

PreferredOne®

UPDATE *A Newsletter for PreferredOne Providers & Practitioners*

October 2010

You Are Invited to the First Annual PreferredOne Mental Health Provider Forum

We are pleased to invite PreferredOne Mental Health Providers to visit us here at PreferredOne for our first annual Mental Health Provider Forum on **Friday, November 5, 2010**. Sign-in 7:30 to 8:00 a.m. and program from 8:00 to 9:00 a.m. A continental breakfast will be provided.

This is a great opportunity for our new and existing Mental Health Providers to learn about PreferredOne's online services, verification, EOBs, electronic claims/remits, clearing houses used, fee schedules, credentialing, and facility services listings. The discussion topics on the agenda are specifically outlined to be informative and helpful to our Mental Health Provider network!

This Forum will keep you up-to-date with all that is happening at PreferredOne in this ever-changing healthcare industry. To RSVP, please visit www.PreferredOne.com and click on "For Providers" in the side menu bar on the home page. Once in the Login/Registration page, click on "2010 PreferredOne Mental Health Provider Forum RSVP" and submit your email address by October 29, 2010 or simply click [HERE](#) to be taken directly to the page. We hope to see you here on November 5!

2011 Fee Schedule Update

Additional changes to the 2011 fee schedules were communicated at the PreferredOne Provider Forum in September. The presentation is available on our secure website.

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, 2011. 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 2010 CMS Medicare physician transitional RVU file without geographic practice index (GPCI) applied and without the work adjuster applied, as published in the Federal Register May 2010. New codes for 2011 will be based on the 2011 CMS Medicare physician transitional RVU file without geographic practice index applied and without the work adjuster applied as published in the Federal Register November 2010. Other new non-RVU based codes will be added according to PreferredOne methodology.

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Pricing & Payment Policies #008 & #009	Exhibits A-B
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Network Management Policy #NM042	Exhibit C
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Chiropractic, Medical & Pharmacy Policy & Criteria Indices	Exhibits D-H
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2011 Express Scripts Formulary	Exhibits I-J
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Quality Management Policy # QM/C003	Exhibit K
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Network Management

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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. Some of these changes were presented at the September Provider Forum. PreferredOne will maintain the current default values for codes that do not have an established rate.

The 2011 Physician fee schedules will continue to apply site of service differential for RVU-based services performed in a facility setting (Place of Service 21-25 are considered facility).

The Convenience Care Fee schedules will also be updated January 1, 2011, with a few more services added to the fee schedules.

Requests for a market basket fee schedule may be made in writing to PreferredOne Provider Relations. Reminder: New codes for 2011 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 Newsletter."

New ASA codes for Anesthesia services will be updated with the 2011 release of Relative Value Guide by the American Society of Anesthesiologists. This update will take place by January 1, 2011. The convenience care fee schedules have also been updated with some changes to rates as well as adding additional services.

Hospital Services/UB04 Fee Schedules

The 2011 calendar year DRG schedule will be based on the CMS MS-DRG Grouper Version 28 as published in the final rule Federal Register to be effective October 2010. Ambulatory Surgery Center (ASC) code groupings have been updated for 2011 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 policy.

The Facility (UB04) CPT fee schedule will consist of all physician CPT/HCPC code ranges and will be based on the 2010 CMS Medicare transitional physician RVU file, without the geographic practice index applied and without the work adjust applied. 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 that new codes for 2011 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 Newsletter."

Off-Cycle Fee Schedule Updates

Other provider types such as DME, Dental, Home Health, and Skilled Nursing Facility updates will take place April 1, 2011.

New Pricing and Payment Policies

Two new Pricing and Payment Policies #008 New Patient and #009 Outpatient Reimbursement and IP Admission. These policies are attached and were presented at the September Provider Forum (**Exhibits A & B**).

Change in Billing for Consultation Codes

As presented at the September Provider Forum, PreferredOne has made the decision to no longer reimburse the outpatient and inpatient consult codes 99241-99245 and 99251-99255 effective with January 1, 2011, dates of service. PreferredOne is following the Centers for Medicare and Medicaid Services (CMS) guidelines and request providers to bill the appropriate Evaluation and Management codes that represent where the visit occurs and that identify the complexity of the visit performed. The visit codes to be used include: office visit codes 99201-99205, 99211-99215, or the initial hospital care codes 99211-99223, or nursing facility care codes 99304-99306.

Claims Processing Correction Site of Service

With the additional codes taking a site of service in 2010, the systems were updated to take a site of service differential on all RVU based CPT and HCPCS codes. A review of system set up discovered some nonsurgical HCPCS/CPT codes were incorrectly being paid at default rate rather than the fee schedule. The system was corrected on October 12, 2010, and claims will be automatically reprocessed to receive the correct payment.

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

Health Care Home

PreferredOne will be adding all Minnesota Department of Health certified health care homes to its provider network on a prospective basis. Health care home should notify PreferredOne once they have received a certification date from the Minnesota Department of Health. For further details see the attached policy ([Exhibit C](#)).

