



Blue ReviewSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FOURTH QUARTER 2020

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Contact Us



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

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

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

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

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

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

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COVID-19 Coverage

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

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



2021 Commercial Preauthorization Code Lists Now Available on the Provider Website

We have added 2021 Commercial preauthorization code lists to the [provider website](#). Providers can verify Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code-specific preauthorization requirements for the following:

- [Medical/Surgical](#)
- [Behavioral Health](#)
- [Infusion Site of Care and Specialty Pharmacy](#)
- [Commercial Procedure Code Look Up](#)

These lists include CPT and/or HCPCS codes related to services/categories for which benefit preauthorization may be required. These lists are not exhaustive and are subject to change based on medical policy review and new code updates.

The presence of codes on these lists does not necessarily indicate coverage under the Member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first, prior to rendering services. Not all requirements apply to each BCBSMT benefit plan.

If BCBSMT requires preauthorization for the service or CPT/HCPCS code(s), you will still need to submit the preauthorization request.

How to Submit a Preauthorization

The following outlines the process for providers to submit preauthorization requests for services requiring a preauthorization.

Check patient eligibility and benefits:

Use [Avality](#) or your preferred vendor or call the number on the back of the Member's ID card to check eligibility and benefits.

Get preauthorization:

Services requiring preauthorization through BCBSMT:

- Submit via [Avality Authorizations & Referrals](#). To learn more, visit [Avality Authorizations & Referrals](#).
- Call the phone number listed on the member's ID card.

Services requiring preauthorization through AIM Specialty Health (after Jan. 1, 2021):

- Submit requests via the [AIM Provider Portal](#)
- For Preauthorizations, Call **1-844-377-1285**
- For Technical Support, Call the AIM Contact Center at **800-859-5299**

Provide the following information:

- Patient's medical or behavioral health condition
- Proposed treatment plan
- Date of service, estimated length of stay (if the patient is being admitted)
- Patient ID and name/date of birth
- Place of treatment
- Provider NPI, name and address
- Diagnosis code(s)
- Procedure code(s) (if applicable)

After the request is submitted, the service or drug is reviewed to determine if it:

- Is covered by the health plan, and
- Meets the health plan's definition of "medically necessary."

The results are then sent to the provider and member.

Important Reminders

The process of submitting benefit preauthorization requests through, eviCore healthcare for Healthy Montana Kids (HMK), or other vendors has not changed.

Have additional questions? Contact your [Provider Network Consultant](#) for assistance.



Availity Provider Portal Offerings

The Availity provider engagement portal helps providers and Blue Cross and Blue Shield of Montana to securely share information easily and efficiently. Using Availity allows you to quickly verify patient eligibility and benefits, confirm prior authorization requirements, submit prior authorization requests, check claim status, obtain provider claim summaries, and more without having to call BCBSMT.

Advantages of using Availity

- Accessible 24/7
- HIPAA Compliant
- Multi-Payer Solution
- Real-time Search Results
- No Cost Transactions
- Printable Results
- Online Help Features

— CONTINUED ON THE NEXT PAGE

Electronic Provider Tools

The following complimentary self-service tools are accessible through Availity and can be used to accomplish multiple tasks and gain information.

Pre-Service Tools	Description
Eligibility and Benefits Inquiry	verify real-time patient activity, check coverage details and determine prior authorization requirements
Patient Care Summary	consolidated view of a patient's health care history
Patient ID Finder*	obtain the BCBSMT patient ID and group number
Attachments*	submit predetermination of benefits requests handled by BCBSMT
Authorizations	submit prior authorization requests handled by BCBSMT
Claim Status	check detailed, real-time claim status
Research Procedure Code Edits (Clear Claim Connection)*	determine how coding combinations on a specific claim may be evaluated during the adjudication process
Reporting On-Demand	view, download, save and/or print the Provider Claim Summary (PCS) for finalized claims
Remittance Viewer	offers providers and billing services a convenient way to view and help reconcile claim data in the 835 Electronic Remittance Advice (ERA)
Electronic Refund Management (eRM)*	reconcile claim overpayments and manage refund requests
Claim Inquiry Resolution (CIR)*	submit claim reconsideration request for certain finalized claims
Medical Attachment (Electronic Quality and Risk Adjustment Medical Records Requests)	receive and electronically respond to medical record requests for quality and risk adjustment
Clinical Quality Validation (CQV)	comply with Healthcare Effectiveness Data and Information Set (HEIDIS) measures by electronically documenting the patient's care and assessment

*Not available for Medicare Advantage members.

If you have not yet registered for [Availity](#), you can sign up today at no charge. For registration assistance, you may contact Availity Client Services at **800-282-4548**.

For More Information

Refer to the [Provider Tools](#) section of our website for detailed information and applicable user guides for the Availity offerings. Additionally, you can visit our [Training](#) page to register for upcoming online training sessions.

Have additional questions or need customized training? Email our [Provider Education Consultants](#) for assistance.



View, Download and Print the BCBSMT Member's ID Card Online Via the Availity Provider Portal

Blue Cross and Blue Shield of Montana is excited to offer providers the ability to view, download and print the member's medical ID card online via the Availity Eligibility and Benefit Inquiry results (271 transaction). This new and more convenient option will be available for medical ID cards issued to BCBSMT members in Dec. 2020, making it easier to obtain the member's ID card for your records.

Please note that Federal Employee Program® (FEP®) member ID cards are not currently available in the Availity eligibility and benefits results.

How do you view the member ID card via Availity?

Viewing and printing the member ID card online is easy and consists of only five steps:

1. Log into [Availity](#)
2. Select Patient Registration from the navigation menu
3. Select Eligibility and Benefit Inquiry, then complete and submit request
4. Select the View Member ID Card from the top of the results screen, if available*
5. View, download and print the BCBSMT ID card

Providers not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration assistance call Availity Client Services at **800-282-4548**.

For More Information

Refer to the [Availity Eligibility & Benefits User Guide](#) for navigational online assistance. If you need further assistance or customized training, contact our [Provider Education Consultants](#).

*The online ID card is a courtesy feature offered to assist you. There may be instances when the BCBSMT member ID card is not readily available online. The eligibility and benefits response provides sufficient details to determine patient coverage and benefits in absence of an ID card.

New Behavioral Health Tip Sheets

New **behavioral health tip sheets** have been added to help you provide quality care to our members. The tip sheets include **measurement requirements, best practices and billing codes**:

- [Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#)
- [Use of Opioids from Multiple Providers \(UOP\)](#)
- [Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence \(FUA\)](#)
- [Follow-Up After Emergency Department Visit for Mental Illness \(FUM\)](#)

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Document **metabolic testing** for members ages **1 to 17** who were dispensed **two or more antipsychotic medications** within a year. If the medications are dispensed on different dates, even if it's the same medication, test **both** blood glucose **and** cholesterol levels.

Use of Opioids from Multiple Providers (UOP)

This measure evaluates members **18 years and older** who were dispensed an **opioid for 15 days or more** from multiple prescribers and/or pharmacies. Three rates are reported. The proportion of members dispensed opioids from **four or more different prescribers, four or more different pharmacies** and from a **combination** of four or more different prescribers **and** four or more different pharmacies.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

This measure evaluates members **13 years old and older** who had an **emergency department (ED) visit with the principal diagnosis of alcohol and other drug (AOD) abuse or dependence**. It evaluates the percentage of members who had **follow-up visits** within **7** and **30 days** of the ED visit.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

This measure evaluates members **6 years old and older** who had an **ED visit for mental illness**. It evaluates the percentage of members who had **follow-up visits** within **7** and **30 days** of the ED visit.

* Measurement Year (MY) 2020 and MY 2021

Billing Reminders for Psychological and Neuropsychological Testing

Below are billing reminders for psychological and neuropsychological testing. Proper coding of the specific services provided can help expedite claim processing and support accurate claim payment. Blue Cross and Blue Shield of Montana may reach out to you by phone or email when we note incorrect coding patterns.

