



# BLUE REVIEW<sup>SM</sup>

A Provider Publication

April 2023

## Wellness and Member Education

### Illinois Medicaid Providers: Help Your Patients Get Ready for Redetermination

Some of your patients could lose their Illinois Medicaid benefits if they don't complete their redetermination paperwork on time. You can help by reminding your patients to update their information and watch for a letter from the Illinois Department of Healthcare and Family Services (HFS).

[Read More](#)

## What's New

### 2022 *Blue Review* Readership Survey: Preliminary Results

If you responded to our 2022 *Blue Review* readership survey, thank you! We're assessing the results and will be making changes based on your feedback.

[Read More](#)

### New for 2023: In-network Specialty Pharmacies Added

We've expanded our specialty pharmacy network to include **Christus Specialty Pharmacy**, **University Medical Center (UMC)** and **Red Chip**. For our members with Blue Cross and Blue Shield of Illinois (BCBSIL) pharmacy coverage, these are new dispensing options for specialty medications covered under the pharmacy benefit.

[Read More](#)

## ■ Pharmacy Program

### Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2023 (Part 2) and April 1, 2023 (Part 1)

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after **Jan. 1, 2023 (Part 2)**, are outlined [here](#) and changes effective on or after **April 1, 2023 (Part 1)** are outlined [here](#).

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### Pharmacy Program Updates: Prior Authorization Change Effective May 2023

The prior authorization (PA) program encourages safe, cost-effective medication use by allowing coverage when certain conditions are met. A clinical team of physicians and pharmacists develops and approves the clinical programs and criteria for medications that are appropriate for PA by reviewing U.S. Food and Drug Administration (FDA) approved labeling, scientific literature and nationally recognized guidelines. [Read more on News and Updates.](#)

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## ■ Focus on Behavioral Health

### Supporting Behavioral Health Quality Care

We track National Committee for Quality Assurance (NCQA) quality measures related to behavioral health to help monitor and improve our members' care. Read these recent BCBSIL articles for more information on the measures and tips to help close gaps in your patients' care:

- [Monitoring Children Using ADHD Medications](#) – This article includes NCQA recommendations for pediatricians with prescribing authority to ensure ADHD medications are appropriately prescribed and managed.
  - [Caring for Substance Use Disorders](#) – BCBSIL tracks two quality measures related to substance use disorders, and we've created resources to help our members.
  - [Screening and Follow-Up Care for Maternal Mental Health](#) – OB/GYNs and primary care providers are encouraged to refer our members for follow-up care with a behavioral health care provider, when appropriate.
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### Earn Continuing Education Credit through Webinar on Opioids

Join us for a webinar, Synthetic Opioids and the Opioid Crisis. We'll offer it twice in April.

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## ■ Provider Education

### Utilization Management for Equity in Behavioral Health: Provider Education, Reminders and Resources

Illinois House Bill 2595 (Public Act 102-0579), the Generally Accepted Standards of Behavioral Health Care Act of 2021, became effective Jan. 1, 2023. BCBSIL provides training on clinical review criteria and related processes to applicable staff members and other stakeholders. Recently, we added new

commercial and government programs provider education presentations to the Utilization Management section of our website. [Learn more on News and Updates.](#)

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### **Provider Hot Topics Summary: First Quarter 2023**

Our Provider Network Consultants (PNCs) host Provider Hot Topics webinars at the beginning of each month. If you missed a meeting, or if you'd like a re-cap on what was discussed, our PNCs have prepared a summary with their top three picks for hot topics that were top of mind this winter.

[Read More](#)

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### **Provider Learning Opportunities**

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

[Read More](#)

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### **■ Clinical Updates, Reminders and Resources**

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

Is your patient's membership with BCBSIL still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is prior authorization required for a particular member/service?

[Read More](#)

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### **■ Notification and Disclosure**

#### **Reminder: Verify Your Directory Details Every 90 Days**

The Consolidated Appropriations Act (CAA) of 2021 requires that you verify certain directory information every 90 days, **even if your data hasn't changed since you last verified it.**

[Read More](#)

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### **Quick Reminders**

#### **Stay informed!**

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

#### **Verify and Update Your Information**

Verify your directory information every 90 days. Use the [Avality® Essentials Provider Data Management](#) feature or our Demographic Change Form. **Facilities** may only use the [Demographic Change Form](#).

## Provider Training

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



## Contact Us

Questions? Comments? [Send an email to our editorial staff.](#)

## bcbsil.com

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## Illinois Medicaid Providers: Help Your Patients Get Ready for Redetermination

Some of your patients could lose their Illinois Medicaid benefits if they don't complete their redetermination paperwork on time. Unfortunately, your patients may not be familiar with the redetermination process or how it applies to them.

### Redetermination Timeline

The Public Health Emergency (PHE) is set to end in early May. When the PHE is lifted, standard requirements will be back in place for Medicaid eligibility, and the redetermination process will begin again with a first redetermination date of June 1. Members' redetermination dates differ. The Illinois Department of Healthcare and Family Services (HFS) will send letters to current Medicaid members to alert them if they need to complete their renewal.

### Reinstatement Period

Members that do not submit their redetermination on their due date have a 90-day reinstatement period. If their redetermination is completed within the 90-day period, and if the member is deemed eligible for coverage, the member will be reinstated back into the health plan – without a break in coverage.

### Plan Termination

Members will be terminated from Medicaid if they don't complete and return required forms by the end of the 90-day reinstatement period. Members who are non-eligible will be removed from Medicaid and must enroll in an alternate health plan for coverage.

### How You Can Help

We need your help to reach people who have Medicaid!

- Please **encourage members to follow the steps below** to ensure they receive and complete their redetermination in a timely manner.
- If a member needs further help, refer them to **Manage My Case** at [abe.illinois.gov](https://abe.illinois.gov), or tell them to call the Department of Human Services Helpline at **800-843-6154**.

Thank you for helping to spread the word about the redetermination process. BCBSIL appreciates your partnership to continue providing access to health care within our community.

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## Attention Medicaid Members: Don't risk losing your health insurance!

Illinois is now starting renewals again to see if you are still eligible for Medicaid. Everybody's renewal date is different, so it is critical that you take the below steps to renew.

1. **Click on "Manage My Case" at [abe.illinois.gov](http://abe.illinois.gov).**

Create or login to your account at [abe.illinois.gov](http://abe.illinois.gov) to manage your benefits. Online is the best way to connect.

