

PreferredOne UPDATE

A Newsletter for PreferredOne Providers

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Value=Quality/Cost

by John Frederick, MD, CMO and Executive VP

At a time when the local healthcare market is showing a downtrend in premium increases, it is a good time to raise a few issues around healthcare value. Although the answers are not obvious there are a lot of ideas to consider.

PreferredOne is managing to maintain enrollment but profitability of PCHP is not strong. The main driver of this is escalating medical cost. In the various segments of cost trending the areas of concern are outpatient facility, therapy modalities, imaging, specialty care, and pharmacy. The drivers of the cost increase in these segments include pricing, utilization/intensity, and new technology.

To remain competitive in the market, PreferredOne must address these cost issues and deliver greater value to the employers in our community. Value has been defined as Quality/Cost ($V=Q/C$). As PreferredOne moves toward 2005 we are looking to engage the providers in helping to define the value that they deliver to our health plan and our customers.

In the area of value, there have been a number of community and national efforts to measure or promote improved quality healthcare. The data collaborative between the health plans on the MN Community Measurement Project is about to publicly report HEDIS quality measures at a provider group level. In addition, ICSI has had a workgroup identify principles for

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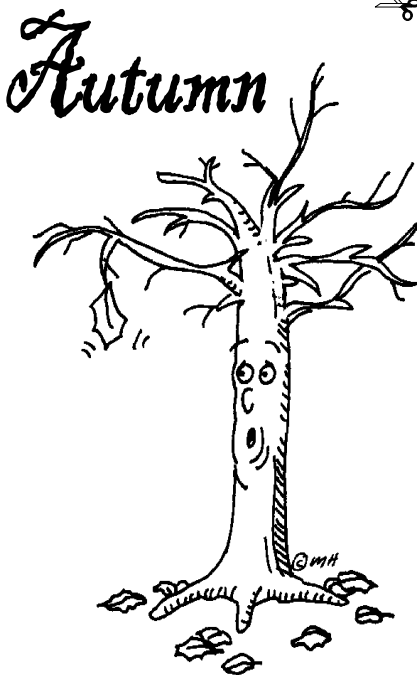
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provider performance measurement. They have identified Diabetes and Depression as the focus of their community initiatives for 2005. These quality measures are being required by large national employers, government payors, local employers and your patients. Even the MMA has made quality healthcare its priority. Local employers and government payers are demanding quality data. However, most importantly the patients are becoming more involved financially with their healthcare and are expecting better value/quality.

In this competitive market scenario, PreferredOne plans to remain competitive by working with the above stakeholders to support quality improvement. We are involved with the MN Community...Pg 2



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Measurement project as well as ICSI. We are working with the community physicians on our quality committees to find ways of supporting patients and physicians on quality issues. In addition, we are committed to supporting provider groups on quality initiatives that positively effect our members. As an example we have contracted with a local provider group for the first physician driven disease management program in the community.

Our medical management processes are being reviewed to ensure we are focusing on the appropriate areas of care management. This means we are investing more resources in complex case management, working to slow the pharmacy cost trend by implementing new pharmacy management programs and being more aggressive with specialty pharmacy drugs. Finally, PreferredOne needs to be more competitive on pricing with its providers and vendors. We have negotiated an improved contract with our primary pharmacy benefit manager. In addition, our behavioral health and chiropractic networks have committed to reducing costs. Our provider and hospital network will be challenged to identify areas of value and be paid based on the value of their work.

In closing, I would like to thank all of our providers for their commitment to PreferredOne through the years past and promise PreferredOne will continue to be a good partner in the years to come.

Provider Care Advantage Product

Johnson McCann Benefits and PreferredOne, along with guidance from Medical Group Administrators, have developed a new health product called the Provider Care Advantage (PCA) which is the first product developed exclusively for medical groups and facilities. The product premise is to curb rising health care costs by the medical groups and facilities organizing to help each other.

The product design is based on tiering the providers into one of two tiers, based on the providers ETG rating or "episode treatment groups." Those provider groups with low ETG rating were placed in Tier 1, while groups with a higher ETG rating were placed in Tier 2. The episode profiler gives a complete picture of how providers treat diseases and medical

conditions from drugs prescribed and laboratory work, x-rays, and surgeries performed, to care provided by hospitals, hospices or rehabilitation facilities.

The design of the product promotes the Tier 1 providers by enhanced plan benefits to the insured employee and dependents. The insured is compelled to use a Tier 1 provider for the lowest out of pocket cost for their care.

For ease of product administration, it has been determined that a 10% reimbursement reduction is required for Tier 2 provider groups to move into a more favorable Tier 1 status. The reduction is off of a provider group's current HMO or PCHP contract with

PreferredOne. A Provider group's tier status may be viewed on the PreferredOne Secure website under the radio button called tiered program. PreferredOne is committed to making this product successful. To that end, we have committed that any reduction a provider group makes is purely voluntary and is specific to the PCA product. As provider groups make the decision to move from Tier 2 to Tier 1, it will directly and positively impact the premiums paid by the provider groups that have adopted the plan as an employer.

If you have any questions, please feel free to contact Gayle McCann of Johnson McCann Benefits, or Lori Nelson of PreferredOne.

2005 Fee Schedule Changes

Professional Services

PreferredOne's Physician Fee Schedules are complete and will become effective for dates of service beginning January 1st 2005. The PreferredOne PCHP and PAS overall professional services budget will remain neutral. Although the PPO will follow the same methodology, and RVU update, their overall professional services budget will increase slightly.

Physician fee schedules will be based on the *2004 Resource Based Relative Value Scale (RBRVS)*. Non-Medicare relative value units will be based on 2004 Relative Value Studies Inc.'s Complete RBRVS. Immunizations, HCPC and a few additional CPT codes will be adjusted to reflect local market values. In addition, PreferredOne will manually adjust lab codes to reflect a fee in excess of Medicare rates.

The 2005 Physician fee schedules will continue to use the RBRVS Site of Service differential for the surgical

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code range (10000 – 69999). This will not require any changes in billing practices from providers. The practice site will be determined by the value in box 24B on the HCFA1500 form.

PreferredOne will maintain the current default values. In addition, PreferredOne Administrative Services will continue their practice of not bundling for multi-channel labs unless it applies to an existing panel.

As with prior updates, the effect on physician reimbursement will vary by specialty and the mix of services provided.

Requests for a market basket fee schedule may be made in writing to PreferredOne Provider Relations.

Furthermore, PreferredOne will use ETG measures to calculate the 2005 risk allowance return allocations. More information will be forthcoming in the next newsletter.

Off Cycle Fee Schedule Updates

On July 1st 2005, the fee schedules will be amended to include new codes and adjustments will be made to accommodate major definitional changes. In addition, PreferredOne reserves the right to analyze and adjust individual rates throughout the year to reflect current market conditions.

New ASA codes for Anesthesia services will be updated with the 2004 release of Relative Value Guide by the American Society of Anesthesiologists. This update will take place by March 1st 2005.

Hospital Services

UB92 Fee Schedules

The 2005 Calendar year DRG schedule will be based on the CMS DRG grouper Version 22, released October 2004. Please note that for the full calendar year 2004, PreferredOne requires DRG grouper version 21. Ambulatory Surgery Center (ASC) code groupings will be updated to include any changes made by Medicare in 2004. Any surgical CPT codes not included in the Medicare ASC grouper will be reviewed and added to the appropriate category. The Hospital (UB92) CPT schedule will be based on the 2004 Complete RBRVS relative value scale. The schedule will consist of the current code ranges: Lab, Radiology, Therapy, Minor (non ASC) Surgical Codes, Office Visits,

Immunizations and Supplies.

Reimbursement for the hospital CPT schedule will be at the physician rates with the following exceptions:

- Global Radiology codes are set to the Technical Component only
- Therapy codes are set at Allied Health rates
- Minor surgical procedures and office visit codes are set to the RBRVS Practice Expense Value

The codes will be updated throughout the year to match current terminology.

Changes Regarding Member IDs

As you know, Social Security numbers (SSN) have long been used as the main identifier on member cards. However, several states have now passed laws that mandate the use of a unique member identification numbers instead of a member's SSN.

