



BLUE REVIEWSM

A NEWSLETTER FOR MONTANA HEALTH CARE PROVIDERS

FIRST 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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A Message From Our Chief Medical Officer

In the Face of COVID-19, We're Standing with You, Health Care Providers.

The novel coronavirus (COVID-19) pandemic has tested our health care delivery system, economy and culture in ways that many of us did not imagine, just a few months ago. Both our heroism and human frailty as health care providers during this pandemic has been undeniable. The tension between personal and family safety while delivering life preserving care has been prominent in our minds. And despite the modern advances of health care, we are reminded of the critical importance of public health and the interwoven nature of our health as one community.

In between the chasms in our health care system, each of you have helped bridge the gap – overcoming fears, innovating in the face of equipment shortages, and comforting patients and families during a time of uncertainty.

On behalf of BCBSMT, thank you for your service to our community.

David Lechner, M.D.

Chief Medical Officer of Blue Cross and Blue Shield of Montana

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](#) 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](#).

Reminder: New Online Enrollment Process for 835 EFT and ERA Through the Availity Provider Portal

In a [November 2019 News and Updates notice](#), we announced the upcoming launch of a new online Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) enrollment option. This new capability is now available in the Availity Portal using the multi-payer Transaction Enrollment tool.

Availity's Transaction Enrollment option allows providers to submit EFT and ERA enrollments electronically to multiple payers at the same time. Providers can also monitor the enrollment status and/or make necessary changes to their current EFT and ERA set-up with Blue Cross and Blue Shield of Montana.

EFT and ERA enrollment via Availity is easy to complete, without the inconvenience of downloading and faxing or mailing paper enrollment forms. Once the online enrollment is processed, providers will receive a confirmation letter from BCBSMT acknowledging the enrollment effective date along with other important details.

How to access Availity's Transaction Enrollment Option:

1. Login into [Availity](#)
2. Select My Account Dashboard on the Availity homepage
3. Select Enrollments Center
4. Select Transaction Enrollment*
5. Complete and submit

*The EFT Transaction Enrollments option is only available to Availity administrator and/or users who have been granted access.

To register for Availity, simply go to [Availity](#) and sign up today, at no cost. For additional assistance with the enrollment process, refer to the new [Availity EFT and ERA Tip Sheet](#) in the [Claims Payment and Remittance section](#) of our Provider website.

Have questions or need additional education?

[Email Electronic Commerce Services](#). Be sure to include your name, direct contact information and Tax ID or billing National Provider Identifier (NPI).

Two New Claimsxten Rules to Be Implemented in 2020

We will soon update our ClaimsXten software database to better align coding with the reimbursement of claim submissions.

Update Schedule

On April 20, 2020, we will update two rules:

- Bilateral Services for Professional Claims
- Modifier to Procedure Validation Filter – Non-Payment Modifiers

Update Details

Bilateral Services for Professional Claims	<p>This rule identifies claim lines where the submitted procedure code was already billed with a modifier –50 for the same date of service.</p> <p>This rule identifies claim lines where the submitted procedure code was already billed with a modifier –50 for the same date of service.</p> <p>The same service performed bilaterally should not be billed twice when reimbursement guidelines require the code to be billed once with a bilateral modifier.</p> <p>The rule denies the second submission.</p>
Modifier to Procedure Validation Filter – Non-Payment Modifiers	<p>For non-payment modifiers, this rule identifies claim lines with an invalid modifier to procedure code combination.</p> <p>It recommends the denial of procedure codes when billed with any non-payment affecting modifier that is not likely or appropriate for the procedure code billed.</p> <p>When multiple modifiers are submitted on a line, all are evaluated and if at least one is found invalid with the procedure code, the line is recommended for denial.</p>

To determine how coding combinations may be evaluated during claim adjudication, use Clear Claim Connection™ (C3). Refer to the [Clear Claim Connection page](#) for answers to [frequently asked questions](#) about ClaimsXten and details on how to gain access to C3.



Full Medical Service Fee Schedule Update Effective June 1, 2020

The Blue Cross and Blue Shield of Montana medical service fee schedules are on a biennial update. The next full medical service fee schedules' update will be effective June 1, 2020 for all reimbursement schedules, excluding Infusion Therapy codes, which will be updated by September 1, 2020.

This change from annual to biennial update is to improve predictability and streamline administrative processes for our provider network. Any interim compensation updates will be published on the BCBSMT Secure Provider Portal with a 60-day advance notification to providers.

BCBSMT compensation policies and fee schedules are published on the BCBSMT [Secure Provider Portal](#). Updated compensation policies will be updated on the Secure Provider Portal no later than April 1, 2020:

- Codes with No Other Standard BCBSMT Compensation Methodology Policy
- Hospital Outpatient Diagnostic Lab, Machine Test, and Radiology Compensation Policy
- Professional Provider and Hospital Outpatient DX&L Compensation Update Policy
- RBRVS Compensation Policy
- Website Publication Policy

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



Reminder of Change to the Preservice Appeals Process for Medicare Patients

This is a reminder that important changes to the preservice appeals process recently occurred for Blue Cross and Blue Shield of Montana patients enrolled in Medicare programs, as previously communicated on July 19, 2019.

As of November 1, 2019, eviCore® healthcare (eviCore) is no longer administering the appeals process for denied and partially denied Medicare Advantage prior authorization requests. BCBSMT has assumed responsibility for conducting the preservice appeals process, from preservice appeal intake to appeal determination. eviCore will, however, continue its role in administering the initial determination of prior authorization requests.

Note: The medical policies being used for these preservice appeal reviews have not changed. Remember when submitting a pre-service appeal always follow the directions included within the denial letter.

These changes will streamline workflows and lead to an improved member and provider experience.

Going forward, it is critical to use Availity® or your preferred vendor to check eligibility and benefits, determine if you are in-network for your patient and whether any preauthorization or prenotification is required for services. Refer to "[Eligibility and Benefits](#)" on the provider website for more information on Availity. Providers can also refer to the [Preauthorizations page](#) on the [provider website](#).

