



Blue ReviewSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

THIRD 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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BlueApprovR Now Accepts Recommended Clinical Reviews (Formerly Predeterminations)

Blue Cross and Blue Shield of Montana continues to streamline the pre-service review process to reduce your workload with **BlueApprovR**. This tool, accessible in [Availity® Essentials](#), now processes optional recommended clinical reviews (RCR) (formerly referred to as predeterminations or pre-Authorizations) for some medical and surgical services and specialty pharmacy drugs for many of our commercial members.

Submit Recommended Clinical Review and Prior Authorization Requests through BlueApprovR

- 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

Note: your RCR submissions will follow the same path through BlueApprovR as prior authorization requests. Also, your RCR submission via BlueApprovR replaces the need to FAX or to attach forms in Availity.

BlueApprovR Offers End-to-End Efficiencies

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

- Request RCR and prior authorization for many services and specialty pharmacy drugs
- Secure real-time approvals for certain services and drugs and begin treatment right away
- Easily attach medical records
- Check approval status of your request

Use BlueApprovR to Request RCR and Prior Authorization for these types of care

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

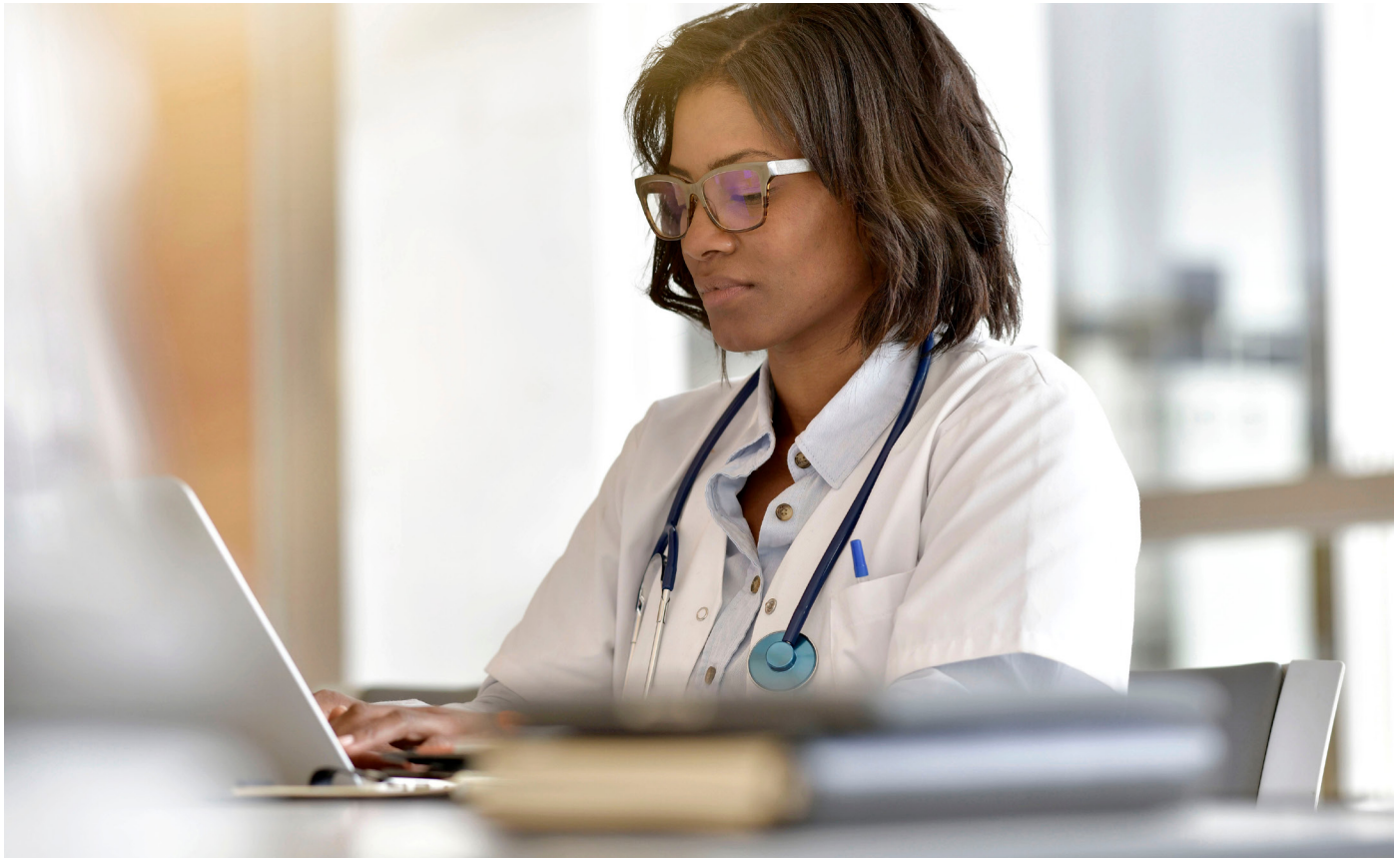
Other Recommended Clinical Review Request Method

Use the Availity Attachments tool to submit an RCR or download and complete the [Recommended Clinical Review \(Predetermination\) Request Form](#).

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.

Provider Resources

Learn more about how to access and use BlueApprovR at our [Provider Tools web page](#). Continue to watch [News and Updates](#) for future program updates and training opportunities.



Claim Editing Changes for Emergency Department Services Coming November 1, 2023

BCBSMT plans to enhance our claims editing and review process for emergency department (ED) evaluation and management (E&M) services for our commercial members. These editing enhancements, effective on November 1, 2023, will apply to both facility and professional claims and will help ensure accurate billing and reimbursement.

What's Changing

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

What Happens Next

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

Learn More

For more information on revisions to our ED claims editing, please review our Coding and Compensation Policies in [Availity Essentials](#) by using the Plan Documents Viewer application in our BCBSMT-branded Payer Spaces section. Look for our revised Emergency Department Evaluation and Management (E/M) Services – for Facility Services policy and our new Emergency Department Evaluation and Management (E/M) Services Coding – for Professional Services policy.



ClaimsXten Quarterly Update Effective Dec. 4, 2023

BCBSMT will implement its fourth quarter code updates for the ClaimsXten auditing tool on or after Dec. 4, 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.



In-Home Test Kits for Colorectal Cancer Screening

We're providing in-home test kits this summer to certain Blue Cross and Blue Shield of Montana members who, based on our data, need a colorectal cancer screening. We're working with vendors to send Fecal Immunochemical Test (FIT) kits to certain Blue Preferred PPOSM and Blue Focus POSSM members at no additional 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 2022 we provided 2,269 FIT kits to BCBSMT members:

439 members returned their kits and closed this gap in their care.

Test results were sent to the members and their health care providers. 20 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:

Vendors send the kits to a sample of eligible members who have a gap in care for colorectal cancer screening. Completing the kit is voluntary.

The kits don't require fasting, dietary restrictions or preparation. Members may take medications according to their normal schedule.

Members complete the test kit at home, provide the name of their health care provider, if available, and **mail the test for processing to the vendor by Dec. 31, 2023**. An addressed, postage-paid envelope is included with the kit.

The vendor sends results to the member and to their provider 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 your patient.

Inpatient DRG Claims for Patients Transferred Early Will Be Paid According to CMS' Transfer Policy, Effective Dec. 4, 2023

What's Changing

Effective Dec. 4, 2023, Blue Cross and Blue Shield of Montana will follow the Centers for Medicare and Medicaid Services' (CMS) transfer rules when paying inpatient claims that use the Medicare Severity Diagnostic Related Group (DRG) claims methodology.

