

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

## July 2019

Please distribute this newsletter, which contains claims, billing, Medical Policy, reimbursement, and other important information, to all health care providers, administrative staff, and billing departments/entities. This version of Blue Review is based on the electronic version that was distributed in July 2019 but because it is a summary copy, **it may not have all the information contained in the electronic version. To sign up to receive the Blue Review electronically, complete the [request form](#) that can be found at [bcbsok.com/provider](http://bcbsok.com/provider).**

You can find the [Blue Review](#) online at [bcbsok.com/provider/news](http://bcbsok.com/provider/news) and updates

## News & Updates

### Has your information changed? Let us know!

When seeking health care services, our members often rely on information in our online tool [Find a Doctor or Hospital](#). In addition, potential patients may use this tool to confirm if you or your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Find a Doctor or Hospital tool when referring their patients to your practice.

We encourage you to check your information in our [Find a Doctor or Hospital](#) tool. Ask yourself, “Is my online information accurate? Do I need to make any changes?” If you need to update your information, notify Blue Cross and Blue Shield of Oklahoma (BCBSOK) as soon as possible.

Use the [Demographic Change form](#) to change existing demographic information, such as:

- Legal Name
- NPI/Tax ID
- Office Physical Address/Telephone/Fax/Email/Hours of Operation
- Billing Address/Telephone/Fax/Email
- Credentialing Address/Telephone/Fax/Email
- Administrative/Correspondence Address/Telephone/Fax/Email
- Other Provider Updates
- Remove Provider from Group/Location

As a participating provider, your NPI(s) should already be on file with BCBSOK. You may specify more than one change within your request when all changes relate to the same billing (Type 2) NPI.

**Note:** To request to add an additional location or make a change(s) to a Roster Group please use the [Provider Onboarding Form](#).

Please **provide ALL applicable information** to avoid delays. Changes are not immediate upon submission request and may take up to 30 business days to complete.

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## Changes to Behavioral Health Claim Review Coming

In [April](#), we told you beginning July 15, 2019 , we are updating our internal review process for behavioral health claims that require benefit preauthorization. That date has changed. The new effective date is Aug. 26, 2019. Please note that only the claim review process is being updated. The specific services requiring benefit preauthorization and the process for submitting benefit preauthorization requests are **not** changing.

We need your help to ensure claims are being billed properly. Please remember, for all claims:

- Check eligibility and benefits for each patient prior to rendering services through the [Availity](#)® Provider Portal or your preferred vendor portal. This will help you determine if benefit preauthorization is required.
- Receive any required preauthorization before care is rendered.
- Be sure to submit the correct code to expedite claim payment and provide satisfactory customer service for our members.

Submitting claims for our members without the correct benefit preauthorization information may delay payment of your claim. If so, you will have an opportunity to submit medical records for a review.

For more information, refer to the Prior Authorization page in the Claims and Eligibility section of our [website](#).

This change does not affect Blue Cross and Blue Shield of Oklahoma Federal Employee Program or Medicare members.

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## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2019

### **DRUG LIST CHANGES**

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes effective July 1, 2019, are outlined below.

### **Drug List Updates (Coverage Additions) – As of July 1, 2019**

Preferred Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 140 mg/mL)	Migraine
NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml))	Neutropenia
REVCIVI (elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml))	ADA Deficiency
TRESIBA (insulin degludec inj 100 unit/ml)	Diabetes
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg)	Cancer
VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg)	Cancer
<b>Basic, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists</b>	
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis

