



BLUE REVIEWSM

A Provider Publication

February 2022

■ Provider Education

It's Time: Verify Your Directory Details

In October 2021, we told you about the Consolidated Appropriations Act (CAA) requirement that **certain provider directory information must be verified every 90 days**. This requirement became effective **Jan. 1, 2022**.

[Read More](#)

BCBSIL Needs Your Help To Update Your Telehealth Information

Another directory update is specified in Illinois Senate Bill 332, which amends the Network Adequacy and Transparency Act. Blue Cross and Blue Shield of Illinois (BCBSIL) is required to update our printed directory and our online provider directory, Provider Finder[®], with each contracted provider's telehealth information.

[Read More](#)

Reminder: 2022 Claim Editing Enhancements

As we recently announced, BCBSIL will enhance our claims editing and review process with Cotiviti, INC., for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed.

[Read More](#)

Provider Learning Opportunities

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

[Read More](#)

■ Claims and Coding

Updated: Surprise Billing Provisions of No Surprises Act

The No Surprises Act (NSA) is a requirement of the CAA for plan years on or after Jan. 1, 2022. It prohibits most **out-of-network** providers from balance billing patients for certain services. On Jan. 18, 2022, we posted an [updated notice](#) that includes information on how to request a claim review. [Read more on News and Updates.](#)

EXL Health Is Reviewing Complex Claims

EXL Health is conducting post-payment reviews of complex claims from providers and facilities on behalf of BCBSIL.

[Read More](#)

■ Electronic Options

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](#)

■ What's New

Free Heart Health Month and Black History Month Events at Blue Door Neighborhood CenterSM (BDNCSM)

You and your patients are invited to free, virtual and in-person events celebrating **Black History Month** and acknowledging **Heart Health Month** at our three BDNC locations. Check the BDNC calendars for a full list of events.

[Read More](#)

■ Wellness and Member Education

Delivering Quality Care: Supporting Healthy Hearts

Heart disease and stroke are among the leading causes of death in the U.S., according to the Centers for Disease Control and Prevention (CDC). We encourage you to talk with our members, especially

during February – **American Heart Month** – about reducing and managing risks.

[Read More](#)

■ Pharmacy Program

New Specialty Pharmacy for Pharmacy Members

A new specialty pharmacy service provider has been chosen by BCBSIL through our pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime).

[Read More](#)

New Mail Order Service Provider for Pharmacy Members

BCBSIL has chosen a new mail order service provider for our members whose pharmacy benefits are administered through Prime.

[Read More](#)

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2022 – Part 2

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSIL drug lists. Changes effective on or after Jan. 1, 2022, are outlined [here](#).

■ Quality Improvement and Reporting

Member Experience Surveys (CAHPS® and EES): We All Play a Role

Every year, some BCBSIL members receive surveys to collect information about their experiences with both their health care providers and health insurance plans.

[Read More](#)

■ Notification and Disclosure

ClaimsXten™ Quarterly Update Reminder

The ClaimsXten code auditing tool is updated quarterly. On or after **April 11, 2022**, BCBSIL will implement the first quarter code update in the ClaimsXten tool.

[Read More](#)



Quick Reminders

Stay informed!

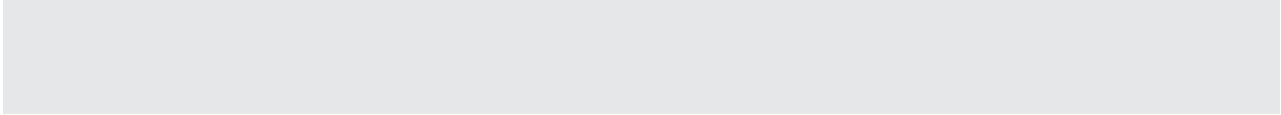
Watch the [News and Updates](#) on our Provider website for important announcements.

Verify and Update Your Information

Verify your directory information every 90 days. Use the [Availity® 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](#).

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It's Time: Verify Your Directory Details

In [October 2021](#), we told you about the Consolidated Appropriations Act (CAA) requirement that **certain provider directory information must be verified every 90 days**. This requirement became effective **Jan. 1, 2022**.

What This Means for You

As of Jan. 1, 2022, you must:

- Verify your name, address, phone, specialty and website for our [Provider Finder[®]](#) every 90 days, **and**
- Update your information as soon as it changes, including if you come into, or go out of, a network.

Under the CAA, **we're required to remove providers** whose data we're unable to verify **from our Provider Finder**. If you leave a network, you should update your directory information immediately. If you're incorrectly identified as an in-network provider, it may limit member cost-sharing to in-network levels.

How to Verify and Update Your Information

We recommend using the [Availity[®] Provider Data Management](#) feature to quickly verify and update your information with Blue Cross and Blue Shield of Illinois (BCBSIL) **and other insurers** every 90 days. If you're unable to use Availity, you may submit a [Demographic Change Form](#) to verify and update your information with BCBSIL.