This means that if a member's hospital stay is shorter than the average length of stay because the member is transferred to another facility, the DRG claim will be prorated for the length of the stay. These transfer rules apply to all inpatient DRG claims for acute care transfers to another acute care setting. It also applies to claims (when the transfer is made to a post-acute setting) with eligible DRG codes – see the list in Table 5 of the applicable fiscal year Medicare hospital inpatient prospective payment systems (IPPS) Federal Register for the list of qualifying post-acute services.

when a member is moved from an acute care facility to another acute care, rehabilitation, or inpatient psychiatric facility, or is sent home with home health services as denoted by the Patient Discharge Status Code (PDSC):

- Transfers between acute care hospitals
- Transfers to another acute care hospital or unit for related care (PDSC 02 or 82)
- Transfers from acute care hospital to a post-acute setting.
- Transfer to an inpatient rehabilitation facility or unit (PDSC 62 or 90)
- Transfer to long term acute care facility (PDSC 63 or 91)
- Transfer to a psychiatric care facility (PDSC 65 or 93)
- Transfer to a children's hospital, cancer hospital (PDSC 05 or 85)
- Transfer to a skilled nursing facility (PDSC 03 or 83)
- Transfer to Hospice care (PDSC 50 or 51)
- Transfer to Critical Access (PDSC 66 or 94)
- Transfer to home under a written plan of care for the provision of home health services from a home health agency (PDSC 06 or 86) except when Condition Code 42 or 43 is on the transferring hospital's claim.

Why Change

This helps the member avoid paying double for services. For example, if an average length of stay is seven days, but the member is discharged from acute care and admitted to a skilled nursing facility on day five, without these adjustments, the member would pay twice for days five, six and seven – once at the acute care facility and once at the skilled nursing facility.

More information: see 42 Code of Federal Regulations 412.4(a) and (b) and **the Medicare Claims Processing Manual Pub. 100-04, Chapter 3, Section 40.2.4**

Introducing Claim Reconsideration Requests via Availity Essentials

BCBSMT is excited to announce a new and convenient electronic capability to submit claim reconsiderations (including BlueCard® out-of-area claims), using Availity's Dispute Claim capability anchored off the enhanced Claim Status tool. This method of inquiry submission is **preferred over faxed/mailed claim disputes** to BCBSMT, as it allows providers to upload supporting documentation and monitor the status all online.

A Claim Reconsideration is a request to review and/or reevaluate a claim that has been finalized.

Please note: This electronic option is not currently available for Medicare Advantage claims.

We encourage you to begin utilizing the new claim reconsiderations process now, as the Claim Inquiry Resolution (CIR) tool will be retired later in 2023. The Claim Reconsideration capability should be used to inquire on a previously processed claim.

Using this new online offering allows the following:

- status management
- upload of supporting documentation with submission
- view and print confirmation and decision
- generates a Dashboard view of claim reconsideration request activity
- view uploaded documents after attached to the request*

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

Steps to submit claim reconsideration requests online:

1. Log into [Availity Essentials](#)
2. Select "Claims & Payments" from the navigation menu, then choose "Claim Status"
3. Search and locate the claim using the Member or Claim Number options
4. On the Claim Status results page, select "Dispute Claim" (if offered and applicable)
5. Select "Reconsideration" as the Dispute Reason
6. Complete the "Dispute Request form"
7. Upload supporting documentation
8. Review and submit your claim reconsideration request

For assistance with obtaining enhanced claim status online, refer to the [Claim Status Tool user guide](#).

Availity Administrators must assign users the Claim Status role in Availity Essentials to ensure users can access and submit electronic claim reconsiderations online. If your provider organization is not yet registered with Availity, you can sign up today at [Availity](#), at no charge. For registration assistance contact Availity Client Services at 800-282-4548.

For More Information

See the [Claim Reconsideration Requests user guide](#) in the [Provider Tools section](#) of our website. Also, stay informed by refer to upcoming [Blue Review publications](#) as well as [News and Update](#) articles. If you need further education or assistance, contact our [Provider Education Consultants](#).



Medical Oncology, Radiation Oncology Care Category Removal from eviCore and other Prior Authorization Changes for Medicare Advantage Members, Jan. 1, 2024

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.

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:

- Jan. 1, 2024 – **Removal of the Medical Oncology care category** previously reviewed by eviCore healthcare (eviCore)
- Jan. 1, 2024 – **Removal of the Radiation Oncology care category** previously reviewed by eviCore
- Jan. 1, 2024 – Addition of Radiation Therapy codes to be reviewed by BCBSMT

More Information

For a revised list of codes go to the [Prior Authorization Requirements section](#) of our provider website.

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



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 Blue Cross and Blue Shield of Montana or our vendor, Change Healthcare, as part of the Blue Cross and Blue Shield (BCBS) [National Coordination of Care program](#). 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.

Please respond promptly to our requests so that we may in turn provide timely service to those Medicare Advantage members.

New Enhancements for Behavioral Health Preservice Review Requests

Just a reminder that BCBSMT is making enhancements to its Behavioral Health preservice request and review process for some commercial members.

Read our [previous article](#) for more detail on these enhancements. Continue to watch [News and Updates](#) for more information on Behavioral Health.



Physician Performance Insight Reports are Now Available

Physician Performance Insight (PPI) reports are now in Availity for physicians that have met eligibility requirements for the Physician Efficiency, Appropriateness, and QualitySM (PEAQSM) program. These reports show how physicians compare to peers and include information to improve future performance. In 2024, BCBSMT members will be able to see a summary of these reports on Provider Finder[®].

Log in to [Availity](#) to view your PPI report. If you are not registered for Availity, sign up for a free account by going to Availity and selecting "Register" in the top right corner. Refer to the [Availity User Guide](#) for information on viewing results.

PPI reports employ logic from the [BCBSMT PEAQ Methodology](#) for all components.

Refer to the [PEAQ FAQ](#) for more information. See the [PPI Report Guide](#) for information on navigating the reports. For questions related to PPI reports, email PEAQ_inquiries@bcbsmt.com.

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 page](#) or email PEAQ_analytics@bcbsmt.com.

Prior Authorization Codes Updated for Commercial Members, Effective Jan. 1, 2024

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 Availity Essentials Provider Portal or your preferred vendor portal, prior to rendering services. This step will confirm prior authorization requirements and utilization management vendors, if applicable.

Changes include:

- Jan. 1, 2024 – **Addition of Medical Oncology drug codes** to be reviewed by CarelonMedical Benefits Management (Carelon)
- Jan. 1, 2024 – **Addition of Specialty Pharmacy codes** to be reviewed by BCBSMT
- Jan. 1, 2024 – **Addition of Genetic Testing lab codes** to be reviewed by Carelon

More Information

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

Provisional Credentialing Process

Effective July 15, 2023, BCBSMT will provide a provisional credentialing process which allows for a "provisional network participation" status if the provider applicant has:

A valid BCBSMT Provider Record ID for claim payment.

Completed the Council for Affordable Quality Healthcare (CAQH) ProView database online application with "global" or "plan specific" authorization to BCBSMT.

A valid license to practice in Montana

Providers will be notified once the CAQH credentialing applications are reviewed for completeness. The review takes on average 8–10 calendar days.

Important: If the applicant does not meet the "provisional network participation" requirements, the applicant must be fully credentialed and approved prior to being made effective.

Credentialing can be a very involved and timely process. Please allow sufficient time for the full credentialing process to be completed before checking your status with BCBSMT. Status can be checked by referring to the [Credentialing Status Checker](#).

For more information, please see the credentialing policies in the BCBSMT Provider Manual which is available through [Availity Essentials](#).

Reporting On-Demand via Availity Essentials is Now Named Provider Claim Summary

Effective August 2, 2023, BCBSMT is changing the name of its long-standing Reporting On-Demand tool to Provider Claim Summary (PCS). The tool is still available in the BCBSMT-branded Payer Spaces section via Availity and allows users to readily view, download, save and/or print Provider Claim Summaries online. The tool also offers you the opportunity to obtain claim outcome results for multiple patients, in one central location.

As a reminder, PCS reports are available in this tool for commercial claims processed after December 12, 2016, and for Medicare Advantage claims processed after April 12, 2019.

Providers currently enrolled to receive the Electronic Remittance Advice (ERA) from BCBSMT will continue to receive the Electronic Payment Summary (EPS), but with the additional opportunity to access the PCS as a complimentary option. If you currently rely on paper claim summaries, Availity Essentials registration is strongly recommended to gain access to the PCS.

For more information, refer to the updated [Provider Claim Summary page](#) and [user guide](#). In addition to the Provider Claim Summary tool, BCBSMT supports an array of online tools that are available to registered Availity Essentials users at no additional cost. To register, simply go to [Availity](#), select “Register,” and complete the online application today.

