



BLUE REVIEWSM

A Provider Publication

August 2022

■ Electronic Options

New Online Option to Confirm Medical Record Receipt Status

You don't need to call Blue Cross and Blue Shield of Illinois (BCBSIL) to confirm receipt of medical records you've mailed or faxed to us for claim processing. We've launched a new application in the BCBSIL-branded Payer Spaces section via Availity[®] Essentials so you can verify medical record receipt online.

[Read More](#)

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](#)

■ Pharmacy Program

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

On May 11, 2022, we posted a [July Quarterly Pharmacy Changes Part 1](#) article in News and Updates. It includes important reminders, drug list changes, dispensing limit changes and utilization management program changes. For a follow-up with additional 3rd quarter changes, see the News and Updates for the [July Quarterly Pharmacy Changes Part 2](#) article, posted July 19, 2022.

Pharmacy Program Updates: Prior Authorization Changes Effective October 2022

The Pharmacy 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. See the News and Updates for [pharmacy PA changes effective Oct. 1, 2022](#).

■ Wellness and Member Education

Share Facts About Immunizations With Your Patients in August

According to the American Academy of Pediatrics, immunizations are one of the greatest public health achievements, preventing tens of thousands of deaths and millions of cases of disease, while avoiding billions of dollars in costs.

[Read More](#)

■ Community Involvement

2022 Back to School Events at Our Blue Door Neighborhood CenterSM Locations

As “back to school” sales remind us of the end of summer, BCBSIL is working with the Chicago Department of Public Health on a series of free vaccination clinics for the whole family. Clinics will take place at all Blue Door Neighborhood Center (BDNCSM) locations.

[Read More](#)

■ Focus on Behavioral Health

Behavioral Health Support Resources: Maternity Program for Blue Cross Community Health PlansSM (BCCHPSM) Members

Many BCBSIL members – including BCCHP members – have access to our Special Beginnings[®] maternity program. This program is offered for members in early pregnancy until 84 days after giving birth. It can help members better understand and manage their health during pregnancy.

[Read More](#)

■ Provider Education

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](#)

Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder®. Prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan.

[Read More](#)

■ Claims and Coding

New Laboratory Management Program to Begin Nov. 1, 2022

You may have seen [the communication](#) about the delayed launch of our new Laboratory Benefit Management program with Avalon Health Solutions. We delayed this launch to continue providing education and clarity to providers about the program. Effective **Nov. 1, 2022**, BCBSIL will implement its new program with Avalon Healthcare Solutions for claims for certain outpatient laboratory services provided to many of our **commercial, non-HMO** members. [Read more on News and Updates.](#)

Reminder: CPT® Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association (AMA).

[Read More](#)

■ Claims and Coding

Reviews on Inpatient DRG Claims for BlueCard® (Out of Area) Medicare Advantage Members

The Blue Cross and Blue Shield Association requires all host Blue Cross and Blue Shield (BCBS) Plans to review select inpatient, diagnosis-related group (DRG) claims for any out-of-area Blue Cross Medicare AdvantageSM members. Beginning **Oct. 15, 2022**, BCBSIL will work with EXL Health (EXL) to complete these reviews. The review will check for compliance with ICD-10 procedure coding system guidelines. [Read more on News and Updates.](#)

Illinois Medicaid Providers: Confirm Certifications and Licensure are Active in the IMPACT System

If you're attested with the Illinois Department of Healthcare and Family Services (HFS) to provide care and services to Illinois Medicaid members, you must confirm your certification or licensure on file in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system is current. This is a condition of participation in the Medicaid program. [Read more on News and Updates.](#)

■ Clinical Updates, Resources and Reminders

Medicaid Reminder: HFS Reinstatement of Certificate of Transportation Services (CTS)

Form, Effective June 1, 2022

In April 2022, the Illinois Department of Healthcare and Family Services (HFS) issued this [provider notice](#) to announce the new date for reinstatement of the HFS 2271 Certification of Transportation Services (CTS) form. As specified in the notice, the HFS 2271 form is to be used for all non-emergency transports originating at a patient's private residence for dates of service on or after June 1, 2022. [Read more on News and Updates.](#)

Use Our New Prior Authorization Digital Lookup Tool for Medicaid Member Information

You may be familiar with some of the Medicaid prior authorization resources on our Provider website. These include prior authorization code lists with effective dates and related information for BCCHP and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. Recently, we added a digital lookup tool that gives you a different way to view prior authorization requirements that may apply to our BCCHP and MMAI members.

[Read More](#)

■ Quality Improvement and Reporting

Blue Distinction[®] Centers for Cancer Care

The Blue Distinction Centers for Cancer Care program aims to improve patient outcomes and cost by addressing fragmented delivery of care. It's available for all cancer types and various care settings, including physician groups, cancer centers, hospitals and accountable care organizations (ACOs).

[Read More](#)

Blue Review Readership Survey: Your Ideas and Input in Action

We're grateful to all providers who took the time to respond to our annual year-end *Blue Review* readership survey. Before we move forward with this year's survey, we wanted to share our "report card" – how we performed and what we've been doing to improve, based on your ratings and feedback.

[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 [Avality[®] 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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New Online Option to Confirm Medical Record Receipt Status

You don't need to call Blue Cross and Blue Shield of Illinois (BCBSIL) to confirm receipt of medical records you've mailed or faxed to us for claim processing. We've launched a new application in the BCBSIL-branded Payer Spaces section via Availity[®] Essentials so you can verify medical record receipt online. This new functionality is just the first iteration of more enhancements to come.

Steps to confirm medical record receipt status online:

- Log on to [Availity Essentials](#)
- Select *Payer Spaces* from the navigation menu and choose *BCBSIL*
- Select *Medical Record Status Viewer* from the Applications tab
- Enter the required data elements and click *View Medical Record Status*
- Response specifies if the medical records were received by BCBSIL, along with the number of pages submitted

For More Information

Refer to the instructional **Medical Record Status Viewer User Guide** in the [Provider Tools](#) section of our website. Watch the *Blue Review* and [News and Updates](#) for announcements on future enhancements. If you have questions, email our [Provider Education Consultants](#).