Payment may be denied if you perform procedures without authorization. If this happens, you may not bill your patients.

Prior Authorization Changes for ID Prefixes BBE, BHP, BNK, BRG and BYR

Effective March 1, 2020, some Blue Cross and Blue Shield of Illinois (BCBSIL) members in Montana will have new prior authorization requirements through eviCore healthcare (eviCore). The members have the following ID prefixes:

- BBE
- BHP
- BNK
- BRG
- BYR

Services Requiring Prior Authorization

The new requirements apply to the following outpatient services:

- Advanced Imaging
- Cardiology
- Genetic Testing
- Joint and Spine Surgery
- Pain Management
- Radiation Therapy
- Sleep Studies

eviCore Instructions

There are two ways to secure a prior authorization through eviCore:

- **Online** – The [eviCore web portal](#) is the quickest way to open a case, check status, review guidelines and more.
- **By phone** – Call eviCore at **855-252-1117** between 7 a.m. and 7 p.m. (CT), Monday through Friday.

Requirements Vary by Member

Prior authorization requirements are specific to each member based on their benefit plan. Check eligibility and benefits before rendering services. Submitting an electronic 270 transaction via the Availity® Provider Portal or your preferred vendor portal provides information about:

- Coverage
- Network status
- Prior authorization requirements
- Other important details

Obtaining benefit prior authorization is not a substitute for checking eligibility and benefits. We will not pay for services performed without required benefit prior authorization. Providers may not seek reimbursement from BCBSMT members. If you have any questions, contact the number on the member's ID card.

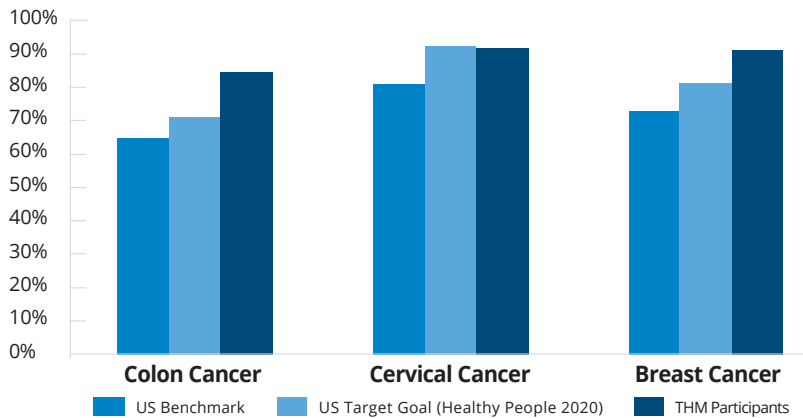
Primary Care Provider and Member Relationships Get Boost Through Blue Value Total Health Management

Blue Cross and Blue Shield of Montana Blue Value Total Health Management (THM) program is based on member/patient engagement, establishing relationship with a Primary Care Provider, and completing preventive care exam and screenings.

A combination of your dedicated efforts and the THM program has improved the health of our groups and members. The THM program data speaks for itself, but these numbers don't show the immeasurable improvement to people's lives and productivity of the work force.

THM Preventive Cancer Screening Rates

Summary Statistics 2019:



As the THM program continues to expand, your office will be seeing more of our members, coming to you, their primary care provider of choice. We encourage them to continue to develop a loyal relationship with you to improve their health and wellbeing. This member engagement provides an opportunity for your practice to continue to make a difference in the health and lives of Montanan's. We appreciate your support and understanding of the THM program.

How the Total Health Management Program Works

The BCBSMT Beneficiary Member will be responsible for obtaining the THM form, completing Sections 1 and 2, signing the form, in Section 4, and submitting the form to BCBSMT. The BCBSMT Participating Primary Care Provider will be responsible for completing Sections 3 and 4 as follows:

- **Section 3** – Health Screening Measures – Complete all fields*.
- **Section 4** – Signature – You and your patient must sign this form, even if you have determined an office visit is not required.

****“Not Applicable” Section** – There is an area on the form in Section 3 with the heading *Not Applicable*. If your patient's individual circumstances render a health measure inapplicable, please mark that standard as N/A and provide a reason in the comments section. For instance, if your patient has had a hysterectomy, the standard cervical cancer screening would be inapplicable; mark N/A for the cervical cancer screening standard and in the comment section note that your patient has had a hysterectomy.

Should you or your staff have questions or concerns or if you require additional information, please contact your [Provider Network Consultant](#).

Three New Claimsxten Rules to Be Implemented June 2020

On or after June 15, 2020, we will update the ClaimsXten software database to better align coding with the reimbursement of claim submissions.

- On or after June 15, 2020 we will update three rules: Revenue Codes Requiring Healthcare Coding System (HCPCS) Codes, Lifetime Event, Multiple Medical Same Day Visits

Revenue Codes Requiring (HCPCS) Code	<p>This rule recommends the denial of claim lines if they are:</p> <ul style="list-style-type: none"> • Submitted with a revenue code that requires a HCPCS code, and • No HCPCS code is present. <p>If a claim is missing a HCPCS code, the claim line will be denied.</p>
Lifetime Event	<p>This rule audits claims to determine if a procedure code has been submitted more than once or twice on the same date of service or across dates of service when it can only be performed once or twice in a lifetime for the same member.</p> <p>The Lifetime Event is the total number of times that a procedure may be submitted in a lifetime.</p> <p>This is the total number of times it is clinically possible or reasonable to perform a procedure on a single member. After reaching the maximum number of times, additional submissions of the procedure are not recommended for reimbursement.</p>
Lifetime Event	<p>This outpatient facility rule identifies and recommends the denial of claims with multiple Evaluation & Management (E&M) codes and other visit codes that are:</p> <ul style="list-style-type: none"> • Submitted on the same date of service, • Performed at the same facility, • Submitted with the same revenue code, and • Where the second and subsequent E&M code submitted lacks the required modifier – 27.

