



Blue ReviewSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

SECOND QUARTER 2023

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Contact Us

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

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

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

- New products, programs and services available at Blue Cross and Blue Shield of Montana (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

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Behavioral Health Consultations During Hospitalization Can Improve Outcomes

Coexisting physical and behavioral health conditions can be difficult to manage. Studies have found that people hospitalized for physical health conditions who also have mental illness are [more likely to be readmitted](#) than people who don't have mental illness. Proper follow-up care for behavioral health after a hospitalization is often lacking, according to the [National Committee for Quality Assurance \(NCQA\)](#).

Behavioral health consultations during a hospital stay can help our members who have physical and behavioral health conditions. Addressing behavioral health care with timely follow-ups can help **reduce hospital readmissions** and improve health outcomes, according to [NCQA](#).

We encourage hospital staff/attending providers to discuss behavioral health with our members during a hospital stay and **to consider consultations and follow-up care coordination** when appropriate.

Tips for Behavioral Health Consultations and Follow-Up Care

To help improve outcomes for our members receiving inpatient care, we encourage hospital staff/attending providers to consider the following:

- Discuss with our members and their medical teams how medical and behavioral health diagnoses are important and **can be intertwined**.
- Facilitate **behavioral health consultations** for our members when they're admitted to a medical unit for a medical concern and also display behavioral health symptoms.
- Coordinate care with our members' medical and behavioral health providers and social support to help ensure **timely follow-ups**. A behavioral health follow-up within 30 days after discharge can be in the form of:
 - Behavioral health inpatient admission
 - Partial hospitalization program
 - Intensive outpatient program
 - Behavioral health outpatient appointment

Coding for Behavioral Health Consultations

When a member receives a psychiatric consultation while medically inpatient and receives a secondary behavioral health diagnosis, **include the following on claims**:

- The behavioral health diagnosis
- The correct Current Procedural Terminology (CPT®) codes for a psychiatric consult. The American Medical Association has [information online \(see Pages 24 and 28\)](#) about coding for behavioral health consultations.

How We Can Help

Call the number on our member's ID card to connect them with a **case manager support service** or other referral resources to help with ongoing treatment and follow-up.

BlueApprovR Expedites Medical Surgical, Pharmacy and Behavioral Health Prior Authorization

BCBSMT continues to streamline the prior authorization process with **BlueApprovR**. This new tool accessible in Availity® Essentials now expedites approvals for some pharmacy drugs, medical and surgical, and behavioral health services for many of our commercial members.

BlueApprovR tool offers End-to-End Efficiencies

Registered Availity Essentials users have free, 24/7 access to BlueApprovR tool to:

- Request prior authorization for inpatient and outpatient medical and surgical services, pharmacy drugs and behavioral health services
- Secure real-time approvals for certain services
- Easily attach medical records
- Check the status of your request

Use BlueApprovR to Request Prior Authorization for these Types of Care

- Specialty Pharmacy
- Behavioral Health
- Inpatient Acute Care
- Long-term Acute Care
- Inpatient Rehab
- Skilled Nursing Facility
- Outpatient Hospice
- Home Health
- Outpatient Service

How to Submit Prior Authorization Requests through Availity Essentials

- In Availity, select **Payer Spaces** from the navigation menu, then BCBSMT
- On your Payer Spaces page, select the **Applications** tab and click **BlueApprovR**
- Users will be redirected to **BlueApprovR** to complete the request online

Other Prior Authorization Request Methods:

If you are not a registered Availity Essentials user, register today on [Availity.com](https://www.availity.com). Otherwise, you may still request prior authorization with BCBSMT by calling the number on the member ID card.

Note: This new tool is currently **not** available for our **Federal Employee Program®**, **Medicare Advantage** or **Healthy Montana Kids** members. Please use your existing process for requesting prior authorization for these members.

Don't forget – always check eligibility and benefits first for BCBSMT members to confirm if prior authorization is required. This step also will alert you if your request must be submitted through a vendor, rather than BCBSMT.

Provider Resources

Learn more about how to access and use BlueApprovR at our [Provider Tools web page](#).

For More Information

Continue to watch [News and Updates](#) for future program updates and training opportunities.



Catch Up on Routine Vaccines and Well-Child Visits

Many children missed routine childhood immunizations and well-child visits during the last several years, 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**. See our [Children's Wellness Guidelines](#) for a **routine immunization schedule**.

Tracking our Members' Care

We track these Healthcare Effectiveness Data and Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance to help close gaps in our members' care:

Child Immunization Status tracks the percentage of 2-year-olds who received the following vaccines by their 2nd birthday:

- 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 (HepB)
- One chicken pox (VZV)
- Four pneumococcal conjugate (PCV)

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- One hepatitis A (HepA)
- Two or three rotavirus (RV)
- Two influenza (flu)

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

Child and Adolescent Well-Care Visits

- Well-Child Visits in the First 30 Months of Life measures the percentage of children who had at least six well-child visits with a primary care physician (PCP) during their first 15 months, and two or more well-child visits during their next 15 months
- Child and Adolescent Well-Care Visits tracks the percentage of children ages 3 to 21 who received at least one well-care visit with a PCP or OB-GYN during the measurement year

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; height, weight and body mass index percentile; health education or anticipatory guidance, including physical activity, diet and nutrition
- 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

Resources

- BCBSMT [preventive care guidelines](#) on immunization schedules
- Information on childhood [vaccines](#) and [well-visits](#) for our members
- CDC recommendations on [COVID-19 vaccines and boosters](#) for children and teens



ClaimsXten Announces Software Version Upgrade

Beginning on or after July 10, 2023, BCBSMT will perform a system software upgrade for ClaimsXten from version 6.0 to version 7.0.

Key enhancements include a new look and feel for the Clear Claim Connection™ (C3) tool, with new data fields for greater claim specificity. The ICD code set default will now be ICD-10.

Note: Clinical edit clarifications and related sources will continue to be available.

Refer to our Clear Claim Connection Provider Tools page for more details regarding ClaimsXten, including a user guide, rule descriptions and other details.

More Information: Watch for future updates in our monthly issues of the *Blue Review*.

Checks of eligibility and/or benefit information are 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.



BCBSMT will implement its second and third quarter code updates for the ClaimsXten auditing tool on or after August 21, 2023.

