



# Blue Review<sup>SM</sup>

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

SECOND QUARTER 2021

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# Contact Us



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

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

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

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

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

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

## BLUE REVIEW

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# 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](#).



## ClaimsXten Quarterly Update Reminder

Blue Cross and Blue Shield of Montana will implement the second and third quarter code updates for the ClaimsXten auditing tool on or after August 24, 2021.

These Quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT®) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

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

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

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

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



## Current Procedural Terminology (CPT) Codes Updated for Prior Authorization for Commercial Members

### What's Changing

BCBSMT is changing prior authorization requirements that may apply to some commercial members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA). A summary of changes is included below.

### Important Reminder

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

Changes Include:

- **July 1, 2021** – Adding Select Outpatient Services code to be reviewed by BCBSMT
- **July 1, 2021** – Remove Advanced Imaging code to be reviewed by AIM
- **July 1, 2021** – Remove Genetic Testing codes to be reviewed by AIM

### More Information

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



## Delivering Quality Care: Supporting Mental Health

**To support quality care, we are providing information to providers and members to encourage discussions on health topics. Watch for more on health care quality in [News and Updates](#).**

Mental health conditions are common, affecting people of all ages. The [Centers for Disease Control and Prevention](#) (CDC) estimates that half of Americans will be diagnosed with a mental illness or disorder at some point in their lives. The number of Americans seeking help for mental health has increased [during the pandemic](#). We encourage providers to talk with our members about their mental health, including signs of depression and anxiety in [adults](#) and [children](#). Encourage members to get help if needed.

### Closing Care Gaps

As part of monitoring and helping improve quality of care, we track two measures related to mental health:

- [Follow-up after Hospitalization for Mental Illness](#) (FUH)
- [Follow-up after Emergency Department \(ED\) Visit for Mental Illness](#) (FUM)

Both are Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA). Follow-up care for people with mental illness is linked to fewer repeat emergency department (ED) visits and improved physical and mental function, according to [NCQA](#).

## About FUH

As defined by [NCQA](#), FUH applies to members ages 6 and older who had a follow-up visit with a mental health provider after they were hospitalized for the treatment of selected mental illness or intentional self-harm. FUH captures the percentage of discharges for which members had a follow-up visit:

- Within 30 days of discharge (31 total days)
- Within seven days of discharge (8 total days)

## About FUM

FUM focuses on follow-up visits for mental illness after an ED visit for members ages 6 and older with a diagnosis of mental illness, according to [NCQA](#). FUM captures the percentage of ED visits for which members had a follow-up visit:

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

For more information, see our [HEDIS tip sheets](#).

## Tips to Consider

### For EDs and hospitals:

- Help our members schedule an in-person or telehealth follow-up visit with a mental health provider within seven days of discharge. The follow-up visit must be on a different date than the discharge date.
- Educate members about the importance of following up with treatment.
- Focus on member preference for treatment, allowing members to take ownership of the treatment process.

### For providers:

- Encourage members to bring their discharge paperwork to their first appointment.
- Educate members about the importance of following up and adhering to treatment recommendations.
- Use the same diagnosis for mental illness at each follow-up visit. A non-mental illness diagnosis code will not fulfill this measure.
- Coordinate care between behavioral health and primary care providers:
  - Share progress notes and updates.
  - Include the diagnosis for mental illness.
  - Reach out to members who cancel appointments and help them reschedule as soon as possible.



## EXL Health to Review Complex Claims July 1, 2021

Our **post-payment reviewer of complex claims is changing**. Starting July 1, 2021, EXL Health will conduct post-payment reviews of complex claims from providers and facilities on behalf of BCBSMT. EquiClaim, a Change Healthcare Solution, won't conduct reviews of complex claims filed after June 30.

This means that for claims filed after June 30, **EXL Health will contact you if your claim was incorrectly paid.**

### **EXL Health will review claims for:**

- Compliance with the provider agreement
- Compliance with [clinical payment and coding policies](#)
- Accuracy of payment

If a claim is determined to be reimbursed incorrectly, EXL Health will tell you how to repay the funds or appeal the decision. BCBSMT may recoup payment for any claim that doesn't meet our policies. For more information, refer to our [Provider Manuals](#).

**Questions?** Contact your BCBSMT Network Representative.

# Helping Vaccinate Montana's Homeless Against COVID-19

With Ryan Lehman leading the way, the Caring Foundation of Montana® and its Care Van® program have been stopping by parking lots, campgrounds and shelters to offer COVID-19 vaccines to people experiencing homelessness in the Helena area, as well as the region's transient population.

Lehman, outreach coordinator for Helena's Good Samaritan Ministries, goes trailer to trailer and tent to tent with the Care Van team to find his clients and explain the importance getting vaccinated. So far, about 50 people have been inoculated as a result of the partnership, he says.

"This is part of what I do," says Lehman, whose nonprofit organization provides services to low-income residents and families. "People feel comfortable with me, and we were able to meet the needs of some clients. I really appreciate the Care Van team reaching out to help."

In Montana, [nearly 1,600 people are experiencing homelessness](#) and at [higher risk for COVID-19 infection](#). They tend to suffer chronic health conditions, including diabetes, heart disease, and HIV, which increase their risks of developing severe illness or dying from COVID-19. Yet, homeless services often are provided in congregate settings like shelters, which could accelerate infection spread.

BCBSMT is part of a vaccination coordination team that's working to make sure Montanans at highest risk of life-threatening COVID-19 infections have access to the vaccines. [Montana is one of just two states](#) that the Centers of Disease Control and Prevention recently recognized for providing equitable vaccine coverage.

More than [29% of all Montanans were fully vaccinated](#) as of April 23, and all residents at least age 16 have become eligible. However, the state still has several areas with high community transmission rates.

The Care Van program, sponsored by BCBSMT, began partnering with the Lewis and Clark County COVID-19 Vaccination Group earlier this year to help inoculate residents. Since 2014, it has provided access to more than 22,000 free or reduced-cost vaccinations. BCBSMT in 2018 launched its nonprofit Caring Foundation of Montana to improve vaccination rates and offer other health services to rural and underserved Montana populations.

Care Van Coordinator Nathan Wellington says the collaboration with Good Samaritan and Lehman to help vaccinate people experiencing homelessness has been a success.

"Ryan (Lehman) has a lot of connections with these populations and our big focus was to provide equal access to vaccines and knock down barriers to access," Wellington says. "Ryan has been invaluable on that front."



