

# PreferredOne UPDATE

A Newsletter for PreferredOne Providers

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**March 2006**

**John Frederick, MD, Chief Medical  
Officer**

As we are well into 2006, I would like to use the newsletter to inform providers of the issues that PreferredOne considers the keys to a successful year.

In 2006 the consumer role in healthcare will continue to be emphasized. At PreferredOne about 70% of our members will be enrolled in high-deductible plans. This implies that these members will be paying a significant amount of their medical care costs out of their own funds. This will create a different perspective on the member's enthusiasm for elective medical services, prescriptions, and facility costs. There will be more questions of providers about the need and/or the cost of these services. The choice of providers will also be questioned more than previously. The member will have information available to them from our website and other sources, but it will be important for the provider to develop greater knowledge of the cost of the services that they are providing or directing.

Pay for performance (P4P) will continue to expand as more data is available to support the initiatives. The PreferredOne Physician Associates (PPA) leadership is involved in making some recommendations to the PreferredOne staff on this issue. Please let me know if you would like to provide some input to that leadership group. PreferredOne would be open to

**March 06**

**In this Issue:**

<b>Network Management</b>	
Coding Update	Pg. 3-5
<b>Account Management</b>	Pg. 6
<b>Medical Management</b>	
Medical Policy	Pg. 6-7
ICSI Update	Pg. 7
Pharmacy Update	Pg. 8-9
Quality Management	Pg. 10

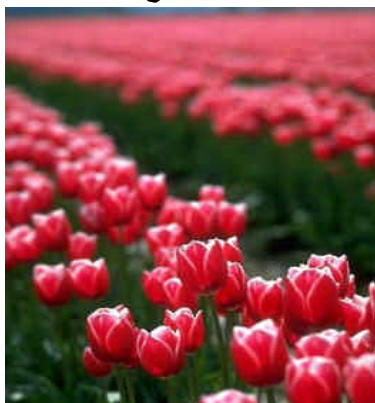
**Exhibits:**

Medical Policy	Exhibits A-I
Pharmacy/2006 Formulary	Exhibit J
Quality Management	Exhibit K-L

discussion with provider groups around the P4P issue. Our new VP of Network Management, Darcee Weber, is the contact person for these discussions.



*March*



# Network Management Updates

## The Power of the Pyramid

PreferredOne is pleased to co-sponsor an in-school curriculum on fitness and nutrition, built around an educational play, "The Power of the Pyramid," presented by The National Theatre for Children. Other co-sponsors include the Minnesota Medical Association (MMA) and Allina Hospitals & Clinics. You may have seen stories about this in the news media recently. The National Theatre for Children, which is based in Minneapolis, has won many national awards for children's programs.

This program will be introduced in 325 Minnesota elementary schools starting this month in the Twin Cities and continuing through the end of the 2006-2007 school year. Children will see a live interactive performance of the play and its lessons will be reinforced by a curriculum that includes workbooks, take-home activities to complete with their family, classroom posters, and curriculum aids for teachers. In clinics close to the schools, children will receive a CD-ROM game, informative parent guide, and activity books.

Nutrition education is key to reducing obesity and this initiative will get our children headed toward healthy behavior and improved health in a fun, attention-getting positive manner. Health plans spend billions of dollars each year on the results of unhealthy behavior. PreferredOne is pleased to be able to support this Children's Health initiative.

More information about the National Theatre for Children can be found at their website, <http://www.nationaltheatre.com/pyramid.htm>.



## Timely Filing & Appeals



As the payer, PreferredOne's Timely Filing Policy requires providers to submit claims for Covered Services within 120 days from the date the Covered Services are provided, or within 60 days from the date of the primary payer's explanation of benefits. Claims submitted after these timelines will result in denial of payment.

Appeals will be considered if they are received within 60 days from the date of the initial denial. Supporting documentation of previous billing or other causes for late submission must be included in the appeal.

Claims are reconsidered for payment for the following reasons:

- Documentation of Previous billing
- Coordination of Benefits (COB)
- Long term hospital stays
- Inaccurate Payer information provided by member

PreferredOne Community Health Plan (PCHP) and PreferredOne Administrative Services (PAS) appeals may be sent with supporting documentation to:

**PreferredOne Administrative Services, Inc.**

**Attention: Provider Relations**

**6105 Golden Hills Drive**

**Golden Valley, MN 55416**

A Remittance Advice will be sent to the provider indicating the results of the appeal.

In no event will claims submitted more than 365 days after the date the charges were incurred be considered for payment. Unless the member failed to provide accurate or current insurance information, the member cannot be billed for the charges.

Timely filing denials through PreferredOne PPO may be appealed with supporting documentation through the appropriate payer.

*Pg. 3...*

# Network Management Updates

...Cont'd from page 2

PreferredOne or other affiliated Payers may return claims to providers for re-coding or other changes as necessary. PreferredOne or affiliated payers may change, combine or re-code the procedure codes or other billing codes in accordance with industry standards and will notify providers of any such change through a standard Remittance Advice.

As the payer, PreferredOne will have the right to make and providers will have the right to request corrective adjustments to a previous payment. No additional amounts will be paid after 180 days from the date the initial claim was paid.

If PreferredOne or if affiliated payers determine that it has insufficient information to properly consider a claim, it may request additional information. If requested by PreferredOne, the additional information must be received within 45 days from the date of the request. If extenuating circumstances prevent submission of additional information within this period, Providers must notify PreferredOne in writing within 45 days and a 90 day extension may be given.

PreferredOne will pursue technologies relating to electronic billing and payment and other technologies, which may improve the efficiency of information exchange between providers, PreferredOne and its affiliated payers.

## Disclosure of Provider Payment Methods

PCHP 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 under-utilization. Utilization management decision making is based only on appropriateness of care and service and existence of coverage.



## Coding Update

### **Genetic Testing Prior Authorization**

PreferredOne recommends that providers call to prior authorize genetic testing and confirm that it is a covered benefit. Where there are benefits, member responsibility may vary.

Since molecular testing can be performed for a variety of reasons, including oncology, hematology, neurology or inherited disorders, PreferredOne is now requiring providers to submit claims using the genetic testing coding modifiers in Appendix I in CPT. These modifiers, in combination with appropriate screening diagnosis codes such as screening for cystic fibrosis and personal & family history diagnoses codes, will be more efficient for claim review.

Genetic testing has been submitted with general diagnosis codes such as general counseling and advice on precreative management, supervision of normal first pregnancy, etc. These diagnosis codes are not specific as to the reason for testing.

New October 2005 diagnoses codes may be helpful.

- V18.9 Family history, genetic disease carrier
- V26.31 Testing for genetic disease carrier status
- V26.33 Other genetic testing
- V26.33 Genetic counseling

2006 CPT/HCPCS have been added to all the fee schedules. Acceptance of new codes does not imply coverage.

**New Psychological Testing and Neuropsychological Testing** codes are divided into three separate services. Either the MD/psychologist's face-to-face time administering the test, interpreting the results and preparing the report (96101, or 96118) and/or services administered by a technician (96102, 96119), or services administered by the computer (96103, 96120).

Providers can use the date the service was performed by each individual. As an example, if the testing was performed by a technician on 2/3/05 and the psychologist did not interpret the results and prepare a report until 2/7/05 each of those dates could be reported. Pg. 4...

# Network Management

...Cont'd from page 3

## Testing Administered by a Computer

Please note that psychological testing administered by a computer is defined as the patient sitting at a computer and completing the appropriate psychological tests. This service is not to be reported when a family member, teacher, or other individual who knows the patient is asked to fill out a questionnaire about the patient.

**On-line Medical Evaluation** is an exclusion under PCHP. Most self insured plans also exclude this service.

**New CPT 99051**, services provided in the office during regularly scheduled evening, weekend, or holiday office hours, and **99053**, services provided between 10 p.m. and 8 a.m. at 24 hour facility, in addition to basic service are not separately reimbursed. These codes, along with the other existing codes in this range are all consider bundled services.

**Extracorporeal Shock Wave Therapy**, CPT Codes 0019T, 0101T, and 0102T are considered investigational for all musculoskeletal conditions.

## Physician Office IV Infusion Coding

Imaging studies: The administration of contrast material for imaging study would not be reported separately as an injection or infusion.

The crosswalk below provides the codes relating to drug administration services rendered on or after January 1st 2006. PreferredOne accepts all the listed codes in this crosswalk, however this does not imply coverage.