- These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:
 - Current Procedural Terminology (CPT®) codes
 - Healthcare Common Procedure Coding System (HCPCS) codes

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

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

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

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



Coverage for Telehealth Services when the Public Health Emergency Ended May 11

In response to the COVID-19 pandemic, BCBSMT expanded access to certain covered services through telehealth to ensure members were able to maintain access to care. BCBSMT will not make any changes to its coverage of telehealth services for its insured members **when the COVID-19 Public Health Emergency ended on May 11, 2023**. Members will continue to be able to access their medically necessary, covered benefits through providers who are able to deliver services through telehealth.

What's Covered?

Coverage is **based on the terms of the member's benefit plan** and applicable law.

Watch for Future Updates

We will notify you if we make any changes in the future.

More Information

[Click here for more information on our telehealth program.](#)



Discontinuation of Paper Credentialing Applications

Effective September 1, 2023, BCBSMT will no longer accept paper credentialing applications for professional providers.

Professional providers will need to submit a credentialing application through the [online Council for Affordable Quality Healthcare, Inc. \(CAQH\) application](#). CAQH uses an electronic database, ProView, to collect the required data. This online credentialing application process supports BCBSMT's administrative simplification and paper reduction efforts.

Credentialing for Hospitals and other Ancillary Providers will continue to be coordinated by a BCBSMT Provider Network Representative.

Please note that entering and attesting to data in CAQH ProView does not verify the information needed for the federal [Consolidated Appropriations Act \(CAA\)](#). The CAA requires that certain provider directory information be verified every 90 days, even if your data hasn't changed since you last verified it. We recommend professional providers use Availity® Essentials [Provider Data Management tool](#) to quickly verify provider directory information with BCBSMT every 90 days. Facilities and Ancillary Providers must use the [Demographic Change Form](#) to verify data. Learn more on our [Verify and Update Your Information](#) page or [contact us](#).



EXL HEALTH Complex Claim Review Resumes, Effective August 2023

In February 2023, BCBSMT temporarily paused post-payment review of complex claims through EXL Health.

Effective **August 1, 2023**, EXL Health will resume post-payment review of complex claims.

Changes to the Complex Claim Review:

- Dollar threshold raised to paid amount of **\$75,000** and above
- For claims **dates of service** on or after August 1, 2023

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

If you have questions, please contact your BCBSMT Network Representative.

EXL Health is an independent company that has contracted with BCBSMT to provide medical claim audits for members with coverage through BCBSMT.



Healthy Montana Kids Referring Provider Claim Requirements

BCBSMT would like to take this opportunity to remind Montana providers that claims submitted by the following provider types for Healthy Montana Kids (HMK) members require referring provider information to be present on the claim. Claims from the following provider types will be denied unless the claims include referring provider information.

- Ambulatory Surgery Centers
- Audiologists
- Durable Medical Equipment
- Home Infusion
- Imaging Centers
- Laboratory
- Occupational Therapist
- Physical Therapist
- Sleep Studies Center
- Speech Therapist

Thank you for all you do every day to help keep Montana's HMK members healthy.

Helping Our Members Manage 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 of them don't know they have it. You may play an important role in supporting our members through regular screenings, tests and office visits.

Monitoring Our Members' Care

We track Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the [National Committee for Quality Assurance \(NCQA\)](#) related to diabetes care, including:

- **Hemoglobin A1c (HbA1c) Control for Patients with Diabetes (HBD)** captures the percentage of our members ages 18 to 75 with diabetes (type 1 and type 2) whose HbA1c level during the measurement year is:
 - Less than 8.0%, indicating controlled
 - Greater than 9.0%, indicating uncontrolled. A lower rate on this measure indicates better performance.
- **Eye Exam for Patients with Diabetes (EED)** tracks members ages 18 to 75 with diabetes (type 1 and type 2) who have a retinal eye exam by an eye care professional to screen or monitor for diabetic retinal disease.
- **Blood Pressure Control for Patients with Diabetes (BPD)** captures members ages 18 to 75 with diabetes (type 1 and type 2) whose blood pressure was controlled (<140/90 mm Hg).
- **Kidney Health Evaluation for Patients with Diabetes (KED)** tracks members ages 18 to 85 with diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year. An evaluation includes a blood test for kidney function (estimated glomerular filtration rate, or eGFR) and a urine test for kidney damage (urine albumin-creatinine ratio, or uACR).
- **Statin Therapy for Patients with Diabetes (SPD)** tracks members ages 40 to 75 who have diabetes and don't have clinical atherosclerotic cardiovascular disease (ASCVD), and who received and adhered to statin therapy.

Tips to Close Gaps in Care

- 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.
- For our members on statin therapy, discuss the proper dose, frequency and the importance of staying on the medication.
- 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.



HMK Copays Reinstated as of July 1, 2023

Effective March 25, 2020, HMK members receiving healthcare services were not charged copayments during the COVID-19 emergency period. These are the payments, usually \$3 or \$5, charged when visiting a healthcare provider for some services. Copayments for inpatient (hospital) services, \$25, were also not charged during this time. Copayments will begin again for services received effective July 1, 2023. The information provided here is only intended to be a summary of the law that have been enacted and is not intended to be an exhaustive description of the law or a legal opinion of such law. If you have any questions regarding the law mentioned here, you should consult with your legal advisor.

HMK Prior Authorization Requirements for Occupational, Physical and Speech Therapies

Effective July 1, 2023, the Healthy Montana Kids program is discontinuing the requirement that providers obtain prior authorization for occupation therapy (OT), physical therapy (PT) and speech therapy (PT) services from BCBSMT.

BCBSMT will continue to monitor billing of these services to ensure providers are providing medically necessary therapy services to HMK members.

HMK-CHIP Prior Authorization Requirements

Effective July 15, 2023, BCBSMT is reinstating Healthy Montana Kids (HMK)-CHIP prior authorization (PA) requirements that had been suspended because of the COVID Public Health Emergency. The PA requirements are being reinstated at the direction of the Montana Department of Public Health and Human Services/ HMK Program.



Medical Records Reminder for Out-of-Area Medicare Advantage Members

If we need medical records for Blue Cross Group Medicare Advantage (PPO)SM members, you will receive requests from BCBSMT or our vendor, Change Healthcare, as part of the Blue Cross and Blue Shield [National Coordination of Care program](#). Please respond quickly to our requests, including requests related to risk adjustment gaps and Healthcare Effectiveness Data and Information Set (HEDIS) measures.

