



# BLUE REVIEW<sup>SM</sup>

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

SECOND 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 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 Blue Cross and Blue Shield of Montana. 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](#).

## Medicare Advantage Recoupment Threshold to be Implemented, Effective August 15, 2020

Beginning August 15, 2020 Blue Cross and Blue Shield of Montana (BCBSMT) Medicare Advantage programs will implement a recoupment letter threshold. Under this new process BCBSMT will no longer request repayment of or initiate recoupment efforts for overpayments of less than \$5.00. After implementation no recoupment letters will be mailed, and no balances will be recouped when the original overpayment is less than \$5.00.



## Important Reminder Regarding Billing for Point-Of-Use Convenience Kits

Blue Cross and Blue Shield of Montana regularly reviews claims submitted by providers to help ensure that benefits provided are for services that are included in our member's benefit plan and meet BCBSMT's guidelines. Some providers are submitting claims for point-of-use convenience kits used in the administration of injectable medicines. These prepackaged kits contain not only the injectable medicine, but also supply items, such as, but not limited to, alcohol prep pads, cotton balls, band aids, disposable sterile medical gloves, povidone-iodine swabs, adhesive bandages and gauze. **As a reminder, only the drug component(s) of the kit will be reimbursable to the provider.**

BCBSMT periodically checks availability and pricing of these kits to better manage costs. Often, the cost of these convenience kits is more than the cost of its components when purchased one item at a time. Non-drug supplies in the kits are inclusive of the practice expense for the procedure performed for which no added compensation is warranted to the provider. Reimbursement for these point-of-use convenience kits may be updated based upon the U.S. Food and Drug Administration (FDA) approved drug component.

Remember to provide the most appropriate care in the most cost-effective manner.

As a reminder, it is important to check member eligibility and benefits through Availity® or your preferred vendor web portal prior to every scheduled appointment. Eligibility and benefit quotes include membership status, coverage status and other important information, such as applicable copayment, coinsurance and deductible amounts. Checking eligibility and benefits also helps providers confirm benefit preauthorization requirements. Providers must also ask to see the member's ID card for current information and a photo ID to help guard against medical identity theft. When services may not be covered, members should be notified that they may be billed directly. Obtaining benefit preauthorization is not a substitute for checking member eligibility and benefits.



# BlueCard Alert: Prior Authorization Process for California Blue Plan Members With Prefix PHU

Some Blue Shield of California members have coverage from their employer, Prime Healthcare, a California-based health system with facilities in 14 states. You can identify these members by the Prime Healthcare logo and the three-character prefix PHU on their Blue Shield of California ID card.

Under the BlueCard program, Prime Healthcare employees or their dependents with Blue Shield of California health insurance, may seek emergency care at your facility. Please note that, once these members are stabilized, you must contact Prime Healthcare for authorization prior to rendering services. If prior authorization is not obtained from Prime Healthcare, your facility is not allowed to bill the patient for the cost of any post-stabilization care.

Typically, you would use our online routing tool to enter the out-of-area member prefix to be routed to the member's home plan website. In this case when you enter the member's prefix, PHU, you will be routed to a general page on the Blue Shield of California website. To save you time, here is the direct number for Prime Healthcare for authorization and appeals of prior authorization service denials: **877-234-5227**, Option 1, Inpatient Repatriation Admission, Transfer or Discharge.

## BCBSMT BlueCard Reminder Checklist

The BlueCard program is designed to help Blue Cross and Blue Shield members take their coverage with them when they travel. It also offers providers access to an electronic network for claim submission and reimbursement. As a result, while you may see multiple patients from out-of-area Blues Plans, you still have one source for claim filing in most instances – your local Blue Plan. For Montana providers, that's BCBSMT.

