

PreferredOne UPDATE

A Newsletter for PreferredOne Providers

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Announcement of New V.P. of Network Management

John Frederick, MD
Chief Medical Officer

My first order of business in this provider newsletter is to introduce Darcee Weber as the new VP of Network Management. Darcee replaces Lori Nelson in this position, who has moved to Novartis to continue her career. Darcee was the lead contracting person at HealthEast prior to joining PreferredOne on September 28 of this year. It will be nice to have her working on our side for the contracting discussions.

As mentioned in past newsletters, the Minnesota market has been very competitive the last two years. At this time PreferredOne continues to maintain its enrollment at budgeted levels but the financial performance is tight. Our competitors are very aggressive in their premiums for employers. This market situation dictates that PreferredOne will need to be restricting provider rates for 2006.

October 2005

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2006 Fee Schedule Update

Professional Services

PreferredOne's Physician Fee Schedules are complete and will become effective for dates of service beginning January 1, 2006. The PreferredOne PCHP and PAS overall professional services budget will increase by two percent. The PPO will follow the same methodology and RVU update. Their overall professional services budget will increase by one percent.

Physician fee schedules will be based on the *2005 Resource Based Relative Value Scale (RBRVS)*. ...Pg. 2

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Network Management Updates

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Non-Medicare relative value units will be based on 2005 Relative Value Studies Inc.'s Complete RBRVS. Immunizations, HCPC, and a few additional CPT codes will be adjusted to reflect local market values. Drugs, primarily J-codes, will be reimbursed at 90% of AWP. In addition, PreferredOne will manually adjust lab codes to reflect a fee in excess of Medicare rates.

The 2006 Physician fee schedules will continue to use the RBRVS Site of Service differential for the surgical 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 HCFA-1500 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.

Additionally, PreferredOne is currently exploring different alternatives for handling 2005 risk allowance return allocations. More information will be forthcoming in the next newsletter.

Off -Cycle Fee Schedule Updates

On July 1, 2006, 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 2005 release of Relative Value Guide by the American Society of Anesthesiologists. This update will take place by March 1, 2006.

Hospital Services/UB92 Fee Schedules

The 2006 Calendar year DRG schedule will be based on the CMS DRG grouper Version 23 released in October 2005. Ambulatory Surgery Center (ASC) code groupings will be updated to include any changes made by Medicare in 2005.

The Facility (UB92) CPT fee schedule will be based on the 2005 Complete RBRVS relative value scale. The schedule will consist of all physician CPT/HCPC code ranges, with the exception of surgical codes (10000-69999). This exception specifically applies to facilities with ASC case rates.

The global rules for Facility reimbursement are as follows:

- Office visit codes (i.e., 908xx, 99xxx code range) are set to reimburse at the RBRVS practice expense value (excluding malpractice and work component).
- Therapy codes are set at the Allied Health Practitioner rates.
- For those codes that the Federal Registry has published a technical component (TC) rate. This rate will be set as the base rate.
- All other remaining codes are set to reimburse at the physician rate.

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



Network Management Updates

Coding Update

Recall of Defibrillator/Pacemakers

PreferredOne is asking for your assistance in pre-notification to us when you have a patient requiring the removal of the defective device with replacement and/or upgrade.

We would appreciate a telephone call with the following information:

- Patient Name
- Physician Name/ Clinic
- Hospital Name
- Date of original implant
- Date of explant
- Name/model number of defective device
- Name/ model number of new device
- Is this an exact change-out, i.e., changing from a ___ to a ___.
- What medical condition requires upgrade

It is important that all providers submit claims that include one of the following diagnosis codes for the recalls:

- 996.0** Mechanical complication of cardiac device, implant and graft
- 996.01** Mechanical complication due to cardiac pacemaker
- 996.04** Mechanical complication due to automatic implantable cardiac defibrillator

Surgical trays use in the office

Since the inception of site of service more than a year ago, surgical trays are not separately paid when the procedure is performed in the office. It is included in the overhead expense.

Newer Immunizations

Those designated by "V" symbol indicate that they

have not been FDA approved as of yet. The AMA will track these services and remove the "V" status on their website as soon as FDA approval is received. Some immunization codes were developed early and published in CPT in anticipation of the new immunization even though they are not currently available. (<http://www.ama-assn.org/ama/pub/category/10902.html>)

- V90649** Human Papilloma virus (HPV) vaccine, types 6,1,16,18 quadrivalent, 3 dose schedule for IM use
- V90680** Rotavirus vaccine, pentavalent, 3 dose schedule live, for oral use
- 90713** Poliovirus vaccine inactivatedI (IPV) for subcutaneous or intramuscular use
- 90714** Tetanus & diphtheria toxoids (Td) absorbed, preservative free, for use in individuals 7 years or older for IM use (Decovac)
- 90715** Tetanus diphtheria toxoids, and acellular pertussis vaccine (Tdap) for use in individual 7 years or older, for IM use (Boostrix)
- 90734** Meningococcal polysaccharide vaccine subcutaneous use (Menactra)
- 90735** Japanese encephalitis virus vaccine, for subcutaneous use
- V90736** Zoster (shingles) vaccine, live for subcutaneous injection

New Coding Changes for 06

Here is a first look at how some of the new codes for infusion therapy for clinics/outpatient hospitals for 2006 are shaping up. CPT 2006 will have very specific instructions about the use and combination billing of the following codes. PreferredOne will have more information and any last minute changes in our January newsletter. ([Exhibit A](#))

Psychological Testing 06 Changes

See ([Exhibit B](#)) for changes that have been made to testing.

Account Management

CIGNA Update



CIGNA

CIGNA HealthCare continues to expand the amount of information they have available for you to review on www.cignaforhcp.com.

Recently CIGNA added benefit information to a members profile in the following six areas, durable medical equipment, external prosthetic appliance, skilled nursing facility, adult preventative care, home health care and MRI. Some additional enhancements planned for later this year include the ability to view claim status for claims received but not processed, eligibility inquiries for as many as 10 patients at one time, access to patient liability, and enhanced patient and claim search capabilities. If members of your staff are not registered for the site, you can view CIGNA's online demo or register at www.cignaforhcp.com and click on the "Register Now" button located below the login section. Once registered, you can designate access to staff members. Please contact CIGNA if you need assistance registering.