In addition, you may receive [requests from EXL Health](#) for select inpatient, diagnosis-related group claims for any out-of-area Blue Cross Medicare AdvantageSM members.

Medicare Advantage Annual Wellness Visit: Resources

Annual Wellness Visit Guide and Form

We have resources to help you document our Medicare Advantage members' annual wellness visits. These resources are **for your optional use** only to help track your progress on meeting Medicare wellness visits requirements. You **don't need to return anything** to us.

- Our [Annual Wellness Visit Guide](#) has a wellness visit checklist and information on coverage, coding, preventive services and closing gaps in care.
- Our [Annual Wellness Visit form](#) includes sections for members' medical history, risk factors, conditions, treatment options, coordination of care and advance care planning. You may find it helpful to fill out this form during wellness visits.

Wellness visits provide opportunities to screen for health conditions and manage chronic ones. Please remind our members to schedule a visit this year if they haven't already.

Medicare Providers May Treat Medicare Advantage Flex and Group Medicare Advantage Open Access PPO Members

If you're a Medicare provider, your patients may include those who are covered by BCBSMT's **Blue Cross Medicare Advantage Flex (PPO)SM** coverage, or who have a **Blue Cross Group Medicare Advantage Open Access (PPO)SM** plan issued by another Blue Plan.

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

The **only requirements** are that you agree to see the member as a patient, accept Medicare assignment, and will submit claims to BCBSMT or your local Blue Cross and Blue Shield Plan. [Read more](#).

Member Rights and Responsibilities

As a participating provider, it's important that you are aware of our members' rights and responsibilities. A summary is provided below. Additional information can be found in the members' benefit booklet and [on our Member website](#).

Member rights include the right to:

- Receive information about BCBSMT, our services, participating providers and facilities, and member rights and responsibilities
- Be treated with respect and dignity with recognition of their right to privacy
- Participate with providers in making decisions about their health care
- Have a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage
- Voice complaints or appeals about BCBSMT or the services we provide
- Make recommendations regarding our member rights and responsibilities policy

Member responsibilities include a responsibility to:

- Provide, to the extent possible, information that BCBSMT and the provider and facility need to provide care
- Follow the plans and instructions for care that the member has agreed to with their provider
- Understand their health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible

Blue Cross and Blue Shield Federal Employee Program® (FEP®) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members.

Members Can Now Access Network of Pharmacies at Accredited Cystic Fibrosis Treatment Centers

Effective March 1, 2023, Prime Therapeutics' IntegratedRx™ network has expanded to include pharmacies located within accredited cystic fibrosis treatment centers. Members with BCBSMT pharmacy benefits can now get their cystic fibrosis medications and other necessary prescriptions from their treatment center's clinic or hospital pharmacy.

Reminder: BCBSMT members also have access to the IntegratedRx oral oncology network. All pharmacies in the former Prime Therapeutics oncology network are transitioning to the IntegratedRx network.

Finding a specialty pharmacy: An updated list of BCBSMT's in-network specialty pharmacy vendors can be found on our [provider website](#). Members can view the specialty network list by logging into their Blue Access for MembersSM or MyPrime.com accounts.

For more information, you can refer to the [previously published communication](#) about the IntegratedRx networks.

More information: Call the number on your patient's member ID card to verify coverage, or for more information on your patient's benefits.

BCBSMT contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics. The relationship between BCBSMT and the specialty pharmacies is that of independent contractors.



New Availity Eligibility & Benefits Experience

The Availity Eligibility and Benefits (E&B) tool has been redesigned based on your provider feedback to make it easier to locate the needed patient information in one consolidated view. The refreshed E&B entry and response screens both offer you a clearer and more concise workflow, as well as flexible options for adding providers, expandable sections, and other toggle/filtering options.

Education & Training Opportunities

- We host instructor-led weekly webinars called 'Orientation: Save Time and Go Online' for providers to learn how to accurately use the Availity E&B transaction, as well as an overview of other electronic options, provider tools and helpful online resources. Providers can register for upcoming sessions by going to the [Training page](#) on our provider websites.
- Availity also offers an on-demand demo at the top of the E&B request page for you to view how to complete the request and understand the detailed response.
- Watch for the updated Eligibility & Benefits User Guide coming soon to the [Provider Tools page](#) on our provider websites.

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



PERM Medical Review Process

Empower AI is the Federal contractor for the Payment Error Rate Measurement (PERM) Medical Record Reviews.

Empower AI began contacting providers in June 2023 to collect CHIP and Medicaid records for claims that have been sampled for review. Providers must respond to Empower AI within the timeframe indicated in the record request letter, submit all requested documentation, and return the documentation with the claim-specific cover letter for each claim pulled for review. If no documentation or incomplete records are provided to Empower AI, the claim will be considered in error and the State will seek an overpayment recovery.

Provider participation during the PERM review is required under the Federal Improper Payments Elimination and Recovery Act (IPERA) of 2010.

Providers may visit the [CMS provider webpage](#) to become familiar with the entire PERM process. Providers should monitor Blue Review newsletters for future PERM updates.

Please contact Heather Smith, DPHHS Program Compliance Bureau, for any PERM questions at **406-444-4171** or HeatherSmith@mt.gov, or Valerio Varani at **406-444-9365** or Valerio.Varani@mt.gov.



Physician Performance Insight Reports Coming Soon from PEAQ

The Physician Performance Insight (PPI) reports are coming soon! The Physician Efficiency, Appropriateness, and QualitySM (PEAQ) program evaluates physician performance in a transparent and multidimensional way. PPI reports show how physicians compare to peers and include information to improve future performance. Physicians that meet inclusion requirements are provided with PPI reports that show how they compare to peers. Beginning in 2024, members will be able to see a summary of the PEAQ results on Provider Finder[®].

The PEAQ program measures a physician's performance to achieve more optimal patient outcomes and efficient care delivery.

PEAQ Initiatives

- **Physician Insights:** Deliver actionable insights to our providers
- **Employer Insights:** Deliver insights to our clients that include physician performance metrics
- **Member Steerage:** Show highly summarized performance results in Provider Finder to guide members' care decisions

"Top Performing Physician"

The PEAQ model derives a composite result that reports an overall look at the physician's cost efficiency, medical appropriateness, and quality of care performance. The composite results are normalized for fair comparison across the peer population. The highest rated physicians based on the composite results will be designated as a Top Performing Physician in Provider Finder beginning in 2024. Summarized results will be displayed for the physician in their PPI report.