Don't have an Availity Essentials account?

Register today for free on [Availity](#). If you need registration help, call Availity Client Services at 800-282-4548.

This information is not applicable to Medicare Advantage or Illinois Medicaid claims.

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 BCBSIL. BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.

bcbsil.com/provider

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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 the Availity® Provider Portal 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 still may 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.

bcbsil.com/provider

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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 1

May 11, 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.

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 July 1, 2022 are outlined below.**

The July Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the July 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, 2023.

If you have patients with an HMO Illinois® or Blue Advantage HMOSM plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2023.

Drug List Updates (Revisions/Exclusions) – As of July 1, 2022

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions			
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Febrile Neutropenia		Nivestym, Zarxio
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEULASTA (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
NEUPOGEN (filgrastim inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
Drug¹ Drug Class/ Condition Used For Generic Alternatives^{1,2} Brand Alternatives^{1,2}			
Balanced, Performance and Performance Select Drug Lists Revisions			
CEPHALEXIN (cephalexin cap 750 mg)	Bacterial Infections	cephalexin 250 mg capsule, cephalexin 500 mg capsule	
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis	sodium fluoride-potassium nitrate gel	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries PRC	sodium fluoride-potassium nitrate gel	
NEVIRAPINE (nevirapine susp 50 mg/5 ml)	HIV	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml)	Acromegaly, Carcinoid Syndrome	Generic Sandostatin - octreotide acetate injection	
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan injection	
TRANDOLAPRIL/VERAPAM IL HCL ER (trandolapril- verapamil hcl tab er 2-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Urinary Tract Infection	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Balanced Drug List Revisions			
HYDROCODONE BITARTRATE/ACETAMINO PHEN (hydrocodone- acetaminophen soln 10-325 mg/15 ml)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TIMOLOL MALEATE (timolol maleate tab 20 mg)	Hypertension, Migraine Prophylaxis	propranolol, atenolol	
Health Insurance Marketplace (HIM) Drug List Revisions [IL PPO]			
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride- potassium nitrate paste 1.1- 5%)	Dental Caries Prophylaxis	sodium fluoride- potassium nitrate gel	
LITHIUM CARBONATE (lithium carbonate cap 300 mg)	Bipolar Disorder	lithium carbonate tablets	
NEVIRAPINE (nevirapine susp 50 mg/5 ml)	HIV	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SUMATRIPTAN INJ (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan injection	
TIMOLOL MALEATE (timolol maleate tab 20 mg)	Hypertension, Migraine Prophylaxis	propranolol, atenolol	
TRANDOLAPRIL/VERAPAM IL HCL ER (trandolapril- verapamil hcl tab er 2-180 mg, 2-240 mg, 4-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Urinary Tract Infection	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VANDAZOLE (metronidazole vaginal gel 0.75%)	Bacterial Vaginosis	metronidazole vaginal gel	

Balanced, Performance and Performance Select Drug Lists Exclusions		
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg, 3 mg, 5 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Cycloplegic Refraction, Uveitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CUVPOSA (glycopyrrolate oral soln 1 mg/5 ml)	Chronic Severe Drooling	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CYSTADANE (betaine powder for oral solution)	Homocystinuria	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
DUEXIS (ibuprofen-famotidine tab 800-26.6 mg)	Osteoarthritis, Rheumatoid Arthritis	ibuprofen 800 mg tablets, famotidine 40 mg tablets
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim inj 300 mcg/ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	Migraine Prevention, Epilepsy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SELZENTRY (maraviroc tab 150 mg, 300 mg)	HIV	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Performance and Performance Select Drug Lists Exclusions			
ergotamine w/caffeine tab 1-100 mg	Headache	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
prednisolone sod phosphate oral soln 10 mg/5 ml, 20 mg/5 ml (base equivalent)	Inflammatory Conditions	prednisolone sod phosphate oral soln 6.7 mg/5 ml, prednisolone sod phosphate oral soln 15 mg/5 ml, prednisolone sod phosphate oral soln 25 mg/5 ml	
Balanced and Performance Select Drug Lists Exclusions			
EPIDUO FORTE (adapalene-benzoyl peroxide gel 0.3-2.5%)	Acne	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
RESTASIS MULTIDOSE (cyclosporine (ophth) emulsion 0.05%)	Dry Eye		Restasis single dose vials, Xiidra
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions	epinephrine (generic EpiPen), Auvi-Q	
Balanced Drug List Exclusions			
CLODERM (clocortolone pivalate cream 0.1%)	Skin conditions	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PAXIL (paroxetine hcl oral susp 10 mg/5 ml (base equivalent))	Depression, Mood Disorders	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Health Insurance Marketplace (HIM) Drug List Revisions [IL PPO]			
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg, 3 mg, 5 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Cycloplegic Refraction, Uveitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CUVPOSA (glycopyrrolate oral soln 1 mg/5 ml)	Chronic Severe Drooling	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CYSTADANE (betaine powder for oral solution)	Homocystinuria	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
DUREZOL (difluprednate emulsion 0.05%)	Uveitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	Migraine Prevention, Epilepsy	topiramate tablets	
SELZENTRY (maraviroc tab 150 mg, 300 mg)	HIV	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent))	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila

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

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

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 charts below.**

Please note: The dispensing limits listed below 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, 2023. They also may not apply to BCBSIL HMO members on the 2021 or 2022 Health Insurance Marketplace (HIM) Drug Lists until on or after Jan. 1, 2023.