World Insurance

Effective September 1, 2005, World Insurance out of Omaha, Nebraska, is now accessing PreferredOne PPO. All claims for World Insurance with date of service on or after this effective date should be sent to PreferredOne, not World Insurance. World Insurance ID cards that do not list PreferredOne's mailing address or Electronic Claim filing number on the back of the ID card should still be sent to PreferredOne and NOT to World Insurance. Sending claims directly to World Insurance instead of PreferredOne will delay your claims payment from World Insurance since they will need to send the claim to PreferredOne to be priced.

When submitting a claim to PreferredOne you need to submit the claim using the following information. For the individual's ID number you can use the person's social security number or the 12-digit number displayed on the front of the card as ID Number. Do not include the additional information that appears after the 12 numbers on the same line in this field.

E-Commerce

These same 12 digits should also be used in box 11 on the CMS 1500 and box 62 on the UB92 claim forms. This 12-digit number is the insured's policy number. All World Insurance policy numbers are for individual coverage. World Insurance does not sell group insurance. Do not use the letters and numbers that appear to the right of the 12-digit ID Number. This combination only tells what type of health benefits the insured purchased from World Insurance and does not help PreferredOne or World Insurance find a specific insured member's file.

Patient Eligibility Transactions

PreferredOne is now capable of conducting the HIPAA eligibility transactions (270/271) for PreferredOne Community Health Plan (PCHP) and PreferredOne Administrative Services (PAS) – see below for information about the PreferredOne PPO product. These transactions support the MN HIPAA Collaborative's enhanced eligibility criteria. To meet the Collaborative's requirements, a payer must support multiple search methods, and return more than just a Yes/No response. PreferredOne's response includes the following data:

- Subscriber and/or Patient demographic information
- Group Number
- Patient Date of Birth
- Eligibility information including:
 - Co-payment, deductible, co-insurance and limitation amounts
 - Plan name
 - Eligibility dates
- Other Payer information
- Primary Care Provider information (if applicable)

For the PPO product, we cannot tell you if the patient has current eligibility, but we can tell you who the Payer is and how to contact the Payer. ...Pg. 5

Medical Management Updates

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The 270/271 transaction can be conducted in batch mode (multiple transactions in one file), or as a real-time transaction. Note: You can continue to utilize PreferredOne's internet application for patient eligibility - the 270/271 transaction is an additional method.

If you are interested in learning more about the eligibility transaction, please contact PreferredOne's Electronic Commerce department at: 763-847-3323 or ed.stroot@preferredone.com.

Quality Management Update

Member Satisfaction Survey Results

PreferredOne Community HealthPlan (PCHP) would like to thank network providers for the quality of services provided to our membership. This is evidenced by the 2005 member satisfaction survey results. As you are probably aware, PCHP performs member satisfaction surveys using the CAHPS[®] survey. The information collected from the CAHPS[®] survey has been collected by an independent source, not the health plan. Composite results for "Getting Needed Care", "Getting Care Quickly", "How Well Doctors Communicate", and "Courteous and Helpful Staff" continue to be very high again this year. PCHP recognizes network efforts to improve the quality of care and services provided. Clinics desiring an executive summary of the 2005 results can request a paper copy by contacting quality@preferredone.com.

Quality Management Program Update

The Quality Management (QM) Program plan contains independent and collaborative efforts to improve the health of our members and the quality and safety of services provided in the network. The QM Program includes existing initiatives to optimize migraine headache management and increase preventative screening in women. New initiatives include interventions focusing on improving Hypertension and Depression medication compliance. QM Program information will soon be posted on the Internet.

Paper copies, including appropriate reports measuring progress in meeting goals, can be obtained by contacting quality@preferredone.com.

The Institute for Clinical Systems Improvement (ICSI) HealthCare Guidelines

PreferredOne sponsors the Institute for Clinical Systems Improvement (ICSI) and endorses all of their Healthcare Guidelines. ICSI guidelines are evidenced based and physician endorsed. Plans are underway to distribute specific guidelines to providers not members of ICSI. Guidelines can be accessed at www.icsi.org and paper copies can be obtained by contacting quality@preferredone.com. There is also a link to the ICSI website on the PreferredOne website.

Clinic Contacts /Quality Improvement Collaboration

At times, the PreferredOne Quality Management Committee structure requests that we provide information to network physicians. PreferredOne understands how busy physicians are and the magnitude of mail they receive. In order to improve this process we would like to start contacting the clinic manager or quality contact person at clinic sites instead of physicians. Please submit office contact information for your clinic/clinic system to quality@preferredone.com by November 1. PreferredOne Clinics not responding via email will be contacted by telephone.

Medical Policy Update

Medical Policies are available on the PreferredOne website to members and to providers without prior registration. The website address is <http://www.PreferredOne.com>. Click on Health Resources and choose the Medical Policy Menu option.

New in the Medical-Surgical area are the following additions to the investigational list effective September 27, 2005:

- Non-invasive Coronary Angiography for the evaluation of coronary arteries ...Pg. 6

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- Aramis Laser (smooth beam laser) for acne
- Flexitouch Lymphedema System for the treatment of lymphedema
- Accommodative Intraocular Lens (CrystaLens, 1CU) following cataract surgery
- Platelet Injection for plantar fasciitis
- Low Level/Cold Laser Therapy for the treatment of neuromuscular pain
- Pillar Procedure for obstructive sleep apnea
- Computer-aided Detection (CAD) of lung cancer

These services are not eligible for coverage because there is inadequate evidence demonstrating the safety and effectiveness and/or diagnostic benefit in the published peer-reviewed literature.

New developments in Medical Policy include reactivating the FluMist™ Medical Policy for this influenza season. It has been revised to address coverage when the standard injectable vaccine is unavailable. The Acupuncture Medical Policy was retired because coverage of acupuncture is dependent on the enrollee's benefit plan; therefore, clinical criteria will be developed to guide medical necessity determinations for enrollees whose benefits allow coverage.

New in the Pharmacy area is the Long-Acting Medications Pharmacy Policy (**Exhibit C**). The Respiratory Syncytial Virus (RSV) Prophylaxis Criteria was retired and going forward the American Academy of Pediatrics Policy Statement for RSV Prophylaxis will be followed for medical necessity determinations. The Viagra for Use in Pulmonary Hypertension Criteria was also retired because sildenafil citrate is now FDA approved for this indication.

Attached are the latest Medical, Pharmacy, and Chiropractic Policy and Criteria indexes indicating new and revised documents approved at recent meetings of the PreferredOne Medical/Surgical, Behavioral Health, and Pharmacy & Therapeutics Quality Management Subcommittees. Please add the attached documents (**Exhibits D-H**) to the Utilization Management section of your Office Procedures Manual and always refer to the on-line policies for the most current version(s).

