

BLUE REVIEWSM

A Provider Publication

April 2020

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 April 2020 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

Provider Information on COVID-19 Coverage

Blue Cross and Blue Shield of Oklahoma (BCBSOK) is covering **testing to diagnose** the 2019 Novel Coronavirus (COVID-19) for most members with no prior authorization needed and no member copays or deductibles. BCBSOK is also waiving member cost-sharing, including deductibles, copayments and coinsurance related to [treatment](#) for COVID-19.

Providers should use the **most** appropriate CPT or HCPCS code that describes the service they are rendering and append any appropriate modifiers.

Note on self-insured groups: Many of our members are covered under a health plan that is self-insured by their employer. **Some of these members may be responsible for copay or deductibles**, based on their employer's election to participate in this benefit. Members can call the number on their ID card for specific benefit questions.

Medicare members: Medicare (excluding Part D) and Medicare Supplement members won't pay copays, deductibles or coinsurance for:

- Medically necessary lab tests to diagnose COVID-19 (testing must be medically necessary, consistent with CDC guidance and at the direction of a doctor)

- Testing-related visits related to COVID-19 with in-network providers, whether at a provider's office, urgent care clinic, emergency room or by telehealth.
- Treatment for COVID-19. This applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies from April 1 through May 31, 2020.

The in-network/out-of-network provisions do not apply to Blue Cross Medicare SupplementSM members. Members should always call the number on their ID card for answers to their specific benefit questions.

Check Members Eligibility and Benefits

Use the [Availity® Provider Portal](#) or your preferred vendor for eligibility and check benefit verifications.

Claims for COVID-19 Testing

If you test a member when it's medically necessary and consistent with CDC guidance, submit the claim to us using the most appropriate **Healthcare Common Procedure Coding System (HCPCS) or CPT** code:

- HCPCS code U0002 (Non-CDC lab test)
- CPT code 87635 (American Medical Association (AMA) code for SARS-2-CoV-2 lab test)

The [Centers for Medicare and Medicaid Services](#) (CMS) has set the weights for the COVID-19 diagnostic tests. We will follow CMS weights and apply the terms of our applicable provider agreements.

COVID-19 Treatment

BCBSOK is waiving member cost-sharing, including deductibles, copayments and coinsurance related to **treatment** for COVID-19. The waiver applies to costs associated with COVID-19 treatment at in-network facilities and treatment for out-of-network emergencies. This policy covers treatment from April 1 through May 31, 2020. We will reassess this policy as events warrant.

Visit our [BCBSOK Waives Customer Cost-Sharing for COVID-19 Treatment](#) News & Updates article for more information.

Credentialing Process Simplified for COVID-19

BCBSOK is temporarily updating our credentialing policy and processes in response to the COVID-19 emergency. This complies with emergency state and federal regulations and is effective April 3, 2020. The temporary modifications are only in place during the COVID-19 emergency and subject to change based upon state and federal action. Otherwise, standard credentialing and processes will apply.

What's Changing? We are simplifying the process of joining our network.

Subject to state actions on licensing and practice requirements, we will credential providers who meet the following conditions for the duration of the state-declared Executive Order:

- Oklahoma Board approved healthcare professional intending to participate in Oklahoma.
- We will accept temporary licenses.
- We will waive accreditation requirements, CMS certification and site visits for institutional providers.
- We will accept expired documents if they have been inactive or expired for less than six-months and the provider is unable to obtain a current document from the issuer due to the COVID-19 emergency. Licenses, accreditations or certifications that have been revoked for cause will not be accepted.

All occupational licenses extended during the Executive Order by Governor Stitt will expire fourteen (14) days following the withdrawal of termination of the Order.

Credentialing criteria and verification sources may change. Please check back often for updates.

Out-of -Network Providers

If you are not in our networks, our allowed amounts are consistent with our out-of-network pricing and our member's benefits. As indicated above most members will not pay copays or deductibles. Please call the customer service number on the member's ID card for benefit information.

