PreferredOne®
UPDATE
A Newsletter for PreferredOne Providers & Practitioners
July 2008

You Are Invited to the Fall '08 PreferredOne Provider Forum

We are pleased to invite PreferredOne Providers to visit us here at PreferredOne for a Provider Forum and continental breakfast on **Tuesday, September 16th 2008** Sign-in from 7-7:30 am/Program from 7:30-8:30 am**.** This is a great opportunity for you to hear the PreferredOne updates, learn about our membership, get the first look at new policies, and give input on upcoming issues. This Forum will keep you current and up-to-date with all that is happening at PreferredOne in this ever changing healthcare industry.

We will have a special Q & A session where we'd like to hear your feedback and answer any questions you might have for us. To RSVP, please visit www.PreferredOne.com, click on "For Providers" in the side menu bar on the home page, once in the Login/Registration page, click on "2008 PreferredOne Provider Forum RSVP" and submit your email address by September 1, 2008 or simply click HERE to be taken directly to the page. We hope to see you here!

In This Issue:

PreferredOne Update Paper Copies to be Discontinued

PreferredOne has modified the distribution of the PreferredOne Update provider publication. Rather than mailing out paper copies each month, the newsletters are posted on the PreferredOne secured website. Paper copies of the newsletter will no longer be distributed.

There are two ways to view the PreferredOne Update. For providers who **do not** yet have login information, you can visit the PreferredOne secured website at www.PreferredOne.com and in the menu bar on the homepage, click on "For Providers." Now you are in the login registration page, click on "Provider Newsletter" to view current and past publications. If you would like to receive email notifications when new publications are posted, you will then need to click on the "Email Notification" link to submit your email address.

For providers who **do** have login information, you can log onto the PreferredOne website and view all publications under, "Information," "Provider Newsletter." If you do not already receive email notifications when new publications are posted, and would like to, just click on the "Email Notification" link in the publication page and check the box. If you no longer want to receive these notifications, simply uncheck the box at any time.

We encourage you to register for login information and once you're registered, you can easily access an abundance of information on the PreferredOne secured website. Just to list a few of the available resources, you can check claim status, subscriber/dependent information, medication authorization, referral inquiry and submission, check NPI information, download forms and much more! *Page 2...*

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To register, please visit www.PreferredOne.com, click on "For Providers" in the menu bar, then once you're in the login registration page, click "Register" and fill in the requested information and submit. You will receive your login information within a few business days. PreferredOne continues to enhance the PreferredOne website. Providers and clinics have indicated to us that our site is very user friendly and provides invaluable information. Don't forget to register!

NPI Paper Letters to be Discontinued

Beginning July 1, 2008 PreferredOne will discontinue mailing out paper copies of the Provider Identification Numbers (PINs) and National Provider Identifier Numbers (NPIs) to PreferredOne providers. This information is available "live" on our secured website at www.PreferredOne.com. **To view NPIs**, you will need to be registered for access to the PreferredOne website. Once registered, please **click on** "**For Providers**" on the home page, once you are in your "PreferredOne User Account" page, **go to the gold box titled "Information**" and **click on "Provider ID Lookup and NPI Submission.**" Once you're in this page, you can view the available ID numbers by location or practitioner under your billing ID. You can also use the "Search" tool and search by keyword. Again, this information is posted in real time as it is added to our system. This is a very useful and convenient tool and you will no longer need to wait for a PIN letter to arrive in the mail.

Again, we strongly encourage you to register for login information and once you're registered, you can easily access an abundance of information on the PreferredOne secured website**. Just to list a few of the other available resources, you can check claim status, subscriber/dependent information, medication authorization, referral inquiry and submission, download forms and much more!** To register, please visit www.PreferredOne.com, click on "For Providers", in the menu bar, then once you're in the login registration page, click "Register" and fill in the requested information and submit. You will receive your login information within a few business days. PreferredOne continues to enhance the PreferredOne website. Providers and clinics have indicated to us that our site is very user friendly and provides invaluable information.

Claims Processing Correction

During a recent review of claims system setup, it was discovered that the site of service payment differential was not correctly being applied in the following cases:

- The colonoscopy and sigmoidoscopy range was not correctly applying the site of service when performed in a facility setting. The system was updated May 16, 2008 to correctly apply the site of service differential payment when site of service is in a facility setting. PreferredOne will automatically reprocess the claims from dates of service January 1, 2008 through May 16, 2008. The affected HCPCS/CPT codes are: G0105, 45330, 45333, 45378, 45380, 45381, 45838, 45384, 45385.
- Arthroscopy, knee was not correctly applying the site of service when performed in a facility setting. The system was updated June 4, 2008 to correctly apply the site of service differential payment. PreferredOne will automatically reprocess the claims from dates of service January 1, 2008 through June 4, 2008. The affected HCPCS code is G0289.

We will continue to review claims setup routinely to ensure correct payment and will notify providers of any system changes that affect the majority of our providers.

Request for Information – Providers Using Electronic Health Records

We are requesting that providers who have implemented Electronic Health Records in their offices send us notification of this. Since we receive many calls asking about EHRs, we would like to make this information available on the PreferredOne secured website so PreferredOne members searching for a providers can easily access this information.

If you are a provider who has implemented the use of Electronic Health Records in your office, please notify us by simply sending an email to EHR@PreferredOne.com. Thank you in advance for your response!

Coding Update

Modifier – 25

This description for this modifier is significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.

We expect this modifier on E/M services only. PreferredOne has seen a significant increase with modifier 25 appended inappropriately to a variety of other services. An incorrect modifier/code combination causes your claim to be pended for manual review.

In the near future the services may be denied for provider billing error.

Bilateral Modifier – 50 April '08 Change

A reminder that PreferredOne has changed the reporting of bilateral surgical procedures for administrative uniformity. Services rendered April 1, 2008 and after, should be reported on one line, with modifier 50 and 1 unit of service. Our fee schedules have been changed to reflect the correct payment for the one line method. If two lines are submitted for the bilateral procedure, one line will be bundled.

Update on AUC Uniform Billing Standards

Minnesota Statute 62J.536 requires all health care providers and group purchasers (payers) to exchange health care claims electronically using a single, uniform companion guide to HIPAA implementation guides, including uniform billing and coding standards effective **July 15, 2009**. The statute further requires the Commissioner of Health to base the transaction standards and billing and coding rules on federal HIPAA requirements and on the Medicare program, with modifications that the commissioner deems appropriate after consulting the Minnesota Administrative Uniformity Committee (AUC).

Three health care administrative transactions must be exchanged electronically using a single standard for content and format starting in 2009.

- Eligibility Verification
- Claims
- Payment and Remittance Advice

PreferredOne Coding Department has been highly involved with the Medical Code Tag. This is a technical advisory committee that is making recommendations for uniformity in collaboration with other payers and providers for claims submission of Medical Code Sets.

As you probably are aware, the submission requirements are based on Medicare requirements found in the Medicare Claims Processing manual maintained by the Centers for Medicare and Medicaid Services (CMS) whenever possible.
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For Medicare patients, the rule is to follow Medicare requirements. For non-Medicare patients, consult the tables in the guide as to which services may follow Medicare or which have a Minnesota Rule.

The final documents and approval of the recommendations of the tags by the Department of Health will occur within the next few weeks. More detailed information will be available on our website sometime in June of this year, and links to the AUC web site will be provided to obtain this information.

Providers should be aware that in some instances there will be a specific Minnesota Rule, and providers will not always follow the Medicare claims processing manual. The companion guides currently being reviewed and **awaiting approval from the Department of Health** will have all the information and tables directing the providers when to and when not to follow Medicare Rules. Extensive changes will be necessary for both providers and payers in some instances.

Another important reminder is that any new service or program that does not have a defined code must be presented to the Medical Code Tag by the provider. The Code Tag will discuss options and make a uniform coding decision (HCPCS code, revenue code, UB04, CMS 1500) as to how the service must be submitted to all payers. This will eventually alleviate multiple codes for the same service to different payers.

Some examples of services that likely will have a Minnesota Rule (rather than Medicare Rules) include but are not limited to:

- Home IV services and home health services (Payers are less restrictive than Medicare and Minnesota payers do pay for many Home IV services where Medicare would not). Submit infusion with S code per diems. For home health services, Minnesota Payers allow specific T codes for the submission of home health services, Medicare only recognizes G codes. Payers and providers met and discussed the most appropriate T codes to be submitted for nursing services as well as specific S codes for other home health services in the home.
- Chiropractic services. Medicare allows 3 codes for adjustments. Minnesota payers will accept other codes such as therapy services and adjudicated based on member benefits and policies.
- Medicare does not allow any H, S, or T codes for submission, whereas Minnesota payers allow the submission of these codes and will adjudicate based on plan/member benefit.
- Chemical dependency inpatient hospital, outpatient hospital, inpatient nonhospital residential, outpatient nonhospital residential will have significant changes. There will be Minnesota Rule for providers and payers, and more information will be available in June. This is expected to require re-contracting so that payers and providers are reporting and receiving the services in the same manner. Because treatment and room and board are paid from different programs (federal and state), it was necessary to separate out services for Rule 31 providers and then require the changes for both commercial and state programs for uniformity. Final decisions on specific revenue codes and HCPCS codes must still be approved.
- Medicare designated Critical Access Hospitals with elected method two reporting will require re-contracting for physician services to be reported on the UB04.
- Medicare designated FQHCs may be required to submit their claims on UB04's to commercial payers.
- Free Standing ASCs may be submitting services to commercial payers on CMS 1500.
- Binaural hearing aids will be reported as 1 line with 1 unit. Some payers are not ready to make this change. Watch for update information from your payers.

This is just a small sample of the expected changes for the electronic submission of claims. More information will be available when all of the companion guides have been approved. Please visit the MN-AUC website at http://health.state.mn.us/auc/index.html.

Clarification for Nursing Services in the Home for Per Diem and Extended Care

Nursing visits for Home Health Services have been further defined with the continuing meetings with the AUC Medical Code Tag. Submission guidelines for per diem and for unusual circumstances of extended care when authorized are:

Skilled nurse visit is a per diem visit with the following codes: Industry standard is up to 2 hours.

- Per diem RN T1030
- Per diem LPN T1031

Extended hours, when authorized, must be submitted with the following codes:

- RN up to 15 min T1002
- LPN up to 15 minutes T1003

Example: A new ventilator patient is authorized for 12 hours a day by an RN.

- T1030 1 unit (first 2 hours per diem) RN services
- T1002 32 units (8 hours @ 15 minutes) for the remaining 8 hours of RN services

PreferredOne will have additional updates to the provider billing manual as soon as possible.

Computer Assisted Navigational Procedure for Musculoskeletal Procedures

CPT code 20985 is a bundled service and is not separately reimbursed for musculoskeletal procedures. This does not preclude providers from using the technique, however it is considered part of the major procedure. When reported separately the service will not be separately reimbursed.

EDI Update

Clearinghouse Connections for Claims

PreferredOne utilizes a number of clearinghouses in order to receive claims from providers. The clearinghouses we connect with are:

- ClearConnect
- Claimlynx
- Emdeon (formerly WebMD)
- eProvider Solutions
- Relay Health (formerly McKesson)
- NDC
- ZirMed (testing)
- MedAvant (testing)

Electronic Remittance Advice

PreferredOne has the capability to send the HIPAA-mandated 835 transaction (Electronic Remittance Advice) for PCHP and PAS claims (PPO claims are not paid by PreferredOne and, therefore, are not included).