PreferredOne Compliance with Minnesota E3 Electronic Claim Requirements



All Minnesota providers are required to submit their claims electronically to PreferredOne. Providers may register at www.mnEconnect.com to use the tool, which is offered at no cost to providers for submission of claims, or visit our provider internet portal for more information (<https://secure.preferredone.com/providerapps/edi.asp>). Please direct any questions to your provider network representative. For additional information about Minnesota's E3 Electronic Claim Requirements, please refer to the MN Administrative Uniformity Committee website (www.health.state.mn.us/auc/index.html).

Medical Policy Update

Medical Policy documents 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 and choose Medical Policy from the menu.

PreferredOne uses Milliman Care Guidelines as an additional tool to support the Integrated Healthcare Services staff in making medical necessity determinations. Milliman is a national vendor for care guidelines. If both Milliman and PreferredOne have criteria for the same healthcare service, we compare the two criteria sets to assess if we will continue to follow PreferredOne criteria or adopt Milliman Care Guidelines. If we chose to adopt a Milliman Care Guideline, the PreferredOne criterion is retired.

The Behavioral Health, Chiropractic, Medical/Surgical, and Pharmacy and Therapeutics Quality Management Subcommittees approve new criteria sets for use in their respective areas of Integrated Healthcare Services. Quality Management Subcommittee approval is not required a decision has been made to adopt Milliman Care Guidelines, to retire PreferredOne criterion, or when Medical Policies are created or revised; approval by the chief medical officer is required. Notification of these actions is brought to the Quality Management Subcommittees as informational only. Milliman Guidelines cannot be posted on our website, however, copies of individual guidelines are available upon request. *Page 4...*

Medical Management

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Since the last newsletter, the Behavioral Health Quality Management Subcommittee has approved or been informed of the following:

- Behavioral Health Quality Management Subcommittee: No new or retired Behavioral Health criteria sets or policies.
- Chiropractic Quality Management Subcommittee: No new Chiropractic criteria sets or policies.
- Medical/Surgical Quality Management Subcommittee
 - No new Medical/Surgical criteria sets
 - Two new Medical/Surgical policies were created
 1. MP/A005 Amino Acid Based Elemental Formula
 2. MP/D005 Dietary Formulas, Electrolyte Substances, or Food Products for PKU or Other Inborn Errors of Metabolism.
 - One Medical/Surgical policy was retired. MP/E004 Nutrition Therapy was retired after being broken out into two separate policies (see above).
 - One Medical/Surgical criteria set was retired: MC/G009 Laser Treatment for Psoriasis. Prior authorization is no longer required for this treatment.
 - Three additions to the Investigational/Unproven Comparative Effectiveness List
 1. Plantar fasciitis treatments: Coblation[®], cryosurgery, extracorporeal shock wave therapy (ESWT, radiofrequency lesioning, and radiotherapy).
 2. Ultrasound therapy (low-frequency, non-contact, and non-thermal) for the management of chronic wounds (MIST Therapy[®] or AR1000 Ultrasound Wound Therapy System).
 3. Topographic Genotyping (PathfinderTG[®])
 - No deletions to the Investigational/Unproven Comparative Effectiveness List

PreferredOne now has a Precertification/Prior Authorization List available for external posting. The list can be found with the other Medical Policy Documents on the PreferredOne internet home page, under the Health Resources drop down menu. The list will be fluid, as we see opportunities for impact; driven by changes in standard of care, etc. Please check the list regularly for revisions.

PreferredOne is mobilizing its resources toward prior authorization for chemotherapy treatment for oncology; starting with requiring prior authorization for Avastin (bevacizumab), but planning to expand this over time. We use the National Comprehensive Cancer Network (NCCN) set of guidelines and compendium as our reference for FDA labeled indications and acceptable off-label use.

See the Pharmacy section of the Newsletter for Pharmacy policy and criteria information.

The attached documents include the latest Chiropractic, Medical and Pharmacy Policy and Criteria indices (**Exhibit D-H**). Please add these documents to the Utilization Management section of your Office Procedures Manual. For the most current version of the policy and criteria documents, please access the Medical Policy option on the PreferredOne website. If you wish to have paper copies of these documents, or you have questions, please contact the Medical Policy department telephonically at (763) 847-3386 or on line at Heather.Hartwig-Caulley@PreferredOne.com.

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



Biologics for Inflammatory Conditions (Rheumatoid Conditions, Crohns Disease, Plaque Psoriasis) – Effective April 2011.

PreferredOne has a long standing prior authorization requirement for these medications, ensuring their use is medically necessary while also requiring a trial of injectables medications before infusible medications. Additionally, we have allowed a bypass of this prior authorization process for contracted providers specializing in rheumatology, gastroenterology, or dermatology.

Beginning April 2011, the program will be modified. We will continue to assess medical necessity and require a trial of injectable medications before infusible medications. We will also apply FDA approved dosing guidelines to initial/induction, subsequent, and flare treatments for Enbrel and Humira. In order to achieve our goal of optimal dosing for our members across all disease states, we will remove the specialty bypass for rheumatologists, gastroenterologists, and dermatologists.