Note: **Facilities may only use the [Demographic Change Form](#)** to verify and update their data with BCBSIL. Rosters may be submitted by approved emails.

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

To apply to join our networks or add a provider to your current group, see the [Join Our Network](#) page.

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BCBSIL Needs Your Help To Update Your Telehealth Information

Another directory update is specified in Illinois Senate Bill 332, which amends the Network Adequacy and Transparency Act. [As previously mentioned](#), Blue Cross and Blue Shield of Illinois (BCBSIL) is required to update our printed directory and our online provider directory, [Provider Finder[®]](#), with each contracted provider's telehealth information.

We Need Your Help

We're ready to start collecting information from **commercial providers contracted with BCBSIL in the PPO, HMO and Blue Choice PPOSM networks**. If you participate in one of these commercial networks, please complete the following steps:

1. Send a request to the [Illinois Provider Roster Requests team](#) asking for a current copy of your roster
2. Complete the telehealth fields for each provider on the roster, **AND**
3. Send the roster back to the [Illinois Provider Roster Requests team](#) as soon as possible

The roster includes 12 new telehealth fields to complete for **each provider**. If a provider does not provide telehealth, mark "No" for all 12 fields.

The first two fields refer to the modalities your office provides.

1. Telehealth available audio only (Yes or No)
2. Telehealth available audio and video (Yes or No)

The third field is asking whether your practice has the ability and willingness to include a family caregiver who is in a separate location than the patient on a telehealth visit, if the patient wishes and provides his or her consent.

3. Telehealth w/Family Caregiver in Different Place (Yes or No)

Fields 4 through 12 refer to the types of services your office could offer via telehealth.

4. Telehealth Medical Care (Yes or No)
5. Telehealth Consultation (Yes or No)
6. Telehealth Other Medical Items or Services (Yes or No)
7. Telehealth Hospice (Yes or No)
8. Telehealth Hearing Items and Services (Yes or No)

9. Telehealth Vision Items or Services (Yes or No)
10. Telehealth Outpatient Mental Health Treatment (Yes or No)
11. Telehealth Occupational Therapy (Yes or No)
12. Telehealth Physical Therapy (Yes or No)

If you have any questions, contact your [Provider Network Consultant \(PNC\)](#).

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Reminder: 2022 Claim Editing Enhancements

As we [recently announced](#), Blue Cross and Blue Shield of Illinois (BCBSIL) will enhance our claims editing and review process with Cotiviti, INC., for some of our commercial members to help ensure accurate coding of services and that services are properly reimbursed.

What This Means for You: The enhancements require you to continue to follow generally accepted claim payment policies. With your help, the enhanced claims review process will help our members get the right care at the right time and in the right setting.

Note: Inaccurately coded claims will result in denied or delayed payment.

What's changing?

Components of the editing and review enhancements include:

- **Effective Jan. 10, 2022 – Coding for Services Within the Global Surgical Period**

The global surgery package payment policies include all necessary services normally provided by the surgeon before, during and after a surgical procedure, and applies only to primary surgeons and co-surgeons. The global surgery package applies only to surgical procedures that have post-operative periods of 0, 10 and 90 days, as defined by the Centers for Medicare & Medicaid Services (CMS).

- **Effective April 1, 2022 – Anatomical Modifiers**

CMS-defined anatomical modifiers validate the area or part of the body on which a procedure is performed. Procedure codes that do not specify right or left require an anatomical modifier. This includes procedures on fingers, toes, eyelids and coronary arteries which have specific CMS-defined modifiers.

- **Effective April 1, 2022 – Diagnosis Code Guidelines**

Use of correct ICD-10 codes will be verified. ICD-10-Clinical Modification (CM) diagnosis coding guidelines, including reporting of inappropriate code pairs, as well as correct coding of secondary, manifestation, sequelae, chemotherapy administration, external causes and factors influencing health status diagnoses. These guidelines are contained in the ICD-10-CM Diagnosis Codes Manual.

For more information on the **Global Surgical Period edit** that took effect on Jan. 10, 2022, [see our News and Updates notice from Oct. 12, 2021](#). For more information on the **Anatomical Modifiers and Diagnosis Code Guidelines edits** that will take effect on April 1, 2022, [see the article in our January Blue Review](#).

Watch the [News and Updates](#) for future announcements.