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PPI reports will be available via [Availity Essentials](#) for qualified physicians in the following specialties:

Medical

- Cardiology
- Endocrinology
- Gastroenterology
- Nephrology
- Pulmonary
- Rheumatology
- Obstetrics/Gynecology

Surgical

- Cardiothoracic Surgery
- Ophthalmology
- Orthopedic Surgery
- Urology
- Vascular Surgery

Primary Care

- Family Medicine
- Internal Medicine
- Pediatrics

PPI reports can be viewed with an Availity account. To get a free account, go to [Availity.com](#) and click “Register” in the top right corner.

PPI reports employ logic from the [PEAQ Methodology](#).

BCBSMT is committed to continuous improvement and reevaluation of our methodology regularly based on feedback and recent clinical evidence. For more information about PEAQ, visit the BCBSMT PEAQ site or email PEAQ_inquiries@bcbsmt.com.

Prior Authorization Codes Updated for Commercial Members, Effective Oct. 1, 2023

What's Changing

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

Important Reminder

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

Changes include:

- **Oct. 1, 2023** – Addition of Specialty Pharmacy codes to be reviewed by BCBSMT
- **Oct. 1, 2023** – Removal of a Radiation Oncology drug code previously reviewed by Carelon Medical Benefits Management (Carelon)
- **Oct. 1, 2023** – Replacement of Genetic Testing codes reviewed by Carelon

More Information

For a revised list of codes go to the [Predetermination and Preauthorization section](#) of our provider website.

Prior Authorization Codes Updated for Commercial Members, Effective July 1

What's Changing

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

Important Reminder

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

Changes include:

- **July 1, 2023** – Replacement of Medical Oncology codes reviewed by Carelon Medical Benefits Management

More Information

For a revised list of codes go to the [Predetermination and Preauthorization section](#) of our provider website.

Provider Rights and Responsibilities

As a participating provider in BCBSMT provider networks, you have certain rights and responsibilities that may affect your practice. Some of these are noted below. We publish this information for providers annually.

Your Credentialing Rights

If you're applying or reapplying to participate in our networks, you have the right to:

- Review information submitted to support your credentialing application
- Update incorrect and/or conflicting information
- Receive the status of your credentialing or recredentialing application upon request

To learn more about these rights: Visit the [Credentialing page on our Provider website](#).

Case Management Programs

You can help our members maintain or improve their health by encouraging them to participate in relevant case management programs. These may include:

- Condition management programs to support members with specific conditions like asthma or diabetes
- Complex case management services for members facing multiple or complicated medical or behavioral health conditions
- Programs to help members transition home after a hospital stay or navigate the health care system
- Wellness and prevention programs for members of all ages

Members can access applicable services for complex and condition case management by:

- Asking to enroll, or having their caregiver ask to enroll
- Referral from a primary care physician, practitioner, hospital or other discharge planner
- Referral through utilization management programs

To refer members to any case management programs: Call the number on the member's BCBSMT ID card. Our clinicians will collaborate with you to provide our members with available resources and additional support.

Utilization Management Decisions

It's BCBSMT's policy that licensed clinical personnel make all utilization management decisions according to the benefit coverage of a member's health plan, evidence-based medical policies and medical necessity criteria. Decisions are based on appropriateness of care and service, and existence of coverage.

BCBSMT prohibits decisions based on financial incentives. We do not reward practitioners or clinicians for issuing denials of coverage. Financial incentives for utilization management decision makers don't encourage decisions that result in underutilization.

To obtain the criteria used for utilization management decisions: Call the number on the member's BCBSMT ID card. You can also refer to BCBSMT's medical policies, which are available for review [online](#).

Learn more about Utilization Management on our [Provider website](#).

Blue Cross and Blue Shield Federal Employee Program® (FEP®) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members. Call **877-885-3751** for questions regarding FEP prior authorizations. For FEP expedited appeals only, the fax number is **972-766-9776**.



See our New Coding and Compensation Policy for Outpatient Facility Services that Overlap During an Inpatient Stay

What's Changing?

Effective August 1, 2023 BCBSMT is implementing a new Coding and Compensation Policy, Outpatient Facility Service(s) Overlapping During an Inpatient Stay. This new BCBSMT policy applies to certain claims that are submitted with outpatient service dates that fall entirely within or overlap the timeframe of an inpatient admission.

The Details

Under this new BCBSMT policy:

- Unless otherwise specified in provider contracts/plan documents, outpatient service dates that fall completely **within** inpatient admission and discharge dates, by the same facility, or an outpatient bill that overlaps an inpatient admission (unless excluded), are not eligible for separate reimbursement. A facility cannot separately bill for outpatient services that were rendered while the member was inpatient.

What do I need to do?

Review in detail the new Coding and Compensation Policy — Outpatient Facility Service(s) Overlapping During an Inpatient Stay.



See Our Revised Preventive Services Coding and Compensation Policy Effective July 01, 2023

BCBSMT has revised its Preventive Services Coding and Compensation Policy, effective **July 1, 2023**.

Refer to Coding and Compensation Policies in [Availity Essentials](#), Montana Payers Spaces, for more information.

Changes to the Preventive Services Policy include:

- Additional coding options for breastfeeding interventions, services, and supplies
- Hypertension in adults: screening guidelines
- Interpersonal and domestic violence screening diagnosis coding information
- Revisions to Covid-19 vaccine codes

Be sure to check eligibility and benefits before rendering service(s) to make sure a procedure is a covered benefit for the member.

Not registered for Availity? [Sign up online today](#), at no cost at [Availity.com](#).



Track Care Visits During and After Pregnancy

Prenatal and postpartum care contributes to the long-term well-being of new mothers and their infants, according to the [American College of Obstetricians and Gynecologists](#). We encourage you to talk with our members about the importance of **attending all care visits** during and after pregnancy.

Addressing Health Disparities

The rate of women who die from maternal health causes continues to rise in the U.S., according to the [Centers for Disease Control and Prevention \(CDC\)](#). Rates rose to 32.9 deaths per 100,000 live births in 2021, up from 20.1 in 2019. The rate for Black women was more than twice as high as the rate for white women. Rates also are higher for [American Indian and Alaska Native women](#) than white women.

