



BLUE REVIEWSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

THIRD QUARTER 2019

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Go Online

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Contact Us



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

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

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

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

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

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

BLUE REVIEW

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Out-of-State Provider Notification: Contact Your Local Blues Plan for Electronic Remittance Advice (835 ERA) Enrollment

Out-of-state providers rendering services to Blue Cross and Blue Shield of Montana (BCBSMT) members should specifically contact their local Blue Cross and Blue Shield (BCBS) Plan for 835 ERA enrollment. If an existing enrollment is already on file with the local BCBS Plan, then ERA files for BCBSMT members will be transmitted electronically to the provider under the Blue Cross Blue Shield Association's BlueCard® program.

BlueCard is a national program that enables members of a BCBS Plan to obtain health care services while traveling or living in another BCBS Plan's service area.

Providers requesting to receive ERAs for Medicare Secondary Crossover claims should also make that request with their local BCBS Plan.

For ERA enrollment instructions and/or other inquiries regarding ERA processing, please contact your local BCBS plan.

Changes to Specialty Drugs Preauthorization List: Always Check Preauthorization Requirements

Blue Cross and Blue Shield of Montana has updated its Specialty Drugs Preauthorization List for Infusion Site of Care. Two codes have changed. The changes reflect these drugs' new replacement Healthcare Common Procedure Coding System (HCPCS) codes assigned by The Centers for Medicare & Medicaid Services (CMS):

As a reminder, the following behavioral health services typically need preauthorization:

- Fasenra – changed from C9466 to J0517
- Radicava – changed from C9493 to J1301

The [Specialty Drugs Preauthorization List for Infusion Site of Care](#) can be found on the BCBSMT [provider website](#) on the [Predetermination and Preauthorization page](#) under Claims and Eligibility.

For these select drugs you may need to submit a benefit preauthorization request to BCBSMT prior to administration of the drug and selection of Infusion Site of Care.

We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity® Provider Portal or your preferred vendor portal. It's also important to check eligibility and benefits for each patient at every visit to confirm coverage details. This step also helps you identify benefit preauthorization/prenotification requirements.

You may also call the number on the member's ID card for assistance.

Also, stay current with BCBSMT [Medical Policy](#), under "Specialty Medication Administration Site of Care" RX 501.096.

Checking eligibility and benefits and/or obtaining benefit preauthorization/prenotification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient.

Reporting On-Demand Application Now Available for Medicare Advantage via Availity® Provider Portal

This notice applies to providers submitting claims for the following government programs Blue Cross and Blue Shield of Montana members:

- ***Blue Cross Medicare Advantage (PPO)SM***

As of May 20, 2019, for the above-referenced members, registered Availity users may access Reporting On-Demand to view, download, save and/or print the Provider Claim Summary (PCS) for claims processed on or after April 12, 2019. Reporting On-Demand is located in the BCBSMT-branded Payer Spaces section on the Availity Portal. This online application gives you a way to get claim outcome results for multiple patients, in one central location.

For instructions on how to use this application, you'll find a [Reporting On-Demand tipsheet](#) in the [Provider Tools](#) section of our Provider website.

In addition to Reporting On-Demand, BCBSMT supports an array of online tools that are available to registered Availity users, at no additional cost. To register, simply go to availity.com, select "Register," and complete the online application today.



Member Letters Have a New Look

Service request approval and denial letters have a fresh, updated look. Blue Cross and Blue Shield of Montana knows your time is valuable. We eliminated nonessential information to make member letters straightforward and simple. The new layout is now in color and includes symbols that are easy to understand. Both you and your patient can find the information you need fast. As always, you will be copied on member letters about service request approvals and denials. Keep a lookout for the redesigned member letters.

Notice of Change to Preservice Appeals Process for Medicare Patients

There are important changes to the preservice appeals process for Blue Cross and Blue Shield of Montana patients enrolled in Medicare programs.

Beginning November 1, 2019, eviCore® healthcare (eviCore), an independent medical benefits management company, will no longer administer the appeals process for denied and partially denied Medicare Advantage prior authorization requests. BCBSMT will assume responsibility for conducting the preservice appeals process, from preservice appeal intake to appeal determination. eviCore will, however, continue its role in administering the initial determination of prior authorization requests.

Note: The medical policies being used for these preservice appeal reviews will not change. Remember when submitting a pre-service appeal always follow the directions included within the denial letter.

These changes will streamline workflows and lead to an improved member and provider experience.

Going forward, it is critical to use Availity® or your preferred vendor to check eligibility and benefits, determine if you are in-network for your patient and whether any preauthorization or prenotification is required. Availity allows you to determine if preauthorization is required based on the procedure code. Refer to "[Eligibility and Benefits](#)" on the provider website for more information on Availity. Providers can also refer to the [Preauthorizations page](#) on the [provider website](#).

For other services requiring preauthorization through BCBSMT, use iExchange® to preauthorize those services. For more information or to set up an iExchange account, please go to <https://www.bcbsmt.com/provider/education-and-reference/iexchange>, located in the tools section of the provider website.

Payment may be denied if you perform procedures without authorization. If this happens, you may not bill your patients.

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

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

While ADHD Diagnosis Rises, Treatment Patterns Fall Short

What else can you do to help your pediatric patients with Attention-Deficit/Hyperactivity Disorder (ADHD)? The American Academy of Pediatrics (AAP) recommends both behavioral therapy and medication for children six years of age and older. For preschool children, four to five years old, the first line of treatment is behavioral therapy. If the response is not enough, medication may be added.¹

A Blue Cross Blue Shield Association and Blue Health Intelligence® (BHI) study titled, [The Impact of Attention Deficit Hyperactivity Disorder on the Health of America's Children](#), looked at claims data among children diagnosed with ADHD. The children were between the ages of two and 18 and covered by commercial health insurance. The findings showed a large gap between what the AAP recommends and actual practice. Of children diagnosed with ADHD in 2017:²

- 27% received what the AAP recommends, both behavioral therapy and medication
- 49% received only medication
- 12% received only behavioral therapy

The study revealed trends that show the importance of diagnosis and proper treatment of ADHD:²

- ADHD is one of the most common behavioral health conditions affecting kids in the U.S.
- Diagnosis increased by 31% from 2010 to 2017 in children two to 18 years old
- ADHD is considered the second-most impactful condition affecting children's health in the U.S. It accounts for 16% of the impact of all health conditions on Generation Z (0-19 years old)
- Four in 10 children with ADHD also have at least one other behavioral health condition, including:
 - Depression
 - Anxiety
 - Learning disorders
 - Disruptive behavioral disorders
 - Autism Spectrum Disorder (ASD)

Rates of depression and anxiety increase in children with ADHD from preschool to middle school. The rates increase sharply in high school students. Rates of learning disorders, disruptive behavioral disorders and ASD are most common in preschool children with ADHD. The rates decrease sharply from preschool to elementary school and continue to decrease in high school kids.

What you can do to help your pediatric patients with ADHD:

- Search for other common behavioral health conditions that may benefit from treatment
- Consider adding either behavioral therapy or medication when appropriate

¹AAP, ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, November 2011, <https://pediatrics.aappublications.org/content/pediatrics/128/5/1007.full.pdf>

²Health of America Report, The Impact of Attention Deficit Hyperactivity Disorder on the Health of America's Children, March 28, 2019, <https://www.bcbs.com/the-health-of-america/reports/impact-of-adhd-attention-deficit-hyperactivity-disorder-on-health-of-americas-children>

Reminder: Verify Procedure Code Preauthorization Requirements Online

In the [Dec. 2018 News & Updates](#) we announced a new online capability that allows providers to verify preauthorization requirements for specific Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes via an eligibility and benefits inquiry in the Availity® Provider Portal. Since implementation many updates have been made to improve articulation.