Final crosswalk for the infusion codes:

### New 06 Infusion Codes

- 90760
- 90761
- 90772

### Deleted 05 Codes

- 90780
- 90781
- 90782

- 90774 90784
- 90775 None
- 90779 90779
- 90765 90780
- 90766 90781
- 90767 90781
- 90768 None
- 96401 96400
- 96402 96400
- 96409 96408
- 96411 None
- 96413 96410
- 96415 96412
- 96416 96414
- 96417 96412
- 96521 96520
- 96522 96530
- 96523 G0363

## Codes are now for 3 specific categories:

- Hydration
- Non-chemo injections and infusions other than hydration
- Chemotherapy administration, (other than hydration)

## New Rules - Initial Codes

Only one "initial" drug administration code per encounter is allowed. The "initial" procedure code is the one that best describes the key or primary reason for the encounter (is the patient here for antibiotics, hydration, or chemotherapy?) Each additional infusion at that encounter would be reported with infusion codes designating "additional".

Pg. 5...

# Network Management

...Cont'd from page 4

In other words, you would not report an initial chemotherapy infusion and an initial hydration infusion/or therapeutic infusion together. Only one initial infusion per encounter.

Fluid, such as saline, used to mix/administer the drug (s) is not separately reported, and is considered to be incidental hydration.

Hydration includes the administration of prepackaged fluid and electrolytes (e.g., normal saline, D5 normal saline + 30 mEq KCl per liter).

Concurrent infusion (according to the AMA information given at the CPT Symposium in Chicago in November 2005), is when multiple infusions are provided simultaneously through the same intravenous line. Multiple substances mixed in one bag are considered to be one infusion and reported as a concurrent infusion.

## **Port Flushes with Office Infusions CPT 96523**

The port flush can only be reported in the clinic if no other injection or infusion service is provided the same day. Home infusion providers should continue to report services on their individual fee schedule. Services for office infusions are not applicable for Home IV Providers.

## **Circumcisions**

PreferredOne has not changed our policy on covering circumcisions (Medical Assistance did make a change). While we cover circumcisions, the local/regional anesthesia is considered part of the procedure and is not separately reimbursed.

## **Tissue Culture**

CPT 15340 - 15366 is considered investigational.

## **Ablation Renal Tumors**

CPT 50592 is considered investigational.

## **Education and Training**

CPT 98960 - 98962 is considered an exclusion for PCHP. Most other plan policies exclude education and training. Plan documents will determine coverage.

## **Knee Surgery in Two Separate Compartments**

CPT 29877 - Use G0289

PreferredOne requires G0289 to be submitted in lieu of 29877 when debridement/shaving is performed in a different compartment.

## **Corneal Topography**

In order to avoid delay in payment of your claims report S0820 LT, or RT computerized corneal topography, rather than the unlisted code 92499. The unlisted code causes the claim to suspend in the system for review.

Practice staff may also call the phone number on the back of the member's ID card to determine if a service requires preauthorization.

Failure to obtain a preauthorization for a service listed could result in financial penalties for the practice and the member, based on the provider's contract and the member's Certificate of Coverage.

You should continue to follow the same process you follow today to submit referrals or request preauthorizations.

- To request an authorization, please call the number on the back of the member's ID card. (Please note that in 2006 that number will be referenced as the member/provider service number).
- To submit a referral, please call 1-800-626-2698.

*If you have any questions, please call Humana provider relations at 1-800-626-2741.*



## Account Management

### Federated Insurance

**Federated Insurance** now provides secure, “24/7” access to patient group health benefit information through Federated’s website, [www.federatedinsurance.com](http://www.federatedinsurance.com).

Federated’s online services for providers include:

- accessing health plan benefits and coverage for a patient
- viewing patient claims’ status
- viewing Explanation of Benefits (EOB)

Federated’s provider service center has been designed as an easy-to-use tool that enhances the customer service and support provided via phone during normal business hours.

We invite you to visit the Federated website and register for access to these free online services today!

### Humana Preauthorization

**Humana’s** updated preauthorization List (formerly referred to as the Review Services List (RSL) for commercial fully insured plans is now available via the Web and will be effective January 15, 2006. This notification does not affect Humana Medicare Advantage plans. This preauthorization list provides higher visibility for the medical services requiring preauthorization. Precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization.

**Important information for Providers who service Humana HMO members:** This updated preauthorization list is not applicable for HMO members. Providers should continue to contact Humana to determine whether preauthorization or referrals are needed for all Humana HMO membership.

Physicians and their staff may obtain a copy of the updated Preauthorization List by visiting Humana’s website at:

<http://www.humana.com/providers/providertools.asp> and selecting “Preauthorization Requirements.”

## Medical Management Updates

Humana will update the list periodically. In the future, you may obtain an up-to-date version of the Preauthorization List via the Web or by contacting Humana.

### World Insurance

**World Insurance** is a PPO Payer for Individual PPO Health Insurance policies in Minnesota. All members of this plan are residents of Minnesota. The new ID card will include the PreferredOne logo and claims must be sent to PreferredOne for re-pricing. Claims for dates of service prior to 9/1/05 should not be sent to PreferredOne.

Preferred One is not contracted with other World Insurance products such as Medicare Supplement or Indemnity plans and the PreferredOne logo should not appear on these ID cards. These types of claims are not re-priced by PreferredOne and should there for be mailed to the World Insurance address on the ID card.

### Medical Policy

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

New in the medical/surgical area is the addition of the following to the investigational list effective November 15, 2005:

- Total Hip Resurfacing
- Electron Beam Computed Tomography (EBCT) for Lung Cancer Screening
- Cervicography for Routine Screening of Asymptomatic Low-Risk Patients
- EBCT for Preventive Screening of Asymptomatic Low-Risk Patients
- Lipid-Associated Sialic Acid Tumor Marker for Cancer Screening Pg. 7...

## Medical Management Updates

...Cont'd from page 6

- Wireless Capsule Endoscopy as a Screening Test in the Absence of Signs and Symptoms of Disease

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

The following items were removed from the investigational list November 15, 2005:

- Hyperbaric Oxygen Therapy
- TOPOX (Topical Portable Hyperbaric Oxygen Chambers)

These services will be reviewed on a case-by-case basis for medical necessity since some conditions being treated by the use of hyperbaric oxygen therapy remain investigational.

New in the Pharmacy area are two Pharmacy Criteria Dihydropyridine Step Therapy and Topical Immunomodulators (Elidel and Protopic) (**Exhibits A & B**). The criteria for Lamisil (terbinafine) and Sporanox (itraconazole) were retired because they were combined into one criteria set titled Oral Antifungal Treatment (Lamisil and Sporanox) (**Exhibit C**). The criteria set for Zetia (ezetimibe) Step Therapy was also retired because the drug trend management program for this medication was retired. PreferredOne will continue to monitor drug usage to determine if the program will need to be reinstated.

New in the Chiropractic area is a Chiropractic policy for Electrical Stimulation (**Exhibit D**).

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

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

### Behavioral Health Criteria

PreferredOne criteria are developed with input from community providers, review of professional society guidelines, and consideration of published peer-reviewed literature, the criteria reflect Minnesota statutes when appropriate. All criteria have final approval by the appropriate quality management subcommittee. Behavioral health criteria follow this same criteria development process. PreferredOne has also adjusted our behavioral health criteria to ensure that we are in alignment with the Minnesota Psychiatric Society (MPS) philosophy. Final approval of the behavioral health criteria is by the Behavioral Health Quality Management Subcommittee. We are happy to announce that PreferredOne now has a representative of MPS on our Behavioral Health Quality Management Subcommittee. Current revisions of the behavioral health criteria can be found on the PreferredOne website <http://www.PreferredOne.com>.

### Institute for Clinical Systems Improvement (ICSI) Update

Listed below are the ICSI guidelines and technology assessment reports newly available or recently updated on the ICSI website ([www.ICSI.org](http://www.ICSI.org)).

#### **Health Care Guidelines:**

- Adult Low Back Pain
- Breast Cancer Treatment
- Diagnosis and Treatment of Osteoporosis



# Medical Management Updates

## Pharmacy Update

The PreferredOne pharmacy department has added a new link to the PreferredOne web page for providers. Within the "Information" box you can access many pharmacy programs, policies and criteria that have impact for our members.

Within the link providers have access to the following types of information:

- CuraScript Drug List
- Medication Request Forms
- 2006 Express Scripts National Preferred Formulary
- Pharmacy Policy & Criteria
- Quantity Level Limits Drug List

Providers are able to request hard copies of this information by contacting the pharmacy department from the e-mail link at the top of the pharmacy information page on the website. That address is [pharmacy@preferredone.com](mailto:pharmacy@preferredone.com).

### **Provider Contact to Rx Dept**

A paper copy of any pharmaceutical management procedure/program posted on the PreferredOne Provider website is available upon request by contacting the Pharmacy Department online at [pharmacy@preferredone.com](mailto:pharmacy@preferredone.com).