Cotiviti, INC. is an independent company that provides medical claims administration for BCBSIL. References to other third party sources or organizations are not a representation, warranty or endorsement of such organization. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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Provider Learning Opportunities

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

BCBSIL WEBINARS

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

Descriptions:	Dates:	Session Times:
<p>Availity® Authorizations Tool <i>Learn how to electronically submit inpatient and outpatient prior authorization requests handled by BCBSIL.</i></p>	<p>Feb. 9, 2022 Feb. 16, 2022 Feb. 23, 2022</p>	<p>11 a.m. to noon</p>
<p>Availity Claim Status <i>Learn how to verify detailed claim status online using Availity's Claim Status tool.</i></p>	<p>Feb. 10, 2022 Feb. 17, 2022 Feb. 24, 2022</p>	<p>11 to 11:30 a.m.</p>
<p>Availity Remittance Viewer and Reporting On-Demand <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>	<p>Feb. 17, 2022</p>	<p>1 to 2 p.m.</p>
<p>Availity Orientation: Save Time and Go Online <i>Join us for a review of electronic transactions, provider tools and helpful online resources.</i></p>	<p>Feb. 8, 2022 Feb. 15, 2022 Feb. 22, 2022</p>	<p>11 a.m. to noon</p>

Blue Cross Medicare Advantage (PPO)SM and HMO Provider Orientation

[Feb. 16, 2022](#)

1 to 2:30 p.m.

For providers who are newly in our Medicare Advantage network. This orientation webinar will give you the opportunity to ask questions and will highlight topics such as provider enrollment, eligibility and benefits, claim submission and review, and additional resources.

Monthly Provider Hot Topics Webinar

[Feb. 10, 2022](#)

10 to 11:30 a.m.

Stay up to date on the latest news from BCBSIL! Engage with our Provider Network Consultants (PNCs) learn about upcoming initiatives, program changes and updates, as well as general network announcements.

Orientation Webinars for New Commercial Providers

[Feb. 9, 2022](#)

3 to 4:30 p.m.

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.

[Feb. 24, 2022](#)

10 to 11:30 a.m.

Orientation Webinars for New MMAI and/or BCCHP Providers

[Feb. 17, 2022](#)

10 to 11:30 a.m.

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.

[Feb. 23, 2022](#)

3 to 4:30 p.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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EXL Health Is Reviewing Complex Claims

As we told you in [May 2021](#), EXL Health is conducting post-payment reviews of complex claims from providers and facilities on behalf of Blue Cross and Blue Shield of Illinois (BCBSIL).

Reminder: This means that for all commercial and Medicaid claims filed after June 30, 2021, **EXL Health will contact you if your claim was incorrectly paid.** You may be contacted by EXL Health starting in February 2022.

EXL Health is reviewing claims for:

- Compliance with the provider agreement
- Compliance with [clinical payment and coding policies](#)
- Accuracy of payment

If a claim is determined to be reimbursed incorrectly, EXL Health will tell you how to repay the funds or appeal the decision. BCBSIL may recoup payment for any claim that doesn't meet our policies. For more information, refer to our [Provider Manuals](#).

Questions? Contact your BCBSIL Provider Network Consultant.

EXL Health is an independent company that has contracted with BCBSIL to provide medical claim audits for members with coverage through BCBSIL.

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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 Availity[®] Essentials or your preferred vendor portal. You may conduct electronic eligibility and benefits inquiries for local BCBSIL members, and out-of-area Blue Plan and Federal Employee Program[®] (FEP[®]) members.

Learn More

For more information, such as an [Availity 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 may still want to submit a

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

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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 their health care provider.

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Free Heart Health Month and Black History Month Events at Blue Door Neighborhood CenterSM (BDNCSM)

February is **Heart Health Month**, so our BDNC locations will offer education throughout the month on heart health, sodium intake and stress management, including a self-love day at the South Lawndale BDNC. On Friday, February 11, from 10 a.m. to 5 p.m., your patients may join us for a **self-love day** with opportunities to participate in yoga, write gratitude letters and take part in other stress management health education sessions.

In addition, our Pullman and Morgan Park BDNC locations will host a **Lunch & Learn along with the American Heart Association** on Thursday, February 17, from noon to 1 p.m. to discuss heart related issues.

February is also **Black History Month** and our BDNC locations will have education throughout the month on health disparities among African Americans, including a **family game night** with a Black History Month theme. Check the calendars below for dates and times.

Do you have any pregnant patients? You may want to let them know about the **community baby shower** we're hosting at the South Lawndale BDNC on Thursday, February 24 from 11 a.m. to 1 p.m. Participants may join in on prenatal yoga as well as prenatal education seminars and learn about prenatal resources.

All three BDNC locations will provide free **farmers markets** and **immunization clinics**. Check the calendars below for dates and times.

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

Supporting our members on their health education journeys and increasing access to health care where our members live, work and play is an ongoing priority at Blue Cross and Blue Shield of Illinois (BCBSIL). We are also committed to strengthening the health of communities across the state. BDNC gives BCBSIL the opportunity to partner with you, the provider community, to truly make a difference in the lives of residents in our communities. All programming – in person and virtual – at BDNC locations is **free and open to BCBSIL members and non-members**. If you or your patients have

questions, [email the BDNC](#) or call 773-253-0900.

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

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

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Delivering Quality Care: Supporting Healthy Hearts

Heart disease and stroke are among [the leading causes of death](#) in the U.S., according to the Centers for Disease Control and Prevention (CDC). We encourage you to talk with our members, especially during February – **American Heart Month** – about reducing and managing risks. We've created [resources](#) that may help, including information on [high blood pressure](#) and [cholesterol](#).