2. **Verify your address.**

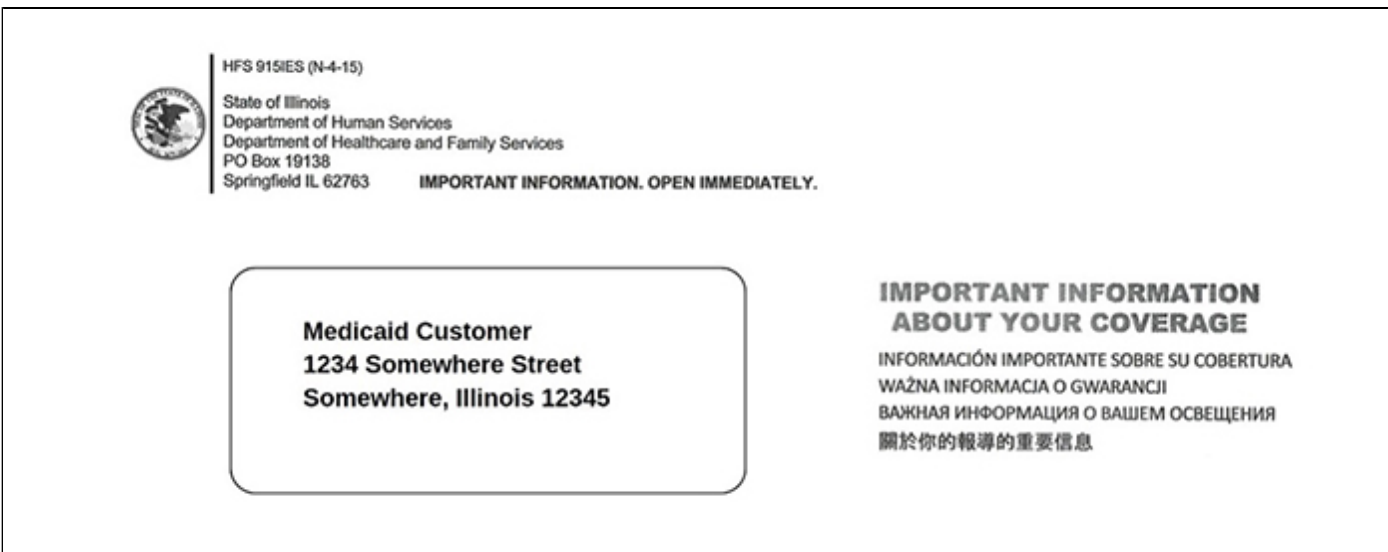
If you use Medicaid, you need to keep your address current. Click on "Manage My Case" and verify your household information under "Contact Us," or call 800-843-6154.

3. **Find your due date (also called a redetermination date).**

Check your "Benefit Details" tab at [abe.illinois.gov](http://abe.illinois.gov). Do you want reminders when it's time to renew? Opt-in for text and email alerts in the "Account Management" tab under "Manage your communications preferences."

4. **Watch your mail.**

The Department of Healthcare and Family Services (HFS) will mail you a notice to tell you your status and if you need to complete a renewal form. If you have to renew, you will get a renewal a month before it is due. The envelope will look like this:



5. **Complete your renewal.**

If your letter from HFS says you need to complete and submit your renewal before the due date (also called redetermination date) to avoid losing your Medicaid benefits, please do so. To renew, go to [abe.illinois.gov](http://abe.illinois.gov) and select "Manage My Case," mail your form according to instructions in the letter, or call 800-843-6154.

6. **Connect to coverage.**

If you are no longer eligible for Medicaid, it is important to quickly get other health insurance to avoid a lapse in coverage.

You can ask your employer if health insurance is offered or you can visit [Getcovered.illinois.gov](http://Getcovered.illinois.gov) to shop for quality, affordable coverage provided under the Affordable Care Act (ACA). You usually have 30-60 days to enroll in a new plan. This is called a "Special Enrollment Period."

[Get Covered Illinois](#) is the official ACA Health Insurance Marketplace for the state of Illinois, helping you shop for health insurance to fit your needs and budget. Health plans offered on the ACA Health Insurance Marketplace cover pre-existing conditions and [essential health benefits](#), including preventive care and mental health services.

Visit [getcoveredillinois.gov](https://getcoveredillinois.gov) for more information, free enrollment assistance, and to find out if you may qualify for [financial help](#). Many people find plans for \$10 or less per month after tax credits.

**Need more information?** Visit [abe.illinois.gov](https://abe.illinois.gov) or call the Department of Human Services Helpline at **800-843-6154**.

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## 2022 *Blue Review* Readership Survey: Preliminary Results

We're grateful to all providers who responded to our 2022 *Blue Review* readership survey.

### Results Overview

Most survey participants reported that they look forward to receiving the newsletter each month. Readers find the articles to be clear and to the point. The *Blue Review* keeps them informed of important dates and upcoming changes, and they often share content with their colleagues. Readers typically find it's easy to navigate the articles that are relevant to their practice.

Participants indicated they'd like to see more articles in the following "top four" categories:

1. Billing Tips
2. Electronic Options
3. Prior Authorization
4. Behavioral Health

### Ideas and Feedback

The 2022 survey included a section for write-in comments on other ways readers feel the newsletter could improve:

- Include more "how-to" content
- List contact information and tips on how to get answers quickly
- Review administrative processes and resources

### What's next?

It's our goal to make this newsletter an informative and enjoyable publication for our readers. You'll start seeing more content in the top areas of interest over the coming months. We'll also make other changes based on your feedback. Later this year, we'll follow up to show how we improved the *Blue Review*, in direct response to input from survey participants.

### Did you miss the 2022 survey?

We conduct the readership survey every year, so you'll have an opportunity to provide feedback in 2023. Watch the [News and Updates](#) and upcoming issues of the *Blue Review* for details. Don't forget – if you have questions, comments or ideas throughout the year, you're welcome to [email the \*Blue Review\* editor](#).



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## New for 2023: In-network Specialty Pharmacies Added

We've expanded our specialty pharmacy network to include **Christus Specialty Pharmacy, University Medical Center (UMC)** and **Red Chip**. For our members with Blue Cross and Blue Shield of Illinois (BCBSIL) pharmacy coverage, these are new dispensing options for specialty medications covered under the pharmacy benefit.

### Pharmacy Details:

- Christus Specialty Pharmacy – Added to oral oncology network; doesn't ship to Illinois
- UMC – Added to oral oncology network; doesn't offer shipping or delivery
- Red Chip – Added to hemophilia network; offers nationwide shipping

### Oral Oncology Network Changes

Also new for 2023 is access to the **IRX network**, a clinically integrated program that allows members to receive their oral oncology and other select medications in their health care provider's clinic or hospital pharmacy. The doctor and pharmacist are part of the same team and have direct communication.

- **Effective March 12, 2023, Prime Therapeutics will transition its existing oral oncology network to the IRX network.**
- Pharmacies currently participating in the oral oncology network have been notified of the change and asked to confirm participation in the IRX network.
- The transition will be seamless for members and there will be no disruption in care.

### Finding a Specialty Pharmacy

An updated [list of in-network specialty pharmacy vendors](#) is posted on our [Specialty Pharmacy Program](#) page. Members can view the specialty pharmacy network list by logging into Blue Access for Members<sup>SM</sup> or [MyPrime.com](#).

**Questions?** To verify coverage, or for more information on your patient's benefits, call the number on the member's BCBSIL ID card.

BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. [MyPrime.com](#) is an online resource offered by Prime Therapeutics.

The relationship between BCBSIL and the specialty pharmacies is that of independent contractors.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. 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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## Earn Continuing Education Credit through Webinar on Opioids

Join us for a webinar, **Synthetic Opioids and the Opioid Crisis**. We will offer it twice:

- **April 24, 2023**, from 8 to 9 a.m. (CT) [Register here to attend](#).
- **April 26, 2023**, from 9 to 10 a.m. (CT) [Register here to attend](#).

Those who attend this introductory training will earn one continuing medical education (CME) credit or continuing education unit (CEU). The webinar is free to providers.

