

# Blue Review<sup>SM</sup>

**A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS**

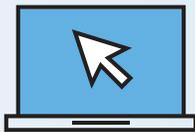
**FOURTH QUARTER 2023**

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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
- 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:

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# Advisory on Telemedicine Services – Using Place of Service Codes on Commercial Claims

## What's Changing

We're updating our telehealth **commercial** claims filing guidelines.

When filing commercial claims, follow these place of service code recommendations:

- **POS 10** is for use on claims for "Telehealth Provided in Patient's Home"
- **POS 02** is for use on claims for "Telehealth Other than in Patient's Home"

The above POS code changes designate where the patient is located when receiving services through telehealth. This notification applies to claims for commercial BCBSMT members.

## More Information

Continue to visit the [News and Updates](#) page on the provider website and the Blue Review newsletter for further updates regarding telemedicine. You may view the codes and applicable policy in [Availity](#)<sup>®</sup>.

# Appropriate Use of Opioids Program to be Retired January 2024

**This update applies to BCBSMT group and Individual & Family Market members with Prime Therapeutics<sup>®</sup> as their pharmacy benefit manager.**

## What's New

The Appropriate Use of Opioids program will be retired effective January 1, 2024. However, BCBSMT will continue to promote safe and effective use of prescription opioids through an approach that more closely aligns with the Center for Disease Control's 2022 Guidelines for Prescribing Opioids for Pain, which emphasize flexibility and individualized care.

## New Approach

BCBSMT's new approach will eliminate hard edits – or benefit rejections at the pharmacy counter – and instead be updated to soft edits, which will allow the pharmacy or provider to determine whether to dispense.

- The soft edits are in place to alert the pharmacy if: an opioid naïve member has an opioid prescription that exceeds seven days; or, if a member has exceeded dosage limits and has filled overlapping opioid prescriptions at two or more pharmacies and from two or more providers.
- A member is considered opioid naïve if they do not have opioid prescription within the past 60 days, based on pharmacy claims data. Examples of medications targeted by these new standards are opioid agonists like codeine, oxycodone, hydromorphone, morphine and opioid combination products like oxycodone/acetaminophen, and hydrocodone/acetaminophen.

Also new on Jan. 1, 2024, is the Opioids Extended-Release Prior Authorization Quantity Limits program with Oxycontin as the lone target. Other opioid quantity limits which existed under AUO will continue under Opioids ER PAQL.

Questions: Visit the [Pharmacy Programs page](#) on [bcbsmt.com](#) provider website for more information.

# BCBSMT's Approach to Managing GLP-1 Agonist Medications

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

## What This Means

In June 2023, we implemented 'smart' automation technology at the pharmacy counter to assist with PA review requirements for GLP-1 drugs covered by the pharmacy benefit. The technology reviews documented medical diagnosis of Type 2 diabetes and claims history for other diabetes medications like insulin. When members have a pharmacy claim for a GLP-1 diabetes drug and BCBSMT has documentation of both the Type 2 diabetes diagnosis and claims history for other diabetes medications, members are flagged as having met the PA criteria and a PA request is not needed.

All members need is a prescription for their medicine. Medical chart notes are only required in cases where we do not have a member's diabetes diagnosis and other diabetes medication history on file.

## What's Changing

Beginning Jan. 1, 2024, members using a GLP-1 diabetes drug who do not have a diabetes diagnosis and other diabetes medication history on file will be required to go through the PA process. This will apply to both group members with prescription drug benefits administered by Prime Therapeutics and members who purchase individual and family plans, who have the PA program as part of their pharmacy benefits.

- If your patient does not have a Type 2 diabetes diagnosis in their medical claims history and prescription history for other diabetes drugs, you may need to submit documentation of the missing information to meet the new PA criteria. Coverage of a GLP-1 diabetes drug may not be approved without documentation of a diabetes diagnosis.
- Note: If your patient has an existing PA approval for a GLP-1 diabetes drug, the PA will remain in effect until the expiration date stated on the PA approval notice. You, or your patients, may receive a PA notification alert to re-submit the request in advance as part of our notification process.

## Coverage for Medicare members

Starting in 2024, Medicare members will also need PA approval for GLP-1 coverage consideration to treat Type 2 diabetes. If a diagnosis of Type 2 diabetes is already on file with us, this request may not be needed.

## What's Next

BCBSMT and Prime Therapeutics continue to monitor market changes, abnormal pharmacy dispensing and medication utilization. Pharmacy clinical management strategies will be adjusted as needed to best support our members while managing the total cost of care.

# BlueApprovR Now Accepts Recommended Clinical Reviews for Behavioral Health

BCBSMT 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 for behavioral health services, as well as 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 requests 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. If clinicals or additional information are needed, you will be prompted to provide that information.

## BlueApprovR Offers End-to-End Efficiencies

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

- Request RCR and prior authorization for behavioral health and medical surgical 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
- Behavioral Health
- 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 Methods

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

**Note:** This new tool is **not** available for our **Federal Employee Program<sup>®</sup>, Medicare Advantage, or Healthy Montana Kids members**. Please use your existing process for requesting RCR 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.



## Centers for Medicare and Medicaid Services Guidelines for Availability and Access Standards to Care for Medicare Advantage Members

The Centers for Medicare and Medicaid Services revised guidelines for appointment availability and access which should be followed to ensure timely access to medical care for Medicare Advantage members.

Under CMS's Time Standards (42 CFR 422.112) the revised guidelines codify wait time standards to reflect business days instead of weekdays.

CMS applies these standards to primary care and behavioral health services and substance use disorder services as follows.

- Routine and preventive care within 30 business days
- Urgent, but non-emergent care within 24 hours of request
- Services that are not emergency or urgently needed, but requires medical attention — within seven business days (revised from one week)

For more information refer to [CMS's Access to Services](#) (42 CFR 422.112).

# Chronic Kidney Disease Management Strategies for Primary Care Providers

BCBSMT invites **primary care providers** to an **online learning series on chronic kidney disease management strategies**. The courses offer continuing medical education credit at no cost to you. We're pleased to offer this 12-part series through the National Kidney Foundation®, an independent organization dedicated to the awareness, prevention and treatment of kidney disease.

## How to Access the Modules

We've emailed contracted PCPs a link to register for the series through the NKF learning management system. If you missed or didn't receive an email, you can find registration instructions in [Availity Essentials](#) in Payer Spaces in the Resources section.

## Course Offerings

Earn **0.5 CME credit** for each of the following modules completed:

- Strategies for Slowing Progression in CKD
- Blood Pressure Management in Patients with CKD
- Nutritional Management in Kidney Disease: Opportunities and Challenges
- CKD and Cardiovascular Risk Management in Primary Care
- Strategies to Improve Outcomes in Diabetic Kidney Disease
- Evaluation and Diagnosis of Chronic Kidney Disease
- Women's Health and CKD from the Primary Care Perspective
- Medical Management of Advanced CKD from the Primary Care Perspective
- Management of Geriatric Patients with CKD from the Primary Care Perspective
- Addressing Health Inequities: An Opportunity to Improve Outcomes in Kidney Disease
- Kidney Replacement Therapy from the Primary Care Perspective
- Medication Management in Patients with CKD

You may complete the modules in any order and take as many as you choose.

## More about CKD

Kidney diseases are a leading cause of death in the U.S., according to the Centers for [Disease Control and Prevention](#). About 37 million adult Americans are estimated to have CKD, and most are undiagnosed.

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

# Coordinating Care after Hospital Discharges to Help Reduce the Chances of Readmissions

When our members receive inpatient hospital care, it's important for hospital care teams to share information with primary care providers to coordinate care after discharge. **Hospital discharge summaries** can help our members transition from inpatient care, according to the [American College of Physicians and others](#). Care coordination and planning can in turn help reduce the chances of hospital readmissions, according to the [National Committee for Quality Assurance](#).

If you provide care to our members during or after a hospital discharge, consider the following tips to support care coordination.

## For Hospital Care Teams

Give PCPs timely access to **hospital discharge summaries**. Discharge summaries should include information on:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes and most commonly known side effects

## For Primary Care Providers

Obtain the member's hospital discharge summary and schedule a timely follow-up visit to discuss discharge instructions. Consider telehealth services when available and appropriate.

Perform a [medication reconciliation](#) to compare hospital medication orders to the medications the member has been taking. This is done to prevent drug interactions, duplications or other errors.

Talk with our members about unique risks and barriers they may face that might have played a role in hospitalization. Our [Health Equity and Social Determinants of Health](#) page has information that may be helpful.

Let our members 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.

Blue Cross and Blue Shield Federal Employee Program members may call **800-462-3275** to connect with a case manager after discharge.

## Tracking Our Members' Progress

We track [Plan All-Cause Admissions](#), which is a Healthcare Effectiveness Data and Information Set® measure from NCQA. This captures the number of acute inpatient and observation stays during a measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. The measure applies to Medicare Advantage members ages 18 and older, and to other members ages 18 to 64.

As part of the BCBSMT provider satisfaction survey, we also track responses from PCPs and specialists about the timely sharing of hospital discharge summaries. The survey results help us identify opportunities to improve coordination of care.

# Encourage Annual Eye Exams for Members with Diabetes

People with diabetes are at a higher risk of vision loss and eye diseases, but 60% don't get annual eye exams, according to the [Centers for Disease Control and Prevention](#). Early diagnosis and proper treatment can greatly **lower the chance of blindness** from diabetic retinopathy. You may play an important role in supporting our members with diabetes by encouraging an annual retinal or dilated eye exam by an eye care specialist.