The following are common Current Procedural Terminology (CPT) codes for billing psychological and neuropsychological testing services:

Code	Service
96127	BRIEF EMOTIONAL/BEHAV ASSMT
96130 +96131	consolidated view of a patient's health care history PSYCL TST EVAL PHYS/QHP 1ST
96132 +96133	submit prior authorization requests handled by BCBSMT NRPSYC TST EVAL PHYS/QHP 1ST
96136 +96137	view, download, save and/or print the Provider Claim Summary (PCS) for finalized claims PSYCL/NRPSYC TST PHY/QHP 1ST
96138 +96139	submit claim reconsideration request for certain finalized claims PSYCL/NRPSYC TECH 1ST
96146	PSYCL/NRPSYC TST AUTO RESULT

Billing Reminders

- According to CPT guidelines, codes **96130-96133** and **96136-96139** are for a **psychological or neuropsychological assessment**. BCBSMT doesn't recognize these codes for brief screenings or assessments to monitor patient progress during routine therapy sessions or psychiatric follow-up visits unless followed by a comprehensive assessment. CPT guidelines provide specific brief screening codes for these purposes.
- **Base codes** (96130, 96132, 96136, 96138) may be used only **once per testing episode**. If testing occurs across multiple days, the base code may be used one time at the start of testing.
- Determine whether the testing is **mainly psychological or neuropsychological**. Psychological and neuropsychological evaluation codes shouldn't be applied to the same episode of service.
- **Time-based CPT codes** billed by one servicing provider **shouldn't overlap**. For example, if a Beck Depression Inventory is administered during a 60-minute therapy session, a 60-minute therapy code and a brief behavioral assessment code may be billed. An additional half-hour or one hour of testing shouldn't be billed since only 60 minutes was spent with the member.

To learn more about Psychological and Neuropsychological Testing, refer to the [Clinical Payment and Coding Policy](#) on our provider website.

This material is for informational/educational purposes only and is not intended to be a substitute for the independent medical judgment of a physician or a definitive source for coding claims. The reference to any particular brand, type or method of testing is solely for informational purposes and is not, and should not be, construed as an endorsement, representation or recommendation for any particular test. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials.

Providers Receiving Bamlanivimab for Free Should Not Bill for the Product

Blue Cross and Blue Shield of Montana continues to provide access to medically necessary care for the treatment of COVID-19. The U.S. Food and Drug Administration [granted Emergency Use Authorizaton \(EUA\)](#) for Eli Lilly and Company's investigational neutralizing antibody bamlanivimab. Bamlanivimab is authorized under the EUA to treat mild to moderate COVID-19 in high-risk patients.

What's reimbursed: The federal government is currently purchasing bamlanivimab. It's providing bamlanivimab to states to distribute to health care providers at no cost for COVID-19 treatment. We won't reimburse for bamlanivimab that providers received for free. Providers should not charge members for the treatment. We will reimburse for the administration of the treatment. Other medically necessary treatment for COVID-19 will be covered consistent with the terms of the member's benefit plan. When providers begin to purchase bamlanivimab, we will update our position.

Claims coding: The Centers for Medicare & Medicaid Services identified the following codes for the bamlanivimab product and administration:

- Q0239 – Injection, bamlanivimab-xxxx, 700 mg
- M0239 – Intravenous infusion, bamlanivimab-xxxx, includes infusion and post-administration monitoring

HMK-CHIP Claims Administration Changes Effective October 1, 2020

Effective October 1, 2020 the administration of the HMK-CHIP has changed the claims administration for Durable Medical Equipment, Prosthetics, Orthotics, Medical Supplies Providers (DMEPOS), and Hearing Aid benefits.

Effective October 1, 2020, the administration of the HMK-CHIP durable medical equipment, prosthetics, orthotics, and medical supplies (DMEPOS) benefit moved from Blue Cross Blue Shield of Montana to Conduent and Mountain-Pacific Quality Health (MPQH). HMK-CHIP DMEPOS services will be administered in the same manner as Medicaid.

Effective October 1, 2020 the administration of the HMK-CHIP hearing aid benefit moved from Blue Cross Blue Shield of Montana to Conduent and the Department of Public Health and Human Services (DPHHS). HMK-CHIP hearing aid services will be administered in the same manner as Medicaid.

BCBSMT will process claims for HMK-CHIP DMEPOS and hearing aid services with a date of service on or prior to September 30, 2020.

For claims questions or additional information, contact Montana Provider Relations at [800-624-3958](tel:800-624-3958) or [406-442-1837](tel:406-442-1837) or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at medicaidprovider.mt.gov.

Medicare Adds Benefit for Members With Inherited Ovarian or Breast Cancer

The Centers for Medicare & Medicaid Services (CMS) added a benefit this year for Medicare members with germline or inherited ovarian or breast cancer. The benefit covers a laboratory diagnostic test using **Next Generation Sequencing (NGS)**. These tests provide genetic analysis of a patient's cancer.

What is covered

- For services performed **on or after Jan. 27, 2020**, Medicare covers NGS when:
- Performed in a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory
- Ordered by a treating physician
- And the patient has all the following:
 - Ovarian or breast cancer
 - A clinical indication for germline testing for hereditary breast or ovarian cancer
 - A risk factor for germline breast or ovarian cancer
 - Has not been previously tested with the same germline test using NGS for the same germline genetic content

For more information, see CMS' [national coverage determination on NGS](#).

Check eligibility and benefits

Use the [Availity](#) Provider Portal or your preferred web vendor to check eligibility and benefits for all patients before providing services. This step will help you confirm coverage and other important details, such as prior authorization requirements.

Hospitals Must Provide Medicare Outpatient Observation Notice (MOON)

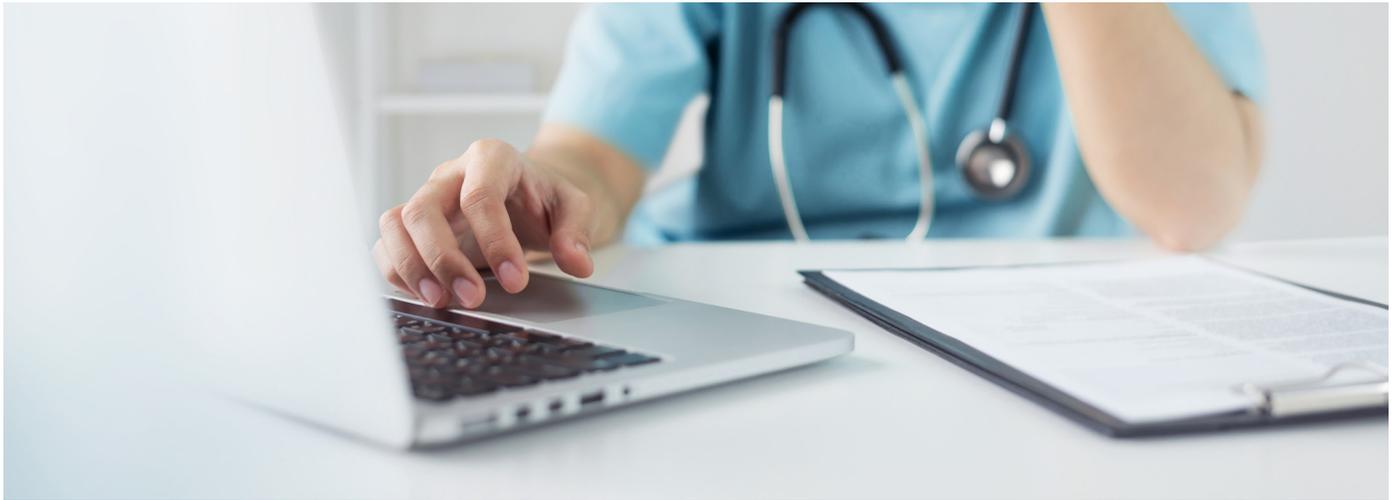
Hospitals and Critical Access Hospitals (CAH) are required to give the standardized Medicare Outpatient Observation Notice (MOON) to our Blue Cross Medicare AdvantageSM members who are under outpatient observation for more than 24 hours. **The notice explains why the members aren't inpatients and what their coverage and cost-sharing obligations will be.**

Steps for providers to complete the MOON

- Download the notice from the [Centers for Medicare and Medicaid Services \(CMS\) website](#).
- Fill in the reason the member is outpatient rather than inpatient.
- Explain the notice verbally to the member.
- Have the member sign to confirm they received and understand the notice. If the member declines, the staff member who provided the notice must certify that it was presented.

The notice **must be completed no later than 36 hours after observation begins or sooner** if the patient is admitted, transferred or released.

Learn more from CMS' Notice Instructions.



Now Available for All BCBSMT Members: Availity Claim Status Tool

In Nov. 2019, Blue Cross and Blue Shield of Montana launched the Availity Claim Status tool for providers to verify detailed claim status online for Medicare Advantage members. Since Oct. **19, 2020**, this tool includes detailed claim status for commercial, Federal Employee Program (FEP) and on and off exchange members. This improvement will increase your administrative efficiencies by offering you a single tool to check claim status online for all your BCBSMT patients.