Psychiatrist Tom Allen, M.D., and Ben Lawrence, Licensed Professional Counselor-Supervisor, will provide a high-level overview of opioids and the rise in the opioid crisis. The webinar will focus on:

- How opioids have evolved
- Risks of opioid misuse
- Effects of synthetic opioids and health disparities
- Screening tools for opioid use disorder
- Treatment trends and follow-up care

## Other Continuing Education Credits

Recordings of [our previous webinars](#) are available online. [Sign in](#) (registration required) to watch and earn CME/CEU credit.

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. 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.

The New Mexico Osteopathic Medical Association (NMOMA) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians. NMOMA designates this program for a maximum of 1 AOA Category 1-A credit and will report CME and specialty credits commensurate with the extent of the physician's participation.

Social Work CEUs Approved by NASW-NM. The Licensee must maintain proof of continuing education courses taken for the past four (4) years. The New Mexico Regulations and Licensing Department, Boards and Commissions, Social Work Licensing Board reserves the right to audit a licensee's continuing education records as it deems necessary. This event has been approved for a total of 1 CEU.

Physicians, nurses, physician assistants, physical and occupational therapists, and psychologists can use AOA Cat 1-4 credit toward licensure. Social workers and mental health counselors (LPC, LCPC, LPCC) can use the Social Work CEU credit toward licensure.

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# Pharmacy Program Update: Quarterly Pharmacy Changes Effective Jan. 1, 2023 – Part 2

March 1, 2023

## **IMPORTANT PHARMACY BENEFIT REMINDERS**

Jan. 1, 2023, is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Illinois (BCBSIL) members. As you see your patients, please consider the following reminders.

- Members' benefits may be based on a new drug list when their plans renew in 2023.
- Discuss your patient's benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at [bcbsil.com/provider](http://bcbsil.com/provider) for the form and more information.

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

## **DRUG LIST CHANGES**

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

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

**Changes effective on or after Jan. 1, 2023, are outlined below.**

### **Drug List Coverage Additions – As of Jan. 1, 2023**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
CLOMID (clomiphene citrate tab 50 mg)	Ovulation Induction
CLOMIPHENE CITRATE (clomiphene citrate tab 50 mg)	Ovulation Induction
SKYRIZI (risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4 ml)	Crohn's disease
TRIUMEQ PD (abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg)	HIV
VEMLIDY (tenofovir alafenamide fumarate tab 25 mg)	Hepatitis B
<b>Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
aspirin chew tab 81 mg	Circulation
aspirin tab delayed release 81 mg	Circulation

bisoprolol fumarate tab 5 mg	Hypertension
chlorthalidone tab 50 mg	Hypertension, Edema
cyclopentolate hcl ophth soln 0.5%	Mydriasis Induction, Cycloplegic Refraction
dexmethylphenidate hcl tab 5 mg	Attention-Deficit Hyperactivity Disorder (ADHD)
doxycycline monohydrate tab 100 mg	Acne, Infections
esomeprazole magnesium cap delayed release 40 mg (base equivalent)	GERD, H. Pylori, Hypersecretory conditions, NSAID-associated Gastric Ulcer Prophylaxis
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Contraception
ezetimibe tab 10 mg	Hypercholesterolemia
fenofibrate micronized cap 134 mg	Hypertriglyceridemia
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Iron Deficiency
fluoxetine hcl tab 10 mg	Depression, Mood Disorders
glycopyrrolate tab 1 mg	Chronic Severe Drooling, Peptic Ulcer Disease
haloperidol lactate oral conc 2 mg/ml	Schizophrenia
medroxyprogesterone acetate im susp 150 mg/ml	Contraception
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	Contraception
olopatadine hcl ophth soln 0.1% (base equivalent)	Allergic Conjunctivitis
potassium chloride cap er 8 meq, 10 meq	Hypokalemia
prazosin hcl cap 1 mg	Hypertension
sodium fluoride rinse 0.2%	Dental Caries Prophylaxis
solifenacin succinate tab 5 mg	Overactive Bladder
sotalol hcl (afib/af) tab 160 mg	Atrial Fibrillation, Atrial Flutter
tadalafil tab 10 mg, 20 mg	Erectile Dysfunction
tadalafil tab 2.5 mg, 5 mg	Erectile Dysfunction, Benign Prostatic Hyperplasia
valsartan tab 160 mg	Hypertension
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
CAMZYOS (mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg)	Obstructive Hypertrophic Cardiomyopathy (NYHA Class II-III)
CONDOMS (various male condoms)	Contraception
estradiol vaginal tab 10 mcg (generic for VAGIFEM)	Vulvovaginal Atrophy
IMBRUVICA (ibrutinib oral susp 70 mg/ml)	Cancer
OLUMIANT (baricitinib tab 1 mg, 2 mg)	Rheumatoid arthritis/Covid-19 Treatment/Alopecia Areata
OLUMIANT (baricitinib tab 4 mg)	Covid-19 Treatment/Alopecia Areata
ORKAMBI (lumacaftor-ivacaftor granules packet 75-94 mg)	Cystic Fibrosis
RADICAVA ORS (edaravone oral susp 105 mg/5 ml)	ALS
RADICAVA ORS STARTER KIT (edaravone oral susp 105 mg/5ml)	ALS
ZTALMY (ganaxolone susp 50 mg/ml)	CDKL5 deficiency disorder-associated seizures

<b>Performance, Performance Annual and Performance Select Drug Lists</b>	
gentamicin sulfate oint 0.1%	Bacterial Infections- Topical
<b>Balanced Drug List</b>	
ADLARITY (donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day)	Alzheimer Disease
ASPRUZYO SPRINKLE (ranolazine er granules packet 500 mg, 1000 mg)	Angina
bexarotene gel 1%	Cancer
CORDRAN (flurandrenolide oint 0.05%)	Inflammatory Conditions-Topical
cyclobenzaprine hcl tab 7.5 mg	Muscle Spasms
DICLOFENAC (diclofenac cap 35 mg)	Pain/Inflammation
DICLOFENAC EPOLAMINE (diclofenac epolamine patch 1.3%)	Pain/Inflammation
doxycycline hyclate tab 50 mg	Acne, Infections
FLECTOR (diclofenac epolamine patch 1.3%)	Pain/Inflammation
FLUOROPLEX (fluorouracil cream 1%)	Actinic Keratosis, Cancer
FLUOROURACIL (fluorouracil cream 0.5%)	Actinic Keratosis, Cancer
GLOPERBA (colchicine oral soln 0.6 mg/5 ml)	Gout
INDOMETHACIN (indomethacin cap 20 mg)	Pain/Inflammation
LICART (diclofenac epolamine patch 24hr 1.3%)	Pain/Inflammation
LYVISPAH (baclofen granules packet 5 mg, 10 mg, 20 mg)	Muscle Spasms
meloxicam cap 5 mg, 10 mg	Pain/Inflammation
naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg	Pain/Inflammation
NARDIL (phenelzine sulfate tab 15 mg)	Depression
NORLIQVA (amlodipine besylate oral soln 1 mg/ml (base equivalent))	Hypertension, CAD
PANRETIN (alitretinoin gel 0.1%)	Cancer
RELAFEN DS (nabumetone tab 1000 mg)	Pain/Inflammation
ROXYBOND (oxycodone hcl tab abuse deter 5 mg, 15 mg, 30 mg)	Pain
TIVORBEX (indomethacin cap 20 mg)	Pain/Inflammation
TLANDO (testosterone undecanoate cap 112.5 mg)	Hypogonadism
VERKAZIA (cyclosporine (ophth) emulsion 0.1%)	Vernal Keratoconjunctivitis
ZORVOLEX (diclofenac cap 18 mg, 35 mg)	Pain/Inflammation