If you wish to have paper copies or you have questions feel free to contact the medical policy department at (763) 847-3386 or on line at quality@preferredone.com.

Chlamydia Screening



The American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the Institute for Clinical Systems Improvement, and the Agency for Health Care Research and Quality (AHRQ) are all organizations that recommend annual screening for Chlamydia for all sexually active women 25 years of age and younger. Each year, Minnesota health plans are required to report results for selected effectiveness of care and use of service measures taken from the National Committee for Quality Assurance's (NCQA's) Health Plan Employer Data Set (HEDIS®) to the Minnesota Department of Health (MDH). HEDIS® is a set of standardized performance measures, developed and maintained by NCQA, designed to allow employers and consumers to compare the performance of health plans in many different areas such as immunization rates, screening rates, and member satisfaction. Chlamydia screening is one of the clinical indicators we have reported for the past five years.

Despite current recommendations, the overall screening rate for eligible PreferredOne Community Health Plan members remains low. PreferredOne's HEDIS® results indicate that only 26.41% of eligible women (ages 16-25) are properly being screened for Chlamydia by their provider(s). The National benchmark for Chlamydia screening as published by NCQA in their Quality Compass® 2005 is 43.07%.

The MDH reports that between 1996 and 2004 Chlamydia rates in Minnesota have doubled (from 118 cases/100,000 persons to 236 cases/100,000 persons) making it the most commonly reported sexually transmitted disease (STD) in the state. The increase has been seen across gender, geographical areas, age, and race groups. In addition to Minnesota's statistics, the Centers for Disease Control and Prevention reports that Chlamydia is the most commonly reported ...Pg. 7

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STD in the United States, with the highest rates among adolescent females and young women. An estimated 2.8 million Americans are infected with Chlamydia each year.

Most women infected with Chlamydia have no discernible symptoms. Left untreated, this infection increases a woman's risk for pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and HIV infection. Newborn children of untreated women are at greater risk for problems like conjunctivitis, pneumonia and death. We are strongly encouraging all PreferredOne physicians to follow current recommendations for Chlamydia screening.

Institute for Clinical Systems Improvement (ICSI) Update

New and Updated Healthcare Guidelines:

- Diagnosis and Management of Asthma
- Diagnosis and Treatment of Obstructive Sleep Apnea
- Prevention of Ventilator-Acquired Pneumonia – Order Set
- Anticoagulation Therapy Supplement
- Stable Coronary Artery Disease
- Venous Thromboembolism
- Subcutaneous Insulin Management – Order Set
- Acute Pharyngitis
- Anticoagulation Therapy Supplement
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Community-Acquired Pneumonia in Adults
- Immunizations
- Heart Failure in Adults
- Lipid Management in Adults
- Venous Thromboembolism Prophylaxis

- Routine Prenatal Care
- Admission for Heart Failure – Order Set
- Discharge for Heart Failure – Order Set
- Emergency Room for Heart Failure – Order Set
- VTE Prophylaxis for Total Hip Arthroplasty – Order Set

New and Updated Technology Assessment Reports:

- Implantable Cardioverter-Defibrillators for the Primary Prevention of Sudden Cardiac Death due to Ventricular Arrhythmias
- Gastric Restrictive Surgery for Clinically Severe Obesity in Adults
- Tissue-Type Plasminogen Activator for Acute Ischemic Stroke
- B-Type Natriuretic Peptide (BNP) for the Diagnosis and Management of Congestive Heart Failure
- Treatment of Obesity in Children and Adolescents

Pharmacy Update



Medication Request Forms Now Available On-Line

There is exciting news from the PreferredOne Pharmacy Department!

Effective 9/1/2005, Medication Request Forms for PreferredOne HMO and TPA members can now be completed and submitted through an on-line process. This new option will not be available for PPO members as pharmacy claims for this population group are not reviewed by PreferredOne. Accessing the form is as easy as logging into the PreferredOne provider page at www.preferredone.com.

Below are the steps you, and/or anyone from your office staff need to follow for locating and submitting the on-line form. Please note that each provider office has a "parent login holder" who has the option of logging in for you or setting up a new sub-login/password unique to you. If you are not clear on who ...Pg. 8

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your office parent login holder is, or you wish to have your own login and password, you can go to PreferredOne.com, select Online Resource Center, choose "For Provider" then "Register". Within 5 business days you will receive login and password information.

- Log into the PreferredOne provider site with your user ID and password
- From the main menu window, select "Medication Authorization" from within the green box labeled PCHP/PAS Products
- Search for the appropriate member by entering their member ID and/or name. A list of member names will populate the screen, and the appropriate member can be selected.
- As soon as a member has been selected, the Medication Request form will open. The patient's demographic and plan information will be populated for you.
- Complete the required fields and submit for authorization.
- Submitted requests that include an e-mail address will receive a return acknowledgment that PreferredOne has the request and will act upon it within the standard 48-hour turnaround time.

We at PreferredOne are excited about this new on-line option available to our providers. It is our expectation that utilizing this process will save time for the provider, the member, and PreferredOne.

Did you know...

Drugs used to treat high cholesterol (HMGs) fall within the top 5 drug classes by cost for PreferredOne. Many of the HMGs are priced the same or similarly for each strength. For example:

Drug Name	AWP Tablet
Lipitor 10 mg	\$2.71
Lipitor 20, 40, 80 mg	\$3.94
Crestor 5, 10, 20, 40 mg	\$3.10

Utilizing a dose consolidation program on the HMG prescriptions you write will make them more cost-effective for the member, the employer, and for PreferredOne. **The savings associated with this are significant, particularly for the large population of high deductible membership currently enrolled with PreferredOne. For example:**

Member's Lipitor dose is 30 mg daily. There are two options for writing this prescription:

- 10 mg, 3 tablets daily, one month supply = \$244 AWP
- 20 mg 1½ tablets daily, one month supply = \$177 AWP

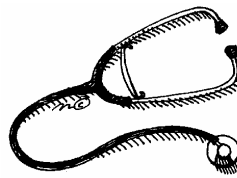
Result: Savings associated with dispensing 20 mg tablets is \$67.00/prescription or \$804/annually

Member's dose is Crestor 50 mg daily. There are two options for writing this prescription:

- 10 mg 5 tablets daily, one month supply = \$465 AWP
- 20 mg 2½ tablets daily, one month supply = \$233 AWP

Result: Savings associated with dispensing 20 mg tablets is \$232/prescription or \$2,784/annually

While recognizing that all members may not be candidates for this type of dose consolidation, we hope you will consider writing your prescriptions for the HMGs in this manner when appropriate.