Recommended Screenings

- The U.S. Preventive Services Task Force (USPSTF) recommends blood pressure checks for adults age 18 and older at every visit.
- The USPSTF recommends cholesterol screenings for adults ages 40 to 75. In addition, the American Heart Association recommends cholesterol screenings for adults ages 20 to 39 who have risk for coronary heart disease.

Closing Gaps in Care

We track data from quality measures to help assess and improve the quality of our members' care. [Controlling High Blood Pressure](#) and [Statin Therapy for Patients with Cardiovascular Disease](#) are Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures from the National Committee for Quality Assurance (NCQA).

For **Controlling High Blood Pressure**, we measure the percentage of members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled. NCQA defines controlling blood pressure as:

- Systolic blood pressure < 140 mmHg
- Diastolic blood pressure < 90 mmHg

Statin Therapy for Patients with Cardiovascular Disease tracks the percentage of male members ages 21 to 75 and female members ages 40 to 75 who:

- Have atherosclerotic cardiovascular disease, **and**
- Were dispensed at least one high- or moderate-intensity statin medication and remained on the medication for at least 80% of the treatment period

For more information, see our [preventive care](#) and [clinical practice guidelines](#).

Tips to Consider

- Talk with our members about taking medications as prescribed, smoking cessation, increasing physical activity and eating a low-sodium diet.
- Encourage members to return for follow-up visits. Reach out to those who cancel or miss appointments and help them reschedule as soon as possible.
- Build care gap alerts in your electronic medical records as reminders.

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New Specialty Pharmacy for Pharmacy Members

A new specialty pharmacy service provider has been chosen by Blue Cross and Blue Shield of Illinois (BCBSIL) through our pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime).

As of Oct. 1, 2021, BCBSIL members, whose pharmacy benefits are administered through Prime, now have Accredo[®] (a full-service specialty pharmacy) for related services.

This vendor change applies for BCBSIL non-HMO commercial group and retail plan members, as well as Medicaid members who have Blue Cross Community Health PlansSM (BCCHPSM) prescription drug benefits.

Please note: This pharmacy service is an added choice for:

- Medicaid members who have Blue Cross Community MMAI (Medicare-Medicaid Plan)SM prescription drug benefits
- Medicare members
- HMO commercial group and retail plan members

Your patients may ask you to move their prescription(s) to the new specialty pharmacy service.

BCBSIL members should use an in-network specialty pharmacy to take full advantage of their pharmacy benefit coverage. Based on the member's benefit plan, other in-network specialty pharmacies may be available. Specialty pharmacies used to supply specialty drugs covered under the medical benefit can still be used.

- When renewing your patients' current specialty drug prescriptions or when writing new prescriptions, you can send them to Accredo.
- To get started:
 - Visit [Accredo's prescribers page](#) for referral forms by therapy,
 - **ePrescribe** to Accredo (eRx to NCPDP ID 4436920, 1640 Century Center Parkway, Memphis, TN 38134), or
 - Call the pharmacy at **833-721-1619** for all BCBSIL members.
- About Accredo:
 - Access to a team of 500 condition-specific pharmacists and more than 600 nurses with extensive training and experience.
 - Staff support 24/7 at one of 15 Therapeutic Resource Centers[®] (TRCs), each focused on a specific specialty

condition to help answer questions.

- Thorough one-on-one counseling, personal support and routine contact, your patients are encouraged to stick to their treatment regimens for the best results. Accredo may reach out to you at times to coordinate care.*
- The pharmacy has broad access to specialty drugs, including many with limited distribution, with no added cost for standard delivery.
- Accredo aims to provide a simple member experience, through a member's preferred means of communication (phone call, email, texting, mobile app and/or online member website).
- Providers have varied support tools, such as physician concierge, e-prescribe, electronic prior authorization (ePA) and interoperability with electronic health records (EHRs).
- View status at Accredo's [prescriber portal](#), where you can:
 - See patient referrals, refills and renewals
 - Flag patients or prescriptions for follow-up
 - Check on prior authorizations
 - Track prescriptions as they're processed and filled
- Visit [their website](#) for more information.

Please take this opportunity to update any pharmacy information that may be stored in your patients' records. Also, if your patient had a current prior authorization approval on file, it will follow the standard BCBSIL process for renewals.

Members can call us at the number listed on their BCBSIL member ID card if they have any questions. If you have any questions, need further help or need to check a patient's coverage, call us at the number on your patient's ID card.

*Treatment decisions are between you and your patient.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Illinois (BCBSIL). The relationship between Accredo and BCBSIL is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSIL 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.

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. For more complete details, including benefits, limitations and exclusions, members should refer to their certificate of coverage. Regardless of benefits, the final decision about any medication and pharmacy choice is between the member and their health care provider.

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New Mail Order Service Provider for Pharmacy Members

Blue Cross and Blue Shield of Illinois (BCBSIL) has chosen a new mail order service provider through our pharmacy benefit manager (PBM), Prime Therapeutics LLC (Prime).

