BlueCross BlueShield of Illinois

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December 2021

Wellness and Member Education

Free Flu and SAD Programs at Blue Door Neighborhood Center℠

Our Blue Door Neighborhood Center (BDNC℠) locations will be offering free in-person and virtual **National Influenza (flu) Vaccination Week** and **Seasonal Affective Disorder (SAD) Awareness Month** events in December.

Read More

Network Innovation/Product Updates

New Flexible Medicare Advantage PPO Plan

We're offering certain Blue Cross Medicare Advantage℠ members a new way to access care. The Blue Cross Medicare Advantage Flex (PPO)℠ Plan is an open access plan.

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Electronic Options

Single Sign-On Access to AIM Specialty Health® via Availity®

Checking patient eligibility and benefits via Availity or your preferred web vendor is an imperative first step to confirm coverage and prior authorization requirements before rendering services for Blue Cross and Blue Shield of Illinois (BCBSIL) members. If prior authorization through AIM is required for a requested service, you can access AIM via the new single sign-on feature on Availity.

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View Withdrawn Claim Descriptions via the Availity Claim Status Tool

There may be instances when you receive a “claim withdrawn” notification by mail after submission of a claim to BCBSIL. You may also determine why a claim was withdrawn via the Availity Claim Status tool response.

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Clinical Updates, Resources and Reminders

Prior Authorization Reform Act (Applies to Fully Insured Non-HMO and Illinois Medicaid Plans Only)

The Prior Authorization Reform Act (House Bill 711) was signed into Illinois law on Aug. 19, 2021. The new law takes effect as of **Jan. 1, 2022**. BCBSIL is making necessary changes for adherence with Illinois state-mandated requirements. These changes will only affect the **prior authorization *review* process** for services for our **fully insured non-HMO members, including Illinois Medicaid**.

Read More

New Laboratory Policies and Claim Simulation Tool Coming Jan. 1, 2022: Join Us for A Webinar to Prepare

Effective **Jan. 1, 2022,** BCBSIL will implement new policies and a new program for claims for certain outpatient laboratory services provided to our **fully insured commercial non-HMO** members. We encourage you to **attend a December webinar** to learn more, such as how to use the program’s Trial Claim Advice Tool to input codes and diagnoses and see the potential outcome, before submitting a claim. For **webinar dates and registration links**, see the News and Updates.

Commercial Prior Authorization: Code Updates Effective Jan. 1, 2022; Cardiology (Echo) Webinars in December

BCBSIL is changing prior authorization requirements that may apply to some **commercial non-HMO** members. We’ve posted a summary of codes being removed effective **Jan. 1, 2022**, with a reminder of codes being added for Cardiology (Echo) services. There are three **targeted training** sessions this month on **how to submit Cardiology (Echo) prior authorization requests**. Read more in News and Updates.

Claims and Coding

Watch for a Letter on Fighting Fraud, Waste and Abuse

Every year, analysts and investigators for BCBSIL review claims data, industry trends and investigative results to identify potential areas of fraud and waste.

Read More

COVID-19 Vaccine Billing for Medicare Advantage and MMAI Members

Starting Jan. 1, 2022, **BCBSIL will cover the cost of COVID-19 vaccines and their administration** for Blue Cross Medicare Advantage HMO℠ (MA HMO), Blue Cross Medicare Advantage PPO℠ (MA PPO) and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ members instead of the Original Medicare program (also known as fee-for-service Medicare). Read more in News and Updates.

Preventive and Follow-Up Colonoscopies, Changes Effective Jan. 1, 2022

As of **Jan. 1, 2022**, in compliance with Illinois House Bill 2653, follow-up colonoscopies billed with applicable American Medical Association (AMA) diagnosis codes will be processed according to the appropriate preventive and follow-up benefits for **commercial fully insured** BCBSIL members. Accurate claim coding is essential to receiving correct payment for a preventive care service, such as an initial diagnostic colonoscopy, or a follow-up colonoscopy if the results of the initial colonoscopy, test or procedure are abnormal.

Read More

Updated 2022 Telehealth Services

In 2022, BCBSIL will continue to provide benefits for the expanded telehealth services similar to our 2021 coverage and consistent with guidelines from the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS). **We will continue to accept telehealth claims from both professionals and facilities** and adjudicate them in accordance with each member's benefits. Read more in News and Updates.

Provider Education

BCBSIL Will Be Contacting Providers Soon for Telehealth Information

BCBSIL will soon begin contacting providers to inquire whether telehealth services are available at their practice. In accordance with Senate Bill 332, which amends the Network Adequacy and Transparency Act, BCBSIL will update our printed directory and our online provider directory, Provider Finder®, with this information.

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Payment Recovery Program Reminders

As part of our Payment Recovery Program, BCBSIL may recoup overpayments made to BCBSIL contracted facilities and professional providers in the PPO, Blue Choice PPO℠, Blue High Performance Network℠ (BlueHPN℠) and any of our commercial HMO product networks when payment errors have occurred. Overpayments may be identified by BCBSIL and/or the provider.

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Network Operations Update: Voicemail and Email Deactivation, Answers to Commonly Asked Questions

In an effort to streamline provider inquiries and improve administrative processes, the BCBSIL Network Operations team is retiring the following phone number/voicemail and email address: 312-653-6555, NetOps_provider_update@bcbsil.com.

Read More

Provider Learning Opportunities

BCBSIL offers free webinars and workshops for the independently contracted providers who work with us. A preview of upcoming training sessions is included in this month's issue.

Read More

Pharmacy Program

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2022 – Part 1

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, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after **Jan. 1, 2022**, are outlined here.

Quality Improvement and Reporting

Hospital Discharge Summaries Contain Important Information for Primary Care Providers

It's important for primary care providers (PCPs) to know details about the care their patients receive during inpatient hospital stays.

Read More

Recommendations and Reminders for Eye Care Professionals

Many PCPs refer our diabetic Federal Employee Program® (FEP®) members to eye care specialists for annual eye examinations. We encourage eye care specialists to promptly communicate exam results to the PCP to help coordinate the member's care.

Read More

2021 Reminder to Encourage Early and Timely Intervention for Pre- and Post-natal Care

This article includes important information to help you when providing pre- and post-natal care and services to FEP members.

Read More

Notification and Disclosure

Member Rights and Responsibilities

As a participating provider, it's important that you are aware of our members' rights and responsibilities.

Read More

Provider Rights and Responsibilities

As a participating provider in BCBSIL provider networks, you have certain rights and responsibilities. We publish this information for providers annually.

Read More

Medical Policy Updates

Approved, new or revised BCBSIL Medical Policies and their effective dates are usually posted on our Provider website the first day of each month.

Read More

Quick Reminders

Stay informed!

Watch the News and Updates on our Provider website for important announcements.

Update Your Information

Do you need to update your location, phone number, email or other important details on file with BCBSIL? Use our online forms to request an information change.

Provider Training

For dates, times and online registration, visit the Webinars and Workshops page.

Contact Us

Questions? Comments? Send an email to our editorial staff.

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Free Flu and SAD Programs at Blue Door Neighborhood Center℠ Locations

The Blue Door Neighborhood Center (BDNC℠) will be hosting a **Health and Wellness Holiday Soiree** for the community on Saturday, **Dec. 11, 2021**, from noon to 3 p.m. Blue Cross and Blue Shield of Illinois (BCBSIL) members and non-members are welcome to join us for this free event to celebrate the holidays.

During **National Influenza Vaccination Week,** December 5 - 11, our BDNC locations will be offering in-person and virtual health education classes, including **Food as Medicine: Preparing for Flu and Cold Season Naturally**.

A report titled *Ring the Alarm: The Crisis of Black Youth Suicide in America*, released December 2019, states that suicide became the second-leading cause of death in Black children ages 10 to 14, and the third-leading cause of death in Black adolescents ages 15 to19.[1] To bring attention to this important topic during **Seasonal Affective Disorder (SAD) Awareness Month**, our BDNC in Morgan Park will host a **family-friendly suicide prevention event on Wednesday, December 8**. We will tackle this serious issue with fun, interactive, artistic, creative activities that leave families with tools and conversations they can continue at home.

In addition to the free **farmers markets** at all BDNC locations, the South Lawndale BDNC will host a **coat distribution on Friday, December 10**.

We encourage everyone to take advantage of these free, popular classes that are offered throughout the month: **yoga, Zumba, Bingo, Bingocize®** and **meditation**.

These are just a few of the programs that will be offered at BDNC in December. Your patients can check the calendars at BDNC at Morgan Park, BDNC at Pullman and BDNC at South Lawndale for details, dates and to register. They can also visit the BDNC Facebook page for other events and happenings at all three BDNC locations.

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at BCBSIL. We are also committed to strengthening the health of communities across the state. BDNC gives BCBSIL the opportunity to partner with you to make a difference in the lives of residents in our communities.

All programming – in person and virtual – at BDNC locations is **free and open to BCBSIL members and non-members**. If you or your patients have questions, email the BDNC or call 773-253-0900.

[1] National Institute of Mental Health, Addressing the Crisis of Black Youth Suicide, Sept. 22, 2020. https://www.nimh.nih.gov/about/director/messages/2020/addressing-the-crisis-of-black-youth-suicide

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to third party sources or organizations are not a representation, warranty or endorsement of such organizations. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

BDNC locations are not medical facilities, do not have medical providers on staff, do not offer medical advice, and do not provide health care or mental health services.

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New Flexible Medicare Advantage PPO Plan

We're offering certain Blue Cross Medicare Advantage℠ members a new way to access care. The **Blue Cross Medicare Advantage Flex (PPO)℠ Plan** is an open access plan. It allows members to see any provider accepting Medicare, including Blue Cross Medicare Advantage (PPO)℠ and Blue Cross Medicare Advantage (HMO)℠ contracted providers. Members can see providers inside or outside the plan service area or plan network, at no additional cost.

