



# Blue Review<sup>SM</sup>

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

SECOND QUARTER 2022

## Inside This Issue

COVID-19 Coverage .....	2	In-home Test Kits for Colorectal Cancer Screening .....	12
2022 Fee Schedule and Compensation Policy Update.....	3	Managing Diabetes.....	13
BCBSMT to Recommend Preferred Drugs through Enhanced Prior Authorization (PA) .....	4	Provider Satisfaction Survey 2022 .....	15
BCBSMT's Secure Provider Portal Retirement Coming Soon – Prepare Now .....	5	Submit Multiple Clinical Claim Appeal Requests Online ..	16
Catch Up on Routine Vaccines and Well-Child Visits .....	6	Supporting Care During and After Pregnancy.....	17
Closing Gaps in Care for Group Medicare Advantage Members.....	8	Update to Current Procedural Terminology® (CPT) Codes for Prior Authorization for Medicare Members, Effective July 1 .....	19
CT Contrast Shortage .....	9	Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 1 .....	20
Directory Requires Education Information.....	10	Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 2.....	30
Follow-Up Care for Substance Abuse Disorders .....	11		

# Contact Us



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

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

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

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

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

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

## BLUE REVIEW

Blue Cross and Blue Shield of Montana

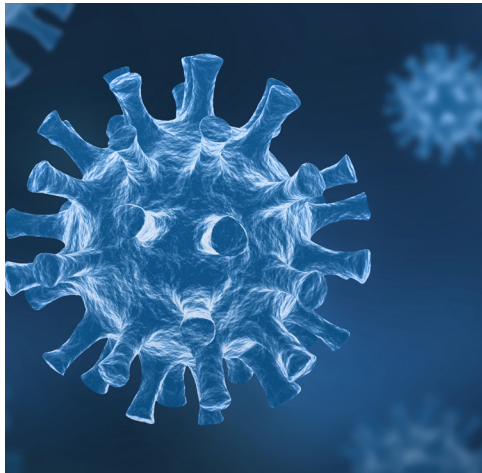
Attn: Kiley Gage

P.O. Box 4309

Helena, MT 59604

Email: [Kiley\\_Gage@bcbsmt.com](mailto:Kiley_Gage@bcbsmt.com)

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



## COVID-19 Coverage

We are closely monitoring activity around the novel coronavirus 2019 (COVID-19). We are committed to helping our members, staff, providers and communities we serve stay informed and assisting those who might be affected. We stand ready to aid doctors, hospitals and federal, state and local public health organizations in serving our members and our communities.

Because this is a rapidly evolving situation, continue to use [Centers for Disease Control](https://www.cdc.gov) guidance on COVID-19, as the CDC has the most up-to-date information and recommendations. In addition, watch for updates on [BCBSMT Provider website's COVID-19 information page](#).



## 2022 Fee Schedule and Compensation Policy Update

The Blue Cross and Blue Shield of Montana (BCBSMT) Fee Schedules are updated biennially. The next full Fee Schedules update will occur on June 1, 2022. Any interim compensation updates will be published on the [BCBSMT Secure Provider Portal](#) with a 60-day advance notification to providers.

BCBSMT Compensation Policies and Fee Schedules are published on the BCBSMT Secure Provider Portal. For detailed information on the Biennial Update changes, please review the following compensation policies published on 4/1/2022, including:

- RBRVS and Anesthesia Conversion Factors Compensation Policy
- Drug Compensation Policy

Please check [News and Updates](#) and [subscribe](#) to the bi-weekly Provider eNews for important policy and pricing updates.



## BCBSMT to Recommend Preferred Drugs through Enhanced Prior Authorization (PA)

**Effective Aug. 1, 2022**, we will begin recommending some preferred drugs over other drugs through our medical policies, when clinically appropriate, to improve access to more affordable care for our members. This will be for some of our commercial members.

### What's Changing

When submitting a **prior authorization** request for some drugs you will receive a recommendation for comparable, clinically appropriate **preferred drugs**. This may also occur during the **medical policy, pre-service review**. The categories of drugs and medical policies include:

- **Medical oncology drugs:** see **Medical Policy Oncology Medications** RX502.061 for more information.
- **Infliximab and biosimilars:** see **Medical Policy Infliximab and Associated Biosimilars** RX501.051 for more information.
- **Enzyme replacement therapies:** see **Medical Policy Enzyme-Replacement Therapy for Lysosomal Storage Disorders** RX501.067 for more information.
- **Osteoporosis therapies:** see **Denosumab (Prolia & Xgeva)** RX501.140 Medical Policy on the Pending Policies page on our [Medical Policies website](#) for more information.

Refer to the BCBSMT [Medical Policies, Utilization Management](#) page and online PA code lists to determine if the drugs you are recommending require prior authorization and how to obtain prior authorization. If PA is needed it will be processed by BCBSMT or AIM Specialty Health®.

**Failure to prescribe the drugs recommended through these enhanced PA programs could result in claim denial if an exception does not apply.**

### For More Information

Watch [News and Updates](#) for more information and future announcements.

# BCBSMT's Secure Provider Portal Retirement Coming Soon – Prepare Now

The Blue Cross and Blue Shield of Montana Secure Provider Portal will retire on June 30, 2022. To prepare for this change, we encourage all providers to start using Availity® Essentials. The same type of information you received in the BCBSMT Secure Provider Portal is available in Availity Essentials, as well as access to more enhanced tools and functionality.

## What does Availity offer?

[Availity Essentials](#) is an online portal that gives providers access to an array of robust tools and resources with a simplified user experience. Listed below are just some of the transactions you can quickly complete:

- Eligibility and Benefits
- Member ID Card Viewer
- Patient ID Finder
- Prior Authorizations
- Patient Care Summary
- Fee Schedule Viewer (professional)
- NDC Units Calculator
- Claim Status and Other Claim Management Tools
- Provider Claim Summary and/or Electronic Remittance

Providers will also access the BCBSMT Value Based Care Program Policies, Reports and Upload for Data Exchange; Facility Fee Schedules; Provider Manuals; and Coding and Compensation Policies in Availity Essentials as of June 30, 2022. More detailed communication and training sessions will soon be made available for you to learn how to retrieve this information via Availity.