As of Oct. 1, 2021, BCBSIL members, whose pharmacy benefits are administrated through Prime, now have Express Scripts[®] Pharmacy for mail order services. Based on the member's benefit plan, other in-network pharmacies may be available for 90-day supplies.

This vendor change applies for BCBSIL non-HMO commercial group and retail plan members, as well as Medicaid members who have Blue Cross Community Health PlansSM (BCCHPSM) prescription drug benefits.

Please note: This pharmacy service is an added choice for:

- Medicaid members who have Blue Cross Community MMAI (Medicare-Medicaid Plan)SM prescription drug benefits
- Medicare members
- HMO commercial group and retail plan members

Your patients may ask you to move their prescription(s) to the new pharmacy service.

Mail order service provides a convenient way for your patients to get up to a 90-day supply of a maintenance (or long-term) medicine by mail.

- When renewing your patients' current maintenance prescriptions or when writing new prescriptions for mail order, ask your patients for their preferred mail order service.
- If your patients want to use Express Scripts[®] Pharmacy, you can send the prescriptions:
 - *Electronically* – Use your electronic medical record (EMR) system to e-prescribe to: Express Scripts Home Delivery. For questions on e-prescribing, call 800-211-1456, option 5.
 - *By Fax* – Call 888-327-9791 for faxing instructions. (Faxes can only be received from a doctor's office.)
 - *By Phone* – Call the pharmacy at 833-715-0942 (for commercial group and retail plan members), 833-599-0731 (for BCCHP members), 833-599-0729 (for Medicare Part D plan and MMAI members) or 833-715-0944 (for Medicare Advantage plan members).

- About Express Scripts® Pharmacy:
 - With a thorough validation process, the pharmacy has a 99.99% dispensing accuracy and more than 30 years of prescription home delivery experience.
 - Pharmacists leverage their clinical knowledge and experiences to review for possible drug therapy issues and address adherence gaps.
 - There are many locations across the U.S., allowing for fast processing and dispensing with no added cost for standard delivery.
 - Support staff are on hand 24 hours a day, 7 days a week to help with any medicine questions or concerns.
 - Members can use digital tools to refill prescriptions, track orders, set reminders to take medicine(s) and more.
 - For more information on Express Scripts® Pharmacy, visit [their website](#).

Please take this opportunity to update any pharmacy information that may be stored in your patients' records. Also, if your patient had a current prior authorization approval on file, it will follow the standard BCBSIL process for renewals.

Members can call us at the number listed on their BCBSIL member ID card if they have any questions. If you have any questions, need further help or need to check a patient's coverage, call us at the number on your patient's ID card.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois (BCBSIL). The relationship between Express Scripts® Pharmacy and BCBSIL is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSIL 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.

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. For more complete details, including benefits, limitations and exclusions, members should refer to their certificate of coverage. Regardless of benefits, the final decision about any medication and pharmacy choice is between the member and their health care provider.

bcbsil.com/provider

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BLUE REVIEWSM

A Provider Publication

February 2022



Member Experience Surveys (CAHPS[®] and EES): We All Play a Role

Every year, some Blue Cross and Blue Shield of Illinois (BCBSIL) members receive surveys to collect information about their experiences with both their health care providers and health insurance plans.

The **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** survey and the **Enrollee Experience Survey (EES)** were developed by the Agency for Healthcare Research and Quality (AHRQ) on behalf of the Centers for Medicare & Medicaid Services (CMS) and the National Center for Quality Assurance (NCQA).

When do members receive the survey?

The CAHPS survey and EES are conducted from **February through June**. Members are asked to rate their last six months of care. Please encourage your patients to respond to the CAHPS survey or EES if they are selected to participate.

Who gets the surveys and how are the results used?

The surveys are mailed to a random sample of members who are 18+ years of age. The results are used as a quality improvement initiative to help identify opportunities for improving member satisfaction, and also affect Star Rating programs. We strive to achieve the highest possible Star Rating for our health plans.

Line of Business	Survey Type	Star Rating	Star Rating Results Posted on:
Retail PPO and HMO	EES	Quality Health Program (QHP)	healthcare.gov
Commercial PPO and HMO	CAHPS	NCQA	NCQA's website
Medicare Advantage (MA)	CAHPS	CMS	CMS' Medicare website

*Medicaid includes, Blue Cross Community Health PlansSM (BCCHPSM) adult and child members (guardians of children under 18 will receive the survey for their child), and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members

How can you help improve member experiences year-round?

