

BLUE REVIEWSM

A Provider Publication

December 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 December 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.

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

News & Updates

Blue Cross Medicare Advantage Prior Authorization List Effective Jan. 1, 2020

The [2020 Blue Cross Medicare Advantage Prior Authorization List](#) is now available on [our website](#).

Attending physicians must obtain prior authorization for the services outlined in the Blue Cross Medicare Advantage Prior Authorization List, except in an urgent situation.

For additional prior authorization information please contact Customer Service at 1-877-774-8592.
Business hours: Monday – Friday 8 a.m. to 8 p.m. Central time.

Plans provided by Blue Cross and Blue Shield of Oklahoma, which refers to a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC) (PPO plans), and also to GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs) (HMO and HMO-POS plans) and GHS Managed Health Care Plans (GHS-MHC) (HMO and HMO-POS plans). HCSC, GHS-MHC, and BlueLincs are Independent Licensees of the BlueCross and Blue Shield Association. HCSC, GHS-MHC and BlueLincs are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's, GHS-MHC's and BlueLincs' plans depends on contract renewal.

New Names and ID Cards for Group Medicare Plans

Beginning Jan. 1, 2020, you may notice new names and ID cards for some of our Medicare plans. In addition to Blue Cross Medicare AdvantageSM plans for individuals, you may see the following new names for group plans offered by our members' benefit administrators. While some plan names have changed, your experience as a provider will be the same. Members will have no change to benefits due to the plan name changes.

The new member ID cards will include a Customer Service number for providers and the new plan names.

- **Blue Cross Group Medicare Advantage (PPO)SM** is the new name of Blue Cross Medicare Advantage (PPO)SM for group Medicare members. This traditional PPO allows members to seek care in network and out of network, typically providing cost savings for in-network care.
- **Blue Cross Group Medicare Advantage Open Access (PPO)SM** is the new name of Blue Cross Medicare Advantage (PPO) Employer GroupSM. This plan offers members access to providers nationwide who accept assignments from Medicare and are willing to bill Blue Cross and Blue Shield of Oklahoma (BCBSOK). Because there are no network restrictions, coverage levels are the same for all care, regardless of provider network affiliation. Look for "Open Access" on members' ID cards.
- **Blue Cross Group MedicareRx (PDP)SM** is the new name of Blue Cross MedicareRx (PDP)SM. It provides Medicare Part D prescription drug coverage.
The name of the BlueSecureSM retiree group plan isn't changing. BlueSecure, a supplemental medical plan, helps members cover some costs beyond what is covered by Original Medicare. BlueSecure members can see providers who accept Medicare assignments and are willing to bill BCBSOK.

It is important to check eligibility and benefits for each patient before every scheduled appointment. Eligibility and benefit quotes include membership verification, coverage status and applicable copayment, coinsurance and deductible amounts. The benefit quote may also include information on applicable benefit prior authorization/pre-authorization requirements. Ask to see the member's BCBSOK ID card and a driver's license or other photo ID to help guard against medical identity theft.

Checking eligibility and benefits and/or obtaining benefit prior authorization/pre-notification or predetermination of benefits is not a guarantee that benefits will be paid. Payment is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, supporting medical documentation, and other terms, conditions, limitations and exclusions set forth in your patient's policy certificate and/or benefits booklet and/or summary plan description. Regardless of any benefit determination, the final decision regarding any treatment or service is between you and your patient. If you have any questions, please call the number on the member's ID card.

Free Class: The Cost of Health Care and What it Means

We are hosting a free in-person class on health care costs on Wednesday, Jan. 15, at the Oklahoma State Medical Association.

In this class we will look at ways to make wise evidence-based clinical decisions that focus on desired outcome and financial impact of the patient.

Course Topics:

- Cost of Health Care in the United States
- Rethinking the Oath of "Do No Harm"
- Ways to Reduce Costs
- Cost-reduction Tools
- Value-Based Health Care

Click [here](#) to register today!

Limited Spots Available | Lunch will be provided.

Date:	Time:	Location:	Address:
Wednesday, Jan. 15	Noon – 1 p.m.	Oklahoma State Medical Association	313 NE 50th St, OKC

New Addresses for Claims Overpayment Returns

Beginning Dec. 1, 2019, we will be using new remittance addresses for claim overpayment returns. They will appear on the remittance form you receive in the mail with refund requests.

To avoid delays, please use the new addresses below. You may also continue to use our [electronic refund process](#).

Medicare Returns

Remittance Address:	Blue Cross and Blue Shield of Oklahoma Claims Overpayments Dept. CH 14212 Palatine, IL 60055-4212
Courier Address:	Blue Cross and Blue Shield of Oklahoma Claims Overpayments Box 14212 5505 North Cumberland Ave., Ste. 307 Chicago, IL 60656-1471

Claims Refunds for Non-Medicare/Medicaid Claims

Remittance Address:	Blue Cross and Blue Shield of Oklahoma Refund and Recovery Dept. 0695 P.O. Box 120695 Dallas, TX 75312-0695

Overpayment returns received at our old addresses will be forwarded for a minimum of 90 days. After the forwarding service ends, any payments submitted to the old addresses will simply be returned to the sender.

Please send provider inquiries to OKNetworkManagement@bcbsok.com or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

Pharmacy Program Updates

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Oklahoma (BCBSOK) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2020. 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. Based on claims data, members impacted by these changes were sent letters from BCBSOK to alert them.

