PreferredOne®
UPDATE A Newsletter for PreferredOne Providers & Practitioners
November 2007

2008 Fee Schedule Update

Professional Services

PreferredOne's Physician, Mental Health and Allied Health Fee Schedules are complete and will become effective for dates of service beginning January 1, 2008. These changes are expected to be an increase in overall reimbursement. As with prior updates, the effect on physician reimbursement will vary by specialty and the mix of services provided.

Physician fee schedules will be based on the 2007 CMS Medicare physician transitional RVU file without geographic practice index (GPCI) applied and without the work adjuster applied, as published in the Federal Register November 2006. New codes for 2008 will be based on the 2008 CMS Medicare physician transitional RVU file without geographic practice index applied and without the work adjuster applied as published in the Federal Register November 2007.

Various fees for services without an assigned CMS RVU have been updated accordingly. New codes that are not RVU-based will also be added. Examples of these services include labs, supplies/durable medical equipment, injectable drugs, immunizations and oral surgery services. PreferredOne will maintain the current default values for codes that do not have an established rate.

The 2008 Physician fee schedules will continue to apply site of service differential for services in the CPT surgical code range and additional HCPCS surgical codes performed in a facility setting (Place of Service 21-24).

Requests for a market basket fee schedule may be made in writing to PreferredOne Provider Relations. **Reminder**: New codes for 2008 will be added to all fee schedules using the above listed methodology. PreferredOne reserves the right to analyze and adjust individual rates throughout the year to reflect current market conditions. Any changes will be communicated via the "PreferredOne Update".

New ASA codes for Anesthesia services will be updated with the 2008 release of Relative Value Guide by the American Society of Anesthesiologists. This update will take place by January 1, 2008.

Hospital Services/UB04 Fee Schedules

The 2008 Calendar year DRG schedule will be based on the CMS MS-DRG Grouper Version 25 as published in the final rule Federal Register to be effective October 2007. Ambulatory Surgery Center (ASC) code groupings have been updated for 2008 according to Centers for Medicare and Medicaid Services (CMS). For those codes not assigned a grouper by CMS, PreferredOne will assign them to appropriate groupers as outlined in the attached updated policy (Exhibit A). *Page 2...*

In This Issue:

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The Facility (UB04) CPT fee schedule will consist of all physician CPT/HCPC code ranges and will be based on the 2007 CMS Medicare transitional physician RVU file. The global rules for the facility CPT fee schedule are as follows:

- The surgical codes (10000 – 69999 and selected HCPCS codes including, but not limited to G codes and Category III codes) are set to reimburse at the practice and malpractice RVUs
- Office visit codes (i.e. 908xx, 99xxx code range) are set to reimburse at the practice expense RVUs
- Therapy codes are set at the Allied Health Practitioner rates
- For those codes that the Federal Register has published a technical component (TC) rate. This rate will be set as the base rate.
- All other remaining codes are set to reimburse at the professional services established methodology.

Reminder: The new codes for 2008 will be added to all fee schedules using the above listed methodology. PreferredOne reserves the right to analyze and adjust individual rates throughout the year to reflect current market conditions. Any changes will be communicated via the "PreferredOne Provider Bulletin".

Off-Cycle Fee Schedule Updates

Other provider types such as DME, Dental, and Home Health updates will take place April 1, 2008.

Minnesota Credentialing Collaborative

The goal of the credentialing collaborative is to create a centralized, web-based clearinghouse for information used in the credentialing process. The product will be an online, easy-to-use way to prepare, save, and send the credentialing application that's accepted by plans and providers.

Current Activities

- A design team has been meeting to establish the business rules and support processes for submitting credentialing applications from health care practitioners to hospitals and health plans. Credentialing community members who have issues they would like addressed in the business rules and application process may forward those questions to a design team member: Adi McCarthy, United Hospital; Anne McCarthy, HealthLink; Becky Jensen, Fairview; Cathy King, Medica; Charrise Konetski, Hennepin County Medical Center; Chris Escher, Allina; Cindy Niemann, Allina; Dawn Lunde, The Syndeo Group; Deb Luck, Blue Cross Blue Shield of Minnesota; Dione Shypulski, UCare; Donna Larson, PreferredOne; Jane Fasteen, Fairview; Marie Hamborg, Rice Memorial Hospital; Marilee Forsberg, HealthPartners; Pat Kilgore, Hennepin County Medical Center; Sharla Owen, PreferredOne; Suzanne Collins, Lakeview Hospital; Tracey Torgersen, HealthEast; and Wendy Kulla, UCare.
- Final licensing and contract work is underway with the vendor (CredentialSmart), and several pricing models are being considered. Decisions on these issues will be shared when finalized.
- The Credentialing Advisory Team recommended that the pilot test be replaced with a phase-in approach. The first phase of implementation is scheduled to take place in early 2008. By the end of 2008, the web-based application should be available to all practitioners, clinics, hospitals, and health plans for use with the credentialing applications. *Page 3...*

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The new governance structure will be a Limited Liability Corporation (LLC) owned by Minnesota Council of Health Plans, Minnesota Medical Association, and Minnesota Hospital Association. The Minnesota Joint Purchasing Coalition will be dissolved.

Background

Along with individual hospitals and clinics, partners in creating a web-based credentialing application are:

- Minnesota Medical Association (MMA)
- Minnesota Hospital Association (MHA)
- Minnesota Council of Health Plans (MCHP)
- Minnesota Medical Group Management Association (MMGMA)

Advisory Team Members

A group comprised of hospital, clinic, doctor and health plan representatives are involved in moving the work forward. Advisory team members are: Robert Alfano, Blue Cross Blue Shield of Minnesota; Janny Brust, MCHP; Chris Escher, Allina; Gail Ezell, Medica; Jane Fasteen, Fairview; Marilee Forsberg, HealthPartners; Marie Hamborg, Rice Memorial Hospital; Charrise Konetski, Hennepin County Medical Center; Rick Kreyer, MHA; Donna Larson, PreferredOne; and George Lohmer Jr., MMA.

How will it work?

Once the information is entered into the secure website by the practitioner or clinic, users will select the destination (health plan, hospital, or any combination there of). The system will electronically send the information. The information will be stored in a secure database, so users can quickly access and update the next time an application is needed.

What is not included in this collaborative?

- Hospital or health plan decisions regarding credentials or privileges
- Primary source verification of any information

Benefits of the initiative are:

<u>For Practitioners and Clinics</u>

- Decreased amount of time required for credentialing/privileging work.
- An easy and secure way for providers to submit credentialing applications electronically to health plans and hospitals.
- Reduced time to create a completed, acceptable application.
- Stored data so future applications can be built off of existing information, rather than starting from scratch.

<u>For Health Plans and Hospitals</u>

- Ensure applications are complete on the first submission.
- Decrease the amount of staff time needed in some organizations to type information from paper form into the organization's own system.
- Decrease the amount of staff time needed to track down missing information. *Page 4...*

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Demonstration Day Feedback

Demo Day brought more than 70 people to three sessions, and 34 of the attendees (13 from clinic/provider, nine health plan, seven hospital/clinic, four hospital, one "other") completed evaluations. Attendees provided feedback on the software and its function, perceived benefits to their organization, concerns, and questions. The questions were compiled and are being addressed. Overall, most respondents agreed that:

- The software would improve the credentialing application process for their organization.
- They would like their organizations to implement the web-based software.
- They would like to actively participate in implementation activities.
- They wanted to be one of the first to implement the software.

Next Steps

- Finalize contract with selected vendor.
- Finalize governance structure, operations and financial plans.
- Finalize the customization of the website to meet Minnesota needs/requirements.
- Create implementation plan.

Questions

Questions regarding this credentialing work should be directed to:

- Doctors: George Lohmer, MMA, glohmer@mnmed.org, 612-362-3746
- Hospitals: Rick Kreyer, MHA, rkreyer@mnhospitals.org, 651-659-1443
- Clinics: Doug Shaw, MMGMA, dshaw@applevalleymc.com, 952-953-9285
- Health Plans: Janny Brust, MCHP, brust@mnhealthplans.org, 651-645-0099 x 12

Coding Update

Bilateral Modifer-50 Professional Claims

PreferredOne is working in concert with other payers and the Administrative Uniformity Committee to reduce different requirements for claim submission by payers. One of the issues of the work group was the submission of codes deemed appropriate for bilateral submission using 1 line method (e.g. 63191-50 with 1 unit of service for the bilateral procedure).

PreferredOne is still working on system changes for physician claims for PCHP, PAS, and our PPO. We are hopeful that we will be able to accept claims for bilateral procedures using the single line submission, 1 unit of service, with the - 50 modifier for physician claims beginning with DOS of 3/1/08. More information will be available in our next newsletter in January 2008.

Bilateral Modifier-50 Hospital Claims - UB04

Do not submit bilateral procedures on the UB04 using the one-line method. We will be working on the UB92 bilateral submission sometime after the first of the year after the successful completion of the physician claim change.

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Continue to use the two line method (e.g. 63191 and 63191- 50).

New Policies and other policy updates are included in this newsletter. Be sure to review the following hospital policies (Exhibits B-F).