2011 PreferredOne Formulary

PreferredOne utilizes the Express Scripts National Preferred formulary for its members who have Express Scripts as their Pharmacy Benefit Manager (PBM). This formulary undergoes a complete review annually with all changes taking effect on January 1 of each year. Attached is the 2011 Express Scripts formulary ([Exhibit I](#)) as well as a list of the medications that are changing formulary status (formulary to nonformulary and nonformulary to formulary) as of January 1, 2010 ([Exhibit J](#)).

PreferredOne Community Health Plan (PCHP) and PreferredOne Insurance Company (PIC) Benefit Changes Effective With Employer Groups Renewing On or After January 1, 2011.

Upon an employer group's renewal with PCHP or PIC, the following drug classes will no longer be covered under the benefit:

- Non-Sedating Antihistamines (NSAs)
- Non-steroidal Anti-Inflammatory drugs (NSAIDs)
- H2-antagonists (H2As)
- Proton Pump Inhibitors (PPIs)
- Erectile dysfunction medications, regardless of prior authorization

Pharmacy Policy and Criteria

Since the last newsletter, the Pharmacy and Therapeutics Quality Management Subcommittee has approved or been informed of the following:

- No new Pharmacy criteria were developed
- No Pharmacy criteria were retired

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- No new Pharmacy related medical policies were created or retired
- One entry on the Pharmacy Investigational/Unproven Comparative Effectiveness List was revised: Diabetic macular edema is now considered an appropriate use for intravitreal Avastin.

Pharmacy Information Available Upon Request

A paper copy of any pharmacy information that is posted on the PreferredOne Provider Website is available upon request by contacting the Pharmacy Department online at Pharmacy@PreferredOne.com.

Quality Management Update



We are happy to announce that PreferredOne Community Health Plan has once again been awarded an **Accreditation status of Excellent** from the National Committee for Quality Assurance (NCQA), an independent, non-profit organization that assesses and reports on the quality of the nation's managed care plans! PreferredOne Community Health Plan's Accreditation status -- the highest possible level -- is based on a voluntary review of how a health plan ensures that its members are receiving high quality care.

Health plans that go through the survey process face a comprehensive and rigorous set of more than 60 standards and must report on their performance in more than 40 areas. An annual member satisfaction survey and HEDIS results are also incorporated into the accreditation process. This successful accreditation visit is the result of many people's efforts over the past three years. The survey instrument measures not only how well we perform our day to day insurance operations, but also how we communicate and work with our providers and members. It is the most comprehensive assessment of how we perform our contractual obligations to purchasers and providers.

“Achieving an accreditation status of **Excellent** is a significant achievement for a health plan,” said Margaret E. O’Kane, president of NCQA. “It is only awarded to those plans that both meet or exceed NCQA’s rigorous requirements for consumer protection and quality improvement and have HEDIS® results in the highest range of national performance.”

Clinical Practice Guidelines

PreferredOne is a sponsor of the Institute for Clinical Systems Improvement (ICSI) and promotes clinical practice guidelines to increase the knowledge of both our members and contracted providers about best practices for safe, effective, and appropriate care. Although PreferredOne endorses all of ICSI’s guidelines, it has chosen to adopt several of them and monitor their performance within our network (**Exhibit K**). The guidelines that PreferredOne’s Quality Management Committee has adopted include ICSI’s clinical guidelines for Coronary Artery Disease, Asthma, Depression, and ADHD/ADD. The performance of these guidelines by our network practitioners will be monitored using HEDIS measurement data.

All of the ICSI guidelines that we have adopted can be found on ICSI's website at www.icsi.org. All the guidelines were recently updated in 2010.

Continuity & Coordination of Care

Continuity and coordination of care is important to PreferredOne. If your clinic is terminating your contract with PreferredOne please notify your PreferredOne provider representative immediately. According to the Minnesota Department of Health Statute 62Q.56 subdivision 1, the health plan must inform the affected enrollees about termination at least 30 days before the termination is effective, if the health plan company or health care network cooperative has received at least 120 days’ prior notice. If you need further information, please contact your network representative at PreferredOne regarding this statute.

Case Management Referral

What is Case Management?

Case management is a collaborative process among the Case Manager (an RN or Social Worker), the plan member, and the member's family and health care providers. The goal of case management **is to help members** in navigating through the complex medical system. The Case Manager will assist in preventing gaps in care with the goal of achieving optimum health care outcomes in an efficient and cost-effective manner. This service is **not** intended to take the place of the attending providers or to interfere with care.

Core Services

- Serve as a resource to members
- Provide both verbal and written education regarding a disease condition
- Coordinate care
- Serve as a liaison between the health plan, member and providers

Eligibility and Access

All members of the health plan experiencing complex health needs are eligible for case management. A Case Manager may call out to a member based on information that has been received at PreferredOne or members may call and request a Case Manager. There is no cost for this service and it is strictly optional.

Health care provider referrals and member self referrals are accepted by contacting PreferredOne and requesting to speak with a Case Manager. The telephone number for the case management department is **(763) 847-4477, option 2**.

Introducing New Programs from PreferredOne at No Cost to Your Patients

PreferredOne has implemented Chronic Illness Management and Treatment Decision Support programs available to your patients who live with chronic conditions. Your patients will still have the same level of benefits, access to any ancillary services and access to your referral network. They will also continue to see you and receive the same services that you currently provide them.