See New Enhancements for Behavioral Health Pre-Service Reviews

BCBSMT is continuing to make improvements to its Behavioral Health (BH) pre-service request and review process.

When submitting pre-service review requests for BH services, the best method is to submit your request electronically using our BlueApprovR tool. BlueApprovR is accessible through [Availity Essentials](#) and is quick and easy to use. (Not registered for Availity? [Sign up online today](#) at no cost at [Availity.com](#).)

Here's What's New

Effective November 1, 2023, if you are unable to submit a request electronically through BlueApprovR, call the number on the member's ID card and use our interactive voice response (IVR) system.

You'll be directed to Customer Service and then to a live clinician for a real-time review, instead of waiting for a call back.

Note: Beginning November 1, 2023, you will no longer use the form to request certain outpatient services, including Intensive Outpatient Program (IOP), Electroconvulsive Therapy (ECT), and Repetitive Transcranial Magnetic Stimulation (TMS). Effective November 1, 2023, these requests can be submitted online using our BlueApprovR tool or by phone using the new live review process described above.

More Information

Continue to watch [News and Updates](#) for more information on Behavioral Health.

Select Medication List to be Discontinued

Effective December 1, 2023, the [Select Medication List](#) will be removed from our Provider website.

The List includes specific medications eligible for increased reimbursement over similar medications within the same drug class, when billed with the appropriate National Drug Code pricing information. The specific medications will continue to be covered but the pricing differential will be discontinued on December 1, 2023.

Reimbursement rates for these and all other specialty medications will continue to be updated monthly, as applicable. Contracted providers may continue to obtain the Reimbursement Schedule by using [Availity's Fee Schedule Tool](#).

Shared Decision-Making Aids Can Help Guide Care Choices

Shared decision-making is a communications process. It's a way for providers and patients to make informed health care decisions that align with what matters most to patients. Below are resources to help you involve your patients in shared decision-making.

These evidence-based aids provide information about treatment options, lifestyle changes and outcomes. They don't replace your guidance but can help your conversations with patients.

Why It's Important

When patients help make decisions about their health care, it can lead to improved patient experience, better outcomes and quality of life.

Mayo Clinic Knowledge and Evaluation Research Unit [Care That Fits Tools](#)

- [Acute Myocardial Infarction Choice](#)
- [Anticoagulation Choice](#)
- [Cardiovascular Primary Prevention Choice](#)
- [Chest Pain Choice](#)
- [Depression Medication Choice](#)
- [Diabetes Medication Choice](#)
- [Graves Disease Treatment Choice](#)
- [Head CT Choice](#)
- [Osteoporosis Choice](#)
- [Percutaneous Coronary Intervention Choice](#)
- [Rheumatoid Arthritis Choice](#)
- [Smoking Cessation Around the Time of Surgery](#)
- [Statin Choice](#)

This information is also on our [Clinical Practice Guidelines webpage](#).



Statin Therapy for Patients with Cardiovascular Disease and Diabetes

You can help ensure quality care for our members who have cardiovascular disease and diabetes by following [guidelines on statin therapy](#) from the National Committee for Quality Assurance. It's important that members prescribed statin therapy adhere to their medications during their treatment period to lower cholesterol levels and reduce the risk of heart disease.

[Learn more](#). You may also review our [Preventative Care Guidelines](#) for more information.

Submitting Claims for Infertility Services

When completing claims for infertility services rendered to a **surrogate** or from a **donor**, please **indicate the recipient** on the claim form. Coverage for surrogates and donors may vary by plan. Inclusion of the recipient information on submitted claims will help us to expedite the proper processing of claims for these services.

How To Indicate Recipient

Simply add "surrogate" or "donor" to the comments or notes field on the claim form. For example:

- On the **UB-04 form**, add "surrogate" or "donor" to **Form Field 80** Remarks
- On the **CMS-1500 claim form**, add "surrogate" or "donor" to **Form Field 19** Additional Claim Information.

Supporting Quality Care During Breast Cancer Awareness Month

Routine screening for breast cancer is the best way to detect it early, according to the [Centers for Disease Control and Prevention](#) (CDC). Breast cancer is easier to treat when it's caught earlier. October is Breast Cancer Awareness Month and a good time to remind our members about the importance of regular screenings for women. We've created [resources](#) that may help.

Screening Recommendation

Each year about 240,000 cases of breast cancer are diagnosed in women in the U.S., according to the [CDC](#). Breast cancer death rates for women are higher than any cancer besides lung cancer.

[The U.S. Preventive Services Task Force](#) recommends that **women ages 50 to 74 be screened for breast cancer every two years**. The Health Resources and Service Administration recommends that average-risk women initiate breast cancer screening at age 40 on a biennial basis or as frequent as annually. You may want to discuss with members the risks and benefits of starting screening mammograms before age 50. **Refer to our Preventive Services Coding and Compensation Policy accessible in the [Avality Essentials](#) Plan Documents Viewer application in our Blue Cross and Blue Shield- branded Payer Spaces section for more information.** See also our [Preventive Care Guidelines](#) on breast cancer screening in the Clinical Resources section of our provider website.

Tips to Close Gaps in Care

- Talk with our members about breast cancer risk factors and the importance of regular screening for women.
- Breast cancer disproportionately affects Black women, according to the [CDC](#). Talk with our members about the unique risks and barriers they may face, which can result in poorer outcomes than other women.
- Document screenings in members' electronic medical record. Indicate the specific date and result. This helps us track member progress on the quality measure [Breast Cancer Screening](#) from the National Committee for Quality Assurance. The measure tracks women ages 50 to 74 who had at least one mammogram in the past two years.
- Document medical and surgical history in the medical record, including dates. Use correct diagnosis and procedure codes. Submit claims and encounter data in a timely manner
- Offer telehealth services when available and appropriate for preventive care appointments.
- Follow up with members if they miss their appointment and help them reschedule.
- For members who need language assistance, let them know we offer [help and information in their language](#) at no cost. To speak to an interpreter, members may call the customer service number on their member ID card.
- See our [Health Equity and Social Determinants of Health](#) page for more information on health equity.
- For [men who are at high risk](#), the American Cancer Society recommends [discussing with them how to manage risks](#).

Survey Assesses Medicare Advantage Members' Health Outcomes

The Centers for Medicare & Medicaid Services (CMS) sends a [Health Outcomes Survey](#) (HOS) to a sample of our members from August through November. The survey asks members in Blue Cross Medicare AdvantageSM and prescription drug plans to rate their last six months of care.

If you get questions from members who have received the survey, **please encourage them to respond**. The survey covers health care topics our members may discuss with you, such as:

- Maintaining or improving physical health, including managing pain and exercise habits
- Maintaining or improving mental health, including energy levels, mood swings and sleeping habits
- Preventing falls

HOS results identify opportunities to improve health care plans. Results also affect the [CMS Star Ratings](#), which rate Medicare Advantage plans on a scale from one to five stars. Our goal is to achieve the highest possible Star rating for our plans.

Update to Current Procedural Terminology (CPT) Codes for Prior Authorization for Medicare Advantage and Healthy Montana Kids Members, Oct. 1, 2023

What's Changing

BCBSMT is changing prior authorization requirements for Medicare Advantage 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.

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:

- Oct. 1, 2023 – **Replacement of Lab codes** 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 [Prior Authorization Lists](#) section of our provider website.

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

Message from **MT DPHHS**



Federal EMS for Children Program

The [Federal EMS for Children Program](#), in partnership with the [American College of Surgeons](#) (ACS) have launched the [National Pediatric Readiness Project](#) (NPRP) to provide a framework to assess and improve pediatric emergency care preparedness—a framework associated with improved mortality for injured children. Under the NPRP, all trauma centers seeking trauma center verification with the ACS will now be required to complete the NPRP assessment and develop a plan to address deficiencies in pediatric readiness.

While using the ACS for verification in Montana is voluntary, [several centers](#) are ACS verified. Whether they are a Montana designated facility and/or an ACS verified center, all trauma centers in Montana must have pediatric-specific policies, equipment, and resources available to care for the injured children.