H-5 DRG grouper policy

H-6 Reimbursement for emergency services

H-7 Readmission to same hospital within 5 days

H-8 Transfer from acute facility to another acute facility

H-9 Ambulatory Surgery Centers (ASC) and hospital-based and free-standing

Nasal Flu Mist - CPT 90660

The FDA has recently approved the administration of the nasal flu mist to children age 2. In previous years the youngest age was 5 years. PreferredOne will be following the FDA guidelines for administration to children age from 2 thru adult (age 49).

Please Welcome Humana Members to Your Practice!

PreferredOne and Humana are proud to announce that Motorola employees with Humana coverage in Minnesota may now access the PreferredOne provider network. Many of these members may already be your patients. It is easy to identify Humana plan members with access to the PreferredOne network when they visit your office(s). Just look for the PreferredOne logo prominently displayed on your patients' health plan ID cards (Exhibit G). Motorola's Humana member ID cards are unique in the following ways:

- The PreferredOne claims address is not listed on the back of the Motorola member's ID card. Please send all Humana member claims directly to PreferredOne for repricing at the following address:

PreferredOne
P.O. Box 1527
Minneapolis, MN 55440-1527

- The Motorola member's ID card does not list a group number, but you can find the information by logging onto Humana's Provider Self-Service area at www.Humana.com/providers. You may also contact PreferredOne for more information at (800) 451-9597.

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) *Page 6...*

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- Performax
- Weyco, Inc.

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

Call it Quits Tobacco Cessation

PreferredOne has joined our health plan partners - UCare Minnesota, HealthPartners, Metropolitan Health Plan, Medica, MMSI, Blue Cross Blue Shield of Minnesota, and ClearWay Minnesota to introduce **Call it Quits – Minnesota Tobacco Quitlines Statewide Collaboration Supporting Tobacco Cessation.** *Call it Quits* provides support to your patients who want to quit tobacco.

An initiative of Call it Quits – the MN Clinic Fax Referral Program - helps Clinicians easily refer a patient - regardless of which medical insurance their patient may have – by faxing a single form to a central triage number to access the program.

To learn more about *Call it Quits*, the Minnesota Clinic Fax Referral Program call 651-662-4054 or visit www.PreventionMinnesota.com and click on the *Call It Quits* icon on the home page.

Medical Management Update

Medical Policy

Website

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.

IVIG & Prior Authorization

Beginning January 1, 2008, PreferredOne will require prior authorization for initial IVIG services and a re-review at 6 month intervals. Prior authorization includes services rendered in the office setting and home health setting.

Acupuncture

PreferredOne is in process of developing a criteria set to determine medical necessity for groups that have benefits for acupuncture. The Medical/Surgical Quality Management Subcommittee will assist in the review of scientific literature and development of the criteria to determine the efficacy of acupuncture for specific indications.

Policy Changes

MC/E009 Erectile Dysfunction Treatment was retired from the medical side and added to the pharmacy criteria since most of the reviews are for medication requests and rarely for surgical requests.

MCL002 Coronary Artery Calcium Scoring without Contrast was retired and added to the investigational *Page 7...*

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list since the definitive value of calcium scoring for assessing coronary heart disease risk has not been established in the peer-reviewed published medical literature.

Investigational List Update

Effective September 25, 2007:

Additions to List:

- Coronary Artery Calcium Scoring (EBCT)
- X-Stop

Deleted from List:

- Culture Skin Substitutes (Apligraf)
- Bone Marrow/Stem Cell Transplantation for Autoimmune diseases
- Osteochondral Autografting (OATS)

Updated Medical, Pharmacy and Chiropractic Policy and Criteria indexes are attached. Please add the attached documents (Exhibits H-L) to the Utilization Management section of your Office Procedures Manual. Always refer to the on-line criteria/policies for the most current version.

If you have questions or wish to request paper copies, contact the Medical Policy department at (763) 847-3386, 1-800-940-5049 (ext. 3386) or email Pat Kreber at pkreber@preferredone.com.

Institute for Clinical Systems Improvement (ICSI)

Health Care Guidelines:

- Major Depression in Adults in Primary Care
- Stable Coronary Artery Disease
- Lipid Management in Adults
- Venous Thromboembolism
- Venous Thromboembolism Prophylaxis

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

Pharmacy Update

Pharmacy Information Available on Website

Providers without access to the PreferredOne "secured" website can now view pharmacy benefit information that impacts PreferredOne members.

Go to www.PreferredOne.com and click on "For Providers", then "Pharmacy Resources - Drug Formulary". The following information is available:

- **Express Scripts National Preferred Formulary** - *(This information applies only to those members with Express Scripts as their Pharmacy Benefit Manager)*
- **Medication Request Forms**
- **Pharmacy Policy & Criteria**
- **Guide for providers interested in learning about our on-line Medication Request Form**

Providers can request hard copies of this information by contacting the pharmacy department from the email link at the top of the pharmacy page on the website. That address is pharmacy@preferredone.com.

2008 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 as well as a list of the medications that are changing formulary status (formulary to nonformulary and nonformulary to formulary) as of January 1, 2008 (Exhibits M & N).

New Criteria Sets

The following pharmacy criteria sets (Exhibits O-R) were approved by the Pharmacy and Therapeutics Quality Management Subcommittee:

- PC/B008 Beta-Blocker Step Therapy
- PC/O001 Overactive Bladder Medication Step Therapy
- PC/S004 Serotonin and Norepinephrine Reuptake Inhibitors Step Therapy for Adults
- PC/T001 Tekturna Step Therapy

Quality Management Update

Medical Record Documentation - Opportunities for Improvement

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 S). Both the Minnesota Department of Health (MDH) *Page 9...*

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and the National Committee for Quality Assurance (NCQA) require health plans to assess and measure compliance with developed medical record documentation guidelines. Compliance with the attached standards was recently assessed in the spring of 2007 in conjunction with HEDIS medical record data abstraction. Analysis of this year's results revealed several opportunities for improvement among our network practitioners. The following are areas where needed improvement by clinics was documented:

- Personal biographical data (includes all - name, address, DOB, sex, telephone number)
- Phone calls/messages documented/signed by MD, NP, and or Physicians Assistant
- Current immunization record maintained
- Documentation of inquiry/counseling regarding alcohol/substances

Please review these guidelines and your clinic operations to ensure your medical record keeping system is compliant.

Emergency and Community Health Outreach (ECHO)

ECHO is a collaborative that includes public health and safety agencies across Minnesota, ethnic advisory organizations and non-profit groups. It is spearheaded by Saint Paul-Ramsey County Public Health, Hennepin County Public Health Protection, the Minnesota Department of Health, and other agencies charged with public health emergency preparedness.

ECHO provides health and safety information in multiple languages by fax, phone, on television, and on the web during emergency and non-emergency times to people with limited English language skills. ECHO was created to address the concern that new systems were needed to help all Minnesotans stay safe and healthy as hundreds of thousands of immigrants and refugees from vastly different cultures and climates make this state their home. New residents need information on specific health and safety issues that occur here, and methods were needed to reach limited-English speakers in a statewide emergency such as the outbreak of a highly contagious disease like SARS, or a man-made attack such as a bomb explosion.

ECHO benefits all Minnesotans because when a serious disease outbreak happens, no one can be fully protected unless everyone is first fully informed. In an emergency, the goal of ECHO is to make sure that no Minnesotans are left out because of barriers of language or culture. PreferredOne is a collaborative member of the ECHO initiative. For more information on ECHO please visit www.EchoMinnesota.org.

Antidepressant Prescribing

Treatment-resistant depression remains a significant problem for too many people in our society, and current research indicates that unless depression is treated to remission, the consequences may include a more chronic course, more difficulty in eventually achieving remission, more suffering, and even hippocampal changes.

PreferredOne formulary uses step therapy for SSRIs and SNRIs, but one of the challenges comes when the first antidepressant does not work, and the clinician needs to decide what to do next.

1. Consider psychotherapy to add to the effective treatment modalities used.
2. Take a second look at the diagnosis. Consider screening tools or targeted diagnostic questions to *Page 10...*

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look for bipolar illness, chemical dependency, and other co-morbid medical or psychiatric illnesses.

3. Ask about compliance and side effects, and assess if the treatment taken was adequate for response.
4. When switching medications, look at the patient's past history of response, non-response, side effects, and drug interactions to select a medicine different from those that have failed or like those that have helped in past care.
5. Current national and local treatment guidelines call for changing out of class (i.e., from an SSRI to an SNRI or bupropion) after one or two medications in the same class fail to be tolerated or achieve sufficient response. If two drugs in the same class fail, it is unlikely that a third drug that works by the same mechanism will succeed.
6. As in all of the major illnesses we treat, aggressive treatment and follow up are essential for long term outcome.

Antibiotic Prescribing

There is a growing concern about the overuse of antibiotics and the emergence of antibiotic-resistant "superbugs." A recent medical claims data study suggests that a large number of patients receive prescription antibiotics without seeing a physician.

PreferredOne Community Health Plan conducted a study to investigate antibiotic prescribing trends among our practitioner network. As a result of this study, letters were mailed to practitioners whose utilization of the practice of prescribing a short-term antibiotic (< 21 days) without an associated clinic visit or lab test ranked in the top 10% of the network. Although PreferredOne realizes that over-the phone prescriptions are sometimes necessary and acceptable, they do pose a risk for patients becoming resistant to antibiotics. We would encourage all practitioners to reexamine their processes for prescribing antibiotics to a patient without a clinic visit or lab test.

