use of physical status (P code) modifiers when appended to anesthesia services.

What do I need to do?

Refer to our revised Anesthesia Compensation Policy in the Coding and Compensation Policy area in Availity Essentials under Montana Payers Spaces for more information.

Supporting Healthy Hearts

You may care for our members who have risk factors for heart disease and stroke. These conditions are among the leading causes of death in the U.S. We encourage you to talk with our members about reducing and managing their risks. This may include taking medications as prescribed, smoking cessation, increasing physical activity and eating a low-sodium diet. We've created resources for members, including information on high blood pressure and cholesterol.

Closing Gaps in Members' Care

We track data from the quality measures Controlling High Blood Pressure and Statin Therapy for Patients with Cardiovascular Disease. These are HEDIS measures from the National Committee for Quality Assurance.

For **Controlling High Blood Pressure**, we measure the percentage of members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled. NCQA defines controlling blood pressure as:

- Systolic blood pressure < 140 mmHg
- Diastolic blood pressure < 90 mmHg

Statin Therapy for Patients with Cardiovascular Disease tracks the percentage of men ages 21 to 75 and women ages 40 to 75 who:

- Have atherosclerotic cardiovascular disease, and
- Were dispensed at least one high- or moderate-intensity statin medication and remained on the medication for at least 80% of the treatment period

Tips to Consider

- The U.S. Preventive Services Task Force recommends blood pressure checks for adults age 18 and older at every visit. Ensure that screenings and results are documented in our members' electronic medical records.
- The American Heart Association recommends statin therapy to treat cardiovascular disease in adults with established clinical atherosclerotic cardiovascular disease. USPSTF recommends statin therapy to prevent cardiovascular disease in adults with certain risk factors. See our preventive care and clinical practice guidelines for more information.
- Heart disease, stroke and their risk factors disproportionately affect some populations, including Black adults. Social determinants of health can play a significant role in cardiovascular health, according to the Centers for Disease Control and Prevention. See our Health Equity and Social Determinants of Health webpage for information about addressing barriers to health.
- Offer **telehealth services** when available and appropriate for preventive care appointments.
- Encourage members to return for **follow-up visits**. Build care gap alerts in your electronic medical records as reminders. Reach out to those who cancel or miss appointments and help them reschedule as soon as possible.
- For members who need **language assistance**, let them know we offer help and information in their language at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.

Update Your Records: New Medicare Open Access PPO Members and ID Cards

New Medicare-eligible retirees have joined our **Blue Cross Group Medicare Advantage Open Access (PPO)℠** plans for retirees of employer groups and **Blue Cross Medicare Advantage Flex (PPO)℠** plan for individuals. These are open access, national PPO plans without network restrictions.

If you're a Medicare provider, you may treat these members regardless of your contract or network status with BCBSMT. That means you don't need to participate in BCBSMT Medicare Advantage networks or in any other BCBSMT networks to see these members.

The **only requirements** are that you agree to see the member as a patient, accept Medicare assignment and submit claims to the Plan.

Check for New Member ID Cards

As with all our members, it's important to ask to see the member's ID card before all appointments, and to check eligibility and benefits. All Medicare Advantage members receive new ID cards Jan. 1. Newly enrolled members also have new ID numbers.

Please update your records with **new ID numbers**. Use the **entire member ID number**, including the alpha prefix, to verify benefits and successfully process claims.

You can identify these members by the **plan type** listed on their ID card:
Blue Cross Group Medicare Advantage Open Access (PPO) or Blue Cross Medicare Advantage Flex (PPO).

If you have questions, call the customer service number on the member's ID card.

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Open Access PPO Retiree Groups

Medicare providers may see retirees of employer groups that are part of the Blue Cross Group Medicare Advantage Open Access (PPO) plan:

- Great Falls Public Schools
- Laborers A.B.C. Trust of Montana
- Montana Operating Engineers
- Montana Teamsters

Flex and Open Access Advantages

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

- **Blue Cross Group Medicare Advantage Open Access (PPO)** is available to retirees of employer groups. It includes medical coverage and may include prescription drug coverage. Plan members may have to pay deductibles, copays and coinsurance, depending on their benefit plan.
- **Blue Cross Medicare Advantage Flex (PPO)** is available to individuals. It includes medical coverage and prescription drug coverage. It doesn't require member cost share.