In its [Standards of Care in Diabetes 2023](#) for retinopathy, the American Diabetes Association recommends annual dilated retinal exams by an ophthalmologist or optometrist for members with any signs of retinopathy. See our [preventive care](#) and [clinical practice guidelines](#) for more information on diabetes.

## Monitoring Our Members' Care

We track Eye Exam for Patients with Diabetes, a Healthcare Effectiveness Data and Information Set measure from the National Committee for Quality Assurance. EED captures the percentage of our members ages 18 to 75 with diabetes (type 1 and type 2) who have a retinal eye exam by an eye care professional during the measurement year to screen or monitor for diabetic retinal disease.

To help close gaps in care for this measure, consider the following:

In early stages of retinopathy, people often don't experience any symptoms. Discuss the importance of annual eye exams with our members who have diabetes, including members who are planning to be pregnant or are pregnant. We've created [information that may help](#).

- Consider building care gap alerts for eye exams in our members' electronic medical records and sending them reminders.
- We encourage eye care specialists to communicate exam results to our members' primary care providers to help coordinate care.

We track additional quality measures for our members with diabetes:

- Hemoglobin A1c Control for Patients with Diabetes, Blood Pressure Control for Patients with Diabetes and Kidney Health Evaluation for Patients with Diabetes: [Learn more](#)
- Statin Therapy for Patients with Diabetes: [Learn more](#)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications: [Learn more](#)

# Ensure Claims Appeals Are Submitted Correctly

When submitting appeals through the Availity portal, please submit them as an appeal initiation so that it is sent to the appropriate area for handling. Please do not submit appeals as claim reconsiderations through the portal. This will help ensure timely response to your appeals.

Appeals may also be submitted via fax or mail:

E-mail: [MT\\_Appeals@bcbsmt.com](mailto:MT_Appeals@bcbsmt.com)

Fax: **406-441-5569**

Mail: BCBSMT Attn: Appeals Team, P.O. Box 660255, Dallas, TX 75266-0255

To learn more about how to correctly submit Claims Appeals, review [the information on our provider website](#).

## FEP Updates to Prior Approval Requirements and Benefits

As of January 1, 2024, the following changes will be in effect for Federal Employee Program policy types:

- For Standard and Basic, Hearing Aids will require Prior Approval and will NOT be covered with a post service review. FEP Blue Focus will continue to have hearing aids not covered.
- All genetic testing will require Prior Approval.
- Proton Beam Therapy, Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy require prior approval.
- Certain High-Cost High Dollar Drugs will require Prior Approval in addition to all Gene Therapy and CAR-T drugs.
- All transplants require Prior Approval, regardless of policy type, except corneal.
- Gender Affirming Care is being broadened to include breast augmentation and certain facial surgeries. All Gender Affirming Services still require Prior Approval.
- We now provide coverage for Artificial Insemination; Prior Approval is required.
- Benefits for drugs associated with Artificial Insemination procedures, where the procedure has been prior approved, may be covered.
- In vitro fertilization related drugs are limited to three cycles annually, prior approval required, and must be completed through the pharmacy benefit.
- For Standard members, we now provide coverage for Assisted Reproductive Technology procedures and services, limited to \$25,000 annually for some infertility diagnosis and Prior Approval required.
- We no longer require written consent in a case management program prior to admission for inpatient care provided by a Residential Treatment Center or Skilled Nursing Facility.
- We now provide coverage for marital and family counseling.
- For eligible members who do not opt out, prescription drug benefits will now be provided under a new FEP Medicare Prescription Drug Program (Medicare Part D).

Please note you may submit a request via Availity, AIVR, submitting a fax along with a Recommended Clinical Review (Predetermination) form, or calling our Preauth department. For benefit questions, please contact the number on the back of the member's card or Customer Service. You may also get more information about the Federal Employee Program, including the benefit brochure, through the website [fepblue.org](https://www.fepblue.org).

Fax numbers: **877-404-6455** or **888-368-3406**

Preauth number: **877-885-3751**

Customer Service number: **800-634-3569**

# Inpatient DRG Claims for Patients Transferred Early Will Be Paid According to CMS' Transfer Policy

## What's Changing

Effective **Jan. 1, 2024**, BCBSMT will follow the Centers for Medicare and Medicaid Services' transfer rules when paying inpatient claims that use the Medicare Severity Diagnostic Related Group 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 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:
  - 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.**



## LCPCs and LMFTs Contracting as BCBSMT Medicare Advantage Participating Providers Effective Jan. 1, 2024

As of January 1, 2024, the federal Mental Health Access Improvement Act will allow Licensed Clinical Professional Counselors and Licensed Marriage and Family Therapists to provide services to Medicare beneficiaries and to bill Medicare Part B for reimbursement for approved services. Because this benefit will be available to Medicare beneficiaries under Medicare Part B, it will also be available to beneficiaries enrolled in the Medicare Advantage program.

In light of this new federal act, Blue Cross and Blue Shield of Montana is soliciting LCPCs and LMFTs for participation in the Medicare Advantage provider network beginning January 1, 2024. **If you would like to become a participating provider in the Medicare Advantage network, please request by emailing [hcsx6100@bcbsmt.com](mailto:hcsx6100@bcbsmt.com) and a contract will be sent to you.**

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

If we need medical records for **Blue Cross Group Medicare Advantage (PPO)<sup>SM</sup>** 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 **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 Advantage<sup>SM</sup> members.

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

## New CPT Codes for COVID-19 Vaccines and Vaccine Administration

The American Medical Association has updated its [COVID-19 vaccine coding guidance](#). It released six new Current Procedural Terminology<sup>®</sup> codes for Pfizer's and Moderna's vaccines and their administration.

The codes were effective as of Sept. 11, 2023. See the [AMA website for current vaccine codes](#).

[The AMA announced](#) that on Nov. 1, 2023, it will delete COVID-19 vaccine product and administration codes that end in "A" for products that are no longer FDA-authorized, except for the Novavax vaccine product code. Providers should discontinue use of the deleted codes for services provided after Nov. 1. The six new codes and the Novavax product code will remain in effect after Nov. 1.

### COVID-19 Coverage

Blue Cross and Blue Shield of Montana [continues to cover](#) FDA-authorized COVID-19 vaccines at the member's preventive benefit level. This includes the newest versions of the vaccines [approved by the FDA](#). Some groups may not cover preventive services, including COVID-19 vaccines. Check eligibility and benefits for details for each member. Learn more on our [Provider website](#).



## New Email Address for Electronic Commerce Services

The email address for Blue Cross and Blue Shield of Montana Electronic Commerce Services has recently been updated to [ecommerceservicesMT@bcbsmt.com](mailto:ecommerceservicesMT@bcbsmt.com).

Electronic Commerce Services is here to you assist with the following:

- Electronic Remittance Advice (835 ERA) and Electronic Funds Transfer (835 EFT) Enrollment questions or issues
- Missing or out of balance 835 ERA transactions
- 837 Electronic claims rejections without a claim number assigned
- Electronic Data Interchange Clearinghouse

Please update your records with the new email address. For your convenience, inquiries sent to the previous Electronic Commerce Services email address will be forwarded to the new email address during this transition. Additionally, we are in the process of updating our provider website, forms, and provider manual with the new email address.

### Not Enrolled for 835 ERA and/or 835 EFT?

Complete the online guided registration process via [Availity Essentials](#). For more information, refer to the instructional [EFT and ERA Enrollment User Guide](#) on our provider website.

# New Mailing Addresses: Please Update Your Records

We're updating our mailing addresses for faster claims processing and more effective response times. Please review the changes below and update your records accordingly.

## General Mail and Commercial & Group Claims

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

Blue Cross and Blue Shield of Montana  
P.O. Box 660255  
Dallas, TX 75266-0255

## Medicare Supplement Correspondence

Blue Cross and Blue Shield of Montana  
P.O. Box 660694  
Dallas, TX 75266-0694

## Medicare Supplement Claims

Blue Cross and Blue Shield of Montana  
P.O. Box 660071  
Dallas, TX 75266-0071

## Behavioral Health Correspondence

Blue Cross and Blue Shield of Montana  
P.O. Box 660240  
Dallas, TX 75266-0240

## Dental Claims

Blue Cross and Blue Shield of Montana  
P.O. Box 660247  
Dallas, TX 75266-0247

Please update your contact information for us with these new addresses. Mail sent to our previous BCBSMT P.O. Boxes will be forwarded to the new address while we transition.

See our [Claim Submission page](#) and the [Contact Us page](#) for more information.

If you require a written copy of this notice, please email us at [hcsx6100@bcbsmt.com](mailto:hcsx6100@bcbsmt.com).



## Oral Oncology Pharmacy Network Transitioned to IntegratedRx™

### What's new?

As of Oct. 1, 2023, the Prime Therapeutics oral oncology pharmacy network has transitioned to the IntegratedRx™ network of specialty pharmacies.

### What is IntegratedRx™?

IntegratedRx™ is a clinically integrated program that allows members to receive their oral oncology and other select medications at their health care provider's clinic or hospital pharmacy. The doctor and pharmacist are part of the same team and have direct communication.

Members have access to more than 400 clinic-based pharmacies for oncology and more than 10 clinic-based pharmacies for cystic fibrosis.

### Finding a Specialty Pharmacy

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

### More Information

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



## Prior Authorization Changes for Medicare Advantage Members

### What's Changing

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

A summary of changes is included below.

### Important Reminder

Always check eligibility and benefits first through the [Availity](#) 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 Magellan Electro Convulsive Therapy codes previously** reviewed by BCBSMT
- April 1, 2024 – **Addition of lab codes** reviewed by eviCore healthcare (includes HMK)

### More Information

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

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

# Prior Authorization Codes Updated for Commercial Members

## What's Changing

Blue Cross and Blue Shield of Montana 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 code changes released by the American Medical Association or Healthcare Common Procedure Coding System code changes from the Centers for Medicaid & Medicare Services. A summary of changes is included below.