### **Medication Request Form**

The PreferredOne Medication Request Form can be used by physicians to request authorization on the following types of drugs and pharmaceutical management programs:

- Prior authorized medications
- Nonformulary medications
- Quantity limit overrides
- Half tablet program overrides
- Step therapy overrides

Complete clinical and member specific information supporting the request must be provided when submitting the form to PreferredOne for review.

The Medication Request Form is available on the PreferredOne physician website.

### **Medication Request Forms Now Available On-Line**

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

Below are the steps you, or anyone from your office staff, need to follow for locating and submitting the on-line form. Please note, each provider office has a "parent login holder" who has the option of logging in for you or setting up a new sub-login/password unique to you. If you are not clear on who your office parent login holder is, or wish to have your own login and password, you can go to PreferredOne.com, select Online Resource Center, choose "For Provider" then "Register". Within 5 business days you will receive login and password information.

- Log into the PreferredOne provider site with your user ID and password
- From the main menu window, select "Medication Authorization" from within the green box labeled PCHP/PAS Products
- Search for the appropriate member by entering their member ID and/or name. A list of member names will populate the screen, and the appropriate member can be selected.
- As soon as a member has been selected, the Medication Request form will open. The patient's demographic and plan information will be populated for you.
- Complete the required fields and submit for authorization.

Pg. 9...



## Medical Management Updates

...Cont'd from page 8

- Submitted requests that include an e-mail address will receive a return acknowledgment that PreferredOne has the request and will act upon it within the standard 48-hour turnaround time.

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

### **2006 PreferredOne Formulary**

PreferredOne utilizes the Express-Scripts National Preferred formulary for its members that have Express-Scripts as their Pharmacy Benefit Manager (PBM). This formulary undergoes a complete review annually with all changes taking effect in January of each year.

Attached please find the Express-Scripts National Preferred Formulary for your reference (**Exhibit J**).

The physician formulary is also available on the PreferredOne physician website. The website address is [www.preferredone.com](http://www.preferredone.com). The formulary is located under Information, Pharmacy Information, PreferredOne Provider Formulary.

### **Disease Management and Wellness Programs offered by PreferredOne**

PreferredOne believes that to positively impact medical utilization and promote healthy behavior, Disease Management and Wellness Programs need to be offered to our membership. To accomplish this, PreferredOne has implemented the following programs for PreferredOne member's participation:

**Accordant Care** - Focuses on providing Disease and Case Management Services to those members suffering from chronic, progressive conditions including:

- Rheumatoid Arthritis
- Multiple Sclerosis
- Parkinson's Disease
- Lupus

- Hemophilia
- Gaucher Disease
- Dermatomyositis
- ALS
- Myasthenia Gravis
- Sickle Cell Disease
- Cystic Fibrosis
- CIPD
- Polymyositis
- Scleroderma

**Free and Clear Smoking Cessation Program** - A self-referral program, FREE & CLEAR uses inbound and outbound telephone support to systematically move participants toward successfully quitting their tobacco habit. The program includes up to six outbound calls delivered over a 12-month period as well as:

- Individualized telephone counseling with a tobacco cessation specialist.
- Printed self-paced quitting materials- the FREE & CLEAR Quit Kit.
- Unlimited use of a toll-free support line.

**PreferredOne Healthy Mom & Baby Program** - A self referral maternity management program with the goal of reducing and /or preventing pre-term labor and delivery for expectant PreferredOne members and educating mothers on how to manage their pregnancies.

Upon enrollment, the family receives an introductory letter, high-risk survey, and a gift of the "Mayo Clinic Guide to A Healthy Pregnancy." A HM & BP registered nurse will contact the mother to review the survey and answer questions or concerns. The mother will then be contacted by mail or e-mail once a month with information specific to their pregnancy. The family will also have access to a 24/7 maternity nurse phone line. Upon completion of the program the

...Pg. 10

# Medical Management Updates

...Cont'd from page 9

member will receive a \$25 Target Gift Card as a thank you from PreferredOne for participating in the program.

**\*LifeMasters Supported Self Care Disease Management Program** - PreferredOne has contracted with LifeMasters, Inc. for disease management services for members diagnosed with certain chronic conditions. The goal is to improve or maintain the member's condition with education, support and integration of information with PreferredOne Case Management and the member's physician.

The core chronic diseases managed are:

- COPD (Chronic Obstructive Pulmonary Disease)
- CAD (Coronary Artery Disease)
- CHF (Congestive Heart Failure)
- Asthma – moderate to high risk

All participants in the disease management program with a co-morbidity of diabetes will have their diabetes managed as well.

LifeMasters, using their own criteria, will identify eligible members and contact them with an invitation to participate in the program. The member will receive telephonic, printed, and electronic information specific to their condition from a LifeMasters Case Manager. Members will also have access to their LifeMasters Case Manager to ask questions and discuss concerns that may develop between scheduled calls.

\*The LifeMasters Disease Management Program will be available through PreferredOne as of May 1, 2006.

Members may contact the PreferredOne Customer Service Department at 763-847-4488 for program and eligibility information.



## Quality Management

### **Medical Record Keeping Practices**



PreferredOne requires member medical records to be maintained in a manner that is detailed, current, and complete to promote safe and effective care, and stored in a manner that is organized and secure to maintain the confidentiality of the member's health history and allow access. Attached you will find the Quality Management policy for medical record documentation guidelines (**Exhibit K**) The standards are not unique to PreferredOne but are dictated by the state of Minnesota. Please review these guidelines and your clinic operations to ensure your medical record keeping system is compliant.

### **Clinical Practice Guidelines**

PreferredOne is a sponsor of the Institute for Clinical Systems Improvement (ICSI) and promotes practice guidelines to increase the knowledge of both our members and contracted providers about best practices for safe, effective and appropriate care. Attached you will find the Quality Management Clinical Practice Guidelines Policy (**Exhibit L**). We have adopted the following ICSI guidelines and support the implementation of these guidelines in our contracted provider network:

- Major Depression in Adults in Primary Care
- Diabetes Mellitus, Type 2; Management of
- Hypertension, Diagnosis and Treatment
- Attention Deficit Hyperactivity Disorder in Primary Care for School Age Children and Adolescents, Diagnosis and Management of
- Stable Coronary Artery Disease
- Diagnosis and Outpatient Management of Asthma

All the guidelines that we have adopted can be found on ICSI's website at [www.icsi.org](http://www.icsi.org).

The ICSI healthcare guidelines provide the performance standards for measurement and monitoring of clinical indicators and quality improvement initiatives for these conditions.

# PreferredOne®

<b>Department of Origin:</b> Pharmacy	<b>Approved by:</b> Pharmacy and Therapeutics Quality Management Subcommittee	<b>Date approved:</b> 11/16/05
<b>Department(s) Effected:</b> Medical Management and Pharmacy	<b>Effective Date:</b> 11/16/05	
<b>Pharmacy Criteria:</b> Dihydropyridine Step Therapy	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/D002	<b>Page:</b>	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 the Dihydropyridine Blocker Step Therapy criteria set is to require trial of a generic drug before a branded drug, and use of a single product before a combination product.

Step therapy requires the use of the more cost-effective drug as first line therapy when there is no literature to support the therapeutic benefit of one drug over another. When requesting a second line drug, and the reason for requesting the second line drug is not due to medical necessity, the ordering physician must supply literature supporting the superior therapeutic benefit or increased safety of the second line drug.

**DEFINITIONS:**

Automated Step Therapy:

Step therapy programs are generally automated within the pharmacy claims adjudication system. For a particular medication, all first line products are identified and coded into the step therapy protocol. When a second line product is attempted, the pharmacy adjudication system will automatically look for prior use of the first line medications according to the protocol that has been established. If there are prior uses of the first line agents, the prescription for the second line agents will automatically process and the claim will be paid. If first line agents have not previously been used, the claims for the second line agents will reject. The reject message to the dispensing pharmacist will advise them of what the first line agents are and that a trial of first line agents are required before the use of second line agents.

Branded drug:

No generic equivalent available.

Combination Product:

Two or more drugs in one product

Single Product:

One single drug in the product

# PreferredOne®

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<b>Reference #:</b> PC/D002	<b>Page:</b>	2 of 5

## Step Therapy:

When many different drugs are available for treating a medical condition it may be clinically appropriate to follow a step-wise process for finding the best treatment for individual people. Step therapy is an accepted standard in medical practice. The first step in a step therapy process is usually a treatment that is known to be safe and effective for most people. These treatments are known as “first-line” therapies. 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.