NCQA Accreditation Update

PreferredOne Community Health Plan (PCHP) recently completed their National Committee for Quality Assurance (NCQA) Accreditation survey. NCQA Accreditation surveys include rigorous on-site and off-site evaluation of over 60 standards and selected clinical performance measures. A team of physicians and managed care experts conducts Accreditation surveys. A national oversight committee of physicians analyzes the team's findings and assigns an accreditation level based on the performance level of each plan being evaluated to NCQA's standards. NCQA Accreditation is a nationally recognized evaluation that provides purchasers and consumers an unprecedented ability to evaluate the quality of different health plans along a variety of important dimensions, and to make their health plan decisions based on demonstrated value rather than simply on cost. PCHP submitted all materials to be reviewed off-site by NCQA in May 2007 and the on-site portion of survey was conducted in mid-July. NCQA has awarded PCHP its highest Accreditation status of Excellent for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. HEDIS® results are in the highest range of national performance. "NCQA's 'Excellent' Accreditation status is reserved for the best health plans in the nation. It is only awarded to those plans that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement and deliver excellent clinical care," said Margaret E. O'Kane, President, NCQA. This Accreditation status is due to the combined efforts by PCHP, our practitioner/provider network, and all our delegated entities.

[1]HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Minnesota Fall Prevention - Website Launched

- Falls are the number one cause of trauma deaths, non-fatal major trauma, and other trauma care in Minnesota. The vast majority of these cases are among older Minnesotans.
- The total costs for non-fatal falls among Minnesotans 65 years of age and older were $162 million for hospital charges and $20.4 million for emergency department charges in 2005.

The Minnesota Falls Prevention Initiative was launched in response to this serious public health concern. On August 20, the Minnesota Falls Prevention Initiative website went live. Please go to www.MnFallsPrevention.org to access information for both older adults and professionals to help reduce falls in Minnesota. The resources for professionals can help you identify risk factors for falls and the strategies and interventions to prevent them.

For more information on the initiative or website, please contact falls.prevention@state.mn.us.

Exhibit A

PreferredOne

DEPARTMENT:	Coding Reimbursement	**APPROVED DATE:**	
POLICY DESCRIPTION:	Fee Schedule Updates		
EFFECTIVE DATE:	**1/1/2008**		
PAGE:	1 of 2	**REPLACES POLICY DATED: 04/01/06,**	07/01/05
REFERENCE NUMBER:	P-16	**RETIRED DATE:**	

SCOPE: Claims, Coding, Customer Service, Pricing, Network Management

PURPOSE: To give provider information on the effective dates of the provider fee schedule updates.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. All fee schedules will be reviewed and updated annually. The fee schedule update includes but is not limited to a review of changes, deletions, and additions in CPT, HCPCS, DRG, American Society of Anesthesiology and ASC Groupers.

2. The provider and hospital CPT fee schedules are updated on January 1st of each calendar year. The codes that are assigned an RVU as defined by Centers of Medicare (CMS) are updated to use a one year lag, non-GPCI adjusted total RVU as published in the Federal Register. Effective January 1, 2007 there will be the following exception. The new code changes that are published in November CPT and HCPCS that are to be effective for the following year will also be added to the fee schedule using the current year CMS RVU's.

   Example: The fee schedule that is effective January 1, 2006 – December 31, 2006 will use the CMS RVU from 2005. The new CPT and HCPCS codes published in November 2005 to be effective January 1, 2006 will use the 2006 CMS non-GPCI RVU as published in the Federal Register and be added to the fee schedule effective January 1, 2006 – December 31, 2006.

3. The non-RVU code pricing will also be reviewed and updated to be effective January 1st of each calendar year.

4. The hospital DRG schedules will use the current version as published in the October Federal Register that is to be effective January of the following year.

5. PreferredOne's standard reimbursement methodology for ASC is based on the groupers as designated by Center of Medicare and Medicaid Services (CMS) will be utilized. Effective January 1, 2007 there will be the following exception. The new code changes that are published in November CPT and HCPCS that are to be effective for the following year will also be added to the fee schedule using the current year CMS groupers.

6. Fee schedules for DME, Home Health, Home IV, and Dental are updated on April 1st of each year.

7. Anesthesia fee schedules are updated annually on January 1st of each year according to the current year Relative Value Guide published by the American Society of Anesthesiologists in November of the preceding year.

8. Hospice fee schedules are updated annually on October 1st of each year according to the Centers of Medicare and Medicaid Services Fee Schedule.

9. Additional updates to the fee schedules may occur when warranted by special circumstances.

10. All updates will be communicated via the PreferredOne Provider Bulletins

11. All fee schedule updates involve a consensus process between coding, pricing and contracting.

Exhibit B

PreferredOne

DEPARTMENT:	Coding Reimbursement	**APPROVED DATE: 10/1/2007**
POLICY DESCRIPTION:	DRG GROUPER	
EFFECTIVE DATE:	10/1/2007	
PAGE:	1 of 1	**REPLACES POLICY DATED:**
REFERENCE NUMBER:	H-5	**RETIRED DATE:**

SCOPE: Claims, Coding, Customer Service, Pricing, Network Management

PURPOSE: All inpatient claims will be run through the HSS DRG grouper for assignment of the correct grouper prior to claims payment.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. All inpatient claims will be run through a DRG grouper (HSS) and be grouped prior to payment. DRG based payments will be made according to the weights of the grouper assigned by the HSS DRG grouper, regardless of DRG submitted by provider.

2. The DRG version will be as used by Company during the contract period effective dates. For example, the version 25 as published in the October Federal Register 2007 that has a Centers for Medicare and Medicaid (CMS) effective date of October 1, 2007 will be used for the services with the dates of services 1/1/08 – 12/31/08. New DRGs submitted during October – December 2007 will be cross-walked to the prior year DRG version 24.

3. Consistent discrepancy between submitted and calculated DRG will prompt a provider audit.

Other References:
Provider Agreement in Billing Requirements Section

Exhibit C

PreferredOne

DEPARTMENT:	Coding Reimbursement	**APPROVED DATE:**	**10/1/2007**
POLICY DESCRIPTION:	Reimbursement for Emergency Services Per Visit Payment		
EFFECTIVE DATE:	1/1/08		
PAGE:	1 of 1	**REPLACES POLICY DATED:**	
REFERENCE NUMBER:	H - 6	**RETIRED DATE:**	

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide guidelines for reimbursement for Emergency Services when admitted as inpatient within 24 hours of Emergency Health Services.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. Emergency Health Services is considered all-inclusive per visit payment covering all hospital services rendered during and Emergency visit including Computed Tomography "CT" Scans and Magnetic Resonance Imaging "MRI" as well as surgical services that are not scheduled. In the event an inpatient Admission of a Enrollee occurs within 24 hours of the rendering of Emergency Health Services, 1) the Enrollee shall not be charged any emergency room copayment, coinsurance and/or deductibles that would otherwise be applicable; and 2) charges for such emergency room services shall not be separately billed by Hospital, but shall be included in the inpatient Admission charges.

DEFINITIONS: Emergency Health Services Revenue Codes are 450 – 455 and 457 - 459

REFERENCES: Contract Definition of Emergency

Exhibit D

PreferredOne

DEPARTMENT:	Coding Reimbursement	**APPROVED DATE:**	**10/1/2007**
POLICY DESCRIPTION:	Readmission within 5 Days		
EFFECTIVE DATE:	1/1/08		
PAGE:	1 of 1	**REPLACES POLICY DATED:**	
REFERENCE NUMBER:	H - 7	**RETIRED DATE:**	

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide guidelines for reimbursement for Readmissions to the same Hospital within 5 days.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. If more than one admission occurs for a given Enrollee with a related diagnosis or same Major Diagnostic Category (MDC) as determined by PreferredOne within a 5 day period, Hospital shall be financially responsible for facility charges for Services rendered to the Enrollee for the readmission.

2. The following DRGs are excluded from this policy:

DRG Version 24: 370 – 375, 385-391
MS-DRG Version 25: 765 - 768, 774 - 775, 789 - 795

DEFINITIONS:

REFERENCES: Contract Definition of Enrollee

Exhibit E

PreferredOne

DEPARTMENT:	Coding Reimbursement	**APPROVED DATE:**	**10/1/2007**
POLICY DESCRIPTION:	Transfer from Acute Facility to another Acute Facility		
EFFECTIVE DATE:	1/1/08		
PAGE:	1 of 1	**REPLACES POLICY DATED:**	
REFERENCE NUMBER:	H - 8	**RETIRED DATE:**	

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide guidelines for reimbursement when an enrollee is transferred from one Acute Facility to another Acute Facility

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. **Transfers within the same hospital system**. In the event an enrollee is transferred from an acute facility to another acute facility as part of a continuous course of treatment and is part of the same hospital system, the reimbursement will be considered one admission. All eligible facility charges will be considered. The final discharging facility will receive payment based on the discharge admission payment category.

2. **Transfers to another hospital system**. In the event an enrollee is transferred from an acute facility to another acute facility as part of a continuous course of treatment and is not part of the same hospital system, the reimbursement to the originating facility will be paid according to the ungroupable payment rate specified in the contract. The reimbursement to the receiving facility will receive payment based on the discharge admission payment category.

