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# 2020 Open enrollment – please use AHIN

The 2020 Open Enrollment period begins October 16 and will continue through December 15. The enrollment of many new members and renewal of current members will produce extremely high call volumes, which are expected to remain elevated through January 31, 2021.

Arkansas Blue Cross and Blue Shield strongly encourages provider offices and facilities to use the Advanced Health Information Network (AHIN) website for verifying eligibility, benefits and claims status. AHIN displays information on benefits to assist providers when scheduling appointments, checking eligibility and identifying benefits.

Arkansas Blue Cross is planning and staffing to answer these higher call volumes, but please be aware that they can spike and exceed our ability to answer every call. AHIN uses the same information available to our customer service representatives and can save you valuable time.

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## AHIN migration to Availity

During the past 10 months, AHIN and Availity migration teams have worked to identify and test AHIN functionalities in the Availity provider portal.

Beginning in late April, we began notifying providers about the closure of the **AHIN Professional Services Clearinghouse**. The closure of this paid service affected a small number of Arkansas providers. We have contacted these providers and facilities to make them aware of our 90-day termination notice through a letter by mail, email, notification on the AHIN Clearinghouse page, and personal phone calls to each provider and facility. We will continue to work with these providers as needed.

Another task included AHIN staff working with Availity teams to identify and select a group of providers and facilities to work with us as the first functionality becomes available in Availity. We have set a target date of September 21 to notify and work with this group of providers to gain feedback on their experience with Arkansas Blue Cross and Blue Shield and its subsidiary businesses within the Availity provider portal. This information and input will be invaluable as we refine the user experience before a broad rollout. When our pilot project is deemed successful, we will place a link to the Availity landing page on the AHIN homepage under Alerts. The landing page will provide details about the next steps, including registration, available functionality and training. We encourage new and seasoned Availity users to enroll

for training; your experience may differ from what you are used to in Availity today for other payers.

**Currently, there is not a date for the general roll out to all providers nor a date when AHIN connections will be turned off.** We anticipate the Availity provider portal link to be available before the end of this year; however, a date is still to be determined.

AHIN and Availity will provide ample time for providers and facilities to enroll and begin using Availity. Before disabling any services on AHIN, we will provide notification via an Alert on the AHIN homepage.

Additionally, the AHIN Customer Support team will continue to be available to you throughout the migration. Once the migration is complete, our team will continue to partner with Availity to support you. If Availity is unable to assist you, they will reach out to Arkansas Blue Cross on your behalf. We will work with them to find a solution. We appreciate your continued patience throughout the process and look forward to serving our provider community throughout and beyond the Availity migration.

In the coming months, please continue to monitor the AHIN homepage and *Providers' News* for new updates.

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## Access Only Reminder

Access Only claims should be submitted directly to Arkansas Blue Cross and Blue Shield. The claims will be priced and automatically forwarded to the third-party administrator (TPA) for adjudication.

Providers should call the customer service number on the back of the ID card regarding payment, denial, benefits or eligibility. These questions must be directed to the appropriate group TPA responsible for adjudicating the claim. Call 501-378-2164 if you have pricing questions.

## Access Only groups effective August 2020

Group Name	PPO Network	Eff Date	Term Date
Ark Sheet Metal Workers Local #36-L (5-month runoff thru 12/31/2020)	True Blue PPO	12/1/1998	8/1/2020
Arkansas State Univ Athletes (3-month runoff)	True Blue PPO	11/1/2000	8/1/2020
AR Dept of Youth Services (3-month runoff)	True Blue PPO	8/1/2018	1/1/2020
Bryce Corporation (3-month runoff – thru 3/21/2021)	True Blue PPO	9/1/1993	1/1/2021
Department of Corrections (3-month runoff)	True Blue PPO	1/1/2018	01/01/2020
Diocese of Little Rock/Christian Brothers Services (3-month runoff – thru 12/31/2020)	First Source PPO	9/1/1999	9/1/2020
UFCW (Kroger & Consumer Market) (12-month runoff)	True Blue PPO	10/1/1993	4/1/2020

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## Are all tests for COVID-19 covered?

Over the past few weeks, we have received an increasing number of questions about the various types of COVID-19 tests that are currently available and how they will be covered going forward, particularly as organizations formalize return-to-work plans.

We hope the following information will be helpful in deciding what test best fits each of your patients' unique needs and health insurance coverage.

**The central issue:** Are diagnostic tests for COVID-19 covered without a copay, coinsurance or a deductible? The answer to this question is "yes," if the test:

- Has been **approved by the federal Food & Drug Administration (FDA)** (or there is a pending request for such approval) \*
- Has been **ordered by a provider**

- Is **medically appropriate** for the individual
- Is for **diagnostic purposes**
- Is **limited to one test per day**

Tests that do not satisfy these requirements are not required to be covered without member cost-sharing under the federal FFCRA (Families First Coronavirus Response Act) and CARES (Coronavirus Aid, Relief and Economic Security) Act. Testing to screen for general workplace health and safety (such as employee “return to work” programs), **testing for public health surveillance or for other purposes** not primarily intended for individualized diagnosis or treatment of COVID-19 or another health condition **does not qualify**.

Let’s look at some common scenarios and answer the question of whether COVID-19 tests would be covered without member cost-sharing.

- Members who have symptoms of COVID-19 – **YES**.
- Members with a high-risk exposure (as defined by CDC guidance) – **YES**.
- Members checking to see if they are free of the virus after a positive test – **YES**.
- Members who have no COVID-19 symptoms or high-risk exposures but are merely curious about whether they have COVID-19 (or have had it in the past) – **NO**.
- Symptom-free employees without high-risk exposures tested so they can return to their workplace – **NO**.

- \* Diagnostic COVID-19 tests approved by the FDA include:
- Amplified nucleic acid (e.g. RT-PCR) tests (CPT Code: 87635)
  - Antigen\*\* tests (CPT Code: 87426)

\*\* While both antigen tests and RT-PCR tests are covered by insurance, antigen tests cannot be used to rule out COVID-19 as a stand-alone. Therefore, RT-PCR is the preferred testing method by the Medical Directors at Arkansas Blue Cross for the safety of our members.

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## Balloon ostial dilation (balloon sinuplasty)

### Notice of material amendment

Arkansas Blue Cross and Blue Shield has updated Coverage Policy 2006030 which addresses balloon ostial sinuplasty to add coverage for treatment of chronic rhinosinusitis without nasal

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polyps. The rationale for this change and the complete coverage policy can be accessed at the following link:

<https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2006030>

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## Coding strokes correctly

Stroke is an acute medical emergency that requires urgent attention and can only be accurately diagnosed by confirmation with a CT scan or MRI of the brain. Acute stroke codes (ICD-10 category I63.-) should only be used during the acute inpatient encounter and until discharge of that encounter. Therefore, a coder is unable to use the acute stroke codes (I63.-) in an office setting due to the nature of the event and the inability to accurately diagnosis in the office.<sup>1</sup>

Once discharged from an acute-care facility, the patient now has a history of stroke (ICD-10 code Z86.73) and this code should be used after the initial stroke encounter. **Z86.73** is a billable ICD-10 **code** used to specify a diagnosis of personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits. (icd data). Any late effects should be documented and coded with ICD-10 category I69.-.

In the office setting, suspect conditions cannot be coded according to ICD-10 coding guidelines. As a result, an active stroke should not be coded in the office because it is still suspected and there has been no work-up on the patient to confirm the diagnosis.