## Training and Resources

- BCBSMT host weekly and monthly webinars for you to learn how to access and use the various Availity tools and resources. To register for a session, visit the [Provider Training page](#) of our website and select your preferred date and time.
- Refer to the [Provider Tools section](#) to view instructive user guides for our self-service tools accessible through Availity.
- If have additional questions or need customized training, email our [Provider Education Consultants](#).

If you have not registered for [Availity](#), you can sign up today. For registration assistance, contact Availity Client Services at **800-282-4548**.

**Stay Informed!** Watch for future communications coming to the [News and Updates](#) section of our website.



## Catch Up on Routine Vaccines and Well-Child Visits

The COVID-19 pandemic continues to disrupt routine childhood immunizations and well-child visits, according to the [Centers for Disease Control and Prevention](#) (CDC). The CDC recommends [doctors and health care professionals encourage families](#) to **schedule vaccines and visits to help children catch up**. We've created [Wellness Guidelines](#) and [vaccine information](#) for our members to help.

### Closing Care Gaps

To help monitor and improve our members' care, we track these Healthcare Effectiveness Data and Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance:

- **Child Immunization Status** tracks the percentage of 2-year-olds who received by their 2nd birthday a total of:
  - Four diphtheria, tetanus and acellular pertussis (DTaP)
  - Three polio (IPV)
  - One measles, mumps and rubella (MMR)
  - Three haemophilus influenza type B (HiB)
  - Three hepatitis B (Hep B)
  - One chicken pox (VZV)
  - Four pneumococcal (PCV)
  - One hepatitis A (Hep A)
  - Two or three rotavirus (RV); all doses should be given before 8 months of age
  - Two flu vaccines

— CONTINUED ON THE NEXT PAGE

- **Immunizations for Adolescents** tracks the percentage of 13-year-olds who received by their 13th birthday:
  - One dose of meningococcal vaccine
  - One tetanus, diphtheria and pertussis (Tdap)
  - The complete human papillomavirus vaccine (HPV) series
- **Well-Child Visits in the First 30 Months of Life** measures the percentage of children who had:
  - Six or more well-child visits with a primary care physician during their first 15 months
  - Two or more well-child visits during their next 15 months

### Tips to Consider

- Identify members who have missed vaccines or well-child visits. Contact their caregivers to schedule appointments.
- Check at each visit for any missing immunizations. Address common misconceptions about vaccines.
- **To document well-child visits**, note that the visit was with a PCP and include in the medical record:
  - Date of visit
  - Health history
  - Physical and mental development history
  - Physical exam
  - Health education or anticipatory guidance
- We collect immunization data through claims and chart review. **To document immunizations**, you may include in the medical record any of the following:
  - Certificates of immunizations
  - Diagnostic reports
  - Subjective, Objective, Assessment and Plan (SOAP) notes
  - Office or progress notes

# Closing Gaps in Care for Group Medicare Advantage Members

Through the Blue Cross and Blue Shield (BCBS) National Coordination of Care program, we can work with you to help close gaps in care for **Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>** (Group MA PPO) members. These include Blue Cross and Blue Shield of Montana members with Group MA PPO coverage, as well as Group MA PPO members enrolled in other Blue Cross and Blue Shield (BCBS) plans who are living in Montana.

## What This Means for Medicare Providers

If we need medical records for Group MA PPO members, you will receive requests only from BCBSMT or our vendor, Change Healthcare. You won't receive requests from multiple BCBS plans or their vendors. We may request medical records for:

- Risk adjustment gaps related to claims submitted to BCBSMT
- Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) measures
- Centers for Medicare & Medicaid Services (CMS) Star Ratings

## Important Reminders

- Respond quickly to requests related to risk adjustment, HEDIS and other government-required activities as your contract requires.
- You don't need patient-authorized information releases to fulfill medical records requests and risk adjustment gaps through this program.
- Use the [Availity<sup>®</sup> Provider Portal](#) or your preferred vendor to verify BCBSMT and other BCBS members' eligibility and benefits before every appointment. Eligibility and benefit quotes include:
  - Membership verification
  - Coverage status
  - Prior authorization requirements
  - Provider's network status for the patient's policy
  - Applicable copayment, coinsurance and deductible amounts
- Ask to see the member's ID card and a photo ID to help guard against medical identity theft.
- Notify members that they may be billed directly when services may not be covered.

## Questions?

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





## CT Contrast Shortage

In May, [GE Healthcare announced](#) a shortage of its iodinated contrast products, including Omnipaque™ and Visipaque™. GE expected production to be near normal capacity by [June 6, 2022](#).

Iodinated contrast is used to provide enhancement of organs, tissues, and blood vessels for CT scans.

**Our response:** AIM Specialty Health manages prior authorizations for advanced imaging for many of our members. Here's AIM's response:

### What is AIM doing to address the contrast shortage?

AIM management focuses on the appropriateness of the modality. We leave decisions about whether to perform that modality with or without contrast to the radiologist/rendering provider.

For indications that cannot be adequately imaged by non-contrast CT, alternative advanced imaging modalities may be appropriate. Many AIM guideline indications have allowances for MRI and/or PET/CT “when CT cannot be performed or is non-diagnostic,” which would include scenarios such as this when contrast CT cannot be performed (and non-contrast CT is expected to be non-diagnostic).

Requests for alternative imaging made under such circumstances should include this detail (e.g. “iodinated contrast for CT is not available”) in the submitted prior authorization request, either by peer-to-peer discussion or via the free text entry option for online web portal requests.

**Background:** The shortage stemmed from COVID-19 policies leading to the temporary closure of its manufacturing facility in Shanghai, China. GE estimated an 80 percent reduction in the supply of Omnipaque for about 6–8 weeks.

GE took measures to stabilize their global supply by expanding production at their other plants around the world. They continue to work with impacted customers and their needs for the iodinated contrast media.