## **BACKGROUND:**

Drugs Effected: Dihydropyridine Calcium Channel Blockers

Generic Name	Generics Available	Brand Name
amlodipine tablets	N	Norvasc
isradipine immediate-release capsules	N	DynaCirc
isradipine controlled-release capsules	N	DynaCirc CR
nicardipine sustained-release capsules	N	Cardene SR
nisoldipine extended-release tablets	N	Sular
amlodipine/benzepiril capsules	N	Lotrel
felodipine/enalapril tablets	N	Lexxel
amlodipine/atorvastatin tablets	N	Caduet

## **GUIDELINES:**

Step Therapy Requirements

One of the following requirements applies, I – VII:

- 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 one generic single product DHP CCB (Table 1)
- III. Authorization may be given for Norvasc if the patient meets one of the following:
  - A. Patient has heart failure or symptoms of heart failure or compromised ventricular function
  - B. Patient is unable to swallow tablets or capsules whole (Norvasc is the only once-daily administered DHP CCB that can be crushed)
- IV. Authorization may be given for a brand name DHP CCB (Table 2) if the patient was recently hospitalized for a cardiovascular event such as a myocardial infarction and has already been started and stabilized on the brand name agent in the hospital
- V. Authorization may be given for the combination branded product Caduet (Table 4) if the patient has not responded to, is intolerant to, or a poor candidate for the brand product Norvasc and at least two HMG-CoA reductase inhibitors (Table 4)

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<b>Pharmacy Criteria:</b> Dihydropyridine Step Therapy	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/D002	<b>Page:</b>	3 of 5

- VI. Authorization may be given for the combination branded product Lotrel (Table 3) if the patient has not responded to, is intolerant to, or a poor candidate for the brand product Norvasc and at least one angiotensin converting enzyme (ACE) inhibitor (Table 6)
- VII. Authorization may be given for the combination branded product Lexxel (Table 3) if the ) if the patient has not responded to, is intolerant to, or a poor candidate for felodipine and at least one ACE inhibitor (Table 6)

Table 1 Generic DHP CCBs

Generic Name	Generics Available	Brand Name
felodipine ER tablets	Y	Plendil®
nicardipine IR capsules	Y	Cardene®
nifedipine ER tablets	Y	Procardia XL®
nifedipine SR tablets	Y	Adalat®
nifedipine IR capsules	Y	Procardia®

Table 2 Brand Name DHP CCBs

Generic Name	Generics Available	Brand Name
amlodipine tablets	N	Norvasc®
isradipine IR capsules	N	DynaCirc®
isradipine CR tablets	N	DynaCirc CR®
nicardipine SR capsules	N	Cardene SR®
nisoldipine ER tablets	N	Sular®

Table 3 Brand Name DHP CCB/ACE inhibitor combinations

Generic Name	Generics Available	Brand Name
amlodipine/benazepril capsules	N	Lotrel®
felodipine/enalapril tablets	N	Lexxel®

Table 4 Brand Name DHP CCB/HMG-CoA reductase inhibitor combination

Generic Name	Generics Available	Brand Name
amlodipine/atorvastatin tablets	N	Caduet®

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<b>Pharmacy Criteria:</b> Dihydropyridine Step Therapy	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/D002	<b>Page:</b>	4 of 5

Table 5 HMG-CoA reductase inhibitors

Generic Name	Generics Available	Brand Name
lovastatin	Y	Mevacor®
simvastatin	N	Zocor®
pravastatin	N	Pravachol®
fluvastatin	N	Lescol/Sescol XL®
atorvastatin	N	Lipitor®
rosuvastatin	N	Crestor®

Table 6 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®
ramipril capsules	N	Altace®
trandolapril tablets	N	Mavik®
perindopril tablets	N	Aceon®
quinapril tablets	Y	Accupril®

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<b>Pharmacy Criteria:</b> Dihydropyridine Step Therapy	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/D002	<b>Page:</b>	5 of 5

## REFERENCES:

1. Express Scripts, Step Therapy Policy: Dihydropyridine Calcium Channel Blocker Step Therapy Program. 03/02/05.

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<b>Department(s) Effected:</b> Medical Management and Pharmacy	<b>Effective Date:</b> 11/16/05	
<b>Pharmacy Criteria Document:</b> Topical Immunomodulators (Elidel and Protopic)	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/I001	<b>Page:</b>	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 ensure the use of formulary topical steroids prior to a topical immunomodulator in adults and children over the age of 2 years.

Step therapy requires the use of the more cost-effective drug as first line therapy when there is no literature to support the therapeutic benefit of one drug over another. When requesting a second line drug, and the reason for requesting the second line drug is not due to medical necessity, the ordering physician must supply literature supporting the superior therapeutic benefit or increased safety of the second line drug.

**DEFINITIONS:**

Atopic dermatitis (AD)

Chronic, relapsing, inflammatory skin disease distinguished by pruritus and eczema.

Automated Step Therapy:

Step therapy programs are generally automated within the pharmacy claims adjudication system. For a particular medication, all first line products are identified and coded into the step therapy protocol. When a second line product is attempted, the pharmacy adjudication system will automatically look for prior use of the first line medications according to the protocol that has been established. If there are prior uses of the first line agents, the prescription for the second line agents will automatically process and the claim will be paid. If first line agents have not previously been used, the claims for the second line agents will reject. The reject message to the dispensing pharmacist will advise them of what the first line agents are and that a trial of first line agents are required before the use of second line agents.

Step Therapy:

When many different drugs are available for treating a medical condition it may be clinically appropriate to follow a step-wise process for finding the best treatment for individual people. Step therapy is an accepted standard in medical practice. The first step in a step therapy process is usually a treatment that is known to be safe and effective for most people. These treatments are known as “first-line” therapies. 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.



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<b>Pharmacy Criteria Document:</b> Topical Immunomodulators (Elidel and Protopic)	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/I001	<b>Page:</b>	2 of 4

## BACKGROUND:

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

Tacrolimus ointment (Elidel) and pimecrolimus cream (Protopic) are both approved for the treatment of AD in adults and children over two (2) years of age whom conventional therapies have failed.

Tacrolimus has been effective in treating atopic blepharitis (also referred to as atopic eyelid disease or eyelid dermatitis). There are no data with pimecrolimus in treating atopic dermatitis involving the eye/eyelids specifically.

## Drugs Effected

Generic Name	Generics available	Brand Name
pimecrolimus cream	N	Elidel
tacrolimus ointment	N	Protopic

## GUIDELINES:

Medical Necessity Criteria and Step Therapy Requirements:  
Must have one of the following:

- I. Requests for pimecrolimus (Elidel) – A or B
  - A. Ordered by a Dermatologist
  - B. Not ordered by a Dermatologist – all of the following 1-4:
    1. The patient must be two years of age or older (case review required for requests for use on children under two (2) years of age)
    2. Have a mild to moderate dermatological condition
    3. The condition has been treated in the last 60 days and the patient and has not responded to, is intolerant to, or a poor candidate for a formulary topical corticosteroid (Table 1)
    4. Does not have a compromised immune system.
- II. Requests for tacrolimus (Protopic) – A or B
  - A. Ordered by a Dermatologist
  - B. Not ordered by a Dermatologist - must be two years of age or older (case review required for requests for use on children under two (2) years of age) and have one of the following 1 or 2:
    1. Dermatological condition on or around the eyes/eyelids
    2. Moderate to severe dermatological condition in a location other than around eyes/eyelids – both of the following:

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<b>Pharmacy Criteria Document:</b> Topical Immunomodulators (Elidel and Protopic)	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/I001	<b>Page:</b>	3 of 4

- a. the condition has been treated in the last 60 days and the patient has not responded to, is intolerant to, or a poor candidate for the formulary topical corticosteroid (Table 1)
- b. does not have a compromised immune system.

Table 1: Topical Corticosteroids

Generic Name	Generics available	Brand Name
acemetasone dipropionate cream and ointment	N	Aclovate®
amcinonide cream, lotion, and ointment	N	Cyclocort®
betamethasone dipropionate, augmented gel, lotion, ointment, and cream	N	Diprolene®/Diprolene® AF
clobetasone propionate cream, gel, and ointment	Y	Temovate®
clocortolone pivalate cream	N	Cloderm®
desoximetasone cream, gel, and ointment	Y	Topicort®
diflorasone diacetate cream and ointment	Lotion – Y All others -N	Florone®/Florone® E
diflorasone diacetate cream and ointment	N	Psorcon® E
flurandrenolide lotion, ointment, and cream	N	Cordran®
fluticasone propionate cream and ointment	N	Cutivate®
halcinonide cream, ointment, and solution	N	Halog/Halog E
halobetasol propionate cream and ointment	N	Ultravate®
hydrocortisone buteprate cream	N	Pandel®
hydrocortisone butyrate cream, ointment, and solution	N	Locoid®
mometasone furoate cream, lotion, and ointment	N	Elocon®
triamcinolone acetonide cream, lotion and ointment	Y - All	Kenalog®, Aristocort®

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<b>Pharmacy Criteria Document:</b> Topical Immunomodulators (Elidel and Protopic)	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> PC/I001	<b>Page:</b>	4 of 4

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<b>Department of Origin:</b> Pharmacy	<b>Approved by:</b> Pharmacy and Therapeutics Quality Management Subcommittee	<b>Date approved:</b> 11/16/05
<b>Department(s) Effected:</b> Medical Management and Pharmacy	<b>Effective Date:</b> 11/16/05	
<b>Pharmacy Criteria Document:</b> Oral Antifungal Therapy (Sporanox and Lamisil)	<b>Replaces Effective Policy Dated:</b>	
<b>Reference #:</b> PC/A002	<b>Page:</b>	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 this criteria set is to require prior authorization of Lamisil and Sporanox to ensure the intended use is for non-cosmetic purposes.