3. The following list does not apply:

   - A transfer from acute facility to rehab or long term care facilities (including but not limited to discharge status of 03, 06, 61, 62, 63)

   - A transfer from acute facility to Substance Abuse/Mental Health (including but not limited discharge status of 04, 65)

DEFINITIONS:

REFERENCES: Contract Definition of Enrollee

Exhibit F

PreferredOne

DEPARTMENT:	Coding Reimbursement	**APPROVED DATE:** 10/01/2007	
POLICY DESCRIPTION:	Reimbursement for Free Standing Ambulatory Surgery Centers and Hospital Outpatient Ambulatory Surgery Centers		
EFFECTIVE DATE:	1/1/08		
PAGE:	1 of 3	**REPLACES POLICY DATED: 4/1/06, 11/01/04**	
REFERENCE NUMBER:	H – 9 (P-10)	**RETIRED DATE**	

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide guidelines for reimbursement and information on pricing methodology for Ambulatory Surgery Centers (ASC) (hospital-based and/or free-standing).

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. For free-standing Ambulatory Surgery Centers, accreditation by Centers for Medicare and Medicaid (CMS) is mandatory for ambulatory surgery centers capable of providing a number of surgical procedures. They must also submit claims with their PreferredOne facility number.

2. Claims should be submitted on the UB-04 Claim form

3. The CPT codes in the surgical range 10000 – 69999 and select surgical HCPCS codes will be considered for reimbursement.

4. The appropriate Revenue Codes need to be billed with the CPT surgical range listed in # 3 above are billed together in order to price according to the ASC fee schedule. The appropriate revenue codes are 36x, 49x, 75x and 790.

5. PreferredOne's standard reimbursement methodology for ASC, which is based on the groupers as designated by Center of Medicare and Medicaid Services (CMS), will be utilized to determine payment rate. Effective January 1, 2007 there will be the following exception. The new code changes that are published in November CPT and HCPCS that are to be effective for the following year will also be added to the fee schedule using the current year CMS groupers.

6. When there is no CMS grouper assigned, the CPT/HCPCS code pricing methodology defaults according to the following categories below. A Medical and Pricing Policy committee consisting of Executive Medical Director, Coding Manager and Director Pricing will review these categories on an annual basis.

   a. Procedures that are minor and should be performed in a clinic setting as defined by CMS are not separately payable when submitted on the same date of service as a valid ASC procedure. If submitted as the only service, reimbursement will not be ASC pricing groupers 01 - 00, but will be based according to the terms of the contract for ancillary pricing (CPT fee schedule or default %).

   b. Procedures that CMS deem as required to be performed as inpatient only will be assigned to an appropriate grouper as recommended by Medical and Pricing Policy Committee.

   c. Procedures that are not assigned by CMS, but have the APC status indicator of B, E, N or M are not separately payable when submitted on the same date of service as a valid ASC procedure. If submitted as the only service, reimbursement will not be ASC pricing, but will be based according to the terms of the contract for ancillary pricing (CPT fee schedule or default %).

   d. Other procedures not meeting the criteria listed 6a-6c will be assigned to a ASC grouper by the Medical and Pricing Policy committee.

7. The Ambulatory Surgery Center list of CPT/HCPCS codes will be reviewed annually and will be updated on January 1st of each calendar year. The update includes review of changes, deletions and additions in CPT, HCPCS, grouper assignment by CMS and PreferredOne Medical and Pricing Policy Committee.

8. Any changes to the ASC list will be communicated via the PreferredOne Provider Bulletin.

9. When multiple procedures are performed on the same date of service, PreferredOne will select the procedure classified in the highest payment group for the primary procedure. This procedure will be reimbursed at 100% of PreferredOne's ASC fee schedule. Subsequent allowable procedures will be reimbursed at the following rate: 50% for the second procedure, 25% for the third procedure and $0 for any additional surgical procedures.

10. PreferredOne requires multiple procedures and bilateral procedures billed on the UB-04 claim form to be submitted on separate lines e.g. bilateral knee arthroscopy:

    a. 29870 LT on one line and 29870 RT on the second line, or 29870 on one line and 29870-50 on the second line.

11. Intraocular lenses (IOL) are included in the surgical grouper payments.

12. All other services, equipment, and supplies are considered part of the reimbursement for the surgical procedure

13. The C series of HCPCS codes with an APC status indicator of “N” are included in the surgical grouper payment and not separately payable. Centers for Medicare and Medicaid Services (CMS) defines the status indicator of “N” as items and services packaged into payment for other services.

14. Inpatient Health Services Following Scheduled Outpatient Surgical Procedure Payment for Hospital Outpatient Ambulatory Surgery Centers - Admission of an Enrollee to hospital as an inpatient following a scheduled outpatient surgical procedure shall be reimbursed at the appropriate inpatient payment. Such payment shall be considered payment in full for all Health Services rendered to Enrollee for the entire of the Admission, including the scheduled outpatient surgical procedure.

15. Other coding and system edits may apply

DEFINITIONS:

REFERENCES: Contract Definition of Enrollee

Exhibit G

4
ver

11413
part#

PROOF: PLEASE READ CAREFULLY FOR CONTENT AND SPELLING.

DISCLAIMER: Please note, appearance of colors on your screen may vary from the actual card produced due to screen distortion and equipment differences. Printing this proof on a non-color printer will show colors in greyscale.

CAREMARK® *It all starts with care®*

PreferredOne

HUMANA. *Guidance when you need it most*

Motorola Health Investment Plan W8261

RXBIN: XXXXXX
RXPCN: XXXXXX
RXGRP: XXXXXX
ISSUER (XXXXX)
ID: XXXXXXXXXXX
NAME: JOHN Q PUBLIC
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX

FRONT OF CARD

John Q Public Information is for placement purposes only. It is not intended to represent any actual placement of information as end result.

John Q Public information on this proof is not, in any way, indicative of what member information will be printed on the card.

Motorola Health Investment Plan MOTOROLA

To verify eligibility, benefit coverage, CallCARE preauthorization and preapproval (including within 2 business days of emergency admissions), contact the Rewards Administration Center at 1-800-421-3973.

Customer Service

-Participants	1-800-421-3973 TTY 1-888-247-5309
	https://hrsolutions.motorola.com/benefits
-Medical/Surgical Provider Use Only	1-800-4Humana
-Behavioral Health Providers	1-800-421-3973
-Dental Providers	1-800-421-3973
-Vision Care	1-800-877-7195 TTY 1-800-428-4833
-Hearing Care	1-888-333-3389 TTY 711
-Prescription Drug	1-800-335-5268 TTY 1-800-469-5040

Claim Submission

-Preferred One network medical/behavioral health	PO Box 1527, Minneapolis, MN 55440-1527
-Non-network medical/behavioral health	PO Box 14601, Lexington, KY 40512-4601
-Dental and all other claim types	PO Box 29005, Phoenix, AZ 85038-9005

This card does not certify coverage W8261

BACK OF CARD

Once approved a card number will be assigned to the part number.

PLEASE CHECK ONE:

☐ **Issue new cards to all members. Charges may apply.**

☐ **Do NOT issue new cards. Use this new CARD for on-going maintenance orders ONLY.**

11/08/06	JLW	MOTO#11413	
date	PA	file	card number

Exhibit H

Medical Policy Table of Contents

Reference #	Description
C001	Court Ordered Mental Health & Substance Related Disorders Services
C002	Cosmetic Procedures
C003	Criteria Management and Application *Revised*
C008	Oncology Clinical Trials, Covered / Non-covered Services
C009	Coverage Determination Guidelines *Revised*
D002	Diabetic Supplies
D004	Durable Medical Equipment, Supplies, Orthotics and Prosthetics
D007	Disability Determinations: Proof of Incapacity Requirements
D008	Dressing Supplies *Revised*
E004	Nutrition Therapy *Revised*
G001	Genetic Testing
H003	Home Prothrombin Time Testing Devices
H004	Healthcares Services with Demonstrated Lack of Therapeutic Benefit
H005	Home Health Care (HHC)
I001	Investigational/Experimental Services *Revised*
I002	Infertility Treatment
I003	Preventative Immunizations *Revised*
N002	Nutritional Counseling *Revised*
P008	Medical Policy Document Management and Application *Revised*
R002	Reconstructive Surgery
S006	Screening Tests for Normal Risk Populations
S008	Scar Revision
S009	Screening Tests for Patient Specific Situations (High Risk)
S010	Stereotactic Radiosurgery (Cyberknife, Gamma Knife, Linear Accelerator)
T002	Transition of Care for Continuity and Safety
T004	Therapeutic Overnight Pass
T005	Transfers from an Acute Care Facility to a Lower Level of Care for Rehabilitation
W001	Physician Directed Weight Loss Programs