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



## Drug List Coverage – Administrative Action Additions

Drug <sup>1</sup>	Drug Class/Condition Used For	Effective Date
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>		
ON/GO ONE COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 Test	May 29, 2022
SPIKEVAX COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 100 mcg/0.5 ml)	Covid-19 Vaccine	May 29, 2022
sorafenib tosylate tab 200 mg (base equivalent)	Cancer	June 5, 2022
vilazodone hcl tab 10 mg, 20 mg, 40 mg	Depression	June 5, 2022
MODERNA COVID-19 VACCINE 6-11Y (covid-19 mrna vaccine 6-11y-moderna im susp 50 mcg/0.5 ml)	Covid-19 Vaccine	June 17, 2022
MODERNA COVID-19 VACCINE 6 MO-5Y (covid-19 mrna vaccine 6mo-5y-moderna im susp 25 mcg/0.25 ml)	Covid-19 Vaccine	June 17, 2022
PFIZER-BIONTECH COVID-19 VACCINE/6 MO-4Y (covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.2 ml)	Covid-19 Vaccine	June 17, 2022
PREHEVBRIO (hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml)	Hepatitis B Vaccine	June 30, 2022
dabigatran etexilate mesylate cap 75 mg (etexilate base equivalent)	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	July 3, 2022
FLUARIX QUADRIVALENT 2022–2023 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine	July 10, 2022
NOVAVAX COVID-19 VACCINE (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	Covid-19 Vaccine	July 14, 2022
AFLURIA QUADRIVALENT 2022–2023 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
AFLURIA QUADRIVALENT 2022–2023 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine	July 17, 2022
FLUAD QUADRIVALENT 2022–2023 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
FLUBLOK QUADRIVALENT 2022–2023 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
FLUCELVAX QUADRIVALENT 2022–2023 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022

FLUCELVAX QUADRIVALENT 2022–2023 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine	July 17, 2022
FLUZONE HIGH-DOSE PF 2022–2023 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Influenza Vaccine	July 17, 2022
FLUZONE QUADRIVALENT 2022–2023 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
FLUZONE QUADRIVALENT 2022–2023 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine	July 17, 2022
FLUZONE QUADRIVALENT 2022–2023 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine	July 17, 2022
PURE COMFORT INHALER SPACER CHAMBER ADULT (spacer/aerosol-holding chambers - device)	Asthma/Chronic Obstructive Pulmonary Disease	August 14, 2022
PILOT COVID-19 AT-HOME TEST (covid-19 at home antigen test kit)	Covid-19 Test	August 21, 2022
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK (covid-19 at home antigen test kit)	Covid-19 Test	August 28, 2022
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 (covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5 ml)	Covid-19 Vaccine	August 31, 2022
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5 (covid-19 mrna bivalent vaccine-pfizer im susp 30 mcg/0.3 ml)	Covid-19 Vaccine	August 31, 2022
TRIUMEQ PD (abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg)	HIV	September 1, 2022
dabigatran etexilate mesylate cap 150 mg (etexilate base equivalent) (generic for PRADAXA)	Thromboembolism/Stroke Prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	September 4, 2022
lenalidomide caps 2.5 mg, 20 mg (generic for REVLIMID)	Cancer	September 11, 2022
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml (generic for SUPREP)	Bowel Prep	September 11, 2022
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 Test	October 2, 2022
estradiol td gel 0.25 mg/0.25 gm (0.1%), 0.75 mg/0.75 gm (0.1%), 0.5 mg/0.5 gm (0.1%), 0.75 mg/0.75 gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25 gm (0.1%) (generic for DIVIGEL)	Menopausal Vasomotor Symptoms	October 9, 2022
tazarotene gel 0.05%, 0.1% (generic for TAZORAC)	Plaque Psoriasis, Acne Vulgaris	October 9, 2022

PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y (covid-19 mrna bivalent vac 5-11y-pfizer im susp 10 mcg/0.2 ml)	Covid-19 Vaccine	October 12, 2022
roflumilast tab 500 mcg (generic for DALIRESP)	Chronic Obstructive Pulmonary Disease	October 23, 2022
FRAGMIN (dalteparin sodium inj 2500 unit/ml)	DVT Prevention, DVT/PE Extended Treatment (Cancer), Unstable Angina	November 6, 2022
PRIORIX (measles-mumps-rubella virus vaccines for subcutaneous susp)	Measles-Mumps-Rubella Vaccine	November 18, 2022
MENVEO (meningococcal (a, c, y and w-135) oligo conj vac im soln)	Meningococcal Vaccine	November 20, 2022
CALQUENCE (acalabrutinib maleate tab 100 mg)	Cancer	December 1, 2022
fingolimod hcl cap 0.5 mg (base equivalent) (generic for GILENYA)	Multiple Sclerosis	December 1, 2022
PIRFENIDONE (pirfenidone tab 534 mg)	Idiopathic Pulmonary Fibrosis	December 1, 2022
VIJOICE (alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs))	PIK3CA-related overgrowth spectrum	December 1, 2022
VIJOICE (alpelisib (pros) tab therapy pack 50 mg, 125 mg daily dose)	PIK3CA-related overgrowth spectrum	December 1, 2022
<b>Balanced and Performance Select Drug Lists</b>		
methylphenidate hcl cap er 24hr 10 mg (la)	Attention Deficit Hyperactivity Disorder (ADHD)	December 1, 2022
<b>Balanced Drug List</b>		
timolol maleate preservative free ophth soln 0.25% (generic for TIMOPTIC OCUDOSE)	Elevated Intra-ocular Pressure	September 18, 2022
CLONIDINE ER (clonidine hcl tab er 24hr 0.17 mg (base equivalent) (generic for NEXICLON XR)	Hypertension	September 25, 2022
LEVOFLOXACIN (levofloxacin ophth soln 1.5%)	Bacterial Conjunctivitis	October 9, 2022
METHOCARBAMOL (methocarbamol tab 1000 mg)	Muscle Spasms	October 9, 2022
ALLOPURINOL (allopurinol tab 200 mg)	Gout	October 23, 2022
butalbital-acetaminophen cap 50-300 mg	Tension Headache	November 6, 2022
naproxen sodium tab er 24hr 750 mg (base equivalent) (generic for NAPRELAN)	Pain/Inflammation	November 6, 2022
penciclovir cream 1% (generic for DENAVIR)	Cold Sores	November 20, 2022

Performance Select Drug List		
diclofenac sodium soln 2% (generic for Pennsaid)	Osteoarthritis Pain, knee	November 20, 2022