## DEFINITIONS:

### Onychomycosis:

A fungal infection involving finger or toe nails. Nails generally split, flake and grow too thick.

### Paronychia:

Inflammation involving the folds of tissue surrounding the nail.

### Tinea:

A name applied to various skin diseases but especially to fungal infections of the skin and appendages.

## BACKGROUND:

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

Lamisil is an anti-fungal agent used for the treatment of *onychomycosis*. The usual regime is 250 mg per day: six weeks for fingernails at a cost of \$491.00, and 12 weeks for toenails at a cost of \$983.00. An additional 4 weeks may be necessary for more extensive conditions or certain clinical situations.

Sporanox is an anti-fungal agent. The recommended regimen is (not including systemic fungal infections) pulse therapy: a two-consecutive-pulse regimen is recommended for fingernails at a cost of \$288.00, and a three-consecutive-pulse regimen for toenails at a cost of \$432.00. An additional cycle (pulse) may be necessary for more extensive conditions or certain clinical situations. One pulse consists of Sporanox 200 mg (two 100-mg capsules) twice daily (400 mg per day) for 1 week, followed by 3 weeks off. There are no known indications for concurrent therapy with more than one oral antifungal agent.

Another anti-fungal agent is topical ciclopirox (Penlac®).

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<b>Pharmacy Criteria Document:</b> Oral Antifungal Therapy (Sporanox and Lamisil)	<b>Replaces Effective Policy Dated:</b>	
<b>Reference #:</b> PC/A002	<b>Page:</b>	2 of 4

In certain cases, treatment of *onychomycosis* is considered a cosmetic issue and not eligible for coverage. Treatment of conditions associated with co-morbid conditions, when the condition is part of a more serious pathology, or when the condition results in a functional impairment are considered medically necessary. There are no known indications for concurrent therapy with more than one oral antifungal agent.

## Drugs Effected:

Generic Name	Generics Available	Brand Name
terbinafine	N	Lamisil
itraconazole	N	Sporanox

## GUIDELINES:

### Medical Necessity Criteria Requirements:

#### I. Initial use – must have one of A-C :

- A. Systemic fungal infection (aspergillosis, blastomycosis, or histoplasmosis) – applies to Sporanox only

Note: Pulse therapy requirement does not apply to systemic fungal infections

#### B. *Onychomycosis* – Sporanox or Lamisil – must have 1 and 2; or 1 and 3:

1. Diagnosed by one of the following a - c:
  - a. Fungal culture
  - b. Nail biopsy or nail clipping with histological examination
  - c. Potassium hydroxide (KOH) performed at a dermatologist's office
2. Associated with documentation of disease severity – must have one of the following a or b:
  - a. Significant pain or tenderness on palpation
  - b. Significant impairment of ADLs (e.g. difficulty standing or ambulating)
3. Associated with documentation of one of the following a or b:
  - a. Co-morbid medical conditions – one of the following (1) – (4):
    - (1) Insulin dependent diabetes
    - (2) Immunosuppression
    - (3) Peripheral neuropathy
    - (4) Peripheral vascular disorder
  - b. *Onychomycosis* related conditions – one of the following (1) – (4):
    - (1) History of significant cellulitis of the affected area requiring systemic antibiotic therapy
    - (2) Recurring ingrown toenails requiring surgical intervention
    - (3) Finger nail involvement with *paronychia*
    - (4) Other fungal related skin infections and documentation supports the patient is a poor candidate for, has not responded to or is intolerant to at least two other oral or topical antifungal agents such as ketoconazole or nystatin cream, etc.

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<b>Pharmacy Criteria Document:</b> Oral Antifungal Therapy (Sporanox and Lamisil)	<b>Replaces Effective Policy Dated:</b>	
<b>Reference #:</b> PC/A002	<b>Page:</b>	3 of 4

- C. Superficial fungal skin infections- must have both 1 and 2:
  - 1. Diagnosed by one of the following a or b:
    - a. Fungal culture
    - b. Potassium hydroxide (KOH) performed at a dermatologist's office
  - 2. Documentation supports patient has not responded, is intolerant to, or a poor candidate for two(2) topical antifungal agents (Table 1)
  
- II. Continued use therapy request beyond the recommended regime require – both of the following A and B:
  - A. Diagnostic test confirms a fungus continues to be the infecting organism
  - B. Initial use criteria (Roman numeral I) continues to be met
  
- III. Quantity level limits (QLL) for Sporanox:  
If the patient meets medical necessity criteria I.B.: 1-28 capsules (100mg) with one refill for treatment of fingernails, two refills for treatment of toenails will be approved.

Table 1: Oral or topical antifungal agents

Oral

Generic Name	Generics Available	Brand Name
fluconazole	N	Diflucan
clotrimazole lozenge	N	Mycelex Troche
nystatin	Y	Mycostatin
itraconazole	N	Sporanox
voriconazole	N	VFend

Topical

Generic Name	Generics Available	Brand Name (RX/OTC)
butenafine	N	Mentax (RX)/Lotrimin Ultra (OTC)
ciclopirox	N	Loprox (RX)/Penlac Nail Lacquer (RX)
clotrimazole	Y	Lotrimin AF, Cruex, Desenex (OTC)
econazole	N	Spectazole (RX)
ketoconazole	N	Nizoril (RX)
miconazole	Y	Micatin, Lotrimin AF, Desenex (OTC)
naftifine	N	Naftin (RX)
terbinafine	N	Lamisil (RX)
tolnaftate	Y	Tinactin (OTC)

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<b>Pharmacy Criteria Document:</b> Oral Antifungal Therapy (Sporanox and Lamisil)	<b>Replaces Effective Policy Dated:</b>	
<b>Reference #:</b> PC/A002	<b>Page:</b>	4 of 4

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<b>Department of Origin:</b> Medical Management	<b>Approved by:</b> Chiropractic Quality Subcommittee	<b>Date approved:</b> 10/27/05
<b>Department(s) Effected:</b> Claims, Coding, Contracting, Customer Service, Medical Management	<b>Effective Date:</b> 10/27/05	
<b>Chiropractic Policy Document:</b> Electrical Stimulation	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> CP/B005	<b>Page:</b> 1 of 4	

**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.

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

**PURPOSE:**

The intent of this policy is to provide medical necessity guidelines for the use of electrical stimulation in a clinical setting.

**BACKGROUND:**

Electrical stimulation may include, but is not limited to, treatment referred to as Interferential Stimulation, Electrogalvanic Stimulation, Direct current stimulation, or in clinic TENS treatment. This policy does NOT refer to electrical stimulation associated with acupuncture per CPT codes 97813 or 97814.

This policy refers to the following CPT Code definitions to differentiate 97014 and 97032 (copyright AMA, 2005):

**97014: Electrical stimulation (unattended)**

This is considered a ‘supervised’ modality. The application of a modality that does not require direct (one-on-one) patient contact by the provider. This is not a timed code.

**97032: Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes.**

This is considered a ‘constant attendance’ modality. The application of a modality that requires direct (one-on-one) patient contact by the provider.

**POLICY:**

The use of passive treatment therapies beyond the first 6 weeks of treatment is not considered medically necessary. There is insufficient clinical scientific evidence to support their effectiveness.

**GUIDELINES:**

- I. Electrical stimulation may be utilized in the initial exacerbation of a condition for pain control, reduction of inflammation, or reduction of muscle spasm. Documentation must support the use of this modality. As a condition progresses, passive care should be replaced by active treatment modalities such as therapeutic exercise. If a condition has not resolved within six weeks of passive therapy, this warrants a change to active treatment or a referral to a different health care specialty provider. Insufficient evidence exists to support the continued use of electrical stimulation as a means for improved clinical outcomes.