<b>Balanced, Performance and Performance Select Drug Lists</b>	
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Rheumatoid Arthritis
ARAKODA (tafenoquine succinate tab 100 mg (base equivalent))	Malaria
ARIKAYCE (amikacin sulfate liposome inhal susp 590 mg/8.4 ml (base eq))	Infections
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg (base equiv)	Opiate Agonist Dependence
CELLCEPT (mycophenolate mofetil for oral susp 200 mg/ml)	Transplant Rejection Prophylaxis
cinacalcet hcl tab 30 mg, 60 mg, 90 mg (base equiv)	Hyperparathyroidism; Hypercalcemia
CODEINE SULFATE (codeine sulfate tab 15 mg, 60 mg)	Pain
DAURISMO (glasdegib maleate tab 25 mg, 100 mg (base equivalent))	Cancer
DIVIGEL (estradiol td gel 0.75 mg/0.75 gm (0.1%))	Menopause Symptoms
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml)	Migraines
KRINTAFEL (tafenoquine succinate tab 150 mg (base equivalent))	Malaria
LORBRENA (lorlatinib tab 25 mg, 100 mg)	Cancer
mesalamine suppos 1000 mg	Ulcerative Colitis, Crohn's Disease
MITIGARE (colchicine cap 0.6 mg)	Gout
NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml))	Neutropenia

NUZYRA (omadacycline tosylate tab 150 mg (base equivalent))	Infections
OXERVATE (cenegermin-bkbj ophth soln 0.002% (20 mcg/ml))	Keratitis
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq))	Aplastic Anemia; Thrombocytopenia
ranolazine tab er 12hr 500 mg, 12hr 1000 mg	Angina
RAPAMUNE (sirolimus tab 0.5 mg, 1 mg, 2 mg)	Transplant Rejection Prophylaxis
REVCovi (elapegademase-lvrl im soln 2.4 mg/1.5 ml (1.6 mg/ml))	ADA Deficiency
sevelamer hcl tab 800 mg	Hyperphosphatemia
SEVELAMER HYDROCHLORIDE (sevelamer hcl tab 400 mg)	Hyperphosphatemia
sirolimus oral soln 1 mg/ml	Organ Transplant Rejection Prophylaxis
TEGSEDI (inotersen sod subcutaneous pref syr 284 mg/1.5 ml (base eq))	Polyneuropathy
tetracycline hcl cap 250 mg, 500 mg	Infections
TIROSINT (levothyroxine sodium cap 175 mcg, 200 mcg)	Hypothyroidism
TIROSINT-SOL (levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 50 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml)	Hypothyroidism
toremifene citrate tab 60 mg (base equivalent)	Cancer
TRESIBA (insulin degludec inj 100 unit/ml)	Diabetes
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml)	Neutropenia
vigabatrin tab 500 mg	Partial Seizures
VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent))	Cancer

VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent))	Cancer
XOSPATA (gilteritinib fumarate tablet 40 mg (base equivalent))	Cancer
<b>Balanced and Performance Select Drug Lists</b>	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	Acne
minocycline hcl tab er 24hr 55 mg, 24hr 80 mg, 24hr 105 mg	Infections; Acne
XEPI (ozenoxacin cream 1%)	Impetigo
<b>Performance and Performance Select Drug Lists</b>	
olopatadine hcl ophth soln 0.1% (base equivalent)	Allergic conjunctivitis
<b>Balanced Drug List</b>	
ABILIFY MYCITE (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor)	Schizophrenia, Bipolar Disorder
acyclovir cream 5%	Topical Anti-Infective
AEMCOLO (rifamycin sodium tab delayed release 194 mg (base equiv))	Traveler's Diarrhea
ALISKIREN (aliskiren fumarate tab 150 mg, 300 mg (base equivalent))	Hypertension
AZESCO (prenatal vit w/ fe gluconate-fa tab 13-1 mg)	Prenatal Vitamin
BRYHALI (halobetasol propionate lotion 0.01%)	Topical Inflammatory Conditions
cyclobenzaprine hcl cap er 24hr 15 mg, 24hr 30 mg	Muscle Spasm

DEXCHLORPHENIRAMINE MALEA TE (dexchlorpheniramine maleate syrup 2 mg/5ml)	Cough & Cold
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml)	Asthma; Atopic dermatitis
FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))	Lambert-Eaton Syndrome
levorphanol tartrate tab 2 mg	Pain
LEXETTE (halobetasol propionate foam 0.05%)	Topical Inflammatory Conditions
METHOTREXATE (methotrexate sodium tab 2.5 mg (antirheumatic))	Rheumatoid Arthritis
naproxen sodium tab 220 mg	Pain
SYMPAZAN (clobazam oral film 5 mg, 10 mg, 20 mg)	Seizures
TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27))	Inflammatory Conditions
TOLSURA (itraconazole cap 65 mg)	Fungal Infections
TUXARIN ER (codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg)	Cough & Cold
TYLACTIN BUILD 20PE TYR (nutritional supplement pack)	Nutritional Supplement