Revised 08/27/07

Exhibit I

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

L004	Diagnostic	**Coronary Computed Tomography (CT) Angiography**
L005	Diagnostic	**Virtual Colonoscopy**
L006	Diagnostic	**Wireless Capsule Endoscopy**
L007	Diagnostic	**Mobile Cardiac Telemetry (CardioNet)**
M001	BH/Substance Related Disorders	**Mental Health Disorders: Inpatient Treatment**
M002	BH/Substance Related Disorders	**Electroconvulsive Treatment (ECT): Inpatient Treatment**
M004	BH/Substance Related Disorders	**Mental Health Disorders: Day Treatment Program**
M005	BH/Substance Related Disorders	**Eating Disorders-Level of Care Criteria**
M006	BH/Substance Related Disorders	**Mental Health Disorders: Partial Hospital Program (PHP)**
M007	BH/Substance Related Disorders	**Residential Treatment: Mental Health/Substance Related Disorders**
M008	BH/Substance Related Disorders	**Psychotherapy: Outpatient Treatment**
M009	BH/Substance Related Disorders	**Chronic Pain: Outpatient Program**
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**
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**
T001	Transplant	**Bone Marrow / Stem Cell Transplantation**
T002	Transplant	**Kidney/Pancreas Transplantation**
T003	Transplant	**Heart Transplantation** ***Revised***

T004	Transplant	**Liver Transplantation**
T005	Transplant	**Lung Transplantation** ***Revised***
T006	Transplant	**Intestinal Transplant**

Revised 09/25/07

Exhibit J

Pharmacy Policy Table of Contents

Reference #	Description
C001	Coordination of Benefits
C002	Cost Benefit Program *Revised*
D001	Drugs with Potential Adverse Effects or Interactions
D002	Dosing Optimizing Programs
F001	Formulary and Co-Pay Drug Overrides
N001	National Formulary Exceptions
O001	Off-Label Drug Use
P001	Prior Authorization of Medications Ordered by a Specialist *Revised*
Q001	Quantity Limits per Prescription per Copayment *Revised*
S001	Step Therapy
S002	Fairview Step Therapy *New*

Revised 09/17/07

Exhibit K

Pharmacy Criteria Table of Contents

Reference #	Category	Description
A001	Pharmacy	ACE Inhibitors Step Therapy
A002	Pharmacy	Oral Antifungal Treatment
A003	Pharmacy	Combination Beta2-Agonist Inhailers *Revised*
A004	Pharmacy	Antihistamines Step Therapy
B003	Pharmacy	Botulinum Toxin
B004	Pharmacy	Drugs for Rheumatoid Arthritis
B005	Pharmacy	Biologics for Psoriasis: Amevive (alefacept) Enbrel (etanercept), Humira (adalimumab) and Raptiva (efalizumab)
B006	Pharmacy	Biologics (Remicade) for Crohn's Disease and Ulcerative Colitis
B007	Pharmacy	Biologics (Enbrel & Remicade) for Ankylosing Spondylitis
B008	Pharmacy	Beta-Blocker 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
E001	Pharmacy	Erectile Dysfunction Medications *Revised*
G001	Pharmacy	Growth Hormone Therapy
H001	Pharmacy	HMG - CoA Reductase Inhibitor *Revised*
I001	Pharmacy	Topical Immunomodulators
L002	Pharmacy	Leukotriene Pathway Inhibitors Step Therapy *Revised*
L003	Pharmacy	Lyrica Step Therapy *Revised*
N002	Pharmacy	Nasal Steroids Step Therapy *Revised*
O001	Pharmacy	Overactive Bladder Medication Step Therapy *New*
P001	Pharmacy	Proton Pump Inhibitor (PPI) Step Therapy *Revised*
R002	Pharmacy	RSV Prohylaxis - American Academy of Peds
S002	Pharmacy	Selective Serotonin Reuptake Inhibitors (SSRIs) Step Therapy *Revised*
S003	Pharmacy	Sedative Hypnotics Step Therapy
S004	Pharmacy	Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Step Therapy for Adults (age 25 and over) *New*
T001	Pharmacy	Tekturna Step Therapy *New*
W001	Pharmacy	Weight Loss Medications
X001	Pharmacy	Xolair (omalizumab)

Revised 08/15/07

Exhibit L

Chiropractic Policy Table of Contents

Revised 12/31/06

EXPRESS SCRIPTS®

2008 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 prescription-drug 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 that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

A

ABILIFY (excluding Discmelt & solution)
acebutolol
acetaminophen w/codeine
acetazolamide
ACTIVELLA
ACTONEL, with calcium
ACTOPLUS MET
ACTOS
ACULAR (excluding LS & PF)
acyclovir
ADVAIR DISKUS, HFA
ADVICOR
AGGRENOX
albuterol
ALLEGRA-D*
ALORA
ALPHAGAN P
ALTACE
amantadine
AMBIEN CR
aminophylline
amitriptyline
amlodipine besylate
ammonium lactate
amox tr/potassium clavulanate
amoxicillin
amphetamine salt combo
anagrelide
ANALPRAM-HC*
ANDRODERM
ANDROGEL
antipyrine w/benzocaine
apri
aranelle
ARANESP [INJ]
ARICEPT
ASACOL
ASCENSIA AUTODISC, BREEZE/2
ASCENSIA CONTOUR SYSTEM
ASCENSIA DEX2, ELITE/XL
ASCENSIA MICROFILL
ASTELIN
atenolol, -chlorthalidone
atropine sulfate
AUGMENTIN XR
AVANDAMET
AVANDARYL
AVANDIA
AVELOX
aviane
AVINZA
AXID solution only
azathioprine
azithromycin

B

balziva
benazepril, /hctz
BENZACLIN
benzonatate
benzoyl peroxide
betamethasone dp, valerate
BETASERON [INJ]
bisoprolol fumarate/hctz
BRAVELLE [INJ]
brimonidine tartrate
bupropion, sr
butalbital/apap/caffeine
BYETTA [INJ]

C

camila
CANASA
captopril, /hctz
CARAC
carbamazepine
carbidopa-levodopa, er
carisoprodol
carvedilol
cefaclor, er
cefadroxil
cefdinir
cefpodoxime
cefprozil
cefuroxime
CELEBREX
CELLCEPT
cephalexin
cesia
CETROTIDE [INJ]
chlorzoxazone
cholestyramine
choline mag trisalicylate
chorionic gonadotropin [INJ]
ciclopirox
cilostazol
cimetidine
CIPRODEX*
ciprofloxacin, er
citalopram
clarithromycin, er
CLIMARA PRO
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonidine hcl
clotrimazole troche
COLAZAL*
colestipol
COMBIPATCH
COMBIVENT
CONCERTA*
COPAXONE [INJ]
COSOPT*
COZAAR
CREON
CRESTOR
cromolyn sodium
cryselle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALTA [SNRI]

D

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

E

econazole
EDEX [INJ]
EFFEXOR XR [SNRI]
ELIDEL
ENABLEX
enalapril, hctz
ENBREL [INJ]
enpresse
EPIPEN, JR [INJ]
errin
erythromycin
erythromycin/benzoyl perox.
estazolam
estradiol, tds
ESTRATEST, H.S.
estropipate
etidronate disodium
etodolac
EUFLEXXA [INJ]
EXELON
EXFORGE
EXUBERA

F

famotidine
felodipine er
fenofibrate
fentanyl citrate
fexofenadine
FINACEA
finasteride
FLOMAX
FLOVENT DISKUS, HFA
fluconazole
fluocinonide
fluorouracil
fluoxetine hcl
flurazepam
fluticasone nasal spray
fluvoxamine maleate
folic acid
FOLLISTIM AQ [INJ]
FORADIL
FORTEO [INJ]
fortical
FOSAMAX, PLUS D*
fosinopril, /hctz

G

gabapentin
GANIRELIX ACETATE [INJ]
gemfibrozil
GENOTROPIN [INJ]
gentamicin sulfate
glimepiride
glipizide, er, xl
glipizide/metformin
GLUCAGEN [INJ]
GLUCOMETER DEX, ELITE, ENCORE
glyburide, micronized
glyburide/metformin
GONAL-F, RFF [INJ]
guaifenesin w/pseudoephedrine

H

HALFLYTELY
haloperidol
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydrochlorothiazide
hydrocodone w/guaifenesin
hydrocodone/acetaminophen
hydrocortisone
hydromorphone
hydroxyurea
hyoscyamine sulfate
HYZAAR

I

ibuprofen
imipramine
IMITREX*
indomethacin
INTAL inh
ipratropium bromide
ipratropium-albuterol
isosorbide mononitrate
isotretinoin
itraconazole

J

JANUMET
JANUVIA
jolessa
jolivette
junel, fe

K

kariva
kelnor
ketoconazole
KYTRIL* soln, tab

L

labetalol hcl
lactulose
LAMICTAL* (excluding disper tabs)
lamotrigine
LANTUS Vials Only [INJ]
leena
leflunomide
lessina
leucovorin
leuprolide acetate [INJ]
LEVAQUIN
LEVEMIR, FLEXPEN [INJ]
LEVITRA
levora
levothyroxine sodium
LEVOXYL
LEXAPRO
LIPITOR
lisinopril, /hctz
LOTEMAX
LOTREL*
lovastatin
LOVAZA
low-ogestrel
LUMIGAN
lutera
LYRICA

M

meclizine hcl
medroxyprogesterone acetate
megestrol
meloxicam
MENEST
MENOPUR [INJ]
mercaptopurine
MERIDIA*
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL*
metronidazole cream
microgestin, fe
mirtazapine, soltab
moexipril/hctz
mometasone
mononessa
morphine sulfate
MUSE

N

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

O

ofloxacin
ogestrel
omeprazole
ondansetron
ONETOUCH II, BASIC, PROFILE
ONETOUCH FASTTAKE
ONETOUCH INDUO
ONETOUCH SURESTEP
ONETOUCH ULTRA,-2, -SMART
ONETOUCH ULTRAMINI
orphenadrine citrate
ORTHO TRI-CYCLEN LO*
oxybutynin, er
oxycodone w/acetaminophen
OXYCONTIN
OXYTROL

P

paroxetine
PATADAY
PATANOL
peg 3350/electrolyte
PEGASYS [INJ]
penicillin v potassium
PENLAC*
perphenazine
phentermine hcl
phenytoin sodium, extended
pilocarpine hcl
pindolol
PLAVIX
polymyxin b sul/trimethoprim
portia

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2008 THROUGH DEC. 31, 2008. 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-name medication. Most generics are available at the lowest copayment.