What This Means for You

- Starting **Jan. 1, 2022**, you can identify Flex Plan members by their Blue Cross and Blue Shield of Illinois (BCBSIL) member ID card. Look for the Flex Plan name on the front.
- You can see Flex Plan members if you accept Medicare and bill BCBSIL. Follow the billing instructions on the member ID card.
- If you are a Medicare Advantage-contracted provider with BCBSIL, you will be paid at your contracted rate.
- If you are not a Medicare Advantage-contracted provider with BCBSIL, you will receive the Medicare allowed amount for covered services. You may not balance bill the member for any difference in your charge and the allowance.

Flex Plan members' coverage level is the same whether in or outside the plan service area nationwide. Services must meet medical necessity criteria to be covered. The Flex Plan includes:

- Prescription drug coverage
- MDLIVE® for telehealth and 24/7 Nurseline
- SilverSneakers® fitness program at no cost
- A traveler benefit for members leaving their service area for up to six months

Check Eligibility and Benefits First

Use the Availity® Provider Portal or your preferred vendor to verify members' eligibility and benefits before every appointment. Eligibility and benefit quotes include:

- Membership verification
- Coverage status
- Prior authorization requirements
- Provider's network status for the member's policy
- Applicable copayment, coinsurance and deductible amounts

Ask to see the member's ID card and a photo ID to help guard against medical identity theft. If services may not be covered, members should be notified that they may be billed directly.

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 BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity.

MDLIVE is a separate company that has contracted with BCBSIL to provide virtual visit services for members with coverage through BCBSIL. MDLIVE is solely responsible for its operations and for those of its contracted providers. Virtual visits may not be available to all BCBSIL members.

SilverSneakers is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized 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.

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Single Sign-On Access to AIM Specialty Health® via Availity®

Checking patient eligibility and benefits via Availity or your preferred web vendor is an imperative first step to confirm coverage and prior authorization requirements before rendering services for Blue Cross and Blue Shield of Illinois (BCBSIL) members. For our non-HMO members, the Availity Eligibility and Benefits Inquiry allows you to quickly confirm prior authorization requirements, along with contact information for utilization management vendors, if applicable.

If prior authorization through AIM Specialty Health (AIM) is required for a requested service, you can use the new single sign-on access to AIM from the Availity portal.

How to Access AIM from the Availity Portal*

- Select *Patient Registration* from the navigation menu and choose *Authorizations & Referrals.*
- On the Authorization page, select the *AIM (BCBSIL)* link in the Additional Authorizations and Referrals section.
- Select your provider organization and provider type, then click *Submit.*
- You'll be redirected to the AIM provider portal to start and submit the prior authorization request.

**The single sign-on information above applies only to prior authorization requests handled by AIM. The process for submitting prior authorization requests to BCBSIL or through other utilization management vendors hasn't changed.*

Refer to the Availity Eligibility and Benefits User Guide for help with determining prior authorization requirements and utilization management vendors, if applicable, before providing care and services to our non-HMO members.

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

AIM Specialty Health (AIM) is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL. 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 BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as AIM or Availity.

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View Withdrawn Claim Descriptions via the Availity® Claim Status Tool

There may be instances when you receive a “claim withdrawn” notification by mail after submission of a claim to Blue Cross and Blue Shield of Illinois (BCBSIL). You may also determine why a claim was withdrawn via the Availity Claim Status tool response.

The claim status response includes status for original, duplicate, adjusted, replacement, as well as withdrawn claims. Refer to the **Custom Status Description** field on the results page to determine why the claim was withdrawn. After addressing the reason, the claim may be resubmitted electronically to BCBSIL for processing.

For help with verifying claim status online, refer to the Claim Status User Guide. As a reminder, you must be registered with Availity to use the Claim Status tool. For registration information, visit Availity, or contact Availity Client Services at **800-282-4548**.

This information is not applicable to Medicare Advantage or Illinois Medicaid claims.

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Prior Authorization Reform Act (Applies to Fully Insured Non-HMO and Illinois Medicaid Plans Only)

The Prior Authorization Reform Act (House Bill 711) was signed into Illinois law on Aug. 19, 2021. The new law takes effect as of **Jan. 1, 2022**. *It applies to Illinois-regulated fully insured health insurance plans, including Medicaid. It does not apply to federally regulated ERISA* self-funded Administrative Services Only (ASO) plans or Medicare.*

Brief Summary: 2021 Illinois House Bill 711 establishes prior authorization standards that health insurers must follow when requiring prior authorization for coverage of health care services, including, but not limited to, notification requirements for non-urgent circumstances, urgent health care services and emergency health care services; the timeframes in which to review prior authorization requests; the qualifications of health care professionals who can review prior authorization requests, issue adverse benefit determinations and review appeals; and length of time an approved prior authorization is valid. The legislation also applies the emergency services coverage provisions and the post-stabilization coverage provisions currently applicable to PPO plans; and makes other technical changes.

Applicable Plans: Blue Cross and Blue Shield of Illinois (BCBSIL) is making necessary changes for adherence with all Illinois state-mandated requirements. These changes will only affect the **prior authorization review process** for services for our **fully insured non-HMO members, including Illinois Medicaid [Blue Cross Community Health Plans℠ (BCCHP℠) and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠**]. *Changes will **not** apply to prior authorizations for any of our commercial HMO members, Medicare Advantage members, or members with self-funded ASO employer groups.*

What's *not* changing?

- There are no changes to **prior authorization *review* processes** for BCBSIL members with any of our **commercial HMO, Medicare Advantage or self-funded ASO plans**. *All prior authorization review processes currently in place for these members will remain the same.*
- The process for **submitting initial prior authorization requests** isn't changing for any of our members. For **all** BCBSIL members, always **check eligibility and benefits first** via the Availity® Provider Portal or your preferred web vendor before rendering care and services. This step helps you confirm prior authorization requirements and utilization management vendors, if applicable.

Quick Tip: How to Identify ASO Members

Providers can view, download and print most members' electronic BCBSIL ID cards by completing an eligibility and benefits inquiry through **Availity**. The BCBSIL ID card for **ASO** group members includes a note on the back to specify that, for these members, BCBSIL ***provides claims processing only and assumes no financial risk for claims***. This wording does not appear on fully insured member ID cards.

BCBSIL is continuing to review all requirements to ensure ongoing compliance. We're also assessing ways we can help clarify further for providers, such as within the Utilization Management section of the BCBSIL website. Watch the News and Updates and *Blue Review* for more information as it becomes available.

*Self-funded health plans are governed by the Employee Retirement Income Security Act of 1974 (ERISA).

The information provided above is only intended to be a brief summary of legislation that has been proposed or laws that have been enacted and is not an exhaustive description of the law or a legal opinion of such law. This material is for informational purposes only and is not legal advice. If you have any questions regarding this legislation, you should consult with your legal advisor.

Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Regardless of any prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider.

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Watch for a Letter on Fighting Fraud, Waste and Abuse

Every year, analysts and investigators for Blue Cross and Blue Shield of Illinois (BCBSIL) review claims data, industry trends and investigative results to identify potential areas of fraud and waste. We share this information with you in letters mailed to your office. The current letters show instances of potential billing abuse surrounding COVID-19 testing and vaccinations. The letters will remind you to comply with BCBSIL's policies and requirements.

For more information on policies, please refer to the Standards and Requirements section of our Provider website.

If you encounter potential fraud, waste, and/or abuse, please file a report online or call our Fraud Hotline at 800-543-0867. All online reports and calls are confidential, and you may remain anonymous. For more information, visit our Fraud and Abuse page.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider, nor is the information presented intended to replace or supersede any requirements set forth in your contract with BCBSIL. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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Preventive and Follow-Up Colonoscopies, Changes Effective Jan. 1, 2022

*This information does **not** apply to self-funded Administrative Services Only (ASO), government programs (Medicare Advantage and Illinois Medicaid), Federal Employee Program® (FEP®) or BlueCard® out-of-area members.*

Accurate claim coding is essential to receiving correct payment for a preventive care service, such as an initial diagnostic colonoscopy, or a follow-up colonoscopy if the results of the initial colonoscopy, test or procedure are abnormal.

As of **Jan. 1, 2022,** in compliance with Illinois House Bill 2653, follow-up colonoscopies billed with applicable American Medical Association (AMA) diagnosis codes will be processed according to the appropriate preventive and follow-up benefits for **commercial fully insured** Blue Cross and Blue Shield of Illinois (BCBSIL) members.

COLONOSCOPY TYPE	DESCRIPTION
INITIAL DIAGNOSTIC	When the initial reason for a colonoscopy is to screen for colorectal cancer, it's considered preventive under the United States Preventive Services Task Force (USPSTF) guidelines that drive Affordable Care Act (ACA) requirements. This initial colonoscopy is covered without member cost-sharing.
APPLICABLE FOLLOW-UP	A follow-up colonoscopy may be necessary if the results of the initial colonoscopy, test or procedure show an abnormality (i.e., Z08 and Z09 screening). A colonoscopy that's determined to be medically necessary by the ordering provider as a follow-up exam to the initial preventive screening is covered without member cost-sharing.

Prior authorization is not required for initial diagnostic or applicable follow-up colonoscopies performed by in-network providers when the intent of the procedure is preventive and the test is billed with modifier 33, regardless of the findings.

Using Modifier 33 for Preventive Services

Here are some modifier 33 tips and reminders:

- If the purpose of the procedure is to screen for colorectal cancer and the service becomes diagnostic during the procedure, or the procedure is a follow-up colonoscopy due to abnormal results of an initial colonoscopy, test or procedure, modifier 33 may be used.
- Except as stated above, modifier 33 should **not** be used for non-preventive colonoscopies or other non-preventive procedures.
- A colonoscopy procedure will process at the no-cost sharing benefit level for applicable members as long as modifier 33 is present.
- Colonoscopies billed without appropriate modifiers will not be processed as preventive screenings.