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

#### Drug List Updates (Coverage Tier Changes) – As of July 1, 2019

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>		
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose)	Non-Preferred Generic	Asthma

cycloserine cap 250 mg	Non-Preferred Generic	Infections
primaquine phosphate tab 26.3 mg (15 mg base)	Non-Preferred Generic	Malaria
VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg)	Preferred Brand	Cancer
VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg)	Preferred Brand	Cancer
<b>Balanced and Performance Select Drug Lists</b>		
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	Non-Preferred Generic	Acne
minocycline hcl tab er 24hr 55 mg	Non-Preferred Generic	Infections; Acne
pimecrolimus cream 1%	Non-Preferred Generic	Atopic Dermatitis
<b>Balanced Drug List</b>		
levorphanol tartrate tab 2 mg	Non-Preferred Generic	Pain

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

**Please note: The drug list changes listed below do not apply to BCBSOK members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2020.**

**Drug List Updates (Revisions/Exclusions) – As of July 1, 2019**

<b>Non-Preferred Brand<sup>1</sup></b>	<b>Drug Class/ Condition Used For</b>	<b>Preferred Generic Alternative(s)<sup>2</sup></b>	<b>Preferred Brand Alternative(s)<sup>1,2</sup></b>
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<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions</b>		
ALBENZA (albendazole tab 200 mg)	Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%))	Hormone Replacement Therapy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ANDROGEL (testosterone td gel 40.5 mg/2.5gm (1.62%))	Hormone Replacement Therapy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%))	Hormone Replacement Therapy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
CIALIS (tadalafil tab 2.5 mg, 5 mg)	Benign Prostatic Hyperplasia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
CIALIS (tadalafil tab 10 mg, 20 mg)	Erectile Dysfunction	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
EPIPEN 2-PAK (epinephrine solution auto- injector 0.3 mg/0.3 mL (1:1000))	Anaphylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
FINACEA (azelaic acid gel 15%)	Acne/Rosacea	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ZYTIGA (abiraterone)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

acetate tab 250 mg)			
<b>Basic and Multi-Tier Basic Drug List Revisions</b>			
COLCRYS (colchicine tab 0.6 mg)	Gout	N/A	Mitigare
<b>Drug1</b>	<b>Drug Class/Condition Used For</b>		<b>Preferred Alternative(s)1,2</b>
<b>Balanced, Performance and Performance Select Drug Lists Revisions</b>			
CIPROFLOXACIN ER (ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg, 1000 mg (base eq))	Infections		<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
HYDROCODONE BITARTRATE/AC ETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg)	Pain		hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg
MOEXIPRIL/ HYDROCHLOROTHIAZIDE (moexipril-hydrochlorothiazide tab 7.5-12.5 mg, 15-12.5 mg, 15-25 mg)	Hypertension		benazepril/hydrochlorothiazide tablet, enalapril/hydrochlorothiazide tablet, lisinopril/hydrochlorothiazide tablet
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 mL)	Cough & Cold		<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL)	Cough & Cold	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
PROMETHAZINE/ PHENYLEPHRINE (promethazine & phenylephrine syrup 6.25-5 mg/5 mL)	Cough & Cold	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
PROMETHAZINE/ PHENYLEPHRINE/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL)	Cough & Cold	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
VERDROCET (hydrocodone-acetaminophen tab 2.5-325 mg)	Pain	hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg
<b>Balanced Drug List Revisions</b>		
ACETAMINOPHEN/CAFFEINE/ DIHYDROCODEINE BITARTRATE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)	Pain	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
<b>Balanced, Performance and Performance Select Drug Lists Exclusions</b>		
ALBENZA (albendazole tab 200 mg)	Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