This Claim Status tool is found in the Claims & Payment menu via the Availity portal and allows providers to search for claims by a member ID or specific claim number. When searching by the Member ID, the patient name will now be included in the list of claims returned, based on the search criteria entered. The claim status results are real-time and provide more detailed information than the HIPAA-standard 276/277 claim status transaction. In addition, this claim status option returns the following details:

- patient and provider data submitted on claims
- in-network and out-of-network patient liability breakdown
- billing and rendering provider name and NPI
- check number, check date and payee name
- other carrier payment amount
- ineligible reason codes and associated descriptions
- transaction ID reference numbers

BCBSMT Claim Research Tool Retirement

The BCBSMT Claim Research Tool (CRT) in Availity was retired as of Oct. 19, 2020. The detailed claim status information you received within the CRT, including applicable code audit rationale and additional action(s), have been incorporated into the Availity Claim Status tool for commercial, FEP and on and off exchange members.

Resources

For additional instructions, refer to the Availity Claim Status User Guide in the [Provider Tools section](#) of our Provider website. As a reminder, you must be registered with Availity to use the Claim Status tool. For registration information, visit [Availity](#), or contact Availity Client Services at 800-282-4548.

If you have additional questions, contact the [Provider Education Consultants](#).



BCBSMT Preauthorization Duties Changing from EviCore to AIM

Effective Jan. 1, 2021, for some commercial plan members

What's changing?

The utilization management vendor that processes preauthorizations for some of our **commercial** members is changing. **Jan. 1, 2021**, preauthorization requests for commercial Blue Cross and Blue Shield of Montana members that previously required to be submitted through eviCore healthcare will require preauthorization through **AIM Specialty Health® (AIM)**.

What's not changing?

The **care categories** that require preauthorization with AIM will stay the same:

- Advanced imaging
- Radiation therapy
- Genetic testing

If benefit preauthorization is required, services performed without benefit preauthorization may be denied for payment and the rendering provider may not seek reimbursement from the member.

Learn more about preauthorization with BCBSMT [on our website](#), including code lists for the services that require preauthorization. Remember code lists are updated periodically.

Always check eligibility and benefits first to confirm membership, coverage, determine if you are in-network for the member's policy and whether preauthorization is required through our [Availity](#) system or your preferred vendor. This step will help you confirm coverage and other important details, such as preauthorization requirements and delegated vendors, if applicable.

How can you prepare?

Make sure you have an **account** with **AIM**. To **create** an account:

- **Online** - Access [AIM ProviderPortal](#), or
- **By Phone** – Call the **AIM Contact Center** at **800-859-5299** Monday through Friday, 7 a.m. to 7 p.m.

If you are already registered with AIM you do not need to register again.

How to submit a preauthorization request through AIM starting Jan. 1, 2021

Submit preauthorization requests to AIM in one of the following ways:

- **Online** – Submit requests via the [AIM ProviderPortal](#) 24/7.
- **By Phone** – Call the **AIM Contact Center** at **844-377-1285** Monday through Friday, 7 a.m. to 7 p.m.

Why it matters

If benefit preauthorization is required, services performed without benefit preauthorization may be denied for payment and the rendering provider may not seek reimbursement from the member.

Which members and services need preauthorization?

Use Availity or your preferred vendor to:

- Check eligibility and benefits
- Determine if you're in-network for your patient
- Find out if the patient and services require preauthorization
- Learn whether preauthorization is required for a specific procedure code

Look for future news and updates on upcoming training and FAQs that will provide all the important information you need to successfully transition to AIM.



Obtain BCBSMT Patient ID Numbers Online Via Availity

To help you obtain a Blue Cross and Blue Shield of Montana patient insurance ID number, we recently implemented a new online tool called **Patient ID Finder** located in our BCBSMT-branded Payer Spaces section via the Availity Provider Portal.

The Patient ID Finder tool allows you to receive the patient ID number and group number by entering patient-specific data elements. This new and exciting tool is now available for BCBSMT commercial, Federal Employee Program and on and off-exchange members as of Sept. 2, 2020, making it easier to obtain the patient ID number for your records. Please note the Patient ID Finder tool is currently unavailable for Medicare Advantage.

How do you use the Patient ID Finder via Availity?

Searching online for BCBSMT patient ID number is easy and consists of only four steps:

- Log into [Availity.com](https://www.availity.com)
- Select Payer Spaces from the navigation menu
- Select Patient ID Finder from the Applications tab, then complete and submit the request
- Patient ID and group numbers are returned

Note: This tool does not reflect the patient's eligibility or benefits. Refer to the [Availity Eligibility and Benefits User Guide](#) for assistance with obtaining real-time eligibility and benefits information via Availity.

Providers not yet registered with Availity can sign up today at [Availity.com](https://www.availity.com), at no charge. For registration assistance call Availity Client Services at **800-282-4548**.

For More Information

Watch for the new Patient ID Finder User Guide coming soon to the Provider Tools section of our website. If you need further assistance or customized training, contact our [Provider Education Consultants](#).



Obtain BCBSMT Patient ID Numbers Online Via Availity – Now Available for Government Programs

We are excited to announce that you can now use the Patient ID Finder to obtain the insurance ID and group numbers for Medicare Advantage. This tool allows you to quickly obtain a Blue Cross and Blue Shield of Montana patient's insurance ID and group numbers after entering patient-specific data elements.

How do you use the Patient ID Finder via Availity?

Searching online for BCBSMT patient ID number is easy and consists of only four steps:

- Log into [Availity](#)
- Select Payer Spaces from the navigation menu and choose BCBSMT
- Select Patient ID Finder from the Applications tab, then complete and submit the request
- Patient ID and group numbers are returned

Note: This tool does not reflect the patient's eligibility or benefits. Refer to the [Eligibility and Benefits User Guide](#) for assistance with obtaining real-time eligibility and benefits information via Availity.

Providers not yet registered with Availity can sign up today at [Availity](#), at no charge. For registration assistance call Availity Client Services at **800-282-4548**.

For More Information

- Refer to the [Patient ID Finder User Guide](#) in the Provider Tools section of our website.
- Visit the [Training page](#) on our website to register for an upcoming Availity 101 session hosted weekly to learn more about online offerings, including the Patient ID Finder.
- If you need further assistance or customized training, contact our [Provider Education Consultants](#).

Share Your Medication-Assisted Treatment Designation

Use Our Demographic Change Form

If you offer **opioid addiction or withdrawal treatment**, consider making this **information available to our members and other providers** in our Provider Finder®. This will help others identify you when referring their patients for medication-assisted treatment (MAT) care and services.

Update Your Existing Information

Beginning **Sept. 18, 2020**, use our [demographic change form](#) to share details on your addiction/withdrawal treatment services. Here's how:

- Go to the **"Change Existing Demographic Information"** section.
- Select **"Other Provider Updates."**
- Enter your MAT and/or OTP provider information under the **"Medication-Assisted Treatment"** section.
- Indicate on the last question if you prefer to keep your answers private or share with our members via Provider Finder.
- Specify the **"Effective Date of Change."** You must enter this to submit your updates

The update will be shared on Provider Finder which typically takes about **two weeks**.

New Providers

New providers can voluntarily provide their certified MAT services during the onboarding process using the [onboarding form](#).

Opioid Treatment Designations

The Blue Cross and Blue Shield Association has defined four provider types that deliver treatment for opioid use disorders. The types are based on certification through the Substance Abuse and Mental Health Services Administration (SAMHSA):

- MAT for Opioid Use Disorders is provided at a given location
- Provider at a given location is authorized to dispense MAT for Opioid Use Disorders
- This location is a certified Opioid Treatment Program (OTP)
- Counseling for Opioid Use Disorders is provided at this location

Details about Provider Types

View details about each [provider type certification](#).

Verification of Disclosure

We will verify MAT and OTP provider certification through the [SAMHSA](#) before posting in our Provider Finder.



View Professional Provider Fee Schedule Via Availity

Fee schedules are a key component of your contractual relationship with Blue Cross and Blue Shield of Montana. To ensure you have this information quickly, BCBSMT is implementing a new online Fee Schedule viewer tool via the Availity Provider Portal for participating professional providers. Professional providers may use this Availity offering to electronically request a range of up to 20 procedure codes and immediately receive the contracted price allowance for the patient services you perform.