The [Montana EMS for Children Program](#) is a US Department of Health and Human Services funded initiative to identify and distribute resources, training, and best practices to EMS agencies and hospitals across Montana. For more information on Montana's EMSC Program, please contact Kelly Little at Kelly.little@mt.gov or 406-444-0901.



Podcast: Cancer Topics – Oncology Practice in Rural Settings

People who live in major cities in the US and abroad tend to benefit from better cancer care due to having access to more doctors, facilities and equipment. In contrast, those who live in rural areas face many challenges accessing consistent and quality care.

In Part One of this ASCO Education Podcast Dr. Jack Hensold, a hematologist/oncologist in Bozeman, Montana and Chair of the ASCO Rural Cancer Care Task Force, Dr. Chris Prakash, Medical Oncologist in Paris, Texas and Medical Director of Texas Oncology and President of the Texas Society of Clinical Oncology, and Professor Sabe Sabesan, a Medical Oncologist in Townsville, Australia and the President-Elect of the Clinical Oncology Society of Australia will examine the realities practicing oncology in rural areas.

They discuss the difficulties of having to travel long distances for treatment (5:30), the effectiveness of telehealth (8:07) and solutions to recruiting a supportive care workforce in rural areas and facilitating access to imaging facilities and specialized treatment (18:12).

The podcast is available here: [ASCO Education: Cancer Topics - Oncology Practice In Rural Settings Part 1 \(libsyn.com\) \[auwpod.libsyn.com\]](https://www.libsyn.com/auwpod)

Recommendations for Treating Syphilis

Background

Syphilis is a preventable and treatable disease that, when left untreated, can have serious health consequences, including congenital infection and stillbirth. Cases of primary, secondary, and congenital syphilis continue to increase at concerning rates in Montana. To date in 2023, Montana has reported 9 cases of congenital syphilis, including 1 syphilitic stillbirth. Current trends in Montana warrant immediate attention from the medical and public health communities.

Penicillin G benzathine (Bicillin L-A®) is the first line recommended treatment for syphilis and is the only recommended treatment for pregnant people infected with or exposed to syphilis. In April, the Centers for Disease Control and Prevention (CDC) reported that some providers were unable to procure enough penicillin G benzathine (Bicillin L-A®) from Pfizer, which is the sole manufacturer of this product. At that time, resolution of the shortage was anticipated in June. Pfizer issued a [letter on June 12, 2023](#), providing an update on the limited supply and impending stock out situation for select Bicillin® L-A (penicillin G benzathine injectable suspension). The FDA believes the shortage will improve in 2024. There are no emergency stockpiles of this medication and Pfizer suppliers are distributing the medication using an allocation strategy.

Recommendations

During this period of shortage and potential depletion, Montana facilities are advised to assess their facility and community-level supplies of these products for prioritization of the treatment of pregnant women with syphilis or infants with congenital syphilis. The recommended treatment course for pregnant patients is dependent on the stage of syphilis disease, so accurate staging is imperative for judicious use of the remaining Bicillin® L-A supply. Policies that promote the use of appropriate alternatives to Bicillin L-A to treat other infectious diseases (e.g., streptococcal pharyngitis) when other treatment options are available will preserve the remaining supply for treating priority populations.

During this time, providers should consider prioritization strategies for the use of remaining Bicillin L-A® supplies to ensure access to Bicillin L-A® for priority populations during the drug shortage. Each institution should periodically reassess their prioritization strategy to match available supply.

- Prioritize the use of Bicillin L-A® to treat pregnant people and babies with congenital syphilis. Continue to follow [CDC's treatment recommendations](#). Penicillin G benzathine (Bicillin L-A®) is the only recommended treatment for pregnant people infected or exposed to syphilis.
 - Other priority populations to consider for Bicillin L-A® treatment, when supplies are available, include sexual partners of pregnant people; pregnancy capable people of childbearing age without consistent birth control; people with an allergy to doxycycline; people with early syphilis (primary, secondary, early latent); people living with HIV; people for whom doxycycline adherence or follow up testing and care might be an issue; or people who have already initiated a 3-week course of Bicillin L-A® to treat syphilis.
- During this drug shortage, consider substituting the use of Bicillin® L-A with an appropriate alternative regimen for the treatment of adherent, non-pregnant individuals consistent with the [CDC's treatment recommendations](#) – Doxycycline 100 mg PO BID for two (2) weeks (for early syphilis) or four (4) weeks (for late latent or syphilis of unknown duration). Patients receiving alternative treatment with doxycycline should receive education on the importance of adherence to the recommended treatment regimen. Doxycycline is a Food and Drug Administration (FDA) Category D medication and is not recommended for use in pregnant individuals.
- Notify DPHHS at HHSSTDprogram@mt.gov of any shortage or low inventories of Bicillin L-A® in your practice so we can continue to monitor this situation and provide situational awareness to CDC, FDA, and Pfizer. Reach out to other healthcare facilities and public health departments in your community about sharing Bicillin® L-A supplies to treat priority populations.

CDC will update its [Drug Notices](#) webpage as updates are available. Per CDC, there are no known shortages of aqueous crystalline penicillin G, which is a [recommended treatment](#) for congenital syphilis. The Montana Department of Public Health and Human Services remains committed to collaborating with stakeholders and partners to identify and address areas where additional resources or technical assistance would support local disease control efforts. Please reach out to Kristi Aklestad, STI/HIV/HCV Section Supervisor, with requests for technical assistance, educational training, or other resources that would support the timely diagnosis, staging, and treatment of syphilis in your community. You can contact Kristi at kristi.aklestad@mt.gov.

Responsive Practice: Inclusive Health Care Delivering Training

The Montana Disability and Health Program (MTDH) at the Department of Public Health and Human Services (DPHHS) is promoting the Responsive Practice Training to enhance health care providers' ability to deliver disability-competent care that is accessible to people with intellectual, mobility, and other disabilities. Through the two modules you will learn strategies to identify, address, and help remove barriers to care.

- Virtual self-paced training
- 1.5-hours (2 modules)
- FREE with CE Credits included
- Post Training Technical Assistance

Visit bit.ly/ResponsivePracticeMoreInfo for training objectives and details about CE credits.

MODULE 1 - Responsive Practice: Providing Health Care and Screening to Individuals with Disabilities.

- Use the link: bit.ly/ResponsivePracticeMod1 to register.
- CE credits available for Physicians, Nurses, and Pharmacists in Montana.

MODULE 2 - Responsive Practice: Accessible and Adaptive Communication.

- Use the link: bit.ly/ResponsivePracticeMod2 to register.
- CE credits available for Physicians, Nurses, and Pharmacists in Montana.

The Responsive Practice training was developed by the New Hampshire Disability and Health Program. For questions, contact [Mackenzie Jones](#).

Stay Vigilant for Acute Flaccid Myelitis in Fall 2023

As fall approaches, seasonal increases in the circulation of respiratory pathogens, including enteroviruses, is to be expected. Enterovirus D-68 (EV-D68) is believed to be the main enterovirus responsible for the increases in acute flaccid myelitis (AFM) cases observed during 2014, 2016, and 2018. This year the number of reported cases of AFM has remained relatively low. As of September 5, 2023, CDC has received 27 reports of suspected AFM, with 8 confirmed cases in 8 states. However, in past years, increases in EV-D68 respiratory disease have preceded cases of AFM by about 2 weeks. Therefore, vigilance for possible increases in EV-D68 respiratory disease and AFM is important as we move into the fall season.

The identification of a paralytic polio case in an unvaccinated person in New York in 2022 reinforced the need to also consider polio in the differential diagnosis of patients with sudden onset of limb weakness. Clinicians should obtain whole stool samples from all patients with suspected AFM to rule out poliovirus infection, especially if the patient is under-vaccinated and has had recent international travel to places where poliovirus is circulating [[refer to this chart \[cdc.gov\]](#)].

CDC has several digital communication resources on the AFM website to increase awareness of proper specimen collection to work up AFM for use on social media platforms or health department websites. Download graphics from the CDC AFM website here: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/resources.html> [cdc.gov].

Pair CDC graphics with the sample messages below to reach out to clinicians in your networks.