AMPYRA (dalfampridine tablet 12hr 10 mg)	Multiple Sclerosis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ANDROGEL (testosterone transdermal gel 20.25 mg/1.25 gm (1.62%))	Hormone Replacement Therapy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ANDROGEL (testosterone transdermal gel 40.5 mg/2.5 gm (1.62%))	Hormone Replacement Therapy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ANDROGEL PUMP (testosterone transdermal gel 20.25 mg/act (1.62%))	Hormone Replacement Therapy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CIALIS (tadalafil tablet 2.5 mg, 5 mg)	Benign Prostatic Hyperplasia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CIALIS (tadalafil tablet 10 mg, 20 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
COLCRYS (colchicine tablet 0.6 mg)	Gout	MITIGARE (colchicine cap 0.6 mg)
FINACEA (azelaic acid foam 15%)	Acne/Rosacea	azelaic acid gel 15% (generic for Finacea gel)
FINACEA (azelaic acid gel 15%)	Acne/Rosacea	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
LEVITRA (vardenafil hcl tablet 2.5 mg, 5 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist</i>

		<i>about other medication(s) available for your condition.</i>
LEVITRA (vardenafil hcl tab 10 mg, 20 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
MINIVELLE (estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr)	Menopause Symptoms	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ONFI (clobazam suspension 2.5 mg/mL)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ONFI (clobazam tab 10 mg, 20 mg)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Fluoride Dental Rinse	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
SAVAYSA (edoxaban tosylate tab 15 mg, 30 mg, 60 mg (base equivalent))	Thrombotic Event Prophylaxis	ELIQUIS tablet, XARELTO tablet
SPORANOX (itraconazole oral soln 10 mg/mL)	Fungal Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
STAXYN (vardenafil hcl orally disintegrating tab 10 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

ZYTIGA (abiraterone acetate tab 250 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
<b>Balanced and Performance Select Drug Lists Exclusions</b>		
EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000))	Anaphylaxis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml, 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 17.5 mg/0.35 ml, 20 mg/0.4 ml, 22.5 mg/0.45 ml, 25 mg/0.5 ml, 27.5 mg/0.55 ml, 30 mg/0.6 ml)	Rheumatoid Arthritis	methotrexate injection, OTREXUP injection
<b>Performance and Performance Select Drug Lists Exclusions</b>		
butalbital-acetaminophen-caffeine cap 50-325-40 mg	Headache	butalbital/acetaminophen/caffeine 50-325-40 mg tablet
DESVENLAFAXINE ER (desvenlafaxine fumarate tab sr 24hr 50 mg, 100 mg (base equiv))	Depression	desvenlafaxine ER tablet (generic for Pristiq)
DESVENLAFAXINE ER (desvenlafaxine tab er 24hr 50 mg, 100 mg)	Depression	desvenlafaxine ER tablet (generic for Pristiq)
DESVENLAFAXINE ER (desvenlafaxine tab sr 24hr 50 mg, 100 mg)	Depression	desvenlafaxine ER tablet (generic for Pristiq)

FLUOXETINE (fluoxetine hcl (pmdd) cap 10 mg, 20 mg)	Premenstrual Dysphoric Disorder (PMDD)	Fluoxetine (PMDD) capsule
METAXALONE (metaxalone tab 400 mg)	Muscle Relaxant	cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet
metaxalone tab 800 mg	Muscle Relaxant	cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet
pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg	Parkinson's Disease; Restless Legs Syndrome	pramipexole tablet
pramipexole dihydrochloride tab sr 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Parkinson's Disease; Restless Legs Syndrome	pramipexole tablet
ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent)	Parkinson's Disease; Restless Legs Syndrome	ropinirole tablet
ropinirole hydrochloride tab sr 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent)	Parkinson's Disease; Restless Legs Syndrome	ropinirole tablet
tizanidine hcl cap 2 mg, 4 mg, 6 mg (base equivalent)	Multiple Sclerosis	tizanidine tablet
<b>Balanced Drug List Exclusions</b>		
BUTRANS (buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Opioid Dependence	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
KADIAN (morphine sulfate cap er 24hr 40 mg)	Pain	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about</i>

		<i>other medication(s) available for your condition.</i>
RAPAFLO (silodosin cap 4 mg, 8 mg)	Benign Prostatic Hyperplasia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
<b>Performance Drug List Exclusions</b>		
ULORIC (febuxostat tab 40 mg, 80 mg)	Gout	allopurinol tablet

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

<sup>2</sup> This list is not all-inclusive. Other medicines may be available in this drug class.