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

PRAMOSONE
PRANDIN
pravastatin
PRECISION SURE DOSE
PRECISION XTRA
prednisolone
prednisolone acetate
prednisone
PREMARIN
PREMPHASE
PREMPRO
PREVACID
PREVACID NAPRAPAC
previfem
PREVPAC
PROAIR HFA
prochlorperazine
PROCRIT [INJ]
promethazine
promethazine w/codeine
promethazine w/dm
PROMETRIUM
propranolol hcl, w/hctz
PROTOPIC*
PROVENTIL HFA
pseudoephedrine w/chlorpheniramine
PULMICORT

Q

quasense
quinapril
quinaretic
QVAR

R

RANEXA
ranitidine
REBIF [INJ]
reclipsen
RENAGEL
ribasphere
ribavirin
rimantadine
RISPERDAL* (excluding M-tabs)

S

salsalate
selenium sulfide
SEREVENT DISKUS
serophene
SEROQUEL, XR
sertraline
simvastatin
SINGULAIR
SKELAXIN*
sodium sulfacetamide/sulfur
solia
SPIRIVA
sprintec
sronyx
STARLIX
STRATTERA
SULAR*
sulfacetamide sodium
sulfasalazine
SYMBICORT
SYMBYAX
SYMLIN [INJ]

T

TAMIFLU
tamoxifen
TAZORAC
TEGRETOL XR
TEKTURNA
temazepam
terbinafine hcl
terbutaline sulfate
theophylline, anhydrous, er
thioridazine hcl
thiothixene
thyroid
TILADE
timolol maleate
tobramycin sulfate
TOPAMAX
TOPROL XL*
trandolapril
trazodone hcl
tretinoin
triamcinolone acetonide
triazolam
TRICOR
trifluoperazine hcl
trimethobenzamide
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora
TRUSOPT*
TUSSIONEX
TWINJECT [INJ]

U

ULTRASE, -MT
UNIPHYL [G]
urea
UROXATRAL
URSO, FORTE

V

VAGIFEM
VALTREX
velivet
venlafaxine
VENTOLIN HFA
verapamil hcl
VERELAN PM*
VESICARE
VIGAMOX
VIVELLE, -DOT
VOLTAREN ophthalmic
VYTORIN

W

warfarin
WELCHOL
WELLBUTRIN XL*

X

XALATAN
XENICAL
XOPENEX, HFA

Y

YASMIN
YAZ

Z

zenchent
ZETIA
ZOLADEX [INJ]
zolpidem tartrate
ZOMIG, ZMT
zonisamide
zovia
ZYLET
ZYMAR
ZYPREXA (excluding Zydis)

Examples of Nonformulary Medications With Selected Formulary Alternatives

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

Column 1 lists examples of nonformulary medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singulair	INVEGA	Abilify (regular tabs), Risperdal* (non M-tabs), Seroquel/XR, Zyprexa (non-Zydis)
ACCU-CHEK	Ascensia/Glucometer, OneTouch		
ACEON	Generic Ace Inhibitor, Altace	IOPIDINE	brimonidine tartrate, Alphagan P, Cosopt*, Trusopt*
ACIPHEX	omeprazole, Nexium, Prevacid		
AEROBID, M	Flovent Diskus/HFA, Pulmicort, Qvar	ISTALOL	timolol maleate
ALAMAST	cromolyn sodium, Pataday, Patanol	LAMISIL tabs	terbinafine hcl
ALOCRIL	cromolyn sodium, Pataday, Patanol	LANTUS cartridges, solostar	Lantus vials, Levemir
ALREX	Generic steroids		
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor, Lipitor, Vytorin	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor, Lipitor, Vytorin
AMBIEN	zolpidem tartrate	LOFIBRA	fenofibrate, Tricor
AMERGE	Imitrex*, Zomig/ZMT	LUNESTA	zolpidem tartrate, Ambien CR
ANGELIQ	Activella, Prempro/Premphase	MAXAIR AUTOHALER	albuterol, Proair HFA, Proventil HFA, Ventolin HFA, Xopenex HFA
ANTARA	fenofibrate, Tricor		
ANZEMET	ondansetron, Kytril* (soln, tabs)	MAXALT, MLT	Imitrex*, Zomig/ZMT
APIDRA	Humalog, Novolog	MENOSTAR	Generic patches, Alora, Vivelle/-Dot
ASMANEX	Flovent Diskus/HFA, Pulmicort, Qvar	METADATE CD	methylphenidate, Concerta*
ATACAND	Cozaar, Diovan	MICARDIS	Cozaar, Diovan
ATACAND HCT	Diovan HCT, Hyzaar	MICARDIS HCT	Diovan HCT, Hyzaar
AVALIDE	Diovan HCT, Hyzaar	NASAREL	fluticasone, Nasacort AQ, Nasonex
AVAPRO	Cozaar, Diovan	NEVANAC	Acular (non LS/PF), Voltarten Ophth.
AVITA	tretinoin, Differin	NORDITROPIN	Genotropin, Humatrope, Nutropin/AQ
AVODART	finasteride, Flomax, Uroxatral	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin
AXERT	Imitrex*, Zomig/ZMT	NORVASC	amlodipine besylate
AZELEX	tretinoin, Differin, Finacea	NUVARING	Ortho Tri-Cyclen Lo*, Yasmin, Yaz
AZMACORT	Flovent Diskus/HFA, Pulmicort, Qvar	OMNICEF	cefdinir
AZOPT	brimonidine tartrate, Alphagan P, Cosopt*, Trusopt*	OMNITROPE	Genotropin, Humatrope, Nutropin/AQ
		OPTIVAR	cromolyn sodium, Pataday, Patanol
BECONASE AQ	fluticasone, Nasacort AQ, Nasonex	ORTHO EVRA	Ortho Tri-Cyclen Lo*, Yasmin, Yaz
BENICAR	Cozaar, Diovan	ORTHOVISC	supartz, Euflexxa
BENICAR HCT	Diovan HCT, Hyzaar	OVIDREL	chorionic gonadotropin, Novarel
BENZAMYCIN, PAK	erythromycin/benzoyl peroxide	PAXIL CR	paroxetine (immediate release), citalopram, fluoxetine (daily), sertraline, Lexapro
BETIMOL	betaxolol, timolol, other generics		
BIAXIN, XL	clarithromycin, er	PEG-INTRON, REDIPEN	Pegasys
BONIVA tabs	Actonel, Fosamax*	PRECISION QID, PCX	Ascensia/Glucometer, OneTouch
CARDENE SR	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular*	PREFEST	Activella, Prempro/Premphase
		PRILOSEC	omeprazole
CARDIZEM LA	diltiazem er	PROTONIX	omeprazole, Nexium, Prevacid
CEDAX	amox tr/potassium clavulanate, cefdinir, Augmentin XR	PROTROPIN	Genotropin, Humatrope, Nutropin/AQ
		PROZAC WEEKLY	fluoxetine (daily), citalopram, paroxetine, sertraline, Lexapro
CENESTIN	Menest, Premarin		
CIALIS	Levitra	PYLERA	Prevpac
CIPRO HC	Ciprodex*	QUIXIN	ciprofloxacin, ofloxacin, Vigamox, Zymar
COVERA-HS	verapamil er, Verelan PM*	RELENZA	Tamiflu
CYCLESSA	cesia, velivet	RELPAX	Imitrex*, Zomig/ZMT
DETROL, LA	oxybutynin/er, Enablex, Vesicare	RESTORIL	temazepam
DIPENTUM	Asacol, Colazal*, Pentasa	RETIN-A, MICRO	tretinoin, Differin
DITROPAN XL	oxybutynin cl er	RHINOCORT AQUA	fluticasone, Nasacort AQ, Nasonex
DIVIGEL	Generic patches, Alora, Vivelle/-Dot	RITALIN LA	methylphenidate, Concerta*
DYNACIRC	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular*	SAIZEN	Genotropin, Humatrope, Nutropin/AQ
		SANCTURA	oxybutynin/er, Enablex, Vesicare
ELESTAT	cromolyn sodium, Pataday, Patanol	SEASONIQUE	quasense, jolessa
ELESTRIN	Generic patches, Alora, Vivelle/-Dot	SKELID	Actonel, Fosamax*
ENJUVIA	Menest, Premarin	SOF-TACT	Ascensia/Glucometer, OneTouch
EPOGEN	Aranesp, Procrit	SONATA	zolpidem tartrate, Ambien CR
ESTRADERM	Generic patches, Alora, Vivelle/-Dot	SPECTRACEF	amox tr/potassium clavulanate, cefdinir, Augmentin XR
ESTRASORB	Generic patches, Alora, Vivelle/-Dot		
ESTROGEL	Generic patches, Alora, Vivelle/-Dot	SYNTHROID	levothyroxine sodium, Levoxyl
FACTIVE	ciprofloxacin/er, ofloxacin, Avelox, Levaquin	SYNVISC	supartz, Euflexxa
FAMVIR	acyclovir, Valtrex	TESTIM	Androderm, Androgel
FemHRT	Activella, Prempro/Premphase	TEVETEN	Cozaar, Diovan
FEMTRACE	Menest, Premarin	TEVETEN HCT	Diovan HCT, Hyzaar
FLOXIN OTIC	Ciprodex*	TEV-TROPIN	Genotropin, Humatrope, Nutropin/AQ
FML FORTE	Generic steroids, Lotemax	TOBRADEX	Zylet
FOCALIN, XR	dexmethylphenidate, methylphenidate, Concerta*	TRAVATAN, Z	Lumigan, Xalatan
		TRIGLIDE	fenofibrate, Tricor
FOSRENOL	Renagel	VERAMYST	fluticasone, Nasacort AQ, Nasonex
FREESTYLE	Ascensia/Glucometer, OneTouch	VEXOL	Generic steroids, Lotemax
FROVA	Imitrex*, Zomig/ZMT	VIAGRA	Levitra
GEODON	Abilify (regular tabs), Risperdal* (non M-tabs), Seroquel/XR, Zyprexa (non-Zydis)	VYVANSE	methylphenidate, Concerta*
		XIBROM	Acular (non LS/PF), Voltarten Ophth.
HELIDAC	Prevpac	ZEGERID	omeprazole, Nexium, Prevacid
HYALGAN	supartz, Euflexxa	ZIANA	tretinoin, Differin + clindamycin
INNOPRAN XL	propranolol er	ZOFRAN, ODT	ondansetron