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.

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of 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 Jan. 1, 2020 are outlined below.**

You can view a preview of the January drug lists on our Member Services website. The final lists will be available on both the [Member Services 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 Oklahoma Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our [Member Services website](#).

Drug List Updates (Revisions/Exclusions) – As of Jan. 1, 2020

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ¹ _{,2}
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug List Revisions			
EXJADE (deferasirox tab for oral susp 125 mg)	Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

Basic and Multi-Tier Basic Drug List Revisions			
LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))	Opioid Agonist Withdrawal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual Drug List Revisions		
ADCIRCA (tadalafil tab 20 mg (pah))	Pulmonary Arterial Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
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/2.5 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 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>
CANASA (mesalamine suppos 1000 mg)	Ulcerative Colitis, Crohn's Disease	<i>Generic equivalent available. Members should talk to their doctor or</i>

		<i>pharmacist about other medication(s) available for their condition.</i>	
CIALIS (tadalafil tab 2.5 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 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)	Erectile Dysfunction	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CIALIS (tadalafil tab 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>	
CORTIFOAM (hydrocortisone acetate rectal foam 10% (90 mg/dose))	Ulcerative Proctitis	hydrocortisone enema	
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>	
EXJADE (deferasirox tab for oral susp 125 mg)	Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	<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>	
NUDEXTA (dextromethorphan hbr-quinidine sulfate cap 20-10 mg)	Pseudobulbar Affect	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base))	Malaria	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SABRIL (vigabatrin tab 500 mg)	Partial Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
VIRAMUNE (nevirapine susp 50 mg/5 ml)	HIV	<i>Generic equivalent available. Members should talk to their doctor or</i>	

		pharmacist about other medication(s) available for their condition.	
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
ZYTIGA (abiraterone acetate tab 250 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Multi-Tier Basic Annual Drug List Revisions			
ASACOL HD (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
COLCRYS (colchicine tab 0.6 mg)	Gout		Mitigare
ELIDEL (pimecrolimus cream 1%)	Atopic Dermatitis	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
FARESTON (toremifene citrate tab 60 mg (base equivalent))	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml)	Infertility	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	Generic equivalent available. Members should talk to their doctor or	

		<i>pharmacist about other medication(s) available for their condition.</i>	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv))	Opioid Agonist Withdrawal	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv))	Opioid Agonist Withdrawal	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv))	Opioid Agonist Withdrawal	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv))	Opioid Agonist Withdrawal	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Drug ¹	Drug Class/Condition Used For	Preferred Generic Alternative(s) ^{1, 2}	Preferred Brand Alternative(s) ^{1,2}
Balanced, Performance and Performance Select Drug List Revisions			
AMOXICILLIN/CLAVULANATE POTASSIUM ER (amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg)	Infections	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
DILTIAZEM HCL ER (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DILT-XR (diltiazem hcl cap er 24hr 120 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
DOXEPIN HCL (doxepin hcl cap 150 mg)	Depression, Anxiety	doxepin 50 mg capsule, doxepin 100 mg capsule	
FLUPHENAZINE HCL (fluphenazine hcl tab 1 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 2.5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	

FLUPHENAZINE HCL (fluphenazine hcl tab 5 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLUPHENAZINE HCL (fluphenazine hcl tab 10 mg)	Schizophrenia	chlorpromazine tablet, perphenazine tablet	
FLURBIPROFEN SODIUM (flurbiprofen sodium ophth soln 0.03%)	Ophthalmic Pain	diclofenac ophth soln, ketorolac ophth soln	
ISOSORBIDE DINITRATE (isosorbide dinitrate tab 30 mg)	Angina	isosorbide dinitrate tab (10 mg, 20 mg), isosorbide mononitrate ER tab	
MEXILETINE HCL (mexiletine hcl cap 150 mg)	Arrhythmia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
MEXILETINE HCL (mexiletine hcl cap 200 mg)	Arrhythmia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
MEXILETINE HCL (mexiletine hcl cap 250 mg)	Arrhythmia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NADOLOL/BENDROFLUMETHIA ZIDE (nadolol & bendroflumethiazide tab 40-5 mg)	Hypertension	metoprolol tablet, nadolol tablet, hydrochlorothiazide tablet	
OXAZEPAM (oxazepam cap 10 mg)	Anxiety	lorazepam tablet, temazepam capsule	

PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Ophthalmic Inflammatory Conditions	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 300 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil ER tablet	
Balanced Drug List Revision			
MUPIROCIN (mupirocin calcium cream 2%)	Topical Anti-Infective	mupirocin ointment	
Balanced, Performance, and Performance Select Drug List Exclusions			
AKYNZEO (netupitant-palonosetron cap 300-0.5 mg)	Nausea/Vomiting	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
AMITIZA (lubiprostone cap 8 mcg)	Opioid Induced Constipation, Chronic Idiopathic Constipation		Symproic, Trulance
AMITIZA (lubiprostone cap 24 mcg)	Opioid Induced Constipation, Chronic Idiopathic Constipation		Symproic, Trulance