We currently have EDI connections with the following clearinghouses/software vendors for the 835 transaction:

- RelayHealth (formerly McKesson)
- Claimlynx
- ClearConnect (Testing)
- Rycan Technologies
- PNC Xpack Network Services (Testing)

We are currently in discussions with other clearinghouses and software vendors in order to submit 835 transactions to providers.

Electronic Funds Transfer (EFT) is also available for providers who receive the 835 transaction.

If you would like to receive the 835/EFT transaction, please contact your clearinghouse, or you may contact your PreferredOne Network Management representative.

Account Management Update

Assurant Health to Roll Out New Website Later This Year

Assurant Health announced the development of new provider and network self service capabilities. They are targeting a 4th quarter implementation of website capabilities that include Patient/Member Eligibility, Benefit information, and Claim Status look-up. Links for electronic claim submission and pre-certification requirements, as well as access to provider EOB/remittance advice forms will also be available. More information will be shared with you in the upcoming months as details become available.

Meritain Health

Meritain Health has acquired several entities in the past year, and in the upcoming months you will begin seeing communications/member ID cards under the Meritain Health brand name for the following PreferredOne partners:

- CBSA Performax
- Corporate Benefit Services of America, Inc. ("CBSA")
- Performax
- Weyco, Inc.

Therefore, the foregoing companies and brand names will be retired, with all companies now legally recognized as Meritain Health.

Fiserv Health, Midwest Security Administrators, and United Medical Resources (UMR) Under One Common Name - UMR

By combining each of these third-party benefits administration businesses, UMR becomes the leading TPA in the country. In order to prevent confusion for providers, UMR will be providing a stuffer with remittance advices announcing the name change. In addition to introducing UMR, it will instruct providers to utilize the patient's ID card for claim, medical management, and customer service information.

National Telecommunications Cooperative Association

Effective January 1, 2008 the National Telecommunications Cooperative Association (NTCA) started using PreferredOne's PPO network. Please review your patient records and update them to have all claims submitted directly to PreferredOne PPO. The group numbers and member identifications numbers you have on file have not changed with addition of the PreferredOne PPO network.

Disease Management Update

LifeMasters Health Improvement Program

As a physician you are no doubt aware of the need to make sure your patient's health is on track and that they are getting the right tests to monitor their condition on an ongoing basis. Your Preferred One members who have heart disease, congestive heart failure, lung disease, diabetes, asthma, low back pain, and depression may be enrolled in the **LifeMasters health improvement program.** As program participants they have a health coach that ensures they are following your treatment plan. Recently we sent the LifeMasters program participants test reminder cards to ensure they were up to date on nationally accepted guidelines for their chronic condition. Reminders include mention of such items as test reminders tests as HbA1c, monofilament foot exams, retinal eye exams, microalbumin urine tests, LDLc tests, vaccinations, and the like. As a result of this mailing, your patients may ask you about specific tests they may need. We are looking for your support in ensuring that your patients get their tests if they are missing or out-of-date. We are pleased to offer a program that supports your patients' care. If you have questions about the LifeMasters program, please call Dr. John Frederick of PreferredOne at 763-847-3051

Tobacco Cessation Program for PreferredOne Members

PreferredOne offers the **Free & Clear Quit Plan for Life Tobacco Cessation Program** to PreferredOne members. If you have PreferredOne patients who are interested in quitting their tobacco habit you may refer them to the toll free number for self enrollment into the program. Enrolled members will work with a Free & Clear health professional via one to one phone counseling. They will receive, at no cost, coaching, NRT consultation, and support with their attempt to quit their tobacco habit for twelve months. Free & Clear: 1-800-292-2336

Medical Policy Update

Medical Policies are available on the PreferredOne website to members and to providers without prior registration. The website address is www.PreferredOne.com. Click on Health Resources in the upper left-hand corner and choose the Medical Policy Menu option.

PreferredOne has recently purchased Milliman Care Guidelines to help in making medical necessity determinations. Milliman is a national vendor for care guidelines. In the upcoming months, we will be evaluating the Milliman Care Guidelines and where PreferredOne has criteria we will decide if we will continue to follow the PreferredOne criteria or to adopt Milliman Care Guidelines for medical necessity determinations. As always, benefits need to be available before a medical necessity determination can be made. When both Milliman Care Guidelines and PreferredOne criteria are available for a health care service, the PreferredOne criteria will be followed.

Since the last newsletter the Medical/Surgical Quality Management Subcommittee has approved the following:

One new criteria set:

MC/L008 Continuous Glucose Monitoring Systems for Long-Term Use (Exhibit A) was developed to provide guidelines for when PreferredOne considers the device to be medically necessary.

As always, cases that do not meet the guidelines of criteria will be referred for physician review.

One new medical policy:

- MP/P009 Preventative Screening Tests (Exhibit B) was developed to provide guidelines of what tests are considered normal preventative screening tests.

Six medical policies were retired:

- MP/H003 Home Prothrombin Time Testing Devices – prior authorization will no longer be required for home prothrombin testing devices.
- MP/H004 Healthcare Services with Demonstrated Lack of Therapeutic Value – there has been low utilization of this policy.
- MP/S006 Screening Tests for Normal Risk Populations – MP/P009 Preventative Screening Tests will be used in place of this policy.
- MP/S009 Screening Tests for Patient Specific Situations (High Risk) – MP/P009 Preventative Screening Tests will be used in place of this policy.
- MP/S010 Stereotactic Radiosurgery – Milliman Care Guidelines will be used for medical necessity reviews for this technology.
- MP/T004 Therapeutic Overnight Pass – there has been low utilization of this policy.

Policies are retired when there is low utilization of the service/technology, when new legislation provides guidelines for the service or technology; new criteria or policies are developed that cover the service/technology or benefits outline when the service or technology will be covered. Retired criteria and policies will remain available on the internal web page for reference but will not be updated annually.

Additions to the investigational list:

- Functional Electrical Stimulation Cycle Exerciser
- Tinnitus Retraining

Tinnitus Masking Devices (Devices include but are not limited to Neuromonics Tinnitus Treatment, Dyamic Tinnitus Mitigation System, DTM-6, Tinni Tech ANMP System, Quiescence , and Ultraquiet)

Off Label Use of Ventricular Septal Closure Devices for the Treatment of Migraines

Deletions from the investigational list:

Transilluminated Powered Phlebectomy (TriVex System): this will now be covered following the same guidelines as a traditional phlebectomy.

Bilateral Cochlear Implantation (over age 8): Literature now supports the use of bilateral cochlear implants for patients over the age of 8 as well as those under the age of 8. Plan benefits will continue to outline if coverage is available for cochlear implants, and prior authorization will continue to be required to determine the medical necessity of cochlear implants when benefits are available.

The Pharmacy and Therapeutics Quality Subcommittee approved the following:

Four new pharmacy criteria sets:

- PC/A006 Antiviral Step Therapy (Exhibit C) was developed to require use of generic medications before the use of branded medications.
- PC/A007 Angiotensin II Receptor Antagonist Step Therapy (Exhibit D) was developed to require the use of ACE inhibitors (ACEs) before Angiotensin II Receptors (ARBs).
- PC/B008 Bisphosphonates Step Therapy (Exhibit E) was developed to require use of generic oral medications before branded medications, and use of oral medications before injectable medications.
- PC/K001 Kuvan for PKU (Exhibit F) was developed to provide guidelines for when Kuvan is considered medically necessary.

Deletions from the investigational list:

Avastin for All Ocular Indications Except Macular Degeneration – literature and community standards have supported the use of Avastin for other ocular indications. Prior authorization will be required for the use of Avastin for ocular indications. A criteria set is in the process of being developed to outline when PreferredOne considers Avastin to be medically necessary.

The Chiropractic Policy Quality Subcommittee approved two new policies:

- CPB-009 Record Keeping and Documentation (Exhibit G)
- CPB-010 CPT Code 97140 (Exhibit H)

The latest Medical, Pharmacy and Chiropractic Policy and Criteria indexes indicating new and revised documents approved at recent meetings of the PreferredOne Quality Management subcommittees are attached. Please add the attached documents (Exhibits I-M) to the Utilization Management section of your Office Procedures Manual and always refer to the on-line criteria/policies for the most current version.

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

Institute for Clinical Systems Improvement (ICSI)

The new and recently revised ICSI health care guidelines, order sets, and protocols listed below are available at www.icsi.org.

Health Care Guidelines:

- Asthma, Diagnosis, and Management of
- Otitis Media in Children, Diagnosis and Management of
- Chronic Disease Risk Factors, Primary Prevention of
- Pain, Acute, Assessment and Management of
- Respiratory Illness in Children and Adults, Diagnosis and Treatment of
- Diabetes Mellitus in Adults, Type 2; Diagnosis and Management of

Order Sets:

- Asthma, Admission for
- Insulin Management, Subcutaneous

Protocol:

- Pressure Ulcer, Treatment of
- Falls (Acute Care), Prevention of

Quality Management Update

Affirmative Statement about Incentives

PreferredOne does not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for utilization management decision-makers do not encourage decisions that result in underutilization. Utilization management decision making is based only on the appropriateness of care and service and existence of coverage.

HEDIS Chart Abstraction & Coding

Each spring PreferredOne conducts site visits or requests medical records from our provider network to fulfill our obligation of collecting annual healthcare effectiveness data information sets (HEDIS) that support our regulatory and accreditation requirements.

What you may not realize is that the burden of collecting this information from your records could be lessened if practitioners were to use appropriate CPT Category II codes when submitting their billing statements. The two measures identified through the HEDIS specifications that this applies to are Diabetes and Cholesterol Management.

The codes that may be submitted on the HCFA that would assist us in collecting this information administratively through claims data are as follows:

Codes to Identify HbA1c Screening & Results

CPT Category II
3044F, 3045F, 3046F, 3047F

Codes to Identify Eye Exams

CPT Category II**
2022F, 2024F, 2026F, 3072F

Codes to Identify LDL-C Screening & Results

CPT Category II
3048F, 3049F, 3050F

Codes to Identify Nephropathy Screening Tests

CPT Category II
3060F, 3061F

Codes to Identify Evidence of Nephropathy

Description	CPT Category II*
Urine macro-albumin test*	3062F
Evidence of treatment for nephropathy	3066F
ACE inhibitor/ARB therapy	4009F

Codes to Identify Systolic and Diastolic BP Levels <130/80

Description	CPT Category II	
	Systolic	Diastolic
Numerator compliant (BP <130/80 mm Hg)	3074F	3078F
Not numerator compliant (BP =130/80 mm Hg)	3075F, 3077F	3079F, 3080F

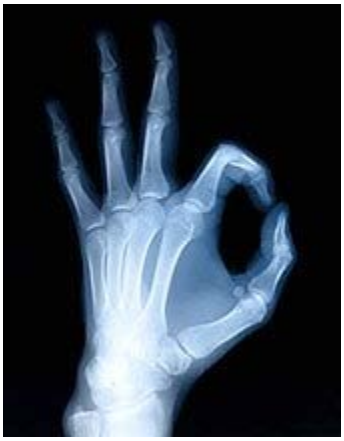
Codes to Identify Systolic and Diastolic BP Levels <140/90

Description	CPT Category II	
	Systolic	Diastolic
Numerator compliant (BP <140/90 mm Hg)	3074F, 3075F, 3076F	3078F, 3079F
Not numerator compliant (BP =140/90 mm Hg)	3077F	3080F

We encourage you to begin using these codes when submitting claims to reduce the burden on the clinic site(s) in responding to our annual HEDIS requests.