## Directory Requires Education Information

Starting in 2022, doctors of medicine and osteopathic medicine who participate in Blue Cross and Blue Shield of Montana networks must provide us their medical school and residency information. The Blue Cross and Blue Shield (BCBS) Association requires this information.

### Why It's Important

You must provide this information to **be listed in the [BCBS national provider directory](#)**. Members of BCBS plans nationwide use this directory to find doctors who are accepting new patients.

### Next Steps

You may receive a request from us about:

- Where and when you earned your medical degree
- Where and when you served your residency

Please respond to our request promptly. This information will be added to the national and BCBSMT directory.

# Follow-Up Care for Substance Abuse Disorders

Alcohol-related deaths in the U.S. increased more than 25 percent during the first year of the COVID-19 pandemic, according to a [recent report in the Journal of the American Medical Association](#). At the same time, more than 40 million people ages 12 and older in the U.S. needed treatment for substance abuse disorder, but only about 2.6 million received it, according to the latest survey by the [Substance Abuse and Mental Health Services Administration](#). We encourage providers to talk with our members about the [signs of substance abuse disorder](#) and urge them to seek help, if appropriate.

## Closing Care Gaps

As part of monitoring and improving quality of care, we track two measures related to substance abuse:

- [Initiation and Engagement](#) of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- [Follow-up after Emergency Department Visit](#) for Alcohol and Other Drug Abuse or Dependence (FUA)

Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA).

## What IET Measures

IET applies to members ages 13 and older with a new episode of alcohol or other drug abuse or dependence. The measure captures two stages of adequate and timely follow-up treatment:

- **Initiation of treatment**, one treatment within 14 days of the diagnosis
- **Engagement of treatment**, at least two additional treatment sessions within 34 days of the initiation appointment

Treatment may occur in an inpatient, residential, outpatient or telehealth setting or as medication-assisted treatment (MAT).

## What FUA Measures

FUA applies to members ages 13 and older with a principal diagnosis of alcohol or other drug abuse or dependence during an emergency department (ED) visit. The measure captures rates for follow-up visits for alcohol or other drug abuse or dependence after an ED visit:

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

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

## Tips to Consider

- Discuss with members the importance of timely follow-up visits.
- Use the same diagnosis for substance use at each follow-up.
- Coordinate care between behavioral health and primary care physicians. Share progress notes and include the diagnosis for substance use.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.
- For FUA, ED providers can help members schedule an in-person or telehealth follow-up visit within seven days. Send ED discharge paperwork to the appropriate outpatient provider within 24 hours of discharge.

# In-home Test Kits for Colorectal Cancer Screening

We're working with Everlywell to provide in-home test kits this summer to certain Blue Cross and Blue Shield of Montana members who need a colorectal cancer screening. Because of the COVID-19 pandemic, many of our members may have delayed getting appropriate care. Everlywell is sending Fecal Immunochemical Test (FIT) kits to certain Blue Preferred PPO<sup>SM</sup> and Blue Focus POS<sup>SM</sup> members at no charge.

As a trusted provider, you may want to **encourage our members who are your patients to take advantage of this opportunity to learn more about their health** with a FIT kit. In 2021 we provided 2,524 FIT kits to BCBSMT members:

- 493 members returned their kits and closed this gap in their care.
- Test results were sent to the members and to their primary care physicians (PCPs). 25 kits were abnormal or positive, meaning the sample contained blood when collected.

## Why Use FIT

The [U.S. Preventive Services Taskforce](#) recognizes annual FIT testing for **colorectal cancer screening starting at age 45**.

- FIT testing is appropriate screening for people with an average risk for colorectal cancer. Average risk means no family history of colorectal cancer, no personal history of inflammatory bowel disease, no previous polyps and no previous colorectal cancer.
- When compared to stool DNA tests, FIT kits have fewer false positives, which reduces unnecessary colonoscopies, according to the [National Cancer Institute](#). Unlike stool DNA tests like the Cologuard®, FIT kits require only a swab rather than a stool sample.

## How In-Home Testing Works

The in-home testing process is quick and easy for members:

- Everlywell sends the kits to a sample of eligible members who've been identified with a gap in care for colorectal cancer screening. Completing the kit is voluntary.
- The kits don't require fasting, dietary restrictions or preparation. Medications are taken according to members' normal schedule.
- Members complete the test kit at home, provide the name of their PCP and **mail the test for processing to Everlywell by Dec. 31, 2022**. An addressed, postage-paid envelope is included.
- Everlywell sends results to the member and to their PCP in three to four weeks.

## How You Can Help

- Consider discussing the importance of colorectal cancer screening and healthy lifestyle choices with your patients. If one of your patients receives a kit and calls your office with questions, **discuss their screening options**.
- Document any test results in your patient's medical record and discuss the results with them.



## Managing Diabetes

More than 37 million Americans have diabetes, according to the [Centers for Disease Control and Prevention](#) (CDC). Because symptoms can develop slowly, one in five don't know they have it. You may play an important role in supporting our members through regular screenings, tests and office visits.

### Closing Care Gaps

To help monitor and improve our members' care, we track quality measures developed by the National Committee for Quality Assurance related to diabetes care.

**[Comprehensive Diabetes Care](#)** measures apply to members ages 18 to 75 with diabetes (type 1 or type 2) who had the following during the measurement year:

- **Hemoglobin A1c (HbA1c) control (<8.0%):** The most recent HbA1c level is less than 8.0%, indicating control.
- **HbA1c poor control (>9.0%):** The most recent HbA1c level is greater than 9.0%, indicating uncontrolled. A lower rate on this measure indicates better performance.
- **Eye exam:** An eye care professional screens or monitors for diabetic retinal disease via a retinal or dilated eye exam.
- **Blood pressure control (<140/90 mm Hg)**

— CONTINUED ON THE NEXT PAGE

**[Kidney Health Evaluation for Patients with Diabetes](#)** (KED) tracks members ages 18 to 85 with diabetes (type 1 or type 2) who received a kidney health evaluation. An evaluation is defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement year.