Provide needed care quickly and coordinate care with specialists

- Leave openings for sick visits and urgent appointments
- Discuss how to access telehealth services and after-hours care
- Follow up with members' specialists to ensure continuity of care
- Review treatment plan at the end of each visit and discuss why or why not to take medications and all available treatment options
- Provide patients with educational materials
- Provide reasonable timely access to health care staff, customer service, etc., when BCBSIL transfers a member and calls for assistance to the provider or medical group

Communicate clearly

- Ask members about their top health concerns
- Keep conversations clear and simple
- Follow up after urgent or emergency care

Keep members healthy

- Recommend and/or administer the flu shot during flu season
- Screen members for risk factors, including tobacco use, and recommend appropriate lifestyle changes
- Educate members on preventive services, chronic conditions and ongoing care
- Let members know whether you offer telehealth services that allow them to access care from home
- Discuss the [COVID-19 vaccine](#)
- Complete and document any health assessments
- Identify and follow up with members who haven't visited in the past year

Learn more about the CAHPS survey on the [AHRQ website](#).

This information is for informational purposes only and is not a substitute for the sound medical judgment of a provider. Members are encouraged to talk to their provider if they have any questions or concerns regarding their health.

HMO, HMO-POS and PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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BLUE REVIEWSM

A Provider Publication

February 2022

ClaimsXtenTM Quarterly Update Reminder

The ClaimsXten code auditing tool is updated quarterly. On or after **April 11, 2022**, Blue Cross and Blue Shield of Illinois (BCBSIL) will implement the first quarter code update in the ClaimsXten tool.

These quarterly code updates aren't considered changes to the software version. Code updates may include additions, deletions and revisions to:

- Current Procedural Terminology (CPT[®]) codes
- Healthcare Common Procedure Coding System (HCPCS) codes

When applicable, BCBSIL may also post advance notice of significant changes, like implementation of new rules, in the [News and Updates](#) section of our Provider website. Information also may be included in the *Blue Review*.

Use **Clear Claim ConnectionTM (C3)** to determine how certain coding combinations may be adjudicated when we process your claim. C3 is a free, online reference tool that mirrors the logic behind BCBSIL's code-auditing software.

Please note that C3 doesn't contain all of our claim edits and processes. Its results don't guarantee the final claim decision.

For more information on C3 and ClaimsXten, refer to the [Clear Claim Connection page](#). It includes a user guide, rule descriptions and other details.

This article doesn't apply to government programs (Medicare Advantage and Illinois Medicaid) member claims.

ClaimsXten and Clear Claim Connection are trademarks of Change Healthcare, an independent company providing coding software to BCBSIL. Change Healthcare is solely responsible for the software and all the contents. BCBSIL makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Change Healthcare. If you have any questions about the products or services provided by such vendors, you should contact the vendor(s) directly.

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2022 – Part 2

Posted January 12, 2022

IMPORTANT PHARMACY BENEFIT REMINDERS

Jan. 1, 2022 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 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsil.com/provider for the form and more information.

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

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and 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 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 [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 Jan. 1, 2022 are outlined below.

Drug List Coverage Additions – As of Jan. 1, 2022

Drug¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5 ml)	Migraine
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5 ml)	Migraine
DUPIXENT (dupilumab subcutaneous soln pen-injector 200 mg/1.14 ml, 200 mg/2 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps

EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Paroxysmal Nocturnal Hemoglobinuria (PNH)
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Eosinophilic Asthma
INSULIN GLARGINE (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
INSULIN GLARGINE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1 ml)	Opioid Overdose
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NURTEC (rimegepant sulfate tab disint 75 mg)	Migraine
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Migraine
SEMGLEE (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
SEMGLEE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	Bowel Prep
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Migraine
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5 ml, 150 mg/ml)	Allergic Asthma, Nasal Polyps, Urticaria
Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
alprazolam tab er 24hr 2 mg, 3 mg	Anxiety
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg	Schizophrenia, Bipolar Disorder
bupropion hcl tab 75 mg	Depression
cholecalciferol cap 1.25 mg (50000 unit)	Vitamin/Supplement
clindamycin hcl cap 75 mg	Infections
diltiazem hcl extended release beads cap er 24hr 180 mg	Hypertension
fenofibrate micronized cap 67 mg	Hypertriglyceridemia
hydrocodone-acetaminophen tab 5-300 mg	Pain
isosorbide mononitrate tab er 24hr 120 mg	Angina
metoprolol tartrate tab 37.5 mg, 75 mg	Hypertension/Angina
nevirapine susp 50 mg/5 ml	HIV
nitroglycerin sl tab 0.4 mg	Angina
ofloxacin ophth soln 0.3%	Ocular infections
potassium chloride tab er 20 mg (1500 mg)	Hypokalemia
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	Neuropathy/Fibromyalgia
sildenafil citrate tab 25 mg, 50 mg, 100 mg	Erectile Dysfunction
sodium chloride soln nebu 7%	Cystic Fibrosis
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
AFLURIA QUADRIVALENT 2021 -2022 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
AFLURIA QUADRIVALENT 2021 -2022 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine

AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5 ml)	Migraine
amphetamine-dextroamphetamine cap er 24hr 5 mg, 24hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg	Attention Deficiency Hyperactivity Disorder (ADHD)
amphetamine-dextroamphetamine cap sr 24hr 5 mg, 24hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg	Attention Deficiency Hyperactivity Disorder (ADHD)
arformoterol tartrate soln nebu 15 mcg/2 ml (base equiv)	Chronic Obstructive Pulmonary Disease (COPD)
AYVAKIT (avapritinib tab 25 mg, 50 mg)	Cancer
EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Paroxysmal Nocturnal Hemoglobinuria (PNH)
enalapril maleate oral soln 1 mg/ml	Hypertension/Heart Failure
FLUAD QUADRIVALENT 2021-2022 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2021-2022 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2021-2022 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE HIGH-DOSE PF 2021-2022 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1 ml)	Opioid Overdose
LUMAKRAS (sotorasib tab 120 mg)	Cancer
MYRBETRIQ (mirabegron granules for oral extended release susp 8 mg/ml)	Overactive Bladder
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Contraception
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4 ml, 87.5 mg/0.7 ml, 125 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Juvenile Idiopathic Arthritis
ORENCIA CLICKJECT (abatacept subcutaneous soln auto-injector 125 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Juvenile Idiopathic Arthritis
sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent)	Cancer
TIROSINT-SOL (levothyroxine sodium oral solution 37.5 mcg/ml, 44 mcg/ml, 62.5 mcg/ml)	Hypothyroidism
TRUSELTIQ (infigratinib phos cap pack 100 & 25 mg (125 mg daily dose))	Cancer
TRUSELTIQ (infigratinib phos cap ther pack 100 mg (100 mg daily dose))	Cancer
TRUSELTIQ (infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose), 3 x 25 mg (75 mg daily dose))	Cancer
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation

WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5 ml, 0.5 mg/0.5 ml, 1 mg/0.5 ml, 1.7 mg/0.75 ml, 2.4 mg/0.75 ml)	Weight Loss
XOFLUZA (baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose))	Influenza
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5 ml, 150 mg/ml)	Allergic Asthma, Nasal Polyps, Urticaria
Balanced and Performance Select Drug Lists	
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5 ml)	Migraine
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension
Performance and Performance Annual Drug Lists	
SUTAB (sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg)	Bowel Prep
Balanced Drug List	
ACCRUFER (ferric maltol cap 30 mg (fe equiv))	Iron Deficiency
ADAPALENE (adapalene lotion 0.1%)	Acne
ADAPALENE (adapalene pads 0.1%)	Acne
ADAPALENE (adapalene soln 0.1%)	Acne
ANDRODERM (testosterone td patch 24hr 2 mg/24hr, 24hr 4 mg/24hr)	Hypogonadism
BREXAFEMME (ibrexafungerp citrate tab 150 mg)	Yeast Infection
budesonide tab er 24hr 9 mg	Ulcerative Colitis
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Plaque Psoriasis
CIPRO HC (ciprofloxacin-hydrocortisone otic susp 0.2-1%)	Otic Infections
COLCHICINE (colchicine cap 0.6 mg)	Gout
CONSENSI (amlodipine besylate-celecoxib tab 2.5-200 mg, 5-200 mg, 10-200 mg)	Hypertension/Osteoarthritis
DIFFERIN (adapalene lotion 0.1%)	Acne
dihydroergotamine mesylate nasal spray 4 mg/ml	Migraine
DIPENTUM (olsalazine sodium cap 250 mg)	Ulcerative Colitis
DOXYCYCLINE HYCLATE (doxycycline hyclate tab delayed release 80 mg)	Acne, Infections
doxycycline hyclate tab delayed release 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	Acne, Infections
EXSERVAN (riluzole oral film 50 mg)	Amyotrophic Lateral Sclerosis (ALS)
febuxostat tab 40 mg, 80 mg	Gout
IMPOYZ (clobetasol propionate cream 0.025%)	Plaque Psoriasis
JATENZO (testosterone undecanoate cap 158 mg, 198 mg, 237 mg)	Hypogonadism
KRISTALOSE (lactulose oral crystal packet 10 gm, 20 gm)	Constipation
LACTULOSE (lactulose oral crystal packet 10 gm)	Constipation, Hepatic Encephalopathy
mafenide acetate packet for topical soln 5% (50 gm)	Burn
minocycline hcl tab er 24hr 45 mg, 24hr 90 mg, 24hr 135 mg	Acne
naproxen sodium tab er 24hr 375 mg, 24hr 500 mg (base equiv)	Pain, Inflammation