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<sup>1</sup>Yew, Kenneth and Cheng, Eric. Diagnosis of acute stroke. *Am Fam Physician*. 2015 Apr 15;91(8):528-536

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## Coverage Policy manual updates

Since June 2020, Arkansas Blue Cross has added or updated several policies in its Coverage Policy manual. The table below highlights these additions and updates. If you want to view

entire policies, you can access the coverage policies located on our website at [arkansasbluecross.com](http://arkansasbluecross.com).

<b>Policy ID</b>	<b>Policy Name</b>
1997210	Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy Gamma Knife Surgery, Linear Accelerator, Cyberknife, TomoTherapy
1998024	Home Cardiorespiratory Monitoring
1998070	Cochlear Implant
1998104	Transplant, Liver
1998107	Transplant, Heart
1998162	Sacral Nerve Stimulation for the Treatment of Urge Urinary Incontinence
2000022	Percutaneous Transluminal Endovascular Graft for Abdominal Aortic Aneurysm
2001032	Closure Devices for Atrial or Ventricular Septal Defects (ASD, VSD) or Patent Foramen Ovale (PFO), Percutaneous
2002002	Genetic Test: Azothiaprime, 6MP Sensitivity, Genotyping & Phenotyping (TPMT) (NUDT15)
2002019	Cold and Heat Therapy
2003015	Intensity Modulated Radiation Therapy (IMRT)
2003024	Kyphoplasty, Percutaneous, Radiofrequency, and Mechanical Vertebral Augmentation
2004018	Intravenous Lidocaine or Ketamine for the Outpatient Management of Chronic Pain and Mental Health Disorders
2006011	Microprocessor-Controlled Prostheses for the Lower Limb
2006016	Rituximab (Rituxan)
2006030	Balloon Ostial Dilation (Balloon Sinuplasty)
2008006	Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies
2008010	Certified Nurse Practitioners
2008013	Certified Nurse Midwives
2008014	Physician Assistants
2008015	Clinical Nurse Specialist
2008025	Stem Cell Growth Factor, Romiplostim (Nplate)
2008026	Digital Imaging Systems for the Detection of Diabetic Retinopathy
2009001	Radiation Therapy, Real Time Intra-Fraction Target Tracking
2010011	Myoelectric Prosthetic and Orthotic Components for the Upper Limb
2011006	Ipilimumab (Yervoy™)
2011066	PREVENTIVE SERVICES FOR NON-GRANDFATHERED (PPACA) PLANS: OVERVIEW
2011071	Intensity Modulated Radiation Therapy (IMRT), Rectum, Anus/ Anal Canal
2012025	Biomarkers for liver disease
2012049	Genetic Test: Prenatal Analysis of Fetal DNA in Maternal Blood to Detect Fetal Aneuploidy
2015007	ST2 Assay and myTAIHEART Assay for Chronic Heart Failure
2015008	Genetic Test: Miscellaneous Genetic and Molecular Diagnostic Tests
2016005	Anti-PD-1 (programmed death receptor-1) Therapy (Nivolumab) (Durvalumab) (Cemiplimab)

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Policy ID	Policy Name
2016012	Daratumumab (Darzalex) / Daratumumab and Hyaluronidase-fih (DARZALEX FASPRO)
2016016	Atezolizumab (Tecentriq®)
2016024	Gender reassignment surgery for gender dysphoria
2017006	Bevacizumab (Avastin™) for Oncologic Indications
2017037	Direct acting antiviral medications for treatment of chronic Hepatitis C
2018022	Testing for oral and esophageal cancer
2019005	Pembrolizumab (KEYTRUDA®)
2020006	Luspatercept-aamt (Reblozyl®)
2020010	Genetic Test: Beckwith-Wiedemann Syndrome
2020011	Crizanlizumab (Adakveo™)
2020012	Tagraxofusp-erzs (Elzonris®)
2020013	Afamelanotide (Scenesse™)
2020015	Fam-trastuzumab deruxtecan-nxki (Enhertu®)
2020016	Inebilizumab-cdon (Uplizna™)
2020017	Desensitization treatment for peanut allergies
2020018	Prescription digital therapeutics for substance abuse
2020019	Surgery for groin pain in athletes (Athletic Pubalgia; Sports Hernia)
2020020	Sacituzumab govitecan-hziy (Trodelvy™)

## Downside of giving prescription drug samples to patients

Providing prescription drug samples to your patients may seem like a great service, especially since the cost of prescription medications seems to increase yearly for both specialty and non-specialty drugs. Unfortunately, providing samples is not always a good idea. Below are a few reasons why providing your patient with samples may not be helpful.

- The samples may seem to be “free” for your patients, but each physician usually gets a limited amount of sample medications for brand name drugs. The free samples may not last long, and after samples are no longer available, your patient will most likely have a high copay or coinsurance.
- High copay or coinsurance may be a barrier to the patient filling their prescription, and then adherence becomes an issue.
- Higher cost to the plan sponsor may also lead to increased premiums for the patient.
- Another big consideration—**samples do not guarantee coverage on the formulary**. After samples run out and your patient tries to fill their prescription for a medication that is not on their formulary, the above barriers will surface because the drug will not be covered.

- All of the above also applies to coupons or copay cards.

*What is the best thing for you to do for your patients when prescribing medications?*

**1. Use cost-effective generics first, if possible, and try multiple generics before moving to a brand medication.**

- Benefits to the patient
  - A lower copay eliminates barrier for adherence.
- Benefits to the prescriber
  - Most of the time there is no hassle with prior authorization, step-therapy, or non-formulary issues which saves the prescriber and office staff time.
  - No need to remember different formularies; most all generics are covered.

**2. Overcome patient's demand for brand medication samples and coupons.**

- Let the patient know that the therapeutically equivalent generic drug is more cost-effective and has been on the market longer with proven history of working for the patient's condition.
- Generic copays are less than brand copays, and coupons and samples will run out. The benefit is lower cost of care for the long term.
- As their physician, you believe the generic is the best choice for them.

**3. Utilize Real Time Benefits (RTB) if available with your EMR/EHR system. RTB will provide you with the exact cost of the drug for your patient. If the cost is not affordable or requires a prior approval or step-therapy, RTB will provide you options for your patient. For information about how to connect with RTB, contact your EMR/EHR vendor account manager.**

Providing prescription drug samples may seem like a big help to your patients in the short term, but keep in mind the disadvantages that can occur in the long run depending on a patient's circumstances.

# Enhancement for prior approval submissions through the provider portal on AHIN

Effective immediately, prior approval requests initiated through the provider portal located on the AHIN site now provides for the submission of clinical documentation. This applies to Arkansas Blue Cross and Blue Shield, Blue Advantage and Health Advantage. It does not apply to the Federal Employees Plan (FEP).

This enhancement feature allows uploading of the supporting clinical documentation for the prior approval request. Accepted document types include Word, PDF, JPEG and PNG files. The allowed file size is 10 MB or less.

Files over the file limit must be faxed to Arkansas Blue Cross and Blue Shield or the applicable company. These files should include the episode number associated with the request and full member's name on the included cover sheet. For medical inpatient PA requests, please fax to 501-210-7032. For outpatient service requests, please fax to 501-378-6647.

You will continue to receive a Request for Information letter upon your submission. This is a bar coded letter to be used should you prefer to continue faxing in your clinical documentation supporting your request. This bar coded letter can also be used for those files over the file limit.

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## Federally required annual compliance training notice

Arkansas Blue Cross and Blue Shield is required by the federal government to ensure that specific individuals and entities with whom we do business (including healthcare-related professionals and organizations) complete general compliance training and fraud, waste and abuse training annually.