How to receive accurate results

To ensure code-specific preauthorization requirements are returned online, a valid CPT/HCPCS code(s)* and associated place of service must be submitted in the eligibility and benefit inquiry (270). If a CPT/HCPCS code is not entered, then the place of service and benefit/service type are required. If a benefit/service type is not selected, the place of service and at least one CPT/HCPCS code is required. Additionally, no benefit or preauthorization information will return for the benefit/service type if one is not selected.

**Providers may enter up to eight procedure codes in the inquiry.*

The eligibility and benefit inquiry response (271) displays preauthorization requirements in the Pre-Authorization Info tab. In some instances, providers may receive a “Auth Info Unknown” response for the requested benefit/service type. If preauthorization is required or unknown, contact information for completing the request and other important details are included.

As a reminder, the CPT/HCPCS code inquiry option is for preauthorization determination only and is not a code-specific quote of benefits.

Exceptions

Online code-specific preauthorization information is not yet available for the following Blue Cross and Blue Shield of Montana members:

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

Resources

Learn how to successfully verify preauthorization requirements for benefits and procedure online by referencing the [General Eligibility and Benefits Expanded Tip Sheet](#) located in the [Tools section](#) at bcbsmt.com/provider. For additional assistance, contact the Provider Education Consultants at PECS@bcbsmt.com.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate or contract of coverage applicable on the date services were rendered. If you have any questions, please call the number on the member's ID card.

CPT copyright 2019 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

Changes to Prior Authorization Requirements for BCBSMT Medicare Advantage Patients

There are important changes to the prior authorization requirements for your Blue Cross and Blue Shield of Montana patients enrolled in BCBSMT's Medicare Advantage program. Beginning Sept. 1, 2019, prior authorization through eviCore healthcare, an independent specialty medical management company, will no longer be required for:

- Cardiology services

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

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

Payment may be denied if you perform procedures without obtaining prior authorization when prior authorization is required. If this happens, you may not bill your patients.

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

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

New and Exciting Functionality Coming to the Claim Research Tool (CRT) via Availity® Provider Portal

EFFECTIVE AUG. 26, 2019, OUT-OF-NETWORK LINE LEVEL DETAIL AVAILABLE IN CRT

- Providers can view out-of-network patient responsibility in the service line details when using the Claim Research Tool (CRT) in the Availity Portal. This enhancement will help providers identify if the patient liability was applied to the out-of-network co-payment, coinsurance, and/or deductible.

EFFECTIVE SEPT. 23, 2019, COTIVITI, INC. RATIONALE AND ADDITIONAL ACTION(S) COMING TO CRT

• Cotiviti Code Audit Rationale enhancements:

The CRT will be enhanced to offer greater specificity for Cotiviti (formerly known as Verscend) claim denials. Once implemented, providers will see the Cotiviti code-auditing logic descriptions for finalized claims. These expanded claim details will be available for claims finalized Aug. 26, 2019 and after.

• Additional Action(s) enhancements:

Providers will see additional action(s) that will provide instruction for specific denials for finalized claims. These instructions will help providers understand what further action may be needed as a result of how the initial claim processed.

CRT Reminders:

- The CRT is not yet available for government programs (Medicare Advantage) claims.
- Locate duplicate claims, along with the original by performing a Patient ID search.
- When using the Patient ID search to locate Federal Employee Program® (FEP®) claims, utilize group number 0FEPMT.
- When using the Patient ID search to locate out-of-state member claims, utilize generic group number 123456.
- Claim adjustments are identified by two-digits suffix on the claim number. For example, claim number 123456789D10X00 indicates it is an original submission. Claims ending with suffix 01 indicate the claim has been adjusted once.

For additional information, refer to the [CRT tip sheet](#) in the [Tools section](#) on our website at bcbsmt.com/provider. As a reminder, you must be registered with Availity to utilize the CRT. For registration information, visit availity.com, or contact Availity Client Services at 800-282-4548.

Stay Informed! Continue to watch for future [News & Updates](#) announcements and helpful resources.

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

Breaking Suicide's Grip on Montana

Every Friday, Karl Rosston reviews Montana death certificates — more than 1,100 over the past five years — to better understand who dies by suicide and prevent others from taking their own lives.

Victims tend to be white, middle-aged men with guns. They are of a generation that believes the strong shoulder their responsibilities and keep problems to themselves. Suppressed depression becomes a burden too heavy to bear.

"In Montana, there's a cowboy mentality," says Rosston, the state's suicide prevention coordinator, a position created in 2007 to lead statewide prevention initiatives. "Depression is considered a weakness. The stigma is huge."

Finding solutions

For decades, Montana, where outliers of the Rocky Mountains meet the Great Plains, has held the woeful distinction of having one of the highest suicide rates nationwide. Suicides are so pervasive that Rosston and the Montana's Suicide Mortality Review Team are looking for help from everyone, law enforcement, clergy, health care professionals, schools, businesses and residents of all ages.

BCBSMT has joined the efforts. Last year, it donated \$250,000 to support a new psychiatry residency at the University of Washington designed to bring more mental health professionals to Montana. The program will train residents dedicated to working in rural areas.

The insurer also has funded a theater production, "Every Brilliant Thing," a play about suicide, depression and resilience to be performed in 50 communities throughout the state. The tour seeks to diminish the shame associated with suicide and mental illness.

The one-person production based out of Helena's Grandstreet Theatre relies on audience participation and celebrates the brilliant things that make life worth living.

"You would be hard-pressed to find anyone who isn't affected by suicide and behavioral health issues," says Dr. Tim Wetherill, executive medical director of BCBSMT.

Suicide is such a complicated problem that he believes it's going require the involvement of people, businesses and organizations throughout the state to come up with solutions.

"We are part of the community," Wetherill says. "We want to do anything that we can do to help reduce the stigma, the shame, the fear."

An immense problem

Montana's suicide rate in 2017 — 29.6 people for every 100,000 residents — was the highest in the U.S. and nearly twice the national rate, according to the most recent information from the U.S. Centers for Disease Control and Prevention.

Montana has ranked among the top five states for suicides among all age groups for the past 30 years.

"In any given room in any given setting, there are people who feel the exact same way."

Health experts in Montana point to a complex array of issues that may contribute to the problem, according to a report by the Department of Public Health and Human Services.

One is that the state's expansive geography creates a sense of isolation. Montana has just 6.8 people per square mile. More than 600,000 Montanans live in areas with shortages of mental health providers.

Other factors include alcohol and drug abuse, access to firearms, poverty and a culture that views depression as weakness, according to the report.

Demographics also play a role. Montana is home to many veterans, Native Americans and middle-aged white men — all of whom have disproportionately high suicide rates.

But the problem goes beyond these groups.

"Suicide is multicultural, it's multi-age," Wetherill says. "It affects every one of us. It doesn't matter if you're working for an insurance company or you're a hairdresser or you're a plumber. It's something all of us should be aware of and have a role to play."

For Wetherill, that means sharing his own experiences with suicidal ideations to encourage others to acknowledge their emotions and feel comfortable expressing them.

"It's really, really hard when you get in those deep moments to pull yourself out," he says. "We just have to break down that barrier of shame. We're all playing the same game, and we're all human. In any given room in any given setting, there are people who feel the exact same way."

Given suicide's long and powerful grasp on Montana, the slightest possible breakthrough is considered remarkable — such as a single year without a student suicide at the high school that Wetherill's son attends.

"It's certainly recognized as moving in the right direction," Wetherill says. "When you have that many kids taking their own lives, boy, it makes you stop and think and recalibrate."

Therapeutic theater

On a July night, about 60 people strolled into Cottonwood Theater in downtown Big Timber, Mont., to watch "Every Brilliant Thing." An agricultural city of around 1,650, Big Timber holds few live theatrical events. The play offered residents a unique opportunity to see a performance, as well as talk about mental health and suicide prevention.

It felt like a community intervention.