Maternal Mortality Review Committees found that 80% of pregnancy-related [deaths could be prevented](#). Consider talking with our members about the unique risks and barriers to care they may face. See our [Health Equity and Social Determinants of Health](#) page for more information. Our [Preventive Care Guidelines](#) and [Perinatal Wellness Guidelines](#) for members also may be helpful.

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Tracking Prenatal and Postpartum Care Visits

We track the quality measure [Prenatal and Postpartum Care \(PPC\)](#) to help assess and improve our members' care. PPC 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 BCBSMT
- **Postpartum care**, or the percentage of deliveries in which women had a postpartum visit on or between seven and 84 days after delivery

We also track two quality measures focused on maternal mental health: [Prenatal Depression Screening and Follow-Up \(PND-E\)](#) and [Postpartum Depression Screening and Follow-Up \(PDS-E\)](#). Read more about [maternal mental health here](#).

Tips to Close Gaps in Care

- Check with our members to ensure that **initial prenatal visits** are scheduled in the first 12 weeks of pregnancy with an OB-GYN, primary care provider (PCP) or other prenatal practitioner.
- Be aware that **post-operative visits**, which typically occur within a couple of days of discharge or during an inpatient stay after a cesarean section, don't count as a postpartum visit. A postpartum visit must take place on or between **seven and 84 days** after delivery. Members should be reminded to schedule their postpartum care visit during the C-section post-op visit.
- Data for this measure is collected from claims and chart review for services performed by an OB-GYN, midwife, family practitioner or other PCP. Services provided during telehealth visits, e-visits and virtual check-ups are eligible for reporting to meet the measure.
 - **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.
 - **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 and Healthy Montana Kids Members, Oct. 1, 2023

What's Changing

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

A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the [Avality](#) 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:

- **Oct. 1, 2023** – Addition of Specialty Drug codes to be reviewed by eviCore
- **Oct. 1, 2023** – Addition of Lab codes to be reviewed by eviCore (includes HMK)
- **Oct. 1, 2023** – Removal of Lab codes previously reviewed by eviCore (includes HMK)

More Information

For a revised list of codes go to the [Recommended Clinical Review and Preauthorization 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.

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

What's Changing

BCBSMT is changing prior authorization requirements for Medicare Advantage members, to reflect new, replaced or removed codes due to updates from Utilization Management, prior authorization assessment, Current Procedural Terminology (CPT) code changes released by the American Medical Association or Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicaid & Medicare Services.

A summary of changes is included below.

Important Reminder

Always check eligibility and benefits first through the [Avality](#) 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, 2023** – Removal of ultrasound codes previously reviewed by eviCore
- **July 1, 2023** – Replacement of a Specialty Drug code reviewed by eviCore

More Information

For a revised list of codes go to the [Recommended Clinical Review and Preauthorization 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.

Webinars on Cross-Cultural Care Offer Continuing Education Credit

If you haven't yet completed our webinars on cross-cultural care, there's still time to register and earn continuing education credit. We're pleased to **offer these webinars at no cost** through Quality Interactions, a separate company that provides cultural awareness training to health care professionals. [Learn more.](#)

Pharmacy Program Quarterly Update — Changes Effective July 1, 2023 – 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 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 on or after July 1, 2023 are outlined below.**

Drug List Updates (Revisions) – As of July 1, 2023

Non-Preferred Brand ¹	Drug Class/ Condition Used for	Preferred Generic Alternative(s) ²
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions		
TAZORAC (tazarotene gel 0.05%, 0.1%)	Plaque Psoriasis, Acne Vulgaris	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
Drug ¹	Drug Class/ Condition Used for	Alternative(s) ^{1,2}
Balanced Drug Lists Revisions		
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAMBIA (diclofenac potassium (migraine) packet 50 mg)	Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DENAVIR (penciclovir cream 1%)	Herpes Labialis (cold sores)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEXILANT (dexlansoprazole cap delayed release 30 mg, 60 mg)	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
ESBRIET (pirfenidone cap 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KEVEYIS (dichlorphenamide tab 50 mg)	Primary Periodic Paralysis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
NEONATAL VITAMIN (prenatal vit w/ fe fumarate-fa tab 27-0.8 mg)	Prenatal Vitamin	Please talk to your doctor or pharmacist about medication(s) available for your condition.	
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Performance Drug Lists Revisions			
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	Angina	isosorbide mononitrate ER tablet, isosorbide dinitrate tablet	
PHENELZINE SULFATE (phenelzine sulfate tab 15 mg) (authorized generic for NARDIL)	Depression	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg)	Contraception	Please talk to your doctor or pharmacist about medication(s) available for your condition.	
Balanced Drug List Revisions			
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
calcitriol oral soln 1 mcg/ml	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule	
colesevelam hcl packet for susp 3.75 gm	Hypercholesterolemia	colesevelam tablet	
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
diltiazem hcl coated beads tab er 24hr 420 mg	Angina, Hypertension	diltiazem hcl coated beads capsule er 24 hr	
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	calcitriol capsule	
ESBRIET (pirfenidone cap 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
isradipine cap 2.5 mg, 5 mg	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr	
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
nicardipine hcl cap 20 mg, 30 mg	Hypertension/ Angina	amlodipine besylate tablet, nifedipine tablet er 24 hr	

NISOLDIPINE ER (nisoldipine tab sr 24hr 20 mg, 25.5 mg, 30 mg, 40 mg)	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
NITROMIST (nitroglycerin lingual aerosol 400 mcg/spray)	Angina	nitroglycerin lingual 400 mcg/spray
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
sapropterin dihydrochloride (Javygtor) powder packet 100 mg, 500 mg	Phenylketonuria	sapropterin dihydrochloride powder packet
sapropterin dihydrochloride (Javygtor) tab 100 mg	Phenylketonuria	sapropterin dihydrochloride tablet
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	Hypertension	losartan-hydrochlorothiazide tablet, telmisartan tablet, hydrochlorothiazide tablet
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg 4-240 mg)	Hypertension	amlodipine-benazepril capsule
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg, 360 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
VERELAN PM (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
Performance Select Drug List Exclusions		
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
calcitriol oral soln 1 mcg/ml	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
CAMBIA (diclofenac potassium (migraine) packet 50 mg)	Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
colesevelam hcl packet for susp 3.75 gm	Hypercholesterolemia	colesevelam tablet
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DENAVIR (penciclovir cream 1%)	Herpes Labialis (cold sores)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEXILANT (dexlansoprazole cap delayed release 30 mg, 60 mg)	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
diltiazem hcl coated beads tab er 24hr 420 mg	Angina, Hypertension	diltiazem hcl coated beads capsule er 24 hr
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	calcitriol capsule