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 Jan. 17, 2022:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Anti-COVID 19	

molnupiravir 200 mg capsule*	40 capsules per 30 days
Paxlovid 150 mg/100 mg tablet (nirmatrelvir/ritonavir)*	30 tablets per 30 days

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

Effective April 1, 2022:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
re-SET	
RESET FOR IOS OR ANDROID APP*	1 per 365 days
RESET-O FOR IOS OR ANDROID APP*	1 per 365 days
2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Opzelura	
Opzelura 1.5% cream (ruxolitinib)*	60 grams per 30 days
Tavneos	
Tavneos 1 mg capsule (avacopan)*	180 capsules per 30 days
Tyrvaya	
Tyrvaya (varenicline) 0.03 mg/actuation spray*	2 bottles per 30 days

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

Effective June 1, 2022:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Voxzogo	
Voxzogo (vosoritide)*	30 vials per 30 days

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

Effective July 1, 2022:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Acute Migraine Agents	
Elyxyb (celecoxib)*	28.8 mL per 30 days
Therapeutic Alternatives	
diclofenac potassium*	120 tablets per 30 days
Rhofade (oxymetazoline hydrochloride)*	30 grams per 30 days
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Antibiotics	
clarithromycin tablet ER	28 tablets per 180 days
Iron Chelation	
Ferriprox 500 mg tablets (deferiprone)	540 tablets per 30 days
Ferriprox 1000 mg tablets (deferiprone)	270 tablets per 30 days

Ferriprox twice-a-day 1000 mg tablets (deferiprone)	270 tablets per 30 days
Ferriprox 100 mg/mL oral solution (deferiprone)	2700 mL per 30 days
Miscellaneous	
Prednisolone 10 mg per 5 mL solution	900 mL per 30 days
prednisolone 20 mg per 5 mL solution	450 mL per 30 days
Therapeutic Alternatives	
Alinia (nitazoxanide) suspension	150 mL per 30 days**
Edarbi (azilsartan medoxomil)*	30 tablets per 30 days
Edarbyclor (azilsartan medoxomil-chlorthalidone)*	30 tablets per 30 days
Soolantra (ivermectin) Cream*	45 grams per 30 days
Basic and Enhanced Drug Lists	
Opzelura	
Opzelura 1.5% cream (ruxolitinib)	60 grams per 30 days
Tavneos	
Tavneos 1 mg capsule (avacopan)	180 capsules per 30 days
Tyrvaya	
Tyrvaya (varenicline) 0.03 mg/actuation spray	2 bottles per 30 days
2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Vuity	
Vuity (pilocarpine HCL) ophthalmic solution*	2.5 mL per 30 days

[†]Third-party brand names are the property of their respective owner.

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

** The correct dispensing limit for Alinia (nitazoxanide) suspension is 150 mL per 30 days. The 7/1 dispensing limit letter incorrectly listed the dispensing limit as 180 mL per 30 days.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **June 1, 2022**, the new Vozzogo Specialty PA program will be added to all standard pharmacy benefit plans on the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists. This program includes the newly FDA-approved target drug Vozzogo. Members will need a prior authorization approval for coverage consideration.
- Effective **July 1, 2022**, the following changes will be applied:
 - The target drug Elyxyb (celecoxib) will be added to the Acute Migraine Agents PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - The target drug testosterone enanthate will be added to the Androgens and Anabolic Steroids PA program. This change applies to the Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - The target drug Rhofade (oxymetazoline hydrochloride) will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - The target drug diclofenac potassium will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Performance, Performance Annual and Performance Select Drug Lists.*
 - The Colony Stimulating Factors Specialty ST program and target drugs – Granix (tbo-filgrastim), Neulasta (pegfilgrastim), Neupogen (filgrastim), Nyvepria (pegfilgrastim-apgf), Releuko (filgrastim-ayow) and Udenyca (pegfilgrastim-cbqv) – will be

added to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists. Members will not be notified of this change because auto – continuation of therapy (or auto – grandfathering) for all target drugs is in place.

PA Required for Select Testosterone Medication

Starting July 1, 2022, members filling generic intramuscular (IM) testosterone cypionate will be stopped at point-of-sale if they have a pharmacy claim for a commonly used appearance and performance enhancing drug (APED) within the past 90 days. Their provider will need to submit a PA request to Prime Therapeutics for coverage consideration.

Learn more:

- This change applies to members with the Androgens and Anabolic Steroids PA program.
- The following medications are viewed as APED –
 - Aromatase Inhibitor: Anastrozole, Letrozole, Exemestane
 - Selective Estrogen Receptor Medication (SERM): Ospemifene, Raloxifene
 - Tamoxifen
 - Toremifene
- BCBSIL has identified significant fraud, waste and abuse from providers prescribing the above medications in combination with testosterone for off-label use in athlete and non-athlete bodybuilders.
- A review will be required to assess clinical appropriateness of the combined medications.

Member notices: Based on claims for an APED medication as noted above plus a testosterone medication as listed below, letters were mailed to affected members starting late April 2022.

Drug Category	Sample Drugs*
Androgens and Anabolic Steroids	testosterone cypionate im inj in oil 100 mg/ml, testosterone cypionate im inj in oil 200 mg/ml

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

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

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

Drug categories added to current pharmacy PA standard programs, effective July 1, 2022:

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Iron Chelation (name change from Deferasirox)	Ferriprox 500 mg tablets (deferiprone)*, Ferriprox 1000 mg tablets (deferiprone)*, Ferriprox twice-a-day 1000 mg tablets (deferiprone)*, Ferriprox 100 mg/mL oral solution (deferiprone)*
Basic and Enhanced Drug Lists	
Cholestasis Pruritus	Bylvay 200 mcg (odevixibat)*, Bylvay 400 mcg (odevixibat)*, Bylvay 600 mcg (odevixibat)*, Bylvay 1200 mcg (odevixibat)*, Livmarli 9.5 mg/mL (maralixibat)*
Opzelura	Opzelura 1.5% cream (ruxolitinib)*
Tavneos	Tavneos 1 mg capsule (avacopan)*

Tyrvaya	Tyrvaya (varenicline)*
Balanced and Performance Select Drug Lists	
Combination NSAID**	Consensi (amlodipine/celecoxib), Duexis (ibuprofen/famotidine), Vimovo (naproxen/esomeprazole), Yosprala (aspirin/omeprazole)

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

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

** This PA program already applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM) and 2022 HIM Drug Lists.

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2022:

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced and Balanced Drug Lists	
Therapeutic Alternatives	diclofenac potassium
Basic and Enhanced Drug Lists	
Acute Migraine Agents	Elyxyb (celecoxib)
Therapeutic Alternatives	Rhofade (oxymetazoline hydrochloride)

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

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

Change in Benefit Coverage for Select High Cost Products

Several high cost products 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.