The show, followed by a discussion with local mental health experts, allowed producer and actor Rosie Seitz Ayers to help fellow Montanans start breaking the stigma of mental illness in their community.

As a teenager, Ayers struggled with drugs and alcohol and twice tried to kill herself. She told her story to engage the audience and kick off a lively conversation.

"We get a lot of hugs. We get a lot of tears. We get a lot of laughter," Ayers says. "We get a lot of sharing of personal experiences with the community members."

Performing the play is Ayers' way of bringing hope to people statewide who may be desperate to hear her message.

"This play has healed pieces in me that I didn't even know needed to be healed," she says. "I've known for a long time I wanted to be part of the solution. I can't think of a better way to honor the place I was born and raised."

Blue Cross and Blue Shield of Montana Donates \$25,000 in Response to North Hills Fire

Money will aid Lewis and Clark Rural Fire Council, Red Cross of Montana in recovery efforts and in preparation for future emergencies

HELENA – Blue Cross and Blue Shield of Montana is donating \$25,000 to two organizations to aid in response and recovery efforts after the North Hills Fire near Helena recently burned about 5,000 acres and forced the evacuation of nearly 500 homes.

The Lewis and Clark Rural Fire Council will receive a \$15,000 disaster relief grant, while \$10,000 will be distributed to the American Red Cross of Montana.

“It’s huge,” said Dave Sammons, president of the Lewis and Clark Rural Fire Council. “We don’t have a revolving income for the fire council. We have a lot of assets that we all share, and this will help keep those assets ready to use.”

No structures were lost and no injuries were reported in the fire, largely thanks to tireless work of rural fire departments from the greater Helena area. The Lewis and Clark Rural Fire Council was formed for situations exactly like the North Hills Fire. According to the organization’s website, “The cooperative efforts and cohesive teamwork create an enhanced public service effort pertinent to the Rural fire service.”

The mission of the cooperative was on full display as local fire crews along with the Montana Department of Natural Resources and Conservation led the initial response to the North Hills Fire on July 26. High temperatures, low humidity and windy weather helped stoke the fire as it swept through the timbered North Hills and threatened numerous homes and other structures for more than a week.

As the fire spread, Red Cross of Montana’s Helena Chapter established a shelter to provide evacuees with free meals, a safe place to stay, information and access to additional resources.

“We sincerely thank all of the firefighters who were called to action by the North Hills Fire and we are eternally thankful for the strenuous and often dangerous work they do to keep us safe,” BCBSMT Manager of Community Relations Jesse Zentz said. “And as always, the Red Cross of Montana is quick to respond in these situations, providing those directly affected by disasters like this with a helping hand and peace of mind.”

There are three key phases to Red Cross disaster relief: preparedness, response and recovery. Preparedness occurs year-round as shelters are positioned across the state and provided with essential supplies needed in the event of a disaster. Response is what occurs when an emergency official makes the determination that a community needs to be evacuated. The last phase of Red Cross disaster relief is recovery, which means helping those directly affected by the disaster get back on their feet.

Nearly 500 personnel were eventually called to action to help fight the North Hills Fire, along with numerous aircraft. Several state and federal agencies contributed to the response.

While the North Hills Fire is contained, and residents have been cleared to return home, the fire season is likely far from over. Zentz said he hopes the donations to the rural fire council and Red Cross help bolster response and recovery efforts moving forward.

Rural Dynamics \$50,000 Receives Grant to Address Connection Between Financial Stress and Well-being

Money talks — and so do rising health care costs. In an effort to address the toll that financial stress takes on health care costs, Blue Cross and Blue Shield of Montana has awarded Rural Dynamics with a \$50,000 Healthy Kids, Healthy Families® (HKHF) grant.

Rural Dynamics, a nonprofit organization based in Great Falls, is developing a program to help Montanans be more financially astute, therefore reducing the likelihood of financial stress and the health risks and costs associated with it.

“Financial stress takes a real toll on mental health and physical wellbeing and contributes to rising health care costs,” said John Doran, BCBSMT Divisional Vice President of External Affairs. “The Rural Dynamics proposal addresses the root cause of financial distress. Not only will this proposal relieve the mental anguish of financial problems, it has great potential to also reduce future health care costs as a result.

“Addressing mental health is not a one-size-fits-all approach and this is a new and unique way of treating one of its underlying symptoms.”

Sen. Tom Jacobson of Great Falls is the executive director of Rural Dynamics and visited BCBSMT’s Helena headquarters Tuesday, where Doran and approximately 60 BCBSMT employees gathered to surprise him with the grant.

“When we opened the door and saw the big check, that was quite the surprise. It was a very good surprise,” Jacobson said. “We’ve been working with Blue Cross and Blue Shield for almost a year now to try and look at ways that we can address the financial wellness of individuals so that it has an improved physical wellness on the back end.”

In collaboration with BCBSMT, GreenPath Financial Wellness, Benefis Health Systems, the Center for Financial Services Innovation, the Institute for Research on Poverty and the Center for Financial Security, Rural Dynamics intends to test several tools to determine how to best serve those in need, including:

- Providing online prevention tools to educate and assist families in budgeting and planning for financial security.
- Completing an assessment of income and expenses to form the baseline for developing a budget and plan to pay for expenses not covered by insurance.
- Debt repayment plans with health care providers that may consist of negotiated payment or other concessions.
- Allowing for affordability within the family’s budget.

Other interventions that are identified as desirable and feasible to users and stakeholders through the design process.

“A year ago, Senator Jacobson asked me, ‘What is Blue Cross doing to address the social determinants of health?’ I had a simple, one-word answer: ‘Everything,’” Doran said. “But this proposal truly is new and unique for us. To date, we have not focused on the upstream impact of finances on health care costs. This proposal shows real promise and I am excited to see where it can go from here.”

The pilot project will initially focus on north central Montana, within the service area of Benefis Health System.

When appropriate, Rural Dynamics intends to expand testing efforts to include residents throughout Montana.

“We know that social determinants of health say that people in poverty and financial stress also leads to poorer health outcomes,” Jacobson said. “We want to address that in a way to help people not only be physically well, but financially and mentally well as well.”

HKHF is a signature program of BCBSMT and part of an ongoing commitment to invest in and partner with like-minded nonprofit organizations that offer sustainable, measurable programs to reach children and their families in the five following areas: nutrition, physical activity, disease prevention and management, substance abuse prevention, and suicide prevention. The \$50,000 HKHF grant is one of four BCBSMT awards each year.

Holter’s Healing Arts Program Gets \$50,000 Boost

Research shows viewing and creating art provides a positive diversion, inspires hope and contributes to a healing atmosphere. BCBSMT hopes a \$50,000 Healthy Kids, Healthy Families® grant to the Holter Healing Arts Program will extend the health benefits of art to a broader population.

“My heart is racing a thousand miles an hour,” Chris Riccardo, Executive Director of the Holter Museum of Art said after receiving the grant. “We strongly believe that art can help heal. It has taken us four years of careful collaboration with our partners and it’s so exciting to see people benefit from these programs.”

Blue Cross and Blue Shield of Montana’s Corey Palmer, left, presents the Holter Museum of Art’s Chris Riccardo with a \$50,000 Healthy Kids, Healthy Families grant Tuesday in Helena.

The Holter created Operation Healing Arts in 2014 as the umbrella for all Healing Arts Programs, developed to address the health of the human body and spirit through the presence of art, artists and art experiences. The Holter launched the Healing Arts Program in partnership with St. Peter’s Health in 2019 with the vision to introduce it to other healthcare facilities and institutions throughout Helena and Montana.

The Healing Arts Program currently consists of four components: a Holter Mini-Museum, Maker Stations, Holter Art Cart and a Mobile Museum Onsite. The collaborative between the Holter Museum and St. Peter’s is intended to benefit patients, caregivers, medical staff and the community at large.