## NDC Fee Schedule Update Effective September 1, 2021

The Montana provider NDC fee schedule has been updated and will be effective September 1, 2021 for the following drugs/therapies listed below. BCBSMT Compensation Policies and Fee Schedules are published on the BCBSMT Secure Provider Portal.

ABECMA, J9999

BREYANZI, J9999

KYMRIAH, Q2042

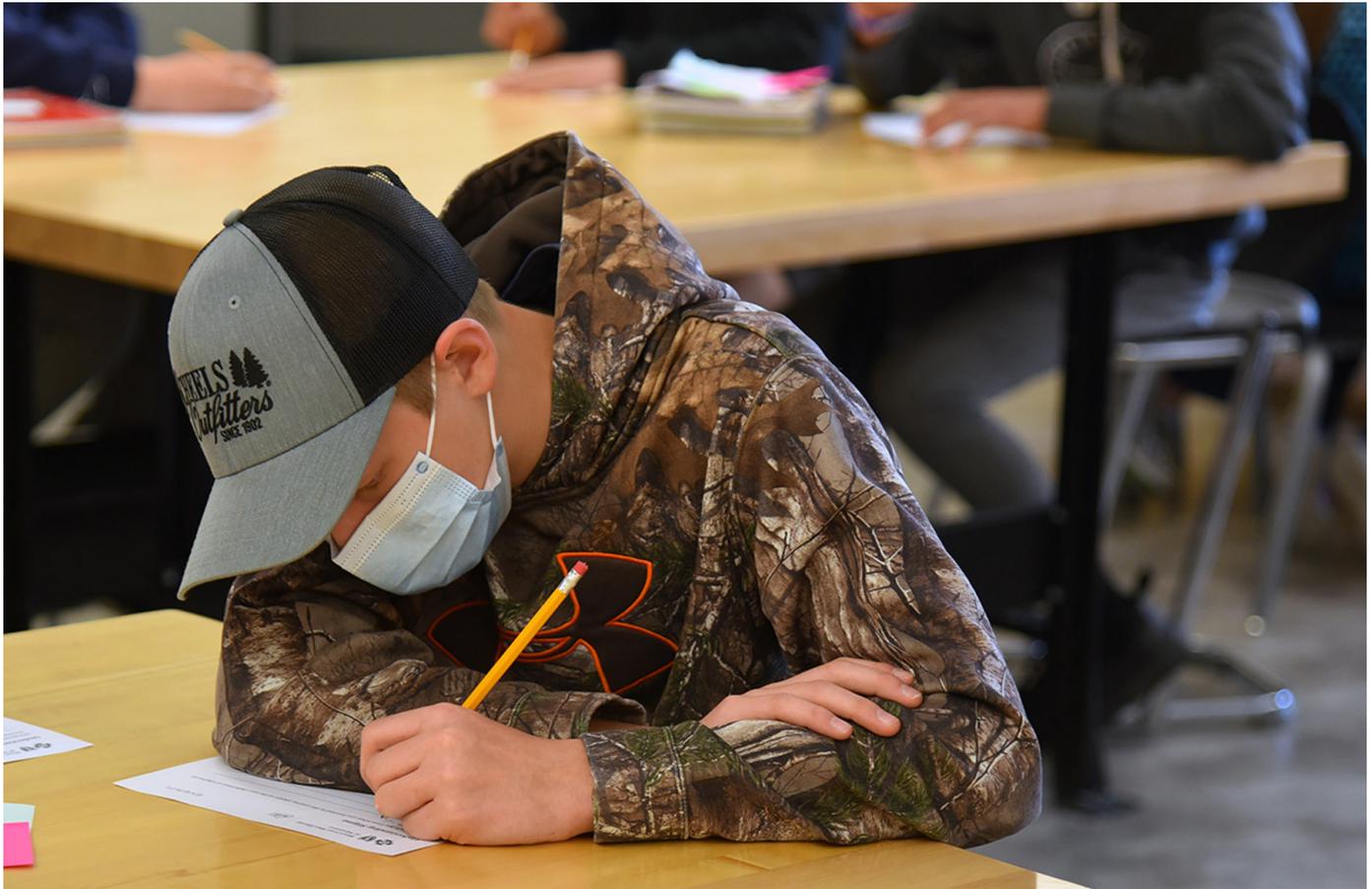
LUXTURNA, J3398, J3590

TECARTUS, Q2053

YESCARTA, Q2041

ZOLGENSMA, J3399

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



## Partnership Brings Mental Wellness Basics to Montana Schools

Employees from BCBSMT recently joined partner EVERFI on a classroom visit to Medicine Crow Middle School in Billings, Montana, as part of the Mental Wellness Basics program.

The hourlong session was attended by 70 seventh graders, who participated in two group activities that engaged the students and led to positive discussions.

BCBSMT provides Mental Wellness Basics at no cost to schools and students across Montana through [The Big Blue Sky Initiative](#)<sup>SM</sup>. Mental health is one of the most important local and national health issues. Mental health is an important element of total health and wellness, and awareness and skill-building at younger ages has been shown to make a big difference.

“The partnership with Blue Cross and Blue Shield is a statewide sponsorship for EVERFI’s Mental Wellness Basics course,” said Sean Thomas of [EVERFI](#). “It makes it possible for us to connect with the schools and really provide a short but very content-heavy course for them that gives them a foundation of mental wellness awareness and knowledge so that they have tools for moving through and navigating their life and for their mental health.”

The [Mental Wellness Basics](#) course offers educators proven, effective learning tools to engage their students and have meaningful conversations that can lead to lifelong health improvement. Since launching in 2018, Mental Wellness Basics has been used by nearly 1,500 students at 34 schools across Montana.

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“The great thing about the EVERFI program and the partnership with Blue Cross and Blue Shield is the basic skills that it teaches are skills that students can pick up right in that moment and take away with them,” said Nikki Hofmann, principal of Medicine Crow Middle School. “They can go to their next class and maybe they heard a student share, ‘Wow, I use this breathing activity or I think this way or here is how I reframe that,’ and it gives them some basic skills that they can use at any time.”

After a warm-up exercise, the students were split into groups for two activities.

“In Montana, we do have a pretty hefty mental health issue,” Thomas said. “It’s an issue here where there is a lot of stigma around it (mental health) and the course talks about this a lot. One of the activities we did was specifically around destigmatizing that conversation because if kids are able to talk about it then they are able to get help and live much healthier lives.”