Referrals aren't required for office visits. Prior authorization may be required for certain services from Medicare Advantage-contracted providers with BCBSMT.

For Reimbursement

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

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

* Blue Cross Group Medicare Advantage Open Access (PPO) members may be responsible for cost share for supplemental dental services from non-contracted Medicare providers.

Updated Provider Manuals Now Available

Commercial and Medicare Advantage Provider Manuals updated for 2024 are now available. Provider Manuals explain the process to submit claims, describes the payment process, and provides a wealth of other provider-related information. The updated manuals can be found online using the Plan Documents Viewer application in our BCBSMT-branded Payer Spaces section in the Availity Essentials portal.

Arthritis Management

Pain and limited joint functions from arthritis prevents individuals from being able to perform daily tasks—including being less productive at work or unable to work due to arthritis and joint symptoms. In Montana, over 40% of adults with arthritis report being limited in their daily activities and more than half (58%) state that they regularly experience moderate to severe joint pain.

Physical activity helps decrease arthritis pain and improve daily function by almost 40%.[1] It is important to routinely include discussions about physical activity with patients who have arthritis to convey the importance of low-impact exercise to manage their arthritis symptoms and reassure them that exercise will not make their condition worse. Data shows that patients are more likely to engage in physical activity when recommended by a healthcare provider.

To support the conversation about physical activity for patients with arthritis, the Montana Arthritis Program is working in partnership with the National Association of Chronic Disease Directors and Medscape Education to support *Lifestyle Management Programs for Arthritis: Expand Your Knowledge on Evidence-Based Interventions* learning module. Maggie Cook-Shimanek, Montana Department of Health and Human Services DPHHS Public Health Physician, states, "this free Medscape CME can be completed in 15 minutes and offers health care providers with information on non-pharmacologic interventions for patients with, or at risk for, arthritis and strategies to incorporate arthritis-appropriate evidence-based interventions into their patients' treatment plan by employing an interactive question and answer format."

Complete the Lifestyle Management Programs for Arthritis: Expand Your Knowledge on Evidence-Based Interventions or visit http://tinyurl.com/MTarthritisCPA, this activity is free, online, and provides up to 0.25 CMEs/ABIM MOCs/CEs.

To learn more about how the DPHHS Montana Arthritis Program is working to improve the quality of life for Montanans affected by arthritis and other rheumatic conditions, and locate local arthritis-appropriate evidence-based interventions, please visit the DPHHS Montana Arthritis Program website at http://dphhs.mt.gov/publichealth/arthritis.

1 Montana 2021 Behavioral Risk Factor Surveillance System Report

Pharmacy Program Quarterly Update: Changes Effective April 1, 2024 – Part 1

Reminder: The Quarterly Pharmacy Changes awareness article is published in two parts. This part 1 article includes changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Our intention is to alert you of these changes as our members are receiving letters on changes to their drug list and/or pharmacy benefit.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSMT drug lists, effective on or after April 1, 2024.

Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Drug-list changes are listed on the following charts, and you can view current drug lists on our member website.

Drug List Exclusions/Revisions – Effective April 1, 2024

Balanced Drug List Exclusions		
Drug[1]	**Alternatives [1,2]**	**Drug Class/Condition**
CAROSPIR (spironolactone susp 25 mg/5 ml)	eplerenone tablet, spironolactone tablet, triamterene capsule	Heart Failure, Hypertension, Ede-ma
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
LIVALO (pitavastatin calcium tab 1 mg, 2 mg, 4 mg)	atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin	Hyperlipidemia, Hypercholester-olemia
MITIGARE (colchicine cap 0.6 mg)	colchicine tablet 0.6 mg	Gout
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
ONEXTON (clindamycin phosphate-benzoyl peroxide gel 1.2%-3.75%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acne
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
oxandrolone tab 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain

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Balanced Drug List Exclusions		
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