#### **DISPENSING LIMIT CHANGES**

The BCBSOK 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. **Please note:** The dispensing limits listed below do not apply to BCBSOK members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2020.

**Effective July 1, 2019:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Enhanced, Balanced, Performance, and Performance Select Drug Lists</b>	
<b>Alternative Dosage Form</b>	
Carafate suspension	1200 mL per 30 days
Naprosyn suspension	1800 mL per 30 days
<b>Arikayce</b>	
Arikayce	235.2 mL per 28 days



<b>Constipation Agents</b>	
Amitiza 8 mcg, 24 mcg	60 capsules per 30 days
Linzess 72 mcg, 145 mcg, 290 mcg	30 capsules per 30 days
Motegrity 1 mg, 2 mg	30 tablets per 30 days
Trulance 3 mg	30 capsules per 30 days
<b>Glaucoma</b>	
Rhopressa sol 0.02%	2.5 mL per 20 days
<b>hATTR Amyloidosis Neuropathy</b>	
Tegsedi	6 mL per 28 days
<b>Nocturia</b>	
Nocdurna 22.7 mcg, 55.3 mcg	30 tablets per 30 days
<b>Topical Lidocaine</b>	
Pliaglis	100 grams per 30 days
Synera	4 patches per 28 days
<b>Basic, Enhanced and Performance Drug Lists</b>	
<b>Therapeutic Alternatives</b>	
Kenalog spray	189 grams per 90 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Galafold</b>	

Galafold capsules	14 capsules per 28 days
<b>Hyperhidrosis</b>	
Qbrexza	30 pads per 30 days
<b>Orilissa</b>	
Orilissa 150 mg	30 tablets per 30 days
Orilissa 200 mg	60 tablets per 30 days

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#### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective July 1, 2019**, the following changes will be applied:
  - The Ophthalmic Prostaglandins Step Therapy (ST) program will change its name to: Glaucoma. The program, which applies to the Basic and Enhanced drug lists only, includes the same targeted medications and two new ones, Rhopressa and Rocklatan. The program criteria remains the same.
  - Several drug categories and/or targeted medications will be added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans. *As a reminder*, please review your patient’s drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

#### **Drug categories added to current pharmacy PA standard programs, effective July 1, 2019**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Alternative Dosage Form	Carafate suspension, Naprosyn suspension
Arikayce	Arikayce
hATTR Amyloidosis Neuropathy	Tegsedi
<b>Balanced, Performance and Performance Select Drug Lists</b>	

Neurotrophic Keratitis*	Oxervate
<b>Basic and Enhanced Drug Lists</b>	
Fabry Disease	Galafold
Hyperhidrosis	Qbrexza
Orilissa	Orilissa
<b>Balanced and Performance Select Drug Lists</b>	
Firdapse*	Firdapse

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

\* Members did not receive letters due to limited utilization

**Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2019**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Antifungal Agents (Cresemba, Noxafil, Tolsura, Vfend)	Tolsura
Nocturia	Nocdurna
Topical Lidocaine	Pliaglis, Synera
<b>Basic, Enhanced and Performance Drug Lists</b>	
Therapeutic Alternatives	Dutoprol, Kenalog spray

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

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

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

### **Select Prescription Drug Lists' Update Frequency Changed April 1, 2019**

[As a reminder](#), most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Note:** For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.