As a result, PreferredOne is beginning to receive notification from PPO payers stating that they are removing the SSN from member ID cards and replacing them with unique identification numbers. Humana is expecting to replace SSN's on all members' cards by June 2005.

Some members may not be aware that the information on their ID card has changed. In order for practices to have the most current information, office staff should always obtain new photocopies of member ID cards when they come in to receive care.

As Payers continue to convert to unique numbers, PreferredOne will recognize these numbers as replacing SSN numbers.

PPO Payers

PreferredOne PPO contracts with approximately 125 TPAs and Insurance Companies for access to the PreferredOne PPO Provider Network. Though all Payers pay per the reimbursement terms of the PreferredOne/Provider contract, they all apply their own coding and benefit logic.

In addition to coding and benefit logic, Payer requirements for pre-certification vary. Some payers are expanding their list of services that require pre-certification. We recently received information from

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Federated that pre-certification is required for all CAT scans, MRIs, and PET scans.

Generally, when pre-certification requirements are not followed by a participating provider, it is not the member who is held liable. Therefore, it is becoming more and more important to verify requirements for non-routine services.

CIGNA Changes Slated for 2005

CIGNA (Connecticut General) will be making a number of changes to their programs and processes beginning January 1, 2005. These changes include the following.

- ***New Medical Management Approach***
Precertification requirements will no longer depend on the type of product the member has.
- ***Changes to Outpatient Precertification Requirements***
- ***Administration of Precertification Process***
Participating physicians are responsible for in-network precertification of coverage for all products.
- ***Changes to Covered Services and Benefits***
New benefit enhancements and exclusions
- ***Introduction to CIGNA Choice Fund Benefit Plans***
Health Savings Accounts and Health Reimbursement Arrangements
- ***Replacement of Social Security Number***
CIGNA-generated alpha-numeric identifier or text message
- ***Addition of Optional PCP Name to Open Access Plus ID Cards***

Enclosed in this newsletter is a CIGNA Provider Alert outlining in more detail the changes slated for 2005, (Exhibits 1-5).

Regarding the replacement of Social Security Numbers, both PreferredOne and CIGNA have the capability to store both the SSN and an alternate identification number. Consequently, if a bill is submitted with either SSN or an alternate id, the member will be identified.

CIGNA has also developed a website geared to assist the provider with procedures, eligibility, and claim status. You can register for access by visiting the website, www.cignaforhcp.com.



Coding Update

Post op Pain pumps, e.g. On Q pain pump

- PreferredOne will not make separate payment for inserting subfascial pain pumps for post op pain management. The procedure is considered a bundled procedure.

Varicose Vein Surgery

- All varicose vein surgery/ injections must be prior authorized with our UM Department. Some procedures are considered investigative and will be the member's responsibility.
- Each extremity and each procedure must be prior authorized. As an example, if you have obtained authorization for the left leg vein stripping and later are considering additional surgery/injections for the same leg, authorization must be obtained for any additional surgery on that leg.
- Authorization for one extremity does not automatically include authorization for another extremity.
- Laser ablation:
 - * **S2131** - Laser ablation is considered investigational.
 - * **S2130** - Radio frequency ablation requires prior authorization. This code is inclusive of all portions of the procedure except 76986, ultra sound guidance, when medically necessary. The code also includes the supplies. Physicians performing this procedure in the office must use place of service 11.
 - * When radio frequency ablation is performed in free standing surgery center, use place of service 24, or for hospital outpatient department, use 22 place of service. There is a site of service differential for office Vs outpatient hospital.
- If surgery for both extremities has been approved

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submit two lines: S2130 Lt, S2130 Rt.

- Do not use CPT code 37204 (transcatheter occlusion) for radio frequency or laser ablation. Submit S2131 or S2130 as outlined above.
- There is additional information regarding medical policy/criteria for varicose vein surgery at www.preferredone.com.

Bariatric Surgery

We have added the following new S codes for Bariatric Surgery:

- **S2085** - Laparoscopy, gastric restrictive procedure, with gastric bypass for obesity, with short limb (less than 100 cm) Roux-en Y
- **S2082** - Lararoscopy, surgical gastric restrictive procedure, adjustable gastric band, includes placement of subcutaneous port
- **S2083** - Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline. This is eligible after 90 day global.

Any type of bariatric surgery must be prior authorized by PreferredOne. Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between a medical policy or billing policy and the terms of an enrollee benefit plan, the terms of the enrollee's benefit plan documents will apply.

Home Inufusion services and Infusion Services in the Home Health Provider's Suite:

PreferredOne will be making some changes to the billing procedures for I.V. infusion which may include using J codes and J code units when available in lieu of NDC codes. We will be notifying the infusion agencies in the near future. Changes, if made, will be for 2005 DOS.

Codes for IV infusion services usually performed in the Home, by the Home Health Agency and moved to an office based infusion suite are being revised slightly so that infusions in the office are not subject to Home Health Benefits.



Unnecessary use of modifier 22 on J3490 or other I.V. Drugs

Providers do not need to add modifier 22 to a J code. The units box will reflect the dosage you gave. Adding this modifier for these drugs require manual review of the claims, and will delay adjudication of claims.

Telephone number in Box 33 of HCFA:

In order to have your claims paid as quickly as possible, it would be beneficial to have your telephone number on claims so that we can contact the correct billing office for questions. If you have an option to include your telephone number in box 33 we would appreciate your assistance.

Humanitarian Use Devices (HUD) require Prior Authorization.

Definition: The FDA defines a HUD as a "device that is intended to benefit patients in the treatment and disease or condition that affect fewer than 4,000 individuals in the United States, per year". The request to the FDA to use a HUD device may be the result of no other comparable device for the patient's condition, or an emergency situation in which this is the only device available, etc.

The FDA process of obtaining a HUD approval or Humanitarian Device Exemption is very complicated for the manufacturer and/ or provider. Even when the FDA grants an exemption, the device may be authorized under very limited indications.

Regardless of whether the FDA has approved a HUD device, PreferredOne requires prior authorization of any HUD device before it is used/ or implanted. Requests must be made to PreferredOne to assure approval of its use. Failure to receive prior authorization may result in a denial of claims.

FluMist

CPT 90473 - Intranasal Administration

CPT 90660 - FluMist Vaccine

PreferredOne will cover the FluMist nasal-spray influenza vaccination during the 2004-2005 flu season to enable more members to be vaccinated during the

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current shortage of the injectable influenza vaccine and also support public health strategies to vaccinate high-risk individuals with the limited supply of the injectable influenza vaccine. The FluMist vaccine will be covered as recommended by the Advisory Committee on Immunization Practices (ACIP) of the U.S. Food and Drug Administration for healthy individuals ages 5 to 49 years for members with preventative services benefits.

Medical Policy Update



New in the medical-surgical area is the addition of intervertebral disc prostheses, thermal capsulorrhaphy for glenohumeral instability, arthroscopic lavage and debridement for osteoarthritis of the knee, radiofrequency ablation of renal masses, and auditory integration training to the Investigational List effective September 28, 2004. Intradiscal electrothermal treatment (IDET) has previously been a covered benefit for a select population. Effective November 1, 2004 IDET will no longer be eligible for coverage because recent published literature has demonstrated inconsistent clinical benefit and the need for randomized controlled trials to determine whether there is a subset of patients with discogenic back pain who would derive substantial and sustained benefit from this procedure. Vision therapy/orthoptics was also previously a covered benefit for a select population when the individual's plan did not specifically exclude benefits for this. Vision therapy will also not be eligible for coverage effective November 1, 2004 because the Institute for Clinical Systems (ICSI) Vision Therapy Technology Assessment Report findings that the studies of the efficacy of vision therapy are predominantly poor quality case series which provide inadequate scientific evidence to enable a conclusion to be reached about the efficacy of vision therapy for patients with learning disabilities, amblyopia, strabismus, convergence insufficiency, or accommodative disorders. Carotid Angioplasty with/without stenting was removed from the investigational list effective September 28, 2004.

New in the behavioral health area includes the addition of Pfeiffer Treatment Center Metallothionein Protein

Assessment and Treatment for DSM-IV Disorders to the Investigational List and therefore not eligible for coverage effective August 18, 2004.