Based on claims data, members were notified about the following changes to be effective July 1, 2022. Please talk to your patient about other products that may be available.

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

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
PREGEN DHA CAP	PREGNANCY [†]	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

1 All brand names are the property of their respective owners.

2 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.

† The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes 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 ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
DEXILANT CAP 30 MG and 60 MG DR	ACID REFLUX	DEXILANT
DIPHENHYDRAMINE ELIXIR 12.5 MG/5 ML	ALLERGIES	OTHER MANUFACTURERS
GLYCATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
GLYCOPYRROLATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
MULTI-MAC TAB	PREGNANCY [†]	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	MUSCLE PAIN	CYCLOBENZAPRINE, ORPHENADRINE

1 All brand names are the property of their respective owners.

2 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.

† The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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 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 July 1, 2022 – Part 2

July 19, 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.

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 [July 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 Dec. 26, 2021 – July 1, 2022 are outlined below.

Drug List Coverage Additions – As of Dec. 26, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
MOLNUPIRAVIR (molnupiravir cap 200 mg)	Covid-19 treatment

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

Drug List Coverage Additions – As of Jan. 2, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Covid-19 treatment

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

Drug List Coverage Additions – As of Jan. 9, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
glycopyrrolate oral soln 1 mg/5 ml (generic for CUVPOSA)	Chronic Severe Drooling
naloxone hcl nasal spray 4 mg/0.1 ml (generic for NARCAN)	Opioid overdose
Balanced Drug List	
NIACOR (niacin (antihyperlipidemic) tab 500 mg)	Dyslipidemias

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

Drug List Coverage Additions – As of Jan. 15, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
BINAXNOW COVID-19 AG CARD HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
COVID AT HOME TEST KIT (covid-19 at home antigen test kit)	Covid-19 test
ELLUME COVID-19 HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
FLOWFLEX COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
INTELISWAB COVID-19 RAPID TEST (covid-19 at home antigen test kit)	Covid-19 test
ON/GO COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 test
QUICKVUE AT-HOME COVID-19 TEST (covid-19 at home antigen test kit)	Covid-19 test

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

Drug List Coverage Additions – As of Jan. 23, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug List	
RINVOQ (upadacitinib tab er 24hr 30 mg)	Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis

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

Drug List Coverage Additions – As of Jan. 24, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
RIASTAP (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Fibrinogen Deficiency

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

Drug List Coverage Additions – As of Jan. 28, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
PREVNAR 20 (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	Pneumococcal vaccine
VAXNEUVANCE (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)	Pneumococcal vaccine

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

Drug List Coverage Additions – As of Jan. 30, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 test
COVID-19 AT-HOME TEST KIT (covid-19 at home antigen test kit)	Covid-19 test
IHEALTH COVID-19 ANTIGEN RAPID TEST (covid-19 at home antigen test kit)	Covid-19 test
Balanced Drug List	
WESCAP-C DHA (prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg)	Prenatal Vitamin
WESCAP-PN DHA (prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg)	Prenatal Vitamin
WESNATE DHA (prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg)	Prenatal Vitamin

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

Drug List Coverage Additions – As of Feb. 6, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
TALZENNA (talazoparib tosylate cap 0.5 mg, 0.75 mg (base equivalent))	Cancer
Balanced Drug List	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE (brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%) (generic of COMBIGAN)	Glaucoma, Ocular Hypertension

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

Drug List Coverage Additions – As of Feb. 13, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
betaine powder for oral solution (generic for CYSTADANE)	Homocystinuria
maraviroc tab 150 mg, 300 mg (generic for SELZENTRY)	HIV
NUWIQ (antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit)	Hemophilia A
QUADRACEL (diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)	Diphtheria, tetanus, pertussis, and poliovirus vaccine

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

Drug List Coverage Additions – As of Feb. 20, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
CLEARDETECT COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
deferiprone tab 1000 mg (generic for FERRIPROX)	Transfusional Iron Overload
digoxin tab 62.5 mcg (0.0625 mg) (generic for LANOXIN)	Atrial Fibrillation, Heart Failure

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

Drug List Coverage Additions – As of April 1, 2022

Drug ¹	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	
EPCLUSA (sofosbuvir-velpatasvir pellet pack 150-37.5 mg)	Hepatitis C
EPCLUSA (sofosbuvir-velpatasvir pellet pack 200-50 mg)	Hepatitis C
MAVYRET (glecaprevir-pibrentasvir pellet pack 50-20 mg)	Hepatitis C
NUWIQ (antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit)	Hemophilia
NUWIQ (antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit)	Hemophilia
RINVOQ (upadacitinib tab er 24hr 30 mg)	Atopic dermatitis, Psoriatic arthritis, Rheumatoid arthritis
TAKHZYRO (lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml))	HAE
TALZENNA (talazoparib tosylate cap 0.5 mg, 0.75 mg (base equivalent))	Cancer
XARELTO (rivaroxaban for susp 1 mg/ml)	Anticoagulant
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
EPCLUSA (sofosbuvir-velpatasvir pellet pack 150-37.5 mg)	Hepatitis C
EPCLUSA (sofosbuvir-velpatasvir pellet pack 200-50 mg)	Hepatitis C
MAVYRET (glecaprevir-pibrentasvir pellet pack 50-20 mg)	Hepatitis C
XARELTO (rivaroxaban for susp 1 mg/ml)	Atrial Fibrillation, Coronary Artery Disease, Anticoagulation, Peripheral Artery Disease, Thromboprophylaxis, DVT, PE