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<b>Department of Origin:</b> Medical Management	<b>Approved by:</b> Chiropractic Quality Subcommittee	<b>Date approved:</b> 10/27/05
<b>Department(s) Effected:</b> Claims, Coding, Contracting, Customer Service, Medical Management	<b>Effective Date:</b> 10/27/05	
<b>Chiropractic Policy Document:</b> Electrical Stimulation	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> CP/B005	<b>Page:</b>	2 of 4

- II. The use of 97032 (constant attendance) should be reserved for instances where the provider must manually apply the electrical stimulation for the entire treatment time. This occurs rarely and as an example includes techniques such as a probe to isolate muscular trigger points.
  
- III. Scientific literature will continue to be reviewed and any significant changes in published literature will be taken into consideration for modification of this policy.

**EXCLUSIONS/LIMITATIONS (not limited to):**

Refer to enrollee's Certificate of Coverage or Summary Plan Description.

<b>Department of Origin:</b> Medical Management	<b>Approved by:</b> Chiropractic Quality Subcommittee	<b>Date approved:</b> 10/27/05
<b>Department(s) Effected:</b> Claims, Coding, Contracting, Customer Service, Medical Management	<b>Effective Date:</b> 10/27/05	
<b>Chiropractic Policy Document:</b> Electrical Stimulation	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> CP/B005	<b>Page:</b>	3 of 4

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# PreferredOne®

<b>Department of Origin:</b> Medical Management	<b>Approved by:</b> Chiropractic Quality Subcommittee	<b>Date approved:</b> 10/27/05
<b>Department(s) Effected:</b> Claims, Coding, Contracting, Customer Service, Medical Management	<b>Effective Date:</b> 10/27/05	
<b>Chiropractic Policy Document:</b> Electrical Stimulation	<b>Replaces Effective Policy Dated:</b> N/A	
<b>Reference #:</b> CP/B005	<b>Page:</b>	4 of 4

## DOCUMENT HISTORY:

<b>Created Date:</b> 09/22/05
<b>Reviewed Date:</b>
<b>Revised Date:</b> 11/29/05

**Exhibit E****Chiropractic Policy Table of Contents**

<b>Reference #</b>	<b>Description</b>
B005	<b>Electrical Stimulation</b> <i>New</i>
H001	<b>Hot N Cold Packs</b>
I001	<b>Experimental, Investigational or Unproven Services</b>
P001	<b>Passive Rx Therapies beyond six weeks</b>
P002	<b>Plain films within first 30 days of care</b>

*Revised 10/27/05*

**Exhibit F**

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

### Medical Criteria Table of Contents

<b>Reference #</b>	<b>Category</b>	<b>Description</b>
A006	Cardiac/Thoracic	<b>Ventricular Assist Devices (VAD)</b>
A007	Cardiac/Thoracic	<b>Lung Volume Reduction</b>
B002	Dental and Oral Maxillofacial	<b>Orthognathic Surgery</b>
C001	Eye, Ear, Nose, and Throat	<b>Nasal Reconstructive Surgery</b>
C007	Eye, Ear, Nose, and Throat	<b>Uvulopalatopharyngoplasty (UPPP)</b>
C008	Eye, Ear, Nose, and Throat	<b>Strabismus Repair (Adult and pediatric) <i>Revised</i></b>
C009	Eye, Ear, Nose, and Throat	<b>Cochlear Implant</b>
C010	Eye, Ear, Nose, and Throat	<b>Otoplasty <i>Revised</i></b>
E008	Obstetrical and Gynecological	<b>Uterine Artery Embolization (UAE)</b>
F014	Orthopaedic/Musculoskeletal	<b>Percutaneous Vertebroplasty &amp; Kyphoplasty</b>
G001	Skin and Integumentary	<b>Eyelid Surgery (Blepharoplasty &amp; Ptosis Repair)</b>
G002	Skin and Integumentary	<b>Reduction Mammoplasty</b>
G003	Skin and Integumentary	<b>Panniculectomy/Abdominoplasty</b>
G004	Skin and Integumentary	<b>Breast Reconstruction</b>
G006	Skin and Integumentary	<b>Gynecomastia Procedures</b>
G007	Skin and Integumentary	<b>Prophylactic Mastectomy</b>
G008	Skin and Integumentary	<b>Hyperhidrosis Treatment</b>
H003	Gastrointestinal/Nutritional	<b>Bariatric Surgery</b>
J001	Vascular	<b>Treatment of Varicose Veins</b>
L001	Diagnostic	<b>Positron Emission Tomography (PET) Scan <i>Revised</i></b>
L002	Diagnostic	<b>Coronary Artery Evaluation (EBCT, UFCT, MSCT, Spiral CT, Helical CT)</b>
M001	MH/Substance Related Disorders	<b>Inpatient Treatment for Mental Disorders</b>
M002	MH/Substance Related Disorders	<b>Electroconvulsive Treatment (ECT): Inpatient Treatment</b>
M004	MH/Substance Related Disorders	<b>Day Treatment Program-Mental Health Disorder</b>
M005	MH/Substance Related Disorders	<b>Eating Disorders-Level of Care Criteria</b>
M006	MH/Substance Related Disorders	<b>Partial Hospitalization Program (PHP)-Mental Health Disorder</b>
	MH/Substance Related	

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

*Revised 01/17/06*

## Medical Policy Table of Contents

Reference #	Description
A001	<b>Elective Abortion</b>
A002	<b>Mifepristone/RU486</b>
C001	<b>Court Ordered Mental Health &amp; Substance Related Disorders Services</b>
C002	<b>Cosmetic Surgery</b>
C003	<b>Criteria Management and Application</b> <i>Revised</i>
C008	<b>Oncology Clinical Trials Covered/Non-covered Services</b> <i>Revised</i>
D002	<b>Diabetic Supplies</b>
D004	<b>Durable Medical Equipment, Supplies, Orthotics and Prosthetics</b>
D007	<b>Disability Determinations: Proof of Incapacity Requirements</b>
D008	<b>Dressing Supplies</b>
E004	<b>Enteral Nutrition Therapy</b>
E005	<b>EROS Device (Vacuum Therapy for Treatment of Female Sexual Dysfunction)</b>
F006	<b>FluMist</b>
G001	<b>Genetic Testing</b>
H001	<b>Home Health Aid Services</b>
H004	<b>Healthcares Services with Demonstrated Lack of Therapeutic Benefit</b>
H005	<b>Home Health Care</b>
I001	<b>Investigational/Experimental (Formerly MM/B010)</b>
I002	<b>Infertility Treatment</b>
N002	<b>Nutritional Counseling</b>
P004	<b>Private Room</b>
P007	<b>Preparatory/Preoperative Blood Donation</b>
R002	<b>Reconstructive Surgery</b>
S006	<b>Screening Tests</b> <i>Revised</i>
S007	<b>Sensory Integration (SI)</b>
S008	<b>Scar Revision</b>
T002	<b>Transition/Continuity of Care</b>
T004	<b>Therapeutic Overnight Pass</b>
T005	<b>Transfers to a Lower Level of Care for Rehabilitation from an Acute Care Facility</b>

*Revised 01/17/06*

## Pharmacy Criteria Table of Contents

<b>Reference #</b>	<b>Category</b>	<b>Description</b>
A001	Pharmacy	<b>ACE Inhibitors Step Therapy</b>
A002	Pharmacy	<b>Oral Antifungal Treatment</b> <i>New</i>
B003	Pharmacy	<b>Botulinum Toxin</b>
B004	Pharmacy	<b>Biologics for Arthritic Conditions: Enbrel (etanercept), Humira (adalimumab), &amp; Remicade (infliximab)</b> <i>Revised</i>
B005	Pharmacy	<b>Biologics for Psoriasis: Amevive (alefacept) Enbrel (etanercept) and Raptiva (efalizumab)</b> <i>Revised</i>
D002	Pharmacy	<b>Dihydropyridine Step Therapy</b> <i>New</i>
G001	Pharmacy	<b>Growth Hormone Therapy</b>
I001	Pharmacy	<b>Topical Immunomodulators</b> <i>New</i>
L002	Pharmacy	<b>Leukotriene Pathway Inhibitors Step Therapy</b> <i>Revised</i>
N001	Pharmacy	<b>Branded Nonsteroidal Anti-Inflammatory Drug (NSAID) Step Therapy</b>
P001	Pharmacy	<b>Proton Pump Inhibitor (PPI) Step Therapy</b> <i>Revised</i>
R002	Pharmacy	<b>RSV Prophylaxis - American Academy of Peds</b>
S002	Pharmacy	<b>Selective Serotonin Reuptake Inhibitors (SSRIs) Step Therapy</b>
W001	Pharmacy	<b>Weight Loss Medications</b> <i>Revised</i>
X001	Pharmacy	<b>Xolair</b> <i>Revised</i>