Sample email message to clinicians:

Acute Flaccid Myelitis (AFM) is a rare, serious paralytic disease that mainly affects children. Clinicians like you play a critical role in recognizing AFM symptoms and assessing patients quickly. A single case of polio, identified in the United States in July 2022, reinforces the importance of collecting whole stool samples from patients with suspected AFM to rule out polio.

To learn more about AFM, specimens to collect, and how to report patients under investigation, visit the [HEALTH DEPARTMENT] and CDC AFM websites.

Sample social media message to clinicians:

HCPs: Did you know? Acute Flaccid Myelitis (AFM) is a rare, serious paralytic disease that mainly affects children. You play a critical role in quickly assessing patients with suspected AFM. Include whole stool in specimens to work up AFM and rule out polio. bit.ly/3P41g2F [t.co]

For More Information

AFM

- AFM: <https://www.cdc.gov/acute-flaccid-myelitis/index.html> [cdc.gov]
- AFM physician consult and support portal: <https://wearesrna.org/living-with-myelitis/resources/afm-physician-support-portal/> [wearesrna.org]
- For clinicians and health departments: <https://www.cdc.gov/acute-flaccid-myelitis/hcp/clinicians-health-departments.html> [cdc.gov]

POLIO

- Poliomyelitis: For Healthcare Providers: <https://www.cdc.gov/polio/us/hcp/index.html> [cdc.gov]
- Polio vaccine recommendations: <https://www.cdc.gov/vaccines/vpd/polio/hcp/index.html> [cdc.gov]
- Resources for polio: <https://www.cdc.gov/polio/us/index.html> [cdc.gov]

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 October 1, 2023, are outlined below.**

Drug List Updates (Revisions/Exclusions) – As of October 1, 2023

Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions		
Non-Preferred Brand ¹	Preferred Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar major depression, schizophrenia
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Oropharyngeal candidiasis, prophylaxis of invasive Aspergillus and Candida infections
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep

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

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

Balanced Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
CARDIZEM LA (diltiazem hcl tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter
CELONTIN (methsuximide cap 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Refractory Absence Seizures
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism

Balanced Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
LAMICTAL ODT (lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit, 42 x 50 mg & 14 x 100 mg titration kit)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar Disorder, Seizures
NAFTIN (naftifine hcl gel 2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections (Topical)
NOVAREL (chorionic gonadotropin for im inj 5,000 unit, 10,000 unit)	OIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections
ORFADIN (nitisinone cap 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 1 Hereditary Tyrosinemia
PRENATABS RX (prenatal vit w/ iron carbonyl-fa tab 29-1 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prenatal Vitamin
PRUDOXIN (doxepin hcl cream 5%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Atopic Dermatitis-associated or Lichen Simplex Chronicus-associated Pruritus
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
TAZORAC (tazarotene gel 0.05%, 0.1%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis, Acne Vulgaris
TROKENDI XR (topiramate cap er 24hr 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Epilepsy, Migraine
UCERIS (budesonide rectal foam 2 mg/act)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Bowel Disease

Balanced Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
XYREM (sodium oxybate oral solution 500 mg/ml)	sodium oxybate oral solution 500mg/ml, Xywav (calcium, mag, potassium, & sod oxybates oral soln) 500 mg/ml	Cataplexy
ZONALON (doxepin hcl cream 5%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Atopic Dermatitis-associated or Lichen Simplex Chronicus-associated Pruritus

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

Performance Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
CARDIZEM LA (diltiazem hcl tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter
CELONTIN (methsuximide cap 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Refractory Absence Seizures
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	dutasteride, tamsulosin	Benign Prostatic Hyperplasia (BPH)
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
LAMICTAL ODT (lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit, 42 x 50 mg & 14 x 100 mg titration kit)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar Disorder, Seizures
NOVAREL (chorionic gonadotropin for im inj 5,000 unit, 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections
ORFADIN (nitisinone cap 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 1 Hereditary Tyrosinemia

Performance Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
PRENATABS RX (prenatal vit w/ iron carbonyl-fa tab 29-1 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prenatal Vitamin
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
TAZORAC (tazarotene gel 0.05%, 0.1%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis, Acne Vulgaris
TROKENDI XR (topiramate cap er 24hr 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Epilepsy, Migraine
UCERIS (budesonide rectal foam 2 mg/act)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Bowel Disease
XYREM (sodium oxybate oral solution 500 mg/ml)	sodium oxybate oral solution 500mg/ml, Xywav (calcium, mag, potassium, & sod oxybates oral soln) 500 mg/ml	Cataplexy

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Performance Select Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
CARDIZEM LA (diltiazem hcl tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter
CELONTIN (methsuximide cap 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Refractory Absence Seizures
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	dutasteride, tamsulosin	Benign Prostatic Hyperplasia (BPH)
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer

Performance Select Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
LAMICTAL ODT (lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit, 42 x 50 mg & 14 x 100 mg titration kit)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar Disorder, Seizures
NOVAREL (chorionic gonadotropin for im inj 5,000 unit, 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections
ORFADIN (nitisinone cap 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 1 Hereditary Tyrosinemia
PRENATABS RX (prenatal vit w/ iron carbonyl-fa tab 29-1 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prenatal Vitamin
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
TAZORAC (tazarotene gel 0.05%, 0.1%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis, Acne Vulgaris
TROKENDI XR (topiramate cap er 24hr 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Epilepsy, Migraine
UCERIS (budesonide rectal foam 2 mg/act)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Bowel Disease
XYREM (sodium oxybate oral solution 500 mg/ml)	sodium oxybate oral solution 500mg/ml, Xywav (calcium, mag, potassium, & sod oxybates oral soln) 500 mg/ml	Cataplexy

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Health Insurance Marketplace (HIM) Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
CARDIZEM LA (diltiazem hcl coated beads tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause

Health Insurance Marketplace (HIM) Drug List Exclusions		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
dutasteride/tamsulosin hcl cap 0.5-0.4 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Benign Prostatic Hyperplasia (BPH)
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
SUPREP BOWEL SOL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
XYREM (sodium oxybate soln 500 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cataplexy

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

Balanced Drug List Tier Changes		
Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
ALBUTEROL SULFATE (albuterol sulfate soln nebu 0.5% (5 mg/ml))	albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml), albuterol sulfate soln nebu 0.63 mg/3 ml	Asthma
AMILORIDE/HYDROCHLOROTHIA ZIDE (amiloride & hydrochlorothiazide tab 5-50 mg)	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Hypertension
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Smoking cessation
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	brimonidine tartrate ophth soln 0.2%	Glaucoma, Post-surgical ocular hypertension
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%	Glaucoma
CHLORPROMAZINE HYDROCHLOR IDE (chlorpromazine hcl conc 30 mg/ml, 100 mg/ml)	Chlorpromazine Hcl Tab	Behavioral Disorders, Nausea/ Vomiting
CIMETIDINE HCL (cimetidine hcl soln 300 mg/5 ml)	Cimetidine Tab	Gastroesophageal Reflux Disease (GERD)
CROMOLYN SODIUM (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis
EFAVIRENZ (efavirenz cap 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections

Balanced Drug List Tier Changes		
Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
LEVOFLOXACIN (levofloxacin ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LEVOFLOXACIN (levofloxacin oral soln 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LEVORPHANOL TARTRATE (levorphanol tartrate tab 3 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
LOTEPREDNOL ETABONATE (loteprednol etabonate ophth gel 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
PERINDOPRIL ERBUMINE (perindopril erbumine tab 8 mg)	perindopril erbumine tab 4 mg	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	prednisolone sod phosph oral soln 6.7 mg/5 ml (5 mg/5 ml base)	Inflammatory conditions
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml, 6.25-5-10 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
RIBAVIRIN (ribavirin cap 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hepatitis C

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

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

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

The drug changes listed below apply to members on a managed drug list. Members may pay more for these drugs after October 1, 2023.