### Who must complete training?

General compliance training and fraud, waste and abuse training (where applicable), should be completed annually by **all persons** who have contact (indirect or direct) with beneficiaries of the Centers for Medicare & Medicaid Services (CMS) and members covered by the Affordable Care Act. This includes staff in all billing, reception, lab and clinical areas.

**General compliance training** is required for all persons who meet the above criteria. However, certain individuals and entities who participate in the Medicare program are deemed to have met the **fraud, waste and abuse training** component by satisfying Medicare's annual certification requirements. This includes entities and/or individuals who are:

- Participating healthcare providers in the Medicare program (Parts A and/or B).
- Accredited, Medicare-approved suppliers of durable medical equipment, prosthetics, orthotics and supplies.

## When should training be complete?

The general compliance training and/or fraud, waste and abuse training must occur within 90 days of initial hiring and annually thereafter. The annual training will be released in September and must be completed by the end of the calendar year. Training must be documented, and all documentation is subject to random audit by Arkansas Blue Cross or the federal government.

## Methods for completing training

There are three options for satisfying these annual compliance training requirements:

1. **Web-delivered training** – Complete the web-based general compliance and/or fraud, waste and abuse training modules for Medicare (Parts C and D) located on the CMS Medicare Learning Network® (MLN), which are available through the Learning Management and Product Ordering System: <https://learner.mlnlms.com/Default.aspx>

Each individual must create an account. If you are not a current user, select **New user** to create an account.

- In the Association section, if you do not see an organization with which you are associated or do not want to enter the information, select **None**.
- When you get to the **Organization** section, choose **Select**, then **Search** and then click the **CMS-MLN Learners Domain Organization** radio button and select **Save**.
- Select **Create** once all required fields are complete.

Once you have logged in, proceed with the following steps:

- a) From the home page, in **Browse Catalog**, type in **Medicare Parts C and D General Compliance Training**. If needed, look for **Combating Medicare Part C and D Fraud, Waste, and Abuse (January 2018) (Contact hours: 30 min)**.
- b) Select the title of the training you need to complete and then select **Enroll**.
- c) The enroll screen will default to **Credit** (if continuing education units are needed) or **Normal** course mode; Choose the desired mode and select **Enroll**.

- d) Select Open Item to begin course, or return to the training catalog to select another course by repeating steps a through e.
- e) To return to the courses after enrolling, choose **Current Training**, select the title of the course you are completing, then select **Open Item** to begin the course.

Once the training is complete **with a score of 70 percent or higher** (with contact hours), the system will generate a certificate of completion at the end of each web-based training event. For CMS Medicare Learning Network® specific instructions and course help:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/LMPOS-FAQs-Booklet-ICN909182.pdf>

2. **Download a PDF version to share** – Incorporate the content of the web-delivered standardized training modules from the CMS website into existing compliance training materials/systems. A PDF version is provided on the website. The PDF document is not intended to take the place of the web-based training, and no certificate is provided with the PDF download, which is available at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf> **This link is currently being revised and should be updated by October. A new link will be posted to AHIN once available.**
3. **Integrate content into other training materials** – Incorporate the content of the training modules from the CMS website into written/printed documents for providers (e.g. provider guides, participation manuals, business associate agreements, etc.). Although training content cannot be modified, CMS will allow modification to the appearance of the content (font, color, background, format, etc.). Additionally, organizations may enhance or “wrap around” the CMS training content by adding topics specific to the organization or employees’ job functions. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste\\_Abuse-Training\\_12\\_13\\_11.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste_Abuse-Training_12_13_11.pdf) **This link is currently being revised and should be updated by October. A new link will be posted to AHIN once available.**

**(PLEASE NOTE:** *Should your organization provide the federally required trainings, a copy of all training documents – including a copy of the training materials and training logs – must be retained by your organization for 10 years, in accordance with the governing agencies’ record-retention guidelines.*)

### **What do we do with our training records?**

Whichever method you choose to complete from the options above, **no documentation should be returned** to Arkansas Blue Cross. So, as noted above, simply retain copies (paper and/or electronic) of all documentation of federally required annual trainings for at least 10 years.

## How do I show that I have completed the required training?

Arkansas Blue Cross has developed an online attestation administered through the Advanced Health Information Network (AHIN). The AHIN user administrator (AUA) for each entity will use this reporting system to attest that all required training has been completed.

The attestation should be recorded **only after all the affected staff members** have completed the applicable trainings. Until the attestation is completed, an attestation alert will appear (beginning in June), and AHIN user administrators will be able to verify (through the end of the year that their staff have completed required trainings. Once an organization has completed the attestation, the alert will stop.

For more information, general compliance training and Medicare Parts C and D fraud, waste and abuse training requirements can be found at: <https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html>.

Direct any questions to [regulatorycompliance@arkbluecross.com](mailto:regulatorycompliance@arkbluecross.com).

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## Home cardiorespiratory monitoring

### Notice of material amendment \*

Effective November 01, 2020, criteria for coverage of home cardiorespiratory monitoring has been revised. For specific coverage criteria, please see coverage policy 1998024, Home Cardiorespiratory Monitoring (previously titled, Home Apnea Monitors).

<https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1998024>

\*This notice was posted to AHIN on July 27, 2020.

## Medical specialty medications prior approval update

On April 1, 2018, Arkansas Blue Cross and Blue Shield and its family of companies enacted prior approval for payment of specialty medications used in treating rare, complex conditions that may go through the medical benefit. Since then, medications have been added to the initial list as products come to market.

The table below is the current list of medications that require prior approval through the member's medical benefit. It is also indicated when a medication is required to be processed through the pharmacy benefit. Any new medication used to treat a rare disease should be considered to require prior approval. **ASE/PSE and Medicare are not included in this article but have their own prior approval programs.**

Drug	Indication	Benefit
Adakveo (crizanlizumab-tcma)	Sickle cell disease	Medical
Aldurazyme (laronidase)	MPS I Hurler syndrome	Medical
Berinert (c1 esterase, inhib, human)	Hereditary angioedema	Medical
Brineura (ceroliponase alfa)	CLN2 disease	Medical
Cablivi (caplacizumab-yhdp)	Thrombocytic thrombocytopenia	Medical & Pharmacy
Cinqair (reslizumab)	Severe asthma	Medical
Cinryze (c1 Esterase, inhib, human)	Hereditary angioedema	Medical
Crysvita (burosumab - twza)	Hypophosphatemia	Pharmacy
Duopa (levodopa-carbidopa intestinal gel)	Parkinson's	Medical

Elaprase (idursulfase)	MPS II Hunter syndrome	Medical
Elzonris (tagraxifusp-erzs)	BPDCN	Medical
Evenity (romosozumab-aqqg)	Severe osteoporosis	Medical
Fabrazyme (agalsidase beta)	Fabry disease	Medical
Fasenra (benralizumab)	Mod to severe asthma	Pharmacy
Firazyr (icatabant acetate)	Hereditary angioedema	Pharmacy
Gamifant (emapalumab-lzsg)	Hemophagocytic lymphohistiocytosis	Medical
Givlaari (givosiran)	Acute hepatic porphyria	Medical
Haegarda (c1 esterase, inhib, human)	Hereditary angioedema	Pharmacy
Kalbitor (ecallantide)	Hereditary angioedema	Pharmacy
Krystexxa (pegloticase)	Gout	Medical
Kymriah (tisagenlecleucel)	Cancers	Medical <i>*Reviewed by transplant coordinator</i>
Lemtrada (alemtuzumab)	Multiple sclerosis	Medical
Lutathera (lutetium Lu 177 Dotatate)	Neuroendocrine tumors	Medical
Mepsevii (vestronidase-Alfa)	MPS VII Sly syndrome	Mecical