Revised 01/17/06



Exhibit I

**Pharmacy Policy Table of Contents**

<b>Reference #</b>	<b>Description</b>
C001	<b>Coordination of Benefits</b> <i>Revised</i>
C002	<b>Combination Drugs</b>
D001	<b>Drugs with Potential Adverse Effects or Interactions</b>
D002	<b>Dosing Optimizing Programs</b> <i>Revised</i>
F001	<b>Formulary Overrides</b> <i>Revised</i>
L001	<b>Long Acting Medications</b>
N001	<b>National Formulary Exceptions</b> <i>Revised</i>
O001	<b>Off-Label Drug Use</b> <i>Revised</i>
P001	<b>Prior Authorization of Medications Ordered by a Specialist</b> <i>Revised</i>
Q001	<b>Quantity Limits per Prescription per Copayment</b>
S001	<b>Step Therapy</b> <i>Revised</i>
U001	<b>Urgent Pharmacy Situations</b>

*Revised 01/17/06*



EXPRESS SCRIPTS®

# 2006 Express Scripts National Preferred Formulary

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

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

**A**

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

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

**B**

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

**C**

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

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

**D**

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

**E**

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

**F**

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

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

**G**

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

**H**

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

**I**

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

**J**

jolivet  
junel, fe

**K**

kariva  
ketoconazole

**L**

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

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

**M**

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

**N**

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

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

**O**

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

**P**

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

(continued)

**THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2006 THROUGH DECEMBER 31, 2006. THIS LIST IS SUBJECT TO CHANGE.**

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

You can get more information and updates to this document at our web site at [www.express-scripts.com](http://www.express-scripts.com).

## Examples of Non-Formulary Medications with Selected Formulary Alternatives

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

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

Thank you for your compliance.

Non-Formulary	Formulary Alternative	Non-Formulary	Formulary Alternative	
PRECISION XTRA PRECOSE prednisolone acetate prednisolone sodium phosphate prednisone PREFEST PREMARIN PREMPHASE PREMPRO PREVACID PREVACID NAPRAPAC previfem PREVPAC prochlorperazine PROCRIT [INJ] promethazine hcl promethazine w/codeine promethazine w/dm PROMETRIUM propranolol hcl, w/hctz PROSCAR* PROVENTIL HFA pseudoephedrine w/chlorpheniramine PULMICORT	thioridazine hcl thiothixene thyroid TILADE timolol maleate tobramycin sulfate TOPAMAX TOPROL XL* trazodone hcl tretinoin triamcinolone acetone TRICOR trifluoperazine hcl trimethoprim trimethoprim trinessa tri-previfem tri-sprintec trivora TRUSOPT TUSSIONEX	LEXXEL LIPITOR LOCOID LOFIBRA LOPROX LORABID LUNESTA MAVIX MAXALT.MLT MAXAQUIN MENOSTAR METAGLIP MIACALCIN NASAL MICARDIS MICARDIS HCT MOBIC MS CONTIN MSIR MUSE NASAPREL NAXALTROPIN NORITATE NOROXIN NORVASC NUTROPIN DEPOT NUVARING OPTIVAR ORAPRED OVIDREL OXYCONTIN OXYIR PAXIL PAXIL CR	Lotrel lovastatin, Crestor, Vytorin, Zocor* hydrocortisone gemfibrozil, Tricor ciclopirox amox tri/potassium clavulanate, Augmentin XR, Omnicef Ambien, Sonata Generic Ace Inhibitor, Altace* Imitrex, Zomig/ZMT ciprofloxacin, ofloxacin, Avelox, Levaquin Generic patches, Alora, Vivelle/-Dot glipizide + metformin fortical, Actonel, Fosamax Cozaar, Diovan Diovan HCT, Hyzaar Generic NSAIDs morphine sulfate sa morphine sulfate soln Edex, Levitra Fionase*, Nasacort AQ, Nasonex Humatrope, Nutropin/AQ, Saizen metronidazole cream ciprofloxacin, ofloxacin, Avelox, Levaquin felodipine er, nifedipine extended release, Dyncircr CR, Sular Humatrope, Nutropin/AQ, Saizen Diovan HCT, Hyzaar Ortho Tri-Cyclen Lo, Yasmin cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor prednisolone soln chronic gonadotropin, Novarel oxycodone hcl tab sa oxycodone hcl caps immediate release paroxetine paroxetine (immediate release), citalopram, fluoxetine (daily), Lexapro, Zoloft* clarithromycin, erythromycin prednisolone soln Copegus, Pegasys	
Q	U			
quetiapine fumarate quinapril quinaretic QVAR	UNIPHYL* urea URSO, FORTE			
R	V			
ranitidine REBIF [INJ] RENAGEL REPRONEX [INJ] RESTORIL (7.5mg) ribasphere ribavirin rimantadine RISPERDAL (excluding M-tabs)	VALTRESX velivet VENTOLIN HFA BENZAMYCIN, PAK BETIMOL BIAXIN, XL BONIVA CADUET	PCF PEDIAPRED PEG-INTRON, REDIPEN PHENYTEK PLENDIL PLEXION, TS, SCT PRAMOSONE PRAVACHOL PRECISION QID, PCX PRIL OSEC PROTONIX PROTOPIC PROTROPIN PROZAC WEEKLY	phenytoin sodium extended release felodipine er sulfacetamide sodium/sulfur sublimed lidocaine-hc lovastatin, Crestor, Vytorin, Zocor* Accu-check, OneTouch	
S	X			
SAIZEN [INJ] salsalate selenium sulfide SEREVENT DISKUS serophene SINGULAIR SKELAXIN* sodium sulfacetamide/ sulfur solia SONATA SPIRIVA sprintec STARLIX STRATTERA SULAR sulfacetamide sodium sulfasalazine	warfarin WELCHOL WELLBUTRIN XL*	CELEZA CENESTIN CEREFOLIN CIALIS GLOXAN CIPRO XR CLARINEX-D CLIMARA COLAZAL COVERAHS CYCESSA DETROL, LA DIDRONEL DIFENTUM DUPRAGESIC (excl 12mg/hr) DYNABAC DYNACIRC ELESTAT ENABLEX EPOGEN ERTACZO ESTRADERM ESTRASORB ESTROGEL FACTIVE FAMVIR FemHRT FERTINEX FML FORTE FOCALIN, XR FOSRENOL FREESTYLE FROVA GENOTROPIN GEODON GLUCOMETER GLYSET HELIDAC IOPIDINE ISTALOL KADIAN KETEK, PAK KRISTALOSE KYTRIL LYSCOL, XL	QUIXIN RELENZA RELPAZ RESTORIL (excluding 7.5mg) RETIN-A, MICRO RISPERDAL AQUA RISPERDAL M-TAB RITALIN LA RYNATAN SANCTURA SEASONALE SKELID SOF-TACT SPECTRACEF SPORANOX caps, kit SUPRAX SYMBYAX SYNTHROID TARKA TEQUIN TESTIM TEVETEN TEVETEN HCT TEV-TROPIN TOBRADEX TOFRANIL-PM TRAVATAN TRIGLIDE TRI-NORINYL ULTRASE, MT UNIRETIC UROXATRAL VANTIN suspension VANTIN tabs VEXOL VIAGRA WELLBUTRIN SR XIBROM ZEGEERD ZYPREXA ZYDIS ZYRTEC ZYRTEC-D	omeprazole Nexium, Prevacid Eldel Humatrope, Nutropin/AQ, Saizen fluoxetine (daily), citalopram, paroxetine, Lexapro, Zoloft ciprofloxacin, ofloxacin, Vigamox, Zymar rimantadine, Tamiflu temazepam tretinoin, Differin Fionase*, Nasacort AQ, Nasonex levora, portia (continuous regimen) methylphenidate, Concerta*, Metadate CD/ER* Allegra-D 12-hour* oxybutynin, Ditropan XL*, Vesicare levora, portia (continuous regimen) Actonel, Fosamax Accu-Check, OneTouch amox tri/potassium clavulanate, Augmentin XR, Omnicef itraconazole amox tri/potassium clavulanate, Augmentin XR, Omnicef fluoxetine+Zyprexa (non-Zydis) levothyroxine sodium, Levoxyl verapamil+ACE Inhibitor, Lotrel ciprofloxacin, ofloxacin, Avelox, Levaquin Androderm, Androigel Cozaar, Diovan Diovan HCT, Hyzaar Humatrope, Nutropin/AQ, Saizen Zylet imipramine tabs Lumigan, Xalatan gemfibrozil, Tricor aranella, Ieena amylase/lipase/protease benazepril/hctz, enalapril/hctz, fosinopril/hctz, lisinopril/hctz, quinaretic Avodart, Flomax, Proscar* amox tri/potassium clavulanate, Omnicef cefepoxime Generic steroids, Lotemax Levitra Dupropion sr Voltaren Ophthalmic omeprazole, Nexium, Prevacid Zyprexa (non-Zydis) fexofenadine, Allegra*, Clarinex Allegra-D 12 hour*
T				
TAMIFLU tamoxifen TAZORAC TEGRETOL XR temazepam theophylline, anhydrous, er thioguanine				

### KEY

The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication.  
The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.  
The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.