### Tips to Consider

- Identify care gaps and schedule lab tests before office visits to review results and adjust treatment plans if needed.
- Document medication adherence to angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) when applicable.
- Repeat abnormal lab tests later in the year to document improvement.
- Monitor blood pressure status at each visit and adjust medications as needed for control.
- Encourage members with diabetes to have annual retinal or dilated eye exams by an eye care specialist.
- Communicate with members and other treating providers to ensure all tests are completed and results are documented in the medical record.

### Resources

We encourage you to talk with our members about diabetes. We've created [information that may help](#), including:

- [Type 1](#) and [Type 2](#) symptoms
- Regular eye exams to avoid [vision loss](#), or diabetic retinopathy
- Screenings for [kidney disease](#), or diabetic nephropathy

See our [preventive care](#) and [clinical practice guidelines](#) on diabetes.





## Provider Satisfaction Survey 2022

Building a strong network of providers and working with you to serve our members is important to us. To support this effort we survey a random sample of providers each year. The **Provider Satisfaction Survey** measures your satisfaction with Blue Cross and Blue Shield of Montana and identifies areas where we can improve.

### How It Works

SPH Analytics (SPH) will administer this year's survey between **June and August**. If selected to participate, **SPH will contact you via email, mail and phone**.

- SPH will send out **email survey invitations** to selected providers with email addresses. These invitations will be followed by a **printed survey**.
- The survey will also be available online at the web address provided on the mailed survey.
- If no response from email or mail, SPH will reach out by phone.
- The physician, nurse, office manager or other qualifying staff may complete the survey.

We look forward to your feedback.



## Submit Multiple Clinical Claim Appeal Requests Online

Starting on May 22, 2022, providers will have the option to electronically initiate one clinical claim appeal request for multiple claims when it is for the same patient and denial reason using the Availity® Claim Status tool.

**As a reminder, a Clinical Appeal is** a request to change an adverse determination for care or services when a claim is denied based on lack of medical necessity, or when services are determined to be experimental, investigational, unproven or cosmetic.

### Using this online offering allows the following:

- status management
- upload of clinical medical records with submission
- view and print confirmation and decision letter
- generates Dashboard view of appeal-related activity

### Training and Resources

- Refer to the [Provider Training page](#) to register for the “Claim Status and Clinical Claim Appeals” webinar hosted weekly by Blue Cross and Blue Shield of Montana.
- View the [Electronic Clinical Claim Appeals User Guide](#) in the [Provider Tools section](#) of our website for step-by-step instructions.
- Contact our [Provider Education Consultants](#) if you have further questions or need customized training.

If your provider organization is not yet registered with Availity, you can sign up today at [Availity Essentials](#), at no charge. For registration assistance contact Availity Client Services at **800-282-4548**.

**This information is not applicable to Medicare Advantage or BlueCard® (out-of-area) claims.**





## Supporting Care During and After Pregnancy

For pregnant and postpartum women, care visits can set the stage for their and their infants' long-term well-being, according to the [American College of Obstetricians and Gynecologists](#). We encourage you to discuss timely care with our members during and after pregnancy. Resources that may help include our [Preventive Care Guidelines](#) and [Perinatal Wellness Guidelines](#).

### Closing Care Gaps

[Prenatal and Postpartum Care](#) (PPC) is a quality measure developed by the National Committee for Quality Assurance (NCQA) that tracks appropriate screenings. We track data from quality measures to help assess and improve our members' care.

PPC measures the percentage of live-birth deliveries on or between Oct. 8 of the year before the measurement year and Oct. 7 of the measurement year. It captures:

- **Timeliness of prenatal care**, or the percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with Blue Cross and Blue Shield of Montana
- **Postpartum care**, or the percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery

— CONTINUED ON THE NEXT PAGE

### Tips to Consider to Close Care Gaps

- Discuss with members that it's important to attend all visits.
- Schedule initial prenatal visits in the first 12 weeks of pregnancy with an OB/GYN, primary care physician (PCP) or other prenatal practitioner.
- Be aware that post-operative visits after a Cesarean section within a couple of days of discharge or during an inpatient stay don't count as a postpartum visit. A postpartum visit must take place on or between seven and 84 days after delivery. It should be scheduled during the Cesarean section post-op visit.
- Data for this measure is collected from claims and chart review, with services being performed by an OB/GYN, midwife, family practitioner or other PCP:
  - **When documenting a prenatal visit**, include diagnosis of pregnancy, last menstrual period or estimated date of delivery, prenatal risk assessment, complete obstetrical history, fetal heart tone and screening tests. Telehealth visits can be considered in meeting this requirement.
  - **When documenting a postpartum visit**, notate postpartum care, check or six-week check. Document the pelvic exam and evaluation of weight, blood pressure, breasts and abdomen.



# Update to Current Procedural Terminology® (CPT) Codes for Prior Authorization for Medicare Members, Effective July 1

## What's Changing

Blue Cross and Blue Shield of Montana is changing prior authorization requirements for Medicare members to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

## Important Reminder

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

A summary of changes is included below:

- **July 1, 2022** – Addition of one Outpatient Sleep code to be reviewed by eviCore
- **July 1, 2022** – Addition of two Outpatient Specialty Drug codes to be reviewed by eviCore
- **July 1, 2022** – Addition of Outpatient Specialty Drug, Susvimo, reported with codes J3590 or C9399 to be reviewed by eviCore
- **July 1, 2022** – Addition of Outpatient Specialty Drugs, **Cortophin and Vyvgart** reported with codes **J3490, J3590 or C9399** to be reviewed by eviCore

## More Information

For a revised list of codes go to the [Medicare Advantage section](#) of our provider website.

Avoid post-service medical necessity reviews and delays in claim processing by obtaining prior authorization before rendering services. If prior authorization is required, services performed without prior authorization or that do not meet medical necessity criteria may be denied for payment and the rendering provider may not seek reimbursement from the member.