To determine how coding combinations may be evaluated during claim adjudication, use Clear Claim Connection™ (C3). Refer to the [Clear Claim Connection page](#) for answers to [frequently asked questions](#) about ClaimsXten and details on how to gain access to C3.



Reminder on Predetermination for Dental Accident Claims Applied to Medical Benefits

Blue Cross and Blue Shield of Montana recommends a predetermination* request be submitted for treatment for members that have dental injuries sustained in an accident. Minor accidents, such as a chipped tooth, do not need a predetermination or treatment plan submitted (records should accompany the claim). A predetermination request will help in the timely and accurate processing of claims for approved treatment.

Predetermination requests are reviewed by the BCBSMT Dental Director to determine if a member meets criteria for requested procedures. The predetermination is not a guarantee of payment, as the services will be subject to the terms and limitations of the member's policy.

There are just a few simple steps to complete when submitting a predetermination request. Dentists may use the [American Dental Association \(ADA\) Dental Claim form](#) available on the ADA website. Oral surgeons may use the BCBSMT [commercial predetermination form](#) for medical services available on the BCBSMT [provider website](#) under the forms and documents tab.

For Dentists using the ADA Dental Claim form:

- Check the Request for Predetermination/Preauthorization box (Box 1)
- Check the accident box (Box 45) and accident onset date (Box 46)
- Include diagnosis code in Box 34a

For Oral Surgeons, include the following when submitting a commercial predetermination request:

- Submit medical records and a treatment plan from the initial visit
- Include pre-operative x-rays

*Predetermination is a process used to submit requests for review of coverage decisions in accordance with medical policy and member contracts for a service (i.e., procedure, supply, drug or device) used to diagnose or treat an illness or condition. A predetermination is recommended if a provider is uncertain if the service meets medical policy criteria.

Update: Change in Advance Member Notification Process Effective 1/1/2020

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 will apply to all lines of BCBSMT business except for Medicare Supplement, Medicare Advantage, and Federal Employee Program effective 1/1/2020.

Effective 1/1/2020 the AMN process has been expanded to include Participating Facility Providers. The policy required the BCBSMT AMN form accompany the claim. Retroactive to 1/1/2020: The updates to the policy are that all Participating Providers must keep an AMN form on file available to BCBSMT upon request or may submit an AMN form with their claim. Additionally, Participating Providers are encouraged to use the [BCBSMT AMN form](#) which is available on the provider website Forms and Documents page. Providers may use another form which contains all the necessary elements as outlined in the Coding and Compensation Policy.

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 prior to the service being performed.

Participating Providers agree they will not bill Members for services BCBSMT denies as not Medically Necessary. 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.

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

Compensation Policy Update Effective June 1, 2020

Blue Cross and Blue Shield of Montana Compensation Policies and Fee Schedules are published on the [BCBSMT Secure Provider Portal](#). The following compensation policies will be published April 1, 2020 and effective June 1, 2020:

- Anesthesia Compensation Policy
- Ambulance Compensation Policy
- Clinical Lab Compensation Policy
- RBRVS & Anesthesia Conversion Factor Compensation Policy
- RBRVS Compensation Policy
- DME Compensation Policy
- Non-Physician Compensation Policy
- Professional Provider Compensation Policy

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Blue Cross and Blue Shield of Montana Names New President

35-year-veteran Collette Hanson to lead state's largest health insurer

A third-generation Montanan with nearly four decades of experience will now lead Montana's largest health insurer. Collette Hanson on Thursday was named president of Blue Cross and Blue Shield of Montana.

Hanson is a true Blue Cross and Blue Shield of Montana success story. She has worked at BCBSMT for 35 years in a variety of roles. She began her career as an entry level claims examiner and, over the course of 35 years, has worked her way up through the organization to serve in several critical leadership roles, including overseeing

operations and most recently as the divisional vice president of sales and account management.

"I am humbled by this opportunity to continue serving our members and our employees in this next chapter," Hanson said. "Over the course of 35 years, the one constant has always been change. I have been fortunate to be a part of many successful teams at BCBSMT. What has always stood out is our commitment to our members, providers, communities and employees."

BCBSMT is Montana's largest and longest-standing customer-owned insurer with nearly 300,000 members. BCBSMT has provided health insurance plans and administrative services to Montanans for 80 years. The insurer, headquartered in Helena, employs nearly 600 Montanans, operates a call center based in Great Falls and has five regional offices in Billings, Missoula, Bozeman, Great Falls and Kalispell.

"Collette is one of the most experienced and well-respected people in the industry in Montana," said Jeff Tikkanen, senior vice president of Markets. "Collette's decades of experience and deep familiarity with the Montana market will be instrumental in leading BCBSMT to meet and exceed the needs of our current and future members."

As plan president, Hanson is responsible for developing and executing strategies to accelerate local market growth and achieve membership and financial targets for BCBSMT. Hanson will oversee all plan operations, including sales and account management, government and public relations, provider network management, and medical management.

Hanson replaces Dr. Monica Berner, who after serving two years as BCBSMT president was late last year promoted to chief clinical officer.

Born and raised in the Helena area, Hanson is a native Montanan and one of 13 siblings, including a twin sister. She and her husband, Harry, have two children: Alex, 20, and Regan, 16. She enjoys tennis and spending time at her family cabin. Hanson has served on the board of directors for Florence Crittenton Home in Helena for six years and is the immediate past president of the board. She also is on the board of the Great Falls Development Authority.

Healthy Kids, Healthy Families Grant Application Window Open March 1 - May 31

Blue Cross and Blue Shield of Montana's Healthy Kids, Healthy Families (HKHF) initiative is a centerpiece of its charitable giving, and the 2020 grant application process is open from March 1 through May 31. Entering its seventh year, the HKHF initiative has already contributed more than \$1 million to programs benefiting the state's youth and families.