Students in one group learned about the importance of addressing the stigmas associated with mental health issues. When people put mental health first, it helps break the stigma and helps others have a positive mindset as well.

The other group worked on reframing self-talk. The course was designed to show students that their thoughts, emotions and actions are connected. The group learned the benefits of changing thinking from negative cycles to positive cycles and gave examples of how to reframe self-talk.

The two groups then switched activities midway through the session. The entire visit took just a little over an hour, but the impact was certainly felt.

“I’m humbled to be able to participate but the teachers and parents and kids themselves, they are the ones that really have the greatest impact,” said Dan Gray, a BCBSMT regional sales executive based in Billings. “To see them actually participate, because they are middle schoolers, it’s evident that this program has a great influence on them.”

For more information on BCBSMT’s The Big Blue Sky Initiative, please visit the [The Big Blue Sky Initiative](#) website.





## Pharmacy Members Have New Mail Order and Specialty Pharmacies As Of May 1

BCBSMT has chosen new mail order and specialty pharmacy service providers through our pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime).

As of May 1, 2021, BCBSMT members, whose pharmacy benefits are administrated through Prime, now have Express Scripts® Pharmacy for mail order services and Accredo® (a full-service specialty pharmacy) for related services. Based on the member's benefit plan, other in-network pharmacies may be available.

These vendor changes apply for commercial group and retail plan members. **Please note:** Your Medicare Part D patients will have these added choices starting August 1, 2021. They may ask you to move their prescription(s) to one of these new pharmacy services at that time.

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**A summary of the new pharmacy services offered and any action you may need to take is listed below.**

### Mail Order Services

Some of your patients will have a new mail order pharmacy and/or a new choice to fill covered 90-day supply maintenance medicines, Express Scripts® Pharmacy. Mail order service provides a convenient way for your patients to get up to a 90-day supply of a maintenance (or long-term) medicine by mail.

- **There is no urgent action you need to take.** If your patients have existing mail order prescriptions, the prescriptions may have been sent to Express Scripts® Pharmacy on May 1.
- After May 1, some of your patients may ask you to send a new prescription to Express Scripts® Pharmacy. These patients may be new to mail order or did not have their prescriptions move and wish to keep using a mail order service. Some prescriptions that will not transfer are controlled substances, medicines regulated by a REMS (Risk Evaluation and Mitigation Strategy) program, expired prescriptions or prescriptions with no refills left as of May 1.
- When renewing your patients' current maintenance prescriptions or when writing new prescriptions for mail order, you can send them to Express Scripts® Pharmacy:
  - **Electronically** – Use your EMR system to e-prescribe to: Express Scripts® Home Delivery. For questions on e-prescribing, call **1-800-211-1456**, option **5**.
  - **By Fax** – Call **888-327-9791** for faxing instructions. (Faxes can only be received from a doctor's office.)
  - **By Phone** – Call the pharmacy at **833-715-0942** for commercial group and retail plan members.
- About Express Scripts Pharmacy:
  - With a thorough validation process, the pharmacy has a 99.99% dispensing accuracy and more than 30 years of prescription home delivery experience.
  - Pharmacists leverage their clinical knowledge and experiences to review for possible drug therapy issues and address adherence gaps.
  - There are many locations across the US, allowing for fast processing and dispensing with no added cost for standard delivery.
  - Support staff are on hand 24 hours a day, 7 days a week to help with any medicine questions or concerns.
  - Members can use digital tools to refill prescriptions, track orders, set reminders to take medicine(s) and more.
  - For more information on Express Scripts® Pharmacy, visit [express-scripts.com/rx](https://express-scripts.com/rx).

### Specialty Pharmacy Services

Some of your patients will have Accredo as a new choice to get specialty drugs covered under the pharmacy benefit. Accredo provides patients with access to specialty drugs, as well as personalized care and dedicated clinical resources to help them manage their health condition(s).

BCBSMT members should use an in-network specialty pharmacy to take full advantage of their pharmacy benefit coverage. Based on a member's benefit plan, there may be other in-network options. **Please note:** Specialty pharmacies used to supply specialty drugs covered under the member's medical benefit are not affected and can still be used.

- **There is no urgent action you need to take.** If your patients have existing pharmacy benefit specialty drug prescriptions, the prescriptions may have been sent to Accredo on May 1.
- After May 1, some of your patients may ask you to send a new prescription to Accredo. These patients may be new to specialty drug treatments or did not have their prescriptions move and wish to keep using an in-network specialty pharmacy. Some prescriptions that will not transfer are controlled substances, expired prescriptions or prescriptions with no refills left as of May 1.

- When renewing your patients' current specialty drug prescriptions or when writing new prescriptions, you can send them to Accredo. To get started, visit [accredo.com/prescribers](https://www.accredo.com/prescribers) for referral forms by therapy, **e-prescribe** to Accredo<sup>1</sup> or call the pharmacy at **833-721-1619** for commercial group and retail plan members.
- About Accredo:
  - You and your patients have access to a team of 500 condition-specific pharmacists and more than 600 nurses with extensive training and experience.
  - Staff support one of 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition, and are on hand 24 hours a day, 7 days a week to help answer questions.
  - Through one-on-one counseling, personal support and routine contact, your patients are encouraged to stick to their treatment regimens for the best results. Accredo may reach out to you at times to coordinate care.<sup>2</sup>
  - The pharmacy has broad access to specialty drugs, including many with limited distribution, with no added cost for standard delivery.
  - Accredo aims to provide a simple member experience, through a member's preferred means of communication (phone call, email, texting, mobile app and/or online member website).
  - Providers have varied support tools, such as physician concierge, e-prescribe, ePA and interoperability with EHRs.
  - You have visibility to the status for all of your Accredo patients through Accredo's prescriber portal at <https://myAccredoPatients.com>, where you can:
    - See patient referrals, refills and renewals
    - Flag patients or prescriptions for follow-up
    - Check on prior authorizations
    - Track prescriptions as they're processed and filled
    - For more information about Accredo, visit [accredo.com/prescribers](https://www.accredo.com/prescribers).

Please take this opportunity to update any pharmacy information that may be stored in your patients' records. Also, if your patient had a current benefit prior authorization approval on file, it will follow the standard BCBSMT process for renewals.

Members can call us at the number listed on their BCBSMT member ID card if they have any questions. They can also log in to their Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account on [bcbsmt.com](https://www.bcbsmt.com) for online resources. If you have any questions, need further help or need to check a patient's coverage, please call us at the number on your patient's ID card.