The Chronic Illness Management (CIM) and Treatment Decision Support (TDS) Programs focus on the following conditions -

CIM:

- Diabetes
- Coronary Heart Disease
- Heart Failure
- Chronic Obstructive Pulmonary Disease
- Asthma

TDS:

- Low Back Pain

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Medical Management

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The goals of these programs are to:

- Promote self-management of chronic conditions
- Improve adherence to treatment plans
- Improve adherence to medication regimens
- Reduce or delay disease progression and complications
- Reduce hospitalizations and emergency room visits
- Improve quality of life

Benefits to You and Your Practice

These PreferredOne programs are designed to collaborate with you and your recommended treatment plans. With the help of a nurse health coach, your patients are educated telephonically about their chronic conditions and taught how to track important signs and symptoms specific to their condition. There are several benefits to you when your patients participate in these PreferredOne programs:

- Program participants learn how to better follow and adhere to your treatment plan
- Program participants learn how to maximize their office visits with you
- If clinically concerning warning signs are discovered through the program, you are notified, if clinically appropriate, via a faxed *Health Alert*
- Program participants receive ongoing support and motivation to make the necessary lifestyle changes you have recommended to them

Benefits to Your Patients

- Access to a PreferredOne Registered Nurse
- Information about managing their health condition
- Education and tools to track their health condition
- Equipment, as needed, for participation in the program
- Access to Healthwise®, an online health library at www.PreferredOne.com

Program Participants learn to:

- Track important signs and symptoms to detect changes in their health status early enough to avoid complications and possible hospitalizations
- Make better food choices
- Start an exercise program
- Regularly take their medications
- Avoid situations that might make their condition worse

How to make a Referral to the PreferredOne CIM or TDS programs:

Contact PreferredOne toll free at 1-800-940-5049 Ext. 3456

Monday-Friday 7:00a.m. to 7:00p.m. CST

PreferredOne

DEPARTMENT:	Pricing and Payment	APPROVED DATE: 9/1/2010
POLICY DESCRIPTION:	New patient	
EFFECTIVE DATE:	1/1/2011	
PAGE:	1 of 1	REPLACES POLICY DATED:
REFERENCE NUMBER:	008	RETIRED DATE:

SCOPE: Network Management, Customer Service Department for PreferredOne, PreferredOne Community Health Plan and PreferredOne Administrative Services, Inc, Medical Management, Claim Department for PreferredOne Community Health Plan, PreferredOne Administrative Services, and PreferredOne Participating Providers

PURPOSE: Define New Patient Visit

DEFINITIONS: A new patient is one who has not received any professional services (E/M service or other face-to-face service such as surgical procedure) from the physician or another physician of the same specialty in the same group practice, within the past three years.

POLICY: New patient E/M codes will not be reimbursable if the patient does not meet the PreferredOne definition of New Patient

PROCEDURE:

1. If an E/M code is submitted and the patient does not meet the definition of a new patient, the claim will be denied and returned to the XB3 denial code indicating it is not payable due to a payment policy.
2. If both a preventive and a problem oriented E/M service is provided on the same date of service, and the patient meets the criteria for a new patient E/M, only one of the E/M's submitted can be a new patient E/M.

REFERENCES:

P-32 Reimbursement for Evaluation and Management Office Calls When Billed with a Preventative Medicine Service

PreferredOne

DEPARTMENT:	Pricing and Payment	APPROVED DATE: 9/1/2010
POLICY DESCRIPTION:	Outpatient Reimbursement Maximum	
EFFECTIVE DATE:	1/1/2011	
PAGE:	1 of 1	REPLACES POLICY DATED:
REFERENCE NUMBER:	009	RETIRED DATE:

SCOPE: Network Management, Customer Service Department for PreferredOne, PreferredOne Community Health Plan and PreferredOne Administrative Services, Inc, Medical Management, Claim Department for PreferredOne Community Health Plan, PreferredOne Administrative Services, and PreferredOne Participating Providers

PURPOSE: The reimbursement of an outpatient service shall not exceed the reimbursement of the same service when performed as an inpatient admission

POLICY: PreferredOne will pay the lesser of the Outpatient facility reimbursement rate or the DRG payment for an acute inpatient admission.

PROCEDURE:

1. An outpatient visit is considered a service billed from a hospital-based facility on a UB claim form with type of bill 13x.
2. PreferredOne will pay the lesser of the Outpatient facility reimbursement rate or the DRG payment for an acute inpatient admission.

REFERENCES:

PreferredOne®

Department of Origin: Network Management	Approved by: Vice President of Network Management	Date approved: 09/01/2010
Department(s) Affected: Network Management	Effective Date: July 1, 2010	
Policy Description: Health Care Homes	Replaces Effective Policy Dated:	
Reference #: NM042	Page:	1 of 1

PRODUCT APPLICATION:

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

PURPOSE:

The intent of this policy is to inform facilities of PreferredOne’s process for adding Health Care Homes to its network. This policy is in accordance with the Minnesota Statutes 62U.03 and 256B.0753.