Blue Cross and Blue Shield of Montana will again award four \$50,000 grants — one in each of the following Montana regions: western, north central, south central, and eastern — to nonprofit organizations that offer sustainable, measurable programs to reach children and their families in one or more of these five focus areas:

1. Nutrition
2. Physical activity
3. Disease prevention and management
4. Substance abuse prevention
5. Mental health and suicide prevention

"Nothing is more important to the future of our state than our children, and we recognize the important role we can play by supporting the organizations engaged in efforts to make their futures better," said John Doran, vice president of external affairs at BCBSMT. "Through this program, and in concert with our other community giving campaigns and volunteer work, we can make a real difference in the health and well-being of Montana children."

In addition to aligning with one or more of the five areas of focus, the following criteria are required for all HKHF grant proposals:

- The organization must hold a 501(c)(3) tax status
- The grant must primarily target individuals in Montana
- The program must be measurable and demonstrate how the goals will be met as defined in the grant proposal

To learn more about the application progress, or to apply for a grant, visit us at <https://www.bcbsmt.com/company-info/community-involvement/healthy-kids-healthy-families>.

For more information or for questions on applications, contact Randi Heigh at **406-437-5304** or email at randi_heigh@bcbsmt.com.

BCBSMT Launches Special Enrollment Period for Some Employers

Blue Cross and Blue Shield of Montana announced it will offer a special enrollment period for its insured group customers. Employees of fully insured group customers who did not opt in for coverage during the regular enrollment period will have an opportunity to get coverage for their health care needs. The special open enrollment period begins April 1 and will end April 30, 2020.

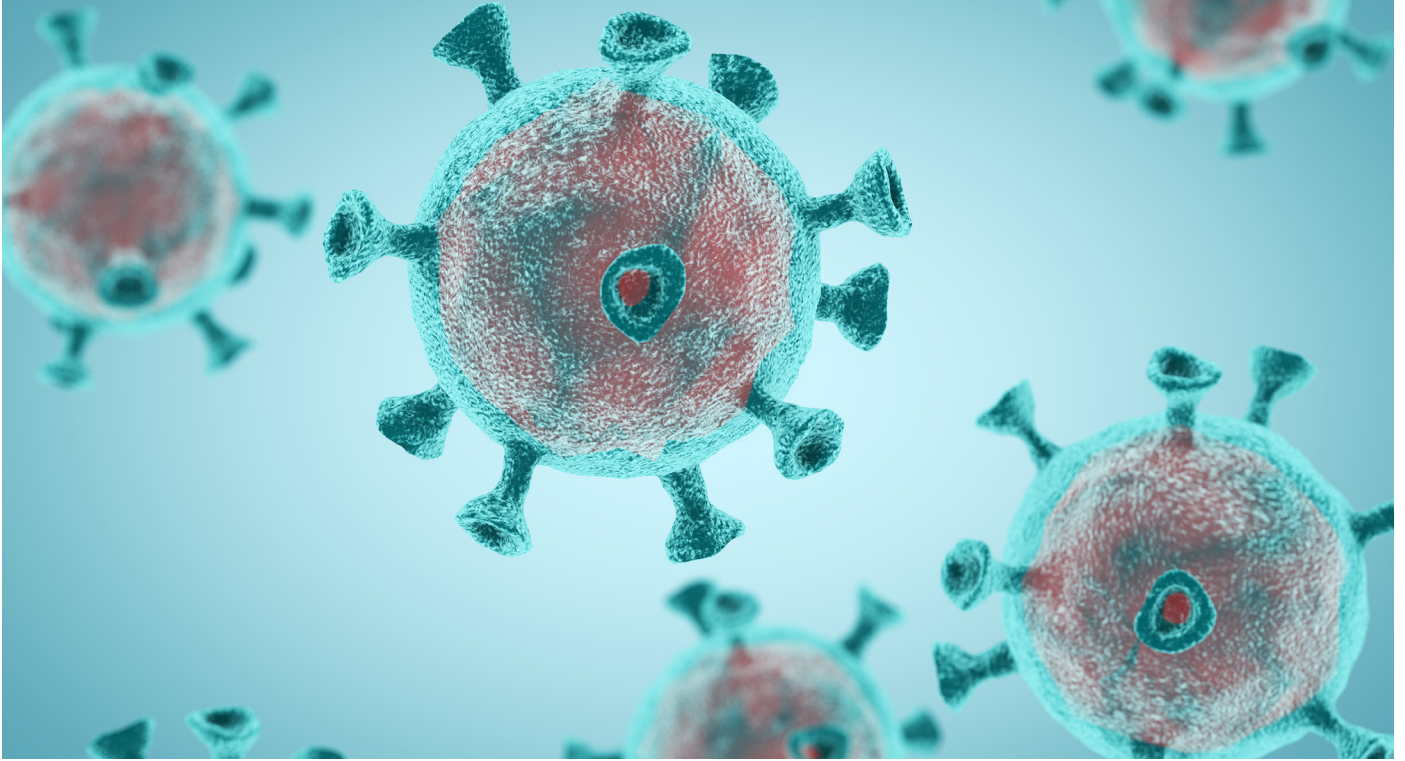
“Our mission to help meet the health care coverage needs of as many people as possible during this unprecedented time,” BCBSMT President Collette Hanson said.

This optional special enrollment period would apply to eligible employees and their dependents who previously declined coverage and now would like to enroll, or currently enrolled employees who wish to add an eligible spouse or dependent to their existing coverage. The effective date for coverage will be April 1, 2020. This enrollment event will be for medical/pharmacy and dental coverage only.

Other changes announced by BCBSMT in response to COVID-19 during this public health emergency include:

- Expanding access to telehealth coverage;
- Waiving preauthorization and members' cost-sharing for testing to diagnose COVID-19;
- Lifting restrictions on early prescription fills;
- Lifting cost-sharing for in-network medically necessary services delivered via telemedicine;
- Waiving prior authorization requirements for transfers to in-network, alternative post-acute facilities until April 30, 2020;
- Launching a [dedicated COVID-19 educational website](#) so members can easily access information and resources around COVID-19; and
- [Waiving member cost-sharing](#), including deductibles, copayments and coinsurance, related to treatment for COVID-19.