Frequently Asked Questions

Here are answers to some questions we've received from providers about preventive and follow-up colonoscopies:

What colonoscopy procedures is BCBSIL defining as preventive?

A service associated with a screening colonoscopy, or with a follow-up to an initial abnormal colonoscopy, test or procedure must pay at the preventive benefit level. If a procedure is billed as a screening, colonoscopy benefits will be applied as preventive based on the intent of the test and not on the findings. If a problem is found during the screening and a procedure is performed to address the problem (such as polyp removal), the claim will still be paid as preventive with no cost sharing – if it has been billed with modifier 33. If the procedure is not billed as preventive, it will not be paid as a preventive screening.

What services are considered related as part of the initial abnormal diagnostic or applicable follow-up colonoscopy?

- Professional fee (i.e., gastroenterology)
- Pathology services
- Anesthesiology (if necessary)
- Outpatient facility fee

Will BCBSIL adjust a claim for a colonoscopy?

If a member advises that a colonoscopy was intended to be preventive, or a follow-up colonoscopy to an initial abnormal colonoscopy, test or procedure, BCBSIL will research the claims history and potentially adjust the claim, if appropriate. There are several factors that could impact the way BCBSIL will reimburse for a colonoscopy procedure. Reasons that may lead to the claim being paid with member cost-sharing include the number of visits; age limits; use of a non-network provider; procedure not billed as diagnostic or follow-up colonoscopy to an initial abnormal colonoscopy, test or procedure; or medical symptoms or history.

The provider may need to submit a corrected claim if they did not bill the colonoscopy as preventive when, in fact, it was a preventive procedure.

What if a problem is found during the colorectal screening? Does it change the way the claim is paid?

If a procedure is billed as a preventive screening, BCBSIL will assume that colonoscopy benefits should be applied based on the intent of the test and not on the findings. If a problem is found during the screening and a procedure is performed to address the problem (such as polyp removal), the claim will still be paid as preventive with no member cost sharing – if it has been billed using the appropriate preventive modifier. If the procedure is not billed as preventive, it will not be paid as a preventive screening.

The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are encouraged to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. This material is for educational purposes only and is not intended to be a definitive source for coding claims. Health care providers are instructed to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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BCBSIL Will Be Contacting Providers Soon for Telehealth Information

Blue Cross and Blue Shield of Illinois (BCBSIL) will soon begin contacting providers to inquire whether:

- Their practice offers telehealth services
- What telehealth modalities the practice uses
- What types of services the practice provides via telehealth
- Whether the practice has the ability and willingness to include a family caregiver who is in a separate location than the patient, if the patient wishes and provides his or her consent

In accordance with Illinois Senate Bill 332, which amends the Network Adequacy and Transparency Act, BCBSIL will update our printed directory and our online provider directory, Provider Finder®, with the above information for all independently contracted providers.

Continue to watch the *Blue Review* and News and Updates for additional information regarding timing and method of data collection.

If you have any questions, contact your Provider Network Consultant (PNC).

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Payment Recovery Program Reminders

As part of our Payment Recovery Program, Blue Cross and Blue Shield of Illinois (BCBSIL) may recoup overpayments made to BCBSIL contracted facilities and professional providers in the PPO, Blue Choice PPO℠, Blue High Performance Network℠ (BlueHPN℠) and any of our commercial HMO product networks when payment errors have occurred. Overpayments may be identified by BCBSIL and/or the provider.

The following process is used to recover overpayments identified by BCBSIL:

- A refund request letter explaining the reason for the refund is sent to providers. It includes a remittance form and return address envelope. Contracted providers with access to our Electronic Refund Management (eRM) tool have the option to receive overpayment notifications via email.
- If we do not receive a response to our initial communication, a follow up letter/email is sent asking for payment.
- If we do not hear from the contracted provider by telephone, in writing or through eRM, or if the provider does not return the amount of the overpayment within 90 days from the date of the follow up letter, BCBSIL reserves the right to deduct any such payment from any other payment due the provider from BCBSIL.

Recoupment or offset may be requested from future payments up to 12 months after the original payment is made by BCBSIL for commercial fully insured members. The patient information and recovery amount are explained on the electronic payment summary (EPS) or paper provider claim summary (PCS). The Electronic Remittance Advice (835 ERA) will include information in a PLB segment when an overpayment is recovered by BCBSIL. If applicable, a summary will appear on the Uniform Payment Program (UPP) monthly statement.

For overpayment reason examples and other information, see our Refund Management page. Participating providers should also refer to their participating provider agreement and applicable provider manual for additional information. Questions? Call our Financial Operations area at 844-866-2583.

This information does not apply to government programs (Medicare Advantage, Illinois Medicaid). It is provided as a general resource to providers regarding the overpayment recovery process that may be available for commercial claims.

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BLUE REVIEW℠

A Provider Publication

December 2021

Network Operations Update: Voicemail and Email Deactivation, Answers to Commonly Asked Questions

In an effort to streamline provider inquiries and improve administrative processes, the Blue Cross and Blue Shield of Illinois (BCBSIL) Network Operations team is retiring the following phone number/voicemail and email address: 312-653-6555, NetOps_provider_update@bcbsil.com.

The above phone number/voicemail was deactivated **in October** and the email address deactivation is slated for **December 2021**. We encourage you to visit our Provider website for the most up-to-date information. To help ensure a seamless transition, a sampling of commonly asked questions **from non-HMO providers** is included below.

How do I obtain a fee schedule?
Refer to our Fee Schedule page for a quick overview. (There's an online Fee Schedule Listing tool that may be accessed via the Availity® Provider Portal. Or refer to the Forms page and use the appropriate form under the Fee Schedule category to fax or mail your request.)

How do I apply for Electronic Funds Transfer (EFT)?
You can enroll online for EFT via the Availity Provider Portal. Visit our Claim Payment and Remittance page for details. If you have questions, email our Electronic Commerce Services team.

How do I obtain my 1099 form?
Email your request to our 1099 Inquiries team.

How do I add a provider to my group?
If you need to add a provider to your current contracted group, complete our online Provider Onboarding Form to initiate the process.

How do I check the status of my application?
To check the status of your Provider Onboarding Form application, use our online Case Status Checker. Enter the case number received in your confirmation email.

How do I request corrections to my provider demographic information?
If you need to change existing demographic information [e.g., legal name; National Provider Identifier (NPI)/Tax ID; physical address(s), phone/fax number, email, hours of operation, etc.], complete our online Demographic Change Form.

How do I update my facility office address?
Request this change using our online Demographic Change Form.

How do I terminate a provider from my group?
Request this change using our online Demographic Change Form.

How do I terminate my contract?
Request this change using our online Demographic Change Form; include a copy of the termination letter.

How do I join the commercial HMO network?
BCBSIL doesn't contract directly with providers for our HMO products. Providers who would like to participate in our HMO network must contact a BCBSIL contracting HMO Medical Group or Independent Practice Association (IPA) in their area. Refer to the Contracting page on our website for more information, including a link to View HMO Medical Group/IPA listing.

How do I contract for a dentist?
Email Provider Support to request a contract.

How do I request a roster of my providers?
Email our Provider Roster Requests team to request a current update roster; include your group name, NPI and Tax ID.

Whom do I contact if I have Provider Network Consultant (PNC) assignment questions, provider data/loading or onboarding form issues?
Information on PNC assignments is available on our website. If you have questions about these assignments, or if you're having issues with our online provider onboarding or demographic change request forms, email Provider Relations; include all pertinent information.

Whom do I contact for help with claims issues?
Call Provider Customer Services using the number specific to your network inquiry.

- Commercial: 800-972-8088
- Government Programs:
  - **Blue Cross Community Health Plans℠ (BCCHP℠)** – 877-860-2837
  - **Blue Cross Community MMAI (Medicare-Medicaid Plan)℠** – 877-723-7702
  - **Blue Cross Medicare Advantage℠** – 877-774-8592

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Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our Webinars and Workshops page.

BCBSIL WEBINARS
To register now for a webinar on the list below, click on your preferred session date.

Descriptions:	Dates:	Session Times:
Availity® Authorizations Tool *We are hosting one-hour webinar sessions for providers to learn how to electronically submit inpatient and outpatient benefit preauthorization requests handled by BCBSIL using Availity's Authorizations tool.*	Dec. 8, 2021 Dec. 15, 2021 Dec. 22, 2021 Dec. 29, 2021	11 a.m. to noon
Availity Claim Status *We are hosting complimentary webinars for providers to learn how to verify detailed claim status online using Availity's Claim Status tool.*	Dec. 9, 2021 Dec. 16, 2021	11 to 11:30 a.m.
Availity Remittance Viewer and Reporting On-Demand *These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information and save or print results.*	Dec. 16, 2021	1 to 2 p.m.