DELZICOL (mesalamine cap dr 400 mg)	Ulcerative Colitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ERYPED 400 (erythromycin ethylsuccinate for susp 400 mg/5 ml)	Anti-Infective	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
EXJADE (deferasirox tab for oral susp 125 mg)	Iron Overload	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
EXJADE (deferasirox tab for oral susp 250 mg)	Iron Overload	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
EXJADE (deferasirox tab for oral susp 500 mg)	Iron Overload	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	Vitamin/Supplement	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
JENTADUETO (linagliptin-metformin hcl tab 2.5-500 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
JENTADUETO (linagliptin-metformin hcl tab 2.5-850 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
JENTADUETO (linagliptin-metformin hcl tab 2.5-1000 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR

JENTADUETO XR (linagliptin-metformin hcl tab sr 24hr 2.5-1000 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
JENTADUETO XR (linagliptin-metformin hcl tab sr 24hr 5-1000 mg)	Diabetes		Janumet, Janumet XR, Kombiglyze XR
LETAIRIS (ambrisentan tab 5 mg)	Pulmonary Arterial Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
LETAIRIS (ambrisentan tab 10 mg)	Pulmonary Arterial Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
LINZESS (linaclotide cap 72 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 145 mcg)	Irritable Bowel Syndrome		Trulance
LINZESS (linaclotide cap 290 mcg)	Irritable Bowel Syndrome		Trulance
LOTEMAX (loteprednol etabonate ophth susp 0.5%)	Ophthalmic Inflammatory Conditions	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
MESTINON (pyridostigmine bromide syrup 60 mg/5 ml)	Myasthenia Gravis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
MOVANTIK (naloxegol oxalate tab 12.5 mg (base equivalent))	Opioid Induced Constipation		Symproic
MOVANTIK (naloxegol oxalate tab 25 mg (base equivalent))	Opioid Induced Constipation		Symproic

OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 5 mg/1.5 ml)	Growth Hormone		Norditropin
OMNITROPE (somatropin inj 10 mg/1.5 ml)	Growth Hormone		Norditropin
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7 ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA (abatacept subcutaneous soln prefilled syringe 125 mg/ml)	Rheumatoid Arthritis		Enbrel, Humira
ORENCIA CLICKJECT (abatacept subcutaneous soln auto-injector 125 mg/ml)	Rheumatoid Arthritis		Enbrel, Humira
REVATIO (sildenafil citrate for suspension 10 mg/ml)	Pulmonary Arterial Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SENSIPAR (cinacalcet hcl tab 30 mg (base equiv))	Hyperparathyroidism	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SENSIPAR (cinacalcet hcl tab 60 mg (base equiv))	Hyperparathyroidism	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SENSIPAR (cinacalcet hcl tab 90 mg (base equiv))	Hyperparathyroidism	<i>There is a generic equivalent available. Please talk to your doctor or</i>	

		<i>pharmacist about other medication(s) available for your condition.</i>	
SIMPONI (golimumab subcutaneous soln auto-injector 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 50 mg/0.5 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis		Enbrel, Humira
SUPRAX (cefixime cap 400 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>	
TARCEVA (erlotinib hcl tab 25 mg (base equivalent))	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TARCEVA (erlotinib hcl tab 100 mg (base equivalent))	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TARCEVA (erlotinib hcl tab 150 mg (base equivalent))	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

TRACLEER (bosentan tab 62.5 mg)	Pulmonary Arterial Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRACLEER (bosentan tab 125 mg)	Pulmonary Arterial Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRADJENTA (linagliptin tab 5 mg)	Diabetes		Januvia, Onglyza
VESICARE (solifenacin succinate tab 5 mg)	Overactive Bladder	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VESICARE (solifenacin succinate tab 10 mg)	Overactive Bladder	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis		Enbrel, Humira
Balanced and Performance Select Drug List Exclusions			
CUPRIMINE (penicillamine cap 250 mg)	Wilson's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
RELISTOR (methylnaltrexone bromide inj 8 mg/0.4 ml (20 mg/ml))	Opioid Induced Constipation		Symproic

RELISTOR (methylnaltrexone bromide inj 12 mg/0.6 ml (20 mg/ml))	Opioid Induced Constipation		Symproic
RELISTOR (methylnaltrexone bromide tab 150 mg)	Opioid Induced Constipation		Symproic
Balanced Drug List Exclusions			
FLUOXETINE HYDROCHLORIDE (fluoxetine hcl tab 60 mg)	Depression	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TEKTURNA (aliskiren fumarate tab 150 mg (base equivalent))	Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TEKTURNA (aliskiren fumarate tab 300 mg (base equivalent))	Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

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

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

Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2020

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, 2020. Members may pay more for these drugs.

Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
7t lido gel 2%	amitriptylin tab 75 mg
amitriptylin tab 100 mg	apap/codeine tab 300-60 mg

atenol/chlor tab 100-25 mg	bethanechol tab 5 mg
bumetanide tab 0.5 mg	bumetanide tab 1 mg
carisoprodol tab 350 mg	chloroquine tab 500 mg
chlorothiaz tab 500 mg	cimetidine tab 300 mg
cimetidine tab 400 mg	clindamycin cap 75 mg
cloraz dipot tab 3.75 mg	cloraz dipot tab 7.5 mg
constulose sol 10 gm/15	diltiazem tab 90 mg
diltiazem tab 120 mg	dipyridamole tab 25 mg
dorzol/timol sol 22.3-6.8	doxepin hcl cap 25 mg
estazolam tab 1 mg	estazolam tab 2 mg
fluconazole sus 10 mg/ml	fluoxetine tab 10 mg
fluphenazine tab 1 mg	fluphenazine tab 2.5 mg
fluphenazine tab 5 mg	fluphenazine tab 10 mg
flurbiprofen tab 100 mg	generlac sol 10 gm/15
haloperidol con 2 mg/ml	hydroco/apap tab 10-325 mg
hydrocod/ibu tab 7.5-200	hydroxychlor tab 200 mg
ketoconazole tab 200 mg	ketoprofen cap 50 mg
ketoprofen cap 75 mg	ketorolac tab 10 mg
levo/liothy tab 90 mg	levothyroxin tab 300 mcg
lidocaine gel 2% jelly	lidocaine sol 4%