For the latest information on BCBSMT's response to the COVID-19 pandemic and other information and tips to stay healthy, please visit bcbsmt.com.



BCBSMT Names Recipients of \$1M COVID-19 Response Fund

Community-focused investments to target food security, shelter, access to care, mental health, child and senior care

Blue Cross and Blue Shield of Montana on Friday announced the recipients of the \$1 million fund it established to assist Montanans in the statewide response to COVID-19.

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.

“Our mission is to provide a boost to organizations who are on the front lines of dealing with this pandemic, whether providing direct care or strengthening services that are needed now more than ever,” said John Doran, BCBSMT Divisional Vice President of External Affairs.

BCBSMT targeted its donations to ensure the \$1 million has the potential to reach urban and rural counties as specific needs arise. For that reason, BCBSMT is supporting many larger statewide interests through donations that put money in the hands of experts who can help provide the greatest impact possible.

“We have developed numerous relationships over the years with organizations throughout Montana,” Doran said. “These partners are the experts in making sure our providers have the equipment they need, that our children and seniors know where their next meal is coming from, that we provide hope to those suffering from mental illness or depression, that we help families cope with daycare needs, and that we help put people back to work when this is all over.”

— CONTINUED ON THE NEXT PAGE

Montana organizations receiving grants from the COVID-19 Community Collaboration Fund are:

Community-Based Social Services: \$400,000

- Montana Community Foundation: \$100,000
- Montana Urban Indian Health Centers of Billings, Butte, Great Falls, Helena and Missoula: \$75,000 (\$15,000 each)
- YMCAs of Billings, Bozeman, Butte, Dillon, Helena and Missoula: \$60,000 (\$10,000 each)
- NAMI Montana: \$45,000
- YWCAs of Billings, Great Falls, Helena and Missoula: \$40,000 (\$10,000 each)
- Career Training Institute: \$30,000
- Red Cross of Montana: \$20,000
- Friendship Center Helena: \$10,000
- Career Transitions Bozeman: \$10,000
- Career Futures Butte: \$10,000

Provider Support and Access to Care: \$300,000

- Montana Medical Association: \$200,000
- Provider telemedicine technology support: \$100,000

Food Security: \$100,000

- Montana Food Bank Network: \$75,000
- No Kid Hungry: \$25,000

Child Care: \$100,000

- AWARE Child Care Partnership: \$40,000
- ChildCare Connections: \$35,000
- Florence Crittenton Home: \$10,000
- Healthy Mothers, Healthy Babies: \$10,000
- St. Francis Xavier: \$5,000

Senior Care: \$100,000

- Montana Area Agencies on Aging: \$100,000 (\$10,000 to each of 10 Area Agencies)

BCBSMT has a long history of partnering with local organizations to address the most pressing issues that impact Montana communities. BCBSMT, the state's largest and longest-standing customer-owned health insurer 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.

2020 Governor's Cup Canceled

Race weekend was scheduled for June 12-13, 2020

After careful deliberation — and most importantly, considering the health and safety of runners, volunteers and the community of Helena — we have made the incredibly difficult decision to cancel this year's Governor's Cup.

Blue Cross and Blue Shield of Montana has presented the [Governor's Cup](#) for the past 42 years and was the main sponsor during the race's first five years. The race's mission has always been to promote health and wellness in a family-friendly environment. That's why the Governor's Cup is the primary fundraiser for the [Caring Foundation of Montana](#)®, which enhances access to preventive health services in rural and underserved populations across the state.

"The best way for the Governor's Cup and BCBSMT to make a positive impact on the health of our running community is to cancel this year's event," Governor's Cup Race Director Bryan Haines said.

To say this is disappointing would be a massive understatement. This would have been the 47th running of our event – one of the longest-running foot races in Montana – that welcomes thousands of runners to Helena and serves as the unofficial start of summer.

We're disappointed that a sea of kids in brightly-colored shirts won't kick off Governor's Cup weekend with our Kids Marathon and Fun Run at Centennial Park. We're disappointed that we won't be up well before sunrise welcoming marathon and half marathon runners downtown, shuttling them to their buses to take them to their respective starting lines. We're disappointed we won't be celebrating with every runner as they come up historic Last Chance Gulch before crossing the festive finish line.

COVID-19 continues to disrupt our world, and though there is encouraging news emerging each day, there remains a great deal of uncertainty. If we cannot be 100 percent certain we can safely host our race, then for everyone's safety, it is the difficult yet right thing to cancel.

There is no doubt that as we emerge from this initial wave, life is not going to instantly snap back to how it was in January or earlier. The world has changed, and it is imperative that we continue taking steps to help prevent another wave from crashing through our communities, state and country. Social distancing has gone from a buzz term to the best practice to keep you and your loved ones safe and healthy.

Each year nearly 4,000 runners compete in our events. Nearly 10% travel in from out of state, and overall 45% come from outside Lewis and Clark County. If you have ever toed our starting line, you know keeping six inches apart can be hard, let alone six feet. Our finish line is tight and intimate, which is part of what makes the Governor's Cup such a desirable event, but hard to practice social distancing. Add in close to 300 volunteers, Governor's Cup staff and loyal spectators, race weekend is a fabulous event that also serves as a potential hot spot for transmission of this virus.

Options for Registered Runners

We know this is difficult news for those who have already registered. Runners have been training and already had made plans to come to Montana this June and cross the finish line in historic Last Chance Gulch. Now that we know this isn't possible this year, the Governor's Cup is offering the following options to registered runners:

- **OPTION 1:** Defer current race registration to the 2021 Governor's Cup with no fee
- **OPTION 2:** Request a 50% refund of their 2020 race registration fee (minus processing fee)
- **OPTION 3:** Make their race registration fee a donation to the Caring Foundation of Montana to help provide access to preventive health care

An email will be sent to all registered runners on April 23 with instructions on how to select the cancellation option they would like to select.

Why Not Postpone?