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Myalept (metreleptin)	Lipodystrophy	Pharmacy
Nagalzyme (galsulfase)	MPS VI Maroteaux-Lamy syndrome	Medical
Nucala (mepolizumab)	Mod to severe asthma	Pharmacy
Ruconest (c1 esterase, inhib, recombinant)	Hereditary angioedema	Medical
Soliris (eculizumab)	PNH aHUS Myasthenia Gravis NMOSD	Medical
Spinraza (nusinersen)	Spinal muscle atrophy	Medical
Spravato (esketamine)	Treatment resistant depression	Pharmacy
Strensiq (asfotase alfa)	Hypophosphatasia	Pharmacy
Tepezza (teprotumumab)	Thyroid eye disease	Medical
Ultomiris (ravulizumab-cwyz)	PNH	Medical
Uplizna (inebilizumab)	Neuromyelitis optica spectrum disorder	Medical
Vimizim (elosulfase alfa)	MPS IV Morquio A	Medical
Yescarta (axicabtagene ciloleucl)	Cancers	Medical  *Reviewed by transplant coordinator

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Xolair (omalizumab)	Mod to severe asthma Urticaria	Medical & Pharmacy
Zolgensma (onasemnogene APOBEC- XIOI)	Spinal muscle atrophy	Medical
Zulresso (brexanolone)	Postpartum depression	Medical

For more information about how to submit a request for prior approval for one of these medications, call the appropriate customer service phone number on the back of the member’s ID card.

Customer service will direct callers to the prior approval form specific to the member’s group. BlueAdvantage members can find the form at the following link:  
<https://www.blueadvantagearkansas.com/providers/forms.aspx>.

For all other members, the appropriate prior approval form can be found at the following link:  
<https://www.arkansasbluecross.com/providers/resource-center/provider-forms>.

These forms and any additional documentation should be faxed to 501-210-7051 for BlueAdvantage members. For all other members, the appropriate fax number is 501-378-6647.

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## Metallic formulary changes effective October 1, 2020

On Exchange, Off Exchange, Arkansas Works, Arkansas Blue Cross and Blue Shield small group, Health Advantage small group and USABLE Mutual small group members use the metallic formulary.

Product	Change	Alternative
MOXEZA SOL 0.5%	Brand no longer covered due to generic availability	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)
DYMISTA SPR 137-50	Brand no longer covered due to generic availability	AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT
ZORTRESS TAB 0.25MG	Brand no longer covered due to generic availability	EVEROLIMUS TAB 0.25 MG
ZORTRESS TAB 0.5MG	Brand no longer covered due to generic availability	EVEROLIMUS TAB 0.5 MG
ZORTRESS TAB 0.75MG	Brand no longer covered due to generic availability	EVEROLIMUS TAB 0.75 MG
7T LIDO GEL 2%	Brand no longer covered as not FDA approved	lidocaine-prilocaine cre 2.5-2.5%
KETOPROFEN CAP 200MG ER	Brand no longer covered due to hyperinflation	USE ketoprofen cap IR 50mg, 75mg, diclofenac tab IR/ER/DR, etodolac cap/tab/ER tab, fenoprofen tab, flurbiprofen tab, ibuprofen sus/tab, meclorfenamate sod cap, mefenamic acid cap, meloxicam tab, nabumetone tab, naproxen tab, oxaprozin tab, piroxicam cap, sulindac tab, tolmetin sod cap/tab
LANTHANUM CHW 1000MG	Brand no longer covered due to hyperinflation	USE sevelamer tab/pow, calcium acetate cap/tab
LANTHANUM CHW 500MG	Brand no longer covered due to hyperinflation	USE sevelamer tab/pow, calcium acetate cap/tab

Product	Change	Alternative
LANTHANUM CHW 750MG	Brand no longer covered due to hyperinflation	USE sevelamer tab/pow, calcium acetate cap/tab
KETOCONAZOLE AER 2%	Brand no longer covered due to hyperinflation	USE ketoconazole sha 2%, selenium sulfide lot 2.5%
CALCITRIOL OIN 3MCG/GM	Brand moved to non-preferred tier due to hyperinflation	USE calcipotriene soln 0.005%
CYCLOBENZAPR TAB 7.5MG	Brand no longer covered due to hyperinflation	USE cyclobenzaprine tab 5mg, 10mg, carisoprodol tab, chlorzoxazone tab 500mg, metaxalone tab, methocarbamol tab
DIFLORASONE CRE 0.05%	Brand moved to non-preferred tier due to hyperinflation	USE diflorasone diacetate cream 0.05%
DIFLORASONE OIN 0.05%	Brand moved to non-preferred tier due to hyperinflation	USE diflorasone diacetate cream 0.05%
DOXEPIN HCL CRE 5%	Brand moved to non-preferred tier due to hyperinflation	OTC diphenhydramine cream
FLUOROMETHOL SUS 0.1% OP	Brand no longer covered due to hyperinflation	USE dexamethasone pho sol 0.1%, DUREZOL EMU 0.05%, FML FORTE SUS 0.25% OP, FML OIN 0.1% OP, loteprednol sus 0.5%, MAXIDEX SUS 0.1% OP, PRED MILD SUS 0.12% OP, PREDNISOLONE SOD PHO SOL 1% OP, prednisolone sus 1% OP
HYDROCORT OIN 1%	Brand no longer covered due to hyperinflation	USE alclometasone cre/oin, hydrocortisone cre 1%, 2.5%/lot 2.5%/oin 2.5%, desonide cre/lot/oin

Product	Change	Alternative
DOXYCYC MONO CAP 75MG	Brand no longer covered due to hyperinflation	USE doxycycline mono cap 100mg, 50mg, avidoxy tab 100mg, doxycycline mono tab 50mg, 75mg, 150mg, doxycycline hyc cap 50mg, 100mg, doxycycline hyc tab 100mg, doxycycline sus 25mg/5ml
DOXYCYC MONO CAP 150MG	Brand no longer covered due to hyperinflation	USE doxycycline mono cap 100mg, 50mg, avidoxy tab 100mg, doxycycline mono tab 50mg, 75mg, 150mg, doxycycline hyc cap 50mg, 100mg, doxycycline hyc tab 100mg, doxycycline sus 25mg/5ml
FLUOXETINE TAB 60MG	Brand no longer covered due to hyperinflation	USE fluoxetine cap 10mg, 20mg, 40mg, fluoxetine sol 20mg/5ml, fluoxetine tab 10mg, 20mg, citalopram sol/tab, escitalopram sol/tab, fluvoxamine tab, paroxetine tab, sertraline sol/tab
TRAMADOL HCL TAB 100MG	Brand no longer covered due to hyperinflation	USE tramadol hcl tab 50mg, tramadol/APAP tab 37.5-325mg
HC BUTYRATE CRE 0.1%	Brand no longer covered due to hyperinflation	USE HC butyrate cre (non lipo base)/oin/sol, betamethasone val aer/cre/lot/oin, clocortolone cre, desoximetasone cre 0.05%, fluocinolone acet cre/sol 0.01%, fluocinolone acet cre/oin 0.025%, fluticasone cre/lot/oin, HC valerate cre/oin, mometasone cre/oin/sol, prednicarbate cre/oin, triamcinolone cre/lot/oin 0.025%/0.1%
TRIAMCINOLON AER SPRAY	Brand no longer covered due to hyperinflation	USE triamcinolone cre/lot/oin 0.025%/0.1%, HC butyrate cre (non lipo base)/oin/sol, betamethasone val aer/cre/lot/oin, clocortolone cre, desoximetasone cre 0.05%, fluocinolone acet cre/sol 0.01%, fluocinolone acet cre/oin 0.025%, fluticasone cre/lot/oin, HC valerate cre/oin, mometasone cre/oin/sol, prednicarbate cre/oin
POSACONAZOLE TAB 100MG DR	Brand moved to non-preferred tier due to hyperinflation	USE fluconazole tab 50mg, 100mg, 150mg, 200mg, griseofulvin microsize tab 500mg, griseofulvin