BCBSIL Back to Basics: 'Availity 101' *Join us for a review of electronic transactions, provider tools and helpful online resources.*	Dec. 14, 2021 Dec. 21, 2021 Dec. 28, 2021	11 a.m. to noon
BCCHP℠ and MMAI Required Provider Training Webinars *If you provide care and services to our Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ and/or Blue Cross Community Health Plans℠ (BCCHP) members, please join us for guided webinars that will review all the provider trainings required by the Centers for Medicare & Medicaid Service (CMS) and/or Illinois Department of Healthcare and Family Services (HFS).*	Dec. 14, 2021	1 to 3 p.m.
Electronic Clinical Claim Appeal Requests via Availity Provider Portal *We're hosting complimentary webinars for providers to learn how to use the new Dispute tool to electronically submit appeal requests for specific clinical claim denials and monitor the status through the Availity portal. This functionality is currently unavailable for Medicare Advantage, Medicaid and BlueCard® (out-of-area) claims.*	Dec. 8, 2021 Dec. 10, 2021 Dec. 13, 2021 Dec. 15, 2021 Dec. 17, 2021 Dec. 20, 2021 Dec. 22, 2021 Dec. 27, 2021 Dec. 29, 2021	10 to 11 a.m. 10 to 11 a.m. 1 to 2 p.m. 10 to 11 a.m. 10 to 11 a.m. 1 to 2 p.m. 10 to 11 a.m. 1 to 2 p.m. 10 to 11 a.m.
Medicaid HEDIS® 101 Training *This training will cover a wide range of quality improvement topics and resources to help improve Healthcare Effectiveness Data and Information Set (HEDIS) rates.*	Dec. 14, 2021	Noon to 1 p.m.
Medicaid HEDIS 102 Training *This training is designed for contracted providers working with new BCCHP and MMAI members. We'll review HEDIS measure updates, discuss strategies to sharpen your knowledge of HEDIS measures, and cover the measure year (MY) 2020 and MY 2021 HEDIS technical specifications and general guidelines.*	Dec. 8, 2021	Noon to 1 p.m.
Monthly Provider Hot Topics Webinar *These monthly webinars will be held through December 2021. They are customized for the BCBSIL contracted provider community. BCBSIL Provider Network Consultants (PNCs) will use this format to share upcoming initiatives, program changes and updates, as well as general network announcements.*	Dec. 8, 2021	10 to 11 a.m.
Orientation Webinars for New MMAI and/or BCCHP Providers *These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.*	Dec. 14, 2021	10 to 11:30 a.m.
Orientation Webinars for New Commercial Providers	Dec. 15, 2021	10 to 11:30 a.m.

These orientation webinars will give you the opportunity to ask the PNCs questions and will highlight topics such as care coordination, third party vendors, claims, prior authorization and required provider training.

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HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Hospital Discharge Summaries Contain Important Information for Primary Care Providers

It's important for primary care providers (PCPs) to know details about the care their patients receive during inpatient hospital stays. The hospital discharge summary is the key source for this information and used to improve coordination and quality of care that may reduce the number of preventable readmissions.

Here's some useful information you may want to use to help when discharging Federal Employee Program® (FEP®) members after inpatient hospital stays. Use of Electronic Health Records (EHRs), when available, may help distribute information from hospital to the member's extended health care network.

Studies have shown that providing timely, structured discharge summaries to PCPs helps reduce readmission rates, improves patient satisfaction and supports continuity of care. One study found that, at discharge, approximately 40% of patients typically have test results pending and 10% of those results require action. PCPs and patients may be unaware of these results.[1,3]

A prospective cohort study found that one in five patients discharged from the hospital to their homes experienced an adverse event (defined as an injury resulting from medical management rather than from the underlying disease) within three weeks of discharge. This study found 66% of these were drug-related adverse events.[2,3]

The following key information is important to include in every discharge summary:

- Course of treatment
- Diagnostic test results
- Follow-up plans
- Diagnostic test results pending at discharge
- Discharge medications with reasons for changes/medication reconciliation

Communication between the inpatient medical team and the PCP helps ensure continuity and a smooth transition of the FEP patient to the next level of care. FEP Case Management staff are available to work with members, providers and collaborate with medical team while inpatient and post discharge to facilitate discharge planning instruction. Blue Cross and Blue Shield of Illinois (BCBSIL) and FEP applaud PCPs who have adopted the best practice of utilizing written

discharge summaries along with medication reconciliation from their inpatient admission.

[1] Roy CL, Poon EG, Karson AS, et al. Patient safety concerns arising from test results that return after hospital discharge. Ann Intern Med. 2005;143(2):121–8.

[2] Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. Ann Intern Med. 2003;138(3):161–7.

[3] Snow, V., MD. (2009). Transitions of Care Consensus Policy Statement: American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, and Society for Academic Emergency Medicine. Journal of Hospital Medicine, 4(6), 364-370. doi:10.1002

The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations, and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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Recommendations and Reminders for Eye Care Professionals

Many primary care providers (PCPs) refer our diabetic Federal Employee Program® (FEP®) members to eye care specialists for annual eye examinations. We encourage eye care specialists to promptly communicate exam results to the PCP to help coordinate the member's care.

Some members may be hesitant to be in such close contact with providers due to COVID-19, so please share your office safety protocols.

The American Diabetes Association (ADA) recommends annual diabetic eye exams. In 2017, the ADA updated its position statement on diabetic retinopathy and screening recommendations.[1] A summary of ADA screening recommendations for patients with diabetes is included here for your reference:

Screening:	• Comprehensive evaluation by an eye care specialist should not be substituted by retinal photography. However, for screening purposes retinal photography with remote reading by a retinal specialist is acceptable where eye care professionals are not readily available.
Routine Exams:	• Every two years in the absence of retinopathy • Annually in the presence of retinopathy • At more frequent intervals in the presence of progressive retinopathy and/or deterioration of vision due to disease progression
Initial Exam:	• Within five years of diagnosis for adults who have Type 1 diabetes • At the time of diagnosis for adults with Type 2 diabetes
Pregnancy:	• Educate women who are planning to be or are pregnant and who also have diabetes about the risk of diabetic retinopathy developing or progressing

	• Perform an eye exam prior to or at the time of diagnosis of pregnancy, during every trimester, and one year after delivery in the presence of pre-existing Type 1 or Type 2 diabetes

To help improve patient outcomes, please consider the following:

- Incorporate ADA recommendations into practice
- Gather patient historical information
- Educate your patients
- Ensure diabetic eye exam results are made available to the members' PCP
- Remind your diabetic patients to contact the number on their member ID card if they have any questions about their health care coverage details.

Thank you for working with us to support the health and wellness of our FEP members. Together, we can help support improved outcomes for people with diabetes.

[1] Diabetic Retinopathy: A Position Statement by the American Diabetes Association, Sharon D. Solomon, Emily Chew, Elia J. Duh, Lucia Sobrin, Jennifer K. Sun, Brian L.VanderBeek, Charles C. Wykoff, Thomas W. Gardner, Diabetes Care, Mar 2017, 40 (3) 412-418; DOI: 10.2337/dc16-2641. Additional information on diabetic retinopathy can be found on the ADA site at: http://care.diabetesjournals.org/content/40/3/412

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2022 – Part 1

Posted November 16, 2021

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Illinois (BCBSIL) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2022. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network.

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

IMPORTANT PHARMACY BENEFIT REMINDERS

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most BCBSIL members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsil.com/provider for the form and more information.

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

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSIL drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective Jan. 1, 2022 are outlined below.**

You can view a preview of the January drug lists on our Member Prescription Drug Lists website. The final lists will be available on both the *Member Prescription Drug Lists website* and Pharmacy Program section of our Provider website closer to the January 1 effective date.

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

Please Note: If you have patients with an individual benefit plan offered on/off the Illinois Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our *Individual and Family Member website*.

Drug List Updates (Revisions/Exclusions) – As of January 1, 2022

Non-Preferred Brand[1]	Drug Class/ Condition Used For	Preferred Generic Alternative(s)[2]	Preferred Brand Alternative(s)[1, 2]
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug List Revisions			
CHANTIX (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CHANTIX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 150-500 mg, 24 hr 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKANA (canagliflozin tab 100 mg, 300 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablet 0.6 mg	
PROLIA (denosumab inj soln prefilled syringe 60 mg/ml)	Osteoporosis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Basic, Basic Annual, Multi-Tier Basic and Multi-Tier Basic Annual Drug List Revisions			
PAZEO (olopatadine hcl ophth soln 0.7% (base equivalent))	Allergic Conjunctivitis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Basic Annual, Multi-Tier Basic Annual, Enhanced Annual and Multi-Tier Enhanced Annual Drug List Revisions			
ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	

SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ZYTIGA (abiraterone acetate tab 500 mg)	Cancer	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Basic Annual and Multi-Tier Basic Annual Drug List Revisions			
ALPHAGAN P (brimonidine ophth soln 0.1%)	Ocular Hypertension, Glaucoma	brimonidine tartrate 0.15%, brimonidine tartrate 0.2%, apraclonidine 0.5%, lopidine 1%	Simbrinza
AZOPT (brinzolamide ophth susp 1%)	Ocular Hypertension, Glaucoma	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CARAC (fluorouracil cream 0.5%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	
CELLCEPT (mycophenolate mofetil cap 250 mg, tab 500 mg)	Transplant Rejection Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CELONTIN (methsuximide cap 300 mg)	Seizures	ethosuximide capsules, ethosuximide solution	
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
DEXAMETHASONE (dexamethasone soln 0.5 mg/5 ml)	Inflammatory Conditions	dexamethasone tablets, dexamethasone elixir 0.5 mg/5 mL	
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle Cell Anemia	hydroxyurea capsule 500 mg	
EPOGEN (epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml)	Anemia		Procrit, Retacrit
FLUOROPLEX (fluorouracil cream 1%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	

INNOPRAN XL (propranolol hcl sustained-release beads cap er 24hr 80 mg, 24hr 120 mg)	Hypertension	propranolol hcl cap ER 24hr	
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Ocular Hypertension, Glaucoma	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
PREDNISONE INTENSOL (prednisone conc 5 mg/ml)	Inflammatory Conditions	prednisone 5 mg/5 mL solution, prednisolone sodium phosphate 10 mg/5 mL,15 mg/5 mL, 20 mg/5 mL	
PROGRAF (tacrolimus cap 0.5 mg, 1 mg, 5 mg)	Transplant Rejection Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis	tacrolimus capsules	
SIVEXTRO (tedizolid phosphate for iv soln 200 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SIVEXTRO (tedizolid phosphate tab 200 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	*Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis, Cancer*	methotrexate 2.5 mg tablet	
ZORTRESS (everolimus tab 0.25 mg, 0.5 mg, 0.75 mg)	Transplant Rejection Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ZORTRESS (everolimus tab 1 mg)	Transplant Rejection Prophylaxis	everolimus tablets 0.25 mg, 0.5 mg, 0.75 mg	
ZYCLARA (imiquimod cream 3.75%)	Actinic Keratosis, Warts	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 3.75%	
ZYCLARA PUMP (imiquimod cream 3.75%)	Actinic Keratosis, Warts	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Enhanced Annual and Multi-Tier Enhanced Annual Drug List Revisions			
CEREZYME (imiglucerase for inj 400 unit)	Gaucher Disease	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
NAGLAZYME (galsulfase soln for iv infusion 1 mg/ml)	Mucopolysaccharidosis VI (MPS VI)	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	