The decision to cancel instead of postponing the race to a later date was made because the fall running calendar in Montana is already full, and a date could not work with all race partners. Not only that, school is back in session, fall sports will be in full swing, and it would be hard for our out-of-state runners to make the trek to Montana.

We hope that our advanced notice allows current runners time to change their plans. It also takes the guesswork out of the hands of potential runners weighing whether to sign up and risk a later cancellation. The advanced cancellation also means the race can offer an option of a partial refund to runners, as the Governor's Cup has delayed certain race expenditures.

We thank our participants and volunteers for their patience and understanding during this stressful and unprecedented time. We know there will be disappointment and frustration. We are processing those same emotions.

The Governor's Cup is a labor of love for us. It takes year-round planning by the BCBSMT Community Relations Team that culminates with showing off our great city and Big Sky country. While the developments and continued uncertainty of the COVID-19 pandemic have been pointing to this decision for weeks, it doesn't make sharing the news any easier.

With every end there is a new beginning. The 2020 Governor's Cup may have been canceled, but we invite you to be a part of the 48th edition of the race on June 11-12, 2021. We are already looking forward to when we all can safely get back together and watch your smiling (or exhausted) faces cross the finish line again.

Statement From Dr. David Lechner, BCBSMT Chief Medical Officer

"The Governor's Cup brings hundreds of runners, volunteers and people together from our community, state and country. Traditionally, this gathering of people makes for a great event. This year, with a global pandemic, it is potentially dangerous to have a mass participation event like the Governor's Cup. Montana has done a great job flattening the curve, but COVID-19 will continue impacting our lives after this initial wave of infections. Some models have predicted Montana has moved past its initial surge of COVID-19 activity. Those models also assume current levels of social distancing and other mitigation efforts are carried out through the end of May and potentially into June. It is important that even as we begin to relax stay-at-home directives, some measures of social distancing and mitigation continue well into the spring and summer. Blue Cross and Blue Shield of Montana and the Governor's Cup have always been stewards of health and wellness. The best way to do that as we continue fighting COVID-19 is to not have this year's race."

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 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 Blue Cross and Blue Shield of Montana 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 April 1, 2020 are outlined below.**

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

Please note: The drug list changes listed below do not apply to BCBSMT members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2021.

DRUG LIST UPDATES (REVISIONS/EXCLUSIONS) – AS OF APRIL 1, 2020

Non-Preferred Brand ¹	Drug Class/Condition Used for	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
EPIPEN-JR 2-PAK (epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000))	Anaphylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NOXAFIL (posaconazole tab delayed release 100 mg)	Fungal Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TRACLEER (bosentan tab 62.5 mg, 125 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Basic and Multi-Tier Basic Drug List Revisions			
DELZICOL (mesalamine cap dr 400 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LOTEMAX (loteprednol etabonate ophth susp 0.5%)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LYRICA (pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg)	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LYRICA (pregabalin soln 20 mg/ml)	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Drug ¹	Drug Class/Condition Used For	Alternative(s) ^{1,2}	
Balanced, Performance and Performance Select Drug Lists Revisions			
ALENDRONATE SODIUM (alendronate sodium tab 5 mg)	Osteoporosis	alendronate 35 mg tablet, ibandronate tablet, risedronate tablet	
CHLOROTHIAZIDE (chlorothiazide tab 500 mg)	Edema, Heart Failure, Hypertension	chlorthalidone tablet, hydrochlorothiazide tablet	

NITROGLYCERIN ER (nitroglycerin cap er 6.5 mg, 9 mg)	Angina, Heart Failure, Hypertension	isosorbide dinitrate tablet, isosorbide mononitrate tablet
NITRO-TIME (nitroglycerin cap er 6.5 mg, 9 mg)	Angina, Heart Failure, Hypertension	isosorbide dinitrate tablet, isosorbide mononitrate tablet
OXAZEPAM (oxazepam cap 15 mg)	Anxiety	lorazepam tablet, temazepam capsule
OXYCODONE/ASPIRIN (oxycodone-aspirin tab 4.8355-325 mg)	Pain	oxycodone tablet, oxycodone/acetaminophen tablet
PROMETHAZINE/ DEXTROMETHORPHAN (promethazine-dm syrup 6.25-15 mg/5 ml)	Cough	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
PROMETHAZINE-DM (promethazine-dm syrup 6.25-15 mg/5 ml)	Cough	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SELEGILINE HCL (selegiline hcl tab 5 mg)	Parkinson's Disease	selegiline capsule
THEOCHRON (theophylline tab er 12hr 100 mg, 12hr 200 mg)	Asthma, COPD, Emphysema, Bronchitis	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
THEOPHYLLINE ER (theophylline tab er 12hr 450 mg)	Asthma, COPD, Emphysema, Bronchitis	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Balanced Drug List Revisions		
CARBINOXAMINE MALEATE (carbinoxamine maleate tab 6 mg)	Symptoms of Seasonal or Perennial Allergic Rhinitis	carbinoxamine 4 mg tablet
RYVENT (carbinoxamine maleate tab 6 mg)	Symptoms of Seasonal or Perennial Allergic Rhinitis	carbinoxamine 4 mg tablet
Balanced, Performance and Performance Select Drug Lists Exclusions		
DYRENIUM (triamterene cap 50 mg, 100 mg)	Heart Failure, Edema	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
FIRAZYR (icatibant acetate inj 30 mg/3 ml (base equivalent))	Hereditary Angioedema	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
LYRICA (pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg)	Diabetic Neuropathy, Fibromyalgia, Seizures	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
LYRICA (pregabalin soln 20 mg/ml)	Diabetic Neuropathy, Fibromyalgia, Seizures	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
NOXAFIL (posaconazole tab delayed release 100 mg)	Fungal Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
TRANSDERM SCOP (scopolamine td patch 72hr 1 mg/3 days)	Nausea/Vomiting, Motion Sickness	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Balanced and Performance Select Drug Lists Exclusions		
DICLEGIS (doxylamine-pyridoxine tab delayed release 10-10 mg)	Nausea/Vomiting of Pregnancy	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
EPIPEN-JR 2-PAK (epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000))	Anaphylaxis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Performance and Performance Select Drug Lists Exclusions		
desoximetasone gel 0.05%	Dermatitis, Inflammatory Conditions	betamethasone dipropionate 0.05 % augmented cream, betamethasone dipropionate 0.05 % ointment
triamcinolone acetonide aerosol soln 0.147 mg/gm	Inflammatory Conditions	triamcinolone acetonide 0.1% ointment, triamcinolone acetonide 0.1% cream