2006 PreferredOne Formulary

PreferredOne utilizes the Express-Scripts National Preferred formulary for its members that have Express-Scripts as their Pharmacy Benefit Manager (PBM). This formulary undergoes a complete review annually with all changes taking effect in January of each year. Attached (**Exhibit I**) please find the Express-Scripts National Preferred Formulary as well as a list of the medications that are changing formulary status (formulary to non-formulary and nonformulary to formulary) as of January 1, 2006 (**Exhibit J**). ...Pg. 9

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The physician formulary is available on the PreferredOne physician secure website. The website address is www.preferredone.com. The formulary is located under Information, Pharmacy Information, PreferredOne Provider Formulary.

Formulary Override Criteria Change

- Effective 1/1/2006, PreferredOne's Medical Necessity criteria for nonformulary medications will be changing. **PreferredOne members requesting a formulary override will now be required to have tried and failed three (3) formulary alternatives before a nonformulary medication will be approved.**

The current criteria requires the member to try and fail two (2) formulary medications before a nonformulary medication will be approved.

The Formulary Override policy referenced above can be found on the PreferredOne website through the following path. Log in to www.preferredone.com. Select the Health Resources option, and then choose PreferredOne Medical Policy. Choose Pharmacy Policy and then find Reference Number F001 – Formulary Overrides.

Providers may submit a Medication Request form (available on-line through the provider website at www.preferredone.com) on behalf of their patients for a medical necessity review.

Step Therapy Program

PreferredOne has expanded its Step Therapy program to include an additional drug class program.

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:

- Angiotensin Converting Enzyme (ACE) Inhibitors
- Brand Name Non-Steroidal Anti-Inflammatory Agents (NSAIDs)

- **Calcium Channel Blockers – New Effective 10/1/2005**
- Leukotriene Pathway Inhibitors
- Proton Pump Inhibitors (PPIs)
- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Wellbutrin XL
- Zetia

The step therapy criteria are located on the PreferredOne physician secure website. The website address is www.preferredone.com. The criteria are located under Health Resources, Medical Policy, Pharmacy Criteria.

Quantity Level Limits

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 include, but are not limited to the following:

- **Aminoglycosides – New Effective 10/1/2005**
- **Antibiotics, Macrolides – New Effective 10/1/2005**
- **Antifungals, Oral – New Effective 10/1/2005**
- Antifungals, Vaginal
- Antihistamine/Antihistamine Decongestant combinations
- Anti-Migraine Agents
- Antivertigo & Antiemetics
- **Anti-Viral Drugs – New Effective 10/1/2005**
- Asthma (Beta-2 Adrenergic and Other Drugs)
- **Contraceptives (Emergency, Injectable) – New Effective 10/1/2005**
- **Diabetic Adjunct Agents – New Effective 10/1/2005** ...Pg. 10

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- **Diabetic Drugs/Supplies – Expanded 10/1/2005**
- **Drugs Used for Hypertension – New Effective 10/1/2005**
- **Drugs Used for Treatment of Multiple Sclerosis – New Effective 10/1/2005**
- **Drugs Used for Treatment & Prevention of Osteoporosis – New Effective 10/1/2005**
- **Drugs Used for Treatment of Overactive Bladders – New Effective 10/1/2005**
- Gastrointestinal Agents (PPIs)
- Insulin Sensitizers
- Interferons
- **Interkeukins – New Effective 10/1/2005**
- Nasal Drugs
- Non-Steroidal Anti-Inflammatory Agents (NSAIDs)
- Ophthalmic
- Sedative-Hypnotic Agents
- **Topical Corticosteroids – New Effective 10/1/2005**
- Topical Dermatological

A complete list of drugs and the corresponding limits and criteria are available on the PreferredOne website. The website address is www.preferredone.com. The criteria are located under Health Resources, PreferredOne Medical Policy, Pharmacy Policy.

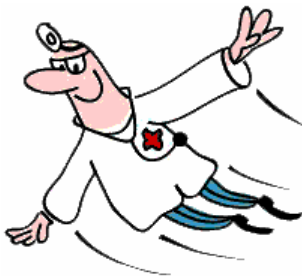


Exhibit A

2005 Code To Be Deleted	G Code To Be Deleted	New 2006 Code	Description
90780	G0345	90760	Initial IV infusion. Hydration up to 1 hour
90781	G0346	90761	IV infusion each add hour, up to 8 (add on code)
90780	G0347	90765	IV infusion therapy Therapeutic/ prophylaxis or diagnosis up to 1 hour
90781	G0348	90766	IV infusion therapy Therapeutic/ prophylaxis or diagnosis each add hr. up to 8 hrs
	G0349	90767	Additional sequential IV infusion up to 1 hour
	G0350	90768	IV infusion for therapeutic/diagnostic concurrent infusion (only once per encounter)
90782	G0351	90772	Injection, therapeutic or diagnostic subcutaneous or IM
90783	G0352	90773	Injection, intra arterial
90788		90772	Injection antibiotic - new description Injection therapeutic IM
90784	G0353	90774	IV push, single or initial substance/drug
90784	G0354	90775	IV push, each additional sequential IV push, new substance/ drug
90799		90779	Unlisted service (code change only - still an unlisted service)
96400	G0355	96401	Chemo, administration, subcutaneous or IM, non hormonal antieoplastic
96400	G0356	96402	Chemo, administration, subcutaneous or IM, hormonal antineoplastic
96408	G0357	96409	Chemo Intravenous, push technique, single or initial substance/drug
96408	G0358	96411	Chemo Intravenous, push technique, each additional substance drug (add on)
96410	G0359	96413	Chemo administration IV infusion up to 1 hour single, initial drug
96412	G0360	96415	Chemo administration, each add. Hour (1 - 8 hrs.) add on
96414	G0361	96416	Initiation of Prolonged chemo, 8 hrs + req. us of a portable or implantable pump
	G0362	96417	Chemo administration, IV infusion each additional sequential infusion (diferent substance drug up to one hour
	G0363	96523	Irrigation of implanted venous access device for drug delivery system
96520		96521	Refilling and maintenance of portable pump
96530		96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic IV or intra-arterial