Performance Drug List Exclusions		
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**
CROTAN (crotamiton lotion 10%)	permethrin	Scabies
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
FLURAZEPAM HYDROCHLORIDE (flu-razepam hcl cap 15 mg, 30 mg)	estazolam, temazepam	Insomnia
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART FLEXPEN (insulin as-part soln pen-injector 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin as-part soln cartridge 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medica-tion(s) available for your condi-tion.	Promotes Weight Gain
oxandrolone tab 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medica-tion(s) available for your condi-tion.	Promotes Weight Gain
SYMJEPI (epinephrine soln prefilled sy-ringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000)	epinephrine solution auto-injector, AUVI-Q	Anaphylaxis, Severe Hypersensitivity Reactions
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer

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Performance Drug List Exclusions		
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

Performance Select Drug List Exclusions		
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**
CROTAN (crotamiton lotion 10%)	permethrin	Scabies
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
diclofenac potassium (migraine) packet 50 mg	diclofenac tablet	Migraine
FLURAZEPAM HYDROCHLORIDE (flu-razepam hcl cap 15 mg, 30 mg)	estazolam, temazepam	Insomnia
LIVALO (pitavastatin calcium tab 1 mg, 2 mg, 4 mg)	atorvastatin, lovastatin, rosuvas-tatin, pravastatin, simvastatin	Hyperlipidemia, Hypercholesterole-mia
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
ONEXTON (clindamycin phosphate-benzoyl peroxide gel 1.2%-3.75%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acne
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
oxandrolone tab 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

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Health Insurance Marketplace Drug List Exclusions		
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**
FLURAZEPM HYDROCHLORIDE (flurazepam hcl cap 15 mg, 30 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Insomnia
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART FLEXPEN (insulin as-part soln pen-injector 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	ARNUITY, ASMANEX, QVAR
Please talk to your doctor or pharmacist about other medica-tion(s) available for your condi-tion.	Growth Hormone Deficiency, Short Stature, Growth Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condi-tion.	Weight Gain
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000)	epinephrine (generic Epi-Pen), AUVI-Q	Anaphylaxis, Severe Hypersensitivity Reactions
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doc-tor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

Basic, Enhanced, Multi-Tier Basic and Multi-Tier Enhanced Revisions		
Drug[1]	**Preferred Alternatives[1,2]**	**Drug Class/Condition**
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	NOVOLOG	Diabetes

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Basic, Enhanced, Multi-Tier Basic and Multi-Tier Enhanced Revisions		
Drug[1]	**Preferred Alternatives[1,2]**	**Drug Class/Condition**
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin as-part soln cartridge 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (in-sulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000)	epinephrine (generic Epi-Pen), AUVI-Q	Cancer
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	Anaphylaxis, Severe Hypersensitivity Reactions	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

[1]Third-party brand names are the property of their respective owner.
[2]This list is not all inclusive. Other medicines may be available in this drug class.
[3]Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Drug Tier Changes – As of April 1, 2024

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after April 1, 2024.

Balanced Drug List Tier Changes			
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**	**New Tier**
AMCINONIDE (amcinonide oint 0.1%)	fluocinonide cream 0.5%, betamethasone dipropionate augmented cream 0.05%, betamethasone dipropionate oint 0.05%	Inflammatory Conditions	Non-Preferred Brand
HYDROCODONE POLISTIREX/CH LORPHENIRAMINE POLISTIREX (hydrocod polst-chlorphen polst er susp 10-8 mg/5 ml)	benzonatate, hydrocodone bitartrate/homatropine methylbromide, promethazine hydrochloride/ dextromethorphan hydrobromide, promethazine/codeine, promethazine/ dextromethorphan	Upper Respiratory Symptoms	Non-Preferred Brand

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Balanced Drug List Tier Changes			
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**	**New Tier**
MELPHALAN (melphalan tab 2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condi-tion.	Cancer	Non-Preferred Brand
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	acarbose	Diabetes	Non-Preferred Brand

Performance Drug List Tier Changes			
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**	**New Tier**
HYDROCODONE POLISTIREX/ CHLORPHENIRAMINE POLISTIREX (hydrocod polstchlorphen polst er susp 10-8 mg/5 ml)	benzonatate, hydrocodone bitartrate/homatropine methylbromide, promethazine hydrochloride/ dextromethorphan hydrobromide, promethazine/codeine, promethazine/ dextromethorphan	Upper Respiratory Symptoms	Non-Preferred Brand
MELPHALAN (melphalan tab 2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer	Non-Preferred Brand
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	acarbose	Diabetes	Non-Preferred Brand