We appreciate your cooperation during the HEDIS data collection season and would appreciate any feedback you have regarding this process. Comments or questions can be sent to quality@preferredone.com.

Quality Management (QM) Program



The mission of the QM Program is to identify and act on opportunities that improve the quality, safety and value of care provided to PreferredOne members, both independently and/or collaboratively, with contracted practitioners and community efforts, and also improve service provided to PreferredOne members and other customers.

PreferredOne's member and physician website will be updated in the near future to offer the following program documents:

- 2008 PreferredOne QM Program Description, Executive Summary
- 2007 Year-End QM Program Evaluation, Executive Summary

To access these documents, log into the Provider site, and then click on the Quality Management Program link under the Information heading.

If you would like to request a paper copy of either of these documents please contact Heather Clark at 763-847-3562 or e-mail us at quality@preferredone.com.

Minnesota Community Measurement - Release of the 2007 Health Care Quality Report

Minnesota Community Measurement (MNCM) is collaboration among health plans and provider groups designed to improve the quality of medical care in Minnesota. MNCM's mission is to accelerate the improvement of health by publicly reporting health care information. MNCM has three goals:

- Reporting the results of health care quality improvement efforts in a fair and reliable way to medical groups, regulators, purchasers and consumers.
- Providing resources to providers and consumers to improve care.
- Increasing the efficiencies of health care reporting in order to use our health care dollars wisely.

PreferredOne is one of seven founding health plan members of MNCM. The state medical association, medical groups, consumers, businesses and health plans are all represented on the organization's board of directors. Data is supplied by participating health plans on an annual basis for use in developing their annual Health Care Quality Report.

MNCM released their 2007 Health Care Quality Report on their website during the first quarter of 2008. The 2007 Health Care Quality report features comparative provider group performance on preventive care screening and chronic disease care. One of the primary objectives of this report is to provide information to support provider group quality improvement. Provider groups will find this report useful to improve health care systems for better patient care. Sharing results with the public provides recognition for provider groups that are doing a good job now and motivates other groups to work harder. The report will allow provider groups to track their progress from year-to-year and to set and measure goals for future health care initiatives. The MNCM website also provides consumers with information regarding their role as active participants in their own care.

Visit MNCM website site to view the 2007 annual report at www.mnhealthcare.org.

Institute for Clinical Systems Improvement (ICSI)

ICSI supports and promotes the use of evidence-based health care in all of its scientific documents and advances improvement in patient safety and efficiency.

ICSI's clinical guidelines, order sets, protocols and more are available in their internet site. Please visit the ICSI Web site at *http://www.icsi.org/* and click on Guidelines and More.

New Individual Short-Term Medical Product for Individuals and Families

PreferredOne Insurance Company will start marketing a short-term medical product this summer. This short-term product is gap coverage for periods where a consumer is waiting to obtain permanent coverage.

Notable highlights of this product:

- There is no coverage for pre-exiting conditions under this product. Treatment of any prior health condition will be considered pre-existing and not covered.
- This product will be issued for 30, 60 or 90 days.
- The ID cards will have a very different look and will not be laminated due to the short term of the policies.
- Members must submit all prescription drug claims to PIC for reimbursement.
- This product will utilize PCHP Open Access 100 Network.

New Vaccines

The following immunizations will be added to the fee schedules at 90% of RJ Health Systems AWP.

- 90681 Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use has been approved by the FDA and tentatively scheduled to be available 8/1/08. Pricing will be effective 8/1/08.
- 90698 Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use has been approved by the FDA and once the product becomes available, the pricing will be effective as of that date.
- 90696 Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use Vaccine is pending FDA approval. If FDA approved and the product becomes available, pricing will be effective as of the availability date.

Exhibit A

PreferredOne®

Department of Origin: Medical Management	**Approved by:** Medical-Surgical Quality Management Subcommittee	**Date Approved:** 03/25/08
Department(s) Affected: Medical Management	**Effective Date:** 03/25/08	
Medical Criteria Document: Continuous Glucose Monitoring Systems for Long Term Use	**Replaces Effective Policy Dated:** N/A	
Reference #: MC/L008	**Page:** 1 of 3	

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

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for *healthcare services*. *Healthcare services* must be ordered by a physician, physician assistant, or nurse practitioner. *Healthcare services* must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

This Criteria Set applies to PPO enrollees only when the employer group has contracted with PreferredOne for Medical Management services.

PURPOSE:
The intent of this criteria set is to ensure services are medically necessary.

DEFINITIONS:
Healthcare service:
A medical or behavioral pharmaceutical, device, technology, treatment, supply, or procedure

BACKGROUND:
This criteria set is based on expert consensus opinion and/or available reliable evidence.

Continuous glucose monitoring systems measure glucose levels at regular intervals such as every five minutes in the fluid under the skin. The patient is alerted if a glucose level falls below or rises above preset values. Glucose levels provided by the system are not intended to be used directly for making insulin adjustments, but rather to provide an indication of when a fingerstick may be required.

GUIDELINES:
Coverage for continuous glucose monitoring systems is limited to the most cost-effective acceptable standard equipment for the members medical condition and must meet all of the following I - VI.

I. Must be ordered by a provider or provider team experienced and expert both in management of and support of patient with complex diabetic conditions**;** and

II. Patient must be using an insulin pump; and

III. Must have diabetes mellitus type 1; and

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Department of Origin: Medical Management	**Approved by:** Medical-Surgical Quality Management Subcommittee	**Date Approved:** 03/25/08
Department(s) Affected: Medical Management	**Effective Date:** 03/25/08	
Medical Criteria Document: Continuous Glucose Monitoring Systems for Long Term Use	**Replaces Effective Policy Dated:** N/A	
Reference #: MC/L008	**Page:** 2 of 3	

IV. Patient is doing at least six finger sticks a day to check blood glucose levels; and

V. Documentation of hypoglycemic unawareness (severe hypoglycemia without warning symptoms), or nocturnal hypoglycemia; and

VI. Hypoglycemic episodes are refractory to modifications in blood sugar testing and insulin adjustments

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Department of Origin: Medical Management	**Approved by:** Medical-Surgical Quality Management Subcommittee	**Date Approved:** 03/25/08
Department(s) Affected: Medical Management	**Effective Date:** 03/25/08	
Medical Criteria Document: Continuous Glucose Monitoring Systems for Long Term Use	**Replaces Effective Policy Dated:** N/A	
Reference #: MC/L008	**Page:** 3 of 3	

RELATED CRITERIA/POLICIES:
Medical Management Process Manual MI007 Use of Medical Policy and Criteria
Medical Policy MP/C009 Medical Step Therapy
Medical Policy MP/D002 Diabetic Supplies Coverage
Medical Policy MP/D004 Durable Medical Equipment, Supplies, Orthotics and Prosthetics

REFERENCES:

1. AACE Diabetes Mellitus Clinical Practice Guidelines Task Force. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for the Management of Diabetes Mellitus. Endocrine Practice Vol. 13(1) May/June 2007.
2. American Diabetes Association. Position Statement: Third-party reimbursement for diabetes care, self-management education and supplies. Diabetes Care 30:S86-S87, 2007.
3. Hill NR, Hindmarsh PC, Stevens RJ, Stratton IM, Levy JC, Matthews DR. A method for assessing quality of control from glucose profiles. Diabet Med. 2007 Apr 24.
4. Sparacino G, Zanderigo F, Corazza S, Maran A, Facchinetti A, Cobelli C. Glucose concentration can be predicted ahead in time from continuous glucose monitoring sensor time-series. IEEE Trans Biomed Eng. 2007 May;54(5):931-7.
5. Thomas RM, Aldibbiat A, Griffin W, Cox MA, Leech NJ, Shaw JA. A randomized pilot study in Type 1 diabetes complicated by severe hypoglycemia, comparing rigorous hypoglycemia avoidance with insulin analogue therapy, CSII or education alone. Diabet Med. 2007 May 29.
6. Weiss R, Yegorchikov Y, Shusterman A, Raz I. Noninvasive continuous glucose monitoring using photoacoustic technology-results from the first 62 subjects. Diabetes Technol. Ther. 2007 Feb;9(1):68-74.

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Exhibit B

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Department of Origin: Medical Management	**Approved by:** Chief Medical Officer	**Date approved:** 04/03/08
Department(s) Affected: Coding, Claims, Customer Service, Medical Management	**Effective Date:** 04/03/08	
Medical Policy Document: Preventative Screening Tests	**Replaces Effective Policy Dated:** N/A	
Reference #: MP/P009	**Page:** 1 of 7	

PRODUCT APPLICATION:
- ☒ PreferredOne Community Health Plan (PCHP)
- ☒ PreferredOne Administrative Services, Inc. (PAS)
- ☐ PreferredOne (PPO)
- ☒ PreferredOne Insurance Company (PIC)

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for *healthcare services*. *Healthcare services* must be ordered by a physician, physician assistant, or nurse practitioner. *Healthcare services* must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

This policy applies to PAS enrollees only when the employer group has elected to provide benefits for the service/procedure/device. Check benefits in SPD/COC. If benefits not specifically addressed in the SPD/COC verify with the appropriate account manager the availability of benefits.

PURPOSE:
The intent of this policy is to provide guidelines as to when health care services are covered at the preventative/screening level.

DEFINITIONS:
Healthcare service:
A medical or behavioral pharmaceutical, device, technology, treatment, supply, or procedure

Preventative Health Care:
Health supervision including evaluation and follow-up, immunization, detection of asymptomatic disease and *educational* services as ordered by a *provider*.

Provider:
A health care professional or facility licensed, certified or otherwise qualified under state law to provide health care services.

Screening:
The application of a test to detect a potential disease or condition (or risk factor) in a person who has no documented signs or symptoms of the condition at the time the test is done. Screening is differentiated from diagnosis by whether the person has documented signs or symptoms of the targeted condition.

POLICY:
Screening tests that are determined to be standard of care for the general population or group of the general population would be eligible for coverage at the screening/preventative benefit level if:
- The test requested is listed on this policy as being an accepted screening test; and
- The patient is asymptomatic for the condition being tested for; and

- The patient has not been actively treated in the last 12 months for the condition being screened for;
- Results of test will influence treatment of patient.

Health care services (tests may or may not be included in list of acceptable screening tests) would be paid at the diagnostic/treatment level if they are done to:

- Confirm a diagnosis due to symptoms, exposure, or injury; or
- Needed to direct treatment of a specific condition.