## Important Reminder

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

Changes include:

- **April 1, 2024** – Addition of Genetic Testing codes reviewed by Carelon Medical Benefits Management
- **April 1, 2024** – Addition of Infusion Site of Care codes to be reviewed by BCBSMT
- **April 1, 2024** – Addition of Medical Oncology drug codes to be reviewed by Carelon
- **April 1, 2024** – Removal of Medical Oncology drug codes previously reviewed by Carelon
- **Jan. 1, 2024** – Removal of a Specialty Pharmacy code previously reviewed by BCBSMT

## More Information

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

# Provider Finder to Highlight 'Top Performing Physicians'

In early 2024, our [Provider Finder](#) tool will identify providers who are highly rated for quality, cost-efficient care and appropriate treatment plans. These providers' profiles will display a "Top Performing Physician" designation to help inform our members and connect them with care.

## How It Works

The Top Performing Physician designation is based on results of our Physician Efficiency, Appropriateness, and Quality<sup>SM</sup> program. This evidence-based program evaluates primary care physicians and some specialists on three measures of health care standards: quality of patient care, medical appropriateness and cost efficiency.

PEAQ<sup>SM</sup> results show how providers compare to peers. Within Provider Finder, the Provider Profile pages will show summaries of PEAQ performance scores.

Refer to our [PEAQ page](#) for more information, including the program methodology. Also continue to watch [News and Updates](#) for program announcements and related resources.

## Reminder: Make Sure your Rates are Up To Date

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

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

[Contact us](#) with any additional questions.

## See New Enhancements for Behavioral Health Pre-Service Reviews Effective Nov. 6

BCBSMT is continuing to make improvements to its behavioral health pre-service request and review process for some commercial members.

When submitting preservice 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 6, 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 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:** Also, you may still use forms to request these outpatient services, including Intensive Outpatient Program, Electroconvulsive Therapy, and Repetitive Transcranial Magnetic Stimulation. In addition, effective November 6, 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.



## See Updates to Claim Editing Changes for Emergency Department Services

BCBSMT plans to enhance our claims editing and review process with Cotiviti for emergency department evaluation and management services for our commercial members.

As we told you earlier this year, for dates of service beginning Nov. 1, 2023, we will edit applicable **professional** claims to help ensure accurate billing and proper reimbursement.

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

### What's Changing

For professional claims, 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 [Avality Essentials](#) by using the Plan Documents Viewer application in our BCBSMT-branded Payer Spaces section. Look for our revised Emergency Department Evaluation and Management Services – for Facility Services policy and our new Emergency Department Evaluation and Management Services Coding – for Professional Services policy.

# Three New ClaimsXten Rules to be Implemented March 2024

On or after **March 1, 2024**, we will update the ClaimsXten software database to better align coding with the reimbursement of claim submissions.

These are the changes:

<p><b>Bundled Service</b></p>	<p>This rule identifies claim lines containing procedure codes indicated by the Centers for Medicare &amp; Medicaid Services to be always bundled when billed with any other procedure. According to the CMS National Physician Fee Schedule Relative Value File, this procedure has a status code indicator of “B,” which is defined as: “Payment for covered services is always bundled into payment for other services not specified.” This rule is appropriate for professional claims only.</p>
<p><b>CMS Add-on Without Base Code Facility</b></p>	<p>This rule identifies claim lines containing a Current Procedural Terminology or Healthcare Common Procedure Coding System assigned add-on code when billed without acceptable supporting primary procedure/base code by the same practitioner for the same patient on the same date of service, per CMS. According to CMS, add-on codes are always performed in addition to the primary service or procedure and must never be reported as a stand-alone code. An add-on code is eligible for payment if its related primary procedure/ base code is also eligible for payment to the same practitioner for the same patient on the same date of service. This rule is appropriate for outpatient facility claims only.</p>
<p><b>Ancillary Procedures</b></p>	<p>This rule identifies claim lines billed by the same or a different provider either on the same day or different day (depending on the procedure code) after a non-covered service. This rule can consider both facility and non-facility claims.</p> <p>Before denying an ancillary service, the rule check for other covered services that may have been performed on the same day as the non-covered procedure. If found, the rule will allow the ancillary service. This rule is appropriate for professional claims and outpatient facility claims only.</p>

To determine how coding combinations may be evaluated during claim adjudication, use Clear Claim Connection™. Refer to our Clear Claim Connection page for more information about ClaimsXten and details on C3.

# Training Resources for Behavioral Health Care

More than 120 million Americans live in areas experiencing a shortage in behavioral health care providers, according to the [Health Resources and Services Administration](#). Even when providers are available, patients often rely on primary care physicians for behavioral health care, according to the [American Academy of Family Physicians](#).

Below are resources that providers across disciplines may find helpful to **support patients presenting with behavioral health concerns**. BCBSMT makes no endorsement of these resources and encourages providers to consider what care is best for their patients under their specific circumstances.

- Substance Abuse and Mental Health Services Administration [Practitioner Training](#)
- [Providers Clinical Support System](#) training to prevent and treat opioid use disorders
- [Postpartum Support International's](#) listing of psychiatric perinatal and pediatric mental health consultation lines

## BCBSMT Webinars with Continuing Education Credit

We offer introductory behavioral health webinars at no cost to providers. [Register or sign in here](#) to view recordings of the following webinars. You will earn one continuing medical education (CME) credit or continuing education unit per course, unless otherwise noted.

- Bipolar Disorder: Diagnosis and Treatment (1.5 CME/CEU)
- Comorbid Behavioral Health and Physical Health Conditions
- Depression in a Primary Care Setting
- Diabetes and Behavioral Health
- Differential Diagnoses of Depression: Assessment and Treatment
- Maternal Mental Health: Pregnancy and Postpartum
- Opioid Use Disorder
- Substance Abuse: Coordinating Care and Improving Follow-Up
- Suicide Prevention with the Military Community (1.5 CME/CEU)
- Synthetic Opioids and the Opioid Crisis



## Utilization Management: How to Avoid Delays and Denied Claims

Our utilization management program helps ensure our members get **the right care, at the right time, in the right setting**. Our preservice review process, including prior authorization or optional recommended clinical reviews use evidence-based clinical standards of care to help determine whether a benefit may be covered under the member's health plan.

### Where to Begin

Before rendering care or services, always check eligibility and benefits, via [Avality Essentials](#) or your preferred web vendor. In addition to verifying membership and coverage status, this step returns information on prior authorization requirements and utilization management vendors, if applicable.

**Note:** if you deliver care or services without a prior authorization, a post service medical necessity review will be conducted and you, not the member, may be responsible for denied charges.

### Simplifying The Complex

Member benefits and review requirements and recommendations may vary based on services rendered and individual/group policy elections.

Our [utilization management website](#) explains the various review types needed or suggested when providing care for BCBSMT members. You can also find "how to" directions and vendor profiles as well as prior authorization and recommended clinical review code lists.



## Hepatitis B Screening Guidance

The Centers for Disease Control and Prevention recommends hepatitis B virus (HBV) screening for all adults aged 18 years and older and pregnant women during each pregnancy regardless of vaccination status and history of testing. In Montana, hepatitis B is one of three required serological tests (syphilis, hepatitis B surface antigen, and rubella) for women seeking prenatal care, as found in Montana Code Annotated Title 50, Chapter 19. Acute, chronic, and perinatal hepatitis B infections must be reported to your local health department, as per [ARM 37.114.203](#).

Hepatitis B serological test results distinguish whether an individual has acute or chronic hepatitis B infection.<sup>1</sup> The available laboratory tests include hepatitis B surface antigen (HBsAg), surface antibody (anti-HBs), total antibody to hepatitis B core antigen (anti-HBc), and IgM antibody to hepatitis core antigen (IgM anti-HBc). Occasionally, envelope or “E” antigen will also be used (HBeAg). Antigen positivity denotes infection, while antibody positivity denotes immunity from previous infection or vaccination against hepatitis B.

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The CDC recommends a screening approach for adults using a triple panel test strategy, including hepatitis B surface antigen (HBsAg), antibody to hepatitis B surface antigen (anti-HBs), and total antibody to hepatitis B core antigen (total anti-HBc). The recommended screening for pregnant women is hepatitis B surface antigen during each pregnancy, preferably during the first trimester, regardless of vaccination status and history of testing.<sup>1</sup>

Hepatitis B infection is based on clinical, laboratory, and epidemiologic findings. Laboratory evidence of an acute infection includes a positive anti-HBc test, and a positive HBsAg, prior to disease resolution. The presence of HBsAg indicates that a person is infectious. Chronic infection is confirmed with two separate positive serological HBsAg test results, obtained at least 6 months apart. In chronic hepatitis B infection, HBsAg and anti-HBc will remain positive. An isolated positive anti-HBc result needs further interpretation. In a person susceptible to hepatitis B, all tests will be negative. Immunity from vaccination will result in only an anti-HBs positive test, and immunity due to natural infection will show anti-HBc and anti-HBs results. Any detectable HBV DNA level is considered positive for surveillance purposes.

### Testing Guidance for Hepatitis A

Hepatitis A is a vaccine-preventable disease caused by the hepatitis A virus (HAV), which is found in the stool and blood of people who are infected. Symptoms of the infection include fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice. HAV infection occurs after direct contact with an infected person, or ingestion of contaminated food or water. Hepatitis A infections must be reported to your local health department, as per [ARM 37.114.203](#). Montana has a low incidence of HAV infection – 1 case was reported in 2023.