Exhibit B

2005 Code	New Codes 06	Description
96100 (deleted) Psych testing	96101, 96102, 96103	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g. WAIS R, Rorschach, MMPI with interpretation and report per hour
	96101 (new)	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach, WAIS,) per hour of the psychologists or physician's time both face-to-face-time with the patient and time interpreting test results and preparing the report
	96102 (new)	Psychological testing (includes psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), <u>with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.</u>
	96103 (new)	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI) <u>administered by a computer, with qualified health care professional interpretation and report</u>
<hr/>		
96115 (deleted) Neuro behavioral status exam	96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, eg acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour
	96116 (new)	Neurobehavioral status exam, (clinical assessment of thinking, reasoning and judgment, eg acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time both face to face time with the patient and time interpreting test results and preparing the report.
<hr/>		
96117 (deleted) Neuropsych testing	96118, 96119, 96120	Neuropsychological testing battery (eg Halsted reitan, Luria, WAIS R,) with interpretation and report, per hour
	96118 (New)	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test). Per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
	96119 (new)	Neuropsychological testing (eg Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
	96120 (new)	Neuropsychological testing (eg Wisconsin Card Sorting test), administered by a computer, with qualified health care professional interpretation and report

PreferredOne®

Department of Origin: Pharmacy	Approved by: Chief Medical Officer	Date approved: 08/17/05
Department(s) Affected: Medical Management and Pharmacy	Effective Date: 08/17/05	
Document Description: Long Acting Medications	Replaces Effective Policy Dated: N/A	
Reference #: PP/L001	Page:	1 of 1

PRODUCT APPLICATION:

- PreferredOne Community Health Plan (PCHP)
- PreferredOne Administrative Services, Inc. (PAS)
- PreferredOne (PPO)
- PreferredOne Insurance Company (PIC)

Coverage is subject to the terms of an enrollee's pharmacy benefit plan and formulary. To the extent there is any inconsistency between this criteria set/policy and the terms of an enrollee's pharmacy benefit plan and /or formulary, the enrollee's pharmacy benefit plan and formulary govern.

PURPOSE:

The intent of this Policy is to identify when long acting medications are medically necessary.

Drugs effected:

Generic Name	Generics available	Brand Name
bupropion XL	N	Wellbutrin XL

GUIDELINES:

Must have one of the following I or II for coverage of Wellbutrin XL:

- I. Existing utilizers will be grandfathered (look back period is 130 days)
- II. Documentation supports a medically necessary indication requiring extended release dosing such as safety issue or life style impairment.

DOCUMENT HISTORY:

Created Date: 08/05
Reviewed Date:
Revised Date: 08/17/05

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 PPO enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

Medical Criteria Table of Contents

Reference #	Category	Description
A006	Cardiac/Thoracic	Ventricular Assist Devices (VAD) Revised
A007	Cardiac/Thoracic	Lung Volume Reduction
B002	Dental and Oral Maxillofacial	Orthognathic Surgery
C001	Eye, Ear, Nose, and Throat	Nasal Reconstructive Surgery Revised
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
C010	Eye, Ear, Nose, and Throat	Otoplasty
E008	Obstetrical and Gynecological	Uterine Artery Embolization (UAE)
F014	Orthopaedic/Musculoskeletal	Percutaneous Vertebroplasty & Kyphoplasty
G001	Skin and Integumentary	Eyelid Surgery (Blepharoplasty & Ptosis Repair
G002	Skin and Integumentary	Reduction Mammoplasty
G003	Skin and Integumentary	Panniculectomy/Abdominoplasty
G004	Skin and Integumentary	Breast Reconstruction Revised
G006	Skin and Integumentary	Gynecomastia Procedures
G007	Skin and Integumentary	Prophylactic Mastectomy Revised
G008	Skin and Integumentary	Hyperhidrosis Treatment
H003	Gastrointestinal/Nutritional	Bariatric Surgery
J001	Vascular	Treatment of Varicose Veins
L001	Diagnostic	Positron Emission Tomography (PET) Scan
L002	Diagnostic	Coronary Artery Evaluation (EBCT, UFCT, MSCT, Spiral CT, Helical CT) Revised
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 Disorder
M005	MH/Substance Related	Eating Disorders-Level of Care Criteria Revised

	Disorders	
M006	MH/Substance Related Disorders	Partial Hospitalization Program (PHP)-Mental Health Disorder <i>Revised</i>
M007	MH/Substance Related Disorders	Residential Treatment
M008	MH/Substance Related Disorders	Outpatient Psychotherapy
M009	MH/Substance Related Disorders	Outpatient Chronic Pain Program Criteria <i>Revised</i>
M010	MH/Substance Related Disorders	Substance Related Disorders: Inpatient Primary Treatment
M014	MH/Substance Related Disorders	Detoxification: Inpatient Treatment
M019	MH/Substance Related Disorders	Pathological Gambling Outpatient Treatment
M020	MH/Substance Related Disorders	Autism Spectrum Disorders Treatment
N001	Rehabilitation	Acute Inpatient Rehabilitation
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 <i>Revised</i>
T004	Transplant	Liver Transplantation
T005	Transplant	Lung Transplantation <i>Revised</i>
T006	Transplant	Intestinal Transplant

Revised 09/27/05

Medical Policy Table of Contents

Reference #	Description
A001	Elective Abortion
A002	Mifepristone/RU486
C001	Court Ordered Mental Health & Substance Related Disorders Services
C002	Cosmetic Surgery
C008	Oncology Clinical Trials Covered/Non-covered Services
D002	Diabetic Supplies
D004	Durable Medical Equipment, Supplies, Orthotics and Prosthetics
D007	Disability Determinations: Proof of Incapacity Requirements
D008	Dressing Supplies <i>Revised</i>
E004	Enteral Nutrition Therapy
E005	EROS Device (Vacuum Therapy for Treatment of Female Sexual Dysfunction)
F006	FluMist <i>Revised</i>
G001	Genetic Testing <i>Revised</i>
H001	Home Health Aid Services
H004	Healthcares Services with Demonstrated Lack of Therapeutic Benefit
H005	Home Health Care
I001	Investigational/Experimental (Formerly MM/B010)
I002	Infertility Treatment
N002	Nutritional Counseling
P004	Private Room
P007	Preparatory/Preoperative Blood Donation
R002	Reconstructive Surgery
S006	Screening Tests
S007	Sensory Integration (SI)
S008	Scar Revision
T002	Transition/Continuity of Care
T004	Therapeutic Overnight Pass
T005	Transfers to a Lower Level of Care for Rehabilitation from an Acute Care Facility