GUIDELINES:
Both of the following I and II, III when applicable and none of IV:

I. Covered screening tests - all the following are required A- C:

A. The test must be ordered by a physician, physician assistant, or nurse practitioner

B. Patients screened must be willing to consider subsequent appropriate treatment options.

C. Test is not being ordered due to patients symptoms or personal history of a condition that has been actively evaluated or treated in the last 12 months

II. Appropriate screening tests as part of a routine physical and the patient is asymptomatic include but are not limited to (*Test with special requirements addressed below in III.):

Note: Duplication of tests will not be covered

A. Laboratory Tests:

1. General Tests
   - Blood Sugar
   - Cholesterol
   - Complete Blood Counts (CBC's)
   - Fecal Occult Blood Test
   - Hemoglobin/Hematocrit
   - Urinalysis

2. Screening Panels
   - Basic Metabolic Panel (Includes calcium, carbon dioxide, chloride, creatinine, glucose, potassium, sodium and urea nitrogen)
   - Comprehensive metabolic panel (includes albumin, total bilirubin, calcium, carbon dioxide, chloride, creatinine, glucose, alkaline phosphatase, potassium, total protein, sodium, alanine amino transferase, aspirate aminotransferase)
   - General Health Panel (includes albumin, total bilirubin, calcium, carbon dioxide, chloride, creatinine, glucose, alkaline phosphatase, potassium, total protein, sodium, alanine amino transferase, aspartate amino transferase, urea nitrogen, complete blood count and differential, thyroid stimulating hormone)
   - Electrolyte Panel (includes carbon dioxide, chloride, potassium, and sodium)

- Hepatic function panel (includes albumin, total bilirubin, direct bilirubin, alkaline phosphatase, total protein, alanine amino transferase, aspartate amino transferase)
- Lipid Panel (Includes total serum cholesterol, high density cholesterol, triglycerides)
- Renal function panel (includes albumin, calcium, carbon dioxide, chloride, creatinine, glucose, phosphorus inorganic, potassium, sodium, urea nitrogen)

3. Infectious Disease Screening Tests
   - Chlamydia
   - Gonorrhea
   - HPV
   - HIV
   - Rubella
   - Syphilis
   - Tuberculosis Screening (PPD, Mantoux, TB skin test)

4. Prenatal Screening Tests
   - Chlamydia/Neisseria
   - Gestational Diabetes
   - Gonorrhea
   - Group B Streptococcus
   - Hemoglobin
   - Hepatitis B AG[25]
   - HIV
   - Maternal Serum Alpha-fetoprotein (MSAFP)
   - Nuchal Translucency Screening (ultrasound in conjunction with serum analyte tests)
   - Quad Screen
   - RH Blood Typing
   - RPR or VDRL
   - Rubella/Rubeola Titer
   - Triple Screen
   - Urine Culture

5. Pediatric Screening Tests (age 18 and under)
   - Hemoglobin/Hematocrit
   - Lead
   - HIV
   - HPV
   - Newborn Screening Panels including hearing test (see http://www.health.state.mn.us/divs/fh/mcshn/pdfdocs/nbspanel.pdf for complete list of tests)
   - Urinalysis
   - Vision Screening

6. Cancer Screening Tests
   - CA 125* (must meet ovarian cancer screening requirements outlined in section III.)
   - CEA
   - PAP Smear
   - PSA

B. Imaging Tests
- Abdominal Aortic Aneurysm Screening* (must meet AAA screening requirements outlined in section III.)
- Breast MRI* (must meet breast cancer screening requirements outlined in section III.)
- Double Contrast Barium Enema when used for screening in place of colonoscopy
- Mammography
- Nuchal Translucency Screening (ultrasound in conjunction with serum analyte testing)
- Osteoporosis Screening (DEXA scan, CT bone mineral density, X-ray absorptiometry, peripheral quantitative computed tomography)
- Vaginal Ultrasound* (must meet ovarian cancer screening requirements outlined in section III.)
- Virtual Colonoscopy* (must meet colon cancer screening requirements outlined in section III.)

C. Scopes
- Colonoscopy
- Sigmoidoscopy

D. Other Tests

- Resting EKG
- Routine Eye Screening Exams Including Refraction's and Limited Visual Field Studies
- Routine Hearing Exams

III. *Test covered when special requirements are met

A. One Time Abdominal Aortic Aneurysm (AAA) Screening is limited to once in a lifetime and must be performed in a setting with adequate quality assurance (i.e., in an accredited facility with credentialed technologists):

1. Female: must have family history of AAA

2. Male: must have a or b
   a. Family history of AAA
   b. No family history of AAA must have both 1) & 2):
      1) Age 65-75; and
      2) Must be a smoker of have a history of smoking

B. Breast Cancer Screening- Breast MRI must have 1 or 2:

1. Women at high risk of developing breast cancer due to family history or personal history - any of the following:
   a. Confirmed presence of BRCA1 or BRCA2 mutation

b. There are three or more affected first or second-degree relatives with breast cancer regardless of age at diagnosis

c. There are fewer than three affected relatives with breast or ovarian cancer, but:

(1) the patient was diagnosed with breast or ovarian cancer at 45 years of age or less

(2) two first degree relatives with breast cancer, 1 of whom received the diagnosis at age 50 years or younger

(3) a family member has been identified with a detectable BRCA mutation

(4) there are one or more cases of ovarian cancer at any age, and one or more members on the same side of the family with breast cancer at any age

(5) a combination of two or more first or second degree relatives with ovarian cancer regardless of age at diagnosis

(6) there are multiple primary or bilateral breast cancers in the patient or one family member

(7) there is breast cancer in a male patient, or in a male relative

(8) the patient is at increased risk for specific mutation(s) due to ethnic background (for instance: Ashkenazi Jewish descent) and has one or more relatives with breast cancer or ovarian cancer at any age

2. Patients with breast characteristics limiting the sensitivity of mammography (i.e. dense breasts, implants or scarring after treatment for breast cancer)

C. Ovarian Cancer Screening (CA-125 or Transvaginal Ultrasound) for high risk patients due to family history of any of the following:

1. One or more first or second degree relatives with ovarian cancer

2. Cluster of women relatives with breast cancer

3. Nonpolyposis colorectal cancer

4. Positive BRCA1 or BRCA2 mutations

5. Personal history of breast cancer

D. Colon Cancer Screening with Virtual Colonoscopy with either of the following 1 or 2:

1. Inability to complete or undergo a traditional colonoscopy due to an obstruction

2. In anticoagulated patients who cannot safely discontinue anticoagulation therapy

E. Genetic Screening Tests Eligible for Payment at the Preventative Level – must have all of the following 1 – 4:

1. Genetic test must meet guidelines outlined in Medical Policy MP/G001 Genetic Testing

2. Benefits must be available for genetic testing

3. Patient has not been diagnosed with the disease/condition that the genetic test is designed to detect

4. Patient is asymptomatic for the disease/condition the genetic test is designed to detect

IV. The following tests are considered investigational/unproven as screening test for the screening of asymptomatic low risk patients because they have not been shown to be effective as a screening test (see investigational/unproven list):

A. Screening whole body CT scan

B. CT scans/EBCT for lung cancer screening

C. Virtual/CT Colonoscopy for routine screening for colon cancer

D. Cervicography

E. EBCT/Coronary Artery Calcium Scoring

F. Lipid Associated Sialic Acid Tumor Marker for cancer screening

G. Signal-Averaged Electrocardiography

H. Wireless Capsule Endoscopy for screening

V. Exclusions/Limitations:

A. Refer to applicable Certificate of Coverage or Summary Plan Description.

B. Services that PCHP/Plan Administrator determines are not medically necessary.

C. Those services that PCHP/Plan Administrator determines are investigative, including associated expenses.

D. Services not performed in the most cost-efficient setting appropriate for the condition based on medical standards and accepted practice parameters of the community, or provided at a frequency other than that accepted by the medical community as medically appropriate

E. Any mobile group screening service (e.g. vascular screening providers including but not limited to Life Line Screening, Stroke Prevention Plus, Stroke Detection Plus)

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Department of Origin: Medical Management	**Approved by:** Chief Medical Officer	**Date approved:** 04/03/08
Department(s) Affected: Coding, Claims, Customer Service, Medical Management	**Effective Date:** 04/03/08	
Medical Policy Document: Preventative Screening Tests	**Replaces Effective Policy Dated:** N/A	
Reference #: MP/P009	**Page:** 7 of 7	

RELATED CRITERIA/POLICIES:
Medical Management Process Manual MI007 Use of Medical Policy and Criteria
Medical Policy MP/C009 Medical Step Therapy
Medical Policy MP/G001 Genetic Testing
Medical Policy MP/I001 Investigational/Experimental Services or Unproven Comparative Effectiveness of Services
Medical Policy MP/I003 Preventative Immunization

REFERENCES:

1. U.S. Preventive Services Task Force. Screening for HIV: Recommendation Statement. March 2007. AHRQ Publication No. 07-0597-2-EF.
2. Minnesota State Statute 62A.30 and 62Q.50
3. American College of Gastroenterology. New Recommendations by the American College of Gastroenterology Call for changes in Colorectal Cancer Screening of African Americans. March 21, 2005.
4. U.S. Preventive Services Task Force. Screening for abdominal Aortic Aneurysm. 2005.
5. U.S. Preventive Services Task Force. The Guide to Clinical Preventative Services 2006. Agency for Healthcare Research and Quality.

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Exhibit C

PreferredOne®

Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Antiviral Step Therapy for Acyclovir (Zovirax), Famciclovir (Famvir) and Valacyclovir (Valtrex)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A006	**Page:** 1 of 4	

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.

This criteria set applies only to PAS enrollees when the employer group has adopted the applicable drug trend management program(s).

PURPOSE:

The intent of this criteria set is to require the use of a generic medication before a branded medication.

DEFINITIONS:

Step Therapy:

Step therapy requires the use of the more cost-effective drug when there is no literature to support the therapeutic benefit of one drug over another. The first step in a step therapy process, utilizing the most cost-effective drug is called the first-line therapy. If first-line therapies are ineffective for a person, the next required step known as "second-line therapies" are tried, then "third-line therapies" etc. as required.

Automated Step Therapy:

Step therapy programs are generally automated within the pharmacy claims adjudication system. The pharmacy claims system reviews the patient's medication history prior to dispensing at the pharmacy. If the automated requirements are met, the pharmacy claim will automatically process through the claims processing system.

BACKGROUND:

This criteria set is based on U.S. Food and Drug Administration (FDA) approved indications, expert consensus opinion and/or available reliable evidence.

When requesting a drug other than a first line drug in step therapy, the ordering physician must supply additional clinical information documenting why the specific medication is required for the patient, or published professional literature supporting the increased therapeutic benefit or safety of the second, third (etc.) line drug.

Approval of a drug for step therapy does not ensure full coverage of the drug. Other pharmacy programs may be in place affecting supply and payment of the medication such as but not limited to formulary and copay guidelines (see Pharmacy Policy PP/F001 Formulary and Copay Drug Overrides) and quantity limits (see Pharmacy Policy PP/Q001 Quantity Limits per Prescription per Copayment).

Acyclovir, famciclovir and valacyclovir are oral antiviral agents Food and Drug Administration (FDA) approved to treat acute herpes zoster (shingles), to treat or suppress genital herpes, and to treat herpes labialis (cold sores).

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Department of Origin: Pharmacy	Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Antiviral Step Therapy for Acyclovir (Zovirax), Famciclovir (Famvir) and Valacyclovir (Valtrex)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A006	**Page:** 2 of 4	

Valacyclovir is also approved for the suppression of genital herpes in HIV-infected individuals while famciclovir is approved for the treatment of recurrent herpes simplex infections in HIV-infected patients. Acyclovir is also indicated for the treatment of chickenpox. Valacyclovir is indicated to reduce the risk of heterosexual transmission of genital herpes to susceptible partners when used as suppressive therapy in immunocompetent individuals.