Screening asymptomatic people for hepatitis A is generally not recommended and can lead to false positive results. HAV infection is confirmed during the acute or early convalescent phase of infection by the presence of IgM anti-HAV in serum. IgM generally becomes detectable 5 to 10 days before the onset of symptoms and can persist for up to 6 months. The total antibody test for HAV measures both IgG anti-HAV and IgM anti-HAV and is not necessarily an indicator of current infection. A positive total antibody test for HAV could be evidence of current infection, past infection, or history of HAV vaccination. Only a positive IgM anti-HAV should be used for diagnosis of active HAV infection.

Additional resources on HAV infection can be found at the links below:

<https://www.cdc.gov/vaccines/pubs/pinkbook/hepa.html>

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5418a1.htm>

1. Centers for Disease Control and Prevention (CDC) Screening and Testing Recommendations for Chronic Hepatitis B Virus Infection (HBV): <https://www.cdc.gov/hepatitis/hbv/testingchronic.htm>
2. CDC Interpretation of Hepatitis B Serologic Test Results: <https://www.cdc.gov/hepatitis/hbv/interpretationOfHepBSerologicResults.htm>
3. CDC Hepatitis B Surveillance Guidance: <https://www.cdc.gov/hepatitis/statistics/surveillanceguidance/HepatitisB.htm>



## ReACT Mini-Grants

The Montana Tobacco Use Prevention Program provided six ReACT mini-grants to six local ReACT coalitions this academic year to promote tobacco advocacy, education, and prevention at the community level. [Click here](#) to hear about their local tobacco prevention projects from the youths.

## 2024 Big Sky Pulmonary Conference

The Montana Department of Public Health and Human Services and the Montana Asthma Control Program are pleased to announce the 2024 Big Sky Pulmonary Conference will be held February 29 to March 2, 2024, at the Fairmont Hot Springs Resort. The Big Sky Pulmonary Conference is a continuing education conference for health professionals, which highlights promising methods of preventing and managing respiratory illness and associated risk factors according to evidence-based guidelines. Sessions will be presented by physicians and other health professionals including experts in sleep medicine, pediatric and adult pulmonary care, allergy, immunology, pharmacology, radiology, and public health practice. The 2024 conference will feature topics such as Pulmonary Impacts of Peripheral Artery Disease, AI in Respiratory Medicine, Advances in Lung Cancer Diagnosis and Treatment, Pulmonary Complications of HIV Infection, Pneumonic Tularemia, Integrating EHRs in Respiratory Care, and more.

Conference attendees will have the option of attending in person or virtually. Conference registration will open December 5, 2023. Interested parties can find more details and register online at [umt.edu/ces/conferences/bigskypulmonary](https://umt.edu/ces/conferences/bigskypulmonary).

# Pharmacy Program Quarterly Update: Changes Effective Jan. 1, 2024 – Part 1

## Pharmacy Benefit Reminders

A new year often welcomes new members to BCBSMT or updates to benefits for our current members. Discussing your patient’s pharmacy benefits can help with this transition.

As you visit with your patients, also consider the following:

- Your patient’s pharmacy benefits may be new to them or apply to an updated drug list. The [preview drug lists](#) are available on our member website to help both you and your patients when prescribing medication. The final drug lists will be available closer to the Jan. 1, 2024 effective date.
- Review the prescription drug list before prescribing medications. Some drugs may have been excluded from coverage or have a new utilization management program requirement. If your patients need a coverage exception or prior authorization request, visit our [provider website](#) for forms and more information.
- Some members’ plans may experience changes to the pharmacy network, such as moving to a new pharmacy network or changes to pharmacies participating within the network. Members that are impacted by these changes will receive letters from BCBSMT to alert them they will pay more if continue to use a pharmacy no longer in network. In most cases, no action is required on your part for these pharmacy network changes. Members can easily transfer prescriptions to an in-network pharmacy. You may want to ask which pharmacy is their preferred choice if your office stores pharmacy information on patient records.
- If you or your patients are concerned about a particular drug benefit change, call the number on their ID card to confirm any new or updated pharmacy benefits. Treatment decisions are always between you and your patients. Coverage is subject to the terms and limits of your patients’ benefit plans. Please advise them to review their benefit materials for details.

## Drug List Changes

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSMT drug lists, effective on or after Jan. 1, 2024. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Drug-list changes are listed on the following charts.**

You can view a preview of the January drug lists on our [member website](#). The final lists will be available closer to the January 1 effective date.

## Drug List Exclusions/Revisions – Effective Jan. 1, 2024

Balanced Drug List Exclusions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
ADVAIR DISKUS (fluticasone salmeterol aer powder ba 100 50 mcg/act, 250 50 mcg/act, 500 50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
EDARBI (azilsartan medoxomil tab 40 mg, 80 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telimisartan, valsartan

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EDARBYCLOR (azilsartan medoxomil chlorthalidone tab 40 12.5 mg, 40 25 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
FLEQSUVY (baclofen susp 25 mg/5 ml)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	baclofen tablet 10 mg, 20 mg
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Urethritis Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
OBSTETRIX DHA (prenat w/fe carbonyl fa tab 29 1 mg & dha cap 350 mg pak)	Prenatal Vitamin	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

#### Balanced Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SYMBICORT (budesonide formoterol fumarate aerosol, 80 4.5 mcg/act 160 4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VICTOZA (liraglutide soln pen injector 18 mg/3 ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

#### Performance Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
ADVAIR DISKUS (fluticasone salmeterol aer powder ba 100 50 mcg/act, 250 50 mcg/act, 500 50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent))	C. Difficile Infection, Staphylococcal Enterocolitis	vancomycin solution 50 mg/mL
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR

Performance Drug List Exclusions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14 x 100 mg titration kit	Bipolar disorder, Seizures	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab delayed release 35 mg	Osteoporosis treatment	risedronate tablet 35 mg
VICTOZA (liraglutide soln pen injector 18 mg/3 ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

Performance Select Drug List Exclusions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
ADVAIR DISKUS (fluticasone salmeterol aer powder ba 100 50 mcg/act, 250 50 mcg/act, 500 50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
EDARBI (azilsartan medoxomil tab 40 mg, 80 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
EDARBYCLOR (azilsartan medoxomil chlorthalidone tab 40 12.5 mg, 40 25 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent))	C. Difficile Infection, Staphylococcal Enterocolitis	vancomycin solution 50 mg/mL
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR
isotretinoin cap 25 mg, 35 mg	Acne	isotretinoin capsule 20 mg, 30 mg
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14 x 100 mg titration kit	Bipolar disorder, Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MOXIFLOXACIN HYDROCHLORID E (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Ocular Infections	moxifloxacin ophthalmic solution 0.5% (3 times daily)

Performance Select Drug List Exclusions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE (neomycin polymyxin hc ophth susp)	Inflammatory Ocular Conditions w/ Infection	neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/ dexamethasone suspension
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab delayed release 35 mg	Osteoporosis treatment	risedronate tablet 35 mg
SYMBICORT (budesonide formoterol fumarate aerosol, 80 4.5 mcg/act 160 4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SYMBICORT (budesonide formoterol fumarate aerosol, 80 4.5 mcg/act 160 4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Health Insurance Marketplace Drug List Exclusions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
ADVAIR DISKUS (fluticasone salmeterol aer powder ba 100 50 mcg/act, 250 50 mcg/act, 500 50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CELONTIN (methsuximide cap 300 mg)	Absence Seizure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent))	C. Difficile Infection, Staphy-lococcal Enterocolitis	vancomycin solution 50 mg/mL
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) (manufacturer to discontinue product in early 2024)	Asthma	ARNUITY, ASMANEX, QVAR
ORFADIN (nitisinone cap 20 mg)	Hereditary Tyrosinemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Health Insurance Marketplace Drug List Exclusions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Basic and Enhanced Revisions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
ADVAIR DISKUS (fluticasone salmeterol aer powder ba 100 50 mcg/act, 250 50 mcg/act, 500 50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO VARENICLINE (varenicline tar-trate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act)	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve))	Asthma	ARNUITY, ASMANEX, QVAR
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ORFADIN (nitisinone cap 20 mg)	Hereditary Tyrosinemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VICTOZA (liraglutide soln pen injector 18 mg/3ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYB-ELSUS, TRULICITY

Multi Tier Basic and Multi Tier Enhanced Revisions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Multi Tier Basic Annual and Multi Tier Enhanced Annual Revisions		
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

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

## Drug Tier Changes

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

Balanced Drug List Tier Changes			
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>	New Tier
MESALAMINE DR (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	mesalamine tab delayed release 400 mg	Non Preferred Brand
NAFRINSE DROPS (sodium fluo-ride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries Prophylaxis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
OXANDROLONE (oxandrolone tab, 2.5 mg 10 mg)	Promotes Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Warts	imiquimod cream 5%	Non Preferred Brand

Balanced Drug List Tier Changes			
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>	New Tier
TELMISARTAN/AMLODIPINE (telmisartan amlodipine tab 40 5 mg, 40 10 mg, 80 5 mg, 80 10 mg)	Hypertension	telmisartan tab 40 mg, amlodipine tab 10 mg, amlodipine valsartan, am-lodipine olmesartan	Non Preferred Brand

Performance Drug List Tier Changes			
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>	New Tier
MESALAMINE DR (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	mesalamine tab delayed release 400 mg	Non Preferred Brand
NAFRINSE DROPS (sodium fluo-ride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries Prophylaxis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
OXANDROLONE (oxandrolone tab, 2.5 mg 10 mg)	Promotes Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Warts	imiquimod cream 5%	Non Preferred Brand
TELMISARTAN/AMLODIPINE (telmisartan amlodipine tab 40 5 mg, 40 10 mg, 80 5 mg, 80 10 mg)	Hypertension	telmisartan tab 40 mg, amlodipine tab 10 mg, amlodipine valsartan, am-lodipine olmesartan	Non Preferred Brand