Revised 09/27/05

Pharmacy Criteria Table of Contents

Reference #	Category	Description
A001	Pharmacy	ACE Inhibitors Step Therapy
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) and Raptiva (efalizumab) <i>Revised</i>
G001	Pharmacy	Growth Hormone Therapy <i>Revised</i>
L001	Pharmacy	Lamisil (terbinafine)
L002	Pharmacy	Leukotriene Pathway Inhibitors Step Therapy <i>Revised</i>
N001	Pharmacy	Branded Nonsteroidal Anti-Inflammatory Drug (NSAID) Step Therapy
P001	Pharmacy	Proton Pump Inhibitor (PPI) Step Therapy
R002	Pharmacy	RSV Prophylaxis - American Academy of Peds <i>Revised</i>
S001	Pharmacy	Sporanox (itraconazole)
S002	Pharmacy	Selective Serotonin Reuptake Inhibitors (SSRIs) Step Therapy
W001	Pharmacy	Weight Loss Medications
Z001	Pharmacy	Zetia (ezetimibe) Step Therapy
Z002	Pharmacy	Zolair

Revised 08/17/05

Pharmacy Policy Table of Contents

Reference #	Description
C001	Coordination of Benefits
C002	Combination Drugs <i>Revised</i>
D001	Drugs with Potential Adverse Effects or Interactions
F001	Formulary Overrides
H001	Half Tab Program <i>Revised</i>
L001	Long Acting Medications <i>New</i>
N001	National Formulary Exceptions
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
U001	Urgent Pharmacy Situations

Revised 08/17/05

Chiropractic Policy Table of Contents

Reference #	Description
H001	Hot N Cold Packs
I001	Experimental, Investigational or Unproven Services
P001	Passive Rx Therapies beyond six weeks
P002	Plain films within first 30 days of care

Revised 04/28/05



EXPRESS SCRIPTS®

2006

Express Scripts National Preferred Formulary

Exhibit I

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
(excluding solution)
ACCU-CHEK
ACTIVE KIT
ACCU-CHEK
ACTIVE test strips
ACCU-CHEK
ADVANTAGE KIT
ACCU-CHEK
ADVANTAGE
test strips
ACCU-CHEK
AVIVA KIT
ACCU-CHEK
AVIVA test strips
ACCU-CHEK
COMFORT CURVE
test strips
ACCU-CHEK
COMPACT KIT
ACCU-CHEK
COMPACT
test strips
ACCU-CHEK
COMPLETE KIT
acetaminophen
w/codeine
acetazolamide
ACTONEL
acyclovir
ADDERALL XR*
ADVAIR DISKUS
ADVICOR
AGGRENOX
albuterol
ALLEGRA*
ALLEGRA-D*
(excluding 24 hours)
ALOMIDE
ALORA
ALPHAGAN P
ALTACE*
aluminum chloride
amantadine
AMBIEN
aminophylline
amitriptyline
ammonium lactate
amox tr/potassium
clavulanate
amoxicillin
ANALPRAM-HC*
(1% cream,
2.5% lotion)
ANDRODERM
ANDROGEL
antipyrine
w/benzocaine
apri
aranelle
ARANESP [INJ]
ARICEPT
ASACOL
ASTELIN
atenolol,
-chlorthalidone

ATROVENT inh, HFA
AUGMENTIN XR
AVANDAMET
AVANDIA
AVELOX
aviane
AVODART
azathioprine
azithromycin

B

benazepril, /hctz
benzonatate
benzoyl peroxide
betamethasone
BETASERON [INJ]
bisoprolol
fumarate/hctz
BRAVELLE [INJ]
brimonidine tartrate
bupropion, sr
butalbital/apap/cafeine

C

camila
CANASA
captopril, /hctz
carbamazepine
carisoprodol
cefadroxil
cefpodoxime
cefuroxime
CELEBREX
CELLCEPT
cephalexin
cesia
CETROTIDE [INJ]
CHEMSTRIP bG
chloral hydrate
chlorzoxazone
cholestyramine
choline mag
trisalicylate
chorionic
gonadotropin [INJ]
ciclopirox
cilostazol
cimetidine
CIPRO HC
CIPRODEX
ciprofloxacin
citalopram
CLARINEX
clarithromycin
CLIMARA PRO
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonidine hcl
clotrimazole/
betamethasone
clotrimazole troche
clozapine
COMBIPATCH
COMBIVENT
CONCERTA*
COPEGUS

COREG
COSOPT
COZAAR
CREON [G]
CRESTOR
cromolyn sodium
crysle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALTA [SNRI]

D

DEPAKOTE
desmopressin acetate
desonide
desoximetasone
dextroamphetamine
sulfate
diclofenac sodium
dicyclomine hcl
DIFFERIN
diflunisal
diltiazem,
extended release
DIOVAN, HCT
diphenhydramine
dipyridamole
DITROPAN XL*
doxepin hcl
DUAC
DYNACIRC CR

E

EDEX [INJ]
EFFEXOR, XR [SNRI]
ELIDEL
EMADIDE*
enalapril, hctz
enpresse
errin
erythromycin
erythromycin/
benzoyl perox.
estradiol, tds
ESTRATEST, H.S.
estropiate
etodolac
EXELON

F

famotidine
felodipine er
fentanyl citrate
fexofenadine
FINACEA
FLOMAX
FLONASE*
FLOVENT, HFA
fluconazole
fluocinonide
fluorouracil
fluoxetine hcl
fluticasone propionate
flouxamine maleate
folic acid
FOLLISTIM AQ [INJ]

FOLTX
FORADIL
FORTEO [INJ]
FOSAMAX, PLUS D
fosinopril, /hctz

G

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

H

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

I

ibuprofen
imipramine
IMITREX
indomethacin
INNOPRAN XL
INTAL inh
ipratropium bromide
isotretinoin
itraconazole

J

jolivet
junel, fe

K

kariva
ketoconazole

L

labetalol hcl
lactulose
LAMISIL tabs
lamotrigine
LANTUS Vials Only
[INJ]
leena

lessina
leucovorin
leuprolide acetate [INJ]
LEVAQUIN
LEVITRA
levora
levothyroxine sodium
LEVOXYL
LEXAPRO
lisinopril, /hctz
LOTEMAX
LOTREL
lovastatin
low-ogestrel
LUMIGAN
lutea