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

Drug List Coverage Additions – As of June 1, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg, 13.3 mg)	Growth Hormone Deficiency

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

Drug List Coverage Additions – As of July 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	
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Cancer
LENVIMA 8 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose))	Cancer
LENVIMA 10 MG DAILY DOSE (lenvatinib cap therapy pack 10 mg (10 mg daily dose))	Cancer
LENVIMA 12 MG DAILY DOSE (lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose))	Cancer
LENVIMA 14 MG DAILY DOSE (lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose))	Cancer
LENVIMA 18 MG DAILY DOSE (lenvatinib cap therapy pack 10 mg & 2 x 4 mg (18 mg daily dose))	Cancer
LENVIMA 20 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose))	Cancer
LENVIMA 24 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 10 mg & 4 mg (24 mg daily dose))	Cancer
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
BESREMI (ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml)	Polycythemia Vera
LIVTENCITY (maribavir tab 200 mg)	Post-transplant Cytomegalovirus Infection
OXBRYTA (voxelotor tab for oral susp 300 mg)	Sickle Cell Disease
SCEMBLIX (asciminib hcl tab 20 mg, 40 mg)	Chronic Myeloid Leukemia
VOXZOGO (vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg)	Achondroplasia
Balanced and Performance Select Drug Lists	
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml)	Anaphylaxis, Severe Hypersensitivity Reactions
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
AUVI-Q (epinephrine solution auto-injector 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
ELYXYB (celecoxib oral soln 120 mg/4.8 ml (25 mg/ml))	Migraine
TRUDHESA (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act)	Migraine
Balanced Drug List	
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia (age-related farsightedness)
Performance Select Drug List	
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia

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

Changes effective Dec. 19, 2021 – July 1, 2022 are outlined below.

Drug List Updates (Coverage Tier Changes) – As of Dec. 19, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
selegiline hcl tab 5 mg	Non-Preferred Generic	Parkinson Disease
Balanced Drug List		
clocortolone pivalate cream 0.1% (generic for CLODERM)	Non-Preferred Generic	Skin Conditions

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

Drug List Updates (Coverage Tier Changes) – As of Dec. 26, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
quinidine sulfate tab 200 mg, 300 mg	Non-Preferred Generic	Arrhythmia
sulfadiazine tab 500 mg	Non-Preferred Generic	Infections

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

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

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced and Performance Select Drug Lists		
RESTASIS (cyclosporine (ophth) emulsion 0.05%)	Non-Preferred Generic	Dry Eye

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

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

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
VASCEPA (icosapent ethyl cap 1 gm)	Non-Preferred Generic	Severe Hypertriglyceridemia

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

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

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced Drug List		
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Preferred Brand	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Preferred Brand	Fibromyalgia

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

Target Drugs Removed from Current Prior Authorization (PA) Programs and Added to Different PA Programs

Effective **July 1, 2022**, the following changes will be applied:

- The target drug AirDuo Respiclick will be removed from the Multisource Brand PA program and added to the Therapeutic Alternatives PA program. The Multisource Brand PA program will retire as there are no other target drugs included in the program.
- The target drug Auvi-Q will be removed from the Therapeutic Alternatives PA program and added to the Supplemental Therapeutic Alternatives PA program.

PA Program Name Changes

Effective **July 1, 2022**, the following changes will be applied:

- The Parkinson's Disease Specialty PA program will change its name to Amantadine ER. The program includes the same targeted medication.
- The Deferasirox Specialty PA program will change its name to Iron Chelation and add a new target drug, Ferriprox.

New Programs Added to Select Drug Lists

Effective **July 1, 2022**, the following changes will be applied:

- The Cibinqo Specialty PA program and target drug Cibinqo will be added to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists.
- The Interleukin-13 (IL-13) Antagonist Specialty PA program and target drug Adbry will be added to the Basic, Basic Annual, Enhanced and Enhanced 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.

Split Fill Program Pharmacy Expansion

Starting July 1, 2022, members may use any in-network pharmacy, based on their benefits, that can dispense the medication.

Background:

The Split Fill Program was only applicable at select in-network specialty pharmacies, including specialty pharmacies participating in the BCBSIL Oral Oncology Network and Limited Distribution pharmacies.

Reminder:

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.

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

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSIL and contracting pharmacies is that of independent contractors. BCBSIL, 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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Share Facts About Immunizations With Your Patients in August

During August, our Wellness Can't Wait campaign is spotlighting National Immunization Awareness Month. According to the American Academy of Pediatrics, immunizations are one of the greatest public health achievements, preventing tens of thousands of deaths and millions of cases of disease, while avoiding billions of dollars in costs. Immunizations are a safe, effective way to protect children and adults from disease, including some cancers, and avoid hospitalization, disability and death.¹

To support National Immunization Awareness Month, you can let your patients know:

- Immunization currently prevents between 2-3 million deaths every year.²
- Scientific studies and reviews continue to show no relationship between vaccines and autism.
- Most diseases prevented by immunizations are no longer common in the U.S. In fact, without immunizations, just a few cases could quickly turn into tens or hundreds of thousands.³

Resources to Boost Awareness

You may want to share this [video](#) from our vice president and chief medical officer, Derek Robinson, talking to parents about scheduling their child's next well visit and staying up to date on childhood immunizations through their teenage years.