Performance Drug List Tier Changes		
Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
ALBUTEROL SULFATE (albuterol sulfate soln nebu 0.5% (5 mg/ml))	albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml), albuterol sulfate soln nebu 0.63 mg/3 ml	Asthma
AMILORIDE/HYDROCHLOROTHIAZIDE (amiloride & hydrochlorothiazide tab 5-50 mg)	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Hypertension
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	brimonidine tartrate ophth soln 0.2%	Glaucoma, Post-surgical ocular hypertension
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%	Glaucoma
CROMOLYN SODIUM (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis

Performance Drug List Tier Changes		
Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
EFAVIRENZ (efavirenz cap 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
LEVOFLOXACIN (levofloxacin ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LEVOFLOXACIN (levofloxacin oral soln 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LOTEPREDNOL ETABONATE (loteprednol etabonate ophth gel 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
PERINDOPRIL ERBUMINE (perindopril erbumine tab 8 mg)	perindopril erbumine tab 4 mg	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	prednisolone sod phosph oral soln 6.7 mg/5 ml (5 mg/5 ml base)	Inflammatory conditions
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
RIBAVIRIN (ribavirin cap 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hepatitis C

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

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

Performance Select Drug List Tier Changes		
Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
ALBUTEROL SULFATE (albuterol sulfate soln nebu 0.5% (5 mg/ml))	albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml), albuterol sulfate soln nebu 0.63 mg/3 ml	Asthma
AMILORIDE/HYDROCHLOROTHIA ZIDE (amiloride & hydrochlorothiazide tab 5-50 mg)	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Hypertension
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Smoking cessation

Performance Select Drug List Tier Changes		
Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	brimonidine tartrate ophth soln 0.2%	Glaucoma, Post-surgical ocular hypertension
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%	Glaucoma
CROMOLYN SODIUM (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis
EFAVIRENZ (efavirenz cap 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
LEVOFLOXACIN (levofloxacin ophth soln 0.5%, 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LOTEPREDNOL ETABONATE (loteprednol etabonate ophth gel 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
PERINDOPRIL ERBUMINE (perindopril erbumine tab 8 mg, 15 mg/5m)	perindopril erbumine tab 4 mg	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	prednisolone sod phosph oral soln 6.7 mg/5 ml (5 mg/5 ml base)	Inflammatory conditions
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml, 6.25-5-10 mg/5 m)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
RIBAVIRIN (ribavirin cap 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hepatitis C

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

Health Insurance Marketplace (HIM) Drug List Tier Changes		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
ALBUTEROL (albuterol sulfate soln nebu 0.5% (5 mg/ml))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Asthma
AMILOR/HCTZ (amiloride/hydrochlorothiazide tab 5-50 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypertension
APAP/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
APRACLONIDIN (apraclonidine hcl ophth soln 0.5% (base equivalent))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Glaucoma, Post-Surgical Ocular Hypertension
BETAXOLOL (betaxolol hcl ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Glaucoma

Health Insurance Marketplace (HIM) Drug List Tier Changes		
Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
CIMETIDINE (cimetidine hcl soln 300 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gastroesophageal Reflux Disease (GERD)
CROMOLYN SOD (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis
EFAVIRENZ (EFAVIRENZ CAP 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
HC/ACET ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
LEVOFLOXACIN (levofloxacin ophth soln 0.5, 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
PERINDOPRIL (perindopril erbumine tab 8 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory conditions

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

Utilization Management Program Changes

Additions to Standard Prior Authorization Programs – Effective October 1, 2023

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

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 table below.

Balanced, Basic, Enhanced, Multi-Tier Basic, Multi-Tier Enhanced, Performance, and Performance Select Drug Lists Health Insurance Marketplace (HIM) Drug List	
Drug Category	Targeted Medication(s) ¹
Alternative Dosage Form	Gimoti 15 mg/act spray
Multiple Sclerosis	Aubagio 7 mg, 14 mg tab
Therapeutic Alternatives	Fenofibrate 120 mg tab Zembrace 3 mg/0.5 ml
Balanced and Performance Select Drug Lists	
PCSK9 Inhibitors	Repatha 140 mg/ml pre-filled syringe, 140 mg/ml pre-filled auto-injector, 420 mg/3.5 ml single-use Pushtronex system, Praluent 75 mg/ml, 150 mg/ml pre-filled pen

Pharmacy Prior Authorization (PA) or Step Therapy (ST) Standard Program Updates – Effective October 1, 2023

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
10/1/2023	Daybue PAQL	New Program	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM Quarterly, Jade, Performance Select, Topaz	Prior Authorization
10/1/2023	Filspari PAQL	New Program	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM Quarterly, Jade, Performance Select, Topaz	Prior Authorization
10/1/2023	Infertility STQL	Added Chorionic Gonadotropin and Novarel as drug targets and removed from HIM plans	Basic/Enhanced, Basic/Enhanced Annual	Step Therapy
10/1/2023	PCSK9 Inhibitors	Added Repatha 140 mg/mL pre-filled syringe, 140 mg/mL pre-filled auto-injector, 420 mg/3.5 mL single-use Pushtronex system, Praluent 75 mg/mL, 150 mg/mL pre-filled pen	Balanced, Performance Select	Prior Authorization
10/1/2023	Skyclarys PAQL	New Program	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM Quarterly, Jade, Performance Select, Topaz	Prior Authorization

Dispensing Limit Changes – Effective October 1, 2023

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

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

Changes by drug list are listed on the chart below. All changes are effective October 1, 2023. View the most up-to-date drug list and list of drug dispensing limits on www.bcbsmt.com/rx-drugs/drug-lists/drug-lists.

Program Name	Target Agent	Dispensing Limit
Daybue PAQL*	Daybue (trofinetide)oral soln 200 mg/mL	8 bottles per 30 days
Filspari PAQL*	Filspari (Sparsentan) 200 mg tab, 400 mg tab	30 tabs per 30 days
Skyclarys PAQL*	Skyclarys (omaveloxolone) 50 mg caps	90 caps per 30 days

*This is a new program and coverage will begin October 1, 2023. Members were not lettered.

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 and CYLTEZO have been added effective July 1, 2023, and HADLIMA will be added upon its 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 or Generic	Effective Date	Description of Coverage	Drug Lists
AMJEVITA (adalimumab-atto)	Amgen	Brand	7/1/23	Preferred	All*
CYLTEZO (adalimumab-adbm)	Boehringer Ingelheim	Brand	7/1/23	Preferred	Balanced, Performance Select
HADLIMA (adalimumab-bwwd)	Samsung/Organon	Brand	Upon Launch	Preferred	Basic, Enhanced, HIM, Performance
HUMIRA (adalimumab)	AbbVie	Brand	Current	Preferred	All

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

†Prime Therapeutics LLC is a pharmacy benefit management company.

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

Drug List Changes

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

Drug List Additions – Effective October 1, 2023

Balanced Drug List	
Drug ¹	Condition
AUSTEDO XR (deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg)	Huntington Disease Associated Chorea, Tardive Dyskinesia
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 6 mg, 12 mg, 24 mg)	Huntington Disease Associated Chorea, Tardive Dyskinesia
AZSTARYS (serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg)	ADHD
DAYBUE (trofinetide oral soln 200 mg/ml)	Rett Syndrome
FILSPARI (sparsentan tab 200 mg, 400 mg)	IgA Nephropathy, primary
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml	Multiple Sclerosis
JAYPIRCA (pirtobrutinib tab 50 mg, 100 mg)	Cancer
KONVOMEF (omeprazole-sodium bicarbonate for oral susp 2-84 mg/ml)	Gastric Ulcer, Upper GI Bleeding Prophylaxis
ORSERDU (elacestrant hydrochloride tab 86 mg, 345 mg)	Cancer
OVIDREL (choriogonadotropin alfa inj 250 mcg/0.5 ml)	Infertility
PRADAXA (dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg)	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis
SKYCLARYS (omaveloxolone cap 50 mg)	Friedreich Ataxia