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

## Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2023

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>		
bisoprolol fumarate tab 5 mg	Preferred Generic	Hypertension
chlorthalidone tab 50 mg	Preferred Generic	Hypertension, Edema
cyclopentolate hcl ophth soln 0.5%	Preferred Generic	Mydriasis Induction, Cycloplegic Refraction
dexmethylphenidate hcl tab 5 mg	Preferred Generic	Attention-Deficit Hyperactivity Disorder (ADHD)
doxycycline monohydrate tab 100 mg	Preferred Generic	Acne, Infections
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Preferred Generic	Contraception
ezetimibe tab 10 mg	Preferred Generic	Hypercholesterolemia
fenofibrate micronized cap 134 mg	Preferred Generic	Hypertriglyceridemia
glycopyrrolate tab 1 mg	Preferred Generic	Chronic Severe Drooling, Peptic Ulcer Disease
haloperidol lactate oral conc 2 mg/ml	Preferred Generic	Psychosis, Tourette Syndrome, Behavioral Disorders
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5 ml	Preferred Generic	Cough
medroxyprogesterone acetate im susp 150 mg/ml	Preferred Generic	Contraception
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	Preferred Generic	Contraception
potassium chloride cap cr 8 meq, 10 meq	Preferred Generic	Hypokalemia
potassium chloride cap er 8 meq , 10 meq	Preferred Generic	Hypokalemia
prazosin hcl cap 1 mg	Preferred Generic	Hypertension
sodium fluoride rinse 0.2%	Preferred Generic	Dental Caries Prophylaxis
solifenacin succinate tab 5 mg	Preferred Generic	Overactive Bladder
sotalol hcl (afib/af) tab 160 mg	Preferred Generic	Atrial Fibrillation/Atrial Flutter
tadalafil tab 2.5 mg, 5 mg	Preferred Generic	Erectile Dysfunction, Benign Prostatic Hyperplasia
tadalafil tab 10 mg*	Preferred Generic	Erectile Dysfunction
tadalafil tab 20 mg*	Preferred Generic	Erectile Dysfunction, Pulmonary Arterial Hypertension
valsartan tab 160 mg	Preferred Generic	Hypertension
VEMLIDY (tenofovir alafenamide fumarate tab 25 mg)	Preferred Brand	Hepatitis B

<b>Balanced Drug List</b>		
<b>Drug<sup>1</sup></b>	<b>New Lower Tier</b>	<b>Drug Class/Condition Used For</b>
fenoprofen calcium cap 400 mg	Non-Preferred Generics	Pain/Inflammation
flunisolide nasal soln 25 mcg/act (0.025%)	Non-Preferred Generics	Allergic Rhinitis
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Non-Preferred Generics	Pain
tramadol hcl tab 100 mg	Non-Preferred Generics	Pain

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

\*Optional sexual dysfunction component coverage for select health plans.

### Drug List Updates (Coverage Tier Changes) – Administrative Action Changes

<b>Drug<sup>1</sup></b>	<b>New Lower Tier</b>	<b>Drug Class/Condition Used For</b>	<b>Effective Date</b>
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>			
metoprolol & hydrochlorothiazide tab 100-50 mg	Non-Preferred Generic	Hypertension	July 24, 2022
theophylline tab er 12hr 450 mg	Non-Preferred Generic	Asthma/Chronic Obstructive Pulmonary Disease	July 3, 2022
theophylline tab er 12hr 300 mg	Non-Preferred Generic	Asthma/Chronic Obstructive Pulmonary Disease	July 17, 2022
theophylline elixir 80 mg/15 ml	Non-Preferred Generic	Asthma/Chronic Obstructive Pulmonary Disease	October 2, 2022
benazepril & hydrochlorothiazide tab 5-6.25 mg	Non-Preferred Generic	Hypertension	October 23, 2022
<b>Balanced and Performance Select Drug Lists</b>			
dexamethasone tab 2 mg	Non-Preferred Generic	Inflammatory Conditions	September 18, 2022
VASCEPA (icosapent ethyl cap 0.5 gm)	Non-Preferred Generic	Severe Hypertriglyceridemia	September 30, 2022
chloroquine phosphate tab 500 mg	Non-Preferred Generic	Malaria	November 20, 2022
<b>Performance Drug List</b>			
chloroquine phosphate tab 500 mg	Non-Preferred Generic	Malaria	October 23, 2022
dexamethasone tab 2 mg	Non-Preferred Generic	Inflammatory Conditions	October 23, 2022

ELIGARD (leuprolide acetate for subcutaneous inj kit 7.5 mg)	Preferred Brand	Cancer	October 23, 2022
ELIGARD (leuprolide acetate (3 month) for subcutaneous inj kit 22.5 mg)	Preferred Brand	Cancer	October 23, 2022
ELIGARD (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)	Preferred Brand	Cancer	October 23, 2022
ELIGARD (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)	Preferred Brand	Cancer	October 23, 2022
methylphenidate hcl cap er 24hr 10 mg (la)	Non-Preferred Generic	Attention Deficit Hyperactivity Disorder (ADHD)	October 23, 2022
VASCEPA (icosapent ethyl cap 0.5 gm)	Non-Preferred Generic	Severe Hypertriglyceridemia	October 23, 2022

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

## Standard Utilization Management Program Package Changes

### Retired Prior Authorization (PA) Program

Effective Dec. 1, 2022, the Reganex PA and the Nocturia PAQL programs were retired.

### Prior Authorization (PA) Program Changes

Effective April 1, 2023, drug target nizatidine is being removed from the Alternative Dosage Form PAQL program. Additionally, Riomet IR oral solution is being moved from the Alternative Dosage Form PAQL program to the Metformin PAQL program.

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

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [bcbsil.com](http://bcbsil.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.

### New Dosages of Statin Drug to be Covered Without Cost Sharing

The United States Preventive Services Task Force (USPSTF) updated its guidance around statin coverage for the prevention of cardiovascular disease. Previously the guidance recommended low-to-moderate doses of statin for preventive use, but the new guidance doesn't specify dosage strength.

To align with the updated recommendation, two new dosage strengths of atorvastatin will be added to the list of statins covered at the preventive level on the Affordable Care Act (ACA) \$0 Preventive Drug List, without member cost sharing.

1. 40 mg atorvastatin
2. 80 mg atorvastatin

This change will go into effect April 1, 2023, for all non-grandfathered ACA-compliant plans, regardless of renewal date.

### Pharmacies Added to Specialty Pharmacy Networks

As of Jan. 1, 2023, we have added several new specialty pharmacies into our networks, including those for oral oncology and hemophilia. Members also now have access to the IntegratedRx™ (IRX) oral oncology network.

Christus Specialty Pharmacy, University Medical Center and Red Chip were added to select specialty pharmacy networks/plans effective Jan. 1, 2023. An updated list of BCBSIL's in-network specialty pharmacy vendors is posted on the BCBSIL provider website. Members can also view the specialty vendor list on Blue Access for Members<sup>SM</sup>.

### **Reminder of Split Fill Program Category Expansion**

As of Jan. 1, 2023, the Split Fill Program has been expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity. A Split Fill program [drug list](#) is posted on the member pharmacy programs section of [bcbsil.com](http://bcbsil.com).

BCBSIL offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our provider website.

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

### **Reminder of Self-Injectable Drug Member Cost Share Change for HMO Plans**

**Upcoming change:** As a reminder, member cost share for certain specialty and non-specialty self-injectable drugs will be based on applicable drug status, plan benefits and drug tier.