“This grant will allow us to expand our healing arts programming,” Riccardo said. “St. Peter’s is already asking for more art carts and more maker stations. Other health organizations in town are seeing what is happening and they want to be involved. We want to help connect more people in our community. We couldn’t do it without this grant.”

Officials initially plan to expand opportunities at St. Peter’s before growing beyond Helena. Ultimately, the hope is that the program helps address the need for low cost alternatives to treat anxiety, depression and other illnesses.

HKHF is a signature program of BCBSMT and part of an ongoing commitment to invest in and partner with like-minded nonprofit organizations that offer sustainable, measurable programs to reach children and their families in the five following areas: nutrition, physical activity, disease prevention and management, substance abuse prevention, and suicide prevention. The \$50,000 HKHF grant is one of four BCBSMT awards each year.

“The Holter Museum has been at the forefront of exploring the healing power of the arts,” said John Doran, Divisional Vice President of External Affairs at BCBSMT. “Together with St. Peter’s Hospital, the Holter is proving that emotional healing through art can also speed physical healing. It’s a concept we are eager to see come to life here in Helena.”

A man and a child are on a campsite at dusk. The man is kneeling on the left, looking up at the sky. The child is standing on the right, looking through a large telescope mounted on a tripod. A white tent is in the background, and a lantern hangs from a wooden pole. The sky is dark blue with some clouds.

THE BIG BLUE SKY INITIATIVESM

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

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

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



BlueCross BlueShield
of Montana

Learn more at:
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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2019

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Montana drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes effective July 1, 2019 are outlined below.

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

| Preferred Drug ¹ | Drug Class/Condition Used For |
|---|-------------------------------------|
| Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists | |
| AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 140 mg/mL) | Migraine |
| NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml)) | Neutropenia |
| REVCovi (elapegademase-lmr im soln 2.4 mg/1.5ml (1.6 mg/ml)) | ADA Deficiency |
| TRESIBA (insulin degludec inj 100 unit/ml) | Diabetes |
| UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml) | Neutropenia |
| VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg) | Cancer |
| VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg) | Cancer |
| Basic, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists | |
| PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg) | Transplant Rejection Prophylaxis |
| Balanced, Performance and Performance Select Drug Lists | |
| ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml) | Rheumatoid Arthritis |
| ARAKODA (tafenoquine succinate tab 100 mg (base equivalent)) | Malaria |
| ARIKAYCE (amikacin sulfate liposome inhal susp 590 mg/8.4 ml (base eq)) | Infections |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg (base equiv) | Opiate Agonist Dependence |
| CELLCEPT (mycophenolate mofetil for oral susp 200 mg/ml) | Transplant Rejection Prophylaxis |
| cinacalcet hcl tab 30 mg, 60 mg, 90 mg (base equiv) | Hyperparathyroidism; Hypercalcemia |
| CODEINE SULFATE (codeine sulfate tab 15 mg, 60 mg) | Pain |
| DAURISMO (glasdegib maleate tab 25 mg, 100 mg (base equivalent)) | Cancer |
| DIVIGEL (estradiol td gel 0.75 mg/0.75 gm (0.1%)) | Menopause Symptoms |
| EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml) | Migraines |
| KRINTAFEL (tafenoquine succinate tab 150 mg (base equivalent)) | Malaria |
| LORBRENA (lorlatinib tab 25 mg, 100 mg) | Cancer |
| mesalamine suppos 1000 mg | Ulcerative Colitis, Crohn's Disease |
| MITIGARE (colchicine cap 0.6 mg) | Gout |
| NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml)) | Neutropenia |
| NUZYRA (omadacycline tosylate tab 150 mg (base equivalent)) | Infections |

— CONTINUED ON THE NEXT PAGE

| Preferred Drug ¹ | Drug Class/Condition Used For |
|---|--|
| Balanced, Performance and Performance Select Drug Lists (Cont) | |
| OXERVATE (cenegermin-bkbj ophth soln 0.002% (20 mcg/ml) | Keratitis |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq) | Aplastic Anemia; Thrombocytopenia |
| ranolazine tab er 12hr 500 mg, 12hr 1000 mg | Angina |
| RAPAMUNE (sirolimus tab 0.5 mg, 1 mg, 2 mg) | Transplant Rejection Prophylaxis |
| REVCIVI (elapegedemase-lmr im soln 2.4 mg/1.5 ml (1.6 mg/ml) | ADA Deficiency |
| sevelamer hcl tab 800 mg | Hyperphosphatemia |
| SEVELAMER HYDROCHLORIDE (sevelamer hcl tab 400 mg) | Hyperphosphatemia |
| sirolimus oral soln 1 mg/ml | Organ Transplant Rejection Prophylaxis |
| TEGSEDI (inotersen sod subcutaneous pref syr 284 mg/1.5 ml (base eq) | Polyneuropathy |
| tetracycline hcl cap 250 mg, 500 mg | Infections |
| TIROSINT (levothyroxine sodium cap 175 mcg, 200 mcg) | Hypothyroidism |
| TIROSINT-SOL (levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 50 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml) | Hypothyroidism |
| toremifene citrate tab 60 mg (base equivalent) | Cancer |
| TRESIBA (insulin degludec inj 100 unit/ml) | Diabetes |
| UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml) | Neutropenia |
| vigabatrin tab 500 mg | Partial Seizures |
| VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent) | Cancer |
| VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent) | Cancer |
| XOSPATA (gilteritinib fumarate tablet 40 mg (base equivalent) | Cancer |
| Balanced and Performance Select Drug Lists | |
| clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% | Acne |
| minocycline hcl tab er 24hr 55 mg, 24hr 80 mg, 24hr 105 mg | Infections; Acne |
| XEPI (ozenoxacin cream 1%) | Impetigo |
| Performance and Performance Select Drug Lists | |
| olopatadine hcl ophth soln 0.1% (base equivalent) | Allergic conjunctivitis |
| Balanced Drug List | |
| ABILIFY MYCITE (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor) | Schizophrenia, Bipolar Disorder |
| acyclovir cream 5% | Topical Anti-Infective |
| AEMCOLO (rifamycin sodium tab delayed release 194 mg (base equiv) | Traveler's Diarrhea |
| ALISKIREN (aliskiren fumarate tab 150 mg, 300 mg (base equivalent) | Hypertension |
| AZESCO (prenatal vit w/ fe gluconate-fa tab 13-1 mg) | Prenatal Vitamin |
| BRYHALI (halobetasol propionate lotion 0.01%) | Topical Inflammatory Conditions |
| cyclobenzaprine hcl cap er 24hr 15 mg, 24hr 30 mg | Muscle Spasm |
| DEXCHLORPHENIRAMINE MALEA TE (dexchlorpheniramine maleate syrup 2 mg/5ml) | Cough & Cold |
| DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml) | Asthma; Atopic dermatitis |

| | |
|--|---------------------------------|
| FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent)) | Lambert-Eaton Syndrome |
| levorphanol tartrate tab 2 mg | Pain |
| LEXETTE (halobetasol propionate foam 0.05%) | Topical Inflammatory Conditions |
| METHOTREXATE (methotrexate sodium tab 2.5 mg (antirheumatic)) | Rheumatoid Arthritis |
| naproxen sodium tab 220 mg | Pain |
| SYMPAZAN (clobazam oral film 5 mg, 10 mg, 20 mg) | Seizures |
| TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27)) | Inflammatory Conditions |
| TOLSURA (itraconazole cap 65 mg) | Fungal Infections |
| TUXARIN ER (codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg) | Cough & Cold |
| TYLACTIN BUILD 20PE TYR (nutritional supplement pack) | Nutritional Supplement |

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

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | | |
| ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose) | Non-Preferred Generic | Asthma |
| cycloserine cap 250 mg | Non-Preferred Generic | Infections |
| primaquine phosphate tab 26.3 mg (15 mg base) | Non-Preferred Generic | Malaria |
| VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg) | Preferred Brand | Cancer |
| VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg) | Preferred Brand | Cancer |
| Balanced and Performance Select Drug Lists | | |
| clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% | Non-Preferred Generic | Acne |
| minocycline hcl tab er 24hr 55 mg | Non-Preferred Generic | Infections; Acne |
| pimecrolimus cream 1% | Non-Preferred Generic | Atopic Dermatitis |
| Balanced Drug Lists | | |
| levorphanol tartrate tab 2 mg | Non-Preferred Generic | Pain |

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Please note: The drug list changes listed below do not apply to BCBSMT members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2020.