POLICY:

PreferredOne will add Minnesota Department of Health certified health care homes to its provider network on a prospective basis once PreferredOne is notified. PreferredOne will follow all Minnesota Department of Health tiering, coding, outcome measures and auditing policies and procedures. PreferredOne will reimburse a non-negotiable flat monthly fee. All copayments and deductibles will apply.

PROCEDURE:

1. Provider will notify PreferredOne once they have received a certification date from the Minnesota Department of Health.
2. PreferredOne will obtain the confirmation spreadsheet from the Minnesota Department of Health payer web-site <http://www.health.state.mn.us/healthreform/homes/certifiedhchs/index.html>. If for some reason this information is unavailable PreferredOne may request said information directly from the provider.
3. PreferredOne will prospectively add appropriate codes and fee to providers PCHP, PAS, PIC fee schedules.
4. Provider will determine the tier placement of each patient in the same manner as defined by the Minnesota Department of Health.
5. Provider will bill using the HCPCS codes and modifiers as outlined by the Minnesota Department of Health.
6. PreferredOne will reimburse one monthly flat fee for tiers 1 – 4, for PCHP, PAS and PIC members. The same rate will be reimbursed for all certified health care homes and is not negotiable.
7. All member deductibles and copayments apply.

REFERENCES:

Minnesota Statutes 62U.03 and 256B.0753.
<http://www.health.state.mn.us/healthreform/homes/index.html>

DOCUMENT HISTORY:

Created Date: 9/01/2010
Reviewed Date:
Revised Date:

Chiropractic Policies Table of Contents

Click on description link to view the PDF

Reference #	Description
001	Use of Hot and Cold Packs 
002	Plain Films Within the first 30 days of Care 
003	Passive Treatment Therapies beyond 6 Weeks 
004	Experimental, Investigational, or Unproven Services 
006	Active Care 
007	Acute and Chronic Pain 
009	Recordkeeping and Documentation Standards 
010	CPT Code 97140 
011	Infant Care - Chiropractic 
012	Measureable Progressive Improvement - Chiropractic 

Revised 02/04/09

Quick Links:

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[Medical Criteria](#)

[Medical Policies](#)

[Pharmacy Criteria](#)





























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

Medical Criteria Table of Contents

Click on description link to view the PDF

Reference #	Category	Description
B002	Dental and Oral Maxillofacial	Orthognathic Surgery 
C008	Eye, Ear, Nose, and Throat	Strabismus Repair (Adult) 
F022	Orthopaedic/Musculoskeletal	Cervical Disc Arthroplasty (Artificial Cervical Disc) 
F024	Orthopaedic/Musculoskeletal	Radiofrequency Ablation Neck and Back 
G001	Skin and Integumentary	Eyelid and Brow Surgery (Blepharoplasty & Ptosis Repair) 
G002	Skin and Integumentary	Breast Reduction Surgery 
G003	Skin and Integumentary	Excision Redundant Tissue 
G004	Skin and Integumentary	Breast Reconstruction 
G008	Skin and Integumentary	Hyperhidrosis Surgery 
G010	Skin and Integumentary	Lipoma Removal 
H003	Gastrointestinal/Nutritional	Bariatric Surgery  <i>Revised</i>
L008	Diagnostic	Continuous Glucose Monitoring Systems for Long Term Use 
L010	Diagnostic	Breast or Ovarian Cancer, Hereditary -BRCA1 and BRCA2 Genes and BRCAAnalysis Rearrangement Testing (BART) 
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 
M006	BH/Substance Related Disorders	Mental Health Disorders: Partial Hospital Program (PHP) 
M007	BH/Substance Related Disorders	Mental Health Disorders: Residential Treatment 
M008	BH/Substance Related Disorders	Psychotherapy: Outpatient Treatment 
M009	BH/Substance Related Disorders	Chronic Pain: Outpatient Program 
M019	BH/Substance Related Disorders	Pathological Gambling: Outpatient Treatment 
M020	BH/Substance Related Disorders	Autism Spectrum Disorders Treatment 
M021	BH/Substance Related Disorders	Vagus/Vagal Nerve Stimulation (VNS) for Treatment Resistant Depression and Treatment Resistant Bipolar Depression 
N003	Rehabilitation	Occupational and Physical Therapy: Outpatient Setting 
N004	Rehabilitation	Speech Therapy: Outpatient 
N005	Rehabilitation	Torticollis and Positional Plagiocephaly Treatment for Infants/Toddlers 
N006	Rehabilitation	Acupuncture 
T002	Transplant	Kidney/Pancreas Transplantation 