Also see Dr. Robinson's *CMO Perspective* post from July 1, 2022 – [Pediatric Vaccines: A Call to Action to Help Protect Illinois Children and Teens](#). In this post, Dr. Robinson shares information and resources from the Illinois Chapter of the American Academy of Pediatrics (ICAAP) to alert pediatricians and other providers about what they can do to help.

Free Immunizations and Vaccine Clinics in the Community

Through our Wellness Can't Wait campaign, Blue Cross and Blue Shield of Illinois is working with the provider community and local organizations to connect those in need with access to preventive care information and resources.

Our Care Van[®] program works with community, local and national partners to administer more than 10,000 immunizations at no cost every year across Illinois in Champaign-Urbana, Chicago, Edgar County, Madison County, Peoria and East St. Louis. To learn more about the program and pass the information on to your patients, visit the [Care Van](#) website.

We're also hosting a series of free family vaccination clinics at our Blue Door Neighborhood CenterSM (BDNCSM) locations. These clinics are organized by the Chicago Department of Public Health and offer COVID-19 vaccines for children 6 months and older. Your patients can call 773-253-0900 or check the calendars at BDNC at Morgan Park, BDNC at Pullman and BDNC at South Lawndale for details.

¹American Academy of Pediatrics, Immunizations, July 2021, <https://www.aap.org/en/patient-care/immunizations/>

²World Health Organization, 10 facts on immunization, March 2018, <https://www.who.int/mongolia/health-topics/vaccines/10-facts-on-immunization>

³Centers for Disease Control and Prevention, Common Questions About Vaccines, May 2019. <http://www.cdc.gov/vaccines/parents/parent-questions.html>

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2022 Back to School Events at Our Blue Door Neighborhood CenterSM Locations

As “back to school” sales remind us of the end of summer, Blue Cross and Blue Shield of Illinois (BCBSIL) is working with the Chicago Department of Public Health on a series of free vaccination clinics for the whole family. Clinics will take place at all of our Blue Door Neighborhood Center (BDNCSM) locations. Your patients also can find out about COVID-19 vaccinations for children ages 6 months and older. The clinics will continue into October 2022.

While vaccines are important to help kids get a jump start on a healthy school year, we’re also planning to have some fun. We’ll host back to school events with no-cost school supplies, resources on youth programming and education about healthy school snacks.

2022 Block Party

Join us at the BDNC in Morgan Park on Saturday, August 20, from 11 a.m. to 3 p.m. for this year’s block party. This event features:

- Music and food
- BCBSIL Care Van[®]
- Health information
- School supplies
- Low-impact fitness demos and much more

This is one of several programs that will be offered at our BDNC locations in August. Your patients can check the calendars at [BDNC at Morgan Park](#), [BDNC at Pullman](#) and [BDNC at South Lawndale](#) the [BDNC Facebook page](#) for details, dates and online registration. They can visit any time to find out about other events and happenings at all three BDNC locations.

All programming – in person and virtual – at our BDNC locations is **free and open to everyone**. If you or your patients have questions, [email the BDNC](#) or call 773-253-0900.

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 BCBSIL. We’re committed to strengthening the health of communities across the state.

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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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Behavioral Health Support Resources: Maternity Program for Blue Cross Community Health PlanSM (BCCHPSM) Members

This is the first article in a series to raise awareness of behavioral health resources we make available to our members. We want to do our part to reduce social stigma, promote health equity and emphasize holistic approaches to member health and wellness. We hope you find this information useful when talking with your patients.

One in seven women in Illinois experiences perinatal depression – depression during or after pregnancy.¹ The problem is real, and the effects can be devastating. But some patients may not realize when, how or why they should ask for help. They may not recognize warning signs that need to be called to their doctor's attention.

What are some of the symptoms of depression?

The [Centers for Disease and Control \(CDC\)](#) lists these examples:

- *Having a lasting sad, anxious, or 'empty' mood*
- *Feelings of hopelessness or pessimism*
- *Feelings of guilt, worthlessness, or helplessness*
- *Feelings of irritability or restlessness*
- *Loss of energy*
- *Problems concentrating, recalling details, and making decisions*
- *Difficulty falling asleep or sleeping too much*
- *Overeating or loss of appetite*
- *Suicidal thoughts or suicide attempts*
- *Aches or pains that do not get better with treatment.*

What are the symptoms of postpartum depression?

Postpartum depression symptoms are similar to depression, but may include additional symptoms, such as those listed below. This information from the CDC may be helpful when you're talking with your patients about what they're experiencing.

- *Crying more often than usual*
- *Feelings of anger*

Withdrawing from loved ones

- *Feeling distant from your baby*
- *Worrying or feeling overly anxious*
- *Thinking about hurting yourself or your baby*
- *Doubting your ability to care for your baby²*

Outcomes for both mother and baby may be improved when mothers have access to behavioral health support services during pregnancy and postpartum.³ We want to be sure that OB/GYN physicians and other providers are aware of how to refer Blue Cross and Blue Shield of Illinois (BCBSIL) members to Behavioral Health programs we offer, if appropriate.

Tell Your Patients About Special Beginnings[®]

Many BCBSIL members – including Blue Cross Community Health PlansSM (BCCHP) members – have access to our [Special Beginnings](#) maternity program. This program is offered for members in early pregnancy until 84 days after giving birth. It can help members better understand and manage their health during pregnancy.

Special Beginnings provides personal attention and information new mothers may need to care for themselves and their babies during pregnancy and up to 84 days after giving birth. Program highlights include:

- [Videos](#) covering eating habits, exercise, stress and more
- Details about each trimester and the physical and emotional changes in mom and baby
- A list of screenings and vaccines to prepare for checkups
- Program support, Monday through Friday from 8 a.m. to 5 p.m., CT

If you have patients who may be interested in Special Beginnings, they can log on to [Blue Access for MembersSM](#) to learn more and enroll in the program. If members prefer to speak to someone, they can call our Care Coordination Team at 888-421-7781. Or they can call our 24/7 Nurseline at 800-345-9049.