### **Member Cost-Share Updates to Novolog Insulin Products**

Recent news headlines have focused on the rising insulin drug prices and the affect it can have on patient access to these medications. Starting July 1, 2019, BCBSOK members, who have prescription drug benefits administered by Prime Therapeutics, may see reduced cost shares for Novolog vials and Novolog Flexpen insulin products.\* Only members with a coinsurance or high deductible health plan, based on the member's benefit plan, may see this cost share reduction. Those members with a copay benefit will not see any changes in their cost-share amounts.

Members will pay the same or less for the preferred Novolog products than the Insulin Lispro (Humalog) products that were recently introduced to the market by Eli Lilly. These Insulin Lispro (Humalog) products are non-preferred or excluded on our drug lists, based on the member's benefit plan.

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

\*This change does not apply to members with Medicare Part D or Medicaid coverage and select employer group health plans.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management and related other services. BCBSOK, 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.

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## Reporting On-Demand Application Now Available for Medicare Advantage via Availity® Provider Portal

*This notice applies to providers submitting claims for the following government programs Blue Cross and Blue Shield of Oklahoma (BCBSOK) members:*

- **Blue Cross Medicare Advantage (HMO)<sup>SM</sup>**
- **Blue Cross Medicare Advantage (PPO)<sup>SM</sup>**

As of May 20, 2019, for the above-referenced members, registered Availity users may access Reporting On-Demand to view, download, save and/or print the Provider Claim Summary (PCS) for claims processed on or after April 12, 2019. Reporting On-Demand is located in the BCBSOK-branded Payer Spaces section on the Availity Portal. This online application gives you a way to get claim outcome results for multiple patients, in one central location.

For instructions on how to use this application, you'll find a [Reporting On-Demand tip sheet](#) in the [Provider Tools section](#) of our Provider website.

### JOIN US FOR A WEBINAR

BCBSOK is hosting one-hour educational **Reporting On-Demand: Obtaining Provider Claim Summaries** webinars for you to learn how to obtain government programs PCS reports through this application. New and existing Availity users are highly encouraged to attend. To sign up now for a free online training session, select a date and time below.

[July 17, 2019 – 2 to 3 p.m. \(CT\)](#)

[July 18, 2019 – 3 to 4 p.m. \(CT\)](#)

[July 19, 2019 – 10 to 11 a.m. \(CT\)](#)

In addition to Reporting On-Demand, BCBSOK supports an array of online tools that are available to registered Availity users, at no additional cost. To register, simply go to [availity.com](http://availity.com), select “Register,” and complete the online application today.

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 BCBSOK. BCBSOK makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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## Check Eligibility and Benefits: Don't skip this important first step!

Is your patient's membership with Blue Cross and Blue Shield of Oklahoma (BCBSOK) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is benefit preauthorization required for a particular member/service?

### Get Answers Up Front

*Benefits will vary based on the service being rendered and individual and group policy elections.* It is imperative to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include important information about the patients' benefits, such as membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. Also, the benefit quote may include information on applicable benefit preauthorization/pre-notation requirements. When services may not be covered, you should notify members that they may be billed directly.

### Don't Take Chances

Ask to see the member's BCBSOK ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft.

### Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through the Availity<sup>®</sup> Provider Portal or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSOK members, and out-of-area Blue Plan and Federal Employee Program<sup>®</sup> (FEP<sup>®</sup>) members.

### Learn More

For more information, such as a library of online transaction tip sheets organized by specialty, refer to the [Eligibility and Benefits section](#) of our Provider website. BCBSOK also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Training page](#) for upcoming webinar dates, times and registration links to sign up now.

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 BCBSOK. BCBSOK makes no endorsement,

representations or warranties regarding any products or services provided by third party vendors such as Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

Checking eligibility and benefits and/or obtaining preauthorization is not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations, and exclusions set forth in the member's policy certificate and/or benefits booklet and or summary plan description. Regardless of any preauthorization or benefit determination, the final decision regarding any treatment or service is between the patient and their health care provider.