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

| Non-Preferred Brand ¹ | Drug Class/Condition Used For | Generic Preferred Alternative(s) ² | Preferred Brand Alternative(s) ^{1,2} |
|---|-------------------------------|--|---|
| Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions | | | |
| ALBENZA (albendazole tab 200 mg) | Infections | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%)) | Hormone Replacement Therapy | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |

| | | |
|--|------------------------------|---|
| ANDROGEL (testosterone td gel 40.5 mg/2.5gm (1.62%)) | Hormone Replacement Therapy | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. |
| ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%)) | Hormone Replacement Therapy | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. |
| CIALIS (tadalafil tab 2.5 mg, 5 mg) | Benign Prostatic Hyperplasia | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. |
| CIALIS (tadalafil tab 10 mg, 20 mg) | Erectile Dysfunction | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. |
| EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000)) | Anaphylaxis | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. |
| FINACEA (azelaic acid gel 15%) | Acne/Rosacea | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. |
| ZYTIGA (abiraterone acetate tab 250 mg) | Cancer | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. |
| Balanced, Performance and Performance Select Drug Lists Exclusions | | |
| CIPROFLOXACIN ER (ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg, 1000 mg (base eq)) | Infections | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| HYDROCODONE BITARTRATE/AC ETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg) | Pain | hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg |
| MOEXIPRIL/ HYDROCHLOROTHIAZIDE (moexipril-hydrochlorothiazide tab 7.5-12.5 mg, 15-12.5 mg, 15-25 mg) | Hypertension | benazepril/hydrochlorothiazide tablet, enalapril/hydrochlorothiazide tablet, lisinopril/hydrochlorothiazide tablet |
| PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 mL) | Cough & Cold | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL) | Cough & Cold | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMETHAZINE/ PHENYLEPHRINE (promethazine & phenylephrine syrup 6.25-5 mg/5 mL) | Cough & Cold | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMETHAZINE/ PHENYLEPHRINE/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL) | Cough & Cold | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VERDROCET (hydrocodone-acetaminophen tab 2.5-325 mg) | Pain | hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg |
| Balanced Drug Lists Revisions | | |
| ACETAMINOPHEN/CAFFEINE/ DIHYDROCODEINE BITARTRATE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg) | Pain | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| Balanced, Performance and Performance Select Drug Lists Exclusions | | |
| ALBENZA (albendazole tab 200 mg) | Infections | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| AMPYRA (dalfampridine tab er 12hr 10 mg) | Multiple Sclerosis | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%)) | Hormone Replacement Therapy | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| | | |
|--|------------------------------|---|
| ANDROGEL (testosterone td gel 40.5 mg/2.5 gm (1.62%)) | Hormone Replacement Therapy | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%)) | Hormone Replacement Therapy | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CIALIS (tadalafil tab 2.5 mg, 5 mg) | Benign Prostatic Hyperplasia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CIALIS (tadalafil tab 10 mg, 20 mg) | Erectile Dysfunction | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| COLCRYS (colchicine tab 0.6 mg) | Gout | MITIGARE (colchicine cap 0.6 mg) |
| FINACEA (azelaic acid foam 15%) | Acne/Rosacea | azelaic acid gel 15% (generic for Finacea gel) |
| FINACEA (azelaic acid gel 15%) | Acne/Rosacea | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| LEVITRA (vardeafil hcl tab 2.5 mg, 5 mg) | Erectile Dysfunction | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| LEVITRA (vardeafil hcl tab 10 mg, 20 mg) | Erectile Dysfunction | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| MINIVELLE (estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr) | Menopause Symptoms | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ONFI (clobazam suspension 2.5 mg/mL) | Seizures | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ONFI (clobazam tab 10 mg, 20 mg) | Seizures | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PREVIDENT RINSE (sodium fluoride rinse 0.2%) | Fluoride Dental Rinse | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SAVAYSA (edoxaban tosylate tab 15 mg, 30 mg, 60 mg (base equivalent)) | Thrombotic Event Prophylaxis | ELIQUIS tablet, XARELTO tablet |
| SPORANOX (itraconazole oral soln 10 mg/mL) | Fungal Infections | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| STAXYN (vardeafil hcl orally disintegrating tab 10 mg) | Erectile Dysfunction | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ZYTIGA (abiraterone acetate tab 250 mg) | Cancer | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| Balanced and Performance Select Drug Lists Exclusions | | |
| EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000)) | Anaphylaxis | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml, 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 17.5 mg/0.35 ml, 20 mg/0.4 ml, 22.5 mg/0.45 ml, 25 mg/0.5 ml, 27.5 mg/0.55 ml, 30 mg/0.6 ml) | Rheumatoid Arthritis | methotrexate injection, OTREXUP injection |
| Performance and Performance Select Drug Lists Exclusions | | |
| butalbital-acetaminophen-caffeine cap 50-325-40 mg | Headache | butalbital/acetaminophen/caffeine 50-325-40 mg tablet |
| DESVENLAFAXINE ER (desvenlafaxine fumarate tab sr 24hr 50 mg, 100 mg (base equiv)) | Depression | desvenlafaxine ER tablet (generic for Pristiq) |

| | | |
|---|---|---|
| DESVENLAFAXINE ER (desvenlafaxine tab er 24hr 50 mg, 100 mg) | Depression | desvenlafaxine ER tablet (generic for Pristiq) |
| DESVENLAFAXINE ER (desvenlafaxine tab sr 24hr 50 mg, 100 mg) | Depression | desvenlafaxine ER tablet (generic for Pristiq) |
| FLUOXETINE (fluoxetine hcl (pmdd) cap 10 mg, 20 mg) | Premenstrual Dysphoric Disorder (PMDD) | Fluoxetine (PMDD) capsule |
| METAXALONE (metaxalone tab 400 mg) | Muscle Relaxant | cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet |
| metaxalone tab 800 mg | Muscle Relaxant | cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet |
| pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg | Parkinson's Disease; Restless Legs Syndrome | pramipexole tablet |
| pramipexole dihydrochloride tab sr 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg | Parkinson's Disease; Restless Legs Syndrome | pramipexole tablet |
| ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent) | Parkinson's Disease; Restless Legs Syndrome | ropinirole tablet |
| ropinirole hydrochloride tab sr 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent) | Parkinson's Disease; Restless Legs Syndrome | ropinirole tablet |
| tizanidine hcl cap 2 mg, 4 mg, 6 mg (base equivalent) | Multiple Sclerosis | tizanidine tablet |
| Balanced Drug Lists Exclusions | | |
| BUTRANS (buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr) | Opioid Dependence | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| KADIAN (morphine sulfate cap er 24hr 40 mg) | Pain | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| RAPAFLO (silodosin cap 4 mg, 8 mg) | Benign Prostatic Hyperplasia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| Performance Drug Lists Exclusions | | |
| ULORIC (febuxostat tab 40 mg, 80 mg) | Gout | allopurinol tablet |

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

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

DISPENSING LIMIT CHANGES

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. Please note: The dispensing limits listed below do not apply to BCBSMT members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2020.