Drug[1]	Drug Class/Condition Used For	Generic Alternatives[1,2]	Brand Alternatives[1,2]
Balanced, Performance, Performance Annual and Performance Select Drug List Revisions			
FLUTAMIDE (flutamide cap 125 mg)	Cancer	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg)	Pain	hydrocodone/acetaminophen tablets	
IVERMECTIN (ivermectin lotion 0.5%)	Parasitic Infections	Permethrin 5% cream, Malathion 0.5% lotion	
MENOPUR (menotropins for subc inj 75 unit)	Infertility	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
METHOXSALEN (methoxsalen rapid cap 10 mg)	Psoriasis, Vitiligo	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
STAVUDINE (stavudine cap 15 mg, 20 mg, 30 mg, 40 mg)	Viral Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Balanced Drug List Revisions			
ALA-SCALP (hydrocortisone lotion 2%)	Inflammatory Conditions	Hydrocortisone 2.5% lotion	
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablets	
TIMOLOL MALEATE (timolol maleate tab 10 mg)	Hypertension	atenolol, metoprolol, carvedilol	
Performance Annual Drug List Revisions			
CEFACLOR (cefaclor cap 250 mg, 500 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CEFADROXIL (cefadroxil tab 1 gm)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CYCLOSERINE (cycloserine cap 250 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
FLURBIPROFEN (flurbiprofen tab 50 mg)	Pain/Inflammation	ibuprofen, naproxen	
ISONIAZID (isoniazid tab 100 mg)	Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SPS (sodium polystyrene sulfonate oral susp 15 gm/60 ml)	Hyperkalemia		Lokelma, Veltassa
TYBLUME (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg)	Oral Contraceptive	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	

VCF VAGINAL CONTRACEPTIVE GEL (nonoxynol-9 gel 4%)	Contraceptive		Encare, Options Glynol Vaginal, VCF Vaginal Contraceptive foam
Balanced, Performance, Performance Annual and Performance Select Drug List Exclusions			
ADASUVE (loxapine aerosol powder breath activated 10 mg)	Schizophrenia, Bipolar Disorder	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.*	
ADDERALL XR (amphetamine-dextroamphetamine cap er 24hr 5 mg, 24 hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg)	Attention Deficiency Hyperactivity Disorder (ADHD)	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
BANZEL (rufinamide tab 200 mg, 400 mg)	Seizures	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CHANTIX (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
CHANTIX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 150-500 mg, 24hr 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKANA (canagliflozin tab 100 mg, 300 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
KALETRA (lopinavir-ritonavir tab 100-25 mg, 200-50 mg)	Viral Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
MIACALCIN (calcitonin (salmon) inj 200 unit/ml)	Hypercalcemia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
PREPIDIL (dinoprostone cervical gel 0.5 mg/3 gm)	Induction of Labor	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.*	
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Oral Fluoride	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	

PROSTIN E2 (dinoprostone vaginal suppos 20 mg)	Induction of Labor	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.*	
QTERN (dapagliflozin-saxagliptin tab 5-5 mg, 10-5 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
ribavirin for inhal soln 6 gm	Respiratory Syncytial Virus (RSV)	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.*	
THIOLA (tiopronin tab 100 mg)	Homozygous Cystinuria	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Performance, Performance Annual and Performance Select Drug List Exclusions			
betamethasone valerate aerosol foam 0.12%	Inflammatory Conditions	fluocinonide solution 0.05%	
clobetasol propionate lotion 0.05%	Inflammatory Conditions	Clobetasol 0.05% cream, Clobetasol 0.05% ointment, Clobetasol 0.05% solution	
clobetasol propionate shampoo 0.05%	Inflammatory Conditions	Clobetasol 0.05% solution	
clotrimazole w/ betamethasone lotion 1-0.05%	Inflammatory Conditions	clotrimazole w/ betamethasone cream 1-0.05% cream	
desonide lotion 0.05%	Inflammatory Conditions	Desonide cream 0.05%, Triamcinolone 0.025% lotion, Triamcinolone 0.025%cream	
fluocinonide emulsified base cream 0.05%	Inflammatory Conditions	triamcinolone cream 0.5%	
halobetasol propionate oint 0.05%	Inflammatory Conditions	halobetasol cream 0.05%	
hydrocodone-acetaminophen tab 5-300 mg	Pain	Hydrocodone/acetaminophen 5/325 mg tablets	
hydrocodone-acetaminophen tab 7.5-300 mg	Pain	Hydrocodone/acetaminophen 7.5/325 mg tablets	
hydrocodone-acetaminophen tab 10-300 mg	Pain	Hydrocodone/acetaminophen 10/325 mg tablets	
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate cream 0.1%)	Inflammatory Conditions	betamethasone valerate cream 0.1%	
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	Triamcinolone acetonide lotion 0.1%, betamethasone dipropionate lotion 0.05%	

hydrocortisone butyrate cream 0.1%	Inflammatory Conditions	betamethasone valerate cream 0.1%	
hydrocortisone butyrate oint 0.1%	Inflammatory Conditions	triamcinolone acetonide 0.025% ointment	
hydrocortisone butyrate soln 0.1%	Inflammatory Conditions	Triamcinolone acetonide lotion 0.1%, betamethasone dipropionate lotion 0.05%	
hydrocortisone valerate cream 0.2%	Inflammatory Conditions	betamethasone valerate cream 0.1%	
hydrocortisone valerate oint 0.2%	Inflammatory Conditions	triamcinolone 0.1% ointment	
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablets	
Balanced and Performance Select Drug List Exclusions			
ABSORICA (isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg)	Acne	isotretinoin generics (including: amnesteem capsule, claravis capsule, isotretinoin capsule, myorisan capsule, zenatane capsule)	
AZOPT (brinzolamide ophth susp 1%)	Glaucoma, Ocular Hypertension	dorzolamide 2% solution	
LEVULAN KERASTICK (aminolevulinic acid hcl for soln 20% (stick applicator))	Actinic Keratosis	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.*	
Balanced Drug List Exclusions			
ABILIFY MYCITE (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ABILIFY MYCITE STARTER KIT (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ACUVAIL (ketorolac tromethamine (pf) ophth soln 0.45%)	Ocular Pain/Inflammation	ketorolac tromethamine 0.5% ophthalmic solution	

AMELUZ (aminolevulinic acid hcl gel 10%)	Actinic Keratosis	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.*	
APLENZIN (bupropion hbr tab er 24hr 174 mg, 24hr 348 mg, 24hr 522 mg)	Depression	bupropion generics	
BEPREVE (bepotastine besilate ophth soln 1.5%)	Allergic Conjunctivitis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
BIJUVA (estradiol-progesterone cap 1-100 mg)	Hot Flashes	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
BUNAVAIL (buprenorphine-naloxone buccal film 2.1-0.3 mg, 4.2-0.7 mg, 6.3-1 mg (base equiv))	Opioid Dependence	Buprenorphine /Naloxone sublingual tablet, Buprenorphine /Naloxone film	
CAPLYTA (lumateperone tosylate cap 42 mg)	Schizophrenia	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Depression	duloxetine capsules	
EPROSARTAN MESYLATE (eprosartan mesylate tab 600 mg)	Hypertension	Losartan, Valsartan, Irbesartan, Olmesartan, Telmisartan	
HELIDAC THERAPY (metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack)	Bacterial Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
HYSINGLA ER (hydrocodone bitartrate tab er 24 hr deter 20 mg, 24hr deter 30 mg, 24hr deter 40 mg, 24hr deter 60 mg, 24hr deter 80 mg, 24hr deter 100 mg, 24hr deter 120 mg)	Pain	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
NAFTIFINE HYDROCHLORIDE (naftifine hcl cream 2%)	Fungal Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
NEVANAC (nepafenac ophth susp 0.1%)	Ocular Pain/Inflammation	Bromfenac ophthalmic solution, Diclofenac ophthalmic solution, Ketorolac ophthalmic solution	
NORTHERA (droxidopa cap 100 mg, 200 mg, 300 mg)	Orthostatic Hypotension	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	