- Verify the member's eligibility, benefits and copayments. For faster results, check coverage electronically through the Availity® Provider Portal, or your preferred web vendor. This step will help you verify coverage and other important details, such as prior authorization requirements and vendors, if applicable. If you don't have online access, call the BlueCard Eligibility® line at **800-676-BLUE** for out-of-area member information. If prior authorization is required, you will be routed appropriately according to details of the member's home plan.
- When recording the member ID number, be sure to include the three-character prefix. This prefix indicates the member's group information.
- Submit BlueCard claims to BCBSMT electronically. Do not submit duplicate claims.
- Check claim status online. Check the status of the original claim online by submitting an electronic claim status request to BCBSMT via Availity or your preferred vendor portal. For more in-depth information to assist you when you are filing claims for out-of-area members, refer to the BlueCard Program Provider Manual.

# Update: Change in Advance Member Notification Process July 15, 2020

To improve cost transparency for our Members and provide a more efficient process for our Participating Providers, Blue Cross and Blue Shield of Montana has updated our Advance Member Notification (AMN) process.

These changes applied to all lines of BCBSMT business except for Medicare Supplement, Medicare Advantage, and Federal Employee Program® effective 1/1/2020.

The AMN process has now been expanded to include Experimental, Investigational, and Unproven (EIU) services, supplies, drugs, or devices effective 7/15/2020.

For complete information please review the Provider Compensation Policy available on the [Secure Provider Portal](#).

## What is Advance Member Notification?

AMN refers to the process in which a BCBSMT Participating Provider informs a BCBSMT Member that a service, supply, device, or drug may not be a Medically Necessary covered service or may be EIU prior to the service being performed.

Participating Providers agree they will not bill Members for services BCBSMT denies as not Medically Necessary or EIU. However, through the AMN process, the Member may make an informed decision to assume potential financial responsibility for the service if the Member chooses to proceed with the service. With an appropriately completed AMN form for the specific services, the Participating Provider can bill the Member for services denied as not Medically Necessary or EIU.

For questions, please contact your [Provider Network Consultant](#).

# Calls to Electronic Commerce Services Will be Redirected to Email as of June 15, 2020

The Blue Cross and Blue Shield of Montana Electronic Commerce Services phone number of **800-746-4614** will be retired on June 15, 2020. As of this date providers and/or clearinghouses will be directed to email their inquiries to [Electronic Commerce Services](#) instead of calling.

Electronic Commerce Services will remain available via email to assist you with the following Electronic Data Interchange (EDI) transactions:

- Electronic professional and institutional claim submission (837P and 837I transactions)
- Claim payment via 835 Electronic Funds Transfer (835 EFT)
- 835 Electronic Remittance Advice (835 ERA), or delivery of claim payment information

For more information on EDI transactions and other online tools and resources, refer to the [Electronic Commerce section](#) of our Provider website.

## Remember to Use In-Network Laboratories

Blue Cross and Blue Shield of Montana reminds and recommends its network of health care providers to refer our members, your patients, to participating, in-network providers.

BCBSMT has established relationships with numerous contracted lab vendors. Please review the BCBSMT [Provider Finder](#)<sup>®</sup> to determine currently contracted labs for each patient.

Should you have any questions regarding this reminder, please contact your [Provider Network Representative](#).



## Medicare Advantage CPT Codes Update for Some Prior Authorization Services

On Sept. 1, 2020, BCBSMT will update the Medicare Advantage list of Current Procedural Terminology (CPT) codes to comply with changes from the American Medical Association (AMA). These changes are the result of new, replaced or removed codes implemented by the AMA.

**What's New:** On Sept. 1, 2020 we will update the Medicare Advantage procedure code list for services that require prior authorization.

**More Information:** For a revised [Medicare Advantage list of codes](#) effective Jan. 1, 2020, go to the [BCBSMT provider website's Medicare Advantage preauthorization requirements 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.



## Federal Agencies Extend Timely Filing and Appeals Deadlines

As a result of the National Emergency declared on March 1, 2020, the Employee Benefits Security Administration, Department of Labor, Internal Revenue Service and the Department of the Treasury extended certain timeframes to ease the burden of maintaining benefits and compliance with notice obligations. BCBSMT will follow [these guidelines](#).

This is for members of all fully insured and self-funded groups that are regulated by the Employee Retirement Income Security Act.