medroxypr ac inj 150 mg/ml	methadose tab 40 mg
methotrexate inj 25 mg/ml	methyldopa tab 500 mg
metoclopram sol 5 mg/5 ml	minocycline cap 75 mg
minocycline cap 100 mg	naproxen sod tab 275 mg
naproxen sod tab 550 mg	nitroglycer cap 2.5 mg er
nizatidine cap 150 mg	ofloxacin dro 0.3% op
pentoxifylli tab 400 mg er	phenobarb tab 16.2 mg
phenobarb tab 32.4 mg	polyeth glyc pow 3350 nf
prazosin hcl cap 1 mg	prazosin hcl cap 2 mg
proctozone cre -hc 2.5%	prometh vc sol plain
prometh vc/ syp codeine	proparacaine sol 0.5% op
propranolol tab 40 mg	propranolol tab 80 mg
smz-tmp sus 200-40/5	tamoxifen tab 10 mg
tamoxifen tab 20 mg	tropicamide sol 0.5% op
tropicamide sol 1% op	zonisamide cap 25 mg
Balanced, Performance, Performance Select Drug Lists	
acetaminophen w/ codeine tab 300-60 mg	amoxicillin & k clavulanate for susp 400-57 mg/5 ml
amoxicillin & k clavulanate for susp 600-42.9 mg/5 ml	atenolol & chlorthalidone tab 100-25 mg
bisoprolol fumarate tab 10 mg	bupropion hcl tab 75 mg

carbinoxamine maleate soln 4 mg/5 ml	cefpodoxime proxetil for susp 50 mg/5 ml
clindamycin hcl cap 75 mg	diclofenac sodium tab er 24hr 100 mg
diclofenac sodium tab sr 24hr 100 mg	diltiazem hcl cap er 24hr 180 mg
diltiazem hcl cap sr 24hr 180 mg	diltiazem hcl extended release beads cap er 24hr 180 mg
diltiazem hcl extended release beads cap sr 24hr 180 mg	dipyridamole tab 25 mg
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	flecainide acetate tab 50 mg
fluconazole for susp 10 mg/ml	flurbiprofen tab 100 mg
fluvoxamine maleate tab 25 mg	fluvoxamine maleate tab 50 mg
fluvoxamine maleate tab 100 mg	haloperidol lactate oral conc 2 mg/ml
hydrocodone-acetaminophen tab 10-325 mg	hydrocodone-ibuprofen tab 7.5-200 mg
isosorbide mononitrate tab er 24hr 120 mg	isosorbide mononitrate tab sr 24hr 120 mg
lactulose (encephalopathy) solution 10 gm/15 ml	lactulose solution 10 gm/15 ml
levetiracetam oral soln 100 mg/ml	levetiracetam tab 750 mg
lidocaine hcl soln 4%	liothyronine sodium tab 5 mcg
liothyronine sodium tab 25 mcg	lithium carbonate tab cr 300 mg
lithium carbonate tab cr 450 mg	lithium carbonate tab er 300 mg
lithium carbonate tab er 450 mg	metoclopramide hcl soln 5 mg/5 ml (10 mg/10 ml)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	metoprolol succinate tab sr 24hr 100 mg (tartrate equiv)
mometasone furoate cream 0.1%	mometasone furoate solution 0.1% (lotion)

nitroglycerin sl tab 0.4 mg	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	ofloxacin ophth soln 0.3%
pentoxifylline tab cr 400 mg	pentoxifylline tab er 400 mg
potassium chloride cap cr 10 meq	potassium chloride cap er 10 meq
propafenone hcl tab 150 mg	propranolol hcl tab 40 mg
quinapril-hydrochlorothiazide tab 10-12.5 mg	quinapril-hydrochlorothiazide tab 20-25 mg
tamoxifen citrate tab 10 mg (base equivalent)	zonisamide cap 25 mg
zonisamide cap 100 mg	

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. **Changes by drug list are listed on the charts below.**

Effective Jan. 1, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Cablivi	
Cablivi	58 kits per 365 days
Constipation Agents	
Movantik 12.5 mg	30 tablets per 30 days
Movantik 25 mg	30 tablets per 30 days
Relistor 150 mg	90 tablets per 30 days

Relistor 8 mg/0.4 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	60 vials per 30 days
Symproic 0.2 mg	30 tablets per 30 days
Zelnorm 6 mg	60 tablets per 30 days
Enhanced Annual Drug List	
Alternative Dosage Form	
Carafate suspension	1200 mL per 30 days
Naprosyn suspension	1800 mL per 30 days
Tiglutik	600 mL per 30 days
Amifampridine	
Firdapse	240 tablets per 30 days
Ruzurgi	300 tablets per 30 days
Arikayce	
Arikayce	235.2 mL per 28 days
Cablivi	
Cablivi	58 kits per 365 days
Constipation Agents	
Amitiza 8 mcg	60 capsules per 30 days