OMECLAMOX-PAK (amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack)	Bacterial Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
PROLENSA (bromfenac sodium ophth soln 0.07% (base equivalent))	Ocular Pain/Inflammation	Bromfenac ophthalmic solution, Diclofenac ophthalmic solution, Ketorolac ophthalmic solution	
PYLERA (bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg)	Bacterial Infections	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SLYND (drospirenone tab 4 mg)	Contraceptives	*Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
VELTIN (clindamycin phosphate-tretinoin gel 1.2-0.025%)	Acne	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
Performance and Performance Annual Drug List Exclusions			
calcipotriene ointment 0.005%	Plaque Psoriasis	calcipotriene soln 0.005%, calcipotriene cream 0.005%	
isosorbide dinitrate tab 40 mg	Angina	isosorbide dinitrate tab 20 mg	
MYTESI (crofelemer tab delayed release 125 mg)	Diarrhea	diphenoxylate/atropine tablet	
SEGLUROMET (ertugliflozin-metformin hcl tab 2.5-500 mg, 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
STEGLATRO (ertugliflozin l-pyroglutamic acid tab 5 mg, 10 mg (base equiv))	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
zolpidem tartrate sl tab 1.75 mg, 3 mg	Insomnia		zolpidem tablets
Performance Select Drug List Exclusions			
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Glaucoma, Ocular Hypertension	latanoprost solution	
Performance Annual Drug List Exclusions			
ACETAMINOPHEN/CAFFEINE/DI HYDROCODEINE (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	
ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	

amantadine hcl tab 100 mg	Parkinson's Disease	amantadine capsule	
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
BANZEL (rufinamide susp 40 mg/ml)	Seizures	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
benzonatate cap 150 mg	Cough	benzonatate 100 mg capsule, benzonatate 200 mg capsule	
BETHKIS (tobramycin nebu soln 300 mg/4 ml)	Cystic Fibrosis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate 48 mg tablet	
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Acne	Clindamycin phosphate/benzoyl peroxide 1.2-5% (refrigerated) gel	
CONDYLOX (podofilox gel 0.5%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
cyclobenzaprine hcl tab 7.5 mg	Muscle Spasm/Spasticity	cyclobenzaprine 5 mg tablet, cyclobenzaprine 10 mg tablet	
EMTRIVA (emtricitabine caps 200 mg)	HIV	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
FEMRING (estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr)	Menopause Symptoms	estradiol patch, estradiol tablet	Estring, Premarin
fenofibrate micronized cap 43 mg	Hypercholesterolemia	fenofibrate 48 mg Tablet	
FERRIPROX (deferiprone tab 500 mg)	Chronic Iron Overload	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
HYCODAN (hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml)	Cough	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	

HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	desonide lotion 0.05%, hydrocortisone valerate cream 0.2%	
imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg	Depression	imipramine tablet	
JADENU SPRINKLE (deferasirox granules packet 90 mg, 180 mg, 360 mg)	Chronic Iron Overload	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
KUVAN (sapropterin dihydrochloride powder packet 100 mg, 500 mg)	Phenylketonuria	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
KUVAN (sapropterin dihydrochloride soluble tab 100 mg)	Phenylketonuria	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Seizures	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Ophthalmic Conditions	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
methamphetamine hcl tab 5 mg	Attention-Deficit Hyperactivity Disorder (ADHD)	methylphenidate tablet	
MONUROL (fosfomycin tromethamine powd pack 3 gm (base equivalent))	Infections	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	*ibuprofen tablet, naproxen tablet (non-enteric coated)*	
SAPHRIS (asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg (base equiv))	Bipolar Disorder, Schizophrenia	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
SKLICE (ivermectin lotion 0.5%)	Lice	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.*	
temazepam cap 7.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule	
temazepam cap 22.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule, temazepam 30 mg capsule	

TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol solution	
trazodone hcl tab 300 mg	Depression	trazodone 150 mg tablet	
tretinoin gel 0.05%	Acne	tretinoin 0.05% cream	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	Cancer, Rheumatoid Arthritis, Psoriasis	methotrexate 2.5 mg tablet	
TREZIX (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
TYKERB (lapatinib ditosylate tab 250 mg (base equiv))	Cancer	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	
VEREGEN (sinecatechins oint 15%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
ZYTIGA (abiraterone acetate tab 500 mg)	Cancer	*Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition*	

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

Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2022
The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2022. Members may pay more for these drugs.

Members on the Basic Annual or Performance Annual Drug Lists will not have any of these generic drug revisions applied to their pharmacy benefits until their 2022 plan renewal date. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Drug[1]	**Drug Class/Condition Used For**
Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced, Multi-Tier Enhanced Annual, Performance and Performance Annual Drug Lists	
amlodipine besylate-valsartan tab 5-160 mg, 10-160 mg, 5-320 mg	Hypertension
carbonyl iron susp 15 mg/1.25 ml (elemental iron)	Vitamin/Supplement
famciclovir tab 125 mg	Viral Infections
haloperidol lactate oral conc 2 mg/ml	Schizophrenia
hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml	Cough/Cold
nabumetone tab 750 mg	Pain/Inflammation
nifedipine tab er 24hr osmotic release 60 mg	Hypertension

nitroglycerin td patch 24hr 0.2 mg/hr	Angina
orphenadrine citrate tab er 12hr 100 mg	Pain/Muscle Spasms
perindopril erbumine tab 2 mg, 4 mg	Hypertension
primidone tab 250 mg	Seizures
prochlorperazine maleate tab 10 mg (base equivalent)	Nausea/Vomiting
sotalol hcl (afib/afl) tab 160 mg	Atrial Fibrillation/Atrial Flutter
sotalol hcl tab 160 mg, 240 mg	Arrhythmias
telmisartan tab 80 mg	Hypertension
tetracaine hcl ophth soln 0.5%	Ocular Anesthesia
valacyclovir hcl tab 1 gm	Viral Infections
valsartan tab 160 mg, 320 mg	Hypertension
valsartan-hydrochlorothiazide tab 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	Hypertension
Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
heparin sodium (porcine) lock flush iv soln 10 unit/ml	Maintenance of IV device patency
naproxen tab ec 375 mg, 500 mg	Pain/Inflammation
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Bacterial Infections
Performance and Performance Annual Drug Lists	
nifedipine tab sr 24hr osmotic release 60 mg	Hypertension
orphenadrine citrate tab sr 12hr 100 mg	Pain/Muscle Spasms

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

DISPENSING LIMIT CHANGES

The BCBSIL 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.**

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

Effective Jan. 1, 2022:

Drug Class and Medication(s)[1]	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual, Performance Select Drug Lists	
Deferasirox	
deferasirox 125 mg tablet for oral suspension (EXJADE)	30 tablets per 30 days
deferasirox 250 mg tablet for oral suspension (EXJADE)	30 tablets per 30 days
deferasirox 500 mg tablet for oral suspension (EXJADE)	90 tablets per 30 days
deferasirox 90 mg tablet (JADENU)	30 tablets per 30 days
deferasirox 180 mg tablet (JADENU)	30 tablets per 30 days
deferasirox 360 mg tablet (JADENU)	180 tablets per 30 days
deferasirox 90 mg sprinkle granules (JADENU)	30 packets per 30 days

deferasirox 180 mg sprinkle granules (JADENU)	30 packets per 30 days
deferasirox 360 mg sprinkle granules (JADENU)	180 packets per 30 days
Supplemental Therapeutic Alternatives	
Elepsia XR 1000 mg tablet (levetiracetam)	90 tablets per 30 days
Elepsia XR 1500 mg tablet (levetiracetam)	60 tablets per 30 days
Therapeutic Alternatives	
ergotamine w/ caffeine tablet 1-100 mg (CAFERGOT)	40 tablets per 28 days
ketoprofen 25 mg capsule	360 capsules per 30 days
Niacor 500 mg tablet (niacin)	360 tablets per 30 days
Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists	
Empaveli	
pegcetacoplan subcutaneous soln 54 mg/ml (EMPAVELI)*	8 vials per 28 days
Verquvo	
vericiguat tablet 2.5 mg (VERQUVO)*	30 tablets per 30 days
vericiguat tablet 5 mg (VERQUVO)*	30 tablets per 30 days
vericiguat tablet 10 mg (VERQUVO)*	30 tablets per 30 days
Basic Annual and Enhanced Annual Drug Lists	
Alternative Dosage Form	
colesevelam hcl packet for suspension 3.75 gm (WELCHOL)	30 packets per 30 days
diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 ml (LOMOTIL)	1200 mL per 30 days
Indomethacin suspension 25 mg/5 ml	1200 mL per 30 days
Eysuvis	
loteprednol etabonate (Eysuvis)	2 bottles per 90 days
Fintepla	
Fintepla 2.2 mg/ml	360 mL per 30 days
Lupus	
voclosporin capsule (LUPKYNIS)	180 tablets per 30 days
SA Oncology	
Alunbrig 30 mg	120 tablets per 30 days
Bosulif 100 mg	30 tablets per 30 days
Lonsurf 15-6.14 mg	60 tablets per 28 days
ponatinib hcl tab 15 mg (ICLUSIG)	30 tablets per 30 days
Relugolix tablet (ORGOVYX)	30 tablets per 30 days
Sucraid	
Sucraid 8500 units/mL	236 ml per 28 days
Therapeutic Alternatives	
Acyclovir-hydrocortisone cream 5-1% (XERESE)	5 grams per 30 days
Adapalene pads 0.1%	28 swabs per 28 days
mefenamic acid capsule (PONSTEL) 250 mg	120 capsules per 30 days
oxycodone w/ acetaminophen solution 10-300 mg/5 ml (PROLATE)*	900 mL per 30 days
Quazepam tablet 15 mg	30 tablets per 30 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Topical Corticosteroid	
Amcinonide 0.01% cream, lotion, and ointment	100 grams per 30 days
Betamethasone dipropionate 0.05% cream	100 grams per 30 days
Betamethasone dipropionate 0.05% lotion	100 grams per 30 days
Betamethasone dipropionate 0.05% ointment	100 grams per 30 days