You must be registered with [Availity](#) to use the new Fee Schedule tool. You can sign up today at Availity, at no charge. For registration assistance, call Availity Client Services at **800-282-4548**. If you do not have online access, you may continue to obtain this information via the [Secure Portal](#) on our website.

Training

BCBSMT will be hosting complimentary webinars for you to learn how to use the new Availity Fee Schedule tool. Refer to the [Training page](#) on our Provider website to view upcoming webinar training dates and times.

For More Information

Watch for more information coming to the [News and Updates](#) section, along with the new **Fee Schedule Tool User Guide** that will be added to the [Provider Tools](#) section of our website. If you have further questions, please contact our [Provider Education Consultants](#).

The information is not applicable to Medicare Advantage or Montana Medicaid members.



Patients in the Qualified Medicare Beneficiary (QMB) Program Should Not Be Billed

If you participate in Blue Cross Medicare Advantage plans, you may not bill our members enrolled in QMB, a federal Medicare savings program

QMB patients are dual eligible beneficiaries, which means they are eligible for both Medicare and Medicaid. As a state Medicaid benefit, QMB covers the Medicare Advantage premiums, deductibles, coinsurance and copayments of QMB beneficiaries. **QMB beneficiaries are not responsible for Medicare Advantage cost-sharing, or out-of-pocket costs.**

For services you provide to QMB patients, you must:

- Bill both Medicare Advantage and Medicaid
- Accept Medicare Advantage payments and any Medicaid payments as payment in full

Tips to avoid billing QMB patients

Please ensure that you and your staff are aware of the federal billing law and policies governing QMB. It is against federal law for any Medicare provider to bill QMB patients, whether or not the provider accepts Medicaid. Per your Medicare Provider Agreement, you may be sanctioned if you inappropriately bill QMB patients for Medicare Advantage cost-sharing.

To avoid billing QMB patients, please take these precautions:

- Understand the Medicare Advantage cost-sharing billing process
- Be sure your billing software and staff remove QMB patients from Medicare Advantage cost-sharing billing and related collections efforts

Questions?

Call Customer Service at [877-774-8592](tel:877-774-8592) to learn more about QMB procedures and ways to identify QMB patients. For more details about QMB, see the [Centers for Medicare & Medicaid Services](#) website.

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



Revision to Specialty Medication Administration Site of Care Policy, Effective Jan. 1, 2021

The **Specialty Medication Administration Site of Care** Policy, effective March 15, 2020, will be updated to add these HCPCS codes: **J0791, Q5121, J0584, J3060, J0223, J0638, J3245, J3397, J0222, J3241, J1746, J1303, J3032 and J1558.**

An updated [RX501.096 Medical Policy](#) will be posted prior to Jan. 1, 2021 to assist providers in determining when to apply benefit preauthorization requirements for these codes.

As always, it is critical to check eligibility and benefits first, prior to rendering care and services, to confirm coverage, network status and other important details.



Are You Using These Shared Decision-Making Aids?

Below is a list of **resources** to help you involve your patients in shared decision-making. The evidence-based aids provide information about **treatment options, lifestyle changes** and **outcomes**. They don't replace your guidance but can help your conversations with your patients. The list is also on our [website](#).

Why it's important: When patients help make decisions about their health care, it can lead to better outcomes and quality of life.

[Mayo Clinic Shared Decision Making National Resource Center](#)

- Cardiovascular Primary Prevention Choice
- Depression Medication Choice
- Diabetes Medication Choice
- Osteoporosis Decision Aid
- Percutaneous Coronary Intervention Choice
- Smoking Cessation Around the Time of Surgery
- Rheumatoid Arthritis (RA) Choice
- Statin Choice Electronic Decision Aid

— CONTINUED ON THE NEXT PAGE

[Cincinnati Children’s James M. Anderson Center for Health Systems Excellence](#)

- Attention-Deficit/Hyperactivity Disorder (ADHD) Treatment for the School-Age Child
- Diarrhea Treatment with Lactobacillus GG
- Human Papilloma Virus (HPV) Vaccination
- Hydroxyurea for Sickle Cell Anemia
- Treatment for Children with Autism
- Behavior Concerns in Young Children
- Return of Genetic Test Results from Whole Exome Sequencing
- Juvenile Idiopathic Arthritis Treatment
- Fertility Preservation for Children Newly Diagnosed with Cancer
- Treatment of Obstructive Sleep Apnea
- Weight Loss for Adolescents

[Dartmouth-Hitchcock Center for Shared Decision Making](#)

[Decision Support Toolkit for Primary Care](#)

The following steps help involve the patient in a primary care setting:

- Step 1: [Leadership](#)
- Step 2: [Goals and Scope of Project](#)
- Step 3: [Assessment](#)
- Step 4: [Decision Support Tools](#)
- Step 5: [Education and Training](#)
- Step 6: [Implementation](#)
- Step 7: [Quality Monitoring Tools](#)

[Decision Support Toolkit for Specialty Care](#)

- **Breast Cancer**
 - [Early Stage Breast Cancer Toolkit](#)
 - [Ductal Carcinoma in Situ \(DCIS\) Toolkit](#)
 - [Breast Reconstruction Toolkit](#)
- **Hip and Knee Osteoarthritis Toolkit**

[Decision Support as a Clinical Skill Toolkit](#)

- Part 1: The [Ottawa Decision Support Tutorial](#) – Online tutorial to develop skills in providing decision support
- Part 2: [Workshop for Physicians](#) and [Workshop for Non-Physicians](#)

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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

Submit Electronic Professional and Facility Claims Via the Availity Provider Portal

The Availity Provider Portal offers providers a no cost solution to submit electronic Professional and Institutional claims (ANSI 837P and 837I transactions) to Blue Cross and Blue Shield of Montana. Electronic claim submission can accelerate the claim and reimbursement process.

You must be registered with Availity to use the Claim Submission tool for professional and facility claims. You can sign up today at [Availity](#), at no charge. For registration assistance, call Availity Client Services at **800-282-4548**. This Availity portal option doesn't require the use of a separate clearinghouse or practice management system.

How to access and use Availity's Claim Submission tool

1. Log in to [Availity](#)
2. Select **Claims & Payments** from the navigation menu
3. Select **Facility Claim** or **Professional Claim**
4. Within the tool, select your **Organization, Transaction Type and Payer**
5. Complete the required fields

Online claim submission via Availity allows you to submit a single claim or add to batch and send multiple claims to BCBSMT at the same time. Once submitted, you can confirm BCBSMT's receipt of the claim(s) and check claim status in real-time, all within the Availity portal.

For More Information

Watch for the new **Electronic Professional Claim Submission User Guide and Electronic Facility Claim Submission User Guide** coming soon to the [Provider Tools](#) section of our website.

Learn more about the electronic claim submission process by referring to the [Claim Submission](#) page on our Provider website.

If you need further assistance or customized training, contact our [Provider Education Consultants](#).

BCBSMT Updated CPT Codes for Some Preauthorization Services

On Jan. 1, 2021, Blue Cross and Blue Shield of Montana updated its list of Current Procedural Terminology (CPT) codes to comply with changes due to a BCBSMT system update and updates from the American Medical Association (AMA). These changes are the result of new, replaced or removed codes implemented by BCBSMT and the AMA.

What's New: On Jan. 1, 2021 we updated the procedure code list for services that require preauthorization.

More Information: For a revised list of codes effective Jan. 1, 2021, go to our website in the [utilization management](#) section. Check the [AMA website](#) for more information on CPT codes.

Check Eligibility and Benefits: To identify which members require prior authorization for services on the code list, check eligibility and benefits through Availity or your preferred vendor.

BCBSMT Will Update CPT Codes for Some Outpatient Services, Added Efficiencies with AIM Specialty Health (AIM)

What's New: On March 15, 2021, BCBSMT will update its list of Current Procedural Terminology (CPT) codes requiring preauthorization, for some commercial members, to reflect new, replaced or removed codes due to a BCBSMT Utilization Management update.

More Information: For a revised list of codes effective March 15, 2021, go to [Preauthorization Lists](#) in the Utilization Management section of our provider website.