Balanced Drug List Exclusions		
BUPRENORPHINE (buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Pain	Belbuca
buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Pain	Belbuca
BUTRANS (buprenorphine td patch weekly 7.5 mcg/hr)	Pain	Belbuca
HALOG (halcinonide cream 0.1%)	Dermatitis, Inflammatory Conditions	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

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

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

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 1, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Androgens and Anabolic Steroids	
Android 10 mg	600 capsules per 30 days
Androxy 10 mg	120 tablets per 30 days
Methitest 10 mg	600 capsules per 30 days
Methyltestosterone 10 mg	600 capsules per 30 days
Testred 10 mg	600 capsules per 30 days
Biologic Immunomodulators	
Xeljanz 10 mg	224 tabs per 365 days
Basic and Enhanced Drug Lists	
Sunosi	
Sunosi 75 mg	30 tablets per 30 days
Sunosi 150 mg	30 tablets per 30 days

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

Utilization Management Program Changes

- Effective **Nov. 15, 2019**, generic Elidel was added as a target to the Atopic Dermatitis Step Therapy Program, which applies to the Basic, Enhanced, Enhanced Annual and Performance Drug Lists.
- Effective **Jan. 1, 2020**, the Sunosi Prior Authorization (PA) program was added to the Balanced, Performance and Performance Select Drug Lists.* This program includes the target drug Sunosi.

- Effective **Feb. 1, 2020**, the following changes were applied:
 - The Idiopathic Pulmonary Fibrosis (IPF) PA program changed its name to Interstitial Lung Disease (ILD). This PA program includes the same targeted medications, Esbriet and Ofev. This program currently applies to the Basic, Enhanced, Enhanced Annual, Performance and Performance Select Drug Lists.
 - The hATTR Amyloidosis Neuropathy and the Tafamidis PA programs combined to form one new standard PA program. The new ATTR Amyloidosis PA program includes the same target drugs: Tegsedi, Vyndaqel and Vyndamax. This program currently applies to the Basic, Enhanced, Enhanced Annual, Performance and Performance Select Drug Lists.
- Effective **April 1, 2020**, several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans. As a reminder, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

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

DRUG CATEGORIES ADDED TO CURRENT PHARMACY PA STANDARD PROGRAMS, EFFECTIVE APRIL 1, 2020

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Sunosi	Sunosi

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

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 and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

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 January to members who have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Insulin Aspart Covered on Select Drug Lists

Starting Dec. 15, 2019, Insulin Aspart vials and pens will be added to the preferred brand tier, the same tier as the brand Novolog, on the Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists.** This change applies to BCBSMT members, who have prescription drug benefits administered by Prime Therapeutics. Insulin Aspart is also known as NovoLog[®] and NovoLog[®] Mix authorized generics or follow on brands.

Insulin Aspart will be excluded from coverage on the Balanced and Performance Select Drug Lists. The brand Novolog will remain covered on these drug lists. Only members with a coinsurance or high deductible health plan, based on the member's benefit plan, may see a cost share reduction based on the authorized generic price.

**Insulin Aspart is covered as a non-preferred generic on the Health Insurance Marketplace Drug List.

Please call the number on the member's ID card to verify coverage.

Pharmaceutical Care Management

BCBSMT's Pharmaceutical Care Management (PCM) team routinely reviews medication claims to identify members who may benefit from further review for possible drug therapy issue(s) or to address any cost concerns for members. This review service is part of the PCM program, which also provides members access to clinical pharmacists and other resource tools to help answer questions they may have about their prescriptions. The goal of the PCM program is to ensure patients' medications are safe, appropriate and effective.

If your patient is identified for this further review, you may receive a request from our PCM team to provide more clinical information for evaluation. You will also be engaged with your patient and one of our clinical pharmacists through each step of this review and the recommended action plan. We encourage you to please review the action plan and talk with your patient as you think appropriate to optimize therapy.

Additionally, PCM pharmacists and technicians may reach out to advise providers if patients may be affected by an upcoming drug list (formulary) change or if a medication has a new prior authorization requirement. Please Note: This type of support is based on the member's benefit plan and not available for all members.

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.

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2020 – Part 2

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

Drug List Changes

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

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

Changes effective April 1, 2020 are outlined below.

DRUG LIST COVERAGE ADDITIONS – AS OF JAN. 1, 2020

Preferred Drug ¹	Drug Class/Condition Used for
Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
DIVIGEL (estradiol td gel 1.25 mg/1.25 gm (0.1%))	Hot Flashes
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
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
LYNPARZA (olaparib cap 50 mg; tab 100 mg, 150 mg)	Cancer
NOVOLIN N FLEXPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
NUBEQA (darolutamide tab 300 mg)	Cancer
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Cancer
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes
SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C
TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis

— CONTINUED ON THE NEXT PAGE

Balanced, Performance and Performance Select Drug Lists	
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
deferasirox tab 90 mg, 360 mg (generic for JADENU)	Chronic Iron Overload
DEXCOM G5 MOBILE RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G5 MOBILE TRANSMITTER KIT (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 RECEIVER (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 SENSOR (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 TRANSMITTER (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
digoxin oral soln 0.05 mg/ml (generic for DIGOXIN)	Heart Failure, Atrial Fibrillation
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Asthma
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Diabetes
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
HEPARIN SODIUM (heparin sodium (porcine) pf inj 5000 unit/ml)	Clotting Conditions
INREBIC (fedratinib hcl cap 100 mg)	Cancer
mesalamine cap er 24hr 0.375 gm (generic for APRISO)	Ulcerative Colitis
NAYZILAM (midazolam nasal spray soln 5 mg/0.1 ml)	Seizures
nitisinone cap 2 mg, 5 mg, 10 mg (generic for ORFADIN)	Hereditary Tyrosinemia Type 1 (HT-1)
NUBEQA (darolutamide tab 300 mg)	Cancer
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 15 mg)	Pain
pentamidine isethionate for nebulization soln 300 mg (generic for NEBUPENT)	Fungal Infections
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate oral soln 25 mg/5 ml (base eq))	Inflammatory Conditions
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes
SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C
TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis
TURALIO (pexidartinib hcl cap 200 mg (base equivalent))	Cancer
VYLEESI (bremelanotide acetate subcutaneous soln auto-injector 1.75 mg/0.3 ml)*	Hypoactive Sexual Desire Disorder

Balanced Drug List	
ASPIRIN/OMEPRAZOLE (aspirin-omeprazole tab delayed release 81-40 mg)	Myocardial Infarction and Stroke Prophylaxis
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF (ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%)	Otic Infections & Inflammation
CLOCORTOLONE PIVALATE (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
CLODERM (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Major Depressive Disorder
HALOBETASOL PROPIONATE (halobetasol propionate foam 0.05%)	Inflammatory Conditions
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
NOURIANZ (istradefylline tab 20 mg, 40 mg)	Parkinson's Disease
OZOBAX (baclofen oral soln 5 mg/5 ml)	Multiple Sclerosis
PREGENNA (prenat vit w/ fe bisglyc chelate-fa tab 20-1 mg (1.7 mg dfe))	Prenatal Vitamin
sucralfate susp 1 gm/10 ml (generic for CARAFATE susp)	Ulcers
TOSYMRA (sumatriptan nasal spray 10 mg/act)	Migraines
VITATHELY/GINGER (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
ZALVIT (prenatal vit w/ fe gluconate-fa tab 13-1 mg)	Prenatal Vitamin

¹Third party brand names are the property of their respective owner.
^{*}Optional sexual dysfunction component coverage for select health plans.

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

Drug ¹	New Lower Tier	Drug Class/Condition Used for
Balanced, Performance and Performance Select Drug Lists		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Non-Preferred Generic	Cataracts, Inflammatory Conditions
metoprolol tartrate tab 37.5 mg, 75 mg	Non-Preferred Generic	Hypertension
prednisone tab 50 mg	Non-Preferred Generic	Inflammatory Conditions
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Preferred Brand	Cancer
SYNTHROID (levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg)	Preferred Brand	Hypothyroidism
Performance Drug List		
triamcinolone acetonide oint 0.05%	Non-Preferred Generic	Inflammatory Conditions

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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, unless stated otherwise.

EFFECTIVE APRIL 1, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists	
5HT-1F	
Reyvow 5 mg	4 tablets per 30 days
Reyvow 10 mg	8 tablets per 30 days
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Continuous Glucose Monitors	
Dexcom G5 Transmitter	1 transmitter per 84 days
Dexcom G5/G4 Sensor	4 sensors per 28 days
Dexcom G5 Receiver	1 receiver per 365 days
Dexcom G6 Transmitter	1 transmitter per 90 days
Dexcom G6 Sensor	3 sensors per 30 days
Dexcom G6 Receiver	1 receiver per 365 days
Dexcom G4 Platinum Sensor	4 sensors per 28 days
Dexcom G4 Platinum Transmitter	1 transmitter per 90 days
Dexcom G4 Platinum Receiver	1 receiver per 365 days
Eversense Sensor	1 sensor per 90 days
Eversense Transmitter	1 transmitter per 90 days
Freestyle Libre Sensor - 10 day	3 sensors per 30 days
Freestyle Libre Reader - 10 day	1 reader per 365 days
Freestyle Libre Sensor - 14 day	2 sensors per 28 days
Freestyle Libre Reader - 14 day	1 reader per 365 days
Guardian Sensor	4 sensors per 28 days
Guardian Transmitter	1 transmitter per 90 days
Guardian Kit	1 kit per 365 days
Balanced, Performance and Performance Select Drug Lists	
Nasal Antiepileptics	
Nayzilam	10 sprays per 30 days
Valtoco 5 mg	10 packs per 30 days
Valtoco 10 mg	10 packs per 30 days

Valtoco 15 mg	10 packs per 30 days
Valtoco 20 mg	10 packs per 30 days
Wakix	
Wakix 4.45 mg	60 tablets per 30 days
Wakix 17.8 mg	60 tablets per 30 days

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

Utilization Management Program Changes

Effective April 1, 2020, the following changes were applied:

- The Wakix Specialty Prior Authorization (PA) program will be added to the Balanced, Performance and Performance Select Drug Lists. This program includes the target drug Wakix.
- The 5HT-1F PA program will be added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Reyvow.
- The Continuous Glucose Monitor PA program will be added to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists. The program includes the following products: Dexcom G4 Platinum CGM System, Dexcom G5 Mobile CGM System, Dexcom G6 CGM System, Freestyle Libre, Guardian Real-Time CGM System and Senseonics Eversense. Members with a recent claim for any of these products will be grandfathered from participation.

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

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsmt.com and log in to Blue Access for Members or 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 January to members who have plans renewing in Q2 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Dexcom Continuous Glucose Monitoring Products Added to Select Drug Lists

On April 1, 2020, brand Dexcom continuous glucose monitoring products will be added to the Balanced, Performance, Performance Select and Health Insurance Marketplace Drug Lists. These products may have previously been covered only under the member's medical benefit plan. These products may be targeted by the Continuous Glucose Monitors PAQL Program effective April 1, 2020.

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.

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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.

eviCore healthcare is an independent specialty medical benefits management company that provides utilization management services for BCBSMT. eviCore is wholly responsible for its own products and services. BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by eviCore.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPOSM) 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.

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

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BlueCross BlueShield of Montana

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