| Drug Class and Medication(s) ¹ | Dispensing Limit(s) |
|--|-------------------------|
| Basic, Enhanced, Balanced, Performance, and Performance Select Drug Lists | |
| Alternative Dosage Form | |
| Carafate suspension | 1200 mL per 30 days |
| Naprosyn suspension | 1800 mL per 30 days |
| Arikayce | |
| Arikayce | 235.2 mL per 28 days |
| Constipation Agents | |
| Amitiza 8 mcg, 24 mcg | 60 capsules per 30 days |
| Linzzess 72 mcg, 145 mcg, 290 mcg | 30 capsules per 30 days |

| | |
|---|-------------------------|
| Motegrity 1 mg, 2 mg | 30 tablets per 30 days |
| Trulance 3 mg | 30 capsules per 30 days |
| Glaucoma | |
| Rhopressa sol 0.02% | 2.5 mL per 20 days |
| hATTR Amyloidosis Neuropathy | |
| Tegsedi | 6 mL per 28 days |
| Nocturia | |
| Nocdurna 22.7 mcg, 55.3 mcg | 30 tablets per 30 days |
| Topical Lidocaine | |
| Pliaglis | 100 grams per 30 days |
| Synera | 4 patches per 28 days |
| Basic, Enhanced and Performance Drug Lists | |
| Therapeutic Alternatives | |
| Kenalog spray | 189 grams per 90 days |
| Basic and Enhanced Drug Lists | |
| Galafold | |
| Galafold capsules | 14 capsules per 28 days |
| Hyperhidrosis | |
| Qbrexza | 30 pads per 30 days |
| Orilissa | |
| Orilissa 150 mg | 30 tablets per 30 days |
| Orilissa 200 mg | 60 tablets per 30 days |

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UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective July 1, 2019, the following changes will be applied:

- The Ophthalmic Prostaglandins Step Therapy (ST) program will change its name to: Glaucoma. The program, which applies to the Basic and Enhanced drug lists only, includes the same targeted medications and two new ones, Rhopressa and Rocklatan. The program criteria remains the same.
- Several drug categories and/or targeted medications will be added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans. As a reminder, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

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

| Drug Category | Targeted Medication(s) ¹ |
|---|--|
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Alternative Dosage Form | Carafate suspension, Naprosyn suspension |
| Arikayce | Arikayce |
| hATTR Amyloidosis Neuropathy | Tegsedi |

| Balanced, Performance and Performance Select Drug Lists | |
|---|----------|
| Neurotrophic Keratitis* | Oxervate |
| Basic and Enhanced Drug Lists | |
| Fabry Disease | Galafold |
| Hyperhidrosis | Qbrexza |
| Orilissa | Orilissa |
| Balanced and Performance Select Drug Lists | |
| Firdapse* | Firdapse |

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*Members did not receive letters due to limited utilization.

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

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

Select Prescription Drug Lists' Update Frequency Changed April 1, 2019

As a reminder, most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

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

Member Cost-Share Updates to Novolog Insulin Products

Recent news headlines have focused on the rising insulin drug prices and the affect it can have on patient access to these medications. Starting July 1, 2019, BCBSMT members, who have prescription drug benefits administered by Prime Therapeutics, may see reduced cost shares for Novolog vials and Novolog Flexpen insulin products.* Only members with a coinsurance or high deductible health plan, based on the member's benefit plan, may see this cost share reduction. Those members with a copay benefit will not see any changes in their cost-share amounts.

Members will pay the same or less for the preferred Novolog products than the Insulin Lispro (Humalog) products that were recently introduced to the market by Eli Lilly. These Insulin Lispro (Humalog) products are non-preferred or excluded on our drug lists, based on the member's benefit plan.

Please call the number on the member's ID card to verify coverage.

*This change does not apply to members with Medicare Part D or Medicaid coverage and select employer group health plans.

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

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2019 – Part 1

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Montana drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes effective Oct. 1, 2019 are outlined below.

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

Please note: The drug list changes listed below do not apply to BCBSMT members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2020.

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

| Non-Preferred Brand ¹ | Drug Class/Condition Used For | Generic Preferred Alternative(s) ² | Preferred Brand Alternative(s) ^{1,2} |
|--|-------------------------------------|--|---|
| Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions | | | |
| CANASA (mesalamine suppos 1000 mg) | Ulcerative Colitis, Crohn's Disease | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base)) | Malaria | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| SABRIL (vigabatrin tab 500 mg) | Partial Seizures | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| Basic and Multi-Tier Basic Drug List Revisions | | | |
| ELIDEL (pimecrolimus cream 1%) | Atopic Dermatitis | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| FARESTON (toremifene citrate tab 60 mg (base equivalent)) | Cancer | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml) | Infertility | Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| Balanced, Performance and Performance Select Drug Lists Revisions | | | |
| NEOMYCIN/POLYMYXIN/ GRAMICIDIN (neomycin-polymyxin-gramicidin op sol 1.75-10000-0.025 mg-unt-mg/ml) | Ophthalmic Infections | erythromycin ophth oint 5 mg/gm, polymyxin B-trimethoprim ophth soln 10000 unit/ml-0.1% | |
| PIMOZIDE (pimozide tab 1 mg, 2 mg) | Tourette's Syndrome | Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |
| SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE (sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%) | Ophthalmic Infections/ Inflammation | Members should talk to their doctor or pharmacist about other medication(s) available for their condition. | |

| Balanced Drug List Revisions | | |
|--|-------------------------------------|---|
| ACETAMINOPHEN/CAFFEINE/ DIHYDROCODEINE BITARTRATE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg) | Pain | acetaminophen/codeine tablet, butalbital-acetaminophen-caffeine/codeine capsule |
| DVORAH (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg) | Pain | acetaminophen/codeine tablet, butalbital-acetaminophen-caffeine/codeine capsule |
| MUIPIROCIN (mupirocin calcium cream 2%) | Topical Infections | mupirocin ointment |
| MYNATAL ADVANCE (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 19 |
| MYNATAL PLUS (prenatal vit w/ fe fumarate-fa tab 65-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 20 |
| MYNATAL ULTRACAPLET (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 21 |
| MYNATAL-Z (prenatal vit w/ fe fumarate-fa tab 65-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 22 |
| Balanced, Performance and Performance Select Drug Lists Exclusions | | |
| AMICAR (aminocaproic acid tab 500 mg, 1000 mg) | Hemorrhage; Hyperfibrinolysis | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CANASA (mesalamine suppos 1000 mg) | Ulcerative Colitis, Crohn's Disease | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| FARESTON (toremifene citrate tab 60 mg (base equivalent)) | Cancer | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml) | Infertility | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base)) | Malaria | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| RANEXA (ranolazine tab er 12hr 500 mg, 12hr 1000 mg) | Angina | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| RENAGEL (sevelamer hcl tab 800 mg) | Hyperphosphatemia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SABRIL (vigabatrin tab 500 mg) | Partial Seizures | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg (base equiv)) | Opiate Agonist Dependence | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| Balanced and Performance Select Drug Lists Exclusions | | |
| ACANYA (clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%) | Acne | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ELIDEL (pimecrolimus cream 1%) | Atopic Dermatitis | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SOLODYN (minocycline hcl tab er 24hr 55 mg, 80 mg, 105 mg) | Acne | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ULORIC (febuxostat tab 40 mg, 80 mg) | Gout | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ULORIC (febuxostat tab 40 mg, 80 mg) | Gout | allopurinol tablet |