Update: Use the AIM [ProviderPortal](#) for Pre & Post-Service Reviews

Effective Jan. 1, 2021 use the AIM ProviderPortal to request preauthorization and respond to post-service review requests by AIM. **Do not submit medical records to BCBSMT for preauthorization or post-service reviews for the care categories managed by AIM. Medical records may or may not be needed for pre or post service reviews using the AIM portal due to the smart clinical algorithms within the portal.**

Benefits of the AIM [ProviderPortal](#) for Pre & Post-Service Reviews

- **Medical records for pre or post-service reviews are not necessary unless specifically requested by AIM.**
- AIM's [ProviderPortal](#) offers self-service, smart clinical algorithms and in many instances real-time determinations
- Check preauthorization status on the AIM ProviderPortal
- Increase payment certainty
- Faster pre-service decision turnaround times than post service reviews

Check Eligibility and Benefits: To identify if a service requires preauthorization for our members, check eligibility and benefits through [Availity](#) or your preferred vendor.

Updates and Reminders: Submit Predetermination of Benefits Submission Via Availity

On July 30, 2020, Blue Cross and Blue Shield of Montana implemented an electronic predetermination of benefits submission process via Availity's Attachments tool. Updates were recently made to the Attachments tool to better assist you with submitting your requests online to BCBSMT.

Updates to Online Availity Submission Process

- On-screen messaging has been added in the **Patient Information** section to ensure the patient's first and last names match exactly as they appear on the eligibility and benefit response to prevent the predetermination request from being rejected. Refer to the [Availity Eligibility and Benefits User Guide](#) for assistance with verifying patient information online.
- The **Service From** and **To** date fields have been removed as they are not required for submission.

Make sure you use Availity's Attachments Dashboard to confirm the online predetermination of benefits submission was accepted or rejected by BCBSMT. For navigational assistance with this tool, refer to the [Electronic Predetermination Request User Guide](#) located in the Provider Tools section of our website.

Reminders

- A predetermination of benefits is a voluntary request for written verification of benefits prior to rendering services. BCBSMT recommends submitting a predetermination of benefits request if the service may be considered experimental, investigational, or unproven, as specified within the [BCBSMT Medical Policy](#).
- Per the Medical Policy, if photos and/or x-rays are required for review, please email to [Photo Handling](#). The body of the email should include the patient's first name and last name, Group number, Subscriber ID and date of birth.
- Urgent care requests include any request for a predetermination with respect to which the application of the time periods for making non-urgent care determinations:
 - a. could seriously jeopardize the life or health of the member or the ability of the member to regain maximum function,
or
 - b. in the opinion of a physician with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.
- If you don't have online access, you may continue to fax and/or mail predetermination of benefit requests along with a completed Predetermination Request Form and pertinent medical documentation. This form is located in the [Forms and Documents](#) section of our website.

For More Information

If you need further assistance or customized training, contact our [Provider Education Consultants](#).

The information in this notice does not apply to requests for Medicare Advantage members.

Please note that the fact that a guideline is available for any given treatment or that a service or treatment has been predetermined for benefits, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date the service was rendered.



Verify Multiple Patient's Eligibility and Benefits Coverage Via Availity

Patient eligibility and benefits should be verified before every scheduled appointment. Providers are encouraged to use the Availity Provider Portal or their preferred vendor for eligibility and benefits verification. The Availity Eligibility and Benefits Inquiry offers an **Add Multiple Patients** feature for providers to check real-time eligibility and coverage details for 2 to 50 patients in the same request. In the Availity Eligibility and Benefits response a Patient Card will appear in the left-side Patient History list, for each patient requested. Patient Cards will be available for interpretation for 24 hours at which time they will auto delete from the Patient History list.

Tips for Using the Add Multiple Patients Option:

- Enter each patient's information on a separate line.
- Press Enter on your keyboard to start a new line.
- Separate each piece of information on each line with a comma.
- Make sure to enter the information that matches the search option you selected in the Patient Search Option field.

This feature is available for Blue Cross and Blue Shield of Montana commercial, Federal Employee Program and on and off-exchange members. Start saving time and streamlining your eligibility and benefits inquiries by utilizing the Add Multiple Patients option. Refer to the [Availity Eligibility and Benefits User Guide](#) for step-by-step instructions.

Please note that the Add Multiple Patients feature is currently unavailable for Medicare Advantage members.



Quit Your Way with the Montana Tobacco Quit Line

The Montana Tobacco Quit Line now offers free coaching via chat, text (under age 25) and phone, increased incentives for pregnant women, and has resumed offering Chantix!

- **FREE Chantix Starting January 1, 2021 (While Supplies Last):** The Quit Line will resume offering free Chantix on January 1, 2021 to Montanans who enroll and complete their first coaching call. While supplies last, participants will be eligible to receive up to three months of Chantix with a doctor's prescription.
- **NEW Online Chat:** In addition to phone coaching, the Quit Line now offers coaching via online chat for all Montanans at [QuitNowMontana.com](https://www.QuitNowMontana.com). Those who enroll in online coaching are eligible for free NRT, free Chantix and reduced-cost Bupropion.
- **NEW Young Adult Program:** The Quit Line now offers coaching via text messaging to those between 18-24 years of age. To access the texting feature, young adults can text "start my quit" to 36072. The Montana Tobacco Quit Line continues to offer [My Life, My Quit](#) to those under the age of 18.
- **Quit Now Montana Pregnancy Program Increased Rewards:** The Quit Now Montana Pregnancy Program offers pregnant callers 9 free coaching sessions with a dedicated female coach, as well as \$20 for each completed coaching call while pregnant and \$30 for each completed coaching call post-partum.
- **American Indian Commercial Tobacco Quit Line Updated Features:** The American Indian Commercial Tobacco Quit Line has a new, easier-to-remember phone number, **1-855-5AI-QUIT**, and a [brand new website](#).



BCBSMT Donates \$43,000 to Montana Food Bank Network

Improving access to nutritious food is one of the many ways Blue Cross and Blue Shield of Montana supports communities throughout the state, and to advance those efforts, it is donating \$43,000 to the Montana Food Bank Network (MFBN) through its holiday giving program.

“The Montana Food Bank Network is playing a critical role in providing food security to communities all across the state,” said John Doran, Divisional Vice President of External Affairs and Chief of Staff at BCBSMT. “With the pandemic and the holidays, access to food is more important now than ever.”

As Montana’s only statewide food bank, MFBN has developed several programs in concert with organizations like Feeding America — another partner of BCBSMT’s — to address the unique challenges of accessing food in Montana. With a \$1 donation, MFBN is able to provide enough food for three wholesome meals through partnerships with local and national food manufacturers, agriculturists, and other food manufacturers.

This donation is in addition to the nearly \$1.7 million BCBSMT has donated in 2020 to support Montana organizations through its [COVID relief](#) efforts, [Healthy Kids, Healthy Families](#)® program and additional community investments targeted at nutrition, physical activity, disease prevention and management, substance abuse prevention and suicide prevention.

Visit the [Montana Food Bank Network](#) online to learn more.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – Part 1

Pharmacy Network Changes

Some Blue Cross and Blue Shield of Montana members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2021. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network. Based on claims data, members impacted by these changes will receive letters from BCBSMT to alert them.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient which pharmacy is their preferred choice.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Montana (BCBSMT) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective Jan. 1, 2021 are outlined below.**

You can view a preview of the January drug lists on our [Member Services website](#). The final lists will be available on both the Member Services website and Pharmacy Program section of our Provider website closer to the January 1 effective date.

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

Please note: If you have patients with an individual benefit plan offered on/off the Montana Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our [Member Services website](#).