Table 1:
Drugs Affected*:

Generic Name	Generics available	Brand Name
acyclovir	Y	Zovirax ®
famciclovir	Y	Famvir®
valacyclovir	N	Valtrex®

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

GUIDELINES:
Step Therapy Requirements – One of the following I - VI:

I. Existing utilizers will be grandfathered (look back period is 130 days).

II. Patient has not responded to, is intolerant to, or a poor candidate for a generic antiviral medication (Table 2), authorization for a branded antiviral medication (Table 3) can be allowed.

III. Valtrex may be recommended for the treatment of ophthalmic conditions/infections (e.g. acute retinal necrosis, progressive outer retinal necrosis, herpes zoster ophthalmicus or other acute ocular HSV-related conditions)

IV. Valtrex may be recommended for prophylaxis of CMV disease in patients who had undergone a transplant (solid organ or bone marrow)

V. Valtrex may be recommended for the treatment or prophylaxis of herpes gladiatorum.

VI. Valtrex may be recommended for suppressive therapy to prevent transmission of genital herpes.

Table 2:
PreferredOne First Line Step Therapy Drugs*

FIRST LINE ANTIVIRALS
acyclovir
famciclovir

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

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Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
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Pharmacy Criteria Document: Antiviral Step Therapy for Acyclovir (Zovirax), Famciclovir (Famvir) and Valacyclovir (Valtrex)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A006	**Page:** 3 of 4	

Table 3:
PreferredOne Second Line Step Therapy Drugs*

SECOND LINE ANTIVIRALS
Famvir®
Valtrex®
Zovirax®

02/14/08

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

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Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Antiviral Step Therapy for Acyclovir (Zovirax), Famciclovir (Famvir) and Valacyclovir (Valtrex)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A006	**Page:** 4 of 4	

RELATED CRITERIA/POLICIES:
Medical Management Process Manual MI007 Use of Medical Policy and Criteria
Pharmacy Policy PP/S001 Step Therapy
Pharmacy Policy PP/F001 Formulary and Copay Drug Overrides
Pharmacy Policy PP/Q001 Quantity Limits per Prescription per Copayment

REFERENCES:

1. Express Scripts. Step Therapy Criteria: Antivirals Step Therapy Policy. 09/12/07.
2. Colin J, Prisant O, Cochener B, Lescale O, Rolland B, Hoang-Zuan T. Comparison of the efficacy and safety of valaciclovir and acyclovir for the treatment of herpes zoster ophthalmicus. Ophthalmology. 200 Aug;107(8):1507-11.
3. Egan JJ, Carroll KB, Yonan N, Woodcock A, Crisp a. Valacyclovir prevention of cytomegalovirus reactivation after heart transplantation: a randomized trial. J Heart Lung Transplant. 2002 Apr;21(4):460-6.
4. Reischig T, Opatrny K Jr, Bouda M, Treska V, Jindra P, Svecova M. Arandomized prospective controlled trial of oral ganciclovir versus oral valacyclovir for prophylaxis of cytomegalovirus disease after renal transplantation. Transpl Int. 2002 Dec;15(12):615-22.
5. Tynell E, Aurelius E, Brandell A, Julander I, Wood M, Yao QY, Rickinson A, Akerlund B, Andersson J. Acyclovir and prednisolone treatment of acute infectious mononucleosis: a multicenter, double-blind, placebo-controlled study. J Infect Dis. 1996 Aug;174(2):324-31.
6. Tyring S, Engst R, Corriveau C, et al. Famciclovir for ophthalmic zoster: a randomised aciclovir controlled study. Br J Ophthalmol. 2001 May;85(5):576-81.
7. Van Rooij J, Rijneveld WJ, Remeijer L, et al. Effect of oral acyclovir after penetrating keratoplasty for herpetic keratitis: a placebo-controlled multicenter trial. Ophthalmology. 2003 Oct;110(10):1916-9.

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Exhibit D

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Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Angiotensin II Receptor Antagonist Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A007	**Page:** 1 of 5	

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.

This criteria set applies only to PAS enrollees when the employer group has adopted the applicable drug trend management program(s).

PURPOSE:
The intent of this criteria set is to encourage the use of an angiotensin-converting enzyme (ACE) inhibitor before the use of and angiotensin II receptor antagonist.

DEFINITIONS:
Step Therapy:
Step therapy requires the use of the more cost-effective drug when there is no literature to support the therapeutic benefit of one drug over another. The first step in a step therapy process, utilizing the most cost-effective drug is called the first-line therapy. If first-line therapies are ineffective for a person, the next required step known as "second-line therapies" are tried, then "third-line therapies" etc. as required.

Automated Step Therapy:
Step therapy programs are generally automated within the pharmacy claims adjudication system. The pharmacy claims system reviews the patient's medication history prior to dispensing at the pharmacy. If the automated requirements are met, the pharmacy claim will automatically process through the claims processing system.

BACKGROUND:
This criteria set is based on U.S. Food and Drug Administration (FDA) approved indications, expert consensus opinion and/or available reliable evidence.

When requesting a drug other than a first line drug in step therapy, the ordering physician must supply additional clinical information documenting why the specific medication is required for the patient, or published professional literature supporting the increased therapeutic benefit or safety of the second, third (etc.) line drug.

Approval of a drug for step therapy does not ensure full coverage of the drug. Other pharmacy programs may be in place affecting supply and payment of the medication such as but not limited to formulary and copay guidelines (see Pharmacy Policy PP/F001 Formulary and Copay Drug Overrides) and quantity limits (see Pharmacy Policy PP/Q001 Quantity Limits per Prescription per Copayment).

The package inserts for all ACE inhibitors and ARBs contain a black box warning stating that when used during the second and third trimesters, drugs that act directly on the renin-angiotensin system can cause injury and even death to

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Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Angiotensin II Receptor Antagonist Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A007	**Page:** 2 of 5	

the developing fetus. When pregnancy is detected ACE inhibitors and ARBs should be discontinued as soon as possible.

Table 1:
Drugs Affected *:
Single Entity ARBs

Generic Name	Generics available	Brand Name
candesartin	N	Atacand®
eprosartan	N	Teveten®
irbesartan	N	Avapro®
losartan	N	Cozaar®
olmesartan	N	Benicar®
telmisartan	N	Micardis®
valsartan	N	Diovan®

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

Combination ARBs:

Generic Name	Generics available	Brand Name
candesartan/hydrochlorothiazide	N	Atacand HCT®
eprosartan/hydrochlorothiazide	N	Teveten HCT®
irbesartan/hydrochlorothiazide	N	Avalide®
losartan/hydrochlorothiazide	N	Hyzaar®
olmesartan/hydrochlorothiazide	N	Benicar HCT®
valsartan/hydrochlorothiazide	N	Diovan HCT®
valsartan/amlodipine	N	Exforge®

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

GUIDELINES:
Step Therapy Requirements- One of the following I - IV:

I. Requests for Angiotensin II Antagonist (Table 3) are allowed if the patient has been started and stabilized on the requested Angiotension II Receptor Blocker(ARB) (Table 3) or requested combination ARB (Table 3) in the previous 130 days.

II. Authorization is allowed for an ARB (Table 3) or combination ARB (Table 4) if the patient has not responded to, is intolerant to, or a poor candidate for one ACE inhibitor or combination ACE inhibitor (Table 2) in the previous 130 days.

Note: When recommending the use of an ACE inhibitor please note some plans have ACE Inhibitors Step Therapy in place. The enrollee will also need to meet the criterion for ACE Inhibitors for these plans (see Pharmacy Criteria PC/A001 ACE Inhibitors Step Therapy).

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Department of Origin: Pharmacy	Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Angiotensin II Receptor Antagonist Step Therapy	**Replaces Effective Policy Dated:** N/A	
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III. An ARB may be authorized for type 2 diabetic patients with hypertension and renal insufficiency without trial of an ACE inhibitor or combination ACE inhibitor.

IV. Cozaar may be authorized for patients with gout or high serum uric acid levels without trial of an ACE inhibitor or combination ACE inhibitor.

Table 2
PreferredOne First Line Step Therapy Drugs:
Single Entity ACE Inhibitors

Generic Name	Generics Available	Brand Name
benazepril tablets	Y	Lotensin
captopril tablets	Y	Capoten
enalapril tablets	Y	Vasotec
fosinopril tablets	Y	Monopril
lisinopril tablets	Y	Prinivil
lisinopril tablets	Y	Zestril
moexipril tablets	Y	Univasc
perindopril tablets	N	Aceon
quinapril tablets	Y	Accupril
ramipril capsules	Y	Altace
trandolapril tablets	Y	Mavik

Combination ACE Inhibitors

Generic Name	Generics Available	Brand Name
benazepril/hydrochlorothiazide tablets	Y	Lotensin HCT
captopril/hydrochlorothiazide tables	Y	Capozide
enalapril/hydrochlorothiazide tablets	Y	Vaseretic
fosinopril/hydrochlorothiazide tablets	N	Monopril HCT
lisinopril/hydrochlorothiazide tablets	Y	Prinzide
lisinopril/hydrochlorothiazide tablets	Y	Zestoretic
moexipril/hydrochlorothiazide tablets	Y	Uniretic
quinapril/hydrochlorothiazide tablets	N	Accuretic
quinapril/hydrochlorothiazide tablets	Y	Quinaretic

11/19/07

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

Table 3:
PreferredOne Second Line Step Therapy Drugs*

SECOND LINE ANGIOTENSIN II ANTAGONISTS
Atacand®
Avapro®
Benicar®

PreferredOne®

Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Angiotensin II Receptor Antagonist Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A007	**Page:** 4 of 5	

Cozaar®
Diovan®
Micardis®
Teveten®

11/19/07

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

Table 4:
PreferredOne Second Line Step Therapy Drugs*

SECOND LINE COMBINATION ANGIOTENSIN II ANTAGONISTS
Atacand HCT®
Avalide®
Benicar HCT®
Diovan HCT®
Hyzaar®
Micardis HCT®
Teveten HCT®

HCT = Hydrochlorothiazide 11/19/07

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

PreferredOne®

Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Angiotensin II Receptor Antagonist Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/A007	**Page:** 5 of 5	

RELATED CRITERIA/POLICIES:
Medical Management Process Manual MI007 Use of Medical Policy and Criteria
Pharmacy Policy PP/S001 Step Therapy

REFERENCES:

1. Express Scripts. Step Therapy Policy: Angiotensin II Receptor Antagonist Step Therapy Program. 07/11/07.
2. Alwan S, Polifka JE, Friedman JM. Angiotensin II receptor antagonist treatment during pregnancy. Birth Defects Res A Clin Mol Teratol. 2005 Feb;73(2):123-30.
3. Andrade SE, Raebel MA, Brown J et al. Outpatient use of cardiovascular drugs during pregnancy. Pharmacoepidemiol Drug Saf. 2008 Jan 16.
4. Boix E, Zapater P, Pico A, Moreno O. Teratogenicity with angiotensin II receptor antagonists in pregnancy. J Endocrinol Invest. 2005 Dec;28(11):1029-31.
5. Bos-Thompson MA, Hillaire-Buys D, Muller F et al. Fetal toxic effects of angiotensin II receptor antagonists: case report and follow-up after birth. Ann Pharmacother. 2005 Jan;39(1):157-61.
6. Chobanian AV, Bakris GL, Black HR et al. The seventh report of the joint national committee on prevention, detection, evaluation and treatment of high blood pressure: the JNC 7 report. JAMA. 2003 May 21;289(19):2560-72.
7. Chon JN, Tognoni G, Valsartan Heart Failure Trial Investigators. A randomized trial of the angiotensin-receptor blocker valsartan in chronic heart failure.
8. Devereux RB, de Faire U, Fyhrquist F et al. Blood pressure reduction and antihypertensive medication use in the losartan intervention for endpoint reduction in hypertension (LIFE) study in patients with hypertension and left ventricular hypertrophy. Curr Med Res Opin. 2007 Feb;23(2):259-70.
9. Dickstein K, Kjekshus J, OPTIMAAL Trial Steering Committee and Investigatiors. Comparison of baseline data, initial course, and management: losartan versus captopril following acute myocardial infraction (The OPTIMAAL Trial). Am J Cardiol. 2001 Mar 15;87(6):766-71.
10. Quan A. Fetopathy associated with exposure to angiotensin converting enzyme inhibitors and angiotensin receptor antagonists. Early Hum Dev. 2006 Jan;82(1):23-8.
11. Schaefer C. Angiotensin II-receptor-antagonists: further evidence of fetotoxicity but not teratogenicity. Birth Defects Res A Clin Mol Teratol. 2003 Aug;67(8):591-4.
12. Yusuf S, Ostergren JB, Gerstein HC et al. Effects of candesartan on the development of a new diagnosis of diabetes mellitus in patients with heart failure. Circulation. 2005 Jul 5;112(1):48-53.