**For the member:** Generic medications contain the same active ingredients as their corresponding brand name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.  
Brand name drugs are listed in CAPITAL letters.  
Generic drugs are listed in lower case letters.

**THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2006 THROUGH DECEMBER 31, 2006. THIS LIST IS SUBJECT TO CHANGE.**

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

You can get more information and updates to this document at our web site at [www.express-scripts.com](http://www.express-scripts.com).

# PreferredOne®

<b>Department of Origin:</b> Quality Management	<b>Approved by:</b> Chief Medical Officer	<b>Date approved:</b> 01/18/06
<b>Department(s) Affected:</b> Quality Management, Network Management,	<b>Effective Date:</b> 01/18/06	
<b>Procedure Description:</b> Medical Record Documentation Guidelines	<b>Replaces Effective Procedure Dated:</b>	
<b>Reference #:</b> QM/M001	<b>Page:</b> 1 of 3	

## PRODUCT APPLICATION:

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

## BACKGROUND:

PreferredOne requires medical records to be maintained in a manner that is complete, current, detailed & organized, and permit effective and confidential patient care and quality review.

## PROCEDURE:

PreferredOne Community Health Plan member health records must be maintained according to all of the following:

- I. The medical record must include all the following:
  - A. All pages of patient record contain patient identifier (name or ID#)
  - B. All record entries must:
    1. Identify the author by handwritten, stamped or electronic signature
    2. Be dated; and
    3. Legible to someone other than the author
  - C. All medical record documentation must include:
    1. Patient specific demographic data (address, home or work telephone numbers and marital status)
    2. A completed problem list that indicates significant illnesses and medical conditions for patient seen three or more times in one year (critical element)
    3. A medication list including refill dates
    4. Medication allergies and other allergies with adverse reactions prominently noted in the record, or documentation of no known allergies (NKA) or no history of adverse reaction appropriately noted
    5. Past medical history is identified and includes a review of serious accidents, surgical procedures and illnesses if the patient has been seen three or more times (for children and adolescents, 18 years and younger, past medical history relates to prenatal care, birth, operations and childhood illnesses)

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<b>Reference #:</b> QM/M001	<b>Page:</b>	2 of 3

6. Current or history of “use” or “non-use” of cigarettes, alcohol and other habitual substances is present when age appropriate
7. A history and physical (H&P) exam that records appropriate subjective and objective information pertinent to the patient’s presenting complaints
8. Unresolved problems from previous office visits are addressed in subsequent office visits if a member has been seen previously at the site
9. Encounter forms or notes indicating the specific time for return/follow-up in weeks, months, or “as needed” if the member requires follow-up care or return visits
10. Continuity and coordination of care between the primary care practitioner and consultants as evidenced by consultant’s written report or notation of verbal follow-up in the record’s notes if consultations are ordered for the member
11. An immunization record/history
12. For ordered tests or studies there is evidence that the practitioner has:
  - a. Reviewed the results either by initialing the reports or notation within the record’s notes and;
  - b. Documented follow-up plans from consultations, abnormal labs, or imaging studies by explicit notation in the record.

II. Medical records must be stored in a secure area that is inaccessible to unauthorized individuals.

II. Clinic has written policies for:

- A. Documented standards for an organized medical record keeping system
- B. Confidentiality, release of information and advanced directives
- C. Chart availability including between practice sites
- D. Continuity and coordination of care with other practitioners and providers (i.e., hospitals, home care, nursing homes, specialists)

III Compliance with medical record organization and documentation requirement policies is monitored

## Attachments:

PreferredOne Site Survey for Initial Credentialing (CR015)

## REFERENCES:

# PreferredOne®

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<b>Reference #:</b> QM/M001	<b>Page:</b>	3 of 3

- 2004/2005 NCQA MCO Standards and Guidelines
- QI 13 Standards for Medical Record Documentation
- Minnesota State Statue 4685.1110, Subp. 13

## DOCUMENT HISTORY:

<b>Created Date:</b> January 5, 2006
<b>Reviewed Date:</b>
<b>Revised Date:</b>

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<b>Department of Origin:</b> Quality Management	<b>Approved by:</b> Chief Medical Office	<b>Date approved:</b> 01/24/06
<b>Department(s) Affected:</b> Medical Management	<b>Effective Date:</b> 01/24/06	
<b>Procedure Description:</b> Clinical Practice Guidelines	<b>Replaces Effective Procedure Dated:</b>	
<b>Reference #:</b> QM/C003	<b>Page:</b> 1 of 3	

## PRODUCT APPLICATION:

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

## BACKGROUND:

PreferredOne adopts the clinical guidelines developed by the Institute for Clinical Systems Improvement (ICSI) specified below and supports their implementation within the contracted network. For each condition, a cross-disciplinary team of experts, including a lead physician, facilitator, purchaser representative and other health care providers develop the guidelines based on studies and evidence of the various treatment approaches for that condition. Guidelines facilitate care practices that are medically appropriate and result in the best possible outcomes. The use of clinical practice guidelines allows PreferredOne to measure the impact of the guidelines on the outcomes of care and reduce variation in diagnosis and treatment among physicians in our network. Medical practice guidelines developed by ICSI utilize continuous improvement principles to standardize health care processes, improve health care outcomes and reduce the cost of health care.

## PROCEDURE:

- I. PreferredOne adopts the following ICSI guidelines and supports implementation within the contracted provider network:
  - A. Major Depression in Adults in Primary Care
  - B. Type II Diabetes Mellitus
  - C. Hypertension Diagnosis and Treatment
  - D. Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents, Diagnosis and Management of
  - E. Stable Coronary Artery Disease
  - F. Asthma, Diagnosis and Outpatient Management of
  
- III. Distribution
  - A. PreferredOne will distribute the adopted ICSI Healthcare Guidelines via the provider newsletter to all appropriate medical groups in the first quarter of 2006.

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<b>Reference #:</b> QM/C003	<b>Page:</b> 2 of 3	

- B. Guidelines are reviewed approximately every 18 months following publication to reevaluate scientific literature and to incorporate suggestions provided by medical groups who are members of ICSI. The group revises the guideline to incorporate the improvements needed to ensure the best possible quality of care. When guidelines are revised PreferredOne will send out the updated guideline(s) to all practitioners via the provider newsletter.
- C. On an annual basis, practitioners are notified that all guidelines are available at [www.icsi.org](http://www.icsi.org).

#### IV. Performance Measurement

- A. The ICSI Healthcare Guidelines provide the performance standards for measurement and monitoring of clinical indicators and quality improvement initiatives.
- B. The annual measures that will be used to assess performance for each clinical guideline adopted are as follows:
  1. Depression – Primary Care
    - a. HEDIS Measurement: Antidepressant Medication Management
    - b. HEDIS Measurement: Follow-up after In-patient Hospitalization
  2. Type II Diabetes Mellitus
    - a. HEDIS Measurement: Comprehensive Diabetes Care, HbA1c Testing
    - b. HEDIS Measurement: Comprehensive Diabetes Care, Eye Exam
  3. Hypertension Diagnosis and Treatment
    - a. HEDIS Measurement: Controlling High Blood Pressure
    - b. PreferredOne Hypertension Medication Compliance quality improvement activity
  4. Attention Deficit Hyperactivity Disorder (ADHD) in Primary Care for School Age Children and Adolescents, Diagnosis and Management of
    - a. Behavioral Health Providers percentage of practitioners who used a comprehensive process when diagnosing
    - b. Behavioral Health Providers percentage of practitioners who included a medical evaluation in the diagnosis



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5. Stable Coronary Artery Disease

- a. Administrative claims data for a serum lipid profile
- b. Administrative claims data measuring those members with a diagnosis of both diabetes and coronary artery disease are currently on ace inhibitors demonstrated by pharmacy claims data

6. Asthma, Diagnosis and Outpatient Management

- a. HEDIS Measurement: Use of Appropriate Medication for People with Asthma
- b. Administrative claims data for asthma emergency room visits

- V. PreferredOne's disease management vendor has adopted ICSI's Healthcare Guidelines as the clinical basis for its disease management programs and will ensure program materials are consistent with the practice guidelines.

**ATTACHMENTS:**

ICSI Program Description

**REFERENCES:**

2004/2005 NCQA MCO Standards and Guidelines

- QI 8 Clinical Practice Guidelines
- QI 7 Disease Management Program

**DOCUMENT HISTORY:**

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<b>Reviewed Date:</b>
<b>Revised Date:</b>