Telehealth

Professional claims may be submitted for services where the provider is acting within the scope of their state license, the service being rendered can be performed via telemedicine and meets the definition of the procedure code billed. Claim should include POS 2 (professional) and appropriate modifier (95, GT, GQ).

If you are not in our networks, our allowed amounts are consistent with our out-of-network pricing and our member's benefits. Please call the customer service number on the member's ID card for benefit information.

For more information visit our [Using Telemedicine and Telehealth in Response to COVID-19](#) News & Updates article.

Pharmacy

For members who have BCBSOK pharmacy benefits administered through Prime Therapeutics, BCBSOK will allow members to receive an early fill of their medication for the same quantity as the last prescription filled. We also encourage members to use their 90-day mail order benefit, if applicable. All pharmacy practice safety measures, as well as prescribing and dispensing laws, will remain.

Note on Medicare members: Members of these plans can get 90-day fills through mail order:

- Blue Cross Group Medicare Advantage (PPO)SM
- Blue Cross Group Medicare Advantage Open Access (PPO)SM
- Blue Cross Group MedicareRx (PDP)SM
- Blue Cross Medicare Advantage (HMO)SM
- Blue Cross Medicare Rx (PDP)SM

We are also prepared for medication shortages or access issues. Patients will not be liable for additional charges that may stem from obtaining a non-preferred medication if the preferred medication is not available due to shortage or access issues.

What is the risk of COVID-19?

According to recent reports from the CDC, the infection rate from COVID-19 is a rapidly evolving situation. The risk assessment may change daily. The latest updates are available on the CDC's Coronavirus Disease 2019 (COVID-19) website. We are ready to help you serve our members and the community in understanding, preventing and potentially treating people who have been affected by the COVID-19.

We've developed a member-facing [flier about COVID-19](#)  that you may share with your patients.

More Information

Please review the [COVID-19 – Oklahoma Provider Frequently Asked Questions](#) .

Because this is a rapidly evolving situation, you should continue to use [Centers for Disease Control guidance](#) on COVID-19, as the CDC has the most up-to-date information and recommendations. In addition, watch for updates on [BCBSOK News and Updates](#) and [Newsroom](#).

If you have any questions or if you need additional information, please [email provider inquiries](#) or call the Provider Contract Support Unit at **800-722-3730, Option 2**.

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy. Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSOK 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 Therapeutics LLC.

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Remember to use In-Network Laboratories

As a Blue Cross and Blue Shield of Oklahoma (BCBSOK) participating provider, you are required to refer our members to participating providers in most circumstances, including in-network laboratories.

BCBSOK has established relationships with contracted lab vendors including, but not limited to, LabCorp and Regional Medical Laboratory. These preferred laboratories allow members to maximize benefits and lower their out of pocket costs.

For more information visit our [Preferred Laboratories](#) section on our website.

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New Annual Wellness Visit Resources for Medicare Providers

We have two new resources to help you care for our Medicare Advantage members during their annual wellness visits: an [Annual Wellness Visit Guide](#) and [Annual Wellness Visit form](#). These resources can help you document our members' visits to more easily meet Medicare requirements.

The guide and form are for your use only and do not need to be returned to us.

What's New?

The **Annual Wellness Visit Guide** includes a wellness visit checklist and information on:

- Medicare coverage for wellness visits
- Correct coding for wellness visits
- Guidance to help ensure all member conditions are correctly coded each year
- Coding for other evaluation and management services, such as lab tests
- Preventive services and screenings
- Closing care gaps by performing Healthcare Effectiveness Data and Information Set (HEDIS®) measurements
- Coding tips to help minimize requests for medical records and help expedite claims processing

You may use the new **Annual Wellness Visit form** during wellness visits. It includes sections for members' medical history, risk factors, conditions, treatment options, coordination of care and advance care planning. It can be used as a digital fillable form or printed and completed by hand during the visit.