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 1

## Important Pharmacy Benefit Reminders

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most BCBSMT members. As you see your patients, please consider the following reminders:

- Members’ benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients’ benefits during an office visit or confirm their benefits by calling the number on their member ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at [bcbsmt.com/provider/](https://bcbsmt.com/provider/) for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients’ benefit plans. Please advise them to review their benefit materials for details.

## Drug List Changes

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSMT drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective July 1, 2022 are outlined below.**

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

## Drug List Updates (Revisions/Exclusions) – As of July 1, 2022

Non-Preferred Brand <sup>1</sup>	Drug Class/ Condition Used for	Preferred Generic Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
AFINITOR (everolimus tab 10 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Febrile Neutropenia		Nivestym, Zarxio
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition	
NEULASTA (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila

— CONTINUED ON THE NEXT PAGE

NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
NEUPOGEN (filgrastim inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
Drug <sup>1</sup>	Drug Class/ Condition Used For	Generic Alternative(s) <sup>1,2</sup>	Brand Alternatives <sup>1,2</sup>
Balanced, Performance and Performance Select Drug Lists Revisions			
CEPHALEXIN (cephalexin cap 750 mg)	Bacterial Infections	cephalexin 250 mg capsule, cephalexin 500 mg capsule	
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis	sodium fluoride-potassium nitrate gel	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries PRC	sodium fluoride-potassium nitrate gel	
NEVIRAPINE (nevirapine susp 50 mg/5 ml)	HIV	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml)	Acromegaly, Carcinoid Syndrome	Generic Sandostatin - octreotide acetate injection	
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan injection	
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 2-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Urinary Tract Infection	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Balanced Drug List Revisions			
HYDROCODONE BITARTRATE/ACETAMINOPHEN (hydrocodone-acetaminophen soln 10-325 mg/15 ml)	Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
TIMOLOL MALEATE (timolol maleate tab 20 mg)	Hypertension, Migraine Prophylaxis	propranolol, atenolol	
Health Insurance Marketplace (HIM) Drug List Revisions			
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis	sodium fluoride-potassium nitrate gel	
LITHIUM CARBONATE (lithium carbonate cap 300 mg)	Bipolar Disorder	lithium carbonate tablets	
NEVIRAPINE (nevirapine susp 50 mg/5 ml)	HIV	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

SUMATRIPTAN INJ (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan injection	
TIMOLOL MALEATE (timolol maleate tab 20 mg)	Hypertension, Migraine Prophylaxis	propranolol, atenolol	
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 2-180 mg, 2-240 mg, 4-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Urinary Tract Infection	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VANDAZOLE (metronidazole vaginal gel 0.75%)	Bacterial Vaginosis	metronidazole vaginal gel	
<b>Balanced, Performance and Performance Select Drug Lists Exclusions</b>			
AFINITOR (everolimus tab 10 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg, 3 mg, 5 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Cycloplegic Refraction, Uveitis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CARBAGLU (carglumic acid tab 200 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CUVPOSA (glycopyrrolate oral soln 1 mg/5 ml)	Dietary Supplement	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CYSTADANE (betaine powder for oral solution)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
DUEXIS (ibuprofen-famotidine tab 800-26.6 mg)	Hyperammonemia	ibuprofen 800 mg tablets, famotidine 40 mg tablets	
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Chronic Severe Drooling	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Homocystinuria	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Osteoarthritis, Rheumatoid Arthritis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Febrile Neutropenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NEUPOGEN (filgrastim inj 300 mcg/ml)	Opioid Overdose	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	Febrile Neutropenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SELZENTRY (maraviroc tab 150 mg, 300 mg)	Febrile Neutropenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
<b>Performance and Performance Select Drug Lists Exclusions</b>			
ergotamine w/caffeine tab 1-100 mg	Headache	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
prednisolone sod phosphate oral soln 10 mg/5 ml, 20 mg/5 ml (base equivalent)	Inflammatory Conditions	prednisolone sod phosphate oral soln 6.7 mg/5 ml, prednisolone sod phosphate oral soln 15 mg/5 ml, prednisolone sod phosphate oral soln 25 mg/5 ml	
<b>Balanced and Performance Select Drug Lists Exclusions</b>			
EPIDUO FORTE (adapalene-benzoyl peroxide gel 0.3-2.5%)	Acne	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
RESTASIS MULTIDOSE (cyclosporine (ophth) emulsion 0.05%)	Dry Eye		Restasis single dose vials, Xiidra
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions	epinephrine (generic EpiPen), Auvi-Q	
<b>Balanced Drug List Exclusions</b>			
CLODERM (clocortolone pivalate cream 0.1%)	Skin conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PAXIL (paroxetine hcl oral susp 10 mg/5 ml (base equivalent))	Depression, Mood Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
<b>Health Insurance Marketplace (HIM) Drug List Revisions</b>			
AFINITOR (everolimus tab 10 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg, 3 mg, 5 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Cycloplegic Refraction, Uveitis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	

CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CUVPOSA (glycopyrrolate oral soln 1 mg/5 ml)	Chronic Severe Drooling	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
CYSTADANE (betaine powder for oral solution)	Homocystinuria	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
DUREZOL (difluprednate emulsion 0.05%)	Uveitis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	Migraine Prevention, Epilepsy	topiramate tablets	
SELZENTRY (maraviroc tab 150 mg, 300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 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.	
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila

1. Third-party brand names are the property of their respective owner.
2. This list is not all inclusive. Other medicines may be available in this drug class.

### Dispensing Limit Changes

The BCBSMT prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below.**

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

Effective Jan. 17, 2022

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and Performance Select Drug Lists</b>	
<b>Anti-COVID 19</b>	
molnupiravir 200 mg capsule*	40 capsules per 30 days
Paxlovid 150 mg/100 mg tablet (nirmatrelvir/ritonavir)*	30 tablets per 30 days

1. Third-party brand names are the property of their respective owner.
- \* Not all members may have been notified due to limited utilization.