| Performance and Performance Select Drug Lists Exclusions | | |
|--|----------------------|---|
| amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg | Hypertension | amlodipine tablet, atorvastatin tablet |
| fenofibrate tab 120 mg | Hypercholesterolemia | fenofibrate 145 mg tablet, gemfibrozil tablet |
| fenofibrate tab 40 mg | Hypercholesterolemia | fenofibrate tablet 48 mg, gemfibrozil tablet |
| fluvastatin sodium cap 20 mg, 40 mg | Hypercholesterolemia | atorvastatin tablet, rosuvastatin tablet, simvastatin tablet |
| fluvastatin sodium tab er 24 hr 80 mg | Hypercholesterolemia | atorvastatin tablet, rosuvastatin tablet, simvastatin tablet |
| fluvastatin sodium tab sr 24 hr 80 mg | Hypercholesterolemia | atorvastatin tablet, rosuvastatin tablet, simvastatin tablet |
| MYNATAL ADVANCE (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 19 |
| MYNATAL PLUS (prenatal vit w/ fe fumarate-fa tab 65-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 20 |
| MYNATAL ULTRACAPLET (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 21 |
| MYNATAL-Z (prenatal vit w/ fe fumarate-fa tab 65-1 mg) | Prenatal Vitamin | PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 22 |
| venlafaxine hcl tab er 24hr 37.5 mg, 75 mg, 150 mg (base equivalent) | Depression | venlafaxine ER capsule |
| venlafaxine hcl tab sr 24hr 37.5 mg, 75 mg, 150 mg (base equivalent) | Depression | venlafaxine ER capsule |
| Balanced Drug List Exclusions | | |
| AMRIX (cyclobenzaprine hcl cap er 24hr 15 mg, 24hr 30 mg) | Muscle Spasm | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| naproxen sodium tab 220 mg | Pain/Inflammation | Members should talk to their doctor or pharmacist about other over-the-counter options. |
| ZOVIRAX (acyclovir cream 5%) | Topical Infections | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| Performance Drug List Exclusions | | |
| RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml, 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 17.5 mg/0.35 ml, 20 mg/0.4 ml, 22.5 mg/0.45 ml, 25 mg/0.5 ml, 27.5 mg/0.55 ml, 30 mg/0.6 ml) | Rheumatoid Arthritis | methotrexate injection, methotrexate tablet, OTREXUP |

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

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

DISPENSING LIMIT CHANGES

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

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

| Drug Class and Medication(s) ¹ | Dispensing Limit(s) |
|--|--------------------------|
| Basic, Enhanced, Performance, and Performance Select Drug Lists | |
| Alternative Dosage Form | |
| Tiglutik | 600 mL per 30 days |
| Basic, Enhanced and Performance Drug Lists | |
| Vascepa | |
| Vascepa 0.5 mg | 240 capsules per 30 days |
| Vascepa 1 mg | 120 capsules per 30 days |
| Basic and Enhanced Drug Lists | |
| Amifampridine | |
| Firdapse | 240 tablets per 30 days |
| Ruzurgi | 300 tablets per 30 days |
| Neurotrophic Keratitis | |
| Oxervate | 56 vials per 56 days |
| Oral PAH | |
| Upravi 200 mcg titration bottle | 140 tablets per 180 days |

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective July 25, 2019, the following changes were applied:

- The Firdapse PA program changed its name to: Amiframpridine. The program, which applies to the Balanced and Performance Select Drug Lists, includes the same targeted medications and a new one, Ruzurgi. The program criteria remains the same.
- The IL-5 Inhibitors PA program and target drugs Fasenra and Nucala was added to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.*
- The target drug Emgality 100 mg/mL was added to the Calcitonin Gene-Related Peptide (CGRP) PA program, which applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.*
- Starter Kit, Wellbutrin, Wellbutrin SR, Zoloft

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

- The Vascepa PA program will also be added to the Performance Drug List.*
- The Alternative Dosage Form program update will also apply to the Performance and Performance Select Drug Lists.*
- The Methotrexate Injectable Step Therapy (ST) program will be added to the Balanced and Performance Select Drug Lists. This program includes the target drugs: Otrexup and Rasuvo.
- New target drugs will be added to the Multiple Sclerosis ST program: Mayzent (preferred brand) and Mavenclad (non-preferred brand/ excluded). This program applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.

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

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

| Drug Category | Targeted Medication(s) ¹ |
|---|-------------------------------------|
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Human Fibrinogen Concentrate | Fibryga, RiaSTAP |
| Procysbi | Procysbi |
| Basic and Enhanced Drug Lists | |
| Amifrapmidine (previously known as Firdapse) | Firdapse, Ruzurgi |
| Neurotrophic Keratitis | Oxervate |
| Vascepa | Vascepa |

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

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

| Drug Category | Targeted Medication(s) ¹ |
|--|-------------------------------------|
| Basic, Enhanced, Balanced Drug Lists | |
| Alternative Dosage Form | Tiglutik |
| Basic, Enhanced, Performance Drug Lists | |
| Therapeutic Alternatives | Diflorasone ointment and cream |

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

*Members did not receive letters due to limited utilization.

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

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

New Generic Specialty Drug Coverage Tier Changes

With the increase of generic specialty medications in the pharmaceutical market, BCBSMT is changing the way these medications may process starting on Oct.1, 2019. If a member is on the Balanced, Performance or Performance Select Drug Lists, the following examples of generic specialty medications may be in the lower-cost, preferred specialty tier.

The October prescription drug lists will reflect these tier coverage changes. The medications will be in lower-case boldface type, have a lower-case “p” or “np” indicator and be marked with a dot in the specialty column. Following are some examples of these medications that are currently in the highest cost, non-preferred specialty tier:

| | |
|---|--|
| abiraterone acetate tab 250 mg (Zytiga) | bexarotene cap 75 mg (Targetin) |
| capecitabine tab 150 mg, 500 mg (Xeloda) | dalfampridine tab er 12hr 10 mg (Ampyra) |
| glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone) | imatinib mesylate tab 100 mg, 400 mg (base equivalent) (Gleevec) |
| leuprolide acetate inj kit 5 mg/ml | melphalan tab 2 mg (Alkeran) |
| nilutamide tab 150 mg (Nilandron) | ocetrotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin) |

| | |
|--|---|
| ribavirin cap 200 mg (Rebetol) | ribavirin tab 200 mg (Copegus) |
| sildenafil citrate tab 20 mg (Revatio) | sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl) |
| sodium phenylbutyrate tab 500 mg (Buphenyl) | tadalafil tab 20 mg (Adcirca) |
| temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar) | tetrabenazine tab 12.5 mg, 25 mg (Xenazine) |
| tobramycin nebu soln 300 mg / 5 ml (Tobi) | tretinoin cap 10 mg |
| trientine hcl cap 250 mg (Syprine) | vigabatrin powder pack 500 mg (Sabril) |

Pharmacy Claims Accumulator Change

Starting on or after July 1, 2019, some BCBSMT members’ plans may experience a change in how their pharmacy claims accumulate to their health plan, if they use an out of network pharmacy.

In most cases, no action is required on your part as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients’ records, you may want to ask your patient(s) which pharmacy is their preferred choice.

Select Prescription Drug Lists’ Update Frequency Changed April 1, 2019

As a reminder, most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient’s health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

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

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

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2019 – Part 2

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

DRUG LIST CHANGES

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

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

Changes effective Oct. 1, 2019 are outlined below.