<sup>1</sup> eRx to NCPDP ID 4436920, 1640 Century Center Parkway, Memphis, TN 38134

<sup>2</sup> Treatment decisions are between you and your patient.



## Prepayment Reviews on Inpatient DRG Claims for BlueCard Members

Beginning July 1, 2021, BCBSMT **to review select inpatient, diagnosis-related group (DRG) claims before processing**. The review will check for compliance with ICD-10 procedure coding system guidelines. For those claims, providers must submit medical records for the claim to process.

### Which Claims

This is for inpatient, **DRG claims** for services rendered to any hosted **BlueCard member**. Hosted BlueCard members are members of any Blue Cross and Blue Shield plan outside Montana receiving health care services in Montana.

### What Next

If we review your claim and find an error in how it's coded in relation to the diagnosis, you'll receive a letter that explains the review and the outcome.

### How to Submit Medical Records

When you are notified a claim is selected for review, you may be requested to submit medical records. You can submit them electronically using our [Claim Inquiry Resolution tool](#). **Include** the corresponding **claim number** for quicker review and turnaround time.

### More Information

If you have any questions, please contact your BCBSMT [Provider Network Representative](#).



## Prior Authorization Update – Pharmacy Medical Oncology

### What's Changing

BCBSMT is changing prior authorization requirements for specialty drugs used for oncologic application.

**Starting October 11, 2021, AIM Specialty Health® (AIM)**, rather than BCBSMT, will manage prior authorization requests and post service medical necessity reviews for drugs in the Pharmacy Medical Oncology care category for some members.

### What's Not Changing

Healthy Montana Kids (HMK) medical drug applications will continue to be managed by BCBSMT.

**Note: AIM will review requests for oncology drugs that are supported by an oncology diagnosis. If the drug requested is not associated with an oncology diagnosis, it will be reviewed by BCBSMT.**

### Important Reminder

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

Keep in mind these **key dates and scenarios** as we transition to AIM:

- Authorizations initiated with BCBSMT will remain active with BCBSMT until the request expires, including dates before or after October 11, 2021.
- Contact BCBSMT to extend an active authorization for dates of service prior to October 11, 2021.
- Contact AIM via the [ProviderPortal](#) to extend an active authorization for dates of service on or after October 11, 2021.

- Contact AIM for all authorizations initiated on and after October 11, 2021. Please use the [AIM ProviderPortal](#) for any new requests.
- Predeterminations will no longer be offered for the Medical Oncology drug care category. All requests will be processed as a prior authorization.
- [AIM's ProviderPortal](#) and call center will begin accepting prior authorization requests on September 27, 2021 for dates of service on or after October 11, 2021.
- Do not submit prior authorization requests for Medical Oncology drug codes to BCBSMT for dates of service on or after October 11, 2021 (Exception: HMK).
- Continue to submit prior authorization requests to BCBSMT through October 10, 2021, for dates of service before October 11, 2021.

### More Information

Refer to the [Utilization Management section](#) of our Provider website. The updated Specialty Drug Code list includes the drugs for Medical Oncology that AIM will review starting October 11, 2021. [The Specialty Drug Code List is posted here.](#)

Find information about our prior authorization program with **AIM** [at this microsite](#).

### Other Important Reminders

Make sure you're registered with AIM, prior to October 11, 2021.

There are two ways to register:

- **Online** – Go to the [AIM ProviderPortal](#); or
- **By Phone** – Call the AIM Contact Center at **844-377-1285**, Monday through Friday, 7 a.m. to 7 p.m., MT.

### Join Us for A Webinar to Learn More

It's important to attend an online training session for more in-depth information on key dates. You can also get a preview of the AIM ProviderPortal and the Medical Oncology program. Visit the [AIM microsite](#) for links to future training dates or register at these links below.

AIM Medical Oncology Training Dates and Times	
Wednesday, September 15, 2021 from 1 – 2 p.m. MST	<a href="#">Register</a>
Friday, September 24, 2021 from 8 – 9 a.m. MST	<a href="#">Register</a>
Tuesday, September 28, 2021 from 11 – noon MST	<a href="#">Register</a>
Wednesday, October 6, 2021 from 11 – noon MST	<a href="#">Register</a>
Tuesday, October 12, 2021 from 11 – noon MST	<a href="#">Register</a>

### For More Information

Continue to watch the [News and Updates](#) for reminders, announcements and educational resources that will help you transition to submitting commercial prior authorization requests through AIM.



## Provider Satisfaction Survey 2021

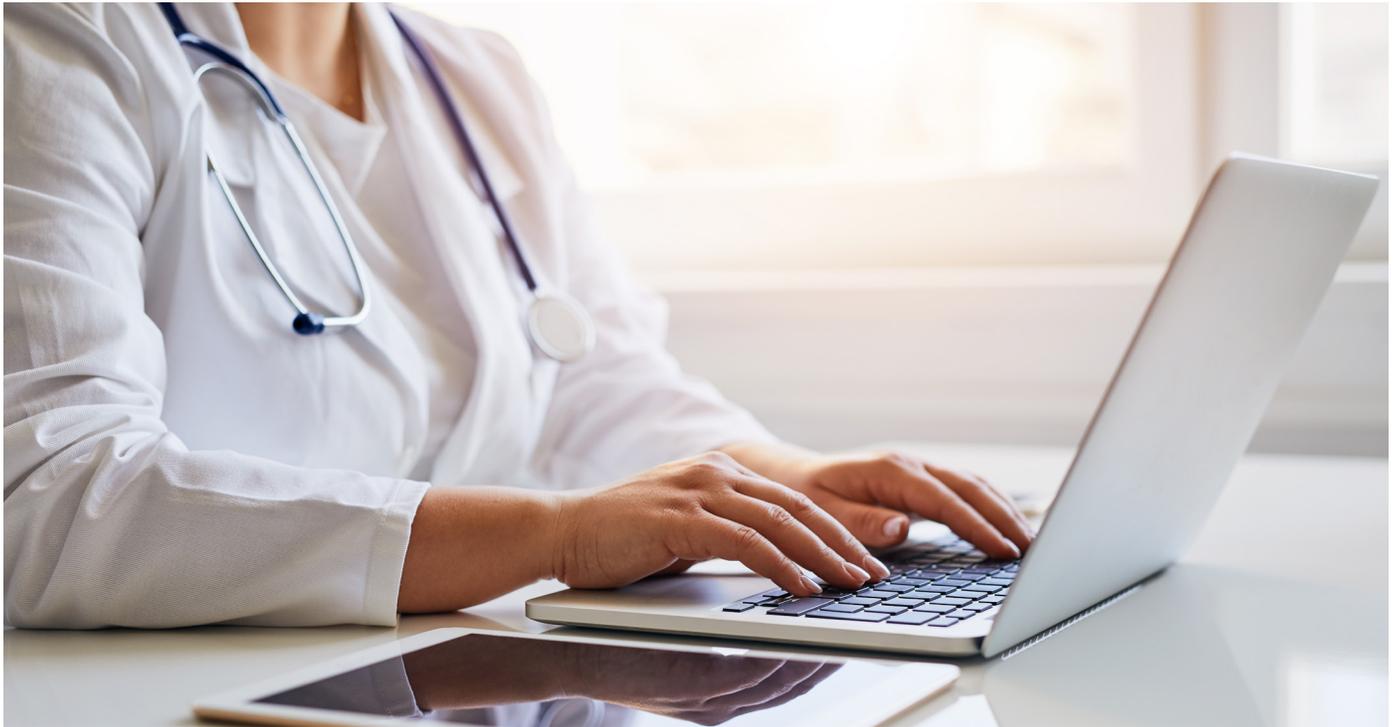
Building a strong network of providers and working with you to serve our members is important to us. To support this effort we survey a random sample of providers each year. The **Provider Satisfaction Survey** measures your satisfaction with BCBSMT and identifies areas where we can improve.