Drug List Updates (Revisions/Exclusions) – As of Jan. 1, 2021

Non-Preferred Brand ¹	Drug Class/Condition Used for	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
DARAPRIM (pyrimethamine tab 25 mg)	Malaria, Parasitic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
JADENU (deferasirox tab 180 mg)	Chronic Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg, 24hr 5-500 mg, 24hr 5-1000 mg)	Diabetes		Janumet XR
ONGLYZA (saxagliptin hcl tab 2.5 mg, 5 mg (base equiv))	Diabetes		Januvia
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Asthma	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Asthma	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TECFIDERA (dimethyl fumarate capsule delayed release 120 mg, 240 mg)	Relapsing Multiple Sclerosis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TECFIDERA (dimethyl fumarate capsule delayed release starter pack 120 mg & 240 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate 120 mg, dimethyl fumarate 240 mg	
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Relapsing Multiple Sclerosis		Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia
VUMERITY (diroximel fumarate capsule delayed release starter bottle 231 mg)	Relapsing Multiple Sclerosis		Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia
Basic and Multi-Tier Basic Drug List Revisions			
MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/ml)	Migraine	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NEXIUM (esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg)	Gastroesophageal Reflux Disease (GERD)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Non-Preferred Brand¹	Drug Class/Condition Used for	Generic Preferred Alternative(s)^{2,3}	Preferred Brand Alternative(s)^{1,2}
Balanced, Performance and Performance Select Drug List Revisions			
CARBINOXAMINE MALEATE (carbinoxamine maleate tab 4 mg)	Allergic Conditions	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 500 mg)	Malaria	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
DIDANOSINE (didanosine delayed release capsule 250 mg)	Viral Infections	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ERYTHROMYCIN (erythromycin w/ delayed release particles cap 250 mg)	Infections	erythromycin tablet	
Balanced Drug List Revisions			
NAFTIFINE HCL (naftifine hcl cream 1%)	Fungal Infections (Topical)	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Balanced, Performance and Performance Select Drug List Exclusions			
BELVIQ (lorcaserin hcl tab 10 mg)	Weight Loss	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

BELVIQ XR (lorcaserin hcl tab er 24hr 20 mg)	Weight Loss	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CONCERTA (methylphenidate hcl tab er osmotic release 18 mg, 27 mg, 36 mg, 54 mg)	Attention-Deficit Hyperactivity Disorder (ADHD)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
DARAPRIM (pyrimethamine tab 25 mg)	Malaria, Parasitic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
JADENU (deferasirox tab 180 mg)	Chronic Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
KOMBIGLYZE XR (saxagliptin-metformin hcl tab sr 24hr 2.5-1000 mg, 24hr 5-500 mg, 24hr 5-1000 mg)	Diabetes		
NEXIUM (esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg)	Gastroesophageal Reflux Disease (GERD)	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ONGLYZA (saxagliptin hcl tab 2.5 mg, 5 mg (base equiv))	Diabetes		
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Asthma	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Asthma	generic ProAir HFA, generic Proventil HFA	
PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ranitidine capsules	Gastroesophageal Reflux Disease (GERD)	famotidine tablets 40 mg	
ranitidine syrup	Gastroesophageal Reflux Disease (GERD)	famotidine suspension 40 mg/5 ml	
ranitidine tablets	Gastroesophageal Reflux Disease (GERD)	famotidine tablets 40 mg	
SAMSCA (tolvaptan tab 30 mg)	Kidney Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TECFIDERA (dimethyl fumarate capsule delayed release 120 mg, 240 mg)	Relapsing Multiple Sclerosis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TECFIDERA (dimethyl fumarate capsule delayed release starter pack 120 mg & 240 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate 120 mg, dimethyl fumarate 240 mg	
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate	Aubagio, Avonex, Betaseron, Copaxone, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia

VUMERITY (diroximel fumarate capsule delayed release starter bottle 231 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate	Aubagio, Avonex, Betaseron, Copaxone, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia
Various Injection Devices such as AUTOPEN and HUMAPEN LUXURA HD	Injection Device	Members should talk to their doctor or pharmacist about product(s) available for their condition.	
Various Respiratory Devices such as Nebulizers and Peak flow meters	Respiratory Therapy Supplies and Devices	Members should talk to their doctor or pharmacist about product(s) available for their condition.	
Performance and Performance Select Drug List Exclusions			
diclofenac sodium gel 1%	Pain (Topical)	Members should talk to their doctor or pharmacist about over-the-counter medication(s) available for their condition.	
diclofenac sodium tab er 24hr 100 mg	Pain, Inflammation	diclofenac 50 mg DR tablet, ibuprofen tablet, naproxen tablet	
diclofenac sodium tab sr 24hr 100 mg	Pain, Inflammation	diclofenac 50 mg DR tablet, ibuprofen tablet, naproxen tablet	
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	Seizures	lamotrigine chewable tablet, lamotrigine tablet	
minocycline hcl tab 50 mg, 75 mg, 100 mg	Acne, Infections	minocycline capsules	
olopatadine hcl ophth soln 0.1% (base equivalent)	Ophthalmic Allergic Conditions	Members should talk to their doctor or pharmacist about over-the-counter medication(s) available for their condition.	
Balanced and Performance Select Drug List Exclusions			
MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/ml)	Migraine	dihydroergotamine injection solution	
Various Prenatal Vitamins such as AZESCHEW CHW 13-1 MG, AZESCO TAB 13-1 MG, PREGENNA TAB, PRENARA CAP, TRINAZ TAB 12-1 MG, ZALVIT TAB 13-1 MG	Prenatal Vitamin	Members should talk to their doctor or pharmacist about product(s) available for their condition.	
Performance Drug List Exclusions			
butalbital/acetaminophen/caffeine 50-300-40 mg	Pain	butalbital/acetaminophen/caffeine 50-325-40 mg tablet	
Balanced Drug List Exclusions			
buprenorphine td patch weekly 7.5 mcg/hr	Malaria, Parasitic Infections		Belbuca film
GIALAX (polyethylene glycol 3350 - kit)	Constipation, Colonoscopy Prep	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
PCP 100 (mag cit-bisacodyl-petrolat-peg-metoclopramide-electrol kit)	Constipation	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
RIOMET (metformin hcl oral soln 500 mg/5 ml)	Diabetes	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

Performance Select Drug List Exclusions		
minocycline hcl tab er 24hr 55 mg, 24hr 65 mg, 24hr 80 mg, 24hr 105 mg, 24hr 115 mg	Acne, Infections	minocycline capsules
olopatadine hcl ophth soln 0.2% (base equivalent)	Ophthalmic Allergic Conditions	Members should talk to their doctor or pharmacist about over-the-counter medication(s) available for their condition.

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

Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2021

The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2021. Members may pay more for these drugs.

Drug ¹	Drug Class/Condition Used For
Multi-Tier Basic, Multi-Tier Enhanced, Balanced, Performance and Performance Select Drug Lists	
acebutolol hcl cap 200 mg, 400 mg	Hypertension, Arrhythmia
alendronate sodium tab 5 mg	Osteoporosis
bisoprolol fumarate tab 5 mg	Hypertension
diltiazem hcl cap er 24hr 120 mg	Hypertension
fluoxetine hcl solution 20 mg/5 ml	Depression
flurbiprofen sodium ophth soln 0.03%	Ophthalmic Pain/Anti-Inflammatory
guanfacine hcl tab 1 mg, 2 mg	Hypertension
hydrocodone w/ homatropine tab 5-1.5 mg	Cough
theophylline tab er 12hr 100 mg	Asthma, Bronchitis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD)
thyroid tab 60 mg (1 grain)	Hypothyroidism

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

Dispensing Limit Changes

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

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

Effective Sept. 7, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Risdiplam	
Evryydi for solution 0.75 mg/mL*	8 mL per day (3 bottles per 30 days)

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

Effective Jan. 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Alternative Dosage Form	
Indocin 50 mg suppositories	120 suppositories per 30 days
Foot Baths and Soaks	
Ciclopirox 0.77% cream	180 grams per 30 days
Ciclopirox 0.77% gel	180 grams per 30 days
Ciclopirox 0.77% topical suspension	180 mL per 30 days
Erythromycin 2% gel	180 grams per 30 days
Erythromycin 2% solution	180 mL per 30 days
Ketoconazole 2% cream	180 grams per 30 days
Ketoconazole 2% foam	100 grams per 30 days
Ketoconazole 2% gel	45 grams per 30 days
Insulin Pump	
Omnipod*	30 pods per 30 days
Omnipod DASH*	30 pods per 30 das
Omnipod DASH Kit*	1 kit per 4 years
V-Go 20 Kit*	1 kit per 30 days
V-Go 30 Kit*	1 kit per 30 days
V-Go 40 Kit*	1 kit per 30 days
Substrate Reduction Therapy	
Zavesca*	90 capsules per 30 days
Basic, Enhanced and Performance Drug Lists	
Therapeutic Alternatives	
Brimonidine Sol 0.15%	5 mL per 20 days
Ketoprofen 200 mg ER capsules	30 capsules per 30 days
Oxiconazole Nitrate Cream 1%	180 grams per 30 days
Basic and Enhanced Drug Lists	
Bempedoic Acid	
Nexletol 180 mg tablet	30 tablets per 30 days
Nexlizet 180-10 mg tablet	30 tablets per 30 days
Isturisa	
Isturisa 1 mg	240 tablets per 30 days
Isturisa 5 mg	300 tablets per 30 days
Isturisa 10 mg	180 tablets per 30 days

Balanced, Performance and Performance Select Drug Lists	
Fintepla	
Fintepla 2.2 mg/mL*	360 mL per 30 days

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

Utilization Management Program Changes

Effective **Sept. 7, 2020**, the Risdiplam Specialty Prior Authorization (PA) program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Evrysdi.