Performance Select Drug List Tier Changes			
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>	New Tier
MESALAMINE DR (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	mesalamine tab delayed release 400 mg	Non Preferred Brand
NAFRINSE DROPS (sodium fluo-ride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries Prophylaxis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
OXANDROLONE (oxandrolone tab, 2.5 mg 10 mg)	Promotes Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Warts	imiquimod cream 5%	Non Preferred Brand
TELMISARTAN/AMLODIPINE (telmisartan amlodipine tab 40 5 mg, 40 10 mg, 80 5 mg, 80 10 mg)	Hypertension	telmisartan tab 40 mg, amlodipine tab 10 mg, amlodipine valsartan, am-lodipine olmesartan	Non Preferred Brand

Health Insurance Marketplace Drug List Tier Changes			
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>	New Tier
MELPHALAN (melphalan tab 2 mg)	Cancer	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand Specialty

Balanced Drug List Tier Changes			
Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>	New Tier
MESALAMINE (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
NAFRINSE (sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Anogenital Warts	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non Preferred Brand

### Tier 1 to Tier 2 Changes – Effective Jan. 1, 2024

The following drugs are moving from a preferred generic (tier 1) to a non preferred generic (tier 2), effective Jan. 1, 2024. These changes only apply to members with a pharmacy benefit plan that includes different payment tiers for preferred generics and non preferred generic (e.g. 5 tier or higher plan design with preferred generic and non preferred generic lower tiers). Members may pay more for these drugs.

Balanced Drug List Tier 1 to Tier 2 Changes	
Drug <sup>1</sup>	Drug Class/Condition
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Smoking cessation
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter
stannous fluoride conc 0.63%	Dental Caries Prophylaxis

Performance Drug List Tier 1 to Tier 2 Changes	
Drug <sup>1</sup>	Drug Class/Condition
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Smoking cessation
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter
stannous fluoride conc 0.63%	Dental Caries Prophylaxis

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

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

### 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.

## Standard Program Additions – Effective Jan. 1, 2024

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

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

Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace Drug Lists	
Standard Program	Medication(s) <sup>1</sup> Added
Atypical Antipsychotics STQL	Rexulti (brexipiprazole) tablet

Basic, Enhanced	
Standard Program	Medication(s) <sup>1</sup> Added
Oral Inhaler STQL	Advair Diskus (Fluticasone-Salmeterol Aer Powder BA), Alvesco (ciclesonide inhal aerosol), Flovent Diskus (fluticasone propio-nate aer pow ba), Flovent HFA (fluticasone propionate hfa inhal aer; fluticasone propionate hfa inhal aero)

<sup>1</sup>Third-party brand names are the property of their respective owner.

## New Standard Programs

The drug programs listed below have been added to the prior authorization and dispensing limit programs.

Basic, Enhanced, Balanced, Performance, and Performance Select		
Effective Date	New Program	Program Type
11/1/2023	Joenja PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Miebo PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Neurokinin Receptor Antagonists PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Opioids PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Rezurock PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Vowst PAQL	Prior Authorization and Dispensing Limits

Basic, Enhanced, and Performance		
Effective Date	New Program	Program Type
1/1/2024	Winlevi PA	Prior Authorization

Per our usual process, members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes will receive mailings prior to implementation.

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

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

## Dispensing Limit Changes

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

BCBSMT sends 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 Jan. 1, 2024.** View the most up-to-date drug list and list of drug dispensing limits on [www.bcbsmt.com/rx-drugs/drug-lists/drug-lists](http://www.bcbsmt.com/rx-drugs/drug-lists/drug-lists).

Program	Target Agent	Dispensing Limit
Miebo PAQL	Miebo (perflurohexylocatane) oph solution 1.338 gm/mL	4 bottles per 30 days
Neurokinin Receptor Antagonists PAQL	Veozah (fezolinetant) 45 mg tab	30 tabs per 30 days
Rezurock PAQL	Rezurock (belumosudil mesylate) 200 mg tab	60 tabs per 30 days
Vowst PAQL	Vowst (fecal microbiota spores) live-brpk caps	12 caps per 12 months

### Other Dispensing Limit Changes

Effective Date	Program	Target Agent	Dispensing Limit
11/1/2023	Joenja PAQL*	Joenja (leniolisib phosphate) 70 mg tab	60 tabs per 30 days

\* Members were not lettered.

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

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

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

Product(s) No Longer Covered <sup>1*</sup>	Condition	Covered Alternative(s) <sup>1,2</sup>
AMCINONIDE OINTMENT 0.1%	Eczema, rash	Lower cost, Group 2 Potency Steroids (e.g., Betame-thasone cream/ointment, Fluocinonide)
DICLOFENAC POTASSIUM 25 mg TABLETS		DICLOFENAC POT 50 mg, MELOXICAM, IBUPROFEN, NAPROXEN

### Pharmacy Benefits Updates

#### HDHP-HSA Preventive Drug Program Updates

The HDHP-HSA Preventive Drug Program offers certain preventive medications at reduced out-of-pocket costs to members in select High Deductible Health Plans, along with those using a Health Savings Account. See following for the applicable categories and the 2024 updates for each market segment.

**Note:** Affected members will receive letters alerting them of the preventive-drug changes. Impacted categories include the following: Contraceptives, High Blood Pressure, High Cholesterol, Respiratory, and Osteoporosis.

ASO/Custom Fully Insured Groups		
Effective Date	2024 Changes	Categories
1/1/2024	<p>Standard categories from 2023 are unchanged with minor product differences.</p> <p>CFI groups can now select from all extended categories rather than only select categories and products.</p>	<p><b>Standard</b></p> <p>Anti-Coagulants / Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines.</p> <p><b>Extended</b></p> <p>Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral &amp; Other Injectables Preferred Brands, Diabetic Supplies - Continuous Glucose Monitors and Associated Supplies, High Cholesterol Injectable PCSK-9s, Respiratory Devices and Supplies, Transplant (anti-rejection), Vitamins - Prenatal</p>

ASO-Only Groups		
Effective Date	2024 Changes	Categories
1/1/2024	<p>The migraine prophylaxis custom category was split into Migraine Prophylaxis DGRPs Injectable and Migraine Prophylaxis CGRPs Oral.</p> <p>Custom categories remain ASO only with the exception of Diabetic Supplies – Insulin Pumps and Associated Supplies, which is available for CFI groups.</p>	<p>Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, Breast Cancer Secondary Prevention, Diabetic Supplies - Insulin Pumps and Associated Supplies***, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, HIV/AIDS, Influenza Agents, Lipid Lowering – Other, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, Substance Use Disorder, Thyroid Agents, Weight Loss</p> <p>***Optional coverage is also available to Custom Fully Insured groups</p>

Blue Balance Funded Plans		
Effective Date	2024 Changes	Categories
1/1/2024	<p>Standard categories from 2023 are unchanged with minor product differences.</p>	<p>Anti-Coagulants / Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines</p>

Small Group Plans			
State/Market Segment	Effective Date	2024 Changes	Categories
QHP/Metallic SG Blue Preferred Gold PPO <sup>SM</sup> 135 Blue Preferred Gold PPO 123 Blue Preferred Gold PPO 101 Blue Preferred Silver PPO <sup>SM</sup> 136 Blue Preferred Silver PPO 127 Blue Preferred Silver PPO 122 Blue Preferred Silver PPO 101 Blue Preferred Bronze PPO <sup>SM</sup> 134 Blue Focus Gold POS <sup>SM</sup> 101 Blue Focus Silver POS <sup>SM</sup> 101 Blue Focus Silver POS 003 Blue Focus Bronze POS <sup>SM</sup> 002	1/1/24	The Quality Health Plan categories from 2023 are unchanged with minor product differences.	Anti-Coagulants / Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis

### Symbicort and Spiriva Positive Tier Changes

As markets change, BCBSMT is focused on reducing the rising cost of generic drugs for our members. In doing so, it has chosen to move the following brand-name drugs to lower payment tiers on select drug lists.

- Effective Oct. 15, Symbicort will be placed in the non-preferred generic tier on the Balanced and Performance Select drug lists until Jan. 1, 2024. The available alternatives – budesonide/formoterol fumarate dihydrate inhalation aerosol and Breyndra – will no longer be covered during this time. For all other quarterly drug lists – Basic, Enhanced, Performance and Health Insurance Marketplace – Symbicort will be move to the non-preferred generic tier on Oct. 15 and remain until multiple generics are available. This approach will not be adopted with annually updated drug lists.
- Effective Oct. 15, Spiriva HandiHaler will be added to the non-preferred generic tier on all drug lists. The available generic – tiotropium bromide inhalation – will no longer be covered.

# Pharmacy Program Quarterly Update: Changes Effective Jan. 1, 2024 – Part 2

## Pharmacy Benefit Reminders

A new year often welcomes new members to BCBSMT or updates to benefits for our current members. Discussing your patient's pharmacy benefits can help with this transition.

As you visit with your patients, also consider the following:

- Your patient's pharmacy benefits may be new to them or apply to an updated drug list. The [drug lists](#) are available on our member and provider websites to help both you and your patients when prescribing medication.
- Review the prescription drug list before prescribing medications. Some drugs may have been excluded from coverage or have updated requirements applied to their utilization management program.
- If your patients need a coverage exception or prior authorization request, visit the [Prior Authorization/Step Therapy Programs](#) site for both forms and more information.
- Some members' plans may experience changes to the pharmacy network, such as moving to a new pharmacy network or changes to pharmacies participating within the network. Those impacted members received letters alerting of them of these potential out-of-pocket changes.