M

MAXAIR AUTOHALER
meclizine hcl
medroxyprogesterone
acetate
megestrol
MENEST
mercaptapurine
MERIDIA
METADATE CD/ER*
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL, LOTION*
metronidazole cream
microgestin, fe
mirtazapine, soltab
mometasone
mononessa
morphine sulfate

N

nabumetone
naproxen
NASACORT AQ
NASONEX
necon
neomycin/polymyxin/
dexamethasone
neomycin/polymyxin/hc
NEXIUM
NIASPAN*
nifedipine er
nitrofurantoin
macrocrystal
nizatidine
nora-be
nortrel
NOVAREL [INJ]
NOVOFINE 30
NOVOLIN [INJ]
NOVOLOG [INJ]

NUTROPIN, AQ
(excluding Depot)
[INJ]
nystatin
nystatin
w/triamcinolone

O

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

P

paroxetine
PATANOL
peg 3350/electrolyte
PEGASYS [INJ]
penicillin v potassium
PENLAC
PENTASA
perphenazine
phentermine hcl
phenytoin sodium,
extended
PHOSLO
pilocarpine hcl
PLAVIX
polymyxin b sul/
trimethoprim
portia
potassium citrate/
citric acid
PRANDIN
PRECISION
SURE DOSE

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2006 THROUGH DECEMBER 31, 2006. 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.

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	LEXXEL	Lotrel
ACEON	Generic Ace Inhibitor, Altace*	LIPITOR	lovastatin, Crestor, Vytorin, Zocor*
ACIPHEX	omeprazole, Nexium, Prevacid	LOCOID	hydrocortisone
ACTIVELLA	Pfizer, Prempro/Premphase	LOFIBRA	gemfibrozil, Tricor
ACTOS	Avandia	LORAPROX	clozapine
ACULAR, LS, PF	Voltaren Ophthalmic	LORABID	amox tri/potassium clavulanate, Augmentin XR, Omnicef
AEROBID, M	Flovent/HFA, Pulmicort, Qvar	LUNESTA	Ambien, Sonata
ALAMAST	cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor	MAVIX	Generic Ace Inhibitor, Altace*
ALBUTEROL	Maxair Autohaler, Proventil HFA,	MAXALT, MLT	Imitrex, Zomig/ZMT
SULFATE HFA	Ventolin HFA	MAXAQUIN	Generic patches, Alora, Vivelle/-Dot
ALOCRIL	cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor	MENOSTAR	Generic patches, Alora, Vivelle/-Dot
ALREX	Generic steroids	METAGLIP	glipizide + metformin
ALTOPREV	lovastatin, Crestor, Vytorin, Zocor*	MICALCIN NASAL	fortical, Actonel, Fosamax
AMARYL	glipizide er	MICARDIS	Diovan HCT, Hyzaar
AMERGE	Imitrex, Zomig/ZMT	MICARDIS HCT	Generic NSAIDs
ANALPRAM HC	hc-pramoxine 2.5% cream	MOBIC	morphine sulfate sa
2.5% cream		MSIR	morphine sulfate soln
ANTARA	gemfibrozil, Tricor	MUSE	Edex, Levitra
ANZEMET	Zofran	NASAPREL	Flonase*, Nasacort AQ, Nasonex
ASCENSIA	Accu-Chek, OneTouch	NAXALTROPIN	Humatrope, Nutropin/AQ, Saizen
ATACAND	Cozaar, Diovan	NORITATE	metronidazole cream
ATACAND HCT	Diovan HCT, Hyzaar	NOROXIN	ciprofloxacin, ofloxacin, Avelox, Levaquin
AVALIDE	Diovan HCT, Hyzaar	NORVASC	felodipine er, nifedipine extended release, Dynacirc CR, Sular
AVAPRO	Cozaar, Diovan	NUTROPIN DEPOT	Humatrope, Nutropin/AQ, Saizen
AVITA	Generics	NUVARING	Humatrope, Nutropin/AQ, Saizen
AXERT	tretinoin, Differin	OPTIVAR	Ortho Tri-Cyclen Lo, Yasmin
AZELEX	Imitrex, Zomig/ZMT		cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor
AZMACORT	tretinoin, Differin		prednisolone soln
AZOPT	Flovent/HFA, Pulmicort, Qvar		choricronic gonadotropin, Novarel
	brimonidine tartrate, Alphagan P, Cosopt,		oxydocodone hcl tab sa
	Trusopt		oxydocodone hcl caps immediate release
BECONASE AQ	Flonase*, Nasacort AQ, Nasonex		paroxetine
BENICAR	Cozaar, Diovan		paroxetine (immediate release),
BENICAR HCT	Diovan HCT, Hyzaar		citalopram, fluoxetine (daily), Lexapro,
BENZAQLIN	benzoyl peroxide+clindamycin, Duac		Zolift*
BENZAMYCIN, PAK	erythromycin/benzoyl peroxide		clarithromycin, erythromycin
BETIMOL	betaxolol, timolol, other generics		prednisolone soln
BIAXIN, XL	clarithromycin		Coepus, Pegasys
BONIVA	Actonel, Fosamax		
CADUET	Calcium channel blocker (CCB) + HMG		
	combination - CCB - felodipine er,		
	nifedipine er, Dynacirc CR, Sular,		
	HMG - lovastatin, Crestor, Zocor*		
	nifedipine extended release, felodipine er,		
CARDENE SR	Dynacirc CR, Sular		
	diltiazem extended release, Verelan PM		
CARDIZEM LA	Edex, Levitra		
CAVERJECT	amox tri/potassium clavulanate,		
CEDEX	Augmentin XR, Omnicef		
CEFDZIL	amox tri/potassium clavulanate,		
	Augmentin XR, Omnicef		
CELEXA	citalopram		
CENESTIN	Menest, Premarin		
CEREFOLIN	Generic vitamin supplement		
CIALIS	Levitra		
CILOXAN	clarithromycin, erythromycin		
CIPRO XR	felodipine er, nifedipine extended release,		
CLARINEX-D	Dynacirc CR, Sular		
CLIMARA	cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor		
COLAZAL	oxybutynin, Ditropan XL*, Vesicare		
COVERA-HS	Aranesp, Procrit		
CYCESSA	Generic antifungal		
DETROL, LA	Generic patches, Alora, Vivelle/-Dot		
DIDRONEL	Generic patches, Alora, Vivelle/-Dot		
DIFENTUM	Generic patches, Alora, Vivelle/-Dot		
DUPRAGESIC	Generic patches, Alora, Vivelle/-Dot		
(excl 12mcg/hr)	ciprofloxacin, ofloxacin, Avelox, Levaquin		
DYNABAC	acyclovir, Valtrex		
DYNACIRC	Prefest, Prempro/Premphase		
	Bravelle, Follistim AQ, Gonal-F/FFF		
ELESTAT	Generic steroids, Lotemax		
	methyphenidate, Concerta*,		
ENABLEX	Metadate CD/ER*		
EPOGEN	Phoslo, Renagel		
ERTACZO	Accu-Chek, OneTouch		
ESTRADERM	Imitrex, Zomig/ZMT		
ESTRASORB	Humatrope, Nutropin/AQ, Saizen		
ESTROGEL	Abilify tabs, Risperdal (non M-tabs),		
FACTIVE	Seroquel, Zyprexa (non-Zydis)		
FAMVIR	Accu-Chek, OneTouch		
FemHRT	Precose		
FERTINEX	Prevpac		
FML FORTE	brimonidine tartrate, Alphagan P, Cosopt,		
FOCALIN, XR	Trusopt		
FOSRENOL	timolol maleate		
FREESTYLE	Generics		
FROVA	clarithromycin, erythromycin		
GENOTROPIN	lactulose		
GEODON	Zofran		
	lovastatin, Crestor, Vytorin, Zocor*		
GLUCOMETER			
GLYSET			
HELIDAC			
IOPIDINE			
ISTALOL			
KADIAN			
KETEK, PAK			
KRISTALOSE			
KYTRIL			
LYSCOL, XL			
QUETIAPINE FUMARATE			
QUINAPRIL			
QUINARETIC			
QVAR			
RANITIDINE			
REBIF [INJ]			
RENAGEL			
REPRONEX [INJ]			
RESTORIL (7.5mg)			
ribasphere			
ribavirin			
rimantadine			
RISPERDAL			
(excluding M-tabs)			
SALICILIC ACID			
SAIZEN [INJ]			
salsalate			
selenium sulfide			
SEREVENT DISKUS			
serophene			
SINGULAIR			
SKELAXIN*			
sodium sulfacetamide/ sulfur			
solia			
SONATA			
SPIRIVA			
sprintec			
STARLIX			
STRATTERA			
SULAR			
sulfacetamide sodium			
sulfasalazine			
TAMIFLU			
tamoxifen			
TAZORAC			
TEGRETOL XR			
temazepam			
theophylline,			
anhydrous, er			
thioguanine			
VALTREX			
VELIVET			
VENTOLIN HFA			
VERAPAMIL HCL			
VERELAN PM			
VESICARE			
VIGAMOX			
VIVELLE, -DOT			
VOLTAREN OPHTHALMIC			
VYTORIN			
WARFARIN			
WELCHOL			
WELLBUTRIN XL*			
XENICAL			
XOPENEX			
YASMIN			
ZADITOR			
ZETIA			
ZOCOR*			
ZOFRAN, ODT*			
ZOLOFT*			
ZOMIG, ZMT			
ZONEGRAN			
ZOVIA			
ZYLET			
ZYMAR			
ZYPREXA			
(excluding Zydis)			