### How It Works

SPH Analytics (SPH) will administer this year's survey between **May and August 2nd**. If selected to participate, **SPH will contact you via email, mail and phone**.

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

We look forward to your feedback.



## Update to Current Procedural Terminology (CPT) Codes for Prior Authorization for Medicare Members

### What's Changing

BCBSMT is changing prior authorization requirements for Medicare and Healthy Montana Kids (HMK) members, to reflect new, replaced or removed codes due to updates from Utilization Management or the American Medical Association (AMA).

### Important Reminder

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

A summary of changes is included below.

- **Oct. 1, 2021** – Addition of Genetic Testing codes to be reviewed by eviCore
- **Oct. 1, 2021** – Addition of Specialty Drug codes to be reviewed by eviCore (Exclude HMK)
- **Oct. 1, 2021** – Addition of Medical Oncology codes be reviewed by eviCore

**Note: For HMK members, Specialty Drugs are reviewed by BCBSMT.**

### More Information

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

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



## Governor's Cup Returns to Helena

Nearly 1,200 runners crossed the finish line June 12 in downtown Helena as part of a welcome return to in-person running at the 47th annual Governor's Cup, presented by BCBSMT. Following last year's cancellation due to the pandemic, race staff worked with local health officials to bring back one of the most iconic running events in Montana.

Cool, overcast skies perfect for the start of the marathon and half marathon gave way to sun by the time the first wave of the 5K hit the streets of Helena. Two waves of the 5K along with virtual race options were two of several changes to this year's event. What remained the same was the buzz of excitement from runners throughout the morning.

"It was a pretty special day," said Bryan Haines, Governor's Cup race director. "It took a lot of hard work and collaboration to be able to safely hold this year's Governor's Cup in person, but it certainly was worth it. It was amazing to see people crossing the finish line once again in downtown Helena."

Local professional runner Heather Lieberg took home top honors in the women's marathon with a time of 2:47:14, giving her a total of 11 Governor's Cup titles in four different events. Keith Miller of Missoula won the men's marathon with a time of 2:37:03, and the men's and women's 5K and half marathon champions were also from the Big Sky state. [See the complete results here.](#)

The Governor's Cup serves as the primary fundraiser for the [Caring Foundation of Montana](#), and this year the race raised nearly \$60,000 for the foundation. The funds allow the foundation to help ensure Montanans have access to preventive health care services, regardless of insurance coverage or ability to pay. The foundation's Care Van program has been instrumental in coordinating COVID-19 clinics in Lewis and Clark County and the surrounding area.

Nearly 300 volunteers donated their time to help make the race a success and ensure runners safely made their way from the starting line to the finish. The volunteers included nearly 60 BCBSMT employees.

Next year's Governor's Cup weekend is slated for June 10-11, 2022 in Helena. Go to [govcupmt.com](http://govcupmt.com) for more information.

# BCBSMT Clinicians Take Time Off to Join COVID-19 Vaccination Push

Throughout the pandemic, Brooke Swingley spoke with BCBSMT members about COVID-19 risk factors, government guidelines and ways to stay safe from the virus.

“That was helpful for our members,” she says, “But I was also feeling overwhelmingly guilty I wasn’t out there doing something more to help. I thought, there has to be something else I can do besides shelter in my home to help in the grand scheme of things.”

Swingley is a registered nurse who treated patients in emergency rooms and urgent care clinics before joining BCBSMT as a wellbeing health advisor two years ago.

When the mass vaccination clinic opened at Lewis and Clark County Fairgrounds in Helena and started looking for volunteers to administer the vaccines, Swingley signed up.

“I remember getting home from the first clinic and telling my husband — this is truly a once-in-a-lifetime experience,” she says. “Everyone there has the mentality of being there to help make the world safer for everybody else.”

She volunteered through Lewis and Clark Public Health to administer vaccines at the drive-up clinic, taking advantage of a BCBSMT program encouraging employee medical clinicians to volunteer. Through the program, BCBSMT pays each approved medical clinician for up to 80 hours of paid time for spent volunteering to give COVID-19 vaccines during their regular scheduled work hours.

“Once you’re a clinician, you’re always a clinician,” says Dr. David Lechner, CMO of BCBSMT. “I think more than one of us felt guilty that we were not actively part of the front-line engagement to help people. So given where those passions are, I think it’s important to allow clinicians who wanted to get engaged in that fashion the opportunity to do it.”

The clinician volunteer program is just one way BCBSMT is supporting the state during the pandemic.

BCBSMT became part of a vaccination coordination team that worked to distribute COVID-19 shots to Montanans at high risk of life-threatening infections. The Care Van program, sponsored by BCBSMT, has provided access to vaccines to help efforts to [inoculate people experiencing homelessness](#) in and around Helena.

As of July 8, 47% of the eligible population in Montana was [fully vaccinated](#).

In addition to helping provide access to COVID-19 vaccines, BCBSMT also helped ensure Montanans could access the care they needed during the pandemic by expanding telemedicine visit coverage and fast tracking a [telemedicine pilot program](#) that enabled St. Peter’s Medical Group to meet virtually with patients.