### What does this mean?

In compliance with the guidelines, **between March 1, 2020, and 60 days after the announced end of the National Emergency**, the following periods and dates are suspended:

- The date within which individuals may file a claim
- The date within which claimants may file an appeal of adverse benefit determination
- The date within which claimants may file a request for external review after receiving an adverse determination

We appreciate your cooperation as we update our systems and processes to comply with the latest rules. Call the number on our members' ID card or your BCBSMT representative with questions.

### Timely Filing Rule

To help providers and individuals meet timely filing rules, the period from March 1, 2020, to 60 days after the announced end of the National Emergency will not count towards timely filing requirements. Timely filing limits may vary by state, product and employer groups.

### Example 1

Situation (assume 180-day timely filing rule) – The time for a claim to fulfil the timely file rule expired on Feb. 29, 2020 Outcome – The rules to suspend timely filing do not apply. If we receive the claim after Feb. 29, the claim is subject to denial.

### Example 2

Situation (assume 180-day timely filing rule) – Service was rendered on Sept. 2, 2019. The claim entered day 179 of the 180-day timeline on Feb. 29, 2020. Outcome – The time to file this claim is suspended starting on March 1, 2020, until 60 days after the National Emergency is declared over. If the National Emergency were over on June 1, 2020, 60 days later is July 31, 2020. On July 31, one day remains to file the claim.

### Example 3

Situation (assume 180-day timely filing rule) – The date of service was March 1, 2020 Outcome – If the National Emergency were over on June 1, 2020, the 180-day timeline to file this claim would start 60 days later, on July 31. The claim would be due before Jan. 27, 2021.

## Appeals of Adverse Benefit Determination

The 180-day timeline for appealing an adverse benefit determination on a claim has been suspended as well. In compliance with the guidelines, **the period from March 1, 2020, to 60 days after the announced end of the National Emergency** will not count towards the deadline to submit an appeal. Until further notice, we will accept as timely all valid appeals of adverse benefit notifications dated on or after Sept. 3, 2019.

### Example 1

Situation – The adverse decision is received by the claimant on June 1, 2019. The claimant files an appeal on March 24, 2020. Outcome – The rules to suspend the timeline for appealing a decision do not apply because the appeal should have been filed by Nov. 28, 2019. Because the timeline for appealing expired before the effective date of these DOL guidelines, the normal timeframes apply and the appeal submitted on March 24, 2020 is not timely.

### Example 2

Situation – The adverse decision is received by the claimant on Sept. 3, 2019. The end of the 180-day timeline is March 1, 2020. Outcome – The claimant has until the end of the National Emergency, plus 60 days to file the appeal.

## Request for External Review

The timeline to file a request for an external review will be suspended. In compliance with the guidelines, **the period from March 1, 2020, to 60 days after the announced end of the National Emergency** will not count towards the deadline to request an external review. External review application timelines may vary by state, product and employer groups. Members should follow the instructions received in the appeal decision notification to initiate an external review.

## More information

- The [Final Rule from DOL and IRS](#)
- [Disaster Relief Notice 2020-01](#) from EBSA
- [FAQs issued by DOL](#)





## Healthy Montana Kids Durable Medical Equipment Reimbursement Change Effective June 20, 2020

Effective June 20, 2020 Healthy Montana Kids (HMK) will reimburse covered, medically necessary Durable Medical Equipment (DME) at 100% of the DME BCBSMT fee schedule located on the BCBSMT [Secure Provider Portal](#).

For questions, please contact:

Providers - **800-447-7828**

HMK Members - **855-258-3489**

### Message from MT DPHHS:

## Montana Tobacco Quit Line Offers Increased Incentives for Pregnant Women

The percentage of women who report smoking while pregnant in Montana is among the highest in the nation at 14% and double the national prevalence of 7%. In 2013, the Montana Tobacco Quit Line launched the Quit Now Montana Pregnancy Program in an effort to decrease the number of women who report smoking while pregnant.