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, 2006 THROUGH DECEMBER 31, 2006. 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.

2006 ESI National Preferred formulary

Deletions 2006:

Drug	2005 status	2006 status	Alternative
Amaryl	F	N	glipizide er
Analpram-HC 2.5% rectal cream	F	N	hc-pramoxine 2.5% rectal cream
Avalide	F	N	Hyzaar, Diovan HCT
Avapro	F	N	Cozaar, Diovan
Avita gel	F	N	tretinoin, Differin
Azopt	F	N	brimonidine tartrate, Alphagan P, Cosopt, Trusopt
Benzaclin	F	N	OTC benzoyl peroxide + generic clindamycin, Duac
Benzamycin Pak	F	N	erythromycin-benzoyl peroxide
Biaxin suspension	F	N	clarithromycin suspension
Biaxin XL	F	N	clarithromycin (immediate release)
Caduet	F	N	CCB + HMG combination - CCB - felodipine er, nifedipine er, Dynacirc CR, Sular HMG - lovastatin, Crestor, Zocor
Cefzil	F	N	amox tr/potassium clavulanate, Augmentin XR, Omnicef
Ciloxan ointment	F	N	ciprofloxacin eye drops
Clarinox-D 24 Hour	F	N	Allegra-D 12 hour
Climara	F	N	estradiol transdermal patches, Alora, Vivelle/-Dot
Condylox gel	F	N	podofilox solution
Cyclessa	F	N	cesia, velivet
Detrol/LA	F	N	oxybutynin, Ditropan XL, Vesicare
Didronel	F	N	Actonel, Fosamax/Plus D
Ertaczo	F	N	generic/OTC antifungal
Iopidine	F	N	brimonidine tartrate, Alphagan P, Cosopt, Trusopt
Ketek/Pak	F	N	azithromycin*, clarithromycin
Lipitor	F	N	lovastatin, Crestor, Zocor, Vytorin
Locoid solution	F	N	hydrocortisone 0.1% solution
Lofibra	F	N	Tricor
Metaglip	F	N	glipizide + metformin
Norvasc	F	N	felodipine er, nifedipine er, Dynacirc CR, Sular
Nuvaring	F	N	generics, Ortho Evra, Ortho Tri-Cyclen Lo, Yasmin
Paxil suspension	F	N	citalopram suspension, fluoxetine suspension
Paxil Cr	F	N	paroxetine hcl (immediate release)
Sporanox	F	N	itraconazole
Tequin	F	N	ciprofloxacin, Avelox, Levaquin
Testim	F	N	Androderm, Androgel
Tobradex	F	N	Zylet
Travatan	F	N	Lumigan, Xalatan
Viagra	F	N	Levitra
Zithromax*	F	N	azithromycin*, clarithromycin, erythromycin

- *generic azithromycin is expected to be available before 01/01/2006*

2006 ESI National Preferred formulary

Additions 2006:

Drug	2005 status	2006 status
Alphagan P	N	F
Androgel	N	F
Cozaar	N	F
Differin	N	F
Duac	N	F
Dynacirc CR	N	F
Hyzaar	N	F
Levaquin	N	F
Lumigan	N	F
Omnicef	N	F
Pregnyl	N	F
Oxytrol	N	F
Sular	N	F
Tricor	N	F
Ventolin HFA	N	F
Vesicare	N	F
Vivelle/ - Dot	N	F