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-name 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 JAN. 1, 2008 THROUGH DEC. 31, 2008. 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-name medication. Most generics are available at the lowest copayment.

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

Exhibit N

EXPRESS SCRIPTS®
Charting the Future of Pharmacy
www.express-scripts.com

2008 ESI National Preferred formulary

Additions 2008:

Drug
ACULAR (Non LS/PF)
AMBIEN CR
ANALPRAM HC 2.5% CREAM
ASCENSIA / GLUCOMETER STRIPS & METERS (BAYER STRIPS & METERS)
AVINZA
CAVERJECT
EXUBERA
GENOTROPIN
HALFLYTELY, WITH FLAVOR PACKS
LEVEMIR FLEXPEN
LYRICA
PRAMOSONE
SYMBYAX
ULTRASE, MT
XOPENEX HFA

Deletions 2008:

Drug	Alternative
ACCU-CHEK STRIPS & METERS	ASCENSIA/GLUCOMETER, ONE TOUCH
ALOCRIL	PATANOL, PATADAY
AVODART	FINASTERIDE, FLOMAX, UROXATROL
CIPRO HC	CIPRODEX
ELESTAT	PATANOL, PATADAY
HEMOFIL M (1,701-2000 UNITS & 801-1,700 UNITS)	ADVATE, ALPHANATE, HUMATE-P
INNOPRAN XL	PROPRANOLOL LA
MAXAIR AUTOHALER	ALBUTEROL, PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA
ORTHO EVRA	ORTHO TRI-CYCLEN LO,YASMIN,YAZ
REPRONEX	MENOPUR
RESTORIL 7.5 MG	TEMAZEPAM 15,30 MG
SAIZEN	GENOTROPIN, HUMATROPE, NUTROPIN/AQ

Multi Source Brand Deletions 2008:

Drug	Generic Alternative
CIPRO I.V. 10 MG/ ML	CIPROFLOXACIN 10 MG/ML
CORTEF	HYDROCORTISONE
CYTOXAN 2 GM VIAL	CYCLOPHOSPHAMIDE
DEPO-TESTOSTERONE 100 MG/ML	TESTOSTERONE CYPIONATE
DUONEB	ALBUTEROL SULFATE/IPRATROPIUM
DURAGESIC 12 MCG/HR PATCH	FENTANYL CITRATE 12 MCG/HR PATCH
FORTAZ 1,2 & 6 GM VIAL	CEFTAZIDIME PENTAHYDRATE 1,2 & 6 GM VIAL
GRAFCO SILVER NITRATE	SILVER NITRATE
HESPAN	HETASTARCH/NA CHLOR 0.9%
INDERAL LA	PROPRANOLOL LA
INTRALIPID 30%	FAT EMULSIONS
LAZERFORMALYDE	FORMALDEHYDE
MAXIPIME 2GM	CEFEPIME
NALLPEN 2GM	NAFCILLIN
NIMOTOP	NIMODIPINE
OXANDRIN	OXANDROLONE
PEPCID ORAL SUSPENSION	RANITIDINE SYRUP
SANDIMMUNE 50 MG/ML AMPULE	CYCLOSPORINE 50 MG/ML AMPULE
TAZICEF 1GM, 2GM, 6 GM	CEFTAZIDIME PENTAHYDRATE 1GM, 2GM, 6 GM
TRIOSTAT	LIOTHYRONINE
VESANOID	TRETINOIN
VOSPIRE ER	ALBUTEROL
ZANTAC SYRUP	RANITIDINE SYRUP
ZINECARD VIAL	DEXRAZOXANE VIAL

Exhibit O

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).

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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
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.

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

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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	

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®
Coreg®
Coreg CR™
Corgard®
Inderal®
Inderal LA®
InnoPram XL®
Kerlone®
Levatol®
Lopressor®
Sectral®
Tenorim®
Toprol XL®
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.

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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	

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.
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Exhibit P

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: Overactive Bladder Medication Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/O001	**Page:** 1 of 3	

PRODUCT APPLICATION:

☒ PreferredOne Community Health Plan (PCHP)
☒ PreferredOne Administrative Services, Inc. (PAS)
☐ PreferredOne (PPO)
☒ PreferredOne Insurance Company (PIC)[11]

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 antimuscarinic agent over a brand name agent.

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. When requesting a more expensive drug, the ordering physician must supply literature supporting the therapeutic benefit or increased safety of the more expensive drug.

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).

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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: Overactive Bladder Medication Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/O001	**Page:** 2 of 3	

Table 1: Drugs Affected*

Generic Name	Generics available	Brand Name
darifenacin	N	Enablex
oxybutynin	Y	Ditropan
oxybutynin extended-release	Y	Ditropan XL
oxybutynin transdermal system	N	Oxytrol
solifenacin	N	Vesicare
tolterodine	N	Detrol
tolterodine extended-release	N	Detrol LA
trospium	N	Sanctura

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

GUIDELINES:[12]
Step Therapy Requirements:

I. Requests for *branded* antimuscarines (Table 3) inhibitors are allowed if the patient has been started and stabilized on the requested *branded* antimuscarine (Table 3) in the previous 130 days.

II. Authorization is allowed for *branded* antimuscarines (Table 3) if the patient has not responded to, is intolerant to, or a poor candidate for one generically available antimuscarine (Table 2).

III. Exceptions – either of the following:

A. If it is documented that the patient can not swallow, or has difficulty swallowing, authorization may be given for Oxytrol.

B. If it is documented that the patient requires an oral dosage formulation that can be crushed, authorization may be given for Sanctura or Detrol IR

Table 2: PreferredOne First Line Step Therapy Drugs*

FIRST LINE ANTIMUSCARINICS
oxybutynin IR
oxybutynin XL

* 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 ANTIMUSCARINICS
Detrol®
Detrol LA®
Ditropan®
Ditropan XL®
Enablex®
Oxytrol®
Sanctura®
Vesicare®

* 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: Overactive Bladder Medication Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/O001	**Page:** 3 of 3	

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:

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Exhibit Q

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: Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Step Therapy for Adults (age 25 and over)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/S004	**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 the SNRI Step Therapy criteria set is to require a trial of a generic SNRI before using a brand name SNRI in adult patients (age 25 or older).

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).

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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: Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Step Therapy for Adults (age 25 and over)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/S004	**Page:** 2 of 5	

Table 1: Drugs Affected*

Generic Name	Generics available	Brand Name
bupropion, buproion SR, bupropion XL	Y	Wellbutrin, Wellbutrin SR, Wellbutrin XL
duloxetine	N	Cymbalta
venlafaxine	Y	Effexor
venlafaxine extended-release	N	Effexor XR

* 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 - V:

Note: Criteria set does not apply to patients under the age of 25, or to patients of any age with suicidal ideation.

I. Existing utilizers will be grandfathered-in (look back period is 130 days). Samples will be allowed for the purpose of grandfathering for this drug class, patients stabilized on the medication prior to discharge will also be grandfathered for this drug class.

II. A second line medication (Table 5) will be authorized when it is ordered by a board-certified psychiatrist

III. A second line medication (Table 5) will be authorized when ordered by a physician other than a board certified psychiatrist after the patient has not responded, is intolerant, or a poor candidate for two first line medications (Table 4).

IV. Patients who have taken name brand Effexor XR or Cymbalta at any time in the past and discontinued their use may receive authorization to restart that medication.