The latest Medical and Pharmacy Policy and Criteria indexes are attached and indicate new and revised Medical Policy documents approved at recent meetings of the PreferredOne Medical/Surgical Quality Management Subcommittee, Behavioral Health Quality Management Subcommittee, and Pharmacy & Therapeutics Quality Management Subcommittee. Please add the attached indexes (**Exhibits 6-11**) to the Utilization Management section of your Office Procedures Manual and always refer to the on-line policies for the most current version. Medical Policies are available on the PreferredOne web site to members and to providers without prior registration. The web-site address is <http://www.PreferredOne.com>. Click on Health Resources in the upper left hand corner and choose the Medical Policy menu item. If you wish to have paper copies of medical policies or you have questions please contact the Medical Policy Department at (763)-847-4477 or 1-800-940-5049 ext. 4477.

Institute for Clinical Systems Improvement (ICSI) Update

Listed below are the ICSI guidelines and technology assessment reports newly available or recently updated on the ICSI web site (www.ICSI.org).

Health Care Guidelines:

- Acute Sinusitis in Adults
- Diagnosis and Treatment of Obstructive Sleep Apnea
- Diagnosis and Treatment of Otitis Media in Children
- Dyspepsia and GERD
- Immunizations
- Lipid Management in Adults
- Lipid Screening in Adults
- Lipid Screening in Children and Adolescents
- Management of Initial Abnormal Pap Smear
- Preventive Counseling and Education
- Routine Prenatal Care

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- Tobacco Use Prevention and Cessation for Adults and Mature Adolescents
- Tobacco Use Prevention and Cessation for Infants, Children and Adolescents
- Viral Upper Respiratory Infection (VURI) in Adults and Children

Technology Assessment Reports:

- Diet Programs for Weight Loss in Adults
- Fluoroscopically Guided Transforaminal Epidural Steroid Injections for Lumbar Radicular Pain

Hypertension and Medication Compliance

The American Heart Association estimates that one in four U.S. adults has hypertension and a third of these people are unaware they have it. Hypertension was listed as the primary or contributing cause of death in about 251,000 deaths in 2000. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7) 2003 introduced a new classification system which includes the term “prehypertension.” According to the JNC 7, data on lifetime risk of hypertension and increased risk of cardiovascular complications associated with BPs previously considered normal highlights the importance of early diagnosis and intervention. This new classification system emphasizes systolic as well as diastolic control because systolic hypertension also is associated with increased fatal and nonfatal cardiovascular events. A normal blood pressure is defined as <120/80, and <130/80-89 for patients with diabetes or kidney disease. Blood pressure readings of 120-139 over 80-89 are classified as “prehypertension.” According to the AHA, only 34% of all the people with hypertension are on adequate therapy—patient compliance is a major reason for this. The changes to the classification of hypertension, and the known increased risk factors associated with undiagnosed or uncontrolled high blood pressure, prompted PreferredOne to conduct an analysis of pharmacy claims of all PCHP members with a confirmed diagnosis of hypertension between April 1, 2002 and March 31, 2004. We found that of the 2439 members diagnosed with high blood pressure and on one or more blood pressure medications, only 15.9% were

compliant in getting their medications refilled. We allowed a three-day gap in therapy before the member was considered non-compliant. In early 2005, in an effort to improve medication compliance and control of Hypertension in collaboration with practitioners, we will be sending letters and drug utilization reports to practitioners informing them of possible medication non-compliance by their patients.

Information noted in this article may be found online on the NHLBI website at www.nhlbi.nih.gov/guidelines/hypertension and the American Heart Association at www.americanheart.org. ICSI has comprehensive treatment guidelines that can be found on their web site at www.ICSI.org. If you have any suggestions on how we may collaborate with you on this or other areas of concern, feel free to contact me at 763-847-3228 or deb.doyle@preferredone.com

Pharmacy

Specialty Injectable Program

Effective October 1, 2004, PreferredOne partnered with CuraScript to provide specialty injectable medications to our members as part of their retail pharmacy benefit. CuraScript is the nation’s leading specialty pharmacy company providing injectable medications to patients with chronic illnesses requiring complex, high-cost treatment. At CuraScript, quality care and outstanding customer service are top priorities. CuraScript understands the complexity of injectable drugs; therefore, each patient receives personalized care management required for successful outcomes and confidence in treatment.

PreferredOne members who are currently utilizing the following pharmacies in order to obtain their specialty injectables may continue to do so:

- Fairview Specialty Pharmacy
- North Memorial Pharmacy
- Chronimed Pharmacy

Following are additional details about the CuraScript specialty injectable program:

- **Only those drugs listed on the CuraScript Drug List are part of this program.** This drug list is included (**Exhibit 14**) and is available on the

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PreferredOne physician secure website.

- Drugs provided by physician offices or home health agencies are **not** subject to this program.
- Members can obtain **one fill** of their specialty injectable medication at a retail pharmacy before being required to transition to CuraScript.
- In order to begin using CuraScript, the provider or the member must complete the Patient Enrollment Form. This form is included (**Exhibit 15**) and is available on the PreferredOne physician secure website.
- Provider questions regarding this program may be directed to CuraScript at 877-283-2829.

Quantity Level Limits

Effective October 1, 2004, PreferredOne implemented additional quantity limits per prescription. The Quantity Level Limit program addresses situations where certain drugs are being dispensed in higher doses or quantities than approved by the FDA or higher than recommended in best practice guidelines. The drug classes/drugs currently involved in the Quantity Level Limit program includes, but is not limited to the following:

- Proton Pump Inhibitors (omeprazole, Nexium, Prevacid, Aciphex, Protonix)
- Anti-Migraine Agents (Imitrex, Amerge, Axert, Maxalt/MLT, Zomig/ZMT)
- Sedative-Hypnotic Drugs (Ambien, Sonata) – **New October 1, 2004**

The quantity level limit criteria are located on the PreferredOne physician secure website. The website address is www.preferredone.com. The criteria are located under Information, Medical Policy, Pharmacy Policy.

Step Therapy Program

Effective November 1, 2004, PreferredOne will implement two Step Therapy programs. Step Therapy is a program that encourages physicians to follow established guidelines of care starting with conservative therapies and progressing to more aggressive therapies, as the patient's needs dictate. The drug classes/drugs currently involved in the Step Therapy program include, but are not limited to the following:

- Proton Pump Inhibitors (omeprazole, Aciphex, Nexium, Prevacid, Protonix)
- COX-II Inhibitors (Bexta, Celebrex)



2005 **ALERT**

FOR CIGNA PARTICIPATING PROVIDERS



CIGNA

A Business of Caring.

Beginning in January 2005, CIGNA will be making a number of changes to our programs and processes that will affect you as you care for CIGNA members. The most important changes are designed to promote greater consistency in our medical management processes, making it simpler for you to work with us and allowing you to spend more time caring for your patients. The information inside will give you more details about these changes and what they mean to you.

Key changes for 2005 include:

- **New Medical Management Approach**
Precertification requirements will no longer depend on the type of product the member has Page 2
- **Changes to Outpatient Precertification Requirements** Page 3
- **Administration of Precertification Process**
Participating physicians are responsible for in-network precertification of coverage for all products Page 3
- **Changes to Covered Services and Benefits**
New benefit enhancements and exclusions Page 4
- **Introduction of CIGNA Choice FundSM Benefit Plans,**
Health Savings Accounts and Health Reimbursement Arrangements Page 4
- **Replacement of Social Security Number**
by a CIGNA-generated alpha-numeric identifier or text message Page 4
- **Addition of Optional PCP Name to Open Access Plus ID Cards.** Page 4
- **2005 Changes: What You Need to do Differently** Page 5

CIGNA for Health Care Professionals, our secure website for health care professionals and their designated office staff, offers access to detailed information on CIGNA policies and procedures, such as precertification requirements; member benefit plans and eligibility; claim inquiry and much more in an easy-to-use dynamic tool. Register today for this free, time-saving tool at www.cignaforhcp.com.

New Medical Management Approach*

TWO NEW MEDICAL MANAGEMENT MODELS

For 2005, CIGNA is introducing an innovative new approach to health benefits, called **CIGNATURE – Your plan. Your choice.SM** Key to this approach is the employer's ability to choose from two new medical management models regardless of the medical product they choose. In other words, **the type of plan a member participates in – for example, an HMO or PPO plan – will no longer determine the type of medical management that applies.** Medical management for both models, called Personal Health SolutionsSM (PHS) and Personal Health Solutions PlusSM (PHS+), will be performed through our regionally aligned Health Facilitation Centers, providing consistency for both you and your patients.