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Exhibit E

PreferredOne®

Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Beta-Blocker Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/B008	**Page:** 1 of 5	

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.

This criteria set applies only to PAS enrollees when the employer group has adopted the applicable drug trend management program(s).

PURPOSE:

The intent of this criterion is to encourage the use of a generic beta-blocker or beta-blocker/diuretic combination product prior to the use of a brand name beta-blocker or beta-blocker/diuretic combination product.

DEFINITIONS:

Step Therapy:

Step therapy requires the use of the more cost-effective drug when there is no literature to support the therapeutic benefit of one drug over another. The first step in a step therapy process, utilizing the most cost-effective drug is called the first-line therapy. If first-line therapies are ineffective for a person, the next required step known as "second-line therapies" are tried, then "third-line therapies" etc. as required.

Automated Step Therapy:

Step therapy programs are generally automated within the pharmacy claims adjudication system. The pharmacy claims system reviews the patient's medication history prior to dispensing at the pharmacy. If the automated requirements are met, the pharmacy claim will automatically process through the claims processing system.

BACKGROUND:

This criteria set is based on U.S. Food and Drug Administration (FDA) approved indications, expert consensus opinion and/or available reliable evidence.

When requesting a drug other than a first line drug in step therapy, the ordering physician must supply additional clinical information documenting why the specific medication is required for the patient, or published professional literature supporting the increased therapeutic benefit or safety of the second, third (etc.) line drug.

Approval of a drug for step therapy does not ensure full coverage of the drug. Other pharmacy programs may be in place affecting supply and payment of the medication such as but not limited to formulary and copay guidelines (see Pharmacy Policy PP/F001 Formulary and Copay Drug Overrides) and quantity limits (see Pharmacy Policy PP/Q001 Quantity Limits per Prescription per Copayment).

PreferredOne®

Department of Origin: Pharmacy	Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 08/15/07
Department(s) Affected: Pharmacy	Effective Date: 08/15/07	
Pharmacy Criteria Document: Beta-Blocker Step Therapy	Replaces Effective Policy Dated: N/A	
Reference #: PC/B008	Page: 2 of 5	

Table 1: Drugs Affected*

Generic Name	Generics available	Brand Name
acebutolol	Y	Sectral
atenolol	Y	Tenormin
betaxolol	Y	Kerlone
bisoprolol	Y	Zebeta
carvedilol	N	Coreg
carvedilol extended release	N	Coreg CR
labetalol	Y	Trandate
metoprolol tartrate	Y	Lopressor
metoprolol succinate extended-release	Y	Toprol XL
nadolol	Y	Corgard
nebivolol	N	Bystolic
penbutolol	N	Levatol
pindolol	Y	Pindolol
propranolol	Y	Inderal
propranolol extended-release	Y	Inderal LA
propranolol extended-release	Y	InnoPran XL
timolol	Y	Blocadren
atenolol/chlorthalidone	Y	Tenoretic
bisoprolol/hydrochlorothiazide	Y	Ziac
metoprolol/hydrochlorothiazide	Y	Lopressor HCT
nadolol/bendroflumethiazide	N	Corzide
propranolol/hydrochlorothiazide	Y	Inderide
timolol/hydrochlorothiazide	N	Timolide

HCT & HCTZ = Hydrochlorothiazide

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

GUIDELINES:

Step Therapy Requirements:

One of the following I – III:

I. Requests for *branded* beta-blockers (Table 3) are allowed if the patient has been started and stabilized on the requested *branded* beta-blocker (Table 3) or requested *branded* combination beta-blocker (Table 3) in the previous 130 days (i.e. grandfathering).

II. The requested beta-blocker or combination beta-blocker is ordered by a board-certified cardiologist

III. Not ordered by a board certified cardiologist or started and stabilized on a branded beta-blocker or combination beta-blocker must have one of the following A or B:

A. Authorization is allowed for *branded* beta-blockers (Table 3) or *branded* combination beta-blockers (Table 3) if the patient has not responded to, is intolerant to, or a poor candidate for two (2) generically available beta-blocker or combination beta-blocker (Table 2) in the previous 130 days.

PreferredOne®

Department of Origin: Pharmacy	Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Beta-Blocker Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/B008	**Page:** 3 of 5	

B. Authorization for Coreg, Coreg CR, or Toprol XL may be given if the patient has heart failure or left ventricular dysfunction

Table 2: PreferredOne First Line Step Therapy Drugs*

FIRST LINE BETA-BLOCKERS
acebutolol
atenolol
betaxolol
bisoprolol
labetalol
metoprolol succinate ER
metoprolol tartrate
nadolol
pindolol
propranolol
propranolol ER
timolol
succinate ER
tartrate
FIRST LINE BETA-BLOCKER/DIURETIC COMBINATIONS
atenolol/chlorthalidone
bisoprolol/HCTZ
metoprolol/HCTZ
propranolol/HCTZ

HCT & HCTZ = Hydrochlorothiazide

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

Table 3: PreferredOne Second Line Step Therapy Drugs*

SECOND LINE BETA-BLOCKERS
Blocadren®
Bystolic™
Coreg®
Coreg CR™
Corgard®
Inderal®
Inderal LA®
InnoPram XL®
Kerlone®
Levatol®
Lopressor®
Sectral®
Tenorim®
Toprol XL®

PreferredOne®

Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Beta-Blocker Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/B008	**Page:** 4 of 5	

Trandate®
Zebeta®
SECOND LINE BETA-BLOCKER/DIURETIC COMBINATIONS
Corzide®
Inderide®
Lopressor HCT®
Tenoretic®
Timolide®
Ziac®

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

PreferredOne®

Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Beta-Blocker Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/B008	**Page:** 5 of 5	

RELATED CRITERIA/POLICIES:
Medical Management Process Manual MI007 Use of Medical Policy and Criteria
Pharmacy Policy PP/S001 Step Therapy
Pharmacy Policy PP/F001 Formulary and Copay Drug Overrides

REFERENCES:

1. Express Scripts. Step Therapy Policy: Beta-Blocker Step Therapy Program 12/06/06.
2. CIBIS Investigators and Committees. A randomized trial of beta-blockade in heart failure. The Cardiac Insufficiency Bisoprolol Study (CIBIS). Circulation. 1994 Oct;90(4):1765-73.
3. Hjalmarson A, Goldstein S, Fagerberg B, Wedel H, et al. Effects of controlled-release metoprolol on total mortality, hospitalizations, and well being in patients with heart failure: the Metoprolol CR/XL Randomized Intervention Trial in congestive heart failure (MERIT-HF). JAMA. 2000 Mar 8;283(10):1295-302.
4. Kahn NA, Hemmelgarn B, Padwal R, et al. The 2007 Canadian Hypertension Education Program recommendations for the management of hypertension: Part 2 – therapy. Can J Cardiol. 2007 May 15;23(7):539-50.
5. Packer M, Coats AJ, Fowler MB, et al. Effect of carvedilol on survival in severe chronic heart failure. N Engl J Med. 2001 May 31;344(22):1651-8.
6. Poole-Wilson PA, Swedberg K, Cleland JG, et al. Comparison of carvediol and metoprolol on clinical outcomes in patients with chronic heart failure in the Carvedilol or Metoprolol European Trial (COMET): randomised controlled trial. Lancet. 2003 Jul 5;362(9377):7-13.
7. Rashid P, Leonardi-Bee J, Bath P. Blood pressure reduction and secondary prevention of stroke and other vascular events: a systematic review. Stroke. 2003 Nov;34(11):2748-9.
8. Sacco RL, Adams R, Albers G, et al. Guidelines for prevention of stroke in patients with ischemic stroke or transient ischemic attack: a statement for healthcare professionals from the American Heart Association/American Stroke Association Council on Stroke: co-sponsored by the Council on Cardiovascular Radiology and Intervention: the American Academy of Neurology affirms the value of this guideline. Circulation. 2006 Mar 14;113(10):e409-49.

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Exhibit F

PreferredOne®

Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Sapropterin Dihydrochloride (Kuvan) for PKU	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/K001	**Page:** 1 of 3	

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 criteria set is to ensure the use is medically necessary.

BACKGROUND:
This criteria set is based on U.S. Food and Drug Administration (FDA) approved indications, expert consensus opinion and/or available reliable evidence.

Kuvan is indicated to reduce blood phenylalanine (Phe) levels in patients with hyperphenylalaninemia (HPA) due to tetrahydrobiopterin (BH4) responsive Phenylketonuria (PKU). Kuvan is to be used in conjunction with a Phe-restricted diet. Blood Phe levels must be monitored during treatment.

This drug should be used during pregnancy only if clearly needed. There are no adequate and well –controlled studies in pregnant women. Pregnancy Category C.

Not all patients with PKU respond to treatment with Kuvan. In clinical trials only 56% of PKU patients responded to treatment with Kuvan. Response to treatment cannot be pre-determined by laboratory testing, and can only be determined by a therapeutic trial of Kuvan.

The safety and efficacy of Kuvan in pediatric patients less than 4 years of age have not bee n assessed in clinical studies.

Table 1:
Drugs Affected*:

Generic Name	Generics available	Brand Name
sapropterin dihydrochloride	N	Kuvan

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

GUIDELINES:
Medical Necessity Criteria- all of the following I - V:

I. Kuvan will only be authorized when prescribed by a physician that specializes in the treatment of PKU; and

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Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Sapropterin Dihydrochloride (Kuvan) for PKU	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/K001	**Page:** 2 of 3	

II. Must be over the age of 4 years; and

III. Must be compliant with and remain on a PKU diet; and

IV. Initial authorization will be for a 2 month period; and

V. Phenylalanine levels must be followed closely to determine a response to Kuvan. Patients who have not had a decrease in phenylalanine levels from baseline during the two months of therapy are non-responders and treatment with Kuvan should be discontinued for these patients. Requests for authorization of Kuvan beyond the initial two month period will require physician case review.