Annual Wellness Visits Help Our Members Stay Healthy

Wellness visits provide opportunities to screen for health conditions and manage chronic ones. To support our members' health, you can:

- Remind them to schedule their annual wellness visit for 2020.
- Discuss behavioral and physical health and preventive measures such as healthy weight, fall prevention, diet and exercise.

Members may be able to [earn a reward](#) for getting an annual wellness exam and other screenings. An initial preventive visit and subsequent annual wellness visits have no copay and are provided at no additional out-of-pocket cost for Medicare Advantage members.¹ See our guide for more information. Additional services may result in member cost-sharing.

It is important that you use the [Availity® Provider Portal](#) or your preferred vendor to check eligibility and benefits before every scheduled appointment. Eligibility and benefit

quotes include membership confirmation, coverage status and applicable copayment, coinsurance and deductible amounts. Ask to see the member's Blue Cross and Blue Shield of Oklahoma ID card and a driver's license or other photo ID to help guard against medical identity theft.

¹Centers for Medicare & Medicaid Services, Yearly "Wellness" visits, <https://www.medicare.gov/coverage/yearly-wellness-visits>

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

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Behavioral Health Program Changes for BlueLincs HMOSM

Starting **June 1, 2020**, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will administer behavioral health benefits for **BlueLincs HMO** members, replacing the current behavioral health administrator, Magellan Healthcare[®].

This means that for dates of service beginning on or after June 1 for BlueLincs HMO members:

- Behavioral health claims must be submitted to BCBSOK for reimbursement.
- Eligibility, prior authorization and claims inquiries should be directed to BCBSOK. Please call the number on the member ID card.

We will notify BlueLincs HMO members before the transition date. Some members will receive new BCBSOK ID cards as part of this transition.

For more information please review the [2020 Behavioral Health Program Change FAQs](#) . The FAQs can also be found on the BCBSOK Provider website under the [Behavioral Health Care Management](#) page/Related Links.

We do not expect member benefits to be affected by this change. It's important to use the [Availity Provider Portal](#) or your preferred vendor to check eligibility and benefits for all of our members prior to service. This will help you confirm coverage details and other important information, including any prior authorization and pre-notification requirements.

BCBSOK will continue to contract with Magellan Healthcare, Inc. ("Magellan"), an independent company, until May 31, 2020, to administer behavioral health benefits for BlueLincs HMO.

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Checking eligibility and/or benefit information and/or the fact that a service has been preauthorized/pre-notified 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, call the number on the member's ID card.

New Authorizations and Referrals Tool via Availity® Provider Portal Available as of Feb. 17, 2020

We're pleased to announce that the Availity Authorizations and Referrals tool (HIPAA-standard 278 transaction) is available as of Feb. 17, 2020 for submission of prior authorization and referral requests handled by Blue Cross and Blue Shield of Oklahoma (BCBSOK). This includes prior authorization requests for inpatient admissions, select outpatient services and referrals.

For behavioral health services for Federal Employee Program® (FEP®) members, continue using your current preauthorization process until this new tool becomes available for you.

Important Reminders:

- If you haven't registered with Availity, you can sign up for free on the [Availity website](#) . For help, contact Availity Client Services at 800-282-4548.
- We will deactivate our current electronic preauthorization submission tool, iExchange®, on **April 15, 2020**. As of this date, submit all electronic prior authorization and referral requests handled by BCBSOK using the Availity Authorizations & Referrals tool.
- The process of submitting preauthorization requests through eviCore healthcare (eviCore) or other vendors is not changing.

- Submit medical and surgical predetermination of benefits requests via fax or mail using the [Predetermination Request Form](#), along with the pertinent medical documentation.

Training and Support

If you have questions or need customized training contact our [Provider Education Consultants](#). Refer to the [Provider Tools section](#) of our website to view the new [Availity Authorizations User Guide](#) and [Availity Referrals User Guide](#).

iExchange is a trademark of Medecision, Inc., a separate company that provides collaborative health care management solutions for payers and providers.

eviCore is an independent specialty medical benefits management company that provides utilization management services for BCBSOK. eviCore is wholly responsible for its own products and services. 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 eviCore and Availity. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). Part 1 included:

- Drug list revisions/exclusions
- Dispensing limits
- Utilization management changes
- General information on pharmacy benefit program updates

Part 2 contains:

- More recent coverage additions
- Utilization management updates
- Any other updates to the pharmacy program.