DRUG LIST COVERAGE ADDITIONS – AS OF OCT. 1, 2019

| Preferred Drug ¹ | Drug Class/Condition Used For |
|---|---|
| Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists | |
| INBRIJA (levodopa inhal powder cap 42 mg) | Parkinson's Disease |
| KALYDECO (ivacaftor packet 25 mg) | Cystic Fibrosis |
| MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv)) | Multiple Sclerosis |
| SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit) | Plaque Psoriasis |
| SYMDEKO (tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk) | Cystic Fibrosis |
| SYMJEPI (epinephrine solution prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000)) | Anaphylaxis |
| TREMFYA (guselkumab soln pen-injector 100 mg/ml) | Plaque Psoriasis |
| TREMFYA (guselkumab soln prefilled syringe 100 mg/ml) | Plaque Psoriasis |
| Basic, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists | |
| LOTEMAX SM (loteprednol etabonate ophth gel 0.38%) | Ophthalmic Inflammatory Conditions |
| Balanced, Performance and Performance Select Drug Lists | |
| AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 140 mg/ml) | Migraines |
| ambrisentan tab 5 mg, 10 mg (generic for LETAIRIS) | Pulmonary Arterial Hypertension |
| BALVERSA (erdafitinib tab 3 mg, 4 mg, 5 mg) | Cancer |
| bosentan tab 62.5 mg, 125 mg (generic for TRACLEER) | Pulmonary Arterial Hypertension |
| CABLIVI (caplacizumab-yhdp for inj kit 11 mg) | Acquired Thrombotic Thrombocytopenic Purpura (aTTP) |
| deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (generic for EXJADE) | Iron Overload |
| DIACOMIT (stiripentol cap 250 mg, 500 mg) | Dravet Syndrome |

— CONTINUED ON THE NEXT PAGE

| | |
|---|------------------------------------|
| DIACOMIT (stiripentol packet 250 mg, 500 mg) | Dravet Syndrome |
| erlotinib hcl tab 25 mg, 100 mg, 150 mg (base equivalent) (generic for TARCEVA) | Cancer |
| erythromycin ethylsuccinate for susp 400 mg/5 ml (generic for ERYPED 400) | Infections |
| ganirelix acetate inj 250 mcg/0.5 ml | Infertility* |
| INBRIJA (levodopa inhal powder cap 42 mg) | Parkinson's Disease |
| INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)) | Tardive Dyskinesia |
| KALYDECO (ivacaftor packet 25 mg) | Cystic Fibrosis |
| LOTEMAX SM (loteprednol etabonate ophth gel 0.38%) | Ophthalmic Inflammatory Conditions |
| loteprednol etabonate ophth susp 0.5% (generic for LOTE MAX) | Ophthalmic Inflammatory Conditions |
| MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv)) | Multiple Sclerosis |
| mesalamine cap dr 400 mg (generic for DELZICOL) | Ulcerative Colitis |
| PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg) | Transplant Rejection Prophylaxis |
| pyridostigmine bromide syrup 60 mg/5 ml (generic for MESTINON) | Myasthenia Gravis |
| QTERN (dapagliflozin-saxagliptin tab 5-5 mg) | Diabetes |
| sildenafil citrate for suspension 10 mg/ml (generic for REVATIO) | Pulmonary Arterial Hypertension |
| SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit) | Plaque Psoriasis |
| solifenacin succinate tab 5 mg, 10 mg (generic for VESICARE) | Overactive Bladder |
| SYMJEPI (epinephrine solution prefilled syringe 0.3 mg/0.3 ml (1:1000)) | Anaphylaxis |
| TREMFYA (guselkumab soln pen-injector 100 mg/ml) | Plaque Psoriasis |
| TREMFYA (guselkumab soln prefilled syringe 100 mg/ml) | Plaque Psoriasis |
| VERELAN PM (verapamil hcl cap er 24hr 100 mg, 24hr 300 mg) | Hypertension |
| ZYKADIA (ceritinib tab 150 mg) | Cancer |
| Performance and Performance Select Drug Lists | |
| DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml) | Asthma; Atopic dermatitis |
| Balanced and Performance Select Drug Lists | |
| doxylamine-pyridoxine tab delayed release 10-10 mg (generic for DICLEGIS) | Morning Sickness/Nausea |
| penicillamine cap 250 mg | Wilson's Disease |
| Performance Drug Lists | |
| VASCEPA (icosapent ethyl cap 0.5 gm, 1 gm) | Hypercholesterolemia |
| Balanced Drug Lists | |
| APADAZ (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg) | Pain |
| BENZHYDROCODONE/ACETAMINOPHEN (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg) | Pain |
| BIJUVA (estradiol-progesterone cap 1-100 mg) | Menopause |
| DXEVO 11-DAY (dexamethasone tab therapy pack 1.5 mg (39)) | Inflammatory Conditions |
| FENOFIBRATE (fenofibrate tab 160 mg) | Hypercholesterolemia |
| FENTANYL CITRATE (fentanyl citrate buccal tab 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (base equiv)) | Pain |
| FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent)) | Lambert-Eaton Syndrome |

| | |
|--|--------------------------------|
| LEVORPHANOL TARTRATE (levorphanol tartrate tab 3 mg) | Pain |
| NIACIN (niacin (antihyperlipidemic) tab 500 mg) | Hypercholesterolemia |
| NORGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg) | Pain |
| QBREXZA (glycopyrronium tosylate pad 2.4% (base equivalent)) | Primary Axillary Hyperhidrosis |
| TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27)) | Inflammatory Conditions |
| TYLACTIN COMPLETE 15 PE (nutritional supplement bar) | Nutritional Supplement |
| VITAFOL STRIPS (prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg) | Prenatal Vitamin |

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

^{*}Optional fertility component coverage for select health plans.

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

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|---|-----------------------|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | | |
| cefixime cap 400 mg (generic for SUPRAX) | Non-Preferred Generic | Infections |
| OTREXUP (methotrexate soln pf auto-injector 7.5 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| OTREXUP (methotrexate soln pf auto-injector 12.5 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| OTREXUP (methotrexate soln pf auto-injector 15 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| OTREXUP (methotrexate soln pf auto-injector 17.5 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| OTREXUP (methotrexate soln pf auto-injector 20 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| OTREXUP (methotrexate soln pf auto-injector 22.5 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| OTREXUP (methotrexate soln pf auto-injector 25 mg/0.4 ml) | Preferred Brand | Rheumatoid Arthritis |
| Balanced Drug Lists | | |
| aliskiren fumarate tab 150 mg, 300 mg (base equivalent) (generic for TEKTURNIA) | Non-Preferred Generic | Hypertension |
| dexamethasone tab therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51) (generic for DEXPAK) | Non-Preferred Generic | Inflammatory Conditions |
| timolol maleate tab 5 mg | Non-Preferred Generic | Hypertension |

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

Clarification from the previously published Part 1 article:

- The Interleukin-5 (IL-5) Inhibitors PA program only includes the target drug Nucala. Future target drugs may be added later. As a reminder, this program applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

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

Reminder: New Generic Specialty Drug Coverage Tier Changes

With the increase of generic specialty medications in the pharmaceutical market, BCBSMT is changing the way these medications may process starting on Oct.1, 2019. If a member is on the Balanced, Performance or Performance Select Drug Lists, the following examples of generic specialty medications may be in the lower-cost, preferred specialty tier.

The October prescription drug lists will reflect these tier coverage changes. The medications will be in lower-case boldface type, have a lower-case “p” or “np” indicator and be marked with a dot in the specialty column. Below are some examples of these medications that are currently in the highest cost, non-preferred specialty tier:

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| abiraterone acetate tab 250 mg (Zytiga) | bexarotene cap 75 mg (Targretin) |
| capecitabine tab 150 mg, 500 mg (Xeloda) | dalfampridine tab er 12hr 10 mg (Ampyra) |
| glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone) | imatinib mesylate tab 100 mg, 400 mg (base equivalent) (Gleevec) |
| leuprolide acetate inj kit 5 mg/ml | melphalan tab 2 mg (Alkeran) |
| nilutamide tab 150 mg (Nilandron) | octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin) |
| ribavirin cap 200 mg (Rebetol) | ribavirin tab 200 mg (Copegus) |
| sildenafil citrate tab 20 mg (Revatio) | sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl) |
| sodium phenylbutyrate tab 500 mg (Buphenyl) | tadalafil tab 20 mg (Adcirca) |
| temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar) | tetrabenazine tab 12.5 mg, 25 mg (Xenazine) |
| tobramycin nebu soln 300 mg / 5 ml (Tobi) | tretinoin cap 10 mg |
| trientine hcl cap 250 mg (Syprine) | vigabatrin powder pack 500 mg (Sabril) |

Select Prescription Drug Lists’ Update Frequency Changed April 1, 2019

As a reminder, most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient’s health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

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

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

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