Revised 12/10/08

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Reference #	Description
A003	Amino Acid Based Elemental Formula (AABF) <i>New</i>
C001	Court Ordered Mental Health Services
C002	Cosmetic Treatments
C003	Criteria Management and Application
C008	Oncology Clinical Trials, Covered / Non-covered Services
C009	Coverage Determination Guidelines
C010	Demonstration of Provider Clinical Competence
C011	Court Ordered Substance Related Disorder Services
D002	Diabetes Mellitus Supplies Coverage
D004	Durable Medical Equipment, Orthotics, Prosthetics and Supplies <i>Revised</i>
D005	Dietary Formulas, Electrolyte Substances, or Food Products for PKU or Other Inborn Errors of Metabolism <i>New</i>
D007	Handicapped Dependent Eligibility
D008	Dressing Supplies
G001	Genetic Testing
H005	Home Health Care (HHC)
H006	Hearing Devices
I001	Investigational/ Experimental Services
I002	Infertility Treatment
I003	Routine Preventive Immunizations
I004	Mental Health Disorders: Intensive Residential Treatment Services (IRTS)
I005	Intensity Modulated Radiation Therapy (IMRT) Coverage Considerations <i>Revised</i>
N002	Nutritional Counseling
P008	Medical Policy Document Management and Application
P009	Preventive Screening Tests <i>Revised</i>
P010	Narrow-band UVB Phototherapy (non-laser) for Psoriasis
R002	Reconstructive Surgery
R003	Acute Rehabilitation Facilities
R004	Physical, Occupational or Speech Therapy; Outpatient Setting
S008	Scar Revision <i>Revised</i>
S011	Skilled Nursing Facilities
S012	Substance Related Disorders Coverage Considerations
T002	Transition of Care - Continuity of Care
T004	Therapeutic Pass
W001	Physician Directed Weight Loss Programs

Revised 02/09/09

- Quick Links:**
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[Medical Policies](#)
[Pharmacy Criteria](#)
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Pharmacy Criteria Table of Contents

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Reference #	Description
A002	Oral Antifungal Therapy: Lamisil & Sporanox Revised
A003	Combination Beta2-Agonist Inhalers Revised
A004	Antihistamines Step Therapy
A005	Antidepressants Step Therapy Revised
A007	Angiotensin II Receptor Antagonist/Blocker (ARB) Step Therapy New
B003	Botulinum Toxin Revised
B004	Biologics for Rheumatoid Arthritis/Psoriatic Arthritis & JRA Revised
B005	Biologics for Plaque Psoriasis: Amevive, Enbrel, Humira, Remicade, & Stelara
B006	Biologics for Inflammatory Bowel Diseases: Humira, Remicade, & Tysabri
B009	Bisphosphonates Step Therapy
C002	Cyclooxygenase-2 (COX-2) Inhibitors (Celebrex) Revised
C003	Topical Corticosteroids Step Therapy Revised
D003	Diabetic Drugs Step Therapy
E001	Erectile Dysfunction Medications Revised
F001	Fenofibrate Step Therapy
G001	Growth Hormone Therapy Revised
H001	HMG - CoA Reductase Inhibitor
I001	Topical Immunomodulators Step Therapy: Elidel & Protopic
I002	Immune Globulin Intravenous Therapy (IGIV) or Intravenous Immune Globulin Therapy (IVIG)
L002	Leukotriene Pathway Inhibitors Step Therapy Revised
L003	Lyrica Step Therapy Revised
M001	Multiple Sclerosis Drugs: Avonex, Betaseron, Copaxone, Extavia, Novantrone, Rebif, Tysabri New
N002	Nasal Steroids Step Therapy Revised
O001	Overactive Bladder Medication Step Therapy
P001	Proton Pump Inhibitor (PPI) Step Therapy
S003	Sedative Hypnotics Step Therapy Revised
T002	Tramadol Step Therapy
W001	Weight Loss Medications Revised








Revised 11/19/08

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Pharmacy Policies Table of Contents

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Reference #	Description
B001	Backdating of Prior Authorizations 
C001	Coordination of Benefits  <i>Revised</i>
C002	Cost Benefit Program  <i>Revised</i>
F001	Formulary and Co-Pay Overrides 
N001	Pharmacy Benefit Manager Formulary Exceptions/Additions 
O001	Off-Label Drug Use 
P001	Bypass of Prior Authorization of a Medication Ordered by a Contracted Specialist  <i>Revised</i>
P002	Pharmacy Programs for ClearScript 
Q001	Quantity Limits per Prescription per Copayment  <i>Revised</i>
S001	Step Therapy 

Revised 11/19/08

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- [Chiropractic Policies](#)
- [Medical Criteria](#)
- [Medical Policies](#)
- [Pharmacy Criteria](#)
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2011 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)
 acarbose
 ACCU-CHEK MULTICLIX lancets
 acebutolol
 acetaminophen w/codeine
 acetazolamide
 ACTONEL, with calcium
 ACTOPLUS MET, XR
 ACTOS
 acyclovir
 ADCIRCA
 ADAIR DISKUS, HFA
 ADVICOR
 AGGRENOX
 albuterol
 alendronate sodium
 ALPHAGAN P*
 ALTABAX
 amantadine
 AMBIEN CR*
 AMITIZA
 amitriptyline
 amlodipine besylate
 amox tr/potassium clavulanate
 amoxicillin
 amphetamine salt combo
 anagrelide
 ANALPRAM E, -HC
 anastrozole
 ANDRODERM*
 ANDROGEL
 antipyrine w/benzocaine
 april
 aranelle
 ARANESP [INJ]
 ARICEPT, ODT*
 ARIXTRA [INJ]
 ASACOL, HD
 ASTELIN*
 ASTEPRO
 atenolol, -chlorthalidone
 AVANDAMET
 AVANDARYL
 AVANDIA
 AVELOX
 aviane
 AVODART
 AZASITE
 azathioprine
 azelastine
 AZILECT
 azithromycin
 AZOR