Performance Select Drug List Tier Changes			
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**	**New Tier**
HYDROCODONE POLISTIREX/ CHLORPHENIRAMINE POLISTIREX (hydrocod polstchlorphen polst er susp 10-8 mg/5 ml)	benzonatate, hydrocodone bitartrate/homatropine methylbromide, promethazine hydrochloride/ dextromethorphan hydrobromide, promethazine/codeine, promethazine/ dextromethorphan	Upper Respiratory Symptoms	Non-Preferred Brand
MELPHALAN (melphalan tab 2 mg)	Please talk to your doctor or pharmacist about other medica-tion(s) available for your condi-tion.	Cancer	Non-Preferred Brand
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	acarbose	Diabetes	Non-Preferred Brand

Health Insurance Marketplace Drug List Tier Changes			
Drug[1]	**Alternatives[1,2]**	**Drug Class/Condition**	**New Tier**
HYDROCODONE POLISTIREX/ CHLORPHENIRAMINE POLISTIREX (hydrocod polst-chlorphen polst er susp 10-8 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms	Non-Preferred Brand

[1]Third-party brand names are the property of their respective owner.
[2]This list is not all inclusive. Other medicines may be available in this drug class.
[3]Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.
Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

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Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

Additions to Standard Prior Authorization Program – Effective April 1, 2024

Several drug categories and/or targeted medications will be added to the Prior Authorization programs for standard pharmacy benefit plans. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates. For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

Members were notified about the Prior Authorization Standard Program Changes listed in the following table.

Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists and Health Insurance Marketplace	
Drug Category	**Targeted Medication(s)[1] Added**
Rapid to Intermediate Acting Insulin PAQL	Insulin Aspart, Insulin Aspart Mix, Insulin Lispro

Balanced, Performance, Performance Select, Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Health Insurance Marketplace Drug List Additions	
Drug Category	**Targeted Medication(s)[1] Added**
Therapeutic Alternatives PAQL	Cambia/diclofenac 50 mg packet, Flurazepam 15 mg, 30 mg capsules

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

Dispensing Limit Changes

BCBSMT's 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.

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

For the most up-to-date drug list and list of drug dispensing limits, visit the provider pharmacy webpage.

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

- Dispensing Limit changes are on the following chart with their effective date. Visit bcbsmt.com for the most up-to-date drug lists and dispensing limits.

	Balanced, Performance, Performance Select, Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Health Insurance Marketplace Drug Lists		
Effective Date	**Program**	**Target Agent**	**Dispensing Limit**
4/1/2024	Xdemvy QL	Xdemvy (lotilaner ophth) soln 0.25%	1 bottle per 50 days

[1] Members were not lettered on these changes.

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Change in Benefit Coverage for Select High-Cost Products

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

Please note: Members were not notified of this change because either there is no utilization, or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists.

Product(s) No Longer Covered[1]	Condition	Covered Alternative(s)[1,2]
DICLOFENAC POTASSIUM 25 MG TABLETS	Pain	DICLOFENAC POTASSIUM 50 MG, MELOXICAM, IBU-PROFEN, NAPROXEN

Pharmacy Benefits Updates

Reminder: BCBSMT Offers LifeScan as Preferred Option for Glucose Management

New for Members with Diabetes: LifeScan® One Touch test strips and supplies are now preferred options for BCBSMT members with diabetes (effective Jan. 1, 2024). LifeScan products include the OneTouch family of meters, such as the OneTouch Verio Reflect®, Verio Flex®, Ultra Plus Flex™, and Ultra 2® test strips and supplies.

All preferred diabetic glucose-monitoring devices and supplies are available to members with Prime Therapeutics as their pharmacy benefit manager.

- Contour and Contour Next test strips remain preferred options for managing diabetes.
- LifeScan's OneTouch test strips have been removed from the Glucose Test Strip Step Therapy Quantity Limits program effective Jan. 1, 2024.

Free Glucose Monitor: Members may use a coupon in our member flier for a free, blood-glucose monitor from either preferred vendor.