As vaccination rates increase and COVID-19 restrictions are lifted, Swingley says she’s grateful she could play a role in helping to end the pandemic.

“Nobody is going to deny this last year has really been surreal for the whole world,” she says. “It was really cool to be part of it and it feels like this is the light at the end of the tunnel.”

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – Part 1

## Drug List Changes

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

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

## Drug List Updates (Revisions/Exclusions) – As of July 1, 2021

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition Used for	Generic Preferred Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Drug <sup>1</sup>	Drug Class/Condition Used for	Generic Alternative(s) <sup>2</sup>	Brand Alternative(s) <sup>1,2</sup>
<b>Balanced, Performance and Performance Select Drug List Revisions</b>			
FLURBIPROFEN (flurbiprofen tab 50 mg)	Pain/Inflammation	ibuprofen, naproxen	
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	desonide lotion 0.05%, hydrocortisone valerate cream 0.2%	
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Tuberculosis	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TYBLUME (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg)	Oral Contraceptive	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
<b>Balanced Drug List Revisions</b>			
NALOCET (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
PRIMLEV (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
PROLATE (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	

— CONTINUED ON THE NEXT PAGE

Drug <sup>1</sup>	Drug Class/Condition Used for	Generic Alternative(s) <sup>2</sup>	Brand Alternative(s) <sup>1,2</sup>
<b>Balanced, Performance and Performance Select Drug List Exclusions</b>			
ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
BANZEL (rufinamide susp 40 mg/ml)	Seizures	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
BETHKIS (tobramycin nebu soln 300 mg/4 ml)	Cystic Fibrosis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
FERRIPROX (deferiprone tab 500 mg)	Chronic Iron Overload	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
HYCODAN (hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml)	Cough	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
KUVAN (sapropterin dihydrochloride powder packet 100 mg, 500 mg)	Phenylketonuria	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
KUVAN (sapropterin dihydrochloride soluble tab 100 mg)	Phenylketonuria	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
MONUROL (fosfomycin tromethamine powd pack 3 gm (base equivalent))	Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SKLICE (ivermectin lotion 0.5%)	Lice	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TYKERB (lapatinib ditosylate tab 250 mg (base equiv))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
<b>Performance and Performance Select Drug List Exclusions</b>			
amantadine hcl tab 100 mg	Parkinson's Disease	amantadine capsule	
benzonatate cap 150 mg	Cough	benzonatate 100 mg capsule, benzonatate 200 mg capsule	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Acne	clindamycin phosphate/benzoyl peroxide 1.2-5% (refrigerated) gel	
cyclobenzaprine hcl tab 7.5 mg	Muscle Spasm/Spasticity	cyclobenzaprine 5 mg tablet, cyclobenzaprine 10 mg tablet	
imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg	Depression	imipramine tablet	

temazepam cap 7.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule	
temazepam cap 22.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule, temazepam 30 mg capsule	
tretinoin gel 0.05%	Acne	tretinoin 0.05% cream	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	Cancer, Rheumatoid Arthritis, Psoriasis	methotrexate 2.5 mg tablet	
<b>Performance Select Drug List Exclusions</b>			
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis	azelastine nasal spray 0.1% (137 mcg/spray), fluticasone nasal spray 50 mcg/act	
<b>Balanced and Performance Select Drug List Exclusions</b>			
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic for TACLONEX)	Psoriasis		Enstilar
doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv) (generic for SILENOR)	Insomnia	zolpidem tablet	Belsomra
DYMISTA (azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act)	Allergic Rhinitis	azelastine nasal spray 0.1% (137 mcg/spray), fluticasone nasal spray 50 mcg/act	
KERYDIN (tavaborole soln 5%)	Fungal Infections	ciclopirox	Jublia
naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg (generic for VIMOVO)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
TACLONEX (calcipotriene-betamethasone dipropionate susp 0.005-0.064%)	Psoriasis		Enstilar
tavaborole soln 5% (generic for KERYDIN)	Fungal Infections	ciclopirox	Jublia
VIMOVO (naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
<b>Balanced Drug List Exclusions</b>			
TAYTULLA (norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24))	Oral Contraceptive	Aurovela FE 1/20, Junel FE 1/20, norethindrone ace-ethinyl estradiol-fe tablet 1 mg-20 mcg	
TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	

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

## Dispensing Limit Changes

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

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

Effective July 1, 2021:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists</b>	
<b>Alternative Dosage Form</b>	
Indomethacin suspension 25 mg / 5 mL	40 mL per day
<b>Sucraid</b>	
Sucraid 8500 units/mL	236 mL per 28 days
<b>Therapeutic Alternatives</b>	
Adapalene pads 0.1%	28 swabs per 28 days
Acyclovir-hydrocortisone cream 5-1% (XERESE)	5 grams per 30 days
<b>Fintepla</b>	
Fintepla 2.2 mg/mL	360 mL per 30 days
<b>Therapeutic Alternatives</b>	
Adapalene pads 0.1%	28 swabs per 28 days
Acyclovir-hydrocortisone cream 5-1% (XERESE)	5 grams per 30 days
<b>Topical Corticosteroid</b>	
Amcinonide 0.01% cream, lotion and ointment	100 grams per 30 days
Betamethasone Dipropionate Spray Emulsion 0.05% (SERNIVO)	240 mL per 90 days
Betamethasone dipropionate 0.05% cream	100 grams per 30 days
Betamethasone dipropionate 0.05% lotion	100 grams per 30 days
Betamethasone dipropionate 0.05% ointment	100 grams per 30 days
calcipotriene-betamethasone dipropionate 0.005-0.064% foam (ENSTILAR), ointment and suspension (TACLONEX), cream (WYNZORA)	120 grams per 30 days
clobetasol 0.05% aerosolized foam (OLUX)	180 grams per 90 days
Clobetasol Propionate Cream 0.025% (IMPOYZ)	100 grams per 30 days
clobetasol propionate foam 0.05%	180 grams per 90 days
desoximetasone 0.25% cream, ointment, spray and gel	100 grams per 30 days
diflorasone diacetate cream and ointment 0.05%	100 grams per 30 days
diflorasone diacetate emollient base cream and ointment 0.05%	100 grams per 30 days
fluocinonide cream 0.5%	100 grams per 30 days
fluocinonide emulsified base (cream) 0.05%	100 grams per 30 days

fluocinonide gel 0.05%	100 grams per 30 days
fluocinonide ointment 0.05%	100 grams per 30 days
fluocinonide solution 0.05%	100 grams per 30 days
halcinonide cream 0.025% and 0.1%	100 grams per 30 days
halcinonide ointment 0.1%	100 grams per 30 days
Halcinonide Soln 0.1% (HALOG)	120 grams per 30 days
halobetasol 0.01% lotion (BRYHALI)	100 grams per 30 days
halobetasol 0.05% aerosolized foam (LEXETTE)	180 grams per 90 days
halobetasol-tazarotene 0.01-0.45% lotion (DUOBRII)	100 grams per 30 days
mometasone furoate 0.1% ointment	100 grams per 30 days
<b>Xhance</b>	
XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act*	2 bottles per 30 days