Amitiza 24 mcg	60 capsules per 30 days
Linzess 72 mcg	30 capsules per 30 days
Linzess 145 mcg	30 capsules per 30 days
Linzess 290 mcg	30 capsules per 30 days
Motegrity 1 mg	30 tablets per 30 days
Motegrity 2 mg	30 tablets per 30 days
Movantik 12.5 mg	30 tablets per 30 days
Movantik 25 mg	30 tablets per 30 days
Relistor 150 mg	90 tablets per 30 days
Relistor 8 mg/0.4 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	30 syringes per 30 days
Relistor 12 mg/0.6 mL	60 vials per 30 days
Symproic 0.2 mg	30 tablets per 30 days
Trulance 3 mg	30 capsules per 30 days
Zelnorm 6 mg	60 tablets per 30 days
Galafold	
Galafold capsules	14 capsules per 28 days
Glaucoma	
Rhopressa sol 0.02%	2.5 mL per 20 days
hATTR Amyloidosis Neuropathy	

Tegsedi 284 mg/1.5 mL syringe	6 mL per 28 days
Hyperhidrosis	
Qbrexza	30 pads per 30 days
Neurotrophic Keratitis	
Oxervate	56 vials per 56 days
Nocturia	
Nocdurna 27.7 mcg	30 tablets per 30 days
Nocdurna 55.3 mcg	30 tablets per 30 days
Nuvigil/Provigil	
Nuvigil 50 mg	30 tablets per 30 days
Nuvigil 150 mg	30 tablets per 30 days
Nuvigil 200 mg	30 tablets per 30 days
Nuvigil 250 mg	30 tablets per 30 days
Provigil 100 mg	30 tablets per 30 days
Provigil 200 mg	60 tablets per 30 days
Oral PAH	
Upravi 200 mcg titration bottle	140 tablets per 180 days
Orilissa	
Orilissa 150 mg	30 tablets per 30 days
Orilissa 200 mg	60 tablets per 30 days

SA Oncology	
Zykadia 150 mg capsule	90 capsules per 30 days
Therapeutic Alternatives	
Kenalog spray	189 grams per 90 days
Topical Lidocaine	
Pliaglis	100 grams per 30 days
Synera	4 patches per 28 days
Vascepa	
Vascepa 0.5 g	240 capsules per 30 days
Vascepa 1 g	120 capsules per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Sept. 15, 2019**, the Tafamidis Prior Authorization (PA) program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drugs Vyndaqel and Vyndamax.
- Effective **Jan. 1, 2020**, the following changes will be applied:
 - The Opioid Induced Constipation PA program will change its name to: Constipation Agents. This PA program includes the same targeted medications and five new ones: Amitiza, Linzess, Motegrity, Trulance and Zelnorm. This program currently applies to the Basic, Enhanced and Enhanced Annual Drug Lists. On Jan. 1, this program will be applied to the Performance Drug List. Members impacted by this program change will be notified.
 - New target drugs, Rhopressa and Rocklatan, will be added to the Enhanced Annual Drug List. These drugs are included in the Glaucoma ST program (formerly known as Ophthalmic Prostaglandins).
 - Several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans. *As a reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

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

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2020

Drug Category	Targeted Medication(s) ¹
Enhanced Annual Drug List	
Fabry Disease	Galafold
Hyperhidrosis	Qbrexza
Orilissa	Orilissa
Arikayce	Arikayce
Amifampridine (previously known as Firdapse)	Firdapse, Ruzurgi*
hATTR Amyloidosis Neuropathy	Tegsedi
Neurotrophic Keratitis	Oxervate
Vascepa	Vascepa
Alternative Dosage Form	Carafate suspension, Naprosyn suspension, Tiglutik*
Human Fibrinogen Concentrate	Fibryga, RiaSTAP
Procysbi	Procysbi

¹Third-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, 2020

Drug Category	Targeted Medication(s) ¹
Enhanced Annual Drug List	
Antifungal (Cresamba, Noxafil, Tolsura, Vfend)	Tolsura

Nocturia	Nocdurna
Therapeutic Alternatives	Diflorasone ointment and cream, Dutoprol, Kenalog spray
Topical Lidocaine	Pliaglis, Synera
Basic, Enhanced, Enhanced Annual and Performance Drug Lists	
Therapeutic Alternatives	Mupirocin cream

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

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

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions 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 and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSOK members with a group health plan, though some exceptions may apply.

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

Norditropin Drug List Status Change Effective Jan. 1, 2020

Starting Jan. 1, 2020, Norditropin will become the preferred brand drug for treating growth hormone deficiencies on all group and individual plan BCBSOK drug lists. BCBSOK members who have prescription drug benefits administered by Prime Therapeutics may have a lower cost share for this drug.

Omnitrope will become a non-preferred brand drug on the open drug lists (Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists) and excluded on the managed drug lists (Balanced, Performance, Performance Annual, Performance Select, Performance Select Annual and Health Insurance Marketplace Drug Lists).

As part of this drug list change, prior authorization (PA) will also be required for members filling a new prescription for Omnitrope to be considered for coverage.