ESBRIET (pirfenidone cap 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine cap 2.5 mg, 5 mg	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NEONATAL VITAMIN (prenatal vit w/ fe fumarate-fa tab 27-0.8 mg)	Prenatal Vitamin	Please talk to your doctor or pharmacist about medication(s) available for your condition.
nicardipine hcl cap 20 mg, 30 mg	Hypertension/ Angina	amlodipine besylate tablet, nifedipine tablet er 24 hr
NISOLDIPINE ER (nisoldipine tab sr 24hr 20 mg, 25.5 mg, 30 mg, 40 mg)	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
NITROMIST (nitroglycerin lingual aerosol 400 mcg/spray)	Angina	nitroglycerin lingual 400 mcg/spray
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
sapropterin dihydrochloride (Javygtor) powder packet 100 mg, 500 mg	Phenylketonuria	sapropterin dihydrochloride powder packet
sapropterin dihydrochloride (Javygtor) tab 100 mg	Phenylketonuria	sapropterin dihydrochloride tablet
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	Hypertension	losartan-hydrochlorothiazide tablet, telmisartan tablet, hydrochlorothiazide tablet
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg 4-240 mg)	Hypertension	amlodipine-benazepril capsule
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg, 360 mg)	Arrythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
VERELAN PM (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg)	Arrythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
Health Insurance Marketplace (HIM) Drug List Exclusions		
calcitriol sol 1 mcg/mL	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DELESTROGEN - (ESTRADIOL VALERATE IM IN OIL 10 mg/ML)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

DENA VIR - (PENCICLOVIR CREAM 1%)	Herpes Labialis (cold sores)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEXILANT - (DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 mg, 60 mg)	Gastroesophageal Reflux Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ESBRIET - (PIRFENIDONE CAP 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HETLIOZ - (TASIMELTEON CAPSULE 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine capsule 2.5 mg, 5 mg	Hypertension	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
JAVYGTOR - (sapropterin dihydrochloride powder packet 100 mg, 500 mg)	Hyperphenylalaninemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
JAVYGTOR - (sapropterin dihydrochloride tab 100 mg)	Hyperphenylalaninemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
LATUDA - (LURASIDONE HCL TAB 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO - (BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nicardipine capsule 20 mg, 30 mg	Hypertension/ Angina	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL - (verapamil hcl cap ER 24HR 360 mg)	Hypertension/ Angina/ Atrial Fibrillation/ Atrial Flutter/ Supraventricular Tachycardia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Drug List Updates (Tier Changes) – As of July 1, 2023

Drug ¹	Drug Class/Condition	Alternative(s) ^{1,2}
Balanced Drug List Tier Changes		
ALLZITAL (butalbital-acetaminophen tab 25-325 mg)	Tension Headache	butalbital-acetaminophen tablet 50-325 mg, butalbital/aspirin/caffeine tablet
BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen tab 25-325 mg)	Tension Headache	butalbital-acetaminophen tablet 50-325 mg, butalbital/aspirin/caffeine tablet
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about medication(s) available for your condition.

QUINAPRIL/HYDROCHLOROTHIA ZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	Hypertension	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets
Performance Drug List Tier Changes		
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about medication(s) available for your condition.
QUINAPRIL/HYDROCHLOROTHIA ZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	Hypertension	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets
Performance Select Drug List Tier Changes		
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about medication(s) available for your condition.
QUINAPRIL/HYDROCHLOROTHIA ZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	Hypertension	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets
Health Insurance Marketplace (HIM) Drug List Exclusions		
HETLIOZ LQ (tasimelteon susp 4 mg/mL)	Sleep Disorders	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
QUANPRIL/HCTZ (QUINAPRIL- HYDROCHLOROTHIAZIDE TAB 20-12.5 MG, 20-25 MG)	Hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVCOVI (elapegademase-lvr IM soln 2.4 mg/1.5 mL (1.6 mg/mL)	Adenosine Deaminase Severe Combined Immune Deficiency	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SYNRIBO (omacetaxine mepesuccinate for INJ 3.5 mg)	Cancer	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
tasimelteon capsule 20 mg	Sleep Disorders	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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.

Utilization Management Program Changes

Prior Authorization (PA) Program Changes

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

Remember: the PA programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of BCBSMT.com. Members were notified about the PA standard program changes listed in the following table.

Drug categories or targets added to current pharmacy PA standard programs, effective July 1, 2023, are listed below.

Drug Category	Targeted Medication(s) ¹
Basic, Basic Multi-tier, Enhanced, Enhanced Multi-tier, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists	
Therapeutic Alternatives PAQL	Tobi Podhaler 28 mg (tobramycin inhal cap)

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

Other Pharmacy Prior Authorization (PA) or Step Therapy (ST) Standard Program Updates

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
July 1, 2023	Atypical Antipsychotics STQL	Adding target drug Latuda	Balanced, Basic, Enhanced, HIM, Performance, Performance Select	Step Therapy
July 1, 2023	Furoscix PAQL	New program with drug target Furoscix (furosemide) 80mg/10 mL subcutaneous cartridge kit	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization
July 1, 2023	Hetlioz PAQL	Program changing to Prior Authorization Specialty	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
July 1, 2023	Northera PAQL	Program changing to Prior Authorization Specialty	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
June 1, 2023	Relyvrio PAQL	New program with target Relyvrio (sodium Phenylbutyrate-taurursodiol) powd pack	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
July 1, 2023	Tezspire PAQL	New program with drug target Tezspire (tezepelumab) inj 210 mg	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty

View the most up-to-date drug list and list of drug dispensing limits on www.BCBSMT.com/rx-drugs/drug-lists/drug-lists.

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.