One of the most significant differences between these two models involves precertification requirements. **PHS requires precertification only for inpatient care, while PHS+ requires precertification for both inpatient care and certain outpatient services.** In addition, continuing stay review will begin earlier for members with PHS+. Other key elements of these models are outlined below.

Personal Health Solutions (PHS)

- **Inpatient Precertification** – Precertification is required only for inpatient care, including observation, rehabilitation, skilled nursing facilities and long-term care facilities.
- **Continued Stay Review/Inpatient Case Management** – Requests for precertification of coverage for inpatient admission and length-of-stay will be administered consistent with CIGNA guidelines (currently Millman Care Guidelines). Inpatient case management will generally begin on the **second day of hospitalization**, or as indicated by the diagnosis, for members still in the inpatient setting. To promote consistency, our **on-site nurses will provide inpatient case management for all of our members.** In addition, members covered by all of our plans will now have access to our specialized catastrophic and neonatal case management programs.
- **Clinical Effectiveness Program** – Through member and physician education, outreach and intervention, this program encourages members to make healthier choices, receive preventive screenings and seek appropriate treatment.

- **Targeted Health Education** – This program identifies members who have certain illnesses and conditions who are not in a CIGNA Well Aware for Better HealthSM disease management program, and provides them with educational materials to help them improve their health.
- **Centers of Excellence Program** – Outcomes and efficiency ratings of CIGNA-contracted hospitals for 22 hospital-based procedures/conditions will be made available through our online provider directory. Outcomes ratings are assessed using Healthshare Technology, Inc., data on complications and mortality for each procedure, which is based on Medicare and state-reported data. Efficiency rating is based on CIGNA-specific cost data matched with Healthshare's hospital and procedure-specific length-of-stay information.

Personal Health Solutions Plus (PHS+) includes all the components of our PHS model, with the following differences.

- **Inpatient and Outpatient Precertification** – Precertification of coverage is required for both inpatient care and certain outpatient services. Outpatient precertification requirements will now be consistent for all medical plans; they will no longer vary based on the member's plan.
- **Outpatient precertification requirements have been updated for 2005** (see chart on page 3).
- **Continued Stay Review/Inpatient Case Management** will generally begin on the **first day of hospitalization.**

In addition to these key features, employers may choose to add the following programs:

- **CIGNA Health AdvisorSM** – a customer-dedicated team of nurses who help coordinate members' care.
- **CIGNA Well Aware for Better HealthSM** – disease management programs for members with asthma, heart disease, diabetes, low back pain and COPD.

2005 Changes to Outpatient Precertification Requirements (PHS+)*

Procedure	Change
Outpatient Surgical Procedures <ul style="list-style-type: none"> • Hysterectomy • Back/Spine • Uvulopalatopharyngoplasty 	Now require precertification
Genetic Testing	Now requires precertification for specific diagnoses
Physical Therapy, Chiropractic Services	No longer require precertification
External Prosthetic Appliances	Many codes no longer require precertification
Durable Medical Equipment	Many codes no longer require precertification
Injectable Medications	Precertification requirements now based on specific codes rather than dollar threshold

In addition, codes have been updated for a number of procedures to bring our lists up-to-date. A list of procedure codes requiring precertification will be included in our Provider Reference Guides, due out later this Fall, and on our secure website www.cignaforhcp.com in December. Or call Provider Services for more information.

Administration of Precertification Process*

In 2005, we will standardize the administration of the precertification process across all of our medical products. **Participating providers are responsible for obtaining precertification of coverage for all in-network procedures requiring precertification for all products. Please refer to your Program Requirements and/or your provider contract. This will result in more consistency in the way you handle precertification of in-network services for members of our various plans.**

To help assure appropriate reimbursement of your initial claim, please check whether the service you plan to provide requires precertification (see page 5). You can obtain precertification, or check to see if the service has already been precertified, by calling the toll-free number on the member's ID card.

**Does not apply to provider groups to which CIGNA HealthCare has delegated responsibility for utilization management under a risk contract. If you participate in such a group, please continue to follow your group's processes.*

Changes to Covered Services and Benefits**

In 2005, we will also make some changes to our standard covered services. Significant changes include:

New Exclusions

- Obesity/Bariatric surgery***
- Cosmetic surgery – breast reduction and varicose vein
- Sexual dysfunction – medications/equipment associated with erectile dysfunction
- Surgical and non-surgical treatment of TMJ disorder***
- Orthognathic surgery

Benefit Changes

- Short term rehabilitation will now have a maximum of 20 covered visits
- Coverage for clinical trials has been added, subject to specific conditions
- Genetic testing/counseling will now be covered for up to three visits per year

**Subject to state mandates.

***Some employers may choose to provide coverage for these procedures as an additional benefit. In that case, these services require precertification regardless of treatment setting. Please check your patient's benefit plan for more information.

Look for more details on our secure provider website at www.cignaforhcp.com in December. In the meantime, if you have questions, call your Provider Services Representative.

Introduction of CIGNA Choice Fund™

Beginning in January 2005, some CIGNA members will participate in one of our new benefit plans, known as CIGNA Choice Fund. CIGNA Choice Fund is one of a group of benefit plans known as consumer-driven health plans, which are designed to promote consumer understanding, choice and control of their health care decisions. CIGNA Choice Fund options include a Health Reimbursement Arrangement (HRA) and the new federally created Health Savings Account. In both of these plans, members have access to an employee- or employer-sponsored fund that will cover many of the costs of their health care, including deductibles and coinsurance, up to a certain dollar amount. ID cards for members who participate in this

type of plan will clearly indicate "Choice Fund," as well as the name of the product. (For example: Choice Fund PPO). For these members, you should submit your claim as usual. **You are asked not to collect any fees from the member at the time of service.**

For members enrolled in the HRA, the HRA will often pay you directly for your services. Along with any HRA payments, you will receive an Explanation of Payment (EOP), which will identify any remaining member responsibility. This will be in addition to the EOP you normally receive from the CIGNA medical plan.

Replacement of SSN by CIGNA-generated Identifier

To help protect the privacy of our members and prevent identity theft, we are phasing out the use of Social Security Numbers (SSN) as the member identifier. As a result, SSNs of many members will no longer be printed on their CIGNA HealthCare ID cards or used in member correspondence.

Instead, beginning in January 2005, we will begin transitioning to a nine-digit CIGNA-generated alpha-numeric identifier. By the end of 2005, this CIGNA-generated identifier will replace the subscriber SSN on most members' ID cards.

However, as we transition to these new member identifiers, you will continue to see some ID cards that include the SSN, as well as others with no identifier and the following message: "Use Employee SSN." In Georgia, the message will be "Use CIGNA ID." Members have been instructed to provide the subscriber's SSN when presenting cards with a text message.

Physicians may use the identifier on the member's ID card, if applicable, to submit claims and inquire about eligibility or claim status. For members with a CIGNA-generated identifier, we will accept claims and inquiries submitted with either the CIGNA-generated identifier or the subscriber SSN. Beginning January 2005, the new member identifier will also appear in place of the subscriber SSN on CIGNA reports, correspondence and electronic transactions.

Addition of Optional PCP Name to Open Access Plus ID Cards

Beginning in 2005, when an Open Access Plus member opts to select a Primary Care Physician (PCP), that PCP's name will now be printed on their CIGNA HealthCare ID card.