Performance Drug List	
Drug ¹	Condition
AUSTEDO XR (deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg)	Huntington Disease Associated Chorea, Tardive Dyskinesia
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 6 mg, 12 mg, 24 mg)	Huntington Disease Associated Chorea, Tardive Dyskinesia
DAYBUE (trofinetide oral soln 200 mg/ml)	Rett Syndrome
FILSPARI (sparsentan tab 200 mg, 400 mg)	IgA Nephropathy, primary
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml	Multiple Sclerosis
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	Malaria, Lupus, Rheumatoid Arthritis
JAYPIRCA (pirtobrutinib tab 50 mg, 100 mg)	Cancer
ORSERDU (elacestrant hydrochloride tab 86 mg, 345 mg)	Cancer
OVIDREL (choriogonadotropin alfa inj 250 mcg/0.5 ml)	Infertility
PRADAXA (dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg)	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis
SKYCLARYS (omaveloxolone cap 50 mg)	Friedreich Ataxia

Performance Select Drug List	
Drug ¹	Condition
AUSTEDO XR (deutetrabenazine tab er 24hr 6 mg, 12 mg, 24 mg)	Huntington Disease Associated Chorea, Tardive Dyskinesia
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 6 mg, 12 mg, 24 mg)	Huntington Disease Associated Chorea, Tardive Dyskinesia
AZSTARYS (serdexmethylphenidate-dexmethylphenidate cap 26.1-5.2 mg, 39.2-7.8 mg, 52.3-10.4 mg)	ADHD
DAYBUE (trofinetide oral soln 200 mg/ml)	Rett Syndrome
FILSPARI (sparsentan tab 200 mg, 400 mg)	IgA Nephropathy, primary
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml	Multiple Sclerosis
hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg	Malaria, Lupus, Rheumatoid Arthritis
JAYPIRCA (pirtobrutinib tab 50 mg, 100 mg)	Cancer
ORSERDU (elacestrant hydrochloride tab 86 mg, 345 mg)	Cancer
OVIDREL (choriogonadotropin alfa inj 250 mcg/0.5 ml)	Infertility
PRADAXA (dabigatran etexilate mesylate pellet pack 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, 150 mg)	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis
SKYCLARYS (omaveloxolone cap 50 mg)	Friedreich Ataxia

Basic, Enhanced, Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
Drug ¹	Condition
OVIDREL (choriogonadotropin alfa inj 250 mcg/0.5 ml)	Infertility
PREGNYL W/DILUENT BENZYLALCOHOL/NACL (chorionic gonadotropin for im inj 10,000 unit)	Hypogonadotropic hypogonadism, Prepubertal cryptorchidism, Infertility
REXULTI (brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	Depression, Schizophrenia, Dementia-associated agitation in Alzheimer dz

Other Drug List Additions

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

Balanced Drug List		
Drug ¹	Condition	Date Added
ABRYSVO (rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5 ml)	RSV Vaccine	9/1/23
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/16/23
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Flu vaccine	7/16/23
alendronate sodium oral soln 70 mg/75 ml	Osteoporosis, Paget Bone dz	5/21/23
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
AREXVY (rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5 ml)	RSV Vaccine	9/1/23
baclofen susp 25 mg/5 ml	Multiple Sclerosis and Spinal Cord Lesions	6/25/23
COSENTYX UNOREADY (secukinumab subcutaneous soln auto-injector 300 mg/2 ml)	Psoriasis/Psoriatic arthritis	7/30/23
CYLTEZO (adalimumab-adbm auto-injector kit 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
CYLTEZO (adalimumab-adbm prefilled syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (adalimumab-adbm auto-injector kit 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
CYLTEZO STARTER PACKAGE FOR PSORIASIS (adalimumab-adbm auto-injector kit 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
darunavir tab 600 mg, 800 mg (generic for PREZISTA)	HIV	6/4/23
FLUAD QUADRIVALENT 2023-2024 (influenza vac type a & b surface ant adj quad pref syr 0.5 ml)	Flu Vaccine	7/16/23
FLUARIX QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu Vaccine	7/9/23
FLUBLOK QUADRIVALENT 2023-2024 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Flu vaccine	7/23/23
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tiss-cult subunit quad susp pref syr 0.5 ml)	Flu vaccine	7/16/23
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tissue-cultured subunit quadrivalent im susp)	Flu vaccine	7/16/23
FLULAVAL QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/9/23
FLUZONE HIGH-DOSE PF 2023-2024 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Flu vaccine	7/23/23
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/23/23
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Flu vaccine	7/23/23
MECLIZINE HYDROCHLORIDE (meclizine hcl tab 50 mg)	Vertigo, Motion Sickness	7/16/23
NIVA THYROID (thyroid tab 15 mg (¼ grain), 30 mg (½ grain), 60 mg (1 grain), 90 mg (1 ½ grain), 120 mg (2 grain))	Hypothyroidism	8/13/23
SUNLENCA (lenacapavir sodium tab therapy pack 4 x 300 mg, 5 x 300 mg)	HIV	8/1/23
TALZENNA (talazoparib tosylate cap 0.1 mg, 0.35 mg (base equivalent))	Cancer	7/2/23
THYROID (15 mg (¼ grain), 30 mg (½ grain), 60 mg (1 grain), 90 mg (1 ½ grain), 120 mg (2 grain))	Hypothyroidism	7/2/23

Balanced Drug List		
Drug ¹	Condition	Date Added
TOLMETIN SODIUM (tolmetin sodium cap 400 mg)	Arthritis	8/6/23
vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent) (generic for FIRVANQ)	C. Difficile Infection, Staphylococcal Enterocolitis	7/2/23
ZEJULA (niraparib tosylate tab 100 mg, 200 mg, 300 mg (base equivalent))	Cancer	6/25/23
ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg)	Multiple Sclerosis, Ulcerative Colitis	6/11/23

Performance Drug List		
Drug ¹	Condition	Date Added
ABRYSVO (rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5 ml)	RSV Vaccine	9/1/23
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/16/23
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Flu vaccine	7/16/23
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
AREXVY (rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5 ml)	RSV Vaccine	9/1/23
COSENTYX UNOREADY (secukinumab subcutaneous soln auto-injector 300 mg/2 ml)	Psoriasis/Psoriatic arthritis	7/30/23
darunavir tab 600 mg, 800 mg	HIV	6/4/23
FLUAD QUADRIVALENT 2023-2024 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Flu Vaccine	7/16/23
FLUARIX QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu Vaccine	7/9/23
FLUBLOK QUADRIVALENT 2023-2024 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Flu vaccine	7/23/23
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Flu vaccine	7/16/23
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tissue-cultured subunit quadrivalent im susp)	Flu vaccine	7/16/23
FLULAVAL QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/9/23
FLUZONE HIGH-DOSE PF 2023-2024 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Flu vaccine	7/23/23
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/23/23
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Flu vaccine	7/23/23
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
NIVA THYROID (thyroid tab 15 mg (¼ grain), 30 mg (½ grain), 60 mg (1 grain), 90 mg (1 ½ grain), 120 mg (2 grain))	Hypothyroidism	8/13/23
SUNLENCA (lenacapavir sodium tab therapy pack 4 x 300 mg, 5 x 300 mg)	HIV	8/1/23
TALZENNA (talazoparib tosylate cap 0.1 mg, 0.35 mg (base equivalent))	Cancer	7/2/23

Performance Drug List		
Drug ¹	Condition	Date Added
THYROID (15 mg (¼ grain), 30 mg (½ grain), 60 mg (1 grain), 90 mg (1 ½ grain), 120 mg (2 grain))	Hypothyroidism	7/2/23
vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent) (generic for FIRVANQ)	C. Difficile Infection, Staphylococcal Enterocolitis	7/31/23
ZEJULA (niraparib tosylate tab 100 mg, 200 mg, 300 mg (base equivalent))	Cancer	6/25/23
ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg)	Multiple Sclerosis, Ulcerative Colitis	6/11/23