Please Note:

- Members who have been approved through the Growth Hormone PA program to receive Omnitrope in 2019 will continue to pay their current member cost share (copay/coinsurance) for the duration of the PA approval. Once the member's authorization expires, the member will need to have a new PA request submitted for coverage consideration.
- If the member receives an approval for Omnitrope, the member will pay the applicable cost share for the drug, based on their benefits.
- Starting on Jan. 1, 2020, if members who are currently approved to receive Omnitrope through the Growth Hormone PA, decide to switch to the preferred Norditropin product, they WILL NOT be subject to an additional PA review.
- Impacted members were notified on this change.

Select Prescription Drug Lists' Update Frequency Change – Final Implementation

As previously communicated throughout 2019, most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, have moved to a quarterly update. For patients on these affected drug lists, the frequency change was implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019 and continued throughout the remaining quarters of 2019 (on or after July 1, 2019 and Oct. 1, 2019). The final implementation will occur in the first quarter of 2020, on or after Jan. 1, 2020.

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.

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.

=====

New Social Determinants of Health Screening Tool

Social determinants of health are conditions in the environments where people live, learn and work that affect a wide range of health and quality-of-life outcomes and risks.

We want to help you identify patients that may need assistance with social factors that impact their health. Please use this [Social Determinants of Health Screening Tool](#) to determine if your patient may need additional assistance.

For more information and additional resources visit [211](#).

Antibiotic Use in the Outpatient Setting

Overprescription of antibiotics has increased antibiotic resistance. We can work together to combat antibiotic resistance and appropriately prescribe these important medications. According to a Pew¹ Charitable Trust report regarding [Antibiotic Use in Outpatient Settings](#), 30% of antibiotics prescribed are found to be unneeded for treating conditions like viral illnesses and asthma exacerbation.

Common Conditions That Don't Need Antibiotics

The Center for Disease Control and Prevention (CDC)² and other reliable sources have suggested antibiotics are most often inappropriately prescribed for conditions like:

- Asthma
- Flu
- Common cold
- Bronchitis

Using antibiotics when they are not needed can do more harm than good.

Alternatives to Antibiotics

You may consider other remedies when treating conditions that don't need antibiotics, like:

- Getting adequate rest
- Increasing oral fluids
- Using a humidifier or cool mist vaporizer and ensuring they have been properly cleaned
- Inhaling hot shower steam or other sources of hot vapor
- Taking throat lozenges for adults and children, ages five years and older
- Considering over-the-counter medications to treat symptoms

The CDC has a [poster](#) you can download and display in the exam room to inform patients of your commitment to their health.

If you have any questions about the appropriate use of antibiotics, [please email](#) the Federal Employee Program® Quality Improvement Department at Blue Cross and Blue Shield of Oklahoma.

¹<https://www.pewtrusts.org/en/about/mission-and-values>

²[CDC.gov \(www.cdc.gov\)](https://www.cdc.gov/)(<https://www.cdc.gov/index.htm>) is the official website of the Centers for Disease Control and Prevention (CDC). It is a public domain website, which means you may link to CDC.gov at no cost and without specific permission.

Reminder: Credentialing Process for Physicians and Other Health Care Professionals with BCBSOK

Credentialing is the process by which Blue Cross and Blue Shield of Oklahoma (BCBSOK) reviews and validates the professional qualifications of physicians and other health care professionals who apply for participation with our networks, ensuring that they meet professional standards.

Please be aware, physicians and other health care professionals applying to be in the BCBSOK network:

- Specialty requests should be consistent with the professional's education, training and certification.
- BCBSOK collects data required for our credentialing and recredentialing process through the Council for Affordable Quality Healthcare, Inc. (CAQH) Uniform Credentialing Application.
 - It's important to complete all fields accurately. Missing or incorrect information could delay the credentialing process.
- Keeping your information current is your responsibility. Use the [CAQH database](#) to report any changes to your practice.
- Additional forms may be required. These forms can be found on the BCBSOK provider website under [Network Participation](#).

For more information about credentialing with BCBSOK or how to join our networks visit our [Network Participation](#) page.

Medicare Advantage: Electronic Payment Summary Now Available for 835 ERA Receivers

This applies to providers submitting claims to Blue Cross and Blue Shield of Oklahoma (BCBSOK) for Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM members.

As of Nov. 18, 2019, providers enrolled to receive Electronic Remittance Advices (835 ERA) from BCBSOK for Medicare Advantage members will begin receiving electronic provider claim summary (PCS) files, the electronic version of the remittance advice (RA), in conjunction with the ERA. The 835 ERA and PCS/RA files are delivered to your designated clearinghouse or vendor. Therefore, ERA receivers will no longer receive paper remittance advices delivered by mail.

As an additional option, provider claim summaries and/or remittance advices are available online in the Reporting On-Demand application via the Availity® Provider Portal. This application allows providers to view, download, save and/or print claim remittances for claims processed on or after April 12, 2019. For instructions on how to use this application, you'll find a [Reporting On-Demand tip sheet](#) in the [Provider Tools section](#) of our website.

Not yet enrolled for ERA?

Online ERA enrollment is available to registered Availity users. If you have not yet registered, simply go to [Availity](#) and sign up today, at no cost. To learn more about ERA enrollment through Availity, refer to the [Availity ERA tip sheet](#). If you're not registered with Availity, you can download and fax the ERA enrollment form located in the [Forms section](#) on our website.