What else can you do to help?

When you're providing pre-/post-natal care to our members, we encourage you to document any signs of depression in the patient's chart to help ensure effective coordination and continuity of care. If you have any questions about how to refer members to Special Beginnings, call 888-421-7781 to speak to a Care Coordinator. If you have other questions, call the number on the member's BCBSIL ID card.

Thank you for helping us help our members by encouraging them to talk about behavioral health and by directing them to educational materials and programs.

¹CDC, Prevalence of Selected Maternal and Child Health Indicators for Illinois, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016–2020, <https://www.cdc.gov/prams/prams-data/mch-indicators/states/pdf/2020/Illinois-PRAMS-MCH-Indicators-508.pdf>

²CDC, Reproductive Health, Depression During and After Pregnancy, April 2022, <https://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html>

³U.S. Department of Health and Human Services, National Institutes of Health, National Child and Maternal Health Education Program, Moms' Mental Health Matters, June 2022, <https://www.nichd.nih.gov/ncmh/ep/initiatives/moms-mental-health-matters/moms>

The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through BCBSIL. Some members may not have outpatient behavioral health management. All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan. The information in this article is being provided for educational purposes only and is not the provision of medical care or advice. Physicians and other health care providers are to their own best medical judgment based upon all available information and the condition of the patient in determining the best 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.

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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>Availity® Essentials Authorizations Tool <i>Learn how to electronically submit inpatient and outpatient prior authorization requests handled by BCBSIL.</i></p>	<p>Aug. 10, 2022 Aug. 17, 2022 Aug. 24, 2022</p>	<p>11 a.m. to noon</p>
<p>Availity Claim Status and Clinical Claim Appeals <i>Learn how to verify detailed claim status and submit clinical claim appeals online using Availity's Claim Status tool.</i></p>	<p>Aug. 11, 2022 Aug. 18, 2022 Aug. 25, 2022</p>	<p>11 a.m. to noon</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>Aug. 18, 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</i></p>	<p>Aug. 9, 2022 Aug. 16, 2022</p>	<p>11 a.m. to noon</p>

online resources.

[Aug. 23, 2022](#)

[Aug. 30, 2022](#)

Medicaid HEDIS® 101 Training

This training will cover a wide range of quality improvement topics and resources to help improve Healthcare Effectiveness Data and Information Set (HEDIS) rates.

[Aug. 23, 2022](#)

Noon to 1 p.m.

Monthly Provider Hot Topics Webinar

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

[Aug. 11, 2022](#)

10 to 11:30 a.m.

Orientation Webinars for New Commercial Providers

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.

[Aug. 18, 2022](#)

10 to 11:30 a.m.

Orientation Webinars for New MMAI and/or BCCHPSM Providers

Learn how we can best work together to improve the health of our member. 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.

[Aug. 25, 2022](#)

10 to 11:30 a.m.

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

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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Has your information changed? Let us know!

When seeking health care services, our members often rely upon the information in our online Provider Finder[®]. Prospective patients can use this online tool to confirm if your practice is a contracted in-network provider for their health care benefit plan. Other providers may use the Provider Finder when referring their patients to your practice.

We encourage you to check your information as it appears in our [Provider Finder](#) on a monthly basis.

- Verify your information (name, specialty, address, phone and website URL) for our provider directory every 90 days. This is [required by federal law](#).
- Update your data when it changes, including when you join or leave a network.
- If you leave a network, update your information immediately and according to your contract terms.

Online options are available for most changes you may need to request. See below for some reminders on the different types of changes and how to request them.

Demographic Changes

We recommend **professional** providers use the [Avality[®] Essentials](#) Provider Data Management feature to request changes to existing demographic information, such as service location, payment address, business website URL, hours of operation and languages spoken.

- If you're unable to use Avality, you may submit a [Demographic Change Form](#).
- You may specify more than one change within your request as long as all changes relate to the same billing (Type 2) National Provider Identifier (NPI). As a participating provider, your NPI(s) should already be on file with BCBSIL. If needed, you can request deactivation of an existing NPI.
- **Facilities** may use only the [Demographic Change Form](#) to verify and update data.

Request Addition of Provider to Group

If you need to add a provider to your current contracted group, complete the [Provider Onboarding Form](#). Due to the credentialing requirements, changes aren't immediate upon submission of this form. The provider being added to the group won't be considered in-network until they're appointed into the network.

Other Information Changes

The following types of changes are more complex and require special handling:

- **Legal Name Change for Existing Contract** – If you're an existing provider that needs to report a legal name change, [complete a new contract application](#) to initiate the update process.*
- **Medical Group Change for Multiple Providers** – If you're a group (Billing NPI Type 2) and have more than five changes, please email our [Illinois Provider Roster Requests team](#) for a current copy of your roster to initiate your multiple-change request.

*For status of your professional contract application, application, use the [Case Status Checker](#).

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

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Reminder: CPT[®] Codes May Change

As a reminder, Current Procedural Terminology (CPT) codes may change throughout the year due to changes (new, replaced or removed codes) implemented by the American Medical Association (AMA). Refer to the [AMA website](#) for more information on CPT codes.

Our online systems are updated to reflect AMA coding changes. Be sure to check eligibility and benefits prior to rendering services to our members to confirm coverage and other important details, such as which services may require prior authorization.

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Checking eligibility and/or 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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Use Our New Prior Authorization Digital Lookup Tool for Medicaid Member Information

Checking eligibility and benefits through Availity Essential or your preferred web vendor is always the best place to start, before you provide care and services to any of our members. This step helps you confirm membership, coverage and other details, including prior authorization requirements and utilization management vendors. But we know it's nice to have other ways to view prior authorization information, too.