Effective **Jan. 1, 2021**, the following changes will be applied:

- Select target drugs of the Glaucoma ST program will be recategorized into a separate program:
 - Rocklatan and Rhopressa will be included in the new Rho Kinase Inhibitor ST program. This program will be added to the Balanced and Performance Select Drug Lists. This program will also apply to the Basic and Enhanced Drug Lists. Grandfathering is in place. Members with a drug regimen history will not be impacted.
- Tecfidera Brand and Vumerity will be added as targets to the Multiple Sclerosis Specialty ST Program, which applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists. Grandfathering is in place. Members with a drug regimen history will not be impacted.
- The Orilissa PA program will change its name to Elagolix. A new target, Oriahnn will be added. This program applies to the Balanced, Performance and Performance Select Drug Lists.*
- The Fintepla Specialty PA program and target drug Fintepla will be added to the Balanced, Performance and Performance Select Drug Lists.*
- The Dojolvi Specialty PA program and target drug Dojolvi will be added to the Balanced, Performance and Performance Select Drug Lists.*
- The Insulin Pump PA program and target drugs Omnipod, Omnipod Dash and V-Go will be added to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*
- The Cerdelga Specialty PA program will change its name to Substrate Reduction Therapy. A new target, Zavesca will be added. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*
- The following targets will be added to the Hemophilia Factor VIII Specialty PA Program: Advate, Helixate, Hemofil M, Koate/Koate DVI, Kogenate FS, Kovaltry, Monoclate-P, NovoEight, Nuwiq, Recombinate, Xyntha/Xyntha Solofuse. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*
- The following targets will be added to the Hemophilia Factor IX Specialty PA Program: Alphanine SD, Bebulin, BeneFIX, Ixinity, Mononine, Profilnine SD, Rixubis. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.*

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

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

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2021:

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Bempedoic Acid	Nexleto [*]
Isturisa	Isturisa [*]

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

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

Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2021:

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced and Performance Drug Lists	
Oral Tetracycline Derivatives	minocycline generic
Therapeutic Alternatives	Alphagan-P 0.15%, Bethkis nebs 300 mg/4 mL, Ketoprofen ER 200 mg caps, Oxistat 1% cream and lotion, Rytary caps, TOBI nebs 300 mg/5 mL
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	Indocin suppositories

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

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

Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2021:

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
DPP-4	Jentadueto [*] , Jentadueto XR [*] , Kazano [*] , Kombiglyze XR [*] , Nesina [*] , Onglyza [*] , Oseni [*] , Tradjenta [*]

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

* Not all members may have been notified due to limited utilization. Grandfathering will not be in place. Members on a current drug regimen will be impacted.

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

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

Split Fill Program Available to Select Members

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

The specialty medicines included in the Split Fill Program are often intolerable for patients. This program allows members to decide if they can tolerate the medicine and any potential side effects before continuing ongoing therapy.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of a split fill. The specific list of drugs is subject to change at any time. You will be able to view a current list of drugs in the Split Fill Program on the Specialty Program section of our Provider website.

Members must use AllianceRx Walgreens Prime Specialty Pharmacy or an in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member's pharmacy benefit plan.

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

Appropriate Use of Opioids Program Update – Adding Liquid Opioid Medicines

BCBSMT is making a change to the Appropriate Use of Opioids Program.* On Jan. 1, 2021, oral liquid formulations will be included in the review of members' prescription orders for any opioid medication (e.g., tablet, capsule or liquid forms) at the pharmacy as a safety check before they may be filled.

This change impacts a small population of members who have prescription drug benefits administered by Prime Therapeutics. Patients and their prescribing physician will be notified of this change in November.

This safety check is a review of the daily morphine equivalent dose (MED), which is calculated across the submitted claim and select prior claims. This point of sale edit rejects claims for an opioid medication (in any form) when the total MED is greater than or equal to 200 mg per day for 30 days in a row.

Prior authorization is required for members to fill an opioid prescription at the pharmacy if they exceed the program limit. Prescribing physicians can find the authorization request form on the Prior Authorization/Step Therapy Programs section of our provider website at bcbsmt.com/provider.

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

As a reminder, the Appropriate Use of Opioids Program was implemented in August 2018. It is meant to encourage the appropriate use of opioids and support patient safety.

* Changes to be implemented for all members effective Jan. 1, 2021, regardless of plan renewal dates. The changes listed here do not apply to members with Medicare Part D or Medicaid coverage.

Select Injection, Respiratory and Other Devices Removed from Pharmacy Benefit Coverage

Starting on Jan. 1, 2021, certain injection, respiratory and other devices will be excluded from coverage on the pharmacy benefit for all drug lists. This change impacts BCBSMT members who have prescription drug benefits administered by Prime Therapeutics. Impacted members will be notified of this change in November.

These devices may be covered under the medical benefit, depending on the member's benefit plan. The amount a member pays for a device may change, based on the terms of the plan.

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

Common examples of injection devices are HUMAPEN LUXURA HD and AUTOPEN.¹ Common examples of respiratory devices are nebulizers and peak flow meters. Please talk to your patient about other products that may be available.

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

Change in Benefit Coverage for Select High Cost Products

Starting Jan. 1, 2021, several high cost products with 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.

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

Members will be notified about these excluded high cost products with lower cost alternatives listed in the table below. Please talk to your patient about other products that may be available.

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1, 2}
AZESCHEW CHW 13-1 MG†	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
AZESCO TAB 13-1 MG†	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
BUTAL/APAP/CAF CAP 50-325-40 MG	HEADACHE	BUTAL/APAP/CAF TAB 50-325-40
CHLORZOXAZONE TAB 250 MG	MUSCULOSKELETAL PAIN	BACLOFEN, CHLORZOXAZONE 500 MG
FENOPROFEN CALCIUM CAP 200 MG	PAIN	IBUPROFEN, MELOXICAM, NAPROXEN
HALOBETASOL AEROSOL FOAM 0.05%	Angina	isosorbide dinitrate tablet, isosorbide mononitrate tablet
KETOPROFEN 25 MG CAP	PAIN	IBUPROFEN, MELOXICAM, NAPROXEN
PREGENNA TAB†	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
PRENARA CAP PRENATAL†	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
PRENATRIX TAB**†	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
TRINAZ TAB 12-1 MG†	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
VIVLODEX CAP 5 MG, 10 MG	PAIN	MELOXICAM
ZALVIT TAB 12-1 MG†	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
ZUPLENZ FILM 4 MG, 8 MG	NAUSEA AND VOMITING	ONDANSETRON ODT

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

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

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

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

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

HDHP-HSA Preventive Drug Program Reminder

Select BCBSMT members' High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

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

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – Part 2

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

Drug List Changes

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

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

Changes effective Jan. 1, 2021 are outlined below.

Drug List Coverage Additions – As of Jan. 1, 2021

Preferred Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aeros 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Heart Failure
CYSTADROPS (cysteamine hcl ophth soln 0.37%)	Corneal cysteine crystal accumulation
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Diabetes
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas
SYM TUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV
TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema

— CONTINUED ON THE NEXT PAGE

TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Chronic Obstructive Pulmonary Disease (COPD), Asthma
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRIUMEQ (abacavir-dolutegravir-lamivudine tab 600-50-300 mg)	HIV
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml, 4.5 mg/0.5 ml)	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, er 24hr 5-500 mg, er 24hr 5-1000 mg, er 24hr 10-500 mg, er 24hr 10-1000 mg)	Diabetes
Balanced, Performance and Performance Select Drug Lists	
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic for CIPRODEX)	Otic Infections
CYSTADROPS (cysteamine hcl ophth soln 0.37%)	Corneal cysteine crystal accumulation
deferasirox granules packet 90 mg, 180 mg, 360 mg (generic for JADENU SPRINKLE)	Chronic Iron Overload
dimethyl fumarate capsule delayed release 120 mg, 240 mg (generic for TECFIDERA)	Relapsing Multiple Sclerosis
DUPIXENT (dupilumab subcutaneous soln pen-injector 300 mg/2 ml)	Atopic Dermatitis, Asthma
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic for SYMFI LO)	HIV
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic for SYMFI)	HIV
emtricitabine caps 200 mg (generic for EMTRIVA)	HIV
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
EQ SPACE CHAMBER ANTI-STATIC (spacer/aerosol-holding chambers - device)	Respiratory Supplies
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
EVRYSDI (risdiplam for soln 0.75 mg/ml)	Spinal Muscular Atrophy
FINTEPLA (fenfluramine hcl oral soln 2.2 mg/ml)	Seizures
FLUAD 2020-2021 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Influenza Vaccine
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2020-2021 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine

FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg	Attention Deficit Hyperactivity Disorder (ADHD)
naproxen tab ec 375 mg, 500 mg	Pain/Inflammation
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas
pantoprazole sodium for delayed release susp packet 40 mg (generic for PROTONIX susp packet)	Gastroesophageal Reflux Disease (GERD)
PEMAZYRE (pemigatinib tab 4.5 mg, 9 mg, 13.5 mg)	Cancer
QINLOCK (ripretinib tab 50 mg)	Cancer
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Cancer
RUKOBIA (fostemsavir tromethamine tab er 12hr 600 mg)	HIV
sapropterin dihydrochloride powder packet 100 mg, 500 mg (generic for KUVAN)	Phenylketonuria
sapropterin dihydrochloride soluble tab 100 mg (generic for KUVAN)	Phenylketonuria
SIRTURO (bedaquiline fumarate tab 20 mg (base equiv))	Infections
SYM TUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV
TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml)	Diabetes
XPOVIO 40 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (40 mg once weekly))	Cancer
XPOVIO 40 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (40 mg twice weekly))	Cancer
XPOVIO 60 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (60 mg twice weekly))	Cancer
Balanced and Performance Select Drug Lists	
DUOBRII (halobetasol propionate-tazarotene lotion 0.01-0.045%)	Plaque Psoriasis
RHOPRESSA (netarsudil dimesylate ophth soln 0.02%)	Glaucoma, Ocular Hypertension
ROCKLATAN (netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%)	Glaucoma, Ocular Hypertension
ZILXI (minocycline hcl micronized foam 1.5%)	Rosacea

Balanced Drug List	
ALA-SCALP (hydrocortisone lotion 2%)	Inflammatory Conditions
BROMPHENIRAMINE/PSEUDOEPHEDRINE/DM (pseudoephed-bromphen-dm liquid 30-2-10 mg/5 ml)	Cough/Cold
CALCIPOTRIENE (calcipotriene foam 0.005%)	Plaque Psoriasis
CITRANATAL ESSENCE (prenat w/o a w/fecbn-fegl-fa tab 35-1 & dha cap 300 mg pak)	Prenatal Vitamin
desonide gel 0.05% (generic for DESONATE)	Inflammatory Conditions
DOJOLVI (triheptanoin oral liquid 100%)	Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)
FERRIPROX TWICE-A-DAY (deferiprone (twice daily) tab 1000 mg)	Chronic Iron Overload
HELIDAC THERAPY (metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack)	Infections
KETOROLAC TROMETHAMINE (ketorolac tromethamine nasal spray 15.75 mg/spray) (authorized generic for SPRIX)	Pain
LIDOCAINE/TETRACAINE (lidocaine-tetracaine cream 7-7%)	Topical Pain
metformin hcl oral soln 500 mg/5 ml (generic for RIOMET)	Diabetes
metyrosine cap 250 mg (generic for DEMSER)	Hypertension
ONE VITE WOMENS PRENATAL VITAMIN PLUS (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (generic for NORGESIC FORTE)	Pain/Muscle Spasm
ZCORT 7-DAY (dexamethasone tab therapy pack 1.5 mg (25))	Inflammatory Conditions

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Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Preferred Brand	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Preferred Brand	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Preferred Brand	Heart Failure
FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Preferred Brand	Diabetes
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	Non-Preferred Generic	Schizophrenia
leucovorin calcium tab 10 mg, 15 mg	Non-Preferred Generic	Toxicity prophylaxis, Cancer
mexiletine hcl cap 150 mg, 200 mg, 250 mg	Non-Preferred Generic	Ventricular Tachycardia
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg)	Preferred Brand	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab sr 24hr 5-500 mg, sr 24hr 5-1000 mg, sr 24hr 10-500 mg, sr 24hr 10-1000 mg)	Preferred Brand	Diabetes
Balanced Drug List		
metaxalone tab 400 mg	Non-Preferred Generic	Musculoskeletal Pain
oxycodone w/ acetaminophen tab 10-300 mg	Non-Preferred Generic	Pain

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

Generics Moving From the Non-Preferred Generic Tier to Preferred Generic Tier as of Jan. 1, 2021

Drug ¹	New Tier
Balanced, Performance and Performance Select Drug Lists	
alprazolam tab sr 24hr 1 mg	Preferred Generic
amiloride hcl tab 5 mg	Preferred Generic
azelastine hcl ophth soln 0.05%	Preferred Generic
betamethasone dipropionate augmented cream 0.05%	Preferred Generic
bupropion hcl tab er 24hr 300 mg	Preferred Generic
celecoxib cap 50 mg, 100 mg, 200 mg	Preferred Generic
chlorthalidone tab 25 mg	Preferred Generic
cyproheptadine hcl tab 4 mg	Preferred Generic
dexmethylphenidate hcl tab 2.5 mg	Preferred Generic
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Preferred Generic
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Preferred Generic
haloperidol lactate oral conc 2 mg/ml	Preferred Generic
hydrocodone-acetaminophen tab 10-325 mg	Preferred Generic
levothyroxine sodium tab 300 mcg	Preferred Generic
lithium carbonate tab cr 300 mg, cr 450 mg	Preferred Generic
lithium carbonate tab er 300 mg, er 450 mg	Preferred Generic
methylphenidate hcl tab 5 mg	Preferred Generic
methylprednisolone tab 4 mg	Preferred Generic
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Preferred Generic
nonoxynol-9 gel 4%	Preferred Generic
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Preferred Generic
oxybutynin chloride tab 5 mg	Preferred Generic
oxybutynin chloride tab er 24hr 5 mg, er 24hr 15 mg	Preferred Generic
oxybutynin chloride tab sr 24hr 5 mg, sr 24hr 15 mg	Preferred Generic
oxycodone hcl tab 10 mg	Preferred Generic
prednisone tab 50 mg	Preferred Generic
prednisone tab therapy pack 5 mg (21), 5 mg (48)	Preferred Generic
propafenone hcl tab 150 mg	Preferred Generic
propranolol hcl tab 40 mg	Preferred Generic
sodium chloride soln nebu 7%	Preferred Generic
sotalol hcl (afib/afll) tab 120 mg	Preferred Generic
tamoxifen citrate tab 10 mg (base equivalent)	Preferred Generic
telmisartan tab 80 mg	Preferred Generic
zonisamide cap 25 mg	Preferred Generic

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

Utilization Management Program Changes

Clarification to the Standard Utilization Management Programs:

- The Fintepla Prior Authorization (PA) program was incorrectly listed as a Specialty PA program in the January 2021 Pharmacy Changes Part 1 article. This program is a Non-Specialty PA program and includes the target drug Fintepla. As a reminder, this program applies to the Balanced, Performance and Performance Select Drug Lists.
- In the January 2021 Pharmacy Changes Part 1 article, it was listed that the Orilissa PA program, would change its name to Elagolix on Jan. 1, 2021, and that a new target, Oriahnn, would be added. The notification also stated that the program and changes applied to the Balanced, Performance and Performance Select Drug Lists. This program and name change also applies to the Basic and Enhanced Drug Lists.

Effective **Jan. 1, 2021**, the H.P. Acthar Specialty PA program will change its name to: Corticotropin. This program includes the target drug, Acthar Gel, and currently applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.

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

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

Reminder: Split Fill Program Available to Select Members

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

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of a split fill. The specific list of drugs is subject to change at any time. You can now view a current list of drugs in the Split Fill Program on the Specialty Program section of our Provider website.

Members must use a designated in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member’s pharmacy benefit plan.

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

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

It is important to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit prior authorization/pre-notification requirements. Ask to see the member's BCBSMT ID card and a driver's license or other photo ID to help guard against medical identity theft.

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

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Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations.

PPO plans provided by Blue Cross and Blue Shield of Montana, which refers to HCSC Insurance Services Company (HISC). PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

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The Blue Review material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a physician. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly.

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

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

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BlueCross BlueShield of Montana