Reminder: BCBSMT's Updated Approach to Managing GLP-1 Agonist Medications

BCBSMT is committed to providing its members access to safe, appropriate, and cost-effective health care within their plan benefits. To ensure the appropriate use of GLP-1s as indicated for diabetes, we are making it easier for providers to bypass our prior authorization process for some of our members with diabetes.

Note: Members may have received a letter regarding this change. For more information, review the full article.

Pharmacy Program Quarterly Update Changes Effective April 1, 2024 – Part 2

Reminder: The Quarterly Pharmacy Changes are published as articles in two parts. This part-2 article is a continuation of the April Quarterly Pharmacy Changes Part 1, which included changes that require member notification — drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This article contains recent coverage additions, utilization management updates and any other pharmacy program updates.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSMT drug lists. **Additions effective April 1, 2024, and prior updates are outlined herein.**

Drug List Additions – Effective April 1, 2024

Balanced Drug List Additions	
Drug[1]	**Condition**
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
LODOCO (colchicine (cardiovascular) tab 0.5 mg)	Cardiovascular Event Risk Reduction
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm)	Cataplexy
OPZELURA (ruxolitinib phosphate cream 1.5%)	Atopic Dermatitis, Vitiligo
ORLADEYO (berotralstat hcl cap 110 mg, 150 mg)	Hereditary Angioedema
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
SOHONOS (palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg)	Fibrodysplasia Ossificans Progressiva
TIBSOVO (ivosidenib tab 250 mg)	Cancer
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer
XDEMVY (lotilaner ophth soln 0.25%)	Demodex Blepharitis
ZEPBOUND (tirzepatide) 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml, 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml	Weight Loss

Performance Drug List Additions	
Drug[1]	**Condition**
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm)	Cataplexy
ORLADEYO (berotralstat hcl cap 110 mg, 150 mg)	Hereditary Angioedema
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
SOHONOS (palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg)	Fibrodysplasia Ossificans Progressiva
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	C. Difficile Infection, Staphylococcal Enterocolitis
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer
ZEPBOUND (tirzepatide) 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml, 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml	Weight Loss

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Performance Select Drug List Additions	
Drug[1]	**Condition**
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm)	Cataplexy
OPZELURA (ruxolitinib phosphate cream 1.5%)	Atopic Dermatitis, Vitiligo
ORLADEYO (berotralstat hcl cap 110 mg, 150 mg)	Hereditary Angioedema
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
SOHONOS (palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg)	Fibrodysplasia Ossificans Progressiva
TIBSOVO (ivosidenib tab 250 mg)	Cancer
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	C. Difficile Infection, Staphylococcal Enterocolitis
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer
XYOSTED (testosterone enanthate solution auto-injector 50 mg/0.5 ml, 75 mg/0.5 ml, 100 mg/0.5 ml)	Primary hypogonadism, hypogonadotrophic hypogonadism
ZEPBOUND (tirzepatide) 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml, 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml	Weight Loss

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug Lists Revisions	
Drug[1]	**Condition**
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Asthma
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
INSULIN GLARGINE-YFGN (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
TIBSOVO (ivosidenib tab 250 mg)	Cancer
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer

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[2]This list is not all inclusive. Other medicines may be available in this drug class.
[3]Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Other Drug List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter then added to the list. Those drugs are listed below.

Balanced Drug List Additions		
Drug[1]	**Condition**	**Date Added**
ADTHYZA (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	1/7/2024
ANALPRAM-HC (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Pruritus, Dermatoses	1/21/2024
bromfenac sodium ophth soln 0.075% (base equivalent)	Inflammation-Ophthalmic	2/11/2024