2005 Changes: What You Need to do Differently

- You will need to determine whether your patient's plan requires only inpatient precertification or both inpatient and outpatient precertification, as you can no longer assume which services require precertification based on the product a patient has. You can do this in several ways:
 - ✓ Check the back of the member's card – Most cards will say "Inpatient admission," or "Inpatient admission and outpatient procedures." Some members will not receive new cards until later in the year when their employer renews. So you may need to check the patient's precertification requirements through our Interactive Voice Response (IVR) tool or secure website as outlined below.
 - ✓ Check the member's benefits through the IVR. The IVR will tell you whether inpatient precertification or inpatient and outpatient precertification is required.
 - ✓ Check the member's benefits on our secure website at www.cignaforhcp.com. The type of medical management is listed as PHS (inpatient precertification only required) or PIIS+ (inpatient and outpatient precertification required).
- Providers are responsible for obtaining precertification of coverage for all in-network services requiring precertification for all products. Requests for routine precertification should be directed to CIGNA HealthCare at least 72 hours before the scheduled service.
- Familiarize yourself with the updates to the list of outpatient procedures requiring precertification (page 3). Check our secure website at www.cignaforhcp.com in December for a complete list of procedure codes.
- Review the changes to covered services and benefits shown on page 4.
- If a member participates in CIGNA Choice Fund, either the Health Reimbursement Arrangement or the Health Savings Account, you are asked not to collect any fees from the member at the time of service. The member's ID card will indicate "Choice Fund" as well as the product type. For example, "Choice Fund PPO."
- Use the CIGNA-generated identifier or the subscriber's SSN, if indicated on the member's ID card, to submit claims and for eligibility and claim status inquiries. We will continue to accept claims and inquiries using the subscriber's SSN.





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HEALTH BENEFITS ADMINISTRATION



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Note: All medical policies documents are in PDF format (Requires **Adobe Acrobat Reader**).

Search All Medical Policy PDF Documents *New!*

- **Durable Medical Equipment and Supplies (PDF) *Revised 03/23/04***
- **Institute for Clinical Systems Improvement**
- **Investigational Services (PDF) *Revised 09/28/04***
- **Medical Criteria**
- **Medical Policies**
- **Orthotic Devices (PDF)**
- **Pharmacy Criteria**
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- **Prosthetic Devices (PDF)**

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Medical criteria accessible through this site serve as a guide for evaluating the medical necessity of services. They are intended to promote objectivity and consistency in the medical necessity decision-making process and are necessarily general in approach. They do not constitute or serve as a substitute for the exercise of independent medical judgment in enrollee specific matters and do not constitute or serve as a substitute for medical treatment or advice. Therefore, medical discretion must be exercised in their application. Benefits are available to enrollees only for covered services specified in the enrollee's benefit plan document. Please call the Customer Service telephone number listed on the back of the enrollee's identification card for the applicable pre-certification or prior authorization requirements of the enrollee's plan. The criteria apply to enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

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Criteria #	Category	Description
A006	Cardiac/Thoracic	Ventricular Assist Devices (VAD)
A007	Cardiac/Thoracic	Lung Volume Reduction
B002	Dental and Oral Maxillofacial	Orthognathic Surgery
C001	Eye, Ear, Nose, and Throat	Nasal Reconstructive Surgery
C007	Eye, Ear, Nose, and Throat	Uvulopalatopharyngoplasty (UPPP)
C008	Eye, Ear, Nose, and Throat	Strabismus Repair (Adult and pediatric)
C009	Eye, Ear, Nose, and Throat	Cochlear Implant
E008	Obstetrical and Gynecological	Uterine Artery Embolization (UAE)
F014	Orthopaedic/Musculoskeletal	Percutaneous Vertebroplasty & Kyphoplasty
F015	Orthopaedic/Musculoskeletal	Extracorporeal Shockwave Therapy (ESWT) Plantar Fasciitis
G001	Skin and Integumentary	Eyelid Surgery (Blepharoplasty & Ptosis Rep
G002	Skin and Integumentary	Reduction Mammoplasty
G003	Skin and Integumentary	Panniculectomy/Abdominoplasty
G004	Skin and Integumentary	Breast Reconstruction <i>Revised</i>
G006	Skin and Integumentary	Gynecomastia Procedures
G007	Skin and Integumentary	Prophylactic Mastectomy <i>Revised</i>
G008	Skin and Integumentary	Hyperhidrosis Treatment
H003	Gastrointestinal/Nutritional	Bariatric Surgery
I008	Urological	Implantable Sacral Nerve Stimulator
J001	Vascular	Treatment of Varicose Veins
L001	Diagnostic	Positron Emission Tomography (PET) Scan
L002	Diagnostic	Electron Beam Computed Tomography (EBCT)/Ultrafast Computed Tomography (U <i>Revised</i>
M001	MH/Substance Related Disorders	Inpatient Treatment for Mental Disorders
M002	MH/Substance Related Disorders	Electroconvulsive Treatment (ECT): Inpatient Treatment
M004	MH/Substance Related Disorders	Day Treatment Program-Mental Health Disor

M005	MH/Substance Related Disorders	Eating Disorders-Level of Care Criteria <i>Revised</i>
M006	MH/Substance Related Disorders	Partial Hospitalization Program (PHP)-Mental Health Disorder
M007	MH/Substance Related Disorders	Residential Treatment
M008	MH/Substance Related Disorders	Outpatient Psychotherapy
M009	MH/Substance Related Disorders	Outpatient Chronic Pain Program Criteria
M010	MH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment <i>Revised</i>
M014	MH/Substance Related Disorders	Detoxification: Inpatient Treatment <i>Revised</i>
M019	MH/Substance Related Disorders	Pathological Gambling Outpatient Treatment
M020	MH/Substance Related Disorders	Autism Spectrum Disorders Treatment
N001	Rehabilitation	Acute Inpatient Rehabilitation <i>Revised</i>
N002	Rehabilitation	Skilled Nursing Facilities
N003	Rehabilitation	Outpatient Occupational, Physical and Speech Therapy <i>Revised</i>
T001	Transplant	Bone Marrow Transplantation/Stem Cell Harvest (Autologous and Fetal Cord Blood)
T002	Transplant	Kidney/Pancreas Transplantation
T003	Transplant	Heart Transplantation
T004	Transplant	Liver Transplantation
T005	Transplant	Lung Transplantation
T006	Transplant	Intestinal Transplant

Revised 09/28/04

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Criteria #	Description
A001	Elective Abortion
A002	Mifepristone/RU486
A003	Acupuncture
C001	Court Ordered Mental Health & Substance Related Disorders Services
C002	Cosmetic Surgery
C008	Oncology Clinical Trials Covered/Non-covered Services <i>Revised</i>
D002	Diabetic Supplies
D004	Durable Medical Equipment, Supplies, Orthotics and Prosthetics
D007	Disability Determinations: Proof of Incapacity Requirements
D008	Dressing Supplies
E001	Ambulance Transportation
E004	Enteral Nutrition Therapy
E005	EROS Device (Vacuum Therapy for Treatment of Female Sexual Dysfunction)
G001	Genetic Testing
H001	Home Health Aid Services
H004	Healthcares Services with Demonstrated Lack of Therapeutic Benefit
I001	Investigational/Experimental <i>Revised</i>
I002	Infertility Diagnosis and Treatment (Female and Male)
N002	Nutritional Counseling
P004	Private Room
P006	Enrollees with Mental Health Disorders not Receiving Active Psychiatric Treatment (Inpatient)
P007	Preparatory/Preoperative Blood Donation
R002	Reconstructive Surgery
S005	School Based Therapy
S006	Screening Tests <i>Revised</i>
S007	Sensory Integration (SI)
T002	Transition/Continuity of Care
T004	Therapeutic Overnight Pass
T005	Transfers to a Lower Level of Care for Rehabilitation from an Acute Care Facility
W001	Wireless Capsule Endoscopy

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Criteria #	Category	Description
B003	Pharmacy	Botulinum Toxin
B004	Pharmacy	Biologics for Arthritic Conditions: Enbrel (etanercept), Humira (adalimumab), & Remicade (infliximab)
B005	Pharmacy	Biologics for Psoriasis: Amevive (alefacept) Enbrel (etanercept) Raptiva (efalizumab)
G001	Pharmacy	Growth Hormone Therapy
L001	Pharmacy	Lamisil (terbinafine) <i>Revised</i>
L002	Pharmacy	Leukotriene Pathway Inhibitors Step Therapy
M001	Pharmacy	Multiple Sclerosis (MS): Parenteral Corticosteroids and Adrenocorticotrophic Hormone (ACTH)
R002	Pharmacy	RSV Prophylaxis <i>Revised</i>
S001	Pharmacy	Sporanox (itraconazole) <i>Revised</i>
V001	Pharmacy	Viagra (sildenafil citrate) for Treatment of Pulmonary Hypertension <i>Revised</i>
W001	Pharmacy	Weight Loss Medications
X001	Pharmacy	Xolair
Z001	Pharmacy	Zetia (ezetimibe) Step Therapy DOER only