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National

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

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

Drug List Coverage Additions – As of April 1, 2020

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
DIVIGEL (estradiol td gel 1.25 mg/1.25 gm (0.1%))	Hot Flashes
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
INSULIN ASPART (insulin aspart inj 100 unit/ml)	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Diabetes

INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Diabetes
LYNPARZA (olaparib cap 50 mg; tab 100 mg, 150 mg)	Cancer
NOVOLIN N FLEXPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
NUBEQA (darolutamide tab 300 mg)	Cancer
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Cancer
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes

SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C
TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis
Balanced, Performance and Performance Select Drug Lists	
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
deferasirox tab 90 mg, 360 mg (generic for JADENU)	Chronic Iron Overload
DEXCOM G5 MOBILE RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring

DEXCOM G5 MOBILE TRANSMITTER KIT (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 RECEIVER (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 SENSOR (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 TRANSMITTER (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
digoxin oral soln 0.05 mg/ml (generic for DIGOXIN)	Heart Failure, Atrial Fibrillation
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Asthma
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Diabetes

GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
HEPARIN SODIUM (heparin sodium (porcine) pf inj 5000 unit/ml)	Clotting Conditions
INREBIC (fedratinib hcl cap 100 mg)	Cancer
mesalamine cap er 24hr 0.375 gm (generic for APRISO)	Ulcerative Colitis
NAYZILAM (midazolam nasal spray soln 5 mg/0.1 ml)	Seizures
nitisinone cap 2 mg, 5 mg, 10 mg (generic for ORFADIN)	Hereditary Tyrosinemia Type 1 (HT-1)
NUBEQA (darolutamide tab 300 mg)	Cancer
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 15 mg)	Pain
pentamidine isethionate for nebulization soln 300 mg (generic for NEBUPENT)	Fungal Infections

PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate oral soln 25 mg/5 ml (base eq))	Inflammatory Conditions
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes
SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C
TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis
TURALIO (pexidartinib hcl cap 200 mg (base equivalent))	Cancer
VYLEESI (bremelanotide acetate subcutaneous soln auto-injector 1.75 mg/0.3 ml)*	Hypoactive Sexual Desire Disorder
Balanced Drug List	
ASPIRIN/OMEPRAZOLE (aspirin-omeprazole tab delayed release 81-40 mg)	Myocardial Infarction and Stroke Prophylaxis

CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF (ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%)	Otic Infections & Inflammation
CLOCORTOLONE PIVALATE (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
CLODERM (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Major Depressive Disorder
HALOBETASOL PROPIONATE (halobetasol propionate foam 0.05%)	Inflammatory Conditions
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
NOURIANZ (istradefylline tab 20 mg, 40 mg)	Parkinson's Disease
OZOBAX (baclofen oral soln 5 mg/5 ml)	Multiple Sclerosis
PREGENNA (prenat vit w/ fe bisglyc chelate-fa tab 20-1 mg (1.7 mg dfe))	Prenatal Vitamin
sucralfate susp 1 gm/10 ml (generic for CARAFATE susp)	Ulcers

TOSYMRA (sumatriptan nasal spray 10 mg/act)	Migraines
VITATHELY/GINGER (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
ZALVIT (prenatal vit w/ fe gluconate-fa tab 13-1 mg)	Prenatal Vitamin

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

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

Drug List Updates (Coverage Tier Changes) – As of April 1, 2020

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Non-Preferred Generic	Cataracts, Inflammatory Conditions
metoprolol tartrate tab 37.5 mg, 75 mg	Non-Preferred Generic	Hypertension

prednisone tab 50 mg	Non-Preferred Generic	Inflammatory Conditions
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Preferred Brand	Cancer
SYNTHROID (levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg)	Preferred Brand	Hypothyroidism
Balanced Drug List		
triamcinolone acetonide oint 0.05%	Non-Preferred Generic	Inflammatory Conditions

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. Please note:** The dispensing limits listed below do not apply to BCBSOK members on the Enhanced Annual Drug List. Dispensing limits will be applied to this drug list on or after Jan. 1, 2021, unless stated otherwise.