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## Feature Tip

### While ADHD Diagnosis Rises, Treatment Patterns Fall Short

What else can you do to help your pediatric patients with Attention-Deficit/Hyperactivity Disorder (ADHD)? The American Academy of Pediatrics (AAP) recommends both behavioral therapy and medication for children six years of age and older. For preschool children, four to five years old, the first line of treatment is behavioral therapy. If the response is not enough, medication may be added.<sup>1</sup>

A Blue Cross Blue Shield Association and Blue Health Intelligence® (BHI) study titled, [The Impact of Attention Deficit Hyperactivity Disorder on the Health of America's Children](#), looked at claims data among children diagnosed with ADHD. The children were between the ages of two and 18 and covered by commercial health insurance. The findings showed a large gap between what the AAP recommends and actual practice. Of children diagnosed with ADHD in 2017:<sup>2</sup>

- 27% received what the AAP recommends, both behavioral therapy and medication
- 49% received only medication
- 12% received only behavioral therapy

The study revealed trends that show the importance of diagnosis and proper treatment of ADHD:<sup>2</sup>

- ADHD is one of the most common behavioral health conditions affecting kids in the U.S.
- Diagnosis increased by 31% from 2010 to 2017 in children two to 18 years old
- ADHD is considered the second-most impactful condition affecting children's health in the U.S. It accounts for 16% of the impact of all health conditions on Generation Z (0-19 years old)
- Four in 10 children with ADHD also have at least one other behavioral health condition, including:
  - Depression
  - Anxiety
  - Learning disorders
  - Disruptive behavioral disorders
  - Autism Spectrum Disorder (ASD)

Rates of depression and anxiety increase in children with ADHD from preschool to middle school. The rates increase sharply in high school students. Rates of learning disorders, disruptive behavioral disorders and ASD are most common in preschool children with ADHD. The rates decrease sharply from

preschool to elementary school and continue to decrease in high school kids.

What you can do to help your pediatric patients with ADHD:

- Search for other common behavioral health conditions that may benefit from treatment
- Consider adding either behavioral therapy or medication when appropriate

<sup>1</sup>AAP, ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, November 2011, <https://pediatrics.aappublications.org/content/pediatrics/128/5/1007.full.pdf>

<sup>2</sup>Health of America Report, The Impact of Attention Deficit Hyperactivity Disorder on the Health of America's Children, March 28, 2019, <https://www.bcbs.com/the-health-of-america/reports/impact-of-adhd-attention-deficit-hyperactivity-disorder-on-health-of-americas-children>

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## In the Community

### Sugar Ray Leonard Announced as Keynote Speaker for 2019 Champions of Health Gala

Boxing legend Sugar Ray Leonard will serve as keynote speaker at the 2019 [Champions of Health](#) Gala, to be held at 6 p.m. on Sept. 26, at the [Cox Business Center](#) in Tulsa.



The 16th annual Champions of Health Gala will honor individuals and organizations working to improve the health of Oklahomans. All proceeds from the event benefit [The Oklahoma Caring Foundation, Inc.](#), a 501(c)(3) organization that provides Oklahoma children with immunizations at no charge. For 20 years, its Caring Vans have provided more than 195,000 underserved children with over 335,000 vaccinations. 2019 marks the 25th anniversary of the Oklahoma Caring Foundation.

Leonard is a former professional boxer, author, and television personality. His career includes three National Golden Gloves titles, two Amateur Athletic Union championships and the 1975 Pan-American Games crown. After winning a gold medal in boxing at the 1976 Olympic games, he turned professional.

Since 2009, the Sugar Ray Leonard Foundation has helped children lead healthier lives through diet and exercise, funded countless research projects, and offered life-changing patient care for children living with type 1 and type 2 diabetes.



The Champions of Health awards program is presented by Blue Cross and Blue Shield of Oklahoma, the Oklahoma Association of Optometric Physicians, the Oklahoma Dental Association, the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Foundation for Medical Quality, the Oklahoma Health Care Authority, the Oklahoma Hospital Association, the Oklahoma Osteopathic Association, the Oklahoma Primary Care Association, the Oklahoma State Department of Health and the Oklahoma State Medical Association.



For tickets, sponsorship opportunities and additional information, visit [championsofhealth.org](http://championsofhealth.org).