Starting July 1, 2020, the Quit Now Montana Pregnancy Program began offering increased cash incentives for pregnant women seeking help with quitting tobacco, including:

- \$20 cash card for each completed coaching call while pregnant (up to 5 calls)
- \$30 cash card for each completed coaching call while postpartum (up to 4 calls)
- Dedicated female coach
- 9 FREE coaching calls
- Total of 12 weeks FREE nicotine replacement therapy (with doctor approval)

Smoking while pregnant increases the chance of preterm delivery, which is the leading cause of death, disability and disease among newborns. Smoking during pregnancy can also cause tissue damage to the baby, particularly in the brain and lungs, and increases the risk of sudden infant death syndrome (SIDS).

The Quit Now Montana Pregnancy Program increases a person's chance at quitting tobacco and staying quit. Encourage your pregnant patients who smoke to quit and refer them to the Quit Line for supportive resources. Referral forms and free promotional Quit Line materials are available at [tobaccofree.mt.gov](http://tobaccofree.mt.gov).



## BCBSMT Commits \$150,000 to Montana Tech for Future Nursing Simulation Center

Blue Cross and Blue Shield of Montana has invested \$150,000 in Montana Tech to provide operational support for the school's expanding nursing department.

Montana Tech recently announced the construction of a 4,752-square-foot Nursing Simulation Center in the heart of the Butte campus. Design and construction are expected to begin later this year and officials hope to open the center in 2021. BCBSMT's donation will be distributed in sums of \$50,000 for three years to support strategic programming at the new facility.

"I want to express my appreciation to Blue Cross and Blue Shield of Montana for its generous support of the Nursing Simulation Center," said Karen VanDaveer, interim dean of the college of letters, Sciences and Professional Studies at Montana Tech. "BCSBMT's donation means so much, not only to Montana Technological University, but to the nursing students you are helping."

With improved technology, certified simulation nurse educators and technicians, and high-fidelity mannequins, students will be exposed to high-risk scenarios and given opportunities to make real-life decisions in a controlled and safe environment. School officials are confident the use of this center will result in improved health care and safety, and the reduction of human error. Montana Tech also has plans to provide outreach to clinical partners throughout the region.



Current simulation spaces in the Health Sciences Building will be converted to larger classrooms, accommodating larger cohort sizes.

To provide more opportunity and help meet the demand for high quality, professional nurses, the program will admit an additional 10 students each semester beginning in fall 2020. The increase allows a more significant number of qualified applicants to be accepted into nursing education. Once fully implemented, capacity in the program will increase by 50%.

“Nurses play an integral role in delivering high-quality, compassionate care across Montana,” said John Doran, divisional vice president of external affairs at BCBSMT. “In an ever-changing and dynamic health care industry, we need more highly trained nurses now more than ever. We applaud Montana Tech for its ambitious plan and we are pleased to partner with Tech to bring the nursing simulation center to life.”

Montana Tech’s Nursing Program began preparing Registered Nurses in 2001. In 2003, the program began offering an RN-BSN completion program and in 2016, transitioned to a four-year Bachelor of Science Degree. With 200 enrolled students, Nursing is the largest program on Tech’s campus and is positioned to help meet the need for front-line care providers in and outside of Montana. Accredited by the Commission on Collegiate Nursing Education and approved by the Montana State Board of Nursing, Tech’s faculty have helped the program lead the state in nursing education. Tech students achieved a 100% pass rate on the NCLEX-RN exam for the first quarter of 2020, which exceeds the Montana average of 90.22% and a national average of 89.52%.

Learn more about the nursing program at [Montana Tech](#).





## \$10,000 Contribution from BCBSMT to Aid PPE Production by Montana Manufacturers

Blue Cross and Blue Shield of Montana is donating \$10,000 to aid in the manufacture of personal protective equipment in collaboration with the Montana Manufacturing Extension Center (MMEC) at Montana State University.

The funds will support the purchase of raw materials to help [Bozeman's West Paw](#) and Missoula's [Diversified Plastics](#) produce and distribute plastic injected molded face masks and cloth face masks, which are being distributed to Montana health care workers. The two companies, along with many others throughout Montana, have quickly diverted manufacturing resources to respond to the COVID-19 pandemic.