Effective April 1, 2020:

Drug Class and Medication(s)¹	Dispensing Limit(s)
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**Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance
Select Drug Lists**

5HT-1F

Reyvow 5 mg

4 tablets per 30 days

Reyvow 10 mg

8 tablets per 30 days

Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists

Continuous Glucose Monitors

Dexcom G5 Transmitter

1 transmitter per 84 days

Dexcom G5/G4 Sensor

4 sensors per 28 days

Dexcom G5 Receiver

1 receiver per 365 days

Dexcom G6 Transmitter

1 transmitter per 90 days

Dexcom G6 Sensor

3 sensors per 30 days

Dexcom G6 Receiver

1 receiver per 365 days

Dexcom G4 Platinum Sensor

4 sensors per 28 days

Dexcom G4 Platinum Transmitter	1 transmitter per 90 days
Dexcom G4 Platinum Receiver	1 receiver per 365 days
Eversense Sensor	1 sensor per 90 days
Eversense Transmitter	1 transmitter per 90 days
Freestyle Libre Sensor - 10 day	3 sensors per 30 days
Freestyle Libre Reader - 10 day	1 reader per 365 days
Freestyle Libre Sensor - 14 day	2 sensors per 28 days
Freestyle Libre Reader - 14 day	1 reader per 365 days
Guardian Sensor	4 sensors per 28 days
Guardian Transmitter	1 transmitter per 90 days
Guardian Kit	1 kit per 365 days
Balanced, Performance and Performance Select Drug Lists	
Nasal Antiepileptics	

Nayzilam	10 sprays per 30 days
Valtoco 5 mg	10 packs per 30 days
Valtoco 10 mg	10 packs per 30 days
Valtoco 15 mg	10 packs per 30 days
Valtoco 20 mg	10 packs per 30 days
Wakix	
Wakix 4.45 mg	60 tablets per 30 days
Wakix 17.8 mg	60 tablets per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective **April 1, 2020**, the following changes will be applied:

- The Wakix Specialty Prior Authorization (PA) program will be added to the Balanced, Performance and Performance Select Drug Lists. This program includes the target drug Wakix.
- The 5HT-1F PA program will be added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Reyvow.

- The Continuous Glucose Monitor PA program will be added to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists. The program includes the following products: Dexcom G4 Platinum CGM System, Dexcom G5 Mobile CGM System, Dexcom G6 CGM System, Freestyle Libre, Guardian Real-Time CGM System and Senseonics Eversense. Members with a recent claim for any of these products will be grandfathered from participation.

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

Reminder: Drug Coupon Change

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

Letters were sent in January to members who have plans renewing in Q2 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Dexcom Continuous Glucose Monitoring Products Added to Select Drug Lists

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

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management and related services. BCBSOK, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.

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Web Changes

- Posted [March Blue Review](#) to Education and Reference Center/News and Updates/Blue Review page.
- Posted [Reimbursement rate update for infliximab products Beginning April 1, 2020](#) to Education and Reference Center/News and Updates.
- Posted [New BCBSOK 837 Commercial Claim Validation Edits Effective April 1, 2020](#) to Education and Reference Center/News and Updates.
- Posted [Two New ClaimsXten™ Rules to be Implemented April 2020](#) to Education and Reference Center/News and Updates.
- Posted [Two New ClaimsXten™ Rules to be Implemented June 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.

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BCBSOK Online Provider Orientation

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

Medical Policy Reminder

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

While some information on new or revised medical policies may occasionally be published for your convenience, please visit bcbsok.com/provider 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.

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