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

### Utilization Management Program Changes

Effective **July 1, 2021**, the Xhance PA program and target drug Xhance (fluticasone propionate) nasal exhaler suspension 93 mcg/act will be added to the Performance and Performance Select Drug Lists.\*

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

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

#### Drug categories added to current pharmacy PA standard programs, effective July 1, 2021

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Sucraid	SUCRAID (sacrosidase) 8,500 unit/mL oral solution
<b>Basic, Enhanced and Balanced Drug Lists</b>	
Xhance	XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act*
<b>Basic and Enhanced Drug Lists</b>	
Somatostatins	BYFENZIA (octreotide acetate) 2500 mcg/mL solution pen-injector*

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 July 1, 2021

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Alternative Dosage Form	INDOCIN (indomethacin) 25 mg/mL oral suspension
Therapeutic Alternatives	ADAPALENE (adapalene) pads 0.1%, ADRENACLICK (epinephrine) 0.15 mg injection, ADRENACLICK (epinephrine) 0.3 mg injection, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 80 mg, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 120 mg, XERESE (acyclovir-hydrocortisone) 5-1% cream

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

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

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

### 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. You can view the current list of drugs and find more information on the Split Fill Program on our Provider website.

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

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

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

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

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

Based on claims data, members were notified about the following changes to be effective July 1, 2021. Please talk to your patient about other products that may be available.

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

Product(s) No Longer Covered**	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	HEADACHE	BUTALBITAL-ACETAMINOPHEN 50-325 MG TABS
INDOMETHACIN CAP 20 MG	INFLAMMATION AND PAIN	INDOMETHACIN 25 MG
NABUMETONE TAB 1000 MG	INFLAMMATION AND PAIN	NABUMETONE 500 MG or 750 MG TAB

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

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1, 2</sup>
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 25-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 50-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 100-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
PNV TAB 1-20 <sup>†</sup>	PRENATAL VITAMINS	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M

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

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

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

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

### HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

Starting July 1, 2021, BCBSMT will be changing HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance, Performance Select and MT Health Insurance Marketplace. The brand Truvada 200-300 mg will no longer be covered under the HIV PrEP ACA category and may not be covered on the member's drug list. Members who are affected by this change will be notified prior to the effective date.

As a reminder, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic for Truvada 200-300 mg) is available at \$0 if members meet the conditions set under ACA.

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 July 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 BCBSMT drug lists.

**Please note:** 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 July 1, 2021 are outlined below.**

## Drug List Coverage Additions – As of July 1, 2021

Preferred Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Enhanced and Multi-Tier Enhanced Drug Lists</b>	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml)	Relapsing Multiple Sclerosis
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Schizophrenia, Bipolar Depression
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Relapsing Multiple Sclerosis
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml))	Diabetes
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml)	Relapsing Multiple Sclerosis
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml)	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis
VIMPAT (lacosamide oral solution 10 mg/ml)	Seizures
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Seizures
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XTANDI (enzalutamide tab 40 mg, 80 mg)	Prostate Cancer
ZOKINVY (lonafarnib cap 50 mg, 75 mg)	Progeria
<b>Balanced, Performance and Performance Select Drug Lists</b>	
AFINITOR (everolimus tab 10 mg)	Cancer
ARANESP ALBUMIN FREE (darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml, 300 mcg/ml)	Anemia
ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 10 mcg/0.4 ml, 150 mcg/0.3 ml, 500 mcg/ml)	Anemia
AZITHROMYCIN (azithromycin powd pack for susp 1 gm)	Infections

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COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
COTELLIC (cobimetinib fumarate tab 20 mg (base equivalent))	Cancer
CRINONE (progesterone vaginal gel 4%, 8%)	Infertility
DILANTIN (phenytoin sodium extended cap 30 mg)	Seizures
EMCYT (estramustine phosphate sodium cap 140 mg)	Cancer
LOTEMAX (loteprednol etabonate ophth oint 0.5%)	Ophthalmic Inflammatory Conditions
LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)	Ophthalmic Inflammatory Conditions
LUMIGAN (bimatoprost ophth soln 0.01%)	Ocular Hypertension, Glaucoma
MESNEX (mesna tab 400 mg)	Hemorrhagic Cystitis
MULTAQ (dronedarone hcl tab 400 mg (base equivalent))	Atrial Fibrillation
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Neutropenia
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg)	Gastroesophageal Reflux Disease (GERD)
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate ophth soln 1%)	Ophthalmic Inflammatory Conditions
PREDNISON (prednisone oral soln 5 mg/5 ml)	Inflammatory Conditions
PRENATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
PRENATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg)	Prenatal Vitamin
PROPRANOLOL HCL (propranolol hcl oral soln 20 mg/5 ml, 40 mg/5 ml)	Hypertension
PURIXAN (mercaptopurine susp 2000 mg/100ml (20 mg/ml))	Cancer
SE-NATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
SE-NATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg)	Prenatal Vitamin
SIMBRINZA (brinzolamide-brimonidine tartrate ophth susp 1-0.2%)	Ocular Hypertension, Glaucoma
SYNJARDY (empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg)	Diabetes
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg)	Diabetes
TABLOID (thioguanine tab 40 mg)	Cancer
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Chronic Kidney Disease
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	Attention Deficit Hyperactivity Disorder (ADHD)
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	Attention Deficit Hyperactivity Disorder (ADHD)
ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)	Ophthalmic Inflammatory Conditions
<b>Balanced, Performance and Performance Select Drug Lists</b>	
abiraterone acetate tab 500 mg (generic for ZYTIGA)	Cancer
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis
ERYTHROMYCIN ETHYLSUCCINATE (erythromycin ethylsuccinate tab 400 mg)	Infections
glucagon (rdna) for inj kit 1 mg (generic for GLUCAGON EMERGENCY KIT)	Hypoglycemia