Performance Select Drug List		
Drug ¹	Condition	Date Added
ABRYSVO (rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5 ml)	RSV Vaccine	9/1/23
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/16/23
AFLURIA QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Flu vaccine	7/16/23
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
AREXVY (rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5 ml)	RSV Vaccine	9/1/23
COSENTYX UNOREADY (secukinumab subcutaneous soln auto-injector 300 mg/2 ml)	Psoriasis/Psoriatic arthritis	7/30/23
CYLTEZO (adalimumab-adbm auto-injector kit 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
CYLTEZO (adalimumab-adbm prefilled syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (adalimumab-adbm auto-injector kit 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
CYLTEZO STARTER PACKAGE FOR PSORIASIS (adalimumab-adbm auto-injector kit 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
darunavir tab 600 mg, 800 mg	HIV	6/4/23
FLUAD QUADRIVALENT 2023-2024 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Flu Vaccine	7/16/23
FLUARIX QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu Vaccine	7/9/23
FLUBLOK QUADRIVALENT 2023-2024 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Flu vaccine	7/23/23
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tiss-cult subunit quad susp pref syr 0.5 ml)	Flu vaccine	7/16/23
FLUCELVAX QUADRIVALENT 2023-2024 (influenza vac tissue-cultured subunit quadrivalent im susp)	Flu vaccine	7/16/23
FLULAVAL QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/9/23
FLUZONE HIGH-DOSE PF 2023-2024 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Flu vaccine	7/23/23
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Flu vaccine	7/23/23
FLUZONE QUADRIVALENT 2023-2024 (influenza virus vaccine split quadrivalent im inj)	Flu vaccine	7/23/23

Performance Select Drug List		
Drug ¹	Condition	Date Added
NIVA THYROID (thyroid tab 15 mg (¼ grain), 30 mg (½ grain), 60 mg (1 grain), 90 mg (1 ½ grain), 120 mg (2 grain))	Hypothyroidism	8/13/23
SUNLENCA (lenacapavir sodium tab therapy pack 4 x 300 mg, 5 x 300 mg)	HIV	8/1/23
TALZENNA (talazoparib tosylate cap 0.1 mg, 0.35 mg (base equivalent))	Cancer	7/2/23
THYROID (15 mg (¼ grain), 30 mg (½ grain), 60 mg (1 grain), 90 mg (1 ½ grain), 120 mg (2 grain))	Hypothyroidism	7/2/23
vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent) (generic for FIRVANQ)	C. Difficile Infection, Staphylococcal Enterocolitis	7/31/23
ZEJULA (niraparib tosylate tab 100 mg, 200 mg, 300 mg (base equivalent))	Cancer	6/25/23
ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg)	Multiple Sclerosis, Ulcerative Colitis	6/11/23

Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier Drug Lists		
Drug ¹	Condition	Date Added
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
COSENTYX (secukinumab subcutaneous soln auto-injector 300 mg/2 ml)	Psoriasis/Psoriatic arthritis	7/30/23
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 ml, 40 mg/0.8 ml)	Autoimmune Disease	7/1/23
HUMATIN (paromomycin sulfate cap 250 mg)	Intestinal Amebiasis, Hepatic Encephalopathy	7/2/23

Drug List Tier Changes

Tier changes effective October 1, 2023, are outlined below.

Balanced Drug List		
Drug ¹	Condition	New Lower Tier
REXULTI (brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	Depression, Schizophrenia, Dementia-associated agitation in Alzheimer dz	Preferred Brand
Performance Drug List		
Drug ¹	Condition	New Lower Tier
REXULTI (brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	Depression, Schizophrenia, Dementia-associated agitation in Alzheimer dz	Preferred Brand
Performance Select Drug List		
Drug ¹	Condition	New Lower Tier
REXULTI (brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	Depression, Schizophrenia, Dementia-associated agitation in Alzheimer dz	Preferred Brand

Other Drug List Tier Changes

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

Balanced Drug List			
Drug ¹	Condition	New Lower Tier	Date Added
alendronate sodium oral soln 70 mg/75 ml	Osteoporosis, Paget Bone dz	Non-Preferred Generic	5/21/23
baclofen susp 25 mg/5 ml	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	Non-Preferred Generic	7/2/23
clemastine fumarate syrup 0.67 mg/5 ml (0.5 mg/5 ml base equivalent)	Allergic Symptoms	Non-Preferred Generic	7/2/23
HUMATIN (paromomycin sulfate cap 250 mg)	Intestinal Amebiasis, Hepatic Encephalopathy	Preferred Brand	7/2/23
indomethacin suppos 50 mg	Inflammatory Conditions	Non-Preferred Generic	8/13/23
isoniazid syrup 50 mg/5 ml	Tuberculosis	Non-Preferred Generic	5/28/23
prednisolone sodium phosphate oral soln 25 mg/5 ml (base equivalent)	Inflammatory Conditions	Non-Preferred Generic	5/28/23
vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent)	C. Difficile Infection, Staphylococcal Enterocolitis	Non-Preferred Generic	7/31/23

Performance Drug List			
Drug ¹	Condition	New Lower Tier	Date Added
alendronate sodium oral soln 70 mg/75 ml	Osteoporosis, Paget Bone dz	Non-Preferred Generic	5/21/23
HUMATIN (paromomycin sulfate cap 250 mg)	Intestinal Amebiasis, Hepatic Encephalopathy	Preferred Brand	7/2/23
isoniazid syrup 50 mg/5 ml	Tuberculosis	Non-Preferred Generic	5/28/23
prednisolone sodium phosphate oral soln 25 mg/5 ml (base equivalent)	Inflammatory Conditions	Non-Preferred Generic	5/28/23
vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent)	C. Difficile Infection, Staphylococcal Enterocolitis	Non-Preferred Generic	7/31/23

Performance Select Drug List			
Drug ¹	Condition	New Lower Tier	Date Added
alendronate sodium oral soln 70 mg/75 ml	Osteoporosis, Paget Bone dz	Non-Preferred Generic	5/21/23
HUMATIN (paromomycin sulfate cap 250 mg)	Intestinal Amebiasis, Hepatic Encephalopathy	Preferred Brand	7/2/23
indomethacin suppos 50 mg	Inflammatory Conditions	Non-Preferred Generic	8/13/23
isoniazid syrup 50 mg/5 ml	Tuberculosis	Non-Preferred Generic	5/28/23
prednisolone sodium phosphate oral soln 25 mg/5 ml (base equivalent)	Inflammatory Conditions	Non-Preferred Generic	5/28/23
vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent)	C. Difficile Infection, Staphylococcal Enterocolitis	Non-Preferred Generic	7/31/23

Utilization Management Program Changes

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

Dispensing Limit Changes

BCBSMT’s prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits, or quantity limits (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.**

Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists		
Drug Class and Medication(s) ¹	New Dispensing Limit	Effective Date
Rinvoq 45 mg tab	84 tabs every 365 days	9/15/23
Vuity (pilocarpine) 1.25% ophthalmic solution	5 mL (2 bottles) per 30 days	10/1/23

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

Standard Utilization Management Program Updates

The following programs have changes effective this quarter.

- Multiple Sclerosis PAQL removed Glatopa as a target from Prior Authorization effective Oct. 1, 2023.
- Phosphodiesterase Type 5 Inhibitors PAQL removed sildenafil as a target from Prior Authorization effective Oct. 15, 2023. Quantity limits remain in effect.

Please Note: The prior authorization (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](https://www.bcbsmt.com/MyPrime.com) for a variety of online resources.

Pharmacy Benefits Updates

Update: RSV Vaccine Coverage

Effective Sept. 1, 2023, BCBSMT covers the Respiratory Syncytial Virus (RSV) vaccine without cost sharing for adults, as recommended by the Advisory Committee on Immunization Practices (ACIP). This coverage is effective for all non-grandfathered ACA-compliant plans (group and Individual & Family) regardless of renewal date.

What you need to know: This year, the Food and Drug Administration (FDA) approved two new RSV vaccines, Abrysvo and Arexvy, for the prevention of lower respiratory tract disease caused by RSV in those age 60 and older.

We will cover both RSV vaccines without cost sharing when obtained at a doctor’s office (medical claim) or at a participating pharmacy (pharmacy claim) for groups that have Prime Therapeutics as their Pharmacy Benefits Manager (PBM).

Groups that have carved-out pharmacy benefits should check with their PBM to confirm their coverage and implementation of this update.

As with any preventive service, the vaccine must be obtained from an in-network provider to be covered without cost sharing.

Note: The RSV vaccine for infants, (Beyfortus), is a different drug, and it is covered only under the medical plan.

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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 for coverage and the terms of the member's contract, including, but not limited to, exclusions and limitations applicable on the date services were rendered. If you have any questions, call the number on the member's ID card.

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

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.

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