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

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

Product(s) No Longer Covered ¹	Condition	Covered Alternative(s) ^{1,2}
FLUTICASONE-SALMETEROL HFA 45-21 mcg/ACT, 115-21 mcg/ACT, 230-21 mcg/ACT	Asthma	Advair

1. All brand names are the property of their respective owners.
2. This list is not all-inclusive. Other products may be available.

Introducing MyBlueRxMT– A New Mobile Pharmacy App

What's new: MyBlueRxMT is a personalized, digital pharmacy app where members can easily access, understand and manage their prescription-drug care and out-of-pocket costs.

How it works: The app lists current information about prescription drugs and pharmacy benefits, and helps members do the following:

- Find available lower-cost drug options
- Compare drug costs at different pharmacies
- Manage prescription-drug care for dependents (dependents over age 18 can activate their own account)
- Receive refill reminder alerts
- Access information about their prescription drugs including claims history, medication details, coverage, clinical review approvals and more
- Search for and contact in-network pharmacies

The MyBlueRxMT app is available for most commercial group plan members with pharmacy benefits administered by Prime Therapeutics®. Members can download the free app from the [App Store](#) or [Google Play](#). If they already have a Blue Access for Members account, they can use the same credentials to log in, or create a new account.

Prescription Drug Benefit Update: Introducing MedsYourWay®

What's new: MedsYourWay® is a new program that lowers costs for members on select, covered drugs at select retail pharmacies. It is an automatic, real-time price comparison between prices of participating drug discount cards to a member's plan cost-share completed behind the scenes at select, in-network pharmacies. The member pays the lower available price option at check out.

Program details:

- Members simply show their BCBSMT member ID at the pharmacy.
- Covered purchases count toward members' yearly plan deductibles and/or out-of-pocket expenses.

MedsYourWay® simplifies the brick-and-mortar drug store experience while saving members time and money. It lowers overall prescription costs and helps increase insight into member prescription fills and medication adherence as part of a complete care coordination plan.

Coverage Change for OTC COVID-19 Test Kits after May 11

Once the COVID-19 Public Health Emergency (PHE) expires on May 11, 2023, there will be a change in coverage for over-the-counter (OTC) COVID-19 home test kits. Most BCBSMT commercial plan members will no longer have coverage for these test kits under their pharmacy benefit. This includes members on an individual and family markets plan and both fully insured and ASO group plans. Some ASO groups may have opted in to continue covering these OTC COVID-19 test kits under the pharmacy benefit.

Pharmacy Program Quarterly Update — Changes Effective July 1, 2023 – Part 2

Update: This article is a continuation of the previously published [July Quarterly Pharmacy Changes Part 1](#) article. The Part 1 article included changes that require member notification — drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This Part 2 article contains more recent coverage additions, utilization management updates and any other pharmacy-program updates.

Note: Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSMT drug lists. **Additions effective July 1, 2023, as well as previous updates, are outlined below.**

Drug List Additions – As of July 1, 2023

Drug ¹	Condition
Balanced Drug List	
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)	Autoimmune Diseases
CYLTEZO* (adalimumab-adbm)	Autoimmune Diseases
ERMEZA (levothyroxine sodium oral solution 150 mcg/5 ml)	Hypothyroidism
FUROSCIX (furosemide subcutaneous cartridge kit 80 mg/10 ml)	Fluid Overload Congestion Due to Heart Failure
KRAZATI (adagrasib tab 200 mg)	Cancer
LEUPROLIDE ACETATE (leuprolide acetate (3 month) for inj 22.5 mg)	Cancer
LYTGOBI (futibatinib tab therapy pack 4 mg (12 mg, 16 mg, 20 mg daily dose))	Cancer
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections
PHEBURANE (sodium phenylbutyrate oral pellets 483 mg/gm)	Urea Cycle Disorders
REZLIDHIA (olutasidenib cap 150 mg)	Cancer
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis

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

* Upon market launch

Drug ¹	Condition
Performance Drug List	
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)	Autoimmune Diseases
ERMEZA (levothyroxine sodium oral solution 150 mcg/5 ml)	Hypothyroidism
FUROSCIX (furosemide subcutaneous cartridge kit 80 mg/10 ml)	Fluid Overload Congestion due to Heart Failure
HADLIMA* (adalimumab-bwwd)	Autoimmune Diseases

KRAZATI (adagrasib tab 200 mg)	Cancer
LEUPROLIDE ACETATE (leuprolide acetate (3 month) for inj 22.5 mg)	Cancer
LYTGOBI (futibatinib tab therapy pack 4 mg (12 mg, 16 mg, 20 mg daily dose))	Cancer
neбиволол hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections
PHEBURANE (sodium phenylbutyrate oral pellets 483 mg/gm)	Urea Cycle Disorders
REZLIDHIA (olutasidenib cap 150 mg)	Cancer
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis

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* Upon market launch

Drug ¹	Condition
Performance Select Drug List	
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-ehl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)	Autoimmune Diseases
CYLTEZO* (adalimumab-adbm)	Autoimmune Diseases
ERMEZA (levothyroxine sodium oral solution 150 mcg/5 ml)	Hypothyroidism
FUROSCIX (furosemide subcutaneous cartridge kit 80 mg/10 ml)	Fluid Overload Congestion due to Heart Failure
KRAZATI (adagrasib tab 200 mg)	Cancer
LEUPROLIDE ACETATE (leuprolide acetate (3 month) for inj 22.5 mg)	Cancer
LYTGOBI (futibatinib tab therapy pack 4 mg (12 mg, 16 mg, 20 mg daily dose))	Cancer
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections
PHEBURANE (sodium phenylbutyrate oral pellets 483 mg/gm)	Urea Cycle Disorders
REZLIDHIA (olutasidenib cap 150 mg)	Cancer
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis
	Cystic Fibrosis

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* Upon market launch

Drug ¹	Condition
Basic, Enhanced, Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-ehl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)*	Autoimmune Diseases
ERLEADA (apalutamide tab 240 mg)	Cancer
HADLIMA* (adalimumab-bwwd)	Autoimmune Diseases
KALYDECO (ivacaftor packet 13.4 mg)	Cystic Fibrosis
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections

REBINYN (coagulation factor ix recomb glycopegylated for inj 3000 unt)	Hemophilia B
TAKHZYRO (lanadelumab-flyo soln pref syringe 150 mg/ml)	Hereditary Angioedema Prophylaxis
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis

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 * Upon market launch

Drug ¹	Condition
Health Insurance Marketplace (HIM) Drug Lists	
AMJEVITA (adalimumab-atto)*	Autoimmune Diseases
HADLIMA* (adalimumab-bwwd)	Autoimmune Diseases

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 * Upon market launch

Dispensing Limit Changes

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

Drug Class and Medication(s) ¹	New Dispensing Limit	Effective Date
Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists		
fenofibrate caps (50 mg, 150 mg)	Hypothyroidism	2/19/23
fenofibrate micro caps (30 mg, 43 mg, 67 mg, 90 mg, 130 mg, 134 mg, 200 mg)	Amblyopia/Cycloplegia	1/22/23
fenofibrate tab (40 mg, 48 mg, 50 mg, 54 mg, 145 mg, 160 mg, 200 mg)	Rosacea	1/8/23
fenofibric acid delayed release tab (45 mg, 135 mg)	Tension Headache	1/1/23
fenofibric acid tab (35 mg, 105 mg)	Anti-inflammatory	1/29/23
gemfibrozil tab (600 mg)	COVID-19 Test	2/5/23
Haegarda 2000 IU vials	Gastroesophageal Reflux Disease (GERD)	1/29/23
Haegarda 3000 IU vials	Primary Periodic Paralysis	1/22/23
Isturisa tab 5 mg	Pain	1/1/23
Wegovy (semaglutide) soln auto injector 1.7 mg/ 0.75 mL	Menopausal vasomotor symptoms	1/22/23

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Standard Utilization Management (UM) Program Package Changes

The following programs have changes effective this quarter.

- The Self-Administered Oncology Program has removed generic capecitabine as a target effective July 1, 2023.
- Welchol (colesevelam) packet for suspension has been removed as a target from the Alternative Dosage Form Prior Authorization Program effective May 15, 2023.

- The Fibrates Step Therapy/Quantity Limits Program has been retired effective July 1, 2023.
- The Inhaled Antibiotics-Cystic Fibrosis Quantity Limits Program has been retired effective July 1, 2023 and targets moved to Therapeutic Alternatives Prior Authorization Program.

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

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

Humira Biosimilars Added to Select Drug Lists

BCBSMT has added Humira biosimilars as preferred drugs to select drug lists. Humira (adalimumab) remains a preferred drug on those drug lists. Until further notice, any additional Humira biosimilar introduced into the market will be considered non-preferred on open drug lists and non-covered on managed (or closed) drug lists.

All adalimumab products are specialty drugs and remain subject to prior authorization and quantity limits criteria. Current and projected Humira biosimilars have been added as target drugs in the Biologic Immunomodulators prior authorization/quantity limits (PAQL) program. AMJEVITA has been added effective July 1, 2023, and other projected products will be added upon their market launch. Only certain National Drug Codes (NDCs) of AMJEVITA are being added to each of the drug lists. See below for more information.

Preferred Adalimumab Products

This list includes any existing preferred adalimumab products or biosimilar adalimumab additions to BCBSMT drug lists.

TRADE NAME (generic)	Manufacturer	Brand/Generic	Effective Date	Description of Coverage	Drug Lists
AMJEVITA (adalimumab-atto)	Amgen	Brand	7/1/23	Preferred	All*
CYLTEZO (adalimumab-adbm)	Boehringer Ingelheim	Brand	Upon Launch	Preferred	Balanced, Performance Select
HADLIMA (adalimumab-bwwd)	Samsung/ Organon	Brand	Upon Launch	Preferred	Basic, Enhanced, HIM
HUMIRA (adalimumab)	AbbVie	Brand	Current	Preferred	All

* Preferred NDCs start with 55513. Non-preferred NDCs start with 72511.

Change in Benefit Coverage for Select High-Cost Products

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

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

Product(s) No Longer Covered ¹	Condition	Covered Alternative(s) ^{1,2}
DICLOFENAC POTASSIUM 25 MG TABLETS	Pain	DICLOFENAC POTASSIUM 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
PRENATAL VIT W/ FE GLUCONATE-FA TAB 6-0.5 MG	Vitamins	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

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

Federal COVID-19 Public Health Emergency Ends

The public health emergency (PHE) officially ended May 11, and members are experiencing changes in the over-the-counter (OTC) test kits and testing-related visits.

OTC Test Kits: Most BCBSMT commercial plan members no longer have coverage for OTC COVID-19 home test kits under their benefits. This includes members on an individual and family markets plan, as well as both fully insured and ASO group plans. Some ASO groups may have opted in to continue covering these OTC COVID-19 test kits under the pharmacy benefit. If a member’s plan no longer covers OTC test kits, they are no longer reimbursable.

Members with existing coverage can still purchase an OTC test kit at the pharmacy if needed. There is still a limit of up to 8 tests every 30 days per member. If for any reason the pharmacist is unable to process under their pharmacy benefit when coverage exists, the member can pay out of pocket at the pharmacy counter and submit a prescription drug claim form, along with the pharmacy receipt, to be reimbursed. Updated prescription drug claim forms are available have in the bcbsmt.com Form Finder section, in Blue Access for MembersSM and on MyPrime.com.

COVID-19 Anti-Viral Medications: Paxlovid and Lagevrio (molnupiravir) are oral, anti-viral prescription medicines that treat mild-to-moderate COVID-19. These medicines may be covered under the member’s pharmacy benefit. There is a limit of one course of treatment every 180 days per member. Member cost share is based on plan benefits.

Monovalent COVID-19 Vaccine: As of April 18, 2023, the monovalent COVID-19 vaccine is no longer authorized for use in the United States. The Moderna and Pfizer bivalent COVID-19 vaccines and the Johnson & Johnson or Novavax COVID-19 vaccines are not affected.

Verify Coverage: If members are unsure about what their plan covers, they can call the number on their ID card. If you have any questions, contact your BCBSMT representative.

Drugs Horizant and Gralise Removed from Maintenance List

Gabapentin products, Gralise and Horizant, were removed from the maintenance drug list effective June 1, 2023. These drugs are typically prescribed to treat epilepsy and certain types of nerve pain, but a growing body of evidence suggests possible abuse.

For members whose plan benefits required these medications to be filled in a 90-day supply or at select pharmacies to receive coverage, they will no longer be subject to those specific requirements.

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Members should refer to their member contract/guide for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

Checking eligibility and/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.

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

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

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

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