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Balanced Drug List Additions		
Drug[1]	**Condition**	**Date Added**
CLONIDINE HYDROCHLORIDE ER (clonidine hcl tab er 24 hr 0.17 mg (base equivalent))	Hypertension	1/14/2024
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment	2/11/2024
deflazacort tab 6 mg, 18 mg, 30 mg, 36 mg	Duchenne Muscular Dystrophy	2/11/2024
gabapentin (once-daily) tab 300 mg, 600 mg	Post-herpetic Neuralgia	1/28/2024
GLOPERBA (colchicine oral soln 0.6 mg/5 ml)	Gout prevention	1/22/2024
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
indomethacin susp 25 mg/5 ml	Inflammatory Conditions	1/21/2024
JYNNEOS (smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)	Smallpox and Monkeypox Vaccine	2/1/2024
LOCOID LIPOCREAM (hydrocortisone butyrate hydrophilic lipo base cream 0.1%)	Dermatitis, Dermatoses	1/21/2024
loteprednol etabonate ophth susp 0.2%	Ocular Inflammation/Pain	2/11/2024
METHYLPHENIDATE ER TABLETS 24 HR 18 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
methylphenidate er tablets 27 mg, 36 mg and 54 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
mifepristone tab 300 mg	Cushing's Syndrome	1/28/2024
OMNIPOD 5 G7 INTRO KIT (G EN 5) (insulin infusion disposable pump kit)	Diabetes	2/4/2024
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	2/4/2024
teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml	Osteoporosis	1/7/2024
TRAMADOL HYDROCHLORIDE (tramadol hcl tab 25 mg)	Pain	1/7/2024
VANFLYTA (quizartinib dihydrochloride tab 17.7 mg, 26.5 mg)	Cancer	3/1/2024

Performance Drug List Additions		
Drug[1]	**Condition**	**Date Added**
ADTHYZA (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	1/7/2024
ANALPRAM-HC (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Pruritus, Dermatoses	1/21/2024
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment	2/11/2024
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
JYNNEOS (smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)	Smallpox and Monkeypox Vaccine	2/1/2024
loteprednol etabonate ophth susp 0.2%	Ocular Inflammation/Pain	2/11/2024
METHYLPHENIDATE ER TABLETS 24 HR 18 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
methylphenidate er tablets 27 mg, 36 mg and 54 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
mifepristone tab 300 mg	Cushing's Syndrome	1/28/2024
OMNIPOD 5 G7 INTRO KIT (G EN 5) (insulin infusion disposable pump kit)	Diabetes	2/4/2024

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Performance Drug List Additions		
Drug[1]	**Condition**	**Date Added**
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	2/4/2024
teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml	Osteoporosis	1/7/2024
VANFLYTA (quizartinib dihydrochloride tab 17.7 mg, 26.5 mg)	Cancer	3/1/2024

Performance Select Drug List Additions		
Drug[1]	**Condition**	**Date Added**
ADTHYZA (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	1/7/2024
ANALPRAM-HC (hydrocortisone acetate with pramoxine perianal cream 1-1%)	Pruritus, Dermatoses	1/21/2024
bromfenac sodium ophth soln 0.075% (base equivalent)	Inflammation-Ophthalmic	2/11/2024
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment	2/11/2024
gabapentin (once-daily) tab 300 mg, 600 mg	Post-herpetic Neuralgia	1/28/2024
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
JYNNEOS (smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)	Smallpox and Monkeypox Vaccine	2/1/2024
loteprednol etabonate ophth susp 0.2%	Ocular Inflammation/Pain	2/11/2024
METHYLPHENIDATE ER TABLETS 24 HR 18 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
methylphenidate er tablets 27 mg, 36 mg and 54 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
mifepristone tab 300 mg	Cushing's Syndrome	1/28/2024
OMNIPOD 5 G7 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	2/4/2024
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	2/4/2024
teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml	Osteoporosis	1/7/2024
VANFLYTA (quizartinib dihydrochloride tab 17.7 mg, 26.5 mg)	Cancer	3/1/2024

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug Lists Revisions		
Drug[1]	**Condition**	**Date Added**
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
XOLAIR (omalizumab subcutaneous soln auto-injector 75 mg/0.5 ml, 300 mg/2 ml, 150 mg/ml)	Moderate to severe asthma, Chronic rhinosinusitis with nasal polyps, Chronic spontaneous urticaia	2/18/2024
XOLAIR (omalizumab subcutaneous soln prefilled syringe 300 mg/2 ml)	Moderate to severe asthma, Chronic rhinosinusitis with nasal polyps, Chronic spontaneous urticaria	2/18/2024

[1]Third-party brand names are the property of their respective owner.
[2]This list is not all inclusive. Other medicines may be available in this drug class.
[3]Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

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Drug Tier Changes – As of April 1, 2024

The tier changes listed below apply to members on a managed drug list. Tier changes effective April 1, 2024 are listed below.