In most cases, no action is required on your part for these pharmacy network changes. Members can easily transfer prescriptions to an in-network pharmacy. You may want to ask which pharmacy is their preferred choice if your office stores pharmacy information on patient records.

- If you or your patients are concerned about a particular drug benefit change, call the number on their ID card to confirm any new or updated pharmacy benefits.

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

## Drug List Changes

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

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

You can view the January drug lists on our [member website](#).

## Drug List Additions – Effective Jan. 1, 2024

Balanced Drug List Additions	
Drug <sup>1</sup>	Condition
breyna (budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease
budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease
CARBINOXAMINE MALEATE (carbinoxamine maleate soln 4 mg/5 ml)	Allergic Symptoms, Allergic Reactions
CUVRIOR (trientine tetrahydrochloride tab 300 mg)	Wilson disease
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA CONTROL (blood glucose calibration - liquid)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO CONTROL SOLUTION HIGH (blood glucose calibration - liquid - high)	Diabetes
ONETOUCH VERIO IN VITRO MEDI-CAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
VOWST (fecal microbiota spores, live-brpk caps)	<i>C. difficile</i> infection
ZOLPIDEM TARTRATE (zolpidem tartrate cap 7.5 mg)	Insomnia

Performance Drug List Additions	
Drug <sup>1</sup>	Condition
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml (1:1000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA CONTROL (blood glucose calibration - liquid)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO CONTROL SOLUTION HIGH (blood glucose calibration - liquid - high)	Diabetes
ONETOUCH VERIO IN VITRO MEDI-CAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
VOWST (fecal microbiota spores, live-brpk caps)	<i>C. difficile</i> infection

Performance Select Drug List Additions	
Drug <sup>1</sup>	Condition
breyana (budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease
budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease
HEMANGEOL (propranolol hcl oral soln 4.28 mg/ml)	Infantile Hemangioma
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA CONTROL (blood glucose calibration - liquid)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO CONTROL SOLUTION HIGH (blood glucose calibration - liquid - high)	Diabetes
ONETOUCH VERIO IN VITRO MEDI-CAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
VOWST (fecal microbiota spores, live-brpk caps)	<i>C. difficile</i> infection

Basic and Enhanced Drug List Additions	
Drug <sup>1</sup>	Condition
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml, 0.15 mg/0.15 ml, 0.3 mg/0.3 ml)	Anaphylaxis, Severe Hypersensitivity Reactions
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Contraception
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO IN VITRO MEDICAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma

Basic Multi-Tier and Enhanced Multi-Tier Drug List Additions	
Drug <sup>1</sup>	Condition
amitriptyline hcl tab 75 mg	Depression
amoxicillin & k clavulanate for susp 400-57 mg/5 ml	Infections
amphetamine-dextroamphetamine tab 5 mg	ADHD, Narcolepsy/Daytime Sleepiness
armodafinil tab 50 mg	Sleep Disorders
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml, 0.15 mg/0.15 ml, 0.3 mg/0.3 ml)	Anaphylaxis, Severe Hypersensitivity Reactions

Basic Multi-Tier and Enhanced Multi-Tier Drug List Additions	
Drug <sup>1</sup>	Condition
azithromycin for susp 200 mg/5 ml	Infections
baclofen tab 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions
bisoprolol & hydrochlorothiazide tab 10-6.25 mg, 2.5-6.25 mg	Hypertension
bumetanide tab 0.5 mg	Edema, Volume Overload
bupropion hcl tab 100 mg	Depression
cefuroxime axetil tab 250 mg	Infections
cephalexin for susp 125 mg/5 ml	Infections
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Hypertriglyceridemia
cimetidine tab 200 mg	Heartburn
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia
cyproheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions
desloratadine tab 5 mg	Allergic Rhinitis, Urticaria
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina
diphenhydramine hcl elixir 12.5 mg/5 ml	Allergic symptoms, adjunct in treatment of anaphylaxis, insomnia
doxepin hcl cap 25 mg	Depression
doxycycline hyclate tab 20 mg	Acne, Infections
doxycycline monohydrate tab 50 mg	Acne, Infections
drospirenone-ethinyl estradiol tab 3-0.03 mg	Contraception
esomeprazole magnesium cap delayed release 20 mg (base eq)	Gastroesophageal Reflux Disease, H. pylori eradication, pathological hypersecretory conditions, risk reduction of NSAID-associated gastric ulcer
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5 ml	Cough
hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml	Cough
hydrocodone-acetaminophen tab 10-325 mg	Pain
hydrocortisone lotion 2.5%	Pruritus, Dermatoses
ketorolac tromethamine tab 10 mg	Pain
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy
lidocaine oint 5%	Local anesthetic
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Contraception
mafenide acetate packet for topical soln 5% (50 gm)	Burns

Basic Multi-Tier and Enhanced Multi-Tier Drug List Additions	
Drug <sup>1</sup>	Condition
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception
nystatin susp 100,000 unit/ml	Oral Candidiasis
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO IN VITRO MEDICAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
oxcarbazepine tab 150 mg	Seizures
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis
pseudoephed-bromphen-dm syrup 30-2-10 mg/5 ml	Upper respiratory tract conditions
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia
rabeprazole sodium ec tab 20 mg	Gastroesophageal Reflux Disease, H. pylori eradication, pathological hypersecretory conditions, peptic ulcer disease
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine
solifenacin succinate tab 10 mg	Overactive Bladder
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotropic hypogonadism
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
tizanidine hcl cap 2 mg (base equivalent)	Spasticity
triazolam tab 0.125 mg	Insomnia
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

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

## Other Drug List Additions

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

Those drugs are listed below.

Balanced Drug List Additions		
Drug <sup>1</sup>	Condition	Date Added
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 750 unit)	Hemophilia A	9/1/23
BACLOFEN (baclofen oral soln 5 mg/5 ml)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	7/16/23
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	7/16/23
FASTEP COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)*	COVID-19 Test	5/21/23
GLIPIZIDE (glipizide tab 2.5 mg)	Diabetes	7/1/23
GOTOKNOW COVID-19 ANTIGEN RAPID TEST (covid-19 at home antigen test kit)*	COVID-19 Test	7/1/23
JOENJA (leniolisib phosphate tab 70 mg)	Activated Phosphoinositide 3-Kinase Delta Syndrome	9/1/23
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19	6/25/23
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Central Precocious Puberty	7/30/23
NOVAVAX COVID-19 VACCINE/ 2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	COVID-19 Vaccine	7/1/23
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	7/1/23
OMNITROPE (somatropin solution cartridge 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	7/1/23
OPVEE (nalmeferene hcl nasal spray 2.7 mg/0.1 ml (base equiv))	Opioid Overdose	7/1/23
OSPHENA (ospemifene tab 60 mg)	Dyspareunia, Vaginal Dryness	6/4/23
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak, 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	7/16/23
pazopanib hcl tab 200 mg (base equiv)	Cancer	7/9/23
pitavastatin calcium tab 1 mg, 2 mg, 4 mg	Hyperlipidemia, Hypercholesterolemia	7/23/23
spironolactone susp 25 mg/5 ml	Heart Failure, Hypertension, Edema	7/16/23
TRIENTINE HYDROCHLORIDE (trientine hcl cap 500 mg)	Wilson disease	7/16/23
VITAMEDMD ONE RX/QUATREFO LIC (prenat w/o a w/fefum-methfol-fa-dha cap 30-0.6-0.4-200 mg)	Prenatal Vitamin	7/9/23

Performance Drug List Additions		
Drug <sup>1</sup>	Condition	Date Added
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 750 unit)	Hemophilia A	11/5/2023
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	12/1/2023
GLIPIZIDE (glipizide tab 2.5 mg)	Diabetes	10/22/2023

Performance Drug List Additions		
Drug <sup>1</sup>	Condition	Date Added
INSULIN GLARGINE-YFGN (insulin glargine-yfgn inj 100 unit/ml)	Diabetes	10/22/2023
JOENJA (leniolisib phosphate tab 70 mg)	Activated Phosphoinositide 3-Kinase Delta Syndrome	11/1/2023
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19	11/5/2023
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Central Precocious Puberty	12/1/2023
NOVAVAX COVID-19 VACCINE/ 2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	COVID-19 Vaccine	10/3/2023
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OMNITROPE (somatropin solution cartridge 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1 ml (base equiv))	Opioid Overdose	12/1/2023
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023
pazopanib hcl tab 200 mg (base equiv)	Cancer	10/22/2023

Performance Select Drug List Additions		
Drug <sup>1</sup>	Condition	Date Added
ALTUVIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 750 unit)	Hemophilia A	11/5/2023
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease	12/1/2023
GLIPIZIDE (glipizide tab 2.5 mg)	Diabetes	10/22/2023
JOENJA (leniolisib phosphate tab 70 mg)	Activated Phosphoinositide 3-Kinase Delta Syndrome	11/1/2023
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19	11/5/2023
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Central Precocious Puberty	12/1/2023
NOVAVAX COVID-19 VACCINE/ 2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	COVID-19 Vaccine	10/3/2023
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OMNITROPE (somatropin solution cartridge 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1 ml (base equiv))	Opioid Overdose	12/1/2023
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak, 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023
pazopanib hcl tab 200 mg (base equiv)	Cancer	10/22/2023
pitavastatin calcium tab 1 mg, 2 mg, 4 mg	Hyperlipidemia, Hypercholesterolemia	11/5/2023

Basic and Enhanced Additions, Basic Multi-Tier and Enhanced Multi-Tier Additions		
Drug <sup>1</sup>	Condition	Date Added
ALTUVIIIO (antihemophilic factor concentrate for injection 750 unit)	Hemophilia A	11/5/2023
OMNITROPE (somatropin for injection 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OMNITROPE (somatropin injection 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OPVEE (nalmefene hydrochloride nasal spray 2.7 mg/0.1 ml (base equivalent))	Opioid Overdose	12/1/2023
PAXLOVID (nirmatrelvir tablet 10 x 150 mg & ritonavir tablet 10 x 100 mg pack, 20 x 150 mg & ritonavir tablet 10 x 100 mg pack)	COVID-19	10/22/2023

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

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

## Drug Tier Changes – Effective Jan. 1, 2024

The tier changes listed below apply to members on a managed drug list.