Betamethasone Dipropionate Spray Emulsion 0.05% (SERNIVO)	240 mL per 90 days
calcipotriene-betamethasone dipropionate 0.005-0.064% foam (ENSTILAR), ointment and suspension (Taclonex), cream (WYNZORA)	120 grams per 30 days
clobetasol 0.05% aerosolized foam (OLUX)	180 grams per 90 days
Clobetasol Propionate Cream 0.025% (IMPOYZ)	100 grams per 30 days
clobetasol propionate foam 0.05%	180 grams per 90 days
desoximetasone 0.25% cream, ointment, spray, and gel	100 grams per 30 days
diflorasone diacetate cream and ointment	100 grams per 30 days
diflorasone diacetate emollient base cream and ointment	100 grams per 30 days
fluocinonide cream 0.5%	100 grams per 30 days
fluocinonide emulsified base (cream)	100 grams per 30 days
fluocinonide gel	100 grams per 30 days
fluocinonide ointment	100 grams per 30 days
fluocinonide solution	100 grams per 30 days
halcinonide cream	100 grams per 30 days
halcinonide ointment	100 grams per 30 days
Halcinonide Soln 0.1% (HALOG)	120 grams per 30 days
halobetasol 0.01% lotion (BRYHALI)	100 grams per 30 days
halobetasol 0.05% aerosolized foam (LEXETTE)	180 grams per 90 days
halobetasol-tazarotene 0.01-0.45% lotion (DUOBRII)	100 grams per 30 days
mometasone furoate 0.1% ointment	100 grams per 30 days
Xhance	
Fluticasone Propionate Nasal Exhaler (XHANCE)	2 bottles per 30 days
Zokinvy	
lonafarnib capsule (ZOKINVY)	120 capsules per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Jan. 1, 2022**, the following changes will be applied:
  - The Accrufer PA program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
    - Note: This program will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
  - The Kerendia PA program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
    - Note: This program will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
  - The Elagolix PA program will change its name to Elagolix/Relugolix and the target drug Myfembree will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.
    - Note: Myfembree will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
  - Target Migranal will be removed from the Therapeutic Alternatives PA program and added to the Acute Migraine Agents PA program. This change will apply to the Basic,

Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

- Targets Nurtec ODT and Ubrelvy will be removed from the Acute Migraine Agents PA program and added to the Calcitonin Gene-Related Peptide (CGRP) PA program. This change will apply to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

- Target Nexium Granules (esomeprazole) will be removed from the non-standard Proton Pump Inhibitors (PPIs) ST program and added to the Alternative Dosage Form PA program. This change will apply to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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

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

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2022:

Drug Category	Targeted Medication(s)[1]
Basic Annual and Enhanced Annual Drug Lists	
Dojolvi	Dojolvi*
Eysuvis	loteprednol etabonate (Eysuvis)
Fintepla	Fintepla*
Sucraid	Sucraid (sacrosidase) 8,500 unit/mL oral solution
Xhance	Fluticasone Propionate Nasal Exhaler (XHANCE)*
Zokinvy	lonafarnib capsule (ZOKINVY)*

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

Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2022:

Drug Category	Targeted Medication(s)[1]
Basic Annual and Enhanced Annual Drug Lists	
Actinic Keratosis	Fluorouracil Cream 0.5%
Alternative Dosage Form	colesevelam hcl packet for suspension 3.75 gm (WELCHOL), diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL), Indomethacin suspension (INDOCIN), Sprix (ketorolac) 15.75 mg nasal spray
Elagolix	Oriahnn*
Lupus (formerly Benlysta)	voclosporin capsule (LUPKYNIS)*
Somatostatins	Octreotide Acetate Solution Pen-Injector (BYNFEZIA)*

Therapeutic Alternatives	Acyclovir-hydrocortisone cream (XERESE), Adapalene pads, Doral tablet 15 mg, Epinephrine Inj 0.15 mg (ADRENACLICK), Epinephrine Inj 0.3 mg (ADRENACLICK), Extina (ketoconazole) 2% foam, mefenamic acid capsule (PONSTEL) 250 mg, Migranal (dihydroergotamine) 4 mg/ml nasal spray, Propranolol HCl sustained-release beads capsules (INDERAL XL, INNOPRAN XL), Sorilux (calcipotriene) foam 0.005%, ursodiol capsule 200 mg (RELTONE), ursodiol capsule 400 mg (RELTONE), Xolegel (Ketoconazole) 2% Gel
Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists	
Empaveli	pegcetacoplan subcutaneous soln 54 mg/mL (EMPAVELI)*
Supplemental Therapeutic Alternatives	Elepsia XR 1000 mg tablet (levetiracetam)*, Elepsia XR 1500 mg tablet (levetiracetam)*
Verquvo	vericiguat tablet 2.5 mg (VERQUVO)*, vericiguat tablet 5 mg (VERQUVO)*, vericiguat tablet 10 mg (VERQUVO)*
Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Deferasirox	deferasirox 125 mg tablet for oral suspension (EXJADE), deferasirox 250 mg tablet for oral suspension (EXJADE), deferasirox 500 mg tablet for oral suspension (EXJADE), deferasirox 90 mg tablet (JADENU), deferasirox 180 mg tablet (JADENU), deferasirox 360 mg tablet (JADENU), deferasirox 90 mg sprinkle granules (JADENU), deferasirox 180 mg sprinkle granules (JADENU), deferasirox 360 mg sprinkle granules (JADENU)
Therapeutic Alternatives	ergotamine w/ caffeine tablet 1-100 mg (CAFERGOT), flurandrenolide lotion 0.05% (CORDRAN), Halog Solution 0.1% (halcinonide), hydrocortisone lotion 2% (ALA SCALP), ketoprofen 25 mg capsule, Lexette Foam 0.05% (halobetasol propionate), Niacor 500 mg tablet (niacin)

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

Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2022:

Drug Category	Targeted Medication(s)[1]
Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists	
SGLT-2 Inhibitors and Combinations	Invokamet 50-1000 mg (canagliflozin/metformin)*, Invokamet 150-500 mg (canagliflozin/metformin)*, Invokamet 150-1000 mg (canagliflozin/metformin)*, Invokamet XR 50-500 mg (canagliflozin/metformin ER)*, Invokamet XR 50-1000 mg (canagliflozin/metformin ER)*, Invokamet XR 150-500 mg (canagliflozin/metformin ER)*, Invokamet XR 150-1000 mg (canagliflozin/metformin ER)*, Invokana 100 mg (canagliflozin)*, Invokana 300 mg (canagliflozin)*, Qtern 5-5 mg (dapagliflozin/saxagliptin)*, Qtern 10-5 mg (dapagliflozin/saxagliptin)*, Segluromet 2.5-500 mg (ertugliflozin/metformin)*, Segluromet 2.5-1000 mg (ertugliflozin/metformin)*, Segluromet 7.5-500 mg (ertugliflozin/metformin)*, Segluromet 7.5-1000 mg (ertugliflozin/metformin)*, Steglatro 5 mg (ertugliflozin)*, Steglatro 15 mg (ertugliflozin)*, Steglujan 5-100 mg (ertugliflozin/sitagliptin)*, Steglujan 15-100 mg (ertugliflozin/sitagliptin)*

[1]Third-party brand names are the property of their respective owner.
** Not all members may have been notified due to limited utilization. Continuation of therapy will not be in place. Members on a current drug regimen will be impacted.*

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

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

Diabetic Test Strips at a Reduced Cost-Share

Effective Jan. 1, 2022 (regardless of renewal), select diabetic test strips will be moved to a lower tier from a preferred brand to either a non-preferred generic or generic tier, based on plan benefits.

Details: This will apply across all drug lists for our group BCBSIL members.

- This benefit change applies at retail and home delivery pharmacies.
- Dispensing/quantity limits will still apply.
- Any additional charges for using a non-preferred or out-of-network pharmacy will still apply. Note: Some members' benefit plans may include a Preferred Pharmacy Network, which offers reduced out-of-pocket expenses if members use a preferred pharmacy instead.
- The drug list publications will not show the distinction in tier change.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the diabetic test strips at a reduced cost-share.

Change in Benefit Coverage for Select High-Cost Products

Several high-cost products that either are new to market or have therapeutic equivalents available have been excluded on the pharmacy benefit for select drug lists. This change impacts BCBSIL members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

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

Product(s) No Longer Covered[1*]	Condition Used For	Covered Alternative(s)[1,2]
ACCRUFER	IRON DEFICIENCY	OTC IRON
DERMACINRX PRETRATE	PREGNANCY[†]	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19
DICLOFENAC POTASSIUM 25 MG TABLETS	PAIN	DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
TERIPARATIDE SOLN PEN-INJ 620 MCG/2.48 ML	OSTEOPOROSIS	TYMLOS OR FORTEO

[1] All brand names are the property of their respective owners.
[2] This list is not all-inclusive. Other products may be available.
** This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi- Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.*
[†] The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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

Prescription Opioid Duration Limits to Change for Select Members 19 Years of Age and Younger

BCBSIL's Appropriate Use of Opioids program is reducing the 7-day supply limit on an initial fill of an immediate-release opioid medication to a 3-day supply limit effective Jan. 1, 2022.

The Details:
This change applies to select members 19 years of age and younger who are considered opioid naïve.

- Opioid naïve means the member does not have opioids on hand within the past 60 days per pharmacy claims.
- No member lettering is needed due to acute or one-time use of opioids.
- Members with an oncology medication on hand in the past 90 days per pharmacy claims will not be subject to the day supply limit.
- If members have an oncology or hospice diagnosis and a recent opioid fill (within the past six months), continuation of therapy will be in place.
- Once the first three-day supply has been filled, later fills will not call for the three-day duration need, as long as the member is not opioid naïve.
- Prior authorization is required for members to fill an opioid prescription at the pharmacy if they exceed the program limit. Prescribing physicians can find the authorization request form on the

Prior Authorization/Step Therapy Programs section of our provider website at bcbsil.com/provider.

The Centers for Disease Control and Prevention (CDC) Says:

- The treatment of acute pain can lead to long-term opioid use.[1]
- For patients to safely use opioid therapy for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids – three days or less will often be sufficient.[1]
- Adolescents who misuse opioid medication commonly use from their leftover prescription.[1]

Reminder:
The Appropriate Use of Opioids Program promotes safe and effective use of prescription opioids for our members who have prescription drugs benefits administered through Prime Therapeutics®.

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

Source:
[1] Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

Cost-Share Change for Select Methadone Medications

Select methadone medications will move from a preferred generic tier to a non-preferred generic tier effective Jan. 1, 2022. This means the copay or coinsurance for these drugs may increase. This change applies to methadone medications used for the treatment of pain.

Member notices: Based on claims for a medication listed below, letters were mailed to affected members starting late October 2021.