HUMIRA PEN (adalimumab pen-injector kit 80 mg/0.8 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis
HUMIRA PEN-PEDIATRIC UC STARTER PACK (adalimumab pen-injector kit 80 mg/0.8 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis
ICLUSIG (ponatinib hcl tab 10 mg, 30 mg (base equivalent))	Leukemia
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml)	Obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency
JANSSEN COVID-19 VACCINE (covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml)	COVID-19 Vaccine
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml)	Relapsing Multiple Sclerosis
loteprednol etabonate ophth gel 0.5% (generic for LOTEMAX GEL)	Ophthalmic Conditions
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Relapsing Multiple Sclerosis
MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 100 mcg/0.5 ml)	COVID-19 Vaccine
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Chemotherapy-Induced Neutropenia
ORGOVYX (relugolix tab 120 mg)	Prostate Cancer
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml))	Diabetes
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml)	Relapsing Multiple Sclerosis
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml)	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis
THYQUIDITY (levothyroxine sodium oral solution 100 mcg/5 ml)	Hypothyroidism
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr)	Vaccine
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp)	Vaccine
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XTANDI (enzalutamide tab 40 mg, 80 mg)	Prostate Cancer
ZOKINVY (lonafarnib cap 50 mg, 75 mg)	Progeria
XHANCE (fluticasone propionate nasal exhaler susp 93 mcg/act)	Nasal Polyps
<b>Balanced and Performance Select Drug Lists</b>	
brinzolamide ophth susp 1%	Glaucoma, Ocular Hypertension
imiquimod cream 3.75% (generic for ZYCLARA)	Actinic Keratosis
JORNAY PM (methylphenidate hcl cap delayed er 24hr 20 mg, 40 mg, 60 mg, 80 mg, 100 mg (pm))	Attention-Deficit Hyperactivity Disorder (ADHD)
WINLEVI (clascoterone cream 1%)	Acne
<b>Balanced Drug List</b>	
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis
droxidopa cap 100 mg, 200 mg, 300 mg (generic for NORTHERA)	Neurogenic Orthostatic Hypotension
hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (generic for HYSINGLA ER)	Pain

IMPEKLO (clobetasol propionate lotion 0.15 mg/act (0.05%))	Topical Inflammation/Itching
NAPROXEN SODIUM (naproxen sodium tab er 24hr 750 mg (base equivalent)) (authorized generic for NAPRELAN)	Pain, Inflammation
ONGENTYS (opicapone cap 25 mg)	Parkinson's Disease
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN (oxycodone w/ acetaminophen soln 10-300 mg/5 ml)	Pain
PREGEN DHA (prenatal mv & min w/fe carbonyl-fa-dha cap 28-1-35 mg)	Prenatal Vitamin
PROLATE (oxycodone w/ acetaminophen soln 10-300 mg/5 ml)	Pain
QDOLO (tramadol hcl oral soln 5 mg/ml)	Pain
RELTONE (ursodiol cap 200 mg, 400 mg)	Gallstones
SULCONAZOLE NITRATE (sulconazole nitrate solution 1%) (authorized generic for EXELDERM SOLN)	Fungal Infections
TRISTART FREE (prenat w/o a w/dha & fecbn-methylf-fa cap 33-1 mg)	Prenatal Vitamin

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

### Drug List Updates (Coverage Tier Changes) – As of July 1, 2021

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>		
CARBAGLU (carglumic acid tab 200 mg)	Preferred Brand	Hyperammonemia
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	Preferred Brand	Menopause Symptoms
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Preferred Brand	Bipolar Disorder, Schizophrenia
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE)	Non-Preferred Generic	Contraceptive
promethazine & phenylephrine syrup 6.25-5 mg/5 ml	Non-Preferred Generic	Cold & Allergies
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml	Non-Preferred Generic	Cough/Cold
terconazole vaginal cream 0.8%	Non-Preferred Generic	Yeast Infections
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (generic for QUDEXY XR)	Non-Preferred Generic	Seizures
VIMPAT (lacosamide oral solution 10 mg/ml)	Preferred Brand	Seizures
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Preferred Brand	Seizures
<b>Balanced and Performance Select Drug Lists</b>		
imiquimod cream 3.75%	Non-Preferred Generic	Actinic Keratosis
QUILLICHEW ER (methylphenidate hcl chew tab extended release 20 mg, 30 mg, 40 mg)	Preferred Brand	Attention-Deficit Hyperactivity Disorder (ADHD)
QUILLIVANT XR (methylphenidate hcl for er susp 25 mg/5 ml (5 mg/ml))	Preferred Brand	Attention-Deficit Hyperactivity Disorder (ADHD)
<b>Balanced Drug List</b>		
levorphanol tartrate tab 3 mg	Non-Preferred Generic	Pain

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## Utilization Management Program Changes

Effective **June 1, 2021**, the Imcivree Specialty Prior Authorization (PA) program and target drug Imcivree will be added to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.

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

- The Benlysta Specialty PA program will change its name to Lupus. The program includes the same targeted medication and a new one, Lupkynis, which applies to the Balanced, Performance and Performance Select Drug Lists. The program criteria will also be updated as needed.
- The Circadian Rhythm Disorders PA program will change its name to Hetlioz. The program includes the same targeted medication and a new one, Hetlioz LQ. The program criteria will also be updated as needed.
- The Coagulation Factor VIIa Specialty PA program and target drugs NovoSeven RT and Sevenfact will be added to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.
- The Zokinvy PA program and target drug Zokinvy will be added to the 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](http://bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

## 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. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

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

## HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

As a reminder, the brand Truvada 200-300 mg will be removed from coverage under the HIV Pre-exposure Prophylaxis (PrEP) ACA category effective July 1, 2021 and may not be covered on the member’s drug list. This change applies to members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance, Performance Select and MT Health Insurance Marketplace. Members who are affected by this change were notified prior to the effective date.

Emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic for Truvada 200-300 mg) is available at \$0 if members meet the conditions set under ACA.

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

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

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

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

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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. For more complete details, including benefits, limitations and exclusions, members should refer to their certificate of coverage. Regardless of benefits, the final decision about any medication and pharmacy choice is between the member and their health care provider.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSMT to provide pharmacy benefit management and related other services. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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

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