"This donation from BCBSMT will help us continue with our research and development," Diversified Plastics owner Brad Reid said. "So far, we have purchased and distributed reusable Montana masks manufactured at Spark R&D and are also working with Salient Technologies who is designing reusable cartridge holders."

West Paw CEO and President Spencer Williams added, "Montana is a collaborative place for manufacturers who care deeply about our communities. Our ability to rise to this PPE challenge by making cloth face masks for our front-line medical professionals would not be possible without the design, sourcing, and manufacturing expertise at fellow Montana manufacturer, Mystery Ranch. This generous donation from BCBSMT will be shared with Mystery Ranch allowing the labor and raw materials we both share to go farther."

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West Paw is widely known for producing top-of-the-line dog toys, beds, collars and leashes, while Diversified Plastics produces a variety of parts to a wide range of industries.

“We are a Montana company and we’re here to proudly support local ingenuity to battle COVID-19 and keep our providers safe,” BCBSMT President Collette Hanson said.

Over the last month, MMEC has been working with a number of individual manufacturers to coordinate and facilitate efforts to produce critically needed items including hand sanitizers, surgical gowns, and masks. That includes hosting weekly collaboration calls to provide manufacturers a forum to identify needs, available resources, and opportunities to partner. Business advisors from MMEC have provided additional support by helping source materials.

“We’re thrilled that BCBSMT has stepped up in a major way to assist Montana manufacturers who are using their resources, facilities and ingenuity to produce masks for health care workers,” MMEC Director Paddy Fleming said. “The funding from BCBS will recognize the efforts by two companies that recognized their potential to produce these masks, and immediately devoted time, effort and materials to help their communities. We also hope it will inspire others to join in, so the work can continue and grow.”

The [Montana Chamber of Commerce](#) has a 501(c)3 established to accept additional contributions toward the effort. Manufacturers interested in joining the MMEC collaboration calls can visit the [Coronavirus Response web page](#) for updates. If organizations have resources or expertise to contribute toward the production of critical supplies, MMEC can help make connections with some of the existing efforts.

BCBSMT’s \$10,000 donation to this effort is in addition to the \$1 million already contributed to the COVID-19 response throughout Montana. The [COVID-19 Community Collaboration Fund](#), administered by BCBSMT, is delivering \$400,000 to organizations that provide community-based social services, \$300,000 to groups that bolster health care providers and access to care, and \$100,000 each to nonprofits that reinforce food security, child care, and senior care.

BCBSMT has a long history of partnering with local organizations to address the most pressing issues that impact Montana communities. As the state’s largest and longest-standing customer-owned health insurer, BCBSMT annually commits nearly \$1 million in financial support to address a broad range of social determinants of health that impact community health and well-being and the cost of health care.

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective on or after July 1, 2020 – 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. **The list of these changes was communicated in the previous April 2019, July 2019, October 2019 and January 2020 quarterly pharmacy changes articles.**

**Please Note:** The health, safety and well-being of our members and the communities we serve is our top priority. Due to novel coronavirus 2019 (COVID-19), we will delay the start date of these annual drug list changes until October 1, 2020 for members identified for notification based on claims filled between Nov. 13, 2019 and March 13, 2019. This will allow your patients more time to safely talk about these changes with you and together decide the best choices for them.

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

## Utilization Management Program Changes

- Effective **April 15, 2020**, the Peanut Allergy Specialty Prior Authorization (PA) program will be added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Palforzia.
- Effective **July 1, 2020**, the Oxbryta Specialty PA program will be added to the Balanced, Performance and Performance Select Drug Lists. This program includes the target drug Oxbryta.

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](https://www.bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](https://www.MyPrime.com) for a variety of online resources.

## Reminder: Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSMT members with a group health plan, though some exceptions may apply. Letters were sent in April to members who have plans renewing in Q3 2020 and have been identified as using a drug coupon.

## HSA Preventive Drug Program Updates

Select members' Health Savings Account plans 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 July 1, 2020 – Part 2

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#).