Drug Category	Targeted Medications[1]
Pain	METHADONE HCL CONC 10 MG/ML, METHADONE HCL SOLN 5 MG/5 ML, METHADONE HCL SOLN 10 MG/5 ML, METHADONE HCL TAB FOR ORAL SUS

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

Learn more:

- This change impacts select BCBSIL members.
- These methadone medications are billed through the pharmacy benefit.

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

ACA Contraceptive List Changes Effective Jan. 1, 2022

Select brand products are being removed from coverage on the pharmacy benefit for ACA-compliant health plans effective Jan. 1, 2022. BCBSIL members may be impacted based on their prescription drug list and contraceptive coverage benefits.

Member notices: Impacted members will receive a letter explaining this change and listing covered alternatives starting late October 2021.

Reminders:

- Generic medications and/or lower-cost alternatives remain covered at $0 cost-share under the pharmacy benefit.
- The 2022 *ACA Contraceptive List* will be available on our member websites.

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

HDHP-HSA Preventive Drug Program Reminder

Select BCBSIL members' High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced or $0 cost-share for members using certain medications for preventive purposes. *Please note:* If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under their preventive drug benefit may also change.

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

New Insulin Products Available for Coverage

Starting Jan. 1, 2022, **Semglee (insulin glargine-yfgn)** and **insulin glargine-yfgn (unbranded Semglee)** will be added to the preferred brand tier on select drug lists, and **Lantus (insulin glargine)** will be excluded as a benefit denial across all drug lists.

This drug list change is the result of the U.S. Food and Drug Administration (FDA)'s approval of Semglee as the **first interchangeable biosimilar** insulin product to treat adults and pediatric patients with Type 1 diabetes mellitus and adults with Type 2 diabetes mellitus on July 28, 2021. [1]

Background:

- An interchangeable biosimilar is a biologic drug considered highly similar to and has no clinically meaningful differences from the original biologic. There are no clinically meaningful differences between Semglee/insulin glargine-yfgn (unbranded) and Lantus (original biologic).
- The FDA defines biologic drugs or biologics as, "generally large, complex molecules that are made from living sources such as bacteria, yeast and animal cells." [2]

Why it matters:

- Semglee/insulin glargine-yfgn (unbranded) can be substituted for Lantus at the pharmacy in the same way that a generic drug is being substituted for a brand drug – meaning the pharmacist does not need a new prescription from the doctor.
- Interchangeable biosimilars have undergone studies to ensure members can safely switch to the biosimilar without safety or efficacy issues.
- Biosimilars and interchangeable biosimilars are important because they can introduce competition into the market at lower prices than the original biologic, which can help lower overall drug prices.

Member notices: Members will receive a letter explaining the insulin changes listed below in early November 2021.

Insulin Coverage Updates by Drug Lists:

Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Performance Drug Lists – Changes effective Jan. 1, 2022

Product(s) No Longer Covered[1]	Condition Used For	Covered Alternative(s)[1,2]
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml, SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml, SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

[1] All brand names are the property of their respective owners.
[2] This list is not all-inclusive. Other products may be available.

Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual and Performance Annual Drug Lists – Changes effective Jan. 1, 2022, upon renewal

Product(s) No Longer Covered[1]	Condition Used For	Covered Alternative(s)[1,2]
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml, SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml, SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

[1] All brand names are the property of their respective owners.
[2] This list is not all-inclusive. Other products may be available.

Balanced and Performance Select Drug Lists – Changes effective Jan. 1, 2022

Product(s) No Longer Covered[1]	Condition Used For	Covered Alternative(s)[1,2]
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

[1] *All brand names are the property of their respective owners.*
[2] *This list is not all-inclusive. Other products may be available.*

Sources:
[1] FDA. *FDA News Release: FDA Approves First Interchangeable Biosimilar Insulin Product for Treatment of Diabetes*, July 28, 2021
[2] FDA. *Health Care Provider Materials – Fact Sheets: Overview of Biosimilar Products*.

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

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSIL and contracting pharmacies is that of independent contractors. BCBSIL, 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.

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.

BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

December 2021

2021 Reminder to Encourage Early and Timely Intervention for Pre- and Post-natal Care

This article includes important information to help you when providing pre- and post-natal care and services to Federal Employee Program® (FEP®) members.

Communication between health care professionals during a patient's pre-pregnancy, pregnancy and postpartum medical journey is important. When you're providing care, we encourage you to document the following information in the patient's chart to help ensure effective coordination and continuity of care:

Prenatal Visit in First Trimester

- Prenatal risk assessment, including the diagnosis of pregnancy, complete medical and obstetrical history, and physical exam as referenced in the American College of Obstetrics and Gynecology (ACOG) form
- Prenatal lab reports Ultrasound, estimated date of delivery (EDD)
- Documentation of prenatal risk and education/counseling

Postpartum

- Documentation of a postpartum visit on or between 7 to 84 days after delivery. Postpartum office visit progress notation that documents comprehensive postpartum exam which may include an evaluation of weight, blood pressure, breast exam, abdominal exam, and pelvic exam.
- Best practice supports provider staff calling member within one week after delivery to schedule postpartum follow-up visit.

Thank you for your help supporting continuity of care and improved quality outcomes for our FEP and other BCBSIL members.

The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations, and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

Information provided by BCBSIL is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider, nor is the information presented intended to replace or supersede any requirements set forth in your contract with BCBSIL. Any samples in this communication are for illustrative and/or educational purposes only and should not be relied on in determining how a specific provider will be reimbursed. In the event of a conflict between the information in this communication and your contract, your contract will control.

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BlueCross BlueShield of Illinois

BLUE REVIEW℠

A Provider Publication

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Member Rights and Responsibilities

As a participating provider, it's important that you are aware of our members' rights and responsibilities. A summary is provided below. More information can be found in the members' benefit booklet and on our member website.

Member rights include the right to:

- Receive information about Blue Cross and Blue Shield of Illinois (BCBSIL), our services, participating providers and facilities, and member rights and responsibilities
- Be treated with respect and dignity with recognition of their right to privacy
- Participate with providers in making decisions about their health care
- Have a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost or benefit coverage
- Voice complaints or appeals about BCBSIL or the services we provide
- Make recommendations regarding our members' rights and responsibilities policy

Member responsibilities include a responsibility to:

- Provide, to the extent possible, information that BCBSIL and the provider and facility need to provide care
- Follow the plans and instructions for care that the member has agreed to with their provider
- Understand their health problems and participate in the development of mutually agreed upon treatment goals, to the degree possible

Federal Employee Program® (FEP®) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members.

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BlueCross BlueShield of Illinois

BLUE REVIEW℠

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December 2021

Provider Rights and Responsibilities

As a participating provider in Blue Cross and Blue Shield of Illinois (BCBSIL) provider networks, you have certain rights and responsibilities. Below is information that may affect your practice. We publish this information for providers annually.

Your Credentialing Rights

If you are applying or reapplying to participate in our networks, you have the right to:

- Review information submitted to support your credentialing application
- Correct wrong and/or conflicting information
- Receive the status of your credentialing or recredentialing application upon request

To learn more about these rights: Visit the Credentialing page on our Provider website.

Case Management Programs

You can help our members maintain or improve their health by encouraging them to participate in relevant case management programs. These may include:

- Condition management programs to support members with specific conditions like asthma or diabetes
- Complex case management services for members facing multiple or complicated medical or behavioral health conditions
- Programs to help members transition home after a hospital stay or navigate the health care system
- Wellness and prevention programs for members of all ages

Members can access applicable services for complex and condition case management by:

- Asking to enroll, or having their caregiver ask to enroll
- Referral from a primary care physician, practitioner, hospital or other discharge planner
- Referral through utilization management programs

To refer members to any case management programs: Call the number on a member's ID card. Our clinicians will work with you to provide our members with available resources and support.

Utilization Management Decisions

It is BCBSIL's policy that licensed clinical personnel make all utilization management decisions according to the benefit coverage of a member's health plan, evidence-based medical policies and medical necessity criteria. Decisions are based on appropriateness of care and service and existence of coverage.

BCBSIL prohibits decisions based on financial incentives. We do not reward practitioners or clinicians for issuing denials of coverage. Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization.

To obtain the criteria used for utilization management decisions: Call the number on the members' ID card. You can also refer to BCBSIL's medical policies, which are available for review online. Although medical policies can be used as a guide, providers serving our HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual.

Federal Employee Program® (FEP®) members: In addition to the details provided above, visit fepblue.org for more information about our FEP members. Call 800-227-6591 for questions regarding FEP prior authorizations. For FEP expedited appeals only, the fax number is 972-766-9776.

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BLUE REVIEW℠

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Medical Policy Updates

Approved, new or revised Blue Cross and Blue Shield of Illinois (BCBSIL) Medical Policies and their effective dates are usually posted on our website the first day of each month. Medical policies, both new and revised, are used as guidelines for benefit determinations in health care benefit programs for most BCBSIL members, unless otherwise indicated. These policies may impact your reimbursement and your patients' benefits.

Although medical policies can be used as a guide, providers serving HMO members should refer to the HMO Scope of Benefits in the BCBSIL Provider Manual, located in the Standards and Requirements section of our website.

You may view active, new, and revised policies, along with policies pending implementation, by visiting the Medical Policy page. Select "View all Active and Pending Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Medical Policies homepage.

You may also view draft medical policies that are under development or are in the process of being revised by selecting "View and comment on Draft Medical Policies." After confirming your agreement with the Medical Policies disclaimer, you will be directed to the Draft Medical Policies page. Click on the title of the draft policy you wish to review, and then select "Comments" to submit your feedback to us.

Visit the Standards and Requirements section of our website for access to the most complete and up-to-date BCBSIL Medical Policy information. You'll find a Medical Policy Reference List in the Related Resources on our Predetermination page; this list is updated on a monthly basis. In addition to medical policies, other policies and information regarding payment can be found on the Clinical Payment and Coding Policies page.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

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