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.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Verify Prior Authorization Requirements by Procedure Code via IVR Phone System

As a reminder, checking eligibility and benefits electronically through the Availity® Provider Portal or your preferred web vendor is the quickest way to access coverage and prior authorization information for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members.

However, if you need to use the Interactive Voice Response (IVR) phone system, as of **Oct. 21, 2019**, you can now verify procedure code prior authorization requirements for outpatient, office and home services when calling the IVR for most* BCBSOK members. This IVR enhancement will improve provider administrative efficiencies and reduce your call and/or hold time with BCBSOK. **Checking procedure code(s) in the IVR is for prior authorization determination only and is not a code-specific quote of benefits.**

***Checking code-specific prior authorization in the IVR is not available for the following members:**

- Federal Employee Program® (FEP®)
- Blue Cross Medicare Advantage (HMO)SM and Blue Cross Medicare Advantage (PPO)SM

How to determine procedure code prior authorization requirements using the IVR phone system:

- If calling BCBSOK (800-496-5774) to verify eligibility and benefits for outpatient, office or home services, the IVR provides an optional prompt to “check prior authorization by procedure code” after eligibility and benefits are quoted.
- If calling BCBSOK (800-672-2378) to initiate and submit an outpatient, office or home prior authorization request,
- the IVR will request a procedure code to determine if the specific code(s) requires preauthorization prior to
- initiating the request.
- The IVR quotes prior authorization requirements based on the code(s) entered.
- Confirmation number for the quote is provided to the caller.
- Callers can request a faxed response of the IVR quote once completed.

Important Notes:

- You may verify up to five procedure codes during the IVR quote.
- If you do not have a procedure code when the IVR prompts for it, say "I don't have one" and the system will quote preauthorization requirements based on the benefit category instead (i.e., physical therapy, surgical, etc.).
- If no prior authorization is required, you will be returned to the main menu in the IVR.

For step-by-step IVR navigational assistance, refer to the [Eligibility and Benefits Caller Guide](#) or [Outpatient Preauthorization Caller Guide](#) on our website.

If you need additional support or have further questions, [contact our Provider Education Consultant team](#).

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

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 independent 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.

New Online Enrollment Process for 835 EFT and ERA through the Availity® Provider Portal

A new online Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) setup tool is coming soon to Blue Cross and Blue Shield of Oklahoma (BCBSOK). This new capability will be available in the Availity Provider Engagement Portal using the multi-payer Transaction Enrollment tool. BCBSOK's current online EFT and ERA enrollment option available in our Availity Payer Spaces section will be removed once the transition to the new tool is complete.

This new enrollment capability allows providers to submit their EFT and ERA enrollments electronically to multiple payers at the same time. Providers can also monitor the status of the enrollment using Availity's Transaction Enrollment option.

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

Advantages of enrolling for EFT:

- Quicker receipt of payments
- Greater security – no more risk of lost or stolen paper checks
- Direct deposit into the bank account of your choice

Advantages of enrolling for ERA:

- Faster remittance delivery

- Automatic posting capabilities
- Designate delivery to a specific clearinghouse or vendor

How to access Availity's Transaction Enrollment Option:

- Login into [Availity](#)
- Select My Account Dashboard on the Availity homepage
- Select Enrollments Center
- Select Transaction Enrollment*
- Complete and submit

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

Online EFT and ERA enrollment is available to registered Availity users. To register for Availity, simply go to [availity.com](#) and sign up today, at no cost. The [Availity EFT Tip Sheet](#) and [Availity ERA Tip Sheet](#) located on our Provider website are currently being updated to reflect the new enrollment process for navigational assistance.

Have questions or need additional education?

Email Electronic Commerce Services at ecommerceservices@bcbsok.com. Be sure to include your name, direct contact information & Tax ID or Billing NPI.

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.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Feature Tip

Be Covered – Increasing Coverage for the Uninsured and Underinsured

Around 548,000 people in Oklahoma do not have health insurance. Approximately sixty percent qualify for Medicaid or a federal subsidy to help reduce the cost of coverage. Affordable care and better health outcomes start with health care coverage.

To help address this issue, we are promoting [Be Covered](#), our grassroots campaign to educate, engage and enroll the uninsured and underinsured in our communities.

How can you help?

- If you have patients who are underinsured or uninsured, tell them about Be Covered and the available resources (like the [subsidy calculator](#)).
- Use Be Covered education tools so that people are better informed about their coverage options.

Our goal is to help people understand their coverage options and how to make the most of what is available to them – no matter their stage of life.

Through Be Covered, we are working with trusted community partners to reach areas with the highest concentration of uninsured people. Local events will offer resources in English and Spanish, and many will provide wellness screenings, family activities and healthy food giveaways.

Visit [Be Covered](#) for more information.

Flu Season is Here

Flu season is here, and we want to help you provide your patients, our members, the best possible care.

CDC Recommendations

The Centers for Disease Control and Prevention (CDC) recommends yearly flu shots for all patients 6 months and older without vaccine contraindication. Providers may administer any U.S. Food and Drug Administration (FDA) approved, age-appropriate flu shot. Remember, it's vital to review a current [flu vaccine product table](#) for the most recent updates on available products and their approved age ranges.

What's different this flu season?