**As a reminder:** Due to novel coronavirus 2019 (COVID-19), Blue Cross and Blue Shield of Montana delayed the start date for drug list, dispensing limit and prior authorization changes for select members on an annual drug list (Basic Annual, Enhanced Annual, Performance Annual as well as the Health Insurance Marketplace drug lists for employer-offered Small Groups) until Oct. 1, 2020. Members were identified for notification, based on claims filled between Nov. 13, 2019 and March 13, 2020 and lettered at the end of April 2020. This delay will allow your patients more time to safely talk about these changes with you and together decide the best choices for them. The list of these annual changes were communicated in the previous April 2019, July 2019, October 2019 and January 2020 quarterly pharmacy changes articles.

BCBSMT also did not implement any July 2020 quarterly drug list changes (higher payment tier changes or exclusions) for members on a quarterly updated drug list (Basic, Enhanced, Balanced, Performance and Performance Select).

This part 2 article version contains the more recent coverage additions or tier changes, 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.

**Changes effective July 1, 2020 for all drug lists are outlined below.**

### DRUG LIST COVERAGE ADDITIONS – AS OF JULY 1, 2020

Preferred Drug <sup>1</sup>	Drug Class/Condition Used for
<b>Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 ml)	Rheumatoid Arthritis
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Rheumatoid Arthritis
AYVAKIT (avapritinib tab 100 mg, 200 mg, 300 mg)	Cancer
CABOMETYX (cabozantinib s-malate tab 20 mg, 40 mg, 60 mg (base equivalent))	Cancer
DUAVEE (conjugated estrogens-basedoxifene tab 0.45-20 mg)	Vasomotor symptoms associated with Menopause
ERIVEDGE (vismodegib cap 150 mg)	Cancer
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon hcl for inj 1 mg)	Hypoglycemia
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm)	Hyperkalemia
PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Ophthalmic Inflammatory Conditions
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis

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VELTASSA (patiomer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm (base eq))	Hyperkalemia
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis, Relapsing Forms
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Multiple Sclerosis, Relapsing Forms
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg, 24hr 22 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
<b>Balanced, Performance and Performance Select Drug Lists</b>	
AYVAKIT (avapritinib tab 100 mg, 200 mg, 300 mg)	Cancer
BRUKINSA (zanubrutinib cap 80 mg)	Cancer
CIPRO (ciprofloxacin for oral susp 500 mg/5 ml (10%) (10 gm/100 ml))	Infections
clozapine tab 50 mg, 200 mg	Schizophrenia
dextroamphetamine sulfate oral solution 5 mg/5 ml	Attention Deficit Hyperactivity Disorder
diazoxide susp 50 mg/ml (generic for PROGLYCEM)	Hypoglycemia
DIVIGEL (estradiol td gel 1.25 mg/1.25 gm (0.1%))	Vasomotor symptoms associated with Menopause
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg (generic for ZORTRESS)	Transplant Rejection Prophylaxis
everolimus tab 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR)	Cancer
FERROUS SULFATE (ferrous sulfate liquid 220 mg/5 ml (44 mg/5 ml elemental fe))	Iron Deficiency
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon hcl for inj 1 mg)	Hypoglycemia
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
INFLUENZA VACCINE ADJUVANTED FLUAD QUADRIVALENT FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
KEVZARA (sarilumab subcutaneous solution auto-injector 150 mg/1.14 ml, 200 mg/1.14 ml)	Rheumatoid Arthritis
KEVZARA (sarilumab subcutaneous solution prefilled syringe 150 mg/1.14 ml, 200 mg/1.14 ml)	Rheumatoid Arthritis
NALOXONE HYDROCHLORIDE (naloxone hcl solution auto-injector 2 mg/0.4 ml)	Opioid Overdose
NOVOLIN N FLEXPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes
NOVOLIN N FLEXPEN RELION (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN RELION (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
OXBRYTA (voxelotor tab 500 mg)	Sickle Cell Disease
penicillamine tab 250 mg (generic for DEPEN TITRATABS)	Wilson's Disease
PRETOMANID (pretomanid tab 200 mg)	Tuberculosis
PROCYSBI (cysteamine bitartrate delayed release granules packet 75 mg, 300 mg)	Nephropathic Cystinosis
pyrimethamine tab 25 mg (generic for DARAPRIM)	Malaria
SECUADO (asenapine td patch 24 hr 3.8 mg/24hr, 24 hr 5.7 mg/24hr, 24 hr 7.6 mg/24hr)	Schizophrenia
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/mL)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/mL)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis
sodium chloride soln nebu 3%, 7%	Cystic Fibrosis
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer



VERELAN PM (verapamil hcl cap er 24hr 200 mg)	Hypertension
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis, Relapsing Forms
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Multiple Sclerosis, Relapsing Forms
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg, 24hr 22 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
<b>Balanced and Performance Select Drug Lists</b>	
ABSORICA LD (isotretinoin micronized cap 8 mg, 16 mg, 24 mg, 32 mg)	Acne
AKLIEF (trifarotene cream 0.005%)	Acne
AMZEEQ (minocycline hcl micronized foam 4%)	Acne
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for MOXEZA)	Ophthalmic Infections
naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (generic for VIMOVO)	Pain, Inflammation, Ulcer Prevention
TALICIA (amoxicillin-rifabutin-omeprazole cap dr 250-12.5-10 mg)	Infections
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic for TRAVATAN Z)	Glaucoma, Ocular Hypertension
<b>Performance Drug List</b>	
INSULIN ASPART (insulin aspart inj 100 unit/ml)	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Diabetes
<b>Balanced Drug List</b>	
AZESCHEW PRENATAL/POSTNATAL (prenatal w/o a vit w/ fe fum-fa tab chew 13-1 mg)	Prenatal Vitamin
bitalbital-acetaminophen cap 50-300 mg (generic for BUTALBITAL/ACETAMINOPHEN)	Pain
CALCIPOTRIENE (calcipotriene foam 0.005%) (authorized generic for SORILUX)	Plaque Psoriasis
CAPLYTA (lumateperone tosylate cap 42 mg)	Schizophrenia
KETOPROFEN (ketoprofen cap 50 mg, 75 mg)	Pain, Inflammation
PRENARA (prenatal vit w/ fe fumarate-fa cap 15-1 mg)	Prenatal Vitamin
PRENATVITE COMPLETE (prenatal multivitamins & minerals w/ iron & fa tab 1 mg)	Prenatal Vitamin
PRENATVITE PLUS (prenatal multivitamins & minerals w/ iron & fa tab 1 mg)	Prenatal Vitamin
PRENATVITE RX (prenatal multivitamins & minerals w/iron & fa tab 0.8 mg)	Prenatal Vitamin
PROLATE (oxycodone w/ acetaminophen tab 5-300 mg, 7.5-300 mg, 10-300 mg)	Pain
SIMVASTATIN (simvastatin susp 20 mg/5 ml (4 mg/ml)) (authorized generic for FLOLIPID)	Hypercholesterolemia
SULCONAZOLE NITRATE (sulconazole nitrate cream 1%) (authorized generic for EXELDERM)	Fungal Infections
TRAMADOL HYDROCHLORIDE (tramadol hcl tab 100 mg)	Pain
VITAFOL FE+ (prenat w/fe poly-methylfol-fa-dha cap 90-0.6-0.4-200 mg)	Prenatal Vitamin