Performance Drug List		
Drug[1]	**Condition**	**New Lower Tier**
TIBSOVO (ivosidenib tab 250 mg)	Cancer	Preferred Brand

Other Drug List Tier Changes

Most tier changes become effective quarterly, however, some drugs are moved to a new tier as part of formulary maintenance or re-evaluated during the quarter. Those drugs are listed below with their addition date.

Balanced Drug List Tier Changes			
Drug[1]	**Condition**	**New Lower Tier**	**Date Added**
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Asthma	Non-Preferred Generic	2/11/2024
VALSARTAN (valsartan oral soln 4 mg/ml)	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Non-Preferred Generic	1/7/2024

Performance Drug List Tier Changes			
Drug[1]	**Condition**	**New Lower Tier**	**Date Added**
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Asthma	Non-Preferred Generic	2/11/2024

Performance Select Drug List Tier Changes			
Drug[1]	**Condition**	**New Lower Tier**	**Date Added**
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Asthma	Non-Preferred Generic	2/11/2024

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

Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

Dispensing Limit Changes

BCBSMT's prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits, or quantity limits, are based on U.S. Food and Drug Administration approved dosage regimens and product labeling. **New dispensing limits and effective dates are listed on the following chart.**

Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace Drug Lists			
Clinical Program	**Medication(s)[1]**	**New Dispensing Limit**	**Effective Date**
Keveyis PAQL	Keveyis (dichlorphenamide) 50 mg tab	Program retired	3/15/2024
Therapeutic Alternatives PAQL	Metaxalone 400 mg tab	Target retired	4/15/2024

[1] Third-party Brand names are the property of their respective owner.

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Standard Utilization Management Program Updates

Prior authorization and Step Therapy programs for standard-pharmacy benefit plans correlate to a member's drug list. Not all standard programs apply since updates are based on the member's current drug list. The prescription drugs tab on bcbsmt.com lists the current drug lists and dispensing limits.

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 log in to Blue Access for Members or MyPrime.com for a variety of online resources.

Program Changes

The following standard utilization management programs were updated on the dates indicated below.

- **Androgens/Anabolic Steroids PAQL:** removed generic testosterone cypionate from the program effective April 15, 2024.
- **Dipeptidyl Peptidase-4 Inhibitors and Combinations STQL:** program will no longer apply to the HIM Drug List effective April 15, 2024.
- **Oral Pulmonary Hypertension Agents PAQL:** this program has been renamed to Pulmonary Arterial Hypertension PAQL. This change was effective March 15, 2024.
- **Therapeutic Alternatives PAQL:** removed Metaxalone 400 mg tab from program effective April 15, 2024.

Program Retirements

The following standard utilization management programs have been retired on the dates indicated below.

- **Erectile Dysfunction PA was retired March 15, 2024.**
  This program included the following medications: Caverject, Cialis/tadalafil, Edex, Levitra/vardenafil, Muse, Staxyn/vardenafil, Stendra and Viagra
- **Human Fibrinogen Concentrate PAQL will retire April 15, 2024.**
  This program included the following medications: Fibryga, RiaSTAP
- **Keveyis PAQL was retired March 15, 2024.**
  This program included the following medication: Keveyis

Please Note: The prior authorization programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of bcbsmt.com.

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 log in to Blue Access for Members℠ or MyPrime.com for a variety of online resources.

Change in Benefit Coverage for Select High-Cost Products

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

Please note: Members were not notified of this change because either there is no utilization, or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists.

Product(s) No Longer Covered[1]	Condition	Covered Alternative(s)[1,2]
KETOPROFEN 25 mg capsules	Pain	meloxicam, ibuprofen, naproxen

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[2]This list is not all inclusive. Other medicines may be available in this drug class.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Advantmed, LLC is an independent company that has contracted with BCBSMT to request medical records for HEDIS reporting.

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BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services they offer.

Carelon Medical Benefits Management (Carelon) is an independent company that has contracted with BCBSMT to provide utilization management services for members with coverage through BCBSMT.

Change Healthcare is an independent company that provides administrative services to BCBSMT.

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

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

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

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

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

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

BlueCross BlueShield of Montana

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