V. Exceptions – any of the following A – E:

A. Effexor XR may be authorized for patients with diabetic peripheral neuropathic (DPN) pain if thy have tried and failed Cymbalta

B. Cymbalta may be authorized for patients with diabetic peripheral neuropathic (DPN) pain

C. Cymbalta or Effexor XR may be authorized for patients with neuropathic pain (not related to DPN) if they have tried and failed two of the following agents for this condition:

1. A tricyclic antidepressant (TCA) (Table 2)

2. An anticonvulsant (e.g. gabapentin, carbamazepine or oxcarbazepine)

3. An SSRI (Table 3)

4. Mexiletine

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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: Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Step Therapy for Adults (age 25 and over)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/S004	**Page:** 3 of 5	

D. Cymbalta or Effexor XR may be authorized for patients with fibromyalgia if the patient has tried and failed at least two of the following:

1. A tricyclic antidepressant (Table 4)
2. An SSRI (Table 3)
3. Cyclobenzaprine
4. Tramadol
5. Gabapentin
6. Pregabalin
7. Cymbalta

E. Cymbalta may be authorized for patients with stress urinary incontinence

Table 2: SSRIs*

Generic Name	Generics available	Brand Name
citalopram	Y	Celexa
escitalopram	N	Lexapro
fluvoxamine	Y	Luvox
paroxetine HCL	N	Paxil CR
paroxetine	Y	Paxil
paroxetine mesylate	N	Pexeva
fluoxetine	Y	Prozac
fluoxetine	N	Prozac Weekly
fluoxetine	N	Sarafem
sertraline	Y	Zoloft

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

Table 3: Tricyclic Antidepressants*

Generic Name	Generics available	Brand Name
amitriptyline	Y	Elavil
amitriptyline	Y	Endep
doxepin	Y	Doxipin
imipramine	Y	Tofranil
nortriptyline	Y	Aventyl
nortriptyline	Y	Pamelor

*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:** 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Step Therapy for Adults (age 25 and over)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/S004	**Page:** 4 of 5	

Table 4: PreferredOne First Line Step Therapy Drugs*

FIRST LINE SNRI's
Bupropion, bupropion SR, bupropion XL
Venlafaxine immediate-release

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

Table 5: PreferredOne Second Line Step Therapy Drugs*

SECOND LINE SNRI's
Cymbalta
Effexor
Effexor XR
Wellbutrin
Wellbutrin SR
Wellbutrin XL

* 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:** 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Step Therapy for Adults (age 25 and over)	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/S004	**Page:** 5 of 5	

RELATED CRITERIA/POLICIES:
Medical Management Process Manual MI007 Use of Medical Policy and Criteria
Pharmacy Criteria PC/S002 Selective Serotonin Reuptake Inhibitors (SSRIs) Step Therapy for Adults
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

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Exhibit R

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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: Tekturna Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/T001	**Page:** 1 of 5	

PRODUCT APPLICATION:

☒ PreferredOne Community Health Plan (PCHP)
☒ PreferredOne Administrative Services, Inc. (PAS)
☐ PreferredOne (PPO)
☒ PreferredOne Insurance Company (PIC)[11]

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 an ACE inhibitor or ACE inhibitor combination product prior to the use of Tekturna.

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).

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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: Tekturna Step Therapy	Replaces Effective Policy Dated: N/A	
Reference #: PC/T001	Page: 2 of 5	

Table 1: Drugs Affected*

Generic Name	Generics available	Brand Name
aliskiren tablets	N	Tekturna

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

GUIDELINES:[12]
Medical Necessity Criteria:

I. The patient has been started and stabilized on Tekturna during the previous 130 days (i.e. grandfathering) the patient will be allowed to continue on the medication (this includes if the patient was started and stabilized on Tekturna while in the hospital).

II. Requests for Tekturna are allowed if the patient has tried an ARB (Table 4) or ARB combination product (Table 5) in the past. A trial with an ACE inhibitor is not required.

III. Authorization is allowed for Tekturna (Table 7) if the patient has not responded to, is intolerant to, or a poor candidate for one ACE inhibitor or combination ACE inhibitor (Table 6)

Note: If a Tekturna is denied and the patient is being required to try a ACE Inhibitor, step therapy criteria for ACE Inhibitors may need to be met (see Pharmacy Criteria PC/A001 ACE Inhibitors Step Therapy)

Table 2: Single Entity Angiotensin Converting Enzyme (ACE) Inhibitors*

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

* 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: 08/15/07
Department(s) Affected: Pharmacy	Effective Date: 08/15/07	
Pharmacy Criteria Document: Tekturna Step Therapy	Replaces Effective Policy Dated: N/A	
Reference #: PC/T001	Page: 3 of 5	

Table 3: Combination Angiotensin Converting Enzyme (ACE) Inhibitors*

Generic Name	Generics Available	Brand Name
benazepril/hydrochlorothiazide	Y	Lotensin HCT
captopril/hydrochlorothiazide	Y	Capozide
enalapril/hydrochlorothiazide	Y	Vaseretic
fosinopril/hydrochlorothiazide	N	Monopril HCT
lisinopril/hydrochlorothiazide	Y	Prinzide
lisinopril/hydrochlorothiazide	Y	Zestoretic
moexipril/hydrochlorothiazide	Y	Uniretic
quinapril/hydrochlorothiazide	N	Accuretic
quinapril/hydrochlorothiazide	Y	Quinaretic
benazepril/amlodipine	Y	Lotrel
enalapril/felodipine	N	Lexxel
trandolapril/verapamil	N	Tarka

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

Table 4: Single Entity Angiotensin Receptor Blockers (ARBs)*

Generic Name	Generics Available	Brand Name
candesartan	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.

Table 5: Combination Angiotensin Receptor Blockers (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
telmisartan/hydrochlorothiazide	N	Micardis HCT
valsartan/hydrochlorothiazide	N	Diovan HCT

* 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:** 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Tekturna Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/T001	**Page:** 4 of 5	

Table 6: PreferredOne First Line Step Therapy Drugs*

FIRST LINE ACE INHIBITORS AND ACE INHIBITOR COMBINATION PRODUCTS
Accuretic
Aceon
Altace
benazepril
benazepril/amlodipine
benazepril/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
fosinopril
Lexxel
lisinopril
lisinopril/hydrochlorothiazide
Mavik
moexipril
moexipril/hydrochlorothiazide
Monopril HCT
Tarka
quinapril

8/8/07

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

Table 7: PreferredOne Second Line Step Therapy Drugs*

SECOND LINE MEDICATION
Tekturna

8/8/07

*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:** 08/15/07
Department(s) Affected: Pharmacy	**Effective Date:** 08/15/07	
Pharmacy Criteria Document: Tekturna Step Therapy	**Replaces Effective Policy Dated:** N/A	
Reference #: PC/T001	**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
Pharmacy Policy PP/Q001 Quantity Limits per Prescription per Copayment

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Exhibit S

PreferredOne®

Department of Origin: Quality Management	**Approved by:** Quality Management Committee	**Date approved:** 10/11/07
Department(s) Affected: Quality Management, Network Management	**Effective Date:** 10/11/07	
Procedure Description: Medical Record Documentation Guidelines	**Replaces Effective Procedure Dated:** 10/26/06	
Reference #: QM/M001	**Page:** 1 of 2	

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 and organized, and permit effective and confidential patient care and quality review.

The medical record for each PreferredOne member, whether paper or electronic, should be an organized, consistent record that accurately communicates information required to render timely, comprehensive medical care.

PROCEDURE:

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

I. The medical record must include all the following:

A. For paper records, all pages must contain patient identifier (name or ID#)

B. All record entries must:

1. Be dated; and

2. Must be legible

C. All medical record documentation must include (Core Elements are identified by an asterisk *):

1. Patient specific demographic data (address, home or work telephone numbers, date of birth and sex)

2. A completed problem list that indicates significant illnesses and medical conditions for patient seen three or more times in one year*

3. A medication list

4. Medication allergies and other allergies with adverse reactions prominently noted in the record, or documentation or 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) *

6. Current or history of "use" or "non-use" of cigarettes, alcohol and other habitual substances is present when age appropriate

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Department of Origin: Quality Management	Approved by: Quality Management Committee	Date approved: 10/11/07
Department(s) Affected: Quality Management, Network Management	**Effective Date:** 10/11/07	
Procedure Description: Medical Record Documentation Guidelines	**Replaces Effective Procedure Dated:** 10/26/06	
Reference #: QM/M001	**Page:** 2 of 2	

7. 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

8. An immunization record/history

9. Working diagnoses are consistent with findings*

10. Evidence that treatment plans are consistent with diagnoses* and 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

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

III. 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 (if applicable)

D. Reviewing test/lab results and communicating results to patient.

IV. Compliance with medical record organization and documentation requirement policies will be monitored as follows:

A. Chart audits will occur in coordination with HEDIS data collection on a yearly basis

B. Organizations not meeting 80 percent of the above record keeping requirements will be notified of their deficiencies and a corrective action plan will be requested from the clinic addressing how they will conform to the above guidelines with follow-up measurement performed the following year.

REFERENCES:

- 2007 NCQA MCO Standards and Guidelines, QI 14 Standards for Medical Record Documentation
- Minnesota State Statue 4685.1110, Subp. 13

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