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

**DRUG LIST UPDATES (COVERAGE TIER CHANGES) – AS OF JULY 1, 2020**

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used for
<b>Balanced, Performance and Performance Select Drug Lists</b>		
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 ml)	Preferred Brand	Rheumatoid Arthritis
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Preferred Brand	Rheumatoid Arthritis
CABOMETYX (cabozantinib s-malate tab 20 mg,40 mg, 60 mg (base equivalent))	Preferred Brand	Cancer
chlorzoxazone tab 500 mg	Non-Preferred Generic	Muscle Spasm
cyclosporine modified cap 50 mg	Non-Preferred Generic	Transplant Rejection Prophylaxis
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	Preferred Brand	Vasomotor symptoms associated with Menopause
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm)	Preferred Brand	Hyperkalemia
naloxone hcl soln prefilled syringe 2 mg/2 ml	Non-Preferred Generic	Opioid Overdose
NUVARING (etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr)	Non-Preferred Generic	Contraception
potassium chloride tab er 20 meq (1500 mg)	Non-Preferred Generic	Hypokalemia
PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Preferred Brand	Ophthalmic Anti-inflammatory
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Non-Preferred Generic	Bronchospasm or Exercise-Induced Bronchospasm
PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Non-Preferred Generic	Bronchospasm or Exercise-Induced Bronchospasm
VELTASSA (patiomer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm (base eq))	Preferred Brand	Hyperkalemia
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Non-Preferred Generic	Bronchospasm or Exercise-Induced Bronchospasm
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	Preferred Brand	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
<b>Balanced and Performance Select Drug Lists</b>		
doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv) (generic for SILENOR)	Non-Preferred Generic	Insomnia
hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg, 15 mg, 30 mg, 40 mg, 50 mg (generic for ZOHYDRO ER)	Non-Preferred Generic	Pain
<b>Balanced Drug List</b>		
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	Non-Preferred Generic	Pain
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15 ml	Non-Preferred Generic	Pain
chlorzoxazone tab 375 mg, 750 mg	Non-Preferred Generic	Muscle Spasm
dapsone gel 7.5% (generic for ACZONE)	Non-Preferred Generic	Acne
oxycodone w/ acetaminophen tab 2.5-300 mg	Non-Preferred Generic	Pain

**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. Please note:** The dispensing limits listed below do not apply to BCBSMT members on the Enhanced Annual Drug List. Dispensing limits will be applied to this drug list on or after Jan. 1, 2021.

**EFFECTIVE APRIL 15, 2020:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists</b>	
<b>Peanut Allergy</b>	
Palforzia Initial Dose Escalation Kit	13 capsules per 180 days
Palforzia 3 x 1 mg capsule pack	90 capsules per 30 days
Palforzia 6 x 1 mg capsule pack	180 capsules per 30 days
Palforzia 2 x 1 mg capsules & 1 x 10 mg capsule pack	90 capsules per 30 days
Palforzia 1 x 20 mg capsule pack	30 capsules per 30 days
Palforzia 2 x 20 mg capsules pack	60 capsules per 30 days
Palforzia 4 x 20 mg capsules pack	120 capsules per 30 days
Palforzia 1 x 20 mg capsule & 1 x 100 mg capsule pack	60 capsules per 30 days
Palforzia 3 x 20 mg capsules & 1 x 100 mg capsule pack	120 capsules per 30 days
Palforzia 2 x 100 mg capsules pack	60 capsules per 30 days
Palforzia 2 x 20 mg capsules & 2 x 100 mg capsules pack	120 capsules per 30 days
Palforzia 300 mg sachet maintenance packet	30 sachets per 30 days
Palforzia 300 mg sachet titration packet	30 sachets per 30 days

**EFFECTIVE JULY 1, 2020:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Balanced, Performance and Performance Select Drug Lists</b>	
<b>Oxbryta</b>	
Oxbryta 500 mg tablets	90 tablets per 30 days

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

**Utilization Management Program Changes**

- Effective **April 15, 2020**, the Sickle Cell Disease Specialty Prior Authorization (PA) program changed its name to Endari. The targeted medication and program criteria remain the same.

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 [bcbst.com](http://bcbst.com) and log in to Blue Access for Members or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

**Reminder: Drug Coupon Change**

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSMT members with a group health plan, though some exceptions may apply. Letters were sent in April to members who have plans renewing in Q3 2020 and have been identified as using a drug coupon.

**Reminder: HSA Preventive Drug Program Updates**

Select members' Health Savings Account plans 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.**

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.

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. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third-party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

As a reminder, it is important to check eligibility and benefits prior to rendering services. This step will help you determine if benefit preauthorization is required for a particular member. For additional information, such as definitions and links to helpful resources, refer to the Eligibility and Benefits section on BCBSMT's provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or 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 services were rendered. If you have questions, contact the number on the member's ID card.

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

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.

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.



**BlueCross BlueShield of Montana**

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