Product	Change	Alternative
		ultramicrosize tab 125mg, 150mg, itraconazole tab 100mg
ERGOT/CAFFEN TAB 1-100MG	Brand moved to non-preferred tier due to hyperinflation	USE almotriptan tab 6.25mg, 12.5mg, dihydroergotamine inj 1mg, eletriptan tab 20mg, 40mg, frovatriptan tab 2.5mg, naratriptan 1mg, 2.5mg, rizatriptan ODT 5mg, 10mg, rizatriptan tab 5mg, 10mg, sumatriptan nasal spray 5mg, 20mg, sumatriptan inj 4mg, 6mg, sumatriptan tab 25mg, 50mg, 100mg, zolmitriptan ODT 2.5mg, 5mg, zolmitripan tab 2.5mg, 5mg
BIMATOPROST SOL 0.03%	Brand moved to non-preferred tier due to hyperinflation	USE latanoprost oph soln 0.005%, travoprost ophth soln 0.004%
MIACALCIN INJ 200/ML	Brand moved to non-preferred tier due to hyperinflation	USE calcitonin spr, alendronate tab/soln, ibandronate tab, pamidronate inj, risedronate IR/ER tab, zoledronic inj, PROLIA SOL 60MG/ML, TYMLOS INJ
CICLOPIROX CRE 0.77%	Adding QL	Qty limit of 120 gm every 25 days applied
CICLOPIROX GEL 0.77%	Adding QL	Qty limit of 120 gm every 25 days applied
CICLOPIROX SHA 1%	Adding QL	Qty limit of 120 mL every 25 days applied
CICLOPIROX SUS 0.77%	Adding QL	Qty limit of 120 mL every 25 days applied
CLOTRIMAZOLE CRE 1%	Adding QL	Qty limit of 120 gm every 25 days applied
CLOTRIMAZOLE SOL 1%	Adding QL	Qty limit of 120 mL every 25 days applied
KETOCONAZOLE CRE 2%	Adding QL	Qty limit of 120 gm every 25 days applied
NYSTATIN CRE 100000	Adding QL	Qty limit of 120 gm every 25 days applied
NYSTATIN OIN 100000	Adding QL	Qty limit of 120 gm every 25 days applied
NYSTATIN POW 100000	Adding QL	Qty limit of 120 gm every 25 days applied

<b>Product</b>	<b>Change</b>	<b>Alternative</b>
ECONAZOLE CRE 1%	Adding QL	Qty limit of 60 gm every 25 days applied
ERTACZO CRE 2%	Adding QL	Qty limit of 60 gm every 25 days applied
MENTAX CRE 1%	Adding QL	Qty limit of 60 gm every 25 days applied
NAFTIFINE CRE HCL 1%	Adding QL	Qty limit of 60 gm every 25 days applied
NAFTIFINE CRE HCL 2%	Adding QL	Qty limit of 60 gm every 25 days applied
OXICONAZOLE CRE NITRATE	Adding QL	Qty limit of 60 gm every 25 days applied
OXISTAT LOT 1%	Adding QL	Qty limit of 60 mL every 25 days applied
ERYTHROMYCIN GEL 2%	Adding QL	Qty limit of 60 gm every 25 days applied
ERYTHROMYCIN SOL 2%	Adding QL	Qty limit of 60 mL every 25 days applied
CLINDAMYCIN GEL 1%	Adding QL	Qty limit of 75 gm every 25 days applied
CLINDAMYCIN LOT 1%	Adding QL	Qty limit of 60 mL every 25 days applied
CLINDAMYCIN LOT 10MG/ML	Adding QL	Qty limit of 60 mL every 25 days applied
CLINDAMYCIN SOL 1%	Adding QL	Qty limit of 60 mL every 25 days applied
EXELDERM CRE 1%	Adding QL	Qty limit of 60 gm every 25 days applied
EXELDERM SOL 1%	Adding QL	Qty limit of 60 mL every 25 days applied
POMALYST CAP 1MG	Adding QL	Qty limit of 21 caps every 28 days applied
POMALYST CAP 2MG	Adding QL	Qty limit of 21 caps every 28 days applied
UPTRAVI TAB 200/800	Adding QL	Qty limit of 1 pack every 28 days applied

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Product	Change	Alternative
VENCLEXTA TAB START PK	Adding QL	Qty limit of 1 pack every 28 days applied
PHENYLBUTYRA POW SODIUM	Adding QL	Qty limit of 600gm every 30 days applied

## Standard formulary changes effective October 1, 2020

### Additions

Product	Therapeutic Category/ Subcategory	Options/Comments
<b>Copiktra</b> (duvelisib) oral capsule	Antineoplastic Agents/ Kinase Inhibitors	To provide an option for the treatment of relapsed or refractory chronic lymphocytic leukemia, small lymphocytic lymphoma, and follicular lymphoma.
<b>Dovato</b> (dolutegravir-lamivudine) oral tablet	Anti-Infectives/ Antiretroviral Agents/ Antiretroviral Combinations	To provide an additional combination option for the treatment of HIV-1 infection.
<b>Gvoke</b> (glucagon auto-injector) subcutaneous solution for injection	Endocrine and Metabolic/ Glucose Elevating Agents	To provide an additional option for the treatment of severe hypoglycemia.
<b>Tegsedi</b> (inotersen) subcutaneous solution for injection	Endocrine and Metabolic/ Polyneuropathy	To provide an option for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis.
<b>Trijardy XR</b> (empagliflozin-linagliptin-metformin ext-rel)	Endocrine and Metabolic/ Antidiabetics/ Sodium-Glucose Co- Transporter 2 (SGLT2) Inhibitor/Dipeptidyl	To provide an additional option to improve glycemic control in adults with type 2 diabetes mellitus.

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Product	Therapeutic Category/ Subcategory	Options/Comments
oral extended-release tablet	Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations	
<b>Generic Agents:</b>		
<b>everolimus</b> oral tablet	Immunologic Agents/ Immunosuppressants/ Rapamycin Derivatives	To provide an additional generic option for the prophylaxis of organ rejection in kidney and liver transplant recipients.
<b>hydrocodone ext-rel</b> oral extended-release abuse-deterrent capsule	Analgesics/ Opioid Analgesics	To provide an additional generic long-acting option for pain management.
<b>metformin solution</b> oral solution	Endocrine and Metabolic/ Antidiabetics/ Biguanides	To provide an additional generic option to improve glycemic control in adults with type 2 diabetes mellitus.