Revised 09/28/04

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Criteria #	Description
C001	Coordination of Benefits
F001	Formulary Overrides <i>Revised</i>
H001	Half Tab Program
N001	National Formulary Exceptions <i>New</i>
O001	Off-Label Drug Use
P001	Prior Authorization of Medications Ordered by a Specialist
Q001	Quantity Limits per Prescription per Copayment <i>Revised</i>
S001	Step Therapy

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2005 Express Scripts National Preferred Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your pharmacy benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies subject to non-formulary status when generic is available throughout the year. Not all the drugs listed are covered by all pharmacy benefit programs, check your benefit materials for the specific drugs covered and the copy information for your pharmacy benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

A

ABILIFY
ACCU-CHEK
ACTIVE KIT
ACCU-CHEK
ACTIVE test strips
ACCU-CHEK
ADVANTAGE KIT
ACCU-CHEK
ADVANTAGE
test strips
ACCU-CHEK
COMFORT CURVE
test strips
ACCU-CHEK
COMPACT KIT
ACCU-CHEK
COMPACT
test strips
ACCU-CHEK
COMPLETE KIT
acetaminophen
w/codeine
ACTONEL
acyclovir
ADVAIR DISKUS
ADVICOR
AGGRENOX
albuterol
ALLEGRA*
ALLEGRA-D*
ALOMIDE
ALORA
ALTACE
AMARYL*
AMBIEN
amitriptyline hcl
ammonium lactate
amox tr/potassium
clavulanate
amoxicillin
amphetamine
salt combo
ANALPRAM-HC
ANDRODERM
apri
ARICEPT
ASACOL
ASTELIN
atenolol, chlorthalidone
ATROVENT inh
AUGMENTIN ES, XR
AVALIDE
AVANDAMET
AVANDIA
AVAPRO
AVELOX, ABC PACK
aviane
AVITA gel
AVODART
AZOPT

B

BD INSULIN syringes
BD LANCET DEVICE
BD LANCETS
BD PEN
BD PEN needles
benazepril hcl
benazepril/hctz
BENZAQLIN
BENZAMYCIN PAK*
benzonatate
BEXTRA
BIAXIN, XL*
bisoprolol
fumarate/hctz
BRAVELLE [INJ]
brimonidine
bupropion, sr
butalbital/apap/caffeine

C

camila
CANASA
carbamazepine
carisoprodol
cefepodoxime
cefuroxime
CEFZIL
CELEBREX
CELEXA*
CELLCEPT
cephalexin
CETROTIDE [INJ]
CHEMSTRIP bG
choline mag
trisalicylate
CILOXAN ointment*
cimetidine
CIPRO HC
CIPRODEX
ciprofloxacin
CLARINEX
CLIMARA [G]
CLIMARA PRO
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonidine hcl
clotrimazole/
betamethasone
clotrimazole troche
clozapine
COMBIPATCH
COMBIVENT
CONCERTA
CONDYLOX gel
COPEGUS
COREG
COSOFT
CREON [G]
CRESTOR

chromolyn sodium
cryselle
CYCLOESA*
cyclobenzaprime hcl
cyclosporine, modified

D

DEPAKOTE
desmopressin acetate
DETROL, LA
dextroamphetamine
sulfate
diclofenac sodium
dicyclomine hcl
DIDRONEL
diflunisal
diltiazem,
extended release
DIOVAN, HCT
dipyridamole
DITROPAN XL
DURAGESIC*

E

EDEX [INJ]
EFFEXOR, XR [SNRI]
ELIDEL
EMADINE
enalapril maleate, hctz
enpresse
errin
ERTACZO
erythromycin
erythromycin/
benzoyl perox.
estradiol
ESTRATEST, H.S.
EVISTA
EXELON

F

famotidine
FINACEA
FLOMAX
FLONASE*
FLOVENT, ROTADISK
fluconazole
fluocinonide
flourouracil
flouxetine hcl
fluticasone propionate
folic acid
FOLLISTIM AQ [INJ]
FOLTIX
FORADIL
FORTEO [INJ]
FOSAMAX
fosinopril

G

gabapentin
GANIRELIX
ACETATE [INJ]
gemfibrozil
GENOTROPIN [INJ]
gentamicin sulfate
glipizide, er
glyburide
glyburide/metformin
GONAL-F, RFF [INJ]
guaifenesin
w/pseudoephedrine

H

haloperidol
homatropine
hydrobromide
HUMALOG
HUMATROPE [INJ]
HUMULIN
hydrochlorothiazide
hydrocodone
w/guaifenesin
hydrocodone/
acetaminophen
hydrocortisone acetate
hydroxyurea
hyoscyamine sulfate

I

ibuprofen
IMITREX
indomethacin
INNOPRAN XL
INTAL inh
IOPIDINE
ipratropium bromide
isotretinoin

J

jolivet
junel, fe

K

kariva
KETEK
ketoconazole

L

lactulose
LAMISIL tabs
LANTUS
lessina
leucovorin
leuprolide acetate [INJ]
LEVITRA

levora
levothyroxine sodium
LEVOXYL*
LEXAPRO
LIPITOR
lisinopril, hctz
LIVOSTIN*
LOTEMAX
LOTREL
lovastatin
low-ogestrel

M

MACROBID*
MAXAIR AUTOHALER
meclizine hcl
medroxyprogesterone
acetate
megestrol
MENEST
MERIDIA
METADATE CD
METADATE ER [G]
METAGLIP
metformin, er
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol tartrate
METROGEL, LOTION*
metronidazole cream
microgestin, fe
mirtazapine, soltab
moexipril
mononessa
MS CONTIN [G]
MSIR [G]

N

nabumetone
naproxen
NASACORT AQ
NASONEX
necon
nefazodone hcl
neomycin/polymyxin/hc
NEURONTIN*
NEXIUM
NIASPAN
nifedipine er
nitrofurantoin
macrocrystal
nizatidine
nora-be
NORDITROPIN [INJ]
nortrel
NORVASC
NOVOFINE 30
NOVOLIN

NOVOLOG
NUTROPIN, AQ,
DEPOT [INJ]
NUVARING
nystatin
nystatin
w/triamcinolone

O

OCUFLOX*
ofloxacin
ogestrel
omeprazole
ONETOUCH
FASTTAKE
ONETOUCH BASIC
SYSTEM
ONETOUCH INDUO
ONETOUCH PROFILE
SYSTEM
ONETOUCH II /
Basic / Profile
test strips
ONETOUCH ULTRA
test strips
ONETOUCH ULTRA
SMART
ONETOUCH ULTRA
SYSTEM
ONETOUCH
SURESTEP
test strips
ONETOUCH
SURESTEP
SYSTEM
ORTHO EVRA
ORTHO
TRI-CYCLEN LO
oxybutynin chloride
oxycodone hcl
oxycodone
w/acetaminophen
OXYCONTIN*

P

paroxetine
PATANOL
PAXIL CR
PAXIL suspension
peg 3350/electrolyte
PEGASYS [INJ]
PEG-INTRON [INJ]
PEG-INTRON
REDIPEN [INJ]
penicillin v potassium
PENLAC
PENTASA
perphenazine
phentermine hcl
phenytoin sodium,
extended

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2005 THROUGH DECEMBER 31, 2005. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copay.

You can get more information and updates to this document at our web site at www.express-scripts.com.