Effective April 1, 2022

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and Performance Select Drug Lists</b>	
re-SET	
RESET FOR IOS OR ANDROID APP*	1 per 365 days
RESET-O FOR IOS OR ANDROID APP*	1 per 365 days
<b>2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists</b>	
Opzelura	
Opzelura 1.5% cream (ruxolitinib)*	60 grams per 30 days
Tavneos	
Tavneos 1 mg capsule (avacopan)*	180 capsules per 30 days
Tyrvaya	
Tyrvaya (varenicline) 0.03 mg/actuation spray*	2 bottles per 30 days

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

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

Effective June 1, 2022

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and Performance Select Drug Lists</b>	
Voxzogo	
Voxzogo (vosoritide)*	30 vials per 30 days

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

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

Effective July 1, 2022

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and Performance Select Drug Lists</b>	
Acute Migraine Agents	
Elyxyb (celecoxib)*	28.8 mL per 30 days
Therapeutic Alternatives	
diclofenac potassium*	120 tablets per 30 days
Rhofade (oxymetazoline hydrochloride)*	30 grams per 30 days
<b>Basic, Enhanced, 2022 HIM, Balanced, Performance and Performance Select Drug Lists</b>	
Antibiotics	
clarithromycin tablet ER	28 tablets per 180 days
Iron Chelation	
Ferriprox 500 mg tablets (deferiprone)	540 tablets per 30 days

Feriprox 1000 mg tablets (deferiprone)	270 tablets per 30 days
Feriprox twice-a-day 1000 mg tablets (deferiprone)	270 tablets per 30 days
Feriprox 100 mg/mL oral solution (deferiprone)	2700 mL per 30 days
<b>Miscellaneous</b>	
Prednisolone 10 mg per 5 mL solution	900 mL per 30 days
prednisolone 20 mg per 5 mL solution	450 mL per 30 days
<b>Therapeutic Alternatives</b>	
Alinia (nitazoxanide) suspension	150 mL per 30 days**
Edarbi (azilsartan medoxomil)*	30 tablets per 30 days
Edarbyclor (azilsartan medoxomil-chlorthalidone)*	30 tablets per 30 days
Soolantra (ivermectin) Cream*	45 grams per 30 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Opzelura</b>	
Opzelura 1.5% cream (ruxolitinib)	60 grams per 30 days
<b>Tavneos</b>	
Tavneos 1 mg capsule (avacopan)	180 capsules per 30 days
<b>Tyrvaya</b>	
Tyrvaya (varenicline) 0.03 mg/actuation spray	2 bottles per 30 days
<b>2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists</b>	
<b>Vuity</b>	
Vuity (pilocarpine HCL) ophthalmic solution*	2.5 mL per 30 days

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

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

\*\* The correct dispensing limit for Alinia (nitazoxanide) suspension is 150 mL per 30 days. The 7/1 dispensing limit letter incorrectly listed the dispensing limit as 180 mL per 30 days.

## Utilization Management Program Changes

Effective **June 1, 2022**, the new Voxzogo Specialty PA program will be added to all standard pharmacy benefit plans on the Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and Performance Select Drug Lists. This program includes the newly FDA-approved target drug Voxzogo. Members will need a prior authorization approval for coverage consideration.

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

- The target drug Elyxyb (celecoxib) will be added to the Acute Migraine Agents PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.\*
- The target drug testosterone enanthate will be added to the Androgens and Anabolic Steroids PA program. This change applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.\*
- The target drug Rhofade (oxymetazoline hydrochloride) will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.\*

- The target drug diclofenac potassium will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Performance and Performance Select Drug Lists.\*
- The Colony Stimulating Factors Specialty ST program and target drugs – Granix (tbo-filgrastim), Neulasta (pegfilgrastim), Neupogen (filgrastim), Nyvepria (pegfilgrastim-apgf), Releuko (filgrastim-ayow) and Udenyca (pegfilgrastim-cbqv) – will be added to the Basic and Enhanced Drug Lists. Members will not be notified of this change because auto – continuation of therapy (or auto – grandfathering) for all target drugs is in place.

### PA Required for Select Testosterone Medication

Starting **July 1, 2022**, members filling generic intramuscular (IM) testosterone cypionate will be stopped at point-of-sale if they have a pharmacy claim for a commonly used appearance and performance enhancing drug (APED) within the past 90 days. Their provider will need to submit a PA request to Prime Therapeutics for coverage consideration.

#### Learn more:

- This change applies to members with the Androgens and Anabolic Steroids PA program.
- The following medications are viewed as APED –
  - Aromatase Inhibitor: Anastrozole, Letrozole, Exemestane
  - Selective Estrogen Receptor Medication (SERM): Ospemifene, Raloxifene
  - Tamoxifen
  - Toremifene
- BCBSMT has identified significant fraud, waste and abuse from providers prescribing the above medications in combination with testosterone for off-label use in athlete and non-athlete bodybuilders.
- A review will be required to assess clinical appropriateness of the combined medications.

**Member Notices.** Based on claims for an APED medication as noted above plus a testosterone medication as listed below, letters were mailed to affected members starting late April 2022.

Drug Category	Sample Drugs <sup>1</sup>
Androgens and Anabolic Steroids	testosterone cypionate im inj in oil 100 mg/ml, testosterone cypionate im inj in oil 200 mg/ml

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

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

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

### Drug categories added to current pharmacy PA standard programs, effective July 1, 2022

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced, 2022 Health Insurance Marketplace (HIM), Balanced, Performance and Performance Select Drug Lists</b>	
Iron Chelation (name change from Deferasirox)	Ferriprox 500 mg tablets (deferiprone)*, Ferriprox 1000 mg tablets (deferiprone)*, Ferriprox twice-a-day 1000 mg tablets (deferiprone)*, Ferriprox 100 mg/mL oral solution (deferiprone)*
<b>Basic and Enhanced Drug Lists</b>	
Cholestasis Pruritus	Bylvay 200 mcg (odevixibat)*, Bylvay 400 mcg (odevixibat)*, Bylvay 600 mcg (odevixibat)*, Bylvay 1200 mcg (odevixibat)*, Livmarli 9.5 mg/mL (maralixibat)*

Opzelura	Opzelura 1.5% cream (ruxolitinib)*
Tavneos	Tavneos 1 mg capsule (avacopan)*
Tyrvaya	Tyrvaya (varenicline)*
Balanced and Performance Select Drug Lists	
Combination NSAID**	Consensi (amlodipine/celecoxib), Duexis (ibuprofen/famotidine), Vimovo (naproxen/esomeprazole), Yosprala (aspirin/omeprazole)

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

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

\*\* This PA program already applies to the Basic, Enhanced, 2021 Health Insurance Marketplace (HIM) and 2022 HIM Drug Lists.

### Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2022

Drug Category	Targeted Medication(s) <sup>1</sup>
Basic, Enhanced and Balanced Drug Lists	
Therapeutic Alternatives	diclofenac potassium
Basic and Enhanced Drug Lists	
Acute Migraine Agents	Elyxyb (celecoxib)
Therapeutic Alternatives	Rhofade (oxymetazoline hydrochloride)
2021 Health Insurance Marketplace (HIM) and 2022 HIM Drug Lists	
Androgens and Anabolic Steroids	testosterone enanthate

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

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website. If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [bcbsmt.com](http://bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

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

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

Based on claims data, members were notified about the following changes to be effective July 1, 2022. Please talk to your patient about other products that may be available.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
PREGEN DHA CAP	PREGNANCY <sup>†</sup>	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

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

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

\* This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.

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

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
DEXILANT CAP 30 MG and 60 MG DR	ACID REFLUX	DEXILANT
DIPHENHYDRAMINE ELIXIR 12.5 MG/5 ML	ALLERGIES	OTHER MANUFACTURERS
GLYCATO TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
GLYCOPYRROLATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
MULTI-MAC TAB	PREGNANCY <sup>†</sup>	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	MUSCLE PAIN	CYCLOBENZAPRINE, ORPHENADRINE

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

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

\* This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.

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

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 2

## Important Pharmacy Benefit Reminders

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Montana members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their member ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at [bcbsmt.com/provider/](https://bcbsmt.com/provider/) for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

## Drug List Changes

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

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

**Changes effective Dec. 26, 2021 – July 1, 2022 are outlined below.**

### Drug List Coverage Additions – As of Dec. 26, 2021

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
MOLNUPIRAVIR (molnupiravir cap 200 mg)	Covid-19 treatment

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

### Drug List Coverage Additions – As of Jan. 2, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Covid-19 treatment

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

### Drug List Coverage Additions – As of Jan. 9, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
glycopyrrolate oral soln 1 mg/5 ml (generic for CUVPOSA)	Chronic Severe Drooling
naloxone hcl nasal spray 4 mg/0.1 ml (generic for NARCAN)	Opioid overdose
<b>Balanced Drug List</b>	
NIACOR (niacin (antihyperlipidemic) tab 500 mg)	Dyslipidemias

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

### Drug List Coverage Additions – As of Jan. 15, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
BINAXNOW COVID-19 AG CARD HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
COVID AT HOME TEST KIT (covid-19 at home antigen test kit)	Covid-19 test
ELLUME COVID-19 HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
FLOWFLEX COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
INTELISWAB COVID-19 RAPID TEST (covid-19 at home antigen test kit)	Covid-19 test
ON/GO COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 test
QUICKVUE AT-HOME COVID-19 TEST (covid-19 at home antigen test kit)	Covid-19 test

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

### Drug List Coverage Additions – As of Jan. 23, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
RINVOQ (upadacitinib tab er 24hr 30 mg)	Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis

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

### Drug List Coverage Additions – As of Jan. 24, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
RIASTAP (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Fibrinogen Deficiency

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

### Drug List Coverage Additions – As of Jan. 28, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
PREVNAR 20 (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	Pneumococcal vaccine
VAXNEUVANCE (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)	Pneumococcal vaccine

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

### Drug List Coverage Additions – As of Jan. 30, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 test
COVID-19 AT-HOME TEST KIT (covid-19 at home antigen test kit)	Covid-19 test
IHEALTH COVID-19 ANTIGEN RAPID TEST (covid-19 at home antigen test kit)	Covid-19 test
<b>Balanced Drug List</b>	
WESCAP-C DHA (prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg)	Prenatal Vitamin
WESCAP-PN DHA (prenat w/o a w/fe-fum-methfol-fa-dha cap 27-0.6-0.4-300 mg)	Prenatal Vitamin
WESNATE DHA (prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg)	Prenatal Vitamin

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

### Drug List Coverage Additions – As of Feb. 6, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
TALZENNA (talazoparib tosylate cap 0.5 mg, 0.75 mg (base equivalent))	Cancer
<b>Balanced Drug List</b>	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE (brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%) (generic of COMBIGAN)	Glaucoma, Ocular Hypertension

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

### Drug List Coverage Additions – As of Feb. 13, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
betaine powder for oral solution (generic for CYSTADANE)	Homocystinuria
maraviroc tab 150 mg, 300 mg (generic for SELZENTRY)	HIV
NUWIQ (antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit)	Hemophilia A
QUADRACEL (diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)	Diphtheria, tetanus, pertussis, and poliovirus vaccine

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

### Drug List Coverage Additions – As of Feb. 20, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
CLEARDETECT COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
deferiprone tab 1000 mg (generic for FERRIPROX)	Transfusional Iron Overload
digoxin tab 62.5 mcg (0.0625 mg) (generic for LANOXIN)	Atrial Fibrillation, Heart Failure