Background: Previously, member cost share for certain specialty and non-specialty self-injectable drugs was a flat \$50.

**Member notices:** Impacted members will receive a letter at least 60 days prior to the effective date, based on the member's plan renewal date.

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

BCBSIL contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. [MyPrime.com](http://MyPrime.com) is an online resource offered by Prime Therapeutics.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. [MyPrime.com](http://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.

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2023 – Part 1

February 16, 2023

## Drug List Changes

## Dispensing Limit Changes

## Utilization Management Program Changes

## Change in Benefit Coverage for Select High Cost Products

## Pharmacy Reminders

- **New Dosages of Statin Drug to be Covered Without Cost Sharing**
- **Pharmacies Added to Specialty Pharmacy Networks**
- **Split Fill Program Category Expansion**
- **Self-Injectable Drug Member Cost Share Change for HMO Plans**

### **DRUG LIST CHANGES**

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSIL drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective on or after April 1, 2023, are outlined below.**

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

***Please note: The drug list changes below do not apply to BCBSIL members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2024.***

***If you have patients with an HMO Illinois® or Blue Advantage HMO<sup>SM</sup> plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2024.***

### **Drug List Updates (Revisions) – As of April 1, 2023**

<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>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
GILENYA - (fingolimod hcl cap 0.5 mg (base equivalent))	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>	
<b>Multi-Tier Basic and Multi-Tier Enhanced Drug Lists Revisions</b>			
ISOSORB MONO - (isosorbide mononitrate tab 10 mg)	Angina	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ISOSORB MONO - (isosorbide mononitrate tab 20 mg)	Angina	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	



NP THYROID 15 (thyroid tab 15 mg (1/4 grain))	Hypothyroidism	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NP THYROID 30 (thyroid tab 30 mg (1/2 grain))	Hypothyroidism	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Drug <sup>1</sup>	Drug Class/ Condition Used For	Generic Alternatives <sup>1,2</sup>	Brand Alternatives <sup>1,2</sup>
Balanced, Performance and Performance Select Drug Lists Revisions			
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	Angina	isosorbide mononitrate ER tablet, isosorbide dinitrate tablet	
PHENELZINE SULFATE (phenelzine sulfate tab 15 mg) (authorized generic for NARDIL)	Depression	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg)	Contraception	<i>Please talk to your doctor or pharmacist about medication(s) available for your condition.</i>	
Balanced Drug List Revisions			
LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCIN (amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack)	Helicobacter Pylori Infection	amoxicillin tablet, clarithromycin tablet, omeprazole capsule, pantoprazole tablet, Talicia	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 5%	
Health Insurance Marketplace (HIM) Drug List Revisions			
ISOSORB MONO - (isosorbide mononitrate tab 10 mg, 20 mg)	Angina	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NP THYROID - (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PREDNISOLONE - (prednisolone soln 15 mg/5 ml)	Inflammatory conditions	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PREDNISOLONE - (prednisolone syrup 15 mg/5 ml (usp solution equivalent))	Inflammatory conditions	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VELIVET - (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg)	Contraception	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

Drug List Updates (Exclusions) – As of April 1, 2023

Non-Preferred Brand <sup>1</sup>	Drug Class/ Condition Used For	Preferred Generic Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1, 2</sup>
<b>Balanced, Performance and Performance Select Drug Lists Exclusions</b>			
DALIRESP (roflumilast tab 250 mcg, 500 mcg)	Chronic Obstructive Pulmonary Disease (COPD)	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
GILENYA (fingolimod hcl cap 0.5 mg (base equivalent))	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>	
PRADAXA (dabigatran etexilate mesylate cap 150 mg (etexilate base equivalent))	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Bacterial Infections	<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 and Performance Select Drug Lists Exclusions</b>			
ALPRAZOLAM INTENSOL (alprazolam conc 1 mg/ml)	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution	
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	Muscle Spasms	baclofen tablet	
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan succinate solution auto injector	
<b>Balanced Drug Lists Exclusions</b>			
NAPRELAN (naproxen sodium tab er 24hr 750 mg (base equivalent))	Pain/ Inflammation	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.25%)	Elevated Intra-ocular Pressure	<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 Select Drug List Exclusions</b>			
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 5%	
<b>Health Insurance Marketplace (HIM) Drug List Exclusions</b>			
DALIRESP - (roflumilast tab 250 mcg, 500 mcg)	Chronic Obstructive Pulmonary Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
GILENYA - (fingolimod hcl cap 0.5 mg (base equivalent))	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>	
PRADAXA - (dabigatran etexilate mesylate cap 150 mg (etexilate base equivalent))	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SUMATRIPTAN - (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRIMETHOPRIM - (trimethoprim tab 100 mg)	Bacterial Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Health Insurance Marketplace (HIM) Drug List Exclusions</b>			
CETROTIDE - (cetorelix acetate for inj kit 0.25 mg)	Premature Ovulation Prevention	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

<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 BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the chart below.**

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

**Effective April 1, 2023:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Miscellaneous QL</b>	
Metronidazole 1% gel	60 grams per 30 days
<b>Basic, Enhanced and Balanced Drug Lists</b>	
<b>Radicava PAQL</b>	
Radicava ORS (edaravone oral suspension) 105 mg/5 mL	50 mLs per 28 days
Radicava ORS Starter Kit (edaravone oral suspension) 105 mg/5 mL	70 mLs per 180 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Antifungals PAQL</b>	
Vivjoa (oteseconazole) cap therapy pack 150 mg	18 capsules per 180 days
<b>Hyftor PAQL</b>	
Hyftor (sirolimus) gel 0.2%	7 tubes per 84 days

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

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

**Please note:** The dispensing limits listed above do not apply to BCBSIL members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2024. They also may not apply to BCBSIL HMO members on the 2022 or 2023 Health Insurance Marketplace (HIM) Drug Lists until on or after Jan. 1, 2024.

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

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

**Drug categories or targets added to current pharmacy PA standard programs, effective April 1, 2023:**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance and Performance Select Drug Lists</b>	
Multiple Sclerosis	Gilenya (fingolimod) 0.5 mg capsule

Radicava	Radicava ORS (edaravone oral suspension) 105 mg/5 mL, Radicava ORS Starter Kit (edaravone oral suspension) 105 mg/5 mL
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Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
Antifungals	Vivjoa (oteseconazole) capsule therapy pack 150 mg
Hyftor	Hyftor (sirolimus) gel 0.2%
Zoryve	Zoryve (roflumilast) cream 0.3%

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance and Performance Select Drug Lists</b>	
Factor VIII and von Willebrand Factor	Alphanate antihemophilic factor/vwf (human) for injection, Humate-P antihemophilic factor/vwf (human) for injection,

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance, Performance Annual, Performance Select and Health Insurance Marketplace (HIM) Drug Lists</b>	
Therapeutic Alternatives	Prednisolone tab 5 mg

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier and Performance Drug Lists</b>	
Supplemental Therapeutic Alternatives	Winlevi (clascoterone) cream 1%

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

Other program changes being applied to pharmacy PA or Step Therapy (ST) standard programs include:

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
Feb. 1, 2023	Lyrica CR PAQL	PA program retiring	Basic, Basic Annual,	PA

			Enhanced, Enhanced Annual, 2022 Health Insurance Marketplace (HIM), 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	
March 1, 2023	Kerendia PAQL	New criteria requirements	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Antifungals PAQL	Effective 4/1/23, the Antifungal Agents - Brexafemme (ibrexafungerp), Cresemba (isavuconazonium), Noxafil (posaconazole), Tolsura (itraconazole), Vfend (voriconazole), Vivjoa (oteseconazole) program will change its name to Antifungals.  Members on the Basic Annual and Enhanced Annual drug lists may be notified of the criteria change for Vivjoa before their renewal date in 2024.	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Metformin PAQL	The program will change its name from Metformin ER to Metformin.  Also, drug targets Riomet IR and metformin tab 625 mg	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance,	PA

		are being moved to this program.	Performance Select, Performance Annual	
April 1, 2023	Multiple Sclerosis PAQL	New criteria requirements	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	Specialty PA
April 1, 2023	Pancreatic Enzymes PAQL	New program with various target drugs.  The targets have continuation of therapy in place and members with a drug regimen history will not be impacted.	Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Thrombopoietin Receptor Agonists and Tavalisse PAQL	Effective 4/1/23, the Thrombopoietin Receptor Agonists program will change its name to Thrombopoietin Receptor Agonists and Tavalisse.	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	Specialty PA
April 1, 2023	Topical Non-Steroidal Anti-Inflammatory Drug STQL	New formularies added to existing ST program	Balanced, Performance Select	ST
April 1, 2023	Hyftor PAQL	New PA program with target Hyftor (sirolimus) gel 0.2%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Zoryve PA	New PA program with target Zoryve (roflumilast) cream 0.3%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced,	PA

			Performance, Performance Select, Performance Annual	
April 1, 2023	Supplemental Therapeutic Alternatives PAQL	New target Winlevi (clascoterone) cream 1%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Performance, Performance Annual	PA
April 1, 2023	Therapeutic Alternatives PAQL	New target Prednisolone tab 5 mg*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA

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

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

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

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [BCBSIL.com](http://BCBSIL.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.

### Change in Benefit Coverage for Select High Cost Products

Several high cost product with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSIL members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

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

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA CAP 0.9 MG (Vita-PAC)	Vitamins	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

<sup>1</sup> All brand names are the property of their respective owners.

<sup>2</sup> This list is not all-inclusive. Other products may be available.

\* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.



## **New Dosages of Statin Drug to be Covered Without Cost Sharing**

The United States Preventive Services Task Force (USPSTF) updated its guidance around statin coverage for the prevention of cardiovascular disease. Previously the guidance recommended low-to-moderate doses of statin for preventive use, but the new guidance doesn't specify dosage strength.

To align with the updated recommendation, two new dosage strengths of atorvastatin will be added to the list of statins covered at the preventive level on the Affordable Care Act (ACA) \$0 Preventive Drug List, without member cost sharing:

1. 40 mg atorvastatin
2. 80 mg atorvastatin

This change will go into effect April 1, 2023, for all non-grandfathered ACA-compliant plans, regardless of renewal date.

## **Pharmacies Added to Specialty Pharmacy Networks**

As of January 1, 2023, we have added several new specialty pharmacies into our networks, including those for oral oncology and hemophilia. Members also now have access to the IntegratedRx™ (IRX) oral oncology network.

Christus Specialty Pharmacy, University Medical Center and Red Chip were added to select pharmacy networks/plans effective Jan. 1, 2023. An updated list of BCBSIL's in-network specialty pharmacy vendors is posted on the BCBSIL provider website. Members can also view the specialty vendor list on Blue Access for Members<sup>SM</sup>.

## **Reminder of Split Fill Program Category Expansion**

As of Jan. 1, 2023, the Split Fill Program has been expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

BCBSIL offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website. [A version](#) of this document is also available on our member pharmacy programs section of BCBSIL.com.

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

## **Reminder of Self-Injectable Drug Member Cost Share Change for HMO Plans**

**Upcoming change:** Member cost share for certain specialty and non-specialty self-injectable drugs is now based on applicable drug status, plan benefits and drug tier.

**Background:** Previously, member cost share for these drugs was a flat \$50.

**Member notices:** Impacted members will receive a letter at least 60 days prior to the effective date, based on the member's plan renewal date.

# BLUE REVIEW<sup>SM</sup>

A Provider Publication

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## Provider Hot Topics Summary: First Quarter 2023

Our Provider Network Consultants (PNCs) host Provider Hot Topics webinars at the beginning of each month. The PNCs use this online forum to share upcoming initiatives, program updates and general network announcements. They also review recent *Blue Review* articles and News and Updates notices to call out important details and address provider questions.

### PNC 'Top Three' Picks for Q1 2023

We know you may not be able to make it to every Hot Topics webinar, so our PNCs have compiled a list of the top hot topics from the previous quarter. If you don't want to miss what was top of mind this winter, we hope you enjoy this snapshot and find it useful.

#### 1. Here's the most frequently asked question we received from providers (and our answer):

**Q** – *I haven't received my 1099 Tax Form from BCBSIL. Who can I reach out to obtain my 1099?*

**A** – Follow these steps to get the information you need:

Step 1 –	Confirm BCBSIL has the correct mailing address for you or your organization.
Step 2 –	If incorrect, update your Mailing/Payee Address via our Demographic Change Form or through the Provider Data Management (PDM) tool on Availity <sup>®</sup> Essentials. (Refer to our <a href="#">Verify and Update Your Information page</a> for more instructions, if needed.)
Step 3 –	Request a copy of your 1099 via <b>one</b> of the following channels: <ul style="list-style-type: none"><li>• <a href="#">Email our 1099 Inquiries team</a>;</li><li>• Fax your request to 972-766-6657, Attention: 1099 Reporting; <b>or</b></li><li>• Mail your request to Blue Cross and Blue Shield of Texas, Attention: Texas Corporate Tax Compliance; 1001 East Lookout Dr., A-2 Tax; Richardson, TX 75082</li></ul>

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2. **Here's the top *Blue Review* article we think you should go back and read again:**

[We're Working To Improve Prior Authorization Processes](#) (February 2023)

3. **Here's one of the most important News and Updates, in case you missed it:**

[Blue Cross Community Health Plans<sup>SM</sup> \(BCCHP<sup>SM</sup>\) and MMAI Member Claims That Don't Require Attachments for Processing Must Be Submitted Electronically](#) (Posted Feb. 21, 2023)

**Let's Keep the Conversation Going**

Our next Provider Hot Topics webinar is **April 13, 2023, from 10 to 11:30 a.m.** There's still time to sign up! [Register now to attend this month's webinar.](#)

Planning ahead? Watch our [Webinars and Workshops page](#) for upcoming dates and online registration.

Our PNCs look forward to connecting with you!