## Drugs moved to non-preferred tier

Product	Therapeutic Category/ Subcategory	Options/Comments
<b>Brand agents:</b>		
<b>Cytomel (lithyronine)</b> oral tablet	Thyroid Agents/Thyroid Hormones	Preferred options include liothyronine.
<b>Geodon (ziprasidone)</b> oral capsule	Central Nervous System/ Antipsychotics/ Atypicals	Availability of additional atypical antipsychotic options.  Preferred options include aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, Clozaril (clozapine), Latuda (lurasidone), Risperdal (risperidone), Seroquel (quetiapine), Vraylar (cariprazine), and Zyprexa (olanzapine).

Product	Therapeutic Category/ Subcategory	Options/Comments
<b>Moxeza</b> (moxifloxacin) ophthalmic solution	Topical/ Ophthalmic/ Anti-Infectives	Availability of additional topical anti-infective ophthalmic agents.  Preferred options include bacitracin, ciprofloxacin soln, erythromycin, gentamicin, levofloxacin, moxifloxacin, neomycin-polymyxin B-gramicidin, ofloxacin, polymyxin B-bacitracin, polymyxin B-trimethoprim, sulfacetamide oint 10%, sulfacetamide soln 10%, tobramycin, Besivance (besifloxacin), Belp-10 (sulfacetamide soln 10%), Ciloxan (ciprofloxacin), Ocuflor (ofloxacin), Polytrim (polymyxin B-trimethoprim), Tobrex (tobramycin), and Vigamox (moxifloxacin).
<b>Silenor</b> (doxepin) oral tablet	Central Nervous System/ Hypnotics/ Tricyclics	Availability of additional options for the management of insomnia.  Preferred options include doxepin, eszopiclone, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual, Ambien (zolpidem), Ambien CR (zolpidem ext-rel), Belsomra (suvorexant), and Restoril (temazepam).
<b>Travatan Z</b> (travoprost) ophthalmic solution	Topical/ Ophthalmic/ Prostaglandins	Availability of additional options for reducing elevated intraocular pressure.  Preferred options include latanoprost, travoprost, Lumigan (bimatoprost 0.01%), and Xalatan (latanoprost).

## Drugs no longer covered

Product	Therapeutic Category/ Subcategory	Options/Comments
<b>Brand agents:</b>		
<b>Aliqopa</b> (copanlisib) intravenous solution for injection	Antineoplastic Agents/ Kinase Inhibitors	Availability of an additional option for the treatment of relapsed follicular lymphoma.  The preferred is Copiktra (duvelisib).

Product	Therapeutic Category/ Subcategory	Options/Comments
<b>Aplenzin</b> (bupropion ext-rel)  oral extended-release tablet	Central Nervous System/ Antidepressants/ Miscellaneous Agents	Availability of additional generic options for the treatment of major depressive disorder.  Preferred options include bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg), Wellbutrin SR (bupropion ext-rel).
<b>Eversense Continuous Glucose Monitoring System</b>  blood glucose continuous monitoring system	Endocrine and Metabolic/ Antidiabetics/ Supplies	Availability of another option for testing and monitoring blood glucose levels.  The preferred option on the Prescribing Guide – Standard Control is the Dexcom Continuous Glucose Monitoring System.
<b>Inderal LA</b> (propranolol ext-rel)  oral extended-release capsule	Cardiovascular/ Beta-Blockers	Availability of additional beta-blockers.  Preferred options include atenolol, bisoprolol, carvedilol, carvedilol phosphate ext-rel, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, Coreg (carvedilol), Corgard (nadolol), and Lopressor (metoprolol tartrate).
<b>InnoPran XL (propranolol ext-rel)</b>  oral extended-release capsule	Cardiovascular/ Beta-Blockers	Availability of additional beta-blockers.  Preferred options include atenolol, bisoprolol, carvedilol, carvedilol phosphate ext-rel, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, Coreg (carvedilol), Corgard (nadolol), and Lopressor (metoprolol tartrate).
<b>Letairis (ambrisentan)</b>  oral tablet	Cardiovascular/ Pulmonary Arterial Hypertension/ Endothelin Receptor Antagonists	Availability of additional options for the treatment of pulmonary arterial hypertension.  Preferred include ambrisentan, bosentan, and Opsumit (macitentan).
<b>Mytesi (crofelemer delayed-rel)</b>  oral delayed-release tablet	Gastrointestinal/ Antidiarrheals	Availability of additional antidiarrheal options.  Preferred options include diphenoxylate-atropine, loperamide, Lomotil (diphenoxylate-atropine), OTC loperamide, and OTC Imodium A-D (loperamide).

Product	Therapeutic Category/ Subcategory	Options/Comments
<b>Zortress (everolimus)</b> oral tablet	Immunologic Agents/ Immunosuppressants/ Rapamycin Derivatives	Availability of generic options for the prophylaxis of organ rejection in kidney and liver transplant recipients.  Preferred options include everolimus and sirolimus.
<b>Zydelig (idelalisib)</b> oral tablet	Antineoplastic Agents/ Kinase Inhibitors	Availability of an additional option for the treatment of relapsed chronic lymphocytic leukemia, follicular lymphoma, or small lymphocytic lymphoma.  The preferred option is Copiktra (duvelisib).
<b>Generic Agents:</b>		
<b>Bupap</b> (butalbital-acetaminophen tablet 50-300 mg) oral tablet	Analgesics/ Non-Opioid Analgesics	Availability of generic options for the relief of tension headache.  Preferred options include butalbital-acetaminophen-caffeine tabs, butalbital-aspirin-caffeine, diclofenac sodium delayed-rel, diflunisal, etodolac, ibuprofen, naproxen sodium, naproxen sodium tabs, naproxen tabs, OTC ibuprofen, OTC naproxen sodium, OTC Advil (ibuprofen), and OTC Aleve (naproxen sodium).
<b>butalbital-acetaminophen tablet 50-300 mg</b> oral tablet	Analgesics/ Non-Opioid Analgesics	Availability of generic options for the relief of tension headache.  Preferred options include butalbital-acetaminophen-caffeine tabs, butalbital-aspirin-caffeine, diclofenac sodium delayed-rel, diflunisal, etodolac, ibuprofen, naproxen sodium tabs, naproxen tabs, OTC ibuprofen, OTC naproxen sodium, OTC Advil (ibuprofen), and OTC Aleve (naproxen sodium).
<b>chlorzoxazone 500 mg (NDC 73007001303 only)</b> oral tablet	Central Nervous System/ Musculoskeletal Therapy Agents	Availability of additional options for the treatment of pain associated with acute musculoskeletal disorders.  Preferred options include carisoprodol, chlorzoxazone 500 mg (except NDC 73007001303), cyclobenzaprine (except 7.5 mg tablet), metaxalone, methocarbamol (except NDCs 69036093090, 70868090190), Robaxin (methocarbamol), and Skelaxin (metaxalone).
<b>DaVite</b> (B-Complex-Vitamin C-Folic Acid) oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid / Combinations	Availability of additional supplementation options.  Preferred options include folic acid and folic acid-vitamin B6-vitamin B12.