Balanced Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
amitriptyline hydrochloride tablet 75 mg	Depression	Preferred Generic
amoxicillin & clavulanate for suspension 400-57 mg/5 ml	Bacterial Infections	Preferred Generic
amphetamine-dextroamphetamine tablet 5 mg	ADHD, Narcolepsy/Daytime Sleepiness	Preferred Generic
armodafinil tablet 50 mg	Sleep Disorders	Preferred Generic
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml, 0.3 mg/0.3 ml)	Anaphylaxis, Severe Hypersensitivity Reactions	Preferred Brand
azithromycin for suspension 200 mg/5 ml	Infections	Preferred Generic
baclofen tablet 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	Preferred Generic
bisoprolol & hydrochlorothiazide tablet 2.5-6.25 mg, 10-6.25 mg	Hypertension	Preferred Generic
bumetanide tablet 0.5 mg	Edema, Volume Overload	Preferred Generic
bupropion hydrochloride tablet 100 mg	Depression	Preferred Generic
cefuroxime axetil tablet 250 mg	Infections	Preferred Generic
cephalexin for suspension 125 mg/5 ml	Infections	Preferred Generic
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Preferred Generic
clozapine tablet 25 mg	Schizophrenia, suicidal behavior in schizophrenia	Preferred Generic

Balanced Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
cyproheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions	Preferred Generic
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception	Preferred Generic
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures	Preferred Generic
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
doxepin hcl cap 25 mg	Depression	Preferred Generic
doxycycline hyclate tab 20 mg	Acne, Infections	Preferred Generic
doxycycline monohydrate tab 50 mg	Acne, Infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.03 mg	Contraception	Preferred Generic
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Preferred Generic
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD	Preferred Generic
HEMANGEOL (propranolol hcl oral soln 4.28 mg/ml)	Infantile Hemangioma	Preferred Brand
hydrocodone-acetaminophen tab 10-325 mg	Pain	Preferred Generic
hydrocortisone lotion 2.5%	Pruritus, Dermatoses	Preferred Generic
ketorolac tromethamine tab 10 mg	Pain	Preferred Generic
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy	Preferred Generic
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception	Preferred Generic
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	Preferred Generic
methyl dopa tab 500 mg	Hypertension	Preferred Generic
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy	Preferred Generic
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis	Preferred Generic
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception	Preferred Generic
nystatin susp 100,000 unit/ml	Oral Candidiasis	Preferred Generic

Balanced Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension	Preferred Generic
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting	Preferred Generic
oxcarbazepine tab 150 mg	Seizures	Preferred Generic
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine	Preferred Generic
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions	Preferred Generic
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis	Preferred Generic
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quetiapine fumarate tab sr 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quinidine sulfate tab 200 mg	Atrial Fib/Flutter, Ventricular arrhythmias	Preferred Generic
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine	Preferred Generic
solifenacin succinate tab 10 mg	Overactive Bladder	Preferred Generic
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)	Preferred Generic
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction	Preferred Generic
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotropic hypogonadism	Preferred Generic
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Preferred Generic

Performance Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
amitriptyline hcl tab 75 mg	Depression	Preferred Generic
amoxicillin & k clavulanate for susp 400-57 mg/5 ml	Bacterial Infections	Preferred Generic
amphetamine-dextroamphetamine tab 5 mg	ADHD, Narcolepsy/Daytime Sleepiness	Preferred Generic
armodafinil tab 50 mg	Sleep Disorders	Preferred Generic
azithromycin for susp 200 mg/5 ml	Infections	Preferred Generic
baclofen tab 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	Preferred Generic

Performance Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	Hypertension	Preferred Generic
bumetanide tab 0.5 mg	Edema, Volume Overload	Preferred Generic
bupropion hcl tab 100 mg	Depression	Preferred Generic
cefuroxime axetil tab 250 mg	Infections	Preferred Generic
cephalexin for susp 125 mg/5 ml	Infections	Preferred Generic
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Preferred Generic
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia	Preferred Generic
cyproheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions	Preferred Generic
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception	Preferred Generic
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures	Preferred Generic
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
doxepin hcl cap 25 mg	Depression	Preferred Generic
doxycycline hyclate tab 20 mg	Acne, Infections	Preferred Generic
doxycycline monohydrate tab 50 mg	Acne, Infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.03 mg	Contraception	Preferred Generic
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Preferred Generic
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD	Preferred Generic
hydrocodone-acetaminophen tab 10-325 mg	Pain	Preferred Generic
hydrocortisone lotion 2.5%	Pruritus, Dermatoses	Preferred Generic
ketorolac tromethamine tab 10 mg	Pain	Preferred Generic
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy	Preferred Generic

Performance Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Contraception	Preferred Brand
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception	Preferred Generic
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	Preferred Generic
methyl dopa tab 500 mg	Hypertension	Preferred Generic
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy	Preferred Generic
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis	Preferred Generic
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception	Preferred Generic
nystatin susp 100,000 unit/ml	Oral Candidiasis	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension	Preferred Generic
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting	Preferred Generic
oxcarbazepine tab 150 mg	Seizures	Preferred Generic
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine	Preferred Generic
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions	Preferred Generic
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis	Preferred Generic
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quetiapine fumarate tab sr 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quinidine sulfate tab 200 mg	Atrial Fib/Flutter, Ventricular arrhythmias	Preferred Generic
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine	Preferred Generic
solifenacin succinate tab 10 mg	Overactive Bladder	Preferred Generic
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)	Preferred Generic
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction	Preferred Generic
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotropic hypogonadism	Preferred Generic
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Preferred Generic

Performance Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
cephalexin for susp 125 mg/5 ml	Infections	Preferred Generic
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Preferred Generic
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia	Preferred Generic
cycloheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions	Preferred Generic
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception	Preferred Generic
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures	Preferred Generic
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
doxepin hcl cap 25 mg	Depression	Preferred Generic
doxycycline hyclate tab 20 mg	Acne, Infections	Preferred Generic
doxycycline monohydrate tab 50 mg	Acne, Infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.03 mg	Contraception	Preferred Generic
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Preferred Generic
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD	Preferred Generic
HEMANGEOL (propranolol hcl oral soln 4.28 mg/ml)	Infantile Hemangioma	Preferred Brand
hydrocodone-acetaminophen tab 10-325 mg	Pain	Preferred Generic
hydrocortisone lotion 2.5%	Pruritus, Dermatoses	Preferred Generic
ketorolac tromethamine tab 10 mg	Pain	Preferred Generic
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy	Preferred Generic
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception	Preferred Generic
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	Preferred Generic
methylodopa tab 500 mg	Hypertension	Preferred Generic

Performance Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy	Preferred Generic
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis	Preferred Generic
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception	Preferred Generic
nystatin susp 100,000 unit/ml	Oral Candidiasis	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension	Preferred Generic
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting	Preferred Generic
oxcarbazepine tab 150 mg	Seizures	Preferred Generic
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine	Preferred Generic
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions	Preferred Generic
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis	Preferred Generic
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quetiapine fumarate tab sr 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quinidine sulfate tab 200 mg	Atrial Fib/Flutter, Ventricular arrhythmias	Preferred Generic
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine	Preferred Generic
solifenacin succinate tab 10 mg	Overactive Bladder	Preferred Generic
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)	Preferred Generic
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction	Preferred Generic
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotropic hypogonadism	Preferred Generic
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Preferred Generic

Performance Select Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
amitriptyline hcl tab 75 mg	Depression	Preferred Generic
amoxicillin & k clavulanate for susp 400-57 mg/ ml	Bacterial Infections	Preferred Generic

Performance Select Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
amphetamine-dextroamphetamine tab 5 mg	ADHD, Narcolepsy/Daytime Sleepiness	Preferred Generic
armodafinil tab 50 mg	Sleep Disorders	Preferred Generic
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15 ml (1:1000), 0.3 mg/0.3ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions	Preferred Brand
azithromycin for susp 200 mg/5 ml	Infections	Preferred Generic
baclofen tab 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	Preferred Generic
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	Hypertension	Preferred Generic
bumetanide tab 0.5 mg	Edema, Volume Overload	Preferred Generic
bupropion hcl tab 100 mg	Depression	Preferred Generic
cefuroxime axetil tab 250 mg	Infections	Preferred Generic
cephalexin for susp 125 mg/5 ml	Infections	Preferred Generic
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Preferred Generic
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia	Preferred Generic
cycloheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions	Preferred Generic
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception	Preferred Generic
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures	Preferred Generic
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
doxepin hcl cap 25 mg	Depression	Preferred Generic
doxycycline hyclate tab 20 mg	Acne, Infections	Preferred Generic
doxycycline monohydrate tab 50 mg	Acne, Infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.03 mg	Contraception	Preferred Generic
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Preferred Generic