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



### Drug List Coverage Additions – As of April 1, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists</b>	
EPCLUSA (sofosbuvir-velpatasvir pellet pack 150-37.5 mg)	Hepatitis C
EPCLUSA (sofosbuvir-velpatasvir pellet pack 200-50 mg)	Hepatitis C
MAVYRET (glecaprevir-pibrentasvir pellet pack 50-20 mg)	Hepatitis C
NUWIQ (antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit)	Hemophilia
NUWIQ (antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit)	Hemophilia
RINVOQ (upadacitinib tab er 24hr 30 mg)	Atopic dermatitis, Psoriatic arthritis, Rheumatoid arthritis
TAKHZYRO (lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml))	HAE
TALZENNA (talazoparib tosylate cap 0.5 mg, 0.75 mg (base equivalent))	Cancer
XARELTO (rivaroxaban for susp 1 mg/ml)	Anticoagulant
<b>Balanced, Performance and Performance Select Drug Lists</b>	
EPCLUSA (sofosbuvir-velpatasvir pellet pack 150-37.5 mg)	Hepatitis C
EPCLUSA (sofosbuvir-velpatasvir pellet pack 200-50 mg)	Hepatitis C
MAVYRET (glecaprevir-pibrentasvir pellet pack 50-20 mg)	Hepatitis C
XARELTO (rivaroxaban for susp 1 mg/ml)	Atrial Fibrillation, Coronary Artery Disease, Anticoagulation, Peripheral Artery Disease, Thromboprophylaxis, DVT, PE

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

### Drug List Coverage Additions – As of June 1, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>	
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg, 13.3 mg)	Growth Hormone Deficiency

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

### Drug List Coverage Additions – As of July 1, 2022

Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists</b>	
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Cancer
LENVIMA 8 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose))	Cancer
LENVIMA 10 MG DAILY DOSE (lenvatinib cap therapy pack 10 mg (10 mg daily dose))	Cancer
LENVIMA 12 MG DAILY DOSE (lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose))	Cancer
LENVIMA 14 MG DAILY DOSE (lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose))	Cancer
LENVIMA 18 MG DAILY DOSE (lenvatinib cap therapy pack 10 mg & 2 x 4 mg (18 mg daily dose))	Cancer

LENVIMA 20 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose))	Cancer
LENVIMA 24 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 10 mg & 4 mg (24 mg daily dose))	Cancer
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia
<b>Balanced, Performance and Performance Select Drug Lists</b>	
BESREMI (ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml)	Polycythemia Vera
LIVTENCITY (maribavir tab 200 mg)	Post-transplant Cytomegalovirus Infection
OXBRYTA (voxelotor tab for oral susp 300 mg)	Sickle Cell Disease
SCEMBLIX (asciminib hcl tab 20 mg, 40 mg)	Chronic Myeloid Leukemia
VOXZOGO (vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg)	Achondroplasia
<b>Balanced and Performance Select Drug Lists</b>	
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml)	Anaphylaxis, Severe Hypersensitivity Reactions
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
AUVI-Q (epinephrine solution auto-injector 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
ELYXYB (celecoxib oral soln 120 mg/4.8 ml (25 mg/ml))	Migraine
TRUDHESA (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act)	Migraine
<b>Balanced Drug List</b>	
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia (age-related farsightedness)
<b>Performance Select Drug List</b>	
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia

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

**Changes effective Dec. 19, 2021 – July 1, 2022 are outlined below.**

**Drug List Updates (Coverage Tier Changes) – As of Dec. 19, 2021**

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>		
selegiline hcl tab 5 mg	Non-Preferred Generic	Parkinson Disease
<b>Balanced Drug List</b>		
clocortolone pivalate cream 0.1% (generic for CLODERM)	Non-Preferred Generic	Skin Conditions

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

### Drug List Updates (Coverage Tier Changes) – As of Dec. 26, 2021

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>		
quinidine sulfate tab 200 mg, 300 mg	Non-Preferred Generic	Arrhythmia
sulfadiazine tab 500 mg	Non-Preferred Generic	Infections

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

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

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced and Performance Select Drug Lists</b>		
RESTASIS (cyclosporine (ophth) emulsion 0.05%)	Non-Preferred Generic	Dry Eye

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

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

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>		
VASCEPA (icosapent ethyl cap 1 gm)	Non-Preferred Generic	Severe Hypertriglyceridemia

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

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

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced Drug List</b>		
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Preferred Brand	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Preferred Brand	Fibromyalgia

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

### Utilization Management Program Changes

#### Target Drugs Removed from Current Prior Authorization (PA) Programs and Added to Different PA Programs

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

- The target drug AirDuo Respiclick will be removed from the Multisource Brand PA program and added to the Therapeutic Alternatives PA program. The Multisource Brand PA program will retire as there are no other target drugs included in the program.
- The target drug Auvi-Q will be removed from the Therapeutic Alternatives PA program and added to the Supplemental Therapeutic Alternatives PA program.

## PA Program Name Changes

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

- The Parkinson's Disease Specialty PA program will change its name to Amantadine ER. The program includes the same targeted medication.
- The Deferasirox Specialty PA program will change its name to Iron Chelation and add a new target drug, Ferriprox.

## New Programs Added to Select Drug Lists

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

- The Cibinqo Specialty PA program and target drug Cibinqo will be added to the Basic and Enhanced Drug Lists.
- The Interleukin-13 (IL-13) Antagonist Specialty PA program and target drug Adbry will be added to the Basic and Enhanced 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](http://bcbsmt.com) and log in to BAM or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

## Split Fill Program Pharmacy Expansion

Starting **July 1, 2022**, members may use any in-network pharmacy, based on their benefits, that can dispense the medication.

### Background:

The Split Fill Program was only applicable at select in-network specialty pharmacies, including specialty pharmacies participating in the BCBSMT Oral Oncology Network and Limited Distribution pharmacies.

### Reminder:

BCBSMT offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

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

By clicking this [link](#), you will go to a new website/app ("site"). This new site may be offered by a vendor or an independent third party. The site may also contain non-Medicare related information. In addition, some sites may require you to agree to their terms of use and privacy policy.

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

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

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSMT. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization.

CPT copyright 2020 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

HEDIS is a registered trademark of NCQA. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for quality improvement purposes.

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

SilverSneakers is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

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

BCBSMT makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