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Department of Origin: Pharmacy	**Approved by:** Pharmacy and Therapeutics Quality Management Subcommittee	**Date approved:** 04/23/08
Department(s) Affected: Pharmacy	**Effective Date:** 04/23/08	
Pharmacy Criteria Document: Sapropterin Dihydrochloride (Kuvan) for PKU	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/K001	**Page:** 3 of 3	

RELATED CRITERIA/POLICIES:
Medical Management Process Manual MI007 Use of Medical Policy and Criteria

REFERENCES:

1. Burnett JR. Sapropterin dihydrochloride (Duvan/phenoptin), and orally active synthetic form of BH4 for the treatment of phenylketonuria. IDrugs. 2007 Nov;10(11):805-13.
2. Burton BK, Grange DK, Milanowski A et al. The response of patients with phenylketonuria and elevated serum phenylalanine to treatment with oral sapropterin dihydrochloride (6R-tetrahydrobiopterin): a phase II, multicentre, open-label, screening study. J Inherit Metab Dis. 2007 Oct;30(5):700-7.
3. Eavri R, Lorberboum-Galski H. A novel apprach for enzyme replacement therapy. The use of phenylalanine hydroxylase-based fusion proteins for the treatment of phenylketonuria. J Biol Chem. 2007 Aug 10;282(32):23402-9.
4. Fiege B, Blau N. assessment of tetrahydrobiopterin (BH4) responsiveness in phenylketonuria. J. Pediatr. 2007 Jun;150(6):627-30.
5. Gramer G, Burgard P, Garbade SF, Lindener M. Effects and clinical significance of tetrahydrobiopterin supplementation in phenylalanine hydroxylase-deficient hyperphenylalaninaemia. J Inherit Metab Dis. 2007 Aug;30(4):556-62.
6. Levy H, Burton B, Cederbaum s, Scriver C. Recommendations for evaluation of responsiveness to tetrahydrobiopterin (BH(4)) in phenylketonuria and its use in treatment. Mol Genet Metab. 2007 Dec;92(4):287-91.
7. Zurfluh MR, Zschocke J, Lindner M et al. Molecular genetics of tetrahydrobiopterin-responsive phenylalanine hydroxylase deficiency. Hum Mutat. 2008 Jan;29(1):167-75.
8. Kuvan™ tablets (package insert). Novato, CA 94949: BioMarin Pharmaceutical Inc.; December 2007.

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Exhibit G

Health Services Management, Inc.
Departmental Policy and Procedure Bulletins

Recordkeeping and Documentation Standards

DEPARTMENT: Clinical Management
SUBJECT: Recordkeeping and Documentation Standards
Date of Last Review: 12/05/07

Policy #: CPB-009
Date of Origin: 12/6/06
QM Approval: 12/13/06
Initials of Reviewer: RB

Subject:
Recordkeeping and Documentation Standards

Scope: Clinical Management, Coding, Customer Service, Claims and Contracting.

Purpose: Provide network providers with current medical record documentation criteria and requirements.

Policy: Recordkeeping is used to document the condition and care of the patient, avoid or defend against a malpractice claim and support the concurrent and/or retrospective necessity of treatment.

Initial and Subsequent New and Established Visit Requirements

- E/M requirements
  - New Patient – Patient not seen at any time, for any purpose within the last 3 years
  - Standards for new and established patients
  - Please refer to HSM's documentation guidelines for E&M codes

General Documentation Requirements

- Patient identification – a minimum of two forms required
  - Name and date of birth
  - Medical record number
- Patient demographics – DOB, address, home and work numbers, martial status
- Legibility – All records must be legible which is defined as the ability of at least two people to read and understand the documents.
- Treating provider identified on each date of service
- All chart entries must be dated (month/day/year)
- Patient history – present illness and past history
- Past and current treatments of the presenting condition
- Working diagnosis
  - Supported by clinical findings
- Treatment plan should include:
  - Therapeutic plan – frequency and duration and type of treatment
  - Educational plan – Home exercises, ADL modifications
  - Treatment goals – Measurable, patient-oriented goals
- All services and dates of each service must be documented
- Response to care
  - A series of daily notes will show changes on a visit-to-visit basis

- Daily notes include:
  - **Subjective** – Impression of the patients condition
  - **Objective** – Observations and measurable information from the treatment session
  - **Assessment** – A descriptive judgment of the patients condition and/or diagnosis
  - **Plan** – What treatment was performed and a plan or course of future treatment
- Ancillary diagnostic studies – Imaging, laboratory, consultations
  - Facility and provider where study was performed
  - Patient information – Name, address, DOB
  - What area was imaged and what views were taken (if applicable)
  - Clinical information – rationale for the study
  - Study findings – description of findings, conclusions
  - Recommendations based on clinical and study findings
- Copies of reports and correspondence with other caregivers
- Appropriate consent forms when applicable
- A key or summary of terms when non-standard abbreviations are used. Another practitioner should be able to read the record and have a clear understanding of the patient's condition and treatment rendered.

References:

A review of current accreditation standards, professional literature and clinical peer opinion was used.

1. 2006 Evaluation and Management Services Guide http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf on the Center for Medicare and Medicaid Website.
2. American Chiropractic Associations Clinical (Medical) Documentation: The Key to Reimbursement for Chiropractic. http://www.amerchiro.org/content_css.cfm?CID=1080
3. Gordy TR, Borman KR, Thorwarth WT. *Current procedural terminology (CPT) 2006.* Chicago: American Medical Association 2006.
4. Hoffmann B, Donahue RT, Mootz RD. A user's guide to evaluation and management codes. Topics in Clinical Chiropractic 2000; 7(3):58-68.
5. Johnson J, Mills, K. American Chiropractic Associations: Commentary on HCFA/Medicare/PART clinical documentation guidelines. Journal of the American Chiropractic Association Jan 2001; 1-6.
6. LaBrot TM. Evaluating Chiropractic Care/Records.Lippincott's Case Management 2006; 11(2):67-70.
7. Mercy Center Consensus Conference, Chapman-Smith, D, Petersen DM, Haldeman S. (Eds.). *Guidelines for quality assurance and practice parameters, proceedings of the Mercy Center Consensus Conference*. Gaithersburg, MD: Aspen Publications.
8. Mootz RD. Maximizing the effectiveness and efficiency of clinical documentation. Topics in Clinical Chiropractic 1994; 1(1):60-65.
9. NCQA Guidelines for Medical Record Documentation. http://www.ncqa.org/Programs/Accreditation/MCO/guidelines_medical_record_review.pdf
10. Wisconsin Chiropractic Association' Recommendations for Clinical Documentation.http://www.chiro.org/LINKS/GUIDELINES/Wisconsin/Table_of_Contents.shtml

Health Services Management, Inc.
Departmental Policy and Procedure Bulletins

Documentation Guidelines

Chief Complaint

- Diagnosis/Condition/Problem/Symptom/Reason for the encounter documented every visit

Medical History

- History of Present Illness (HPI)
  - Location/Quality/Severity/Duration/Timing/Context/Modifying Factors/Associated Signs and Symptoms
- Review of Systems (ROS) – 13 systems (musculoskeletal/neurological etc…)
  - Constitutional symptoms
- Past, Family and Social History (PFSH)
  - Past history – diet, medications, allergies, hospitalizations, illness or injury
  - Family – Family health status, deaths, problem related diseases
  - Social - marital status, living conditions, education/occupation, alcohol/drug use, sexual history

Physical Examination (PE)

- Body Areas – Head, neck, chest, abdomen, back and extremities
- Organ systems (11) – constitutional, eyes, ENT, CV, GI, GU, musculoskeletal, skin, neurological, psychiatric, lymphatic/immunological/hematological

Evaluation and Management Coding

New Patient (Requires 3 of 3)

Code	99201 (10 m)	99202 (20 m)	99203 (30 m)	99204 (45 m)	99205 (60 m)
Medical History	Problem focused CC HPI: 1-3 ROS: none PFSH: None	Expanded Problem Focused CC HPI: 1-3 ROS: related to CC PFSH: None	Detailed CC HPI: ≥ 4 ROS: 2-9 PFSH: 1 item any area	Comprehensive CC HPI: ≥ 4 ROS: 10-14 PFSH: 1 item each area	Comprehensive CC HPI: ≥ 4 ROS: 10-14 PFSH: 1 item each area
Physical Exam	Affected body area	Affected body area and 2-4 related organ systems	Affected body areas/systematic/ and 5-7 related organ systems	Multi-system 8+ body systems	Multi-system 8+ body systems
Medical Decision	Straight forward	Straight forward	Low	Moderate	High

Established Patient (Requires 2 of 3)

Code	99212 (10 m)	99213 (15 m)	99214 (25 m)	99215 (40 m)
Medical History	Problem focused CC HPI: 1-3 ROS: none PFSH: None	Expanded Problem Focused CC HPI: 1-3 ROS: related to CC PFSH: None	Detailed CC HPI: ≥ 4 ROS: 2-9 PFSH: 1 item any area	Comprehensive CC HPI: ≥ 4 ROS: 10-14 PFSH: 1 item each area
Physical Exam	Affected body area	Affected body areas and 2-4 related organ systems	Affected body areas/systematic/ and 5-7 related organ systems	Multi-system 8+ body systems
Medical Decision	Straight forward	Low	Moderate	High

General Documentation Guidelines

- Complete and legible
- Reason for the encounter
- History, PE findings, test results, assessment, clinical impression or diagnosis
- Plan of care
- Date and legible identity of the provider
- Rationale for ordering diagnostic or ancillary tests
- Patient progress – response to and change in treatment and/or revision of the diagnosis
- Documentation should support the ICD-9 and CPT codes reported on the insurance claim

Health Services Management, Inc.
Departmental Policy and Procedure Bulletins

This is only an abbreviated version of the E & M Documentation Guidelines. The entire 53 page document is available on the CMS website at http://www.cms.hhs.gov/MLNEdWebGuide/25_EMDOC.asp.

Exhibit H

Health Services Management, Inc.
Departmental Policy and Procedure Bulletins

HSM DEPARTMENTAL POLICY AND PROCEDURE

DEPARTMENT: Clinical Management
SUBJECT: CPT Code 97140

Policy #: CBP-010
Date of Origin: 9/12/07
QM Approval: 9/12/07

Date of Last Review: 9/12/07, 12/05/07
Initials of Reviewer: RB

Subject: CPT Code 97140

Scope: Clinical Management, Coding, Customer Service, Claims and Contracting.

Purpose: To provide network providers with the current coding requirements and overview of proper use of this procedure code.

Policy:

Background of CPT code 97140

CPT code 97140 was created in 1999 to replace three distinct CPT codes:

- 97260 – Joint Mobilization
- 97122 – Manual Traction
- 97250 - Myofascial Release

This code is known as *Manual Therapy Techniques* and describes a variety of manually applied procedures including:

1. Manipulation/mobilization – Improving range of motion of a hypomobile area of the body
2. Manual lymphatic drainage – Assist in reducing swelling
3. Manual traction – Application of a pulling force to improve mobility

Other procedures that are considered to fall under this CPT code include:

- Trigger Point Therapy
- Myofascial release
- Stretching techniques such as:
    - PIR – Post Isometric Relaxation
    - PNF – Proprioceptive Neuromuscular Facilitation

When it is Appropriate to bill 97140

- This code may be used according to the National Correct Coding Initiative (NCCI) when "performed on separate anatomic sites of separate patient encounters on the same date of service as a chiropractic manipulative treatment (98940-99842)."
- If this procedure is used on the same date of service as chiropractic spinal manipulation the provider must use a modifier -59 to communicate this procedure was separate and distinct from other services performed on the same day.
- Code 97140 is a timed code and therefore must meet the "8 minute rule" to be billed. Please refer to Clinical Policy Bulletin CBP-006 for details on this requirement.
    - The provider must have clear documentation in the patient record they are compliant with this rule

97140 is considered within the scope but not a standard of practice in chiropractic

According to Medterms.com which contributes to Webster's Dictionary standard of care is defined as "the level at which the average, prudent provider in a given community would practice. It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances."