Performance Select Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD	Preferred Generic
HEMANGEOL (propranolol hcl oral soln 4.28 mg/ml)	Infantile Hemangioma	Preferred Brand
hydrocodone-acetaminophen tab 10-325 mg	Pain	Preferred Generic
hydrocortisone lotion 2.5%	Pruritus, Dermatoses	Preferred Generic
ketorolac tromethamine tab 10 mg	Pain	Preferred Generic
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy	Preferred Generic
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception	Preferred Generic
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	Preferred Generic
methyl dopa tab 500 mg	Hypertension	Preferred Generic
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy	Preferred Generic
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis	Preferred Generic
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception	Preferred Generic
nystatin susp 100,000 unit/ml	Oral Candidiasis	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension	Preferred Generic
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting	Preferred Generic
oxcarbazepine tab 150 mg	Seizures	Preferred Generic
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine	Preferred Generic
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions	Preferred Generic
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis	Preferred Generic
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quetiapine fumarate tab sr 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quinidine sulfate tab 200 mg	Atrial Fib/Flutter, Ventricular arrhythmias	Preferred Generic
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine	Preferred Generic
solifenacin succinate tab 10 mg	Overactive Bladder	Preferred Generic

Performance Select Drug List Tier Changes		
Drug <sup>1</sup>	Condition	New Lower Tier
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)	Preferred Generic
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction	Preferred Generic
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotropic hypogonadism	Preferred Generic
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

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

### Other Drug List Tier Changes

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

Balanced Drug List Tier Changes			
Drug <sup>1</sup>	Condition	Date Added	New Lower Tier
dexamethasone tab 0.5 mg, 0.75 mg,	Inflammatory Conditions	11/5/2023	Preferred Generic
dexamethasone tab 1 mg	Inflammatory Conditions	11/5/2023	Non-Preferred Generic
diazepam rectal gel delivery system 10 mg, 20 mg	Acute Repetitive Seizures	10/29/2023	Non-Preferred Generic
nortriptyline hcl soln 10 mg/5 ml	Depression	10/29/2023	Non-Preferred Generic
phenytoin sodium extended cap 200 mg	Seizures	10/8/2023	Non-Preferred Generic
sevelamer hcl tab 400 mg	Hyperphosphatemia	11/5/2023	Non-Preferred Generic
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equivalent))	Chronic Obstructive Pulmonary Disease	10/15/2023	Non-Preferred Generic

Performance Drug List Tier Changes			
Drug <sup>1</sup>	Condition	Date Added	New Lower Tier
dexamethasone tab 0.5 mg, 0.75 mg	Inflammatory Conditions	11/5/2023	Preferred Generic
dexamethasone tab 1 mg	Inflammatory Conditions	11/5/2023	Non-Preferred Generic
diazepam rectal gel delivery system 10 mg, 20 mg	Acute Repetitive Seizures	10/29/2023	Non-Preferred Generic
nortriptyline hcl soln 10 mg/5 ml	Depression	10/29/2023	Non-Preferred Generic
phenytoin sodium extended cap 200 mg	Seizures	10/8/2023	Non-Preferred Generic
sevelamer hcl tab 400 mg	Hyperphosphatemia	11/5/2023	Non-Preferred Generic

Performance Select Drug List Tier Changes			
Drug <sup>1</sup>	Condition	Date Added	New Lower Tier
dexamethasone tab 0.5 mg, 0.75 mg	Inflammatory Conditions	11/5/2023	Preferred Generic
dexamethasone tab 1 mg	Inflammatory Conditions	11/5/2023	Non-Preferred Generic
diazepam rectal gel delivery system 10 mg, 20 mg	Acute Repetitive Seizures	10/29/2023	Non-Preferred Generic
nortriptyline hcl soln 10 mg/5 ml	Depression	10/29/2023	Non-Preferred Generic
phenytoin sodium extended cap 200 mg	Seizures	10/8/2023	Non-Preferred Generic
sevelamer hcl tab 400 mg	Hyperphosphatemia	11/5/2023	Non-Preferred Generic
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equivalent))	Chronic Obstructive Pulmonary Disease	10/15/2023	Non-Preferred Generic

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

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

### Utilization Management Program Changes

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

### Dispensing Limit Changes

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

Balanced, Performance, and Performance Select, Basic, Basic Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Annual Multi-Tier, Health Information Marketplace Drug Lists			
Medication(s) <sup>1</sup>	Former Dispensing Limit	New Dispensing Limit	Effective Date
Prevymis (letermovir) 240 mg tab, 480 mg tab	112 tabs per 180 days	200 tabs per 365 days	12/1/2023
Vanos 0.1% cream	120 grams per 180 days	120 grams per 90 days	1/1/2024

<sup>1</sup>Third-party Brand names are the property of their respective owner.

### Standard Utilization Management Program Updates

The prior authorization programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of [bcbsmt.com](http://bcbsmt.com). View the most up-to-date drug list and list of drug dispensing limits on [bcbsmt.com](http://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](http://bcbsmt.com) and log in to BAM<sup>SM</sup> or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

## Program Removals

The following standard utilization management programs were updated to remove target drugs on the dates indicated below.

- **Alternative Dosage Form PAQL:** removed Digoxin oral soln 0.05 mg/mL and spironolactone susp 25 mg/mL from this program effective Jan. 1, 2024.
- **Oral Tetracycline Derivatives PA:** removed Doxycycline Monohydrate 150 mg tab from this program effective Dec. 15, 2023.
- **Supplemental Therapeutic Alternatives:** removed Auvi-Q and Winlevi from this program effective Jan. 1, 2024. Winlevi has moved to the Winlevi PA, effective Jan. 1, 2024.
- **Therapeutic Alternatives PAQL:** removed Cardizem CD, Dexamethasone therapy Pak, Prolate and Vanos, effective Jan. 1, 2024.

## Program Retirements

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

- **Amantadine ER PAQL program was retired Nov. 15, 2023.**  
This program included the following drugs: Gocovri (Amantadine HCL) ER cap 24 hr 68.5 mg, 137 mg (base), Osmolex ER (Amantadine HCL) 24 hr 129 mg tab, 193 mg tab, 258 mg tab, and Osmolex ER (Amantadine HCL) 24 hr Pak 129 mg & 193 mg (322 mg dose)
- **Amylin Analogues QL program was retired Nov. 15, 2023.**  
This program included the following drugs: Symlinpen (pramlintide acetate) 120 and Symlinpen (pramlintide acetate) 60.
- **Natpara PAQL was retired effective Nov. 15, 2023.**  
This program included the following drugs: Natpara parathyroid hormone (recombinant) for Inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg.
- **Nuvigil, Provigil PAQL was retired effective Nov. 15, 2023.**  
This program included the following drugs: NUVIGIL (armodafinil) tab 50 mg, 150 mg, 200 mg, 250 mg and PROVIGIL (modafinil) tab 100 mg.
- **Rho Kinase Inhibitors STQL was retired effective Nov. 15, 2023.**  
This program included the following drugs Rhopressa (Netarsudil dimesylate) oph soln 0.02% and Rocklatan (Netasurdil dimesylate-latanoprost) ophl soln 0.02-0.005%.

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

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

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

Product(s) No Longer Covered <sup>1</sup>	Condition	Covered Alternative(s) <sup>1,2</sup>
Diclofenac Potassium 25 mg Tablets	Pain	Diclofenac Potassium 50 mg, meloxicam, ibuprofen, naproxen

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

## Pharmacy Benefits Updates

### BCBSMT Offers LifeScan as Preferred Option for Glucose Management

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

All preferred diabetic glucose-monitoring devices and supplies are available to members with Prime Therapeutics as their pharmacy benefit manager. Members can use a coupon to receive a free OneTouch meter.

- Contour and Contour Next test strips remain preferred options for managing diabetes. Members can use a coupon to obtain the Contour Next Gen and Contour Next EZ meters at no cost, as well.
- LifeScan's OneTouch test strips have been removed from the Glucose Test Strip STQL effective Jan. 1, 2024.

**Note:** The member flier contains a coupon for members to obtain a free blood glucose monitor.

### Appropriate Use of Opioids Program to be Retired January 2024

**What's new:** The Appropriate Use of Opioids program will be retired effective January 1, 2024. However, BCBSMT will continue to promote safe and effective use of prescription opioids through an approach that more closely aligns with the Center for Disease Control's 2022 Guidelines for Prescribing Opioids for Pain, which emphasize flexibility and individualized care.

**New Approach:** BCBSMT's new approach will eliminate hard edits – or benefit rejections at the pharmacy counter – and instead be updated to soft edits, which will allow the pharmacy or provider to determine whether to dispense.

The soft edits are in place to alert the pharmacy if: an opioid naïve member has an opioid prescription that exceeds seven days; or, if a member has exceeded dosage limits and has filled overlapping opioid prescriptions at two or more pharmacies and from two or more providers.

A member is considered opioid naïve if they have not filled an opioid prescription within the past 60 days, based on pharmacy claims data. Examples of medications targeted by these new standards are opioid agonists like codeine, oxycodone, hydromorphone, morphine, and opioid combination products like oxycodone/acetaminophen and hydrocodone/acetaminophen.

Also new on Jan. 1, 2024, is the Opioids Extended Release Prior Authorization Quantity Limits program with Oxycontin as the lone target. Other opioid quantity limits which existed under AUO will continue under the new Opioids ER PAQL.

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

BCBSMT is committed to providing its members access to safe, appropriate, and cost-effective health care within their plan benefits. To ensure the appropriate use of GLP-1s as indicated for diabetes, we are making it easier for providers to bypass our prior authorization process for some of our members with diabetes. For more information, review the full article on [bcbsmt.com](https://www.bcbsmt.com).

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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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The relationship between BCBSMT and the specialty pharmacies is that of independent contractors.

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