The Oklahoma Caring Foundation, Inc. is a nonprofit organization administered as an in kind gift by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association.

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## Provider Data and Directory Updates

Maintaining accurate provider data and directories are an important part of providing Blue Cross and Blue Shield of Oklahoma (BCBSOK) members with the information they need to manage their health. Our online provider directory, [Provider Finder](#)<sup>®</sup> helps members find in-network doctors and hospitals. The directory is also a helpful tool for you to refer your BCBSOK patients to other participating providers.

Please review your information in [Provider Finder](#) to ensure it's correct. To update your directory information or other information such as tax identification numbers, supervising physician information, hospital privileges, etc., please visit the [Information Change Request](#) section on the BCBSOK provider website.

All changes should be submitted at least 30 days in advance of the effective date of the change. For more information, please contact your BCBSOK [Provider Network Representative](#).

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## Web Changes

- Posted [June Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page
- Posted [Updated Resources Online NDC Units Calculator Tool Now Available](#) to Education and Reference Center/News and Updates
- Posted [Reporting On-Demand Application Now Available for Medicare Advantage via Availability !\[\]\(f2fdbbba686c1099e6b2b8779766e2d3\_img.jpg\)](#) [Provider Portal](#) to Education and Reference Center/News and Updates

## Stay informed!

Watch the [News and Updates](#) on our Provider website for important announcements.

## Provider Training

For dates, times and online registration, visit the [Provider Training page](#).

## ClaimsXten™ Quarterly Updates

New and revised Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes are periodically added to, or deleted from, the ClaimsXten code auditing tool software by the software vendor on a quarterly basis and are not considered changes to the software version. Blue Cross and Blue Shield of Oklahoma (BCBSOK) will normally load this additional data to the BCBSOK claim processing system after receipt from the software vendor and will confirm the effective date via the News and Updates section of the BCBSOK Provider website. Advance notification of updates to the ClaimsXten software version also will be posted on the BCBSOK Provider website.

To help determine how some coding combinations on a particular claim may be evaluated during the claim adjudication process, you may continue to use Clear Claim Connection™(C3). C3 is a free, online reference tool. Refer to the [Clear Claim Connection](#) page on our website for more information on gaining access to C3, as well as answers to [frequently asked questions](#) about ClaimsXten. Updates may be included in future issues of the [Blue Review](#). Note: C3 does not contain all of the claim edits and processes used by BCBSOK in adjudicating claims, and the results from use of the C3 tool are not a guarantee of the final claim determination.

ClaimsXten and Clear Claim Connection are trademarks of McKesson Information Solutions, Inc., an independent company providing coding software to BCBSOK. McKesson Information Solutions, Inc. is solely responsible for the software and all the contents. Contact the vendor directly with any questions about the products, software and services they provide.  
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## Making the Health Care System Work<sup>SM</sup>

We have an insider's view of how health insurers, doctors, hospitals, employers and governments depend on one another to provide access to affordable, high-quality care and help people live healthy, productive lives. We put together a team of writers and multimedia creators to work with business and thought leaders, inside and outside of our organization, to explore ways we can all work together to make the health care system work better for everyone. [Learn more about the online magazine](#) we created to tell these stories.

## BCBSOK Online Provider Orientation

The [Online Provider Orientation](#) is a convenient and helpful way for providers to learn about the online resources available to them.

## Medical Policy Reminder

Approved new or revised BCBSOK medical policies and their effective dates are posted on the BCBSOK website the first day of each month. These policies may impact your reimbursement and your patients' benefits. You may view all active and pending policies, or view draft Medical Policies and provide comments. These can be accessed on the Standards and Requirements page of our provider website.

While some information on new or revised medical policies may occasionally be published for your convenience, please visit [bcbsok.com/provider](http://bcbsok.com/provider) for access to the most complete and up-to-date information.

## On-demand Training

An [eRM tutorial](#) is available to show you how to navigate the features of the eRM tool. [Log in](#) at your convenience to complete the tutorial and use it as a reference when needed.

## We Want Your Feedback

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