(continued)

PLAVIX	temazepam
PLEXION, SCT, TS [G]	TEQUIN
polymyxin b sul/ trimethoprim	TESTIM
portia	theophylline, anhydrous, er
PRANDIN	thioguanine
PRECISION	thioridazine hcl
SURE DOSE	thiothixene
PRECISION XTRA	thyroid
PRECOSE	ticlopidine hcl
prednisolone acetate	TILADE
prednisone	timolol maleate
PREFEST	tobramycin sulfate
PREMARIN	TOPAMAX
PREMPHASE	TOPROL XL*
PREMPRO	TRAVATAN
PREVACID	trazodone hcl
PREVACID	tretinoin
NAPRAPAC	triamcinolone acetanide
previfem	trifluoperazine hcl
PREVPAC	trimethoprim
promethazine hcl	trinessa
promethazine vc	tri-previfem
promethazine	tri-sprintec
w/codeine	trivora
PROMETRIUM	TRUSOPT
propranolol hcl	TUSSIONEX
PROSCAR	U
PROTROPIN [INJ]	URSO
PROVENTIL HFA	
pseudoephedrine	
w/chlorpheniramine	
Q	V
quetiapine fumarate	VALTRES
quinaretic	velivet
QVAR	verapamil hcl
	VERELAN PM
	VIAGRA
	VIGAMOX
	VOLTAREN ophthalmic
	VYTORIN
R	W
ranitidine	WELCHOL
REBIF [INJ]	WELLBUTRIN XL
REPRONEX [INJ]	
RESTORIL (7.5mg)	
ribasphere	
ribavirin	
rimantadine	
RISPERDAL	
(excluding M-tabs)	
ROZEX	X
S	XALATAN
SAIZEN [INJ]	GLUCOPHAGE XR
salsalate	GLUCOTROL XL
selenium sulfide	GLUCOVANCE
SEREVENT DISKUS	GLYSET
SINGULAIR	GOLYTELY
SKELAXIN	HELIDAC
solia	HYZAAR
SONATA	KADIAN
SPORANOX	KLARON
sprintec	KRISTALOSE
STARLIX	KYTRIL
STRATTERA	LAMISIL topical
sulfacetamide sodium	LESCOL, XL
sulfasalazine	LEVAQUIN
	LEXXEL
	LOCOID cream, lotion, ointment
	LOPROX cream, gel, lotion
	LOPROX suspension
	LORABID
	LOTENSIN
	LOTENSIN HCT
T	Z
TAMIFLU	ZADITOR
tamoxifen	ZETIA
TAZORAC	ZITHROMAX*
TEGRETOL XR	ZOCOR
	ZOFRAN, ODT*
	ZOLOFT
	ZOMIG, ZMT
	ZONEGRAN
	zovia
	ZYMAR
	ZYPREXA
	(excluding Zydys)

Examples of Non-Formulary Medications with Selected Formulary Alternatives

The following is a list of some non-formulary brand medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of non-formulary medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Non-Formulary	Formulary Alternative	Non-Formulary	Formulary Alternative
ACCOLATE	Singulair	LOTRISONE	clotrimazole/betamethasone
ACCUAPRIL	benazepril, enalapril, fosinopril, lisinopril, Altace	LUMIGAN	Travatan, Xalatan
ACCURETIC	quinaretic	MAVIK	benazepril, enalapril, fosinopril, lisinopril, Altace
ACEON	benazepril, enalapril, fosinopril, lisinopril, Altace	MAXALT.MLT	Imitrex, Zomig/ZMT
ACIPHEX	omeprazole, Nexium, Prevacid	MAXAQUN	ciprofloxacin, Avelex, Tequin
ACTIVELLA	Prefest, Prempro/Premphase	MAXIDONE	hydrocodone/apap
ACTOS	Avandia	MENTAX	OTC Lotrimin Ultra
ACULAR, LS, PF	Voltaren Ophthalmic	MIACALCIN NASAL	Actonel, Fosamax
AEROBID.M	Flovent/Rotadisk, Qvar	MICARDIS	Avapro, Diovan
ALAMAST	cromolyn sodium, Alomide, Patanol, Zaditor	MICARDIS HCT	Avalide, Diovan HCT
ALOCRIL	cromolyn sodium, Alomide, Patanol, Zaditor	MIDRIN	isomethd- chloralphenaz/apap
ALPHAGAN P	brimonidine tartrate	MOBIC	Generic NSAIDs
ALREX	Generic steroids	MONOPRIL	fosinopril
ALTOPREV	lovastatin, Crestor, Lipitor, Zocor	MONOPRIL HCT	fosinopril + hctz, benazepril/hctz, enalapril/hctz, lisinopril/hctz
AMERGE	Imitrex, Zomig/ZMT	MUSE	Edex
ANDROGEL	Testim, Androderm	NASAREL	Flonase*, Nasacort AQ, Nasonex
ANZEMET	Zofran*	NORITATE	metronidazole cream
ASCENIA	Accu-Chek, OneTouch	NULEV	ciprofloxacin, Avelex, Tequin
ATACAND	Avapro, Diovan	NULYTEF	hycoscyamine sulfate
ATACAND HCT	Avalide, Diovan HCT	ONMICEF	PEG electrolyte
AVINZA	Generics, MS Contin	OPTIVAR	amox tr/potassium clavulanate, Augmentin ES/XR, Cefzil
AXERT	Imitrex, Zomig/ZMT	ORAPRED	Patanol, Zaditor
AZELEX	tretinoin, Avita gel	OVIDREL	prednisolone soln
AZMACORT	Flovent/Rotadisk, Qvar	PEDIAPRED	chorionic gonadotropin
BECONASE AQ	Flonase*, Nasacort AQ, Nasonex	PERGONAL	OTCs, Ertaczo
BENICAR	Avapro, Diovan	PHENYTEK	oxycodone hcl caps immediate release
BENICAR HCT	Avalide, Diovan HCT	PLENDIL	Detrol/LA, Ditropan XL
BENZAMYCIN (excluding PAK)	erythromycin/benzoyl peroxide	PRAVACHOL	paroxetine
BETIMOL	betaxolol, timolol, other generics	PRAVIGARD PAC	erythromycin, Biaxin/XL*, Zithromax*
CARDENE SR	nifedipine extended release, Norvasc	PRECISION Q-I-D	prednisolone soln
CARDIZEM LA	diltiazem extended release, Verelan PM	PRLOSEC 40mg	Repronex
CAVERJECT	Edex	PROTONIX	phenytoin sodium extended release
CEDAX	amox tr/potassium clavulanate, Augmentin ES/XR, Cefzil	PROTOPIC	nifedipine extended release, Norvasc
CENESTIN	Menest, Premarin	PROZAC WEEKLY	lovasatin, Crestor, Lipitor, Zocor
CIALIS	levitra, Viagra	PULMICORT (excluding respules)	lovasatin, Crestor, Lipitor, Zocor
CILOXAN eye drops	ciprofloxacin eye drops	QUIXIN	ciprofloxacin, Ciloxan ointment*, Ocuflox*, Vigamox, Zymar
CIPRO TABS	ciprofloxacin	REBETOL caps	ribasphere, ribavirin
CIPRO XR	ciprofloxacin, Avelex, Tequin	RELENZA	rimantadine, Tamiflu
COLAZAL	Asacol, Pentasa	RELPAX	Imitrex, Zomig/ZMT
COVERA-HS	verapamil extended release, Verelan PM	REMERON, SOLTAB	mirazapine/soltab
COZAAR	Avapro, Diovan	RESCULA	Travatan, Xalatan
DIFFERIN	tretinoin, Avita gel	RETIN-A liquid, MICRO	tretinoin, Avita gel
DIPENTUM	Benzacilin	RHINOCORT AQUA	Flonase*, Nasacort AQ, Nasonex
DUAC gel	erythromycin, Biaxin/XL*, Zithromax*	RISPERDAL M-TAB	Risperdal (non M-tabs)
DYNABAC	nifedipine extended release, Norvasc	RITALIN LA	methylphenidate, Concerta, Metadate CD/ER
DYNACIRC, CR	cromolyn sodium, Alomide, Patanol, Zaditor	RYNATAN	Allegra-D*
ELESTAT	Generics, Alora, Climara	SEASONALE	levora, portia (continuous regimen)
ESTRADERM	Generic patches, Alora, Climara	SEMPREX-D	OTC antihistamine/decongestants
ESTRASORB	Generic patches, Alora, Climara	SERZONE	nefazodone
ESTROGEL	OTCs, Ertaczo	SKELID	Actonel, Didronel, Fosamax
EXELDERM	Avelox, Tequin	SOF-TACT	Accu-Chek, OneTouch
FACTIVE	acyclovir, Valtrex	SPECTRACEF	amox tr/potassium clavulanate, Augmentin ES, Cefzil
FAMVIR	Prefest, Prempro/Premphase	SULAR	nifedipine extended release, Norvasc
FemHRT	Bravelle, FollistimAQ, Gonai-F/FFF	SUPRAX suspension	amox tr/potassium clavulanate, Augmentin ES, Cefzil
FERTINEX	oxloxacin	SYMBYAX	fluoxetine, Zyprexa (non-Zydys)
FLOXIN	Generic steroids, Lotemax	SYNTHROID	levothyroxine sodium, Levoxyl*
FM, FORTE	methylphenidate, Concerta, Metadate CD/ER	TARKA	verapamil+ACE Inhibitor, Lotrel
FOCALIN	Accu-Chek, OneTouch	TEVETEN	Avapro, Diovan
FREESTYLE	Accu-Chek, OneTouch	TEVETEN HCT	Avalide, Diovan HCT
FROVA	metformin er	TOFRANIL-PM	imipramine tabs
GEODON	glipizide er	TRI-NORINYL	Ortho Tri-Cyclen Lo, generics
GLUCOMETER	glipizide/metformin	ULTRASE, MT	amylase/lipase/protease
GLUCOPHAGE XR	Precose	UNIPHYL	theophylline tab er
GLUCOTROL XL	PEG electrolyte	UNIRETIC	benazepril/hctz, enalapril/hctz, lisinopril/hctz
GLUCOVANCE	Prevpac	UROXATRAL	Flomax
GLYSET	Avalide, Diovan HCT	VANTIN suspension	amox tr/potassium clavulanate, Augmentin ES, Cefzil
GOLYTELY	Generics, MS Contin	VANTIN tabs	cefepodoxime
HELIDAC	Generic, Plexion SCT	VENTOLIN HFA	albuterol inh, Maxair Auto, Proventil HFA
HYZAAR	lactulose	VELXOL	Generic steroids, Lotemax
KADIAN	Zofran*	VIVELLE.DOT	Generics, Alora, Climara
KLARON	OTC Lamisil	WELLBUTRIN SR	bupropion sr
KRISTALOSE	lovastatin, Crestor, Lipitor, Zocor	ZYPREXA ZYDIS	Zyprexa (non-Zydys)
KYTRIL	ciprofloxacin, Avelex, Tequin	ZYRTEC	Allegra*, Clarinex
LAMISIL topical	generic hydrocortisone	ZYRTEC syrup	Allegra*, Clarinex
LESCOL, XL	OTCs, Ertaczo	ZYRTEC-D	Allegra-D*
LEVAQUIN	ciclopirox suspension		
LEXXEL	amox tr/potassium clavulanate, Augmentin ES/XR, Cefzil		
LOCOID cream, lotion, ointment	benazepril/hctz		
LOPROX cream, gel, lotion			
LOPROX suspension			
LORABID			
LOTENSIN			
LOTENSIN HCT			