- All standard adult and pediatric dose flu vaccines will be quadrivalent; no trivalent regular dose flu shots are available this season.
- Two flu strains in the 2019-2020 trivalent and quadrivalent flu vaccines have replaced two strains previously contained in 2018-2019 flu season vaccines.
- Afluria Quadrivalent® is now licensed for children 6 months of age and older.
- Baloxavir (Xofluza™) is a new single-dose antiviral drug approved by the FDA for people 12 years and older who have had flu symptoms for less than 48 hours. Baloxavir (Xofluza) is not indicated for the prophylaxis of influenza. Baloxavir (Xofluza) is not a substitute for early vaccination with the annual seasonal flu vaccine.

Reminders this flu season:

- Trivalent high dose or adjuvant containing flu vaccines for the elderly (65 and older) are made specifically to create a better or stronger immune response.
- Oseltamivir (Tamiflu®) is used for the treatment of influenza for patients 2 weeks or older who have had flu symptoms for less than 48 hours, as well as the prophylaxis of influenza in patients 1 year and older.
 - Oseltamivir (Tamiflu) is also available as a generic medication, which may have a lower cost to the member compared to a branded medication.
- Neither Baloxavir (Xofluza) nor Oseltamivir (Tamiflu) is a substitute for early vaccination with the annual seasonal flu vaccine.

Coding Reminders

- Please file your claims with correct coding*.
- The American Academy of Pediatrics (AAP) [coding chart](#) recommends which billing code to use based on the vaccine administered. (This chart is not a comprehensive list.)
- Code descriptions are specific to the vaccine product.
- Code descriptions may include:
 - Dosage amounts
 - Trivalent vs. quadrivalent formulations
 - Distinctive features (i.e. preservative-free, split virus, recombinant DNA, cell cultures or adjuvanted).

***Note:** Correct coding requires services to be reported with the most specific code available that appropriately describes the service.

Trademarks are the property of their respective owners.

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.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

New Programs Help Members Lead Healthier Lives

A complex combination of factors affects each person's health journey. Some of our members are navigating critical health concerns. They may be struggling to combat chronic conditions such as diabetes, obesity, substance abuse disorder or depression. Our Wellbeing Management and Health Advocacy Solutions programs help empower our members to improve their own health and wellness.

Wellbeing Management and Health Advocacy Solutions

Employers can offer Wellbeing Management and Health Advocacy Solutions to their employees, our members. Members have access to components of these programs depending on their benefit plans. We have relationships with several companies to increase member participation in programs that target critical health issues. We've seen positive results so far.

Options for Member Engagement

Some of your patients with Wellbeing Management or Health Advocacy Solutions may mention Well onTarget®, Livongo®, Omada® and Naturally Slim®. These programs combine data sciences with cognitive behavioral therapy coaching techniques. They often use internet-connected biometric devices to help our members achieve health improvement goals.

Well onTarget

Our Well onTarget Wellness Portal gives eligible members an online platform to find support for chronic conditions. They can also use the portal to help establish lifelong wellness goals.

Livongo

Livongo is an end-to-end diabetes management solution. It combines the use of a connected glucose meter with personal support by Certified Diabetes Educators.

Omada

Omada is an obesity-related prevention program. It uses remote monitoring tools, education and social community support to improve health and reduce chronic disease risk.

Naturally Slim

Naturally Slim is an online weight loss and metabolic syndrome management solution and coaching program. It teaches healthy eating behaviors via a behavior modification structure.

New for 2020 – Hinge Health

Hinge Health provides a musculoskeletal program that takes proven nonsurgical care guidelines and turns them into a coach-led program. It is delivered remotely using mobile and wearable technology.

We encourage you to talk with your patients about available programs and resources, when appropriate. Members with questions can call the number on their Blue Cross and Blue Shield of Oklahoma (BCBSOK) ID card or log into their Blue Access for MembersSM account for more information.

This material is meant for informational purposes only. It includes only a brief description of some plan benefits. Not all benefits are offered by all plans. For details, including benefits, limitations and exclusions, refer patients to their certificate of coverage.

Livongo is an independent company that has contracted directly with BCBSOK to provide a diabetes management program that is covered under some of the health benefit plans. Naturally Slim is an independent company that has contracted directly with BCBSOK to provide a weight loss and metabolic syndrome reduction program that is covered under some of the health benefit plans. Omada is an independent company that has contracted directly with BCBSOK to provide an obesity-related chronic conditions (type 2 diabetes and heart disease) risk reduction program that is covered under some of the health benefit plans. Hinge Health offers digital care programs for people with chronic musculoskeletal conditions, such as back or joint pain, using technology to create a delightful participant experience by combining sensor-guided exercise therapy with health coaching and education. This material is meant for informational purposes only. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by independent companies such as Livongo, Naturally Slim, Omada, and Hinge Health. These companies are solely responsible for the products or services they provide. If you have any questions regarding the services described here, you should contact Livongo, Naturally Slim, Omada, or Hinge Health directly.

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[®]](#) 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](#).

=====

Web Changes

- [Posted November Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Posted [Pricing update for Udenyca \(Q5111\) Beginning Jan. 1, 2020](#) to Education and Reference Center/News and Updates
- Posted [New Prior Authorization Requirements for Oklahoma Members Effective Jan. 1, 2020](#) 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.
CPT copyright 2018 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.

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 bcbso.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

Do you have a helpful suggestion or feedback about our website? Fill out our [Feedback Survey](#).



[Like us
on Facebook](#)



[Follow us
on Twitter](#)



[Watch us
on Youtube](#)