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Product	Therapeutic Category/ Subcategory	Options/Comments
<b>Diphen Elixir</b> (diphenhydramine 12.5 mg/5 mL)  oral elixir	Respiratory/ Antihistamines, Sedating	Availability of additional antihistamine options.  Preferred options include clemastine 2.68 mg, cyproheptadine, hydroxyzine HCl, levocetirizine, and the following OTC products: cetirizine, chlorpheniramine 4 mg, clemastine 1.34 mg, diphenhydramine, fexofenadine, loratadine, Allegra (fexofenadine), Benadryl (diphenhydramine), Chlor-Trimeton Allergy (chlorpheniramine 4 mg), Claritin (loratadine), and Zyrtec (cetirizine).
<b>fenoprofen</b>  oral tablet	Analgesics/ NSAIDs	Availability of additional NSAIDs for pain management.  Preferred options include diclofenac sodium delayed-rel, diflunisal, etodolac, ibuprofen, meloxicam, nabumetone, naproxen sodium tabs, naproxen tabs, oxaprozin, sulindac, OTC ibuprofen, OTC naproxen sodium, OTC Advil (ibuprofen), and OTC Aleve (naproxen sodium).
<b>fluoxetine tablet (generics for SARAFEM only)</b>  oral tablet	Central Nervous System/ Antidepressants/ Selective Serotonin Reuptake Inhibitors (SSRIs)	Availability of additional options for the treatment of Premenstrual Dysphoric Disorder (PMDD).  Preferred options include fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline Paxil CR (paroxetine HCl ext-rel), and Zoloft (sertraline).
<b>Folvik-D</b> (folic acid-cholecalciferol)  oral tablet	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid / Combinations	Availability of an additional supplementation option.  The preferred option is folic acid.
<b>indomethacin capsule 20 mg</b>  oral capsule	Analgesics/ NSAIDs	Availability of additional NSAIDs for pain management.  Preferred options include diclofenac sodium delayed-rel, diflunisal, etodolac, ibuprofen, meloxicam, nabumetone, naproxen sodium tabs, naproxen tabs, oxaprozin, sulindac, OTC ibuprofen, OTC naproxen sodium, OTC Advil (ibuprofen), and OTC Aleve (naproxen sodium).
<b>mefenamic acid (NDC 69336012830 only)</b>  oral capsule	Analgesics/ NSAIDs	Availability of additional NSAIDs for pain management.  Preferred options include diclofenac sodium delayed-rel, diflunisal, etodolac, ibuprofen, meloxicam, nabumetone, naproxen sodium tabs, naproxen tabs, oxaprozin, sulindac, OTC ibuprofen, OTC naproxen sodium, OTC Advil (ibuprofen), and OTC Aleve (naproxen sodium).

Product	Therapeutic Category/ Subcategory	Options/Comments
<b>methocarbamol 750 mg (NDCs 69036093090, 70868090190 only)</b> oral tablet	Central Nervous System/ Musculoskeletal Therapy Agents	Availability of additional options for the treatment of pain associated with acute musculoskeletal disorders.  Preferred options include carisoprodol, chlorzoxazone 500 mg (except NDC 73007001303), cyclobenzaprine (except 7.5 mg tablet), metaxalone, methocarbamol (except NDCs 69036093090, 70868090190), Robaxin (methocarbamol), and Skelaxin (metaxalone).
<b>minocycline ext-rel</b> oral extended-release capsule	Anti-Infectives/ Antibacterials/ Tetracyclines	Availability of additional tetracycline options.  Preferred options include doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline, and Vibramycin (doxycycline hyclate capsule).
<b>MultiPro</b> (multiple vitamins with minerals) oral capsule	Nutritional/Supplements/ Vitamins and Minerals/ Folic Acid / Combinations	Availability of additional supplementation options.  Consult doctor for preferred options.
<b>niacin tablet 500 mg</b> oral tablet	Cardiovascular/ Antilipemics/ Niacins	Availability of additional niacin options for the treatment of high cholesterol and triglycerides.  Preferred options include niacin ext-rel and Niaspan (niacin ext-rel).
<b>Niacor</b> (niacin) oral tablet	Cardiovascular/ Antilipemics/ Niacins	Availability of additional niacin options for the treatment of high cholesterol and triglycerides.  Preferred options include niacin ext-rel and Niaspan (niacin ext-rel).
<b>oxiconazole (NDCs 00168035830, 51672135902 only)</b> topical cream	Topical/ Dermatology/ Antifungals	Availability of generic topical antifungal options.  Preferred options include ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, Loprox (ciclopirox), luliconazole, and the following OTC products: clotrimazole, miconazole, tolnaftate, Lamisil AT (terbinafine), Lotrimin AF (clotrimazole), Micatin (miconazole), and Tinactin (tolnaftate).
<b>quazepam</b> oral tablet	Central Nervous System/ Hypnotics/ Benzodiazepines	Availability of additional options for the treatment of insomnia.  Preferred options include doxepin, eszopiclone, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual, Ambien (zolpidem), Ambien CR (zolpidem ext-rel), Belsomra (suvorexant), and Restoril (temazepam).

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Product	Therapeutic Category/ Subcategory	Options/Comments
<b>sucralfate suspension</b>  oral suspension	Gastrointestinal/ Miscellaneous	Availability of a generic option for the short-term treatment of active duodenal ulcers.  The preferred option is sucralfate tablet.

## Network cardiac monitoring services

Arkansas Blue Cross and Blue Shield has four cardiac monitoring providers who service the state:

BDX Solutions– all commercial provider networks

CardioNet – all commercial provider networks and Medi-Pak® Advantage PFFS

iRhythm – all commercial provider networks

Lifewatch – all commercial provider networks and Medi-Pak® Advantage PFFS

**Please remember that all provider agreements require the use of in-network providers to receive in-network benefits.**

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## Patient-Centered Medical Home program

**Open enrollment begins October 12, 2020**

A Patient-Centered Medical Home (PCMH) is a care team that manages the overall health and coordinates the care of a patient. The PCMH program is designed to assist primary care providers (PCPs) in transitioning to become PCMHs through guidance and support, while rewarding them for high-quality, coordinated and efficient care. Open enrollment for the 2021 PCMH program begins October 12, 2020, and closes on November 13, 2020.

## Care management fees

Practices participating in PCMH will receive per-member-per-month (PMPM) care management fees to support practice redesign and care coordination efforts. These fees are non-visit based monthly payments to support staffing and training demands of transforming a practice. Care management fees are risk-adjusted, with higher PMPM for patients with more severe illnesses, lower PMPM for patients with lower risk.

## Performance Based Incentive Payments (PBIP)

Arkansas Blue Cross will pay a performance-based incentive (PBIP) to practices to encourage and reward accountability. Practices will have the opportunity to earn a PBIP on attributed membership within participating lines of business.

Providers must be in one of the following specialties and all networks to participate.

### Eligible specialties

- Family medicine
- General practice
- Geriatric medicine
- Internal medicine
- Pediatric medicine
- Primary Care nurse practitioners
- Primary Care physician assistants
- Primary Care clinical nurse specialists

This is a voluntary program. There are no penalties for providers who choose not to participate.

For more information about the Arkansas Blue Cross and Blue Shield 2021 PCMH program, contact us at <mailto:mprimarycare@arkbluecross.com>.

# Prepay review of high-dollar inpatient claims changes for 2021 services

## Notice of material change to high-dollar claims threshold

The Blue Cross Blue Shield Association will be making changes to the high-dollar inpatient claims review beginning in 2021. These changes will be adopted by Arkansas Blue Cross and Blue Shield and its family of companies effective January 1, 2021.

The Association, in 2019, began requiring itemized bills for high dollar inpatient claims that were \$250,000 or greater. Arkansas Blue Cross and Blue Shield was required to adopt that policy and subsequent updates to the policy. For 2020 the amount was lowered to \$200,000, and upon reviewing the findings and results of this policy, the Association is lowering the threshold for 2021 to \$100,000. Therefore, as of **January 1, 2021**, please remit itemized bills for all inpatient claims of \$100,000 or more if the claim will have a payment that is tied to the billed charge (i.e., not paid by per diem, case rate or diagnosis-related group).