Procedure code 97140 is 3-5% of billed codes we receive from doctors of chiropractic based on all submitted CPT codes.

Based upon this information code 97140 is within the scope of practice for a doctor of chiropractic but is not a commonly billed procedure code. Therefore, 97140 is not considered a standard or common practice of a doctor of chiropractic.

References:

1. National Correct Coding Initiative (NCCI) http://www.cms.hhs.gov/NationalCorrectCodInitEd/
2. American Chiropractic Association Claims Adjuster Index No. 12. August 2004
3. 2007 Coder's Desk Reference. http://www.coderscentral.com/07_cpt_deskref.htm
4. Modifer -59 Article http://www.cms.hhs.gov/nationalcorrectcodeinited/downloads/modifer59.pdf
5. Sanna M. Decoding manual therapy. Today's Chiropractic Nov-Dec 2002. http://todayschiropractic.com
6. Soyring C. Coding documentation CMT and PMR. April 2006. http://chiropub.com/issues/articles/2006-04_06

Exhibit I

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Reference #	Description
C001	**Court Ordered Mental Health & Substance Related Disorders Services** ***Revised***
C002	**Cosmetic Treatments**
C003	**Criteria Management and Application** ***Revised***
C008	**Oncology Clinical Trials, Covered / Non-covered Services**
C009	**Coverage Determination Guidelines**
D002	**Diabetes Mellitus Supplies Coverage** ***Revised***
D004	**Durable Medical Equipment, Supplies, Orthotics and Prosthetics** ***Revised***
D007	**Handicap Dependent Eligibility**
D008	**Dressing Supplies** ***Revised***
E004	**Nutrition Therapy**
G001	**Genetic Testing**
H005	**Home Health Care (HHC)** ***Revised***
H006	**Hearing Devices** ***New***
I001	**Investigational/Experimental Services**
I002	**Infertility Treatment**
I003	**Preventative Immunizations**
N002	**Nutritional Counseling** ***Revised***
P008	**Medical Policy Document Management and Application** ***Revised***
P009	**Preventative Screening Tests** ***Revised***
R002	**Reconstructive Surgery** ***Revised***
S008	**Scar Revision** ***Revised***
T002	**Transition of Care for Continuity and Safety**
T005	**Transfers from an Acute Care Facility to a Lower Level of Care for Rehabilitation** ***Revised***
W001	**Physician Directed Weight Loss Programs** ***Revised***

Revised 04/14/08

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Reference #	Description
C001	**Coordination of Benefits**
C002	**Cost Benefit Program** ***Revised***
D002	**Dosing Optimizing Programs**
F001	**Formulary and Co-Pay Drug Overrides**
N001	**National Formulary Exceptions**
O001	**Off-Label Drug Use**
P001	**Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist** ***Revised***
P002	**Pharmacy Programs for ClearScript** ***New***
Q001	**Quantity Limits per Prescription per Copayment**
S001	**Step Therapy** ***Revised***

Revised 02/08/08

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Reference #	Description
001	**Use of Hot and Cold Packs** ***Revised***
002	**Plain films within the first 30 days of care** ***Revised***
003	**Passive Treatment Therapies beyond 6 weeks** ***Revised***
004	**Experimental, investigational, or Unproven Services** ***Revised***
006	**Active Care – Therapeutic Exercise** ***Revised***
007	**Acute and Chronic Pain** ***Revised***
008	**Multiple Passive Therapies** ***Revised***
009	**Recordkeeping and Documentation Standards** ***New***
010	**CPT Code 97140** ***New***

Revised 12/05/07

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Exhibit L

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.

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Reference #	Category	Description
A006	Cardiac/Thoracic	**Ventricular Assist Devices (VAD)**
B002	Dental and Oral Maxillofacial	**Orthognathic Surgery**
C001	Eye, Ear, Nose, and Throat	**Nasal Reconstructive Surgery**
C007	Eye, Ear, Nose, and Throat	**Surgical Treatment of Obstructive Sleep Apnea**
C008	Eye, Ear, Nose, and Throat	**Strabismus Repair (Adult)**
C010	Eye, Ear, Nose, and Throat	**Otoplasty**
F015	Orthopaedic/Musculoskeletal	**Electrical Stimulation for Treatment of Neck and Back Pain**
F016	Orthopaedic/Musculoskeletal	**Allogenic and Autologus Grafts (Chondrocyte, Osteochondrocyte, Anterior Cruciate Ligament and Meniscus Grafts) of the Knee**
F017	Orthopaedic/Musculoskeletal	**Hip Resurfacing**
F019	Orthopaedic/Musculoskeletal	**Back and Neck Surgery**
F020	Orthopaedic/Musculoskeletal	**X Stop**
G001	Skin and Integumentary	**Eyelid Surgery (Blepharoplasty & Ptosis Repair)**
G002	Skin and Integumentary	**Breast Reduction Surgery**
G003	Skin and Integumentary	**Panniculectomy/Abdominoplasty**
G004	Skin and Integumentary	**Breast Reconstruction**
G007	Skin and Integumentary	**Prophylactic Mastectomy**
G008	Skin and Integumentary	**Hyperhidrosis Treatment**
H003	Gastrointestinal/Nutritional	**Bariatric Surgery**
J001	Vascular	**Treatment of Varicose Veins**
L003	Diagnostic	**3D Interpretation Imaging (MRIs and CTs)**
L004	Diagnostic	**Coronary Computed Tomography (CT) Angiography**
L005	Diagnostic	**Virtual Colonoscopy**
L007	Diagnostic	**Mobile Cardiac Telemetry (CardioNet)**
L008	Diagnostic	**Continuous Glucose Monitoring Systems for Long Term Use** ***New***

M001	BH/Substance Related Disorders	**Mental Health Disorders: Inpatient Treatment** ***Revised***
M002	BH/Substance Related Disorders	**Electroconvulsive Treatment (ECT): Inpatient Treatment**
M004	BH/Substance Related Disorders	**Mental Health Disorders: Day Treatment Program** ***Revised***
M005	BH/Substance Related Disorders	**Eating Disorders-Level of Care Criteria**
M006	BH/Substance Related Disorders	**Mental Health Disorders: Partial Hospital Program (PHP)** ***Revised***
M007	BH/Substance Related Disorders	**Residential Treatment: Mental Health/Substance Related Disorders** ***Revised***
M008	BH/Substance Related Disorders	**Psychotherapy: Outpatient Treatment** ***Revised***
M009	BH/Substance Related Disorders	**Chronic Pain: Outpatient Program** ***Revised***
M010	BH/Substance Related Disorders	**Substance Related Disorders: Inpatient Primary Treatment**
M014	BH/Substance Related Disorders	**Detoxification: Inpatient Treatment**
M019	BH/Substance Related Disorders	**Pathological Gambling: Outpatient Treatment**
M020	BH/Substance Related Disorders	**Autism Spectrum Disorders Treatment**
M021	BH/Substance Related Disorders	**Vagus Nerve Stimulation (VNS) for Treatment Resistant Depression and Treatment Resistant Bipolar Depression** ***Revised***
N001	Rehabilitation	**Acute Inpatient Rehabilitation**
N002	Rehabilitation	**Skilled Nursing Facilities**
N003	Rehabilitation	**Occupational and Physical Therapy: Outpatient Setting**
N004	Rehabilitation	**Speech Therapy: Outpatient**
N005	Rehabilitation	**Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers**
N006	Rehabilitation	**Acupuncture**
T001	Transplant	**Bone Marrow / Stem Cell Transplantation**
T002	Transplant	**Kidney/Pancreas Transplantation**
T003	Transplant	**Heart Transplantation**
T004	Transplant	**Liver Transplantation**
T005	Transplant	**Lung Transplantation**
T006	Transplant	**Intestinal Transplant**

Exhibit M

Pharmacy Criteria Table of Contents

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Reference #	Category	Description
A001	Pharmacy	**ACE Inhibitors Step Therapy** ***Revised***
A002	Pharmacy	**Oral Antifungal Treatment** ***Revised***
A003	Pharmacy	**Combination Beta2-Agonist Inhailers**
A004	Pharmacy	**Antihistamines Step Therapy** ***Revised***
A006	Pharmacy	**Antiviral Theary for Acyclovir (Zovirax), Famciclovir (Famvir) and Valcyclovir (Valtrex)** ***New***
A007	Pharmacy	**Angiotensin II Receptor Antagonist Step Therapy** ***New***
B003	Pharmacy	**Botulinum Toxin** ***Revised***
B004	Pharmacy	**Drugs for Rheumatoid Arthritis** ***Revised***
B005	Pharmacy	**Biologics for Psoriasis: Amevive (alefacept) Enbrel (etanercept), Humira (adalimumab) and Raptiva (efalizumab)** ***Revised***
B006	Pharmacy	**Biologics (Humira, Remicade, and Tysabri) for Crohn's Disease and Remicade for Ulcerative Colitis** ***Revised***
B007	Pharmacy	**Biologics (Enbrel & Remicade) for Ankylosing Spondylitis** ***Revised***
B008	Pharmacy	**Beta-Blocker Step Therapy**
B009	Pharmacy	**Bisphophonates Step Therapy** ***New***
C002	Pharmacy	**Cyclooxygenase-2 (COX-2) Inhibitors (Celebrex)**
C003	Pharmacy	**Topical Corticosteroids Step Therapy**
D002	Pharmacy	**Dihydropyridine Calcium Channel Blocker (DHP CCB) Step Therapy** ***Revised***
E001	Pharmacy	**Erectile Dysfunction Medications**
G001	Pharmacy	**Growth Hormone Therapy** ***Revised***
H001	Pharmacy	**HMG - CoA Reductase Inhibitor**
I001	Pharmacy	**Topical Immunomodulators** ***Revised***
I002	Pharmacy	**Immune Globulin Intravenous Therapy (IGIV) or Intravenous Immune Globulin Therapy (IVIG)**
K001	Pharmacy	**Sapropterin Dihydrochloride (KUVAN) for PKU** ***New***
L002	Pharmacy	**Leukotriene Pathway Inhibitors Step Therapy**
L003	Pharmacy	**Lyrica Step Therapy**
N002	Pharmacy	**Nasal Steroids Step Therapy**
O001	Pharmacy	**Overactive Bladder Medication Step Therapy**
P001	Pharmacy	**Proton Pump Inhibitor (PPI) Step Therapy**
R002	Pharmacy	**RSV Prohylaxis - American Academy of Peds**
S002	Pharmacy	**Selective Serotonin Reuptake Inhibitors (SSRIs) Step Therapy**
S003	Pharmacy	**Sedative Hypnotics Step Therapy**

S004	Pharmacy	**Other Antidepressant Step Therapy for Adults (age 25 and over)**
T001	Pharmacy	**Tekturna Step Therapy**
W001	Pharmacy	**Weight Loss Medications**
X001	Pharmacy	**Xolair (omalizumab)**

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