B

balsalazide disodium
 balziva
 BAYER ASCENSIA AUTODISC
 BAYER BREEZE 2
 BAYER CONTOUR (excluding USB meter)
 benazepril, /hctz
 BENICAR, HCT

BENZAFLIN PUMP (excluding carekit)
 benzonatate
 benzoyl peroxide
 betamethasone dp, valerate
 BETASERON [INJ]
 BONIVA TAB
 brimonidine tartrate
 bupropion, sr
 butalbital/apap/caffeine
 BYETTA [INJ]
 BYSTOLIC

C

calcipotriene
 calcitriol
 camila
 CANASA
 captopril, /hctz
 carbamazepine, xr
 carbidopa-levodopa, er
 carvedilol
 cefadroxil
 cefdinir
 cefprozil
 cefuroxime
 CELEBREX
 cephalixin
 cesia
 CETROTIDE [INJ]
 chlorzoxazone
 cholestyramine
 chorionic gonadotropin [INJ]
 CIALIS
 ciclopirox
 ciprofloxacin, er
 citalopram
 clarithromycin, er
 CLIMARA PRO
 clindamycin phosphate
 clobetasol propionate
 clomiphene citrate
 clotrimazole troche
 clozapine
 colestipol
 COMBIGAN
 COMBIPATCH
 CONCERTA*
 COPAXONE [INJ]
 COREG CR*
 CREON DR
 CRESTOR
 CRINONE
 cryselle
 cyclosporine, modified
 CYMBALTA

D

desmopressin acetate
 desonide
 desoximetasone
 dexmethylphenidate

dextroamphetamine-amphetamine
 dextroamphetamine sulfate
 diclofenac sodium
 dicyclomine hcl
 DIFFERIN*
 diltiazem, extended release
 DIOVAN, HCT
 divalproex sodium
 dorzolamide, -timolol
 doxazosin
 DUAC CS*
 DUETACT
 DYNACIRC CR*

E

EFFEXOR XR*
 EFFIENT
 ELIDEL
 eliphas
 EMBEDA
 ENABLEX
 enalapril, hctz
 ENBREL [INJ]
 ENDOMETRIN
 enpresse
 EPIDUO
 EPIPEN, JR [INJ]
 errin
 erythromycin
 erythromycin/benzoyl perox.
 ESTRADERM
 estradiol, tds
 estradiol/norethindrone
 EUFLEXA [INJ]
 EURAX
 EVAMIST
 EXELON PATCH
 EXFORGE, HCT

F

famciclovir
 famotidine
 felodipine er
 fenofibrate
 fentanyl citrate
 fexofenadine
 fexofenadine-pse
 FINACEA, PLUS
 finasteride
 FLECTOR
 FLOVENT DISKUS, HFA
 fluconazole
 flunisolide nasal spray
 fluocinonide
 fluorouracil
 fluoxetine, dr
 fluticasone nasal spray
 fluvoxamine maleate
 folic acid
 FORADIL
 FORTAMET
 FORTEO [INJ]
 fortical
 fosinopril, /hctz
 FOSRENOL

G

gabapentin
 galantamine
 GELNIQUE
 gemfibrozil
 GENOTROPIN [INJ]
 gentamicin sulfate
 gianvi
 glimepiride
 glipizide, er, xl
 glipizide/metformin
 GLUCAGEN [INJ]
 glyburide, micronized
 glyburide/metformin
 GONAL-F, RFF [INJ]
 granisetron

H

HALFLYELY-BISACODYL*
 haloperidol
 HECTOROL
 HUMALOG [INJ]
 HUMATROPE [INJ]
 HUMIRA [INJ]
 HUMULIN [INJ]
 hydrochlorothiazide
 hydrocodone/acetaminophen
 hydrocortisone
 hydromorphone
 hydroxyurea

I

ibuprofen
 imipramine
 imiquimod
 indomethacin
 ipratropium bromide
 ipratropium-albuterol
 isosorbide mononitrate
 isotretinoin

J

JALYN
 JANUMET
 JANUVIA
 jolesa
 jolivet
 junel, fe

K

kariva
 kelnor
 KEPPRA XR*
 ketoconazole
 ketorolac

L

labetalol hcl
 lactulose
 LAMICTAL ODT*
 LAMICTAL XR
 lamotrigine

lansoprazole
 LANTUS, SOLOSTAR [INJ]
 leena
 leflunomide
 lessina
 LETAIRIS
 leucovorin
 leuprolide acetate [INJ]
 LEVAQUIN*
 LEVEMIR, FLEXPEN [INJ]
 levetiracetam
 levora
 levothyroxine sodium
 levoxyl
 LEXAPRO
 LIALDA
 LIDODERM
 LIPITOR*
 lisinopril, /hctz
 losartan, /hctz
 LOTEMAX
 LOTREL*
 lovastatin
 LOVAZA
 LOVENOX* [INJ]
 low-ogestrel
 LUMIGAN
 lutera
 LYRICA