Arkansas Blue Cross and its family of companies use the CMS Provider Reimbursement Manual and the UB Editor for guidance, as well as the services of Equian/Optum to conduct this prepay review. Arkansas Blue Cross and the Blue Cross Blue Shield Association will continue to evaluate the results of the prepay review to determine whether the billed amount subject to review should be adjusted.

To avoid unnecessary delays or interruption of payments of these claims, providers are asked to submit an itemized bill with any claim that meets these criteria.

To minimize the administrative work this change will create for the providers, Arkansas Blue Cross is working to automate an electronic submission format to allow the providers to bill the electronic claim and other supporting documentation simultaneously.

Please contact your network development representative for specifics about submitting itemized bills with the claims.

# Transcatheter Arterial Chemoembolization (TACE) to treat primary or metastatic liver malignancies

## Notice of material amendment \*

Effective November 1, 2020, criteria for coverage of Transcatheter Arterial Chemoembolization (TACE) to treat primary or metastatic liver malignancies has been revised. A statement of non-coverage for TACE as part of combination therapy (with radiofrequency ablation) for resectable or unresectable hepatocellular carcinoma has been added. For specific coverage criteria, please see coverage policy 2008006 Transcatheter Arterial Chemoembolization (TACE) to Treat Primary or Metastatic Liver Malignancies.

<https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2008006>

\* This notice was posted on AHIN July 27, 2020.

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## HEDIS® news

### Remind your eligible patients to get mammograms every two years

One in eight women in the United States will be diagnosed with breast cancer in her lifetime, making it the second-most-common cancer in women. You play an integral role in early detection by recommending regular screenings to your patients. Early detection through regular screening is key to a better outcome for your patients.

The Healthcare Effectiveness Data and Information Set (HEDIS®) Breast Cancer Screening measure is used by the Centers for Medicare & Medicaid Services (CMS) as a star rating measure to drive improvements in patient health. CMS and HEDIS guidelines recommend that routine mammogram screenings are completed every 24 months for women ages 50 to 74.

The National Committee for Quality Assurance (NCQA) now allows patients to be excluded from the Breast Cancer Screening HEDIS star quality measure due to advanced illness and frailty. They acknowledge that measured services most likely would not benefit patients who are in declining health.

Review the [2020 Breast Cancer Screening tip sheet](#) to learn more about this HEDIS measure, including information that should be documented in a patient's medical record, information that should be included in claims, and tips for talking with patients.

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

## **Remind your patients of the importance of colorectal cancer screening**

According to the American Cancer Society, colorectal cancer is the third-most-common cancer diagnosed in both men and women in the United States. Your patient may be under the assumption that a colonoscopy is the only way to test for colorectal cancer. Talk to your patients about the importance of early detection and the types of tests available, including those that are non-invasive.

There are many screenings available for patients to choose from and it is important for providers to document the type of screening performed or any exclusions in the patient's medical record. Exclusions for this measure include advanced illness and frailty of the patient.

View the [2020 Colorectal Cancer Screening tip sheet](#) to learn more about the measure, information to include in a patient's record, CPT codes that should be included in claims and tips for talking with patients.

## **Conducting medication reconciliation post-discharge is critical to patient safety and care coordination efforts**

The Centers for Medicare & Medicaid Services (CMS) considers medication reconciliation post-discharge (MRP) to be a star quality measure. MRP assesses patients ages 18 and older who were discharged from an acute or non-acute inpatient stay whose medications were reconciled from the date of discharge through 30 days after discharge (31 days total).

Medication reconciliation should be performed after every inpatient discharge. This practice is an important step to help ensure that possible medication errors are addressed, patients understand their new medications, and medications that should no longer be taken are discontinued. Clinicians, registered nurses or clinical pharmacists (employed by the clinical practice) can conduct this medication reconciliation in the outpatient setting. This can be achieved over the phone or by a scheduled post-discharge clinic visit with the patient.

View the [2020 Medication Reconciliation Post-Discharge tip sheet](#) to learn more about when the process should be completed, information to include in a patient’s record, Current Procedural Terminology (CPT) codes that should be included in claims and tips for talking with patients about this important topic.

## Medicare Advantage

### New Medicare Advantage networks

Arkansas Blue Cross and Blue Shield will be launching various new and enhanced Medicare Advantage plans effective January 1, 2021. These new plans have led to the creation of new Medicare Advantage provider networks that will focus on providing our Medicare Advantage members with optimal and coordinated healthcare, as well as focus on clinical improvement and accuracy programs such as HEDIS and risk and care management efforts.

The table below provides a crosswalk demonstrating the flow from the old networks to the new plans and their networks:

Old Networks →	New Plan →	Provider Network
Medi-Pak Advantage PFFS	BlueMedicare Value/Preferred	Medicare Advantage PFFS
Medi-Pak Advantage HMO	Health Advantage Blue Classic	Medicare Advantage Health Advantage HMO
Medi-Pak Advantage LPPO	BlueMedicare Choice	Medicare Advantage PPO ( <b>NEW USABLE</b> )
	BlueMedicare Premier	Medicare Advantage HMO ( <b>NEW USABLE</b> )

The creation of these new networks will be focused in Central, Northwest, Northeast, and South Central Arkansas and will be centered around the large and clinically integrated health systems, including individual primary care and specialty clinics located in these various regions.

Please note that the new **Medicare Advantage HMO** network is **different from the existing Medicare Advantage Health Advantage HMO network**. It will be important to ensure referral patterns stay within the HMO network in which the member participates. **There are no out-of-network benefits.**

## **Requirements for outpatient observation care**

In compliance with the Centers for Medicare and Medicaid Services (CMS) Medicare Outpatient Observation Notice (MOON), Arkansas Blue Cross and Blue Shield requires all acute care and critical access hospitals to provide written notification and an oral explanation of the notification to patients receiving outpatient observation services for more than 24 hours and no later than 36 hours after observation services as an outpatient begin. This also includes beneficiaries in the following circumstances:

- Beneficiaries who do not have Part B coverage (as noted on the MOON, observation stays are covered under Medicare Part B).
- Beneficiaries who are subsequently admitted as an inpatient prior to the required delivery of the MOON.
- Beneficiaries for whom Medicare is either the primary or secondary payer.

For some Medicare Advantage members, observation stays have pre-authorization or pre-notification requirements.

The notice should explain the following using contemporary language:

- The patient is classified as outpatient
- Cost-sharing requirements
- Medication coverage
- Subsequent eligibility for coverage for services furnished by a skilled nursing facility
- Advise patients to contact his or her insurance plan with specific benefit questions

The notice and accompanying instructions are available at

<https://www.cms.gov/Medicare/Medicare-General-Information/BNL/index.html>

## **Reminder on billing qualified Medicare beneficiaries**

Medicare providers are prohibited by federal law from billing qualified Medicare beneficiaries for Medicare deductibles, copayments, or coinsurance. Providers should accept Medicare and Medicaid payments received for billed services as payment in full. Dual-eligible members classified as qualified Medicare beneficiaries (QMBs) are covered under this rule.

QMBs who are enrolled in any Medicare Advantage plan to administer their Medicare benefits would have Medicare Advantage as their primary coverage and Medicaid as their secondary coverage. Payments are considered accepted in full even if the provider does not accept Medicaid. Providers are subject to sanctions if billing a QMB patient for amounts not paid by any Medicare Advantage plan and Medicaid.

Additional information about dual-eligible coverage is available under the Medicare Learning Network at [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf).

Our offices will be closed  
Monday, September 7, for  
Labor Day.