KEY
The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication.
The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.
The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.
For the member: Generic medications contain the same active ingredients as their corresponding brand name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2005 THROUGH DECEMBER 31, 2005. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copy.

You can get more information and updates to this document at our web site at www.express-scripts.com.

CURASCRIPT SPECIALTY DRUG LIST

ACTHAR	CYTOXAN	GEREF	NIPENT	RIBAVIRIN
ADRUCIL	DDAVP	GONAL-F	NORDITROPIN	RIMSO-50
ADVATE	DELATESTRYL	HALDOL	NOVANTRONE	RISPERDAL CONSTA
ALDURAZYME	DELESTROGEN	HELIXATE	NOVAREL	RITUXAN
ALFERON	DEPO-ESTRADIOL	HEMOFIL	NOVOSEVEN	ROCEPHIN
ALIMTA	DEPO-TESTADIOL	HERCEPTIN	NUTROPIN	ROFERON-A
ALKERAN	DEPO-TESTOSTERONE	HUMATE-P	ONCASPAR	SAIZEN
ALOXI	DESFERAL	HUMATROPE	ONTAK	SANDIMMUNE
ALPHANATE	DOXIL	HUMEGON	ONXOL	SANDOSTATIN
ALPHANINE	EDEX	HUMIRA	OVIDREL	SENSIPAR
AMEVIVE	ELIGARD	HYALGAN	PACLITAXEL	SEROSTIM
ANTAGON	ELLEENCE	HYCAMTIN	PAMIDRONATE	SUPARTZ
ANZEMET	ELOXATIN	IFEX	PANGLOBULIN	SYNAREL
ARANESP	ELSPAR	INFERGEN	PARAPLATIN	SYNVISC
AREDIA	ENBREL	INTRON A	PEGASYS	TAXOTERE
ARIXTRA	ENGERIX	IVEEGAM	PEG-INTRON	THALOMID
AUTOPLEX	EPOGEN	KINERET	PERGONAL	THERACYS
AVASTIN	ERBITUX	KOATE-DVI	PLENAXIS	THYROGEN
AVONEX	ETHYOL	KOGENATE	POLYGAM	TICE
BAYHEP B	ETOPOPHOS	KYTRIL	PREGNYL	TOBI
BAYRHO-D	ETOPOSIDE	LEUKINE	PROCRIT	VELCADE
BEBULIN	FABRAZYME	LEUSTATIN	PROFASI	VENOGLOBULIN-S
BENEFIX	FACTREL	LOVENOX	PROFILNINE	WINRHO
BETASERON	FEIBA	LUPRON	PROGESTERONE	XOLAIR
BICILLIN	FERTINEX	LUPRON DEPOT	PROLEUKIN	ZANOSAR
BICNU	FLUDARA	LUPRON DEPOT-PED	PROLIXIN	ZAVESCA
BOTOX	FOLLISTIM	MESNEX	PROPLEX	ZINECARD
BRAVELLE	FORTAZ	MONARC-M	PROTROPIN	ZOFRAN
CALCIJEX	FORTEO	MONOCLATE-P	PULMOZYME	ZOLADEX
CALCIMAR	FRAGMIN	MONONINE	RAPTIVA	ZOMETA
CAMPATH	FUDR	MUSTARGEN	REBETOL	ZORBIVE
CAMPTOSAR	FUZEON	MYLOTARG	REBETRON	
CARIMUNE	GAMIMUNE	MYOBLOC	REBIF	
CAVERJECT	GAMMAGARD	NABI-HB	RECOMBINATE	
CEREZYME	GAMMAR-P	NAVELBINE	REFACTO	
CETROTIDE	GAMUNEX	NEULASTA	REMICADE	
COPAXONE	GEMZAR	NEUMEGA	REPRONEX	
COPEGUS	GENOTROPIN	NEUPOGEN	RHO GAM	

Please Note: The drug list is provided as a guide and is updated periodically based on information from Express Scripts. For precise details related to your specialty Injectable benefit, please call CuraScript customer service at 866.848.9870.

10/14/2004



Patient Enrollment Form

Fax: 888.773.7386 Phone: 866.848.9870

Form with fields: Last Name, First Name, Date of Birth, Today's Date, Date Needed, Home Phone Number, Work Phone Number, Prescriber, Home Address, City, State, Zip, Address, City, State, Zip, Shipping Address, Phone Number, Fax Number, Social Security Number / Member ID Number, Language Preference, Allergies, Patient's Weight, Delivery Instructions.

INSURANCE INFORMATION: (fill out entirely or fax a copy of patient's Insurance card, both sides) Primary Insurance: Insured: Policy Number: Group Number: Phone Number: Rx Drug Card Number: Secondary Insurance: Insured: Policy Number: Group Number: Phone Number: Rx Drug Card Number:

TAPE PRESCRIPTION HERE PRIOR TO FAXING REFERRAL OR COMPLETE THE FOLLOWING: Medication: Direction for Use: Quantity: Refill x month(s) Prescriber Signature: UPIN# / DEA :

CuraScript's Specialty Pharmacy Services ensures that every patient is just that – a patient, not a number. We give physicians, patients and caregivers access to: EXPERIENCED pharmacists and nurses that understand the scope of each disease state they treat; CARING and compassionate social services professionals to provide support and guidance; EXPERT reimbursement personnel to assist patients through the "maze" of insurance coverage; RELIABLE, timely and convenient delivery to meet everyone's needs

Statement of Medical Necessity Primary Diagnosis: ICD 9 Code