M

MAXALT, MLT
 meclizine hcl
 medroxyprogesterone acetate
 megestrol
 meloxicam
 MENEST
 mercaptopurine
 MERIDIA
 metaxalone
 metformin, er
 methocarbamol
 methotrexate
 methylphenidate hcl
 methylprednisolone
 metoclopramide hcl
 metolazone
 metoprolol, hctz
 METROGEL
 metronidazole
 microgestin, fe
 MIGRANAL nasal spray
 mirtazapine, soltab
 moexipril/hctz
 mometasone
 mononessa
 morphine sulfate
 MOVIPREP
 MULTAQ
 MUSE
 mycophenolate mofetil

N

nabumetone
 NAMENDA
 naproxen

naratriptan
 NASONEX
 nateglinide
 necon
 NEEVO
 neomycin/polymyxin/dexamethasone
 neomycin/polymyxin/hc
 NEVANAC
 NEXIUM
 NIASPAN
 nifedipine er
 nitrofurantoin macrocrystal
 nitroglycerin patch
 nora-be
 nortrel
 NOVOFINE
 NOVOLIN [INJ]
 NOVOLOG [INJ]
 NUCYNTA
 NUTROPIN, AQ [INJ]
 NUVARING
 nystatin

O

ocella
 ofloxacin
 ogestrel
 omeprazole
 ondansetron
 ONETOUCH BASIC
 ONETOUCH FASTTAKE
 ONETOUCH SURESTEP
 ONETOUCH ULTRA, -2, -SMART
 ONETOUCH ULTRAMINI
 ONGLYZA
 OPANA ER*
 ORTHO TRI-CYCLEN LO
 ORTHOVISC [INJ]
 OSMOPREP
 oxcarbazepine
 oxybutynin, er
 oxycodone w/acetaminophen
 OXYCONTIN

P

paroxetine
 PATADAY*
 PATANOL*
 peg 3350/electrolyte
 PEGASYS [INJ]
 PEG-INTRON, REDIPEN [INJ]
 penicillin v potassium
 PERFORMIST
 phentermine hcl
 phenytoin sodium, extended
 pilocarpine hcl
 PLAVIX
 portia
 PRANDIMET
 PRANDIN*
 pravastatin
 PRECISION SURE DOSE
 PRECISION XTRA

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2011 THROUGH DECEMBER 31, 2011. THIS LIST IS SUBJECT TO CHANGE. You can get more information and updates to this document at our website at www.express-scripts.com.

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	Singular	FREESTYLE	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
ACCU-CHEK meters/strips	Bayer Breeze 2/Contour (excluding USB meter), OneTouch	FROVA	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
ACUPHEX	lansoprazole, omeprazole, Nexium	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)*
ACUVAIL	diclofenac sodium, ketorolac, Nevanac	HYALGAN	Euflexxa, Orthovisc
AEROBID, M	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	IMITRYX Nasal	Zomig Nasal
ALAMAST	azelastine, Pataday*, Patanol*	INNOHEP	Arixtra
ALOCRL	azelastine, Pataday*, Patanol*	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)*
ALOMIDE	azelastine, Pataday*, Patanol*	IQUIX	ciprofloxacin, Vigamox, Zymar*, Zymaxid
ALORA	Generic patches, Estraderm, Vivelle-Dot	KADIAN	morphine sulfate er
ALTOPREV	lovastatin, simvastatin, Crestor, Lipitor*	LESCOL, XL	lovastatin, simvastatin, Crestor, Lipitor*
ALVESCO	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	LEVITRA	Cialis, Viagra
ANGELIQ	estradiol/noreth, Prempro/Premphase	LIPOFEN	fenofibrate, Trilipix
ANTARA	fenofibrate, Trilipix	LUNESTA	zolpidem tartrate, Ambien CR*
APIDRA	Humalog, Novolog	MAXAIR AUTOHALER	ProAir HFA, Ventolin HFA
APRISO	balsalazide, Asacol/HD, Lialda	MENOSTAR	Generic patches, Estraderm, Vivelle-Dot
ASMANEX	Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar	METADATE CD	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
ATACAND	losartan, Benicar, Diovan	MICARDIS	losartan, Benicar, Diovan
ATACAND HCT	losartan/hctz, Benicar HCT, Diovan HCT	MICARDIS HCT	losartan/hctz, Benicar HCT, Diovan HCT
ATRALIN	tretinoin, Differin*, Epiduo	NASACORT AQ	flunisolide, fluticasone, Nasonex, Veramyst
AUGMENTIN XR	amox/clavulanate er	NORDITROPIN	Genotropin, Humatrope, Nutropin/AQ
AVALIDE	losartan/hctz, Benicar HCT, Diovan HCT	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox, Levaquin*
AVAPRO	losartan, Benicar, Diovan	OMNARIS	flunisolide, fluticasone, Nasonex, Veramyst
AVINZA	morphine sulfate er	OMNITROPE	Genotropin, Humatrope, Nutropin/AQ
AVITA	tretinoin, Differin*, Epiduo	ORTHO EVRA	giani, Ortho Tri-Cyclen Lo
AXERT	sumatriptan tab, Maxalt/MLT, Zomig/ZMT	OXYTROL	oxybutynin er, Gelnique
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*, Combigan	PATANASE