NATESTO (testosterone nasal gel 5.5 mg/act)	Hypogonadism
NOCDURNA (desmopressin acetate sublingual tab 27.7 mcg)	Nocturnal Polyuria
ONZETRA XSAIL (sumatriptan succinate exhaler powder 11 mg/nosepiece)	Migraine
ORTIKOS (budesonide cap er 24hr 6 mg, 24hr 9 mg)	Crohn's Disease
oxiconazole nitrate cream 1%	Fungal Infections
PENTASA (mesalamine cap cr 250 mg, 500 mg)	Ulcerative Colitis
PIFELTRO (doravirine tab 100 mg)	HIV
STRIANT (testosterone buccal mucoadhesive system 30 mg)	Hypogonadism
TESTOSTERONE (testosterone td gel 25 mg/2.5 gm, 50 mg/5 gm (1%))	Hypogonadism
TESTOSTERONE PUMP (testosterone td gel 12.5 mg/act (1%))	Hypogonadism
testosterone td gel 10mg/act (2%)	Hypogonadism
VOGELXO (testosterone td gel 50 mg/5 gm (1%))	Hypogonadism
VOGELXO PUMP (testosterone td gel 12.5 mg/act (1%))	Hypogonadism
XYOSTED (testosterone enanthate solution auto-injector 50 mg/0.5 ml, 75 mg/0.5ml, 100 mg/0.5 ml)	Hypogonadism
ZEMBRACE SYMTOUCH (sumatriptan succinate solution auto-injector 3 mg/0.5 ml)	Migraine
ZOLMITRIPTAN (zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit)	Migraine
ZOMIG (zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit)	Migraine

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

Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
alprazolam tab sr 24hr 2 mg, 24 hr 3 mg	Preferred Generic	Anxiety
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg	Preferred Generic	Schizophrenia, Bipolar Disorder
bupropion hcl tab 75 mg	Preferred Generic	Depression
clindamycin hcl cap 75 mg	Preferred Generic	Infections
diltiazem hcl extended release beads cap er 24hr 180 mg	Preferred Generic	Hypertension/Angina
diltiazem hcl extended release beads cap sr 24hr 180 mg	Preferred Generic	Hypertension/Angina
DUPIXENT (dupilumab subcutaneous soln pen-injector 200 mg/1.14 ml, 300 mg/2 ml)	Preferred Brand	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Preferred Brand	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Preferred Brand	Eosinophilic Asthma
fenofibrate micronized cap 67 mg	Preferred Generic	Hypertriglyceridemia
isosorbide mononitrate tab er 24hr 120 mg	Preferred Generic	Angina

isosorbide mononitrate tab sr 24hr 120 mg	Preferred Generic	Angina
metoprolol tartrate tab 37.5 mg, 75 mg	Preferred Generic	Hypertension/Angina
nevirapine susp 50 mg/5 ml	Preferred Generic	HIV
nitroglycerin sl tab 0.4 mg	Preferred Generic	Angina
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Preferred Brand	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Preferred Brand	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NURTEC (rimegepant sulfate tab disint 75 mg)	Preferred Brand	Migraine
ofloxacin ophth soln 0.3%	Preferred Generic	Ocular Infection
potassium chloride tab er 20 meq (1500 mg)	Preferred Generic	Hypokalemia
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	Preferred Generic	Neuropathy/Fibromyalgia
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Preferred Brand	Migraine
SEMGLEE (insulin glargine-yfgn inj 100 unit/ml)	Preferred Brand	Diabetes
SEMGLEE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Preferred Brand	Diabetes
sildenafil citrate tab 25 mg, 50 mg, 100 mg*	Preferred Generic	Erectile Dysfunction
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Preferred Brand	Migraine
Performance and Performance Annual Drug Lists		
arformoterol tartrate soln nebu 15 mcg/2 ml (base equivalent)	Non-Preferred Generic	Chronic Obstructive Pulmonary Disease (COPD)
INSULIN GLARGINE (insulin glargine-yfgn inj 100 unit/ml)	Preferred Brand	Diabetes
INSULIN GLARGINE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Preferred Brand	Diabetes
mefloquine hcl tab 250 mg	Non-Preferred Generic	Malaria
potassium chloride microencapsulated crys er tab 15 meq	Non-Preferred Generic	Hypokalemia
pyrazinamide tab 500 mg	Non-Preferred Generic	Bacterial Infections

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

* Optional sexual dysfunction component coverage for select health plans.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Jan.1, 2022**, the following changes will be applied:
 - The Antifungal Agents Prior Authorization (PA) program will add the target drug Brexafemme (ibresafungerp). This program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
 - The Enzyme Deficiency Specialty PA program will change its name to Phenylketonuria. This program has new criteria requirements for approval.

- The standard Insulin Agents PA program will change its name to Rapid to Immediate Acting Insulin. One targeted medication, Semglee, will be removed from this program and added to the new non-standard Long Acting Insulin PA program.
 - Please note: This non-standard program is effective Jan. 1, 2022 and will also include Lantus (insulin glargine) and other insulin agents. This program only applies to members with a Health Insurance Marketplace plan (Individual or Employer-Offered Small Group) or a Student Health plan.
- The target drug Verkazia will be added to the Ophthalmic Immunomodulators PA program. This program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists.
- Effective **March 1, 2022**, the Cholestasis Pruritis Specialty PA program will be added to the Balanced and Performance Select Drug Lists. This program includes the target drug Bylvay (odevixibat).
 - Effective **March 15, 2022**, this Specialty PA program will be added to the Performance and Performance Annual Drug Lists.

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

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

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