You may be familiar with some of the Medicaid prior authorization resources on our Provider website. These include prior authorization code lists with effective dates and related information for Blue Cross Community Health PlansSM (BCCHPSM) and Blue Cross Community MMAI (Medicare-Medicaid Plan)SM members. The code lists are posted as PDFs so you can scroll through pages manually or enter <CTRL F> to search, highlight and advance to all instances of a particular word or number.

What's new on the web?

Recently, we added a digital lookup tool that gives you a different way to view prior authorization requirements that may apply to our BCCHP and MMAI members.

- Rather than viewing all codes on a running list in a static document, you can use our interactive digital lookup tool to perform a faster, more targeted search.
- Simply enter a 5-digit code, service description or drug name in the search field.
- The tool returns a list of services that may require prior authorization through BCBSIL or eviCore healthcare (eviCore) for BCCHP and MMAI members.

To access the BCCHP and MMAI digital lookup tool, refer to the [Prior Authorization Support Materials \(Government Programs\)](#) page in our [Utilization Management](#) section.

While not included in the digital lookup tool, some services always require prior authorization, such as inpatient facility admissions. Refer to our [Medicaid prior authorization summary](#) for more details.

The digital lookup tool is intended for reference purposes only. Information provided is not exhaustive and is subject to change. Always check eligibility and benefits through Availity or your preferred web vendor before rendering services. This step will help you confirm prior authorization requirements and utilization management vendor information, if applicable.

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 Distinction[®] Centers for Cancer Care

Blue Distinction Centers is a national designation given by Blue Cross Blue Shield (BCBS) Plans to recognize healthcare facilities and providers for their expertise in delivering quality specialty care – safely, effectively and cost-efficiently. The goal of the program is to help your patients, our members, find both quality and value for their specialty care needs, while providing a credible foundation on which employers may customize their employee benefits.

Illinois Cancer Specialists (ICS) has been awarded the Blue Distinction Center for Cancer Care designation.

Distinction in Your Community and Nationwide

The Blue Distinction Centers for Cancer Care program aims to improve patient outcomes and cost by addressing fragmented delivery of care. It's available for all cancer types and various care settings, including physician groups, cancer centers, hospitals and accountable care organizations (ACOs).

Designation as a Blue Distinction Center for Cancer Care differentiates providers locally, as well as nationally. This highly respected designation acknowledges the expertise you have demonstrated and your commitment to improving quality and affordability. Designations are awarded based on quality criteria, focused on foundational elements that support delivery of patient-centered, evidence-based cancer care.

In addition to meeting the criteria above, each designated provider entity is required to have a value-based payment arrangement with their local BCBS Plan, setting targets for delivering higher quality, lower cost care for patients. Although a value-based payment arrangement is one of the requirements of the designation, the actual cost of care is not being measured on a national basis at this point and the BDC+ designation is not offered at this time.

Blue Distinction Centers for Cancer Care designations are posted on the National Doctor and Hospital Finder and Blue Distinction Center Finder. A directory of Blue Distinction Centers for Cancer Care is available on the [Blue Cross and Blue Shield Association \(BCBSA\) website](#).

For more program information, please visit the BCBSA [Blue Distinction[®] Specialty Care page](#).

are displayed on the [BCBSA website](#). Individual outcomes may vary. Neither BCBSA nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

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***Blue Review* Readership Survey: Your Ideas and Input in Action**

We're grateful to all providers who took the time to respond to our annual year-end *Blue Review* readership survey. Before we move forward with this year's survey, we wanted to share our "report card" – how we performed and what we've been doing to improve, based on your ratings and feedback.

What You Told Us in 2021

The 2021 survey included several questions for you to rate our performance in various areas. In general, the results show that, when providers receive and have time to read it, information in the *Blue Review* is valuable. Compared to 2019/2020, 2021 ratings were slightly higher for:

- Article quality and relevance
- User friendliness of format
- Sufficient links to related resources for more information

The 2021 survey also included two open-ended questions for write-in comments. A large portion of survey participants identified themselves as office/billing staff. There were several requests for:

- More "how-to" content
- Details on whom to contact and when
- Tips on how to get answers quickly

Fewer participants identified themselves as physicians or other health care providers. We flagged some recurring themes to better understand the provider perspective (comments are paraphrased):

- *Providers are busy and insurance is complex.*
- *Vague language is frustrating. Providers need to know details and potential impact.*
- *Sometimes, even though processes are followed, providers don't get the anticipated result.*

How We've Responded in 2022

We want you to know that we take all feedback very seriously. Your ratings, ideas and input last year helped us identify areas for improvement in 2022. Some examples are listed below.

This year, in response to 2021 survey feedback on *article content*, we:

- Added more articles in the Claims and Coding category
- Increased links to helpful resources for more information
- Emphasized electronic options and self-service tools
- Added more articles on behavioral health and resources to share with our members
- Introduced a quarterly [Provider Network Consultant Hot Topics Summary](#) to re-cap top questions and answers, and promote monthly provider education webinars

We also considered *article structure* and ways to reorganize to help different types of providers navigate to content they find valuable. With this objective in mind, as we announced in our July *Blue Review*,

- We transitioned one former column – Dr. Derek Robinson’s *CMO Perspective* – to a new blog forum on our Provider website.
- The [online CMO Perspective](#) isn’t limited to a monthly publication schedule, enabling more immediacy on certain topics, and using a peer-to-peer approach.
- We’ll continue to include quick summaries in the *Blue Review*, with links to the most recent blog entries from our vice president and chief medical officer.

Even if you haven’t noticed these changes as we’ve made them throughout 2022, we hope these improvements add up to a more enjoyable experience overall for you and other *Blue Review* readers.

Watch for the 2022 *Blue Review* Readership Survey, Coming in September

Did you miss the opportunity to participate last year? The 2022 *Blue Review* readership survey will be open September 1 through the end of October. Please watch the [News and Updates](#) for a link to the survey. Thanks in advance for your participation!

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