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## Provider Learning Opportunities

Blue Cross and Blue Shield of Illinois (BCBSIL) offers free workshops and webinars for the independently contracted providers who work with us. These trainings focus on electronic options and other helpful tools and resources. A preview of upcoming training sessions is included below. For more information, refer to our [Webinars and Workshops page](#). **Note: All times listed are Central Time (CT).**

### BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
<p><b>Availity<sup>®</sup> Essentials Prior Authorizations and BlueApprovR<sup>SM</sup> Tool</b>  <i>Learn how to electronically submit inpatient and outpatient prior authorization handled by BCBSIL using Availity's Authorization and BlueApprovR tool.</i></p>	<p><a href="#">April 5, 2023</a>  <a href="#">April 12, 2023</a>  <a href="#">April 19, 2023</a>  <a href="#">April 26, 2023</a></p>	<p>11 a.m. to noon</p>
<p><b>Availity Claim Status, Clinical Claim Appeals and Message This Payer</b>  <i>Learn how to verify claim status, submit and monitor clinical claim appeals online and Message This Payer using the Availity Essentials Portal.</i></p>	<p><a href="#">April 6, 2023</a>  <a href="#">April 13, 2023</a>  <a href="#">April 20, 2023</a>  <a href="#">April 27, 2023</a></p>	<p>11 a.m. to noon</p>
<p><b>Availity Orientation: Save Time and Go Online</b>  <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p><a href="#">April 4, 2023</a>  <a href="#">April 11, 2023</a>  <a href="#">April 18, 2023</a>  <a href="#">April 25, 2023</a></p>	<p>11 a.m. to noon</p>

<p><b>Availity Remittance Viewer and Reporting On-Demand</b>  <i>These online tools give providers and billing services a convenient way to view claim detail information from the 835 Electronic Remittance Advice (835 ERA) and the Provider Claim Summary (PCS). Attend a webinar to learn how to gain or grant access, conduct a search, view general and payer-specific information, and save or print results.</i></p>	<a href="#">April 20, 2023</a>	1 to 2 p.m.
<p><b>BlueApprovR: Prior Authorization Process</b>  <i>Learn how to access and use BlueApprovR via Availity Essentials to submit and secure real-time approvals for specialty pharmacy drug, Behavioral Health clinical evaluation and medical surgical prior authorization requests for many BCBSIL commercial members.</i></p>	<a href="#">April 6, 2023</a> <a href="#">April 13, 2023</a> <a href="#">April 20, 2023</a> <a href="#">April 27, 2023</a>	10 to 11 a.m.
<p><b>Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and Blue Cross Medicare Advantage (HMO)<sup>SM</sup> Provider Orientation</b>  <i>Effective Jan. 1, 2023, BCBSIL Medicare Advantage Plan expanded to additional counties within the State of Illinois. These orientation webinars will give you the opportunity to ask the Provider Network Consultants (PNCs) questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review and additional resources.</i></p>	<a href="#">April 19, 2023</a>	1 to 2 p.m.
<p><b>Monthly Provider Hot Topics Webinar</b>  <i>Stay up to date on the latest news from BCBSIL! Engage with our PNCs to learn about upcoming initiatives, program changes and updates, as well as general network announcements.</i></p>	<a href="#">April 13, 2023</a>	10 to 11:30 a.m.
<p><b>Orientation Webinars for New Commercial Providers</b>  <i>Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as care coordination, third party vendors, claims, prior authorization and required provider training.</i></p>	<a href="#">April 27, 2023</a>	10 to 11 a.m.
<p><b>Orientation Webinars for New MMAI and/or Blue Cross Community Health Plans<sup>SM</sup> (BCCHP<sup>SM</sup>) Providers</b>  <i>Learn how we can best work together to improve the health of our members. Ask questions and engage with our PNCs on topics such as network participation and benefits, claims, post-processing claim inquiries, supplemental resources, credentialing and contracting.</i></p>	<a href="#">April 26, 2023</a>	10 to 11 a.m.

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Checking eligibility and benefits and/or obtaining prior authorization 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 prior authorization or benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. If you have any questions, call the number on the member's BCBSIL ID card.

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# BLUE REVIEW<sup>SM</sup>

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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 Illinois (BCBSIL) still active? Are you or your practice/medical group in- or out-of-network for a specific patient? Is prior authorization 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's critical 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 prior authorization or pre-notification 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 BCBSIL ID card for current information. Also ask for a driver's license or other photo ID to help guard against medical identity theft. Remind your patients to call the number on their BCBSIL card if they have questions about their benefits.

### Use Online Options

We encourage you to check eligibility and benefits via an electronic 270 transaction through [Avality® Essentials](#) or your preferred vendor portal. You can conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area BlueCard® and Federal Employee Program® (FEP®) members.

### Learn More

For more information, such as an [Avality user guide](#), refer to the [Eligibility and Benefits page](#) on our Provider website. BCBSIL also offers educational webinars with an emphasis on electronic transactions, including eligibility and benefits inquiries. Refer to the [Webinars and Workshops](#) page for upcoming dates, times and registration links to sign up now.

\*Note: For commercial non-HMO members, even if prior authorization isn't required, you still may want to submit an

optional request for recommended clinical review (predetermination). This step can help avoid post-service medical necessity review. Checking eligibility and benefits can't tell you when to request recommended clinical review (predetermination), since it's optional. But there's a [Medical Policy Reference List](#) on our [Recommended Clinical Review \(Predetermination\) page](#) to help you decide.

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# BLUE REVIEW<sup>SM</sup>

A Provider Publication

April 2023

## Reminder: Verify Your Directory Details Every 90 Days

The [Consolidated Appropriations Act \(CAA\) of 2021](#) requires that certain directory information be verified every 90 days. It must be verified **every 90 days even if your data hasn't changed since you last verified it**. Under CAA, we're required to remove providers from our [Provider Finder<sup>®</sup>](#) if the information isn't verified.

### What to Verify

Verify your name, address, phone, specialty and digital contact information (website address) every 90 days. You must also update your information when it changes, including if you join or leave a network. See the [Verify and Update Your Information](#) page on our Provider website for more information.

### How to Verify

- **Professional Providers** – We recommend using the [Availity<sup>®</sup> Essentials](#) Provider Data Management (PDM) feature to quickly verify your information with us and other insurers every 90 days.
- Availity allows one transaction to verify for multiple insurers. See our [PDM page](#) and [user guide](#) for more details.
- If you're unable to use Availity, use our [Demographic Change Form](#). See our [user guide](#) on how to verify your data using this form.
- If you haven't verified your data, you may receive email reminders from us. These emails have a unique link to verify your information.
- **Professional Provider Groups** – Groups can verify **individual providers** using the Availity PDM feature or our [Demographic Change Form](#).
- **Professional Provider Groups Who Submit Changes by Roster** – Medical groups who update their provider information by roster can verify all their providers' information every 90 days by submitting a roster. When you submit a roster, all providers affiliated with this group and not listed with an update are verified as correct with no changes.
- **Acute and Ancillary Facilities** – Facilities and ancillary providers may only use the [Demographic Change Form](#) to verify information. See our [user guide](#) for more details.

### How to Make Updates

If you need to change your data, follow the instructions below. **Updating your data will count as your 90-day verification.**

- **All facilities and professional providers** may continue to use our [Demographic Change Form](#).

- **Professional providers** may update some data using Availity's PDM feature.
- See our [Verify and Update Your Information](#) page for details.

To enable us to meet the two-day directory update requirement defined by the CAA, **we won't accept demographic changes by email, phone or fax.** Any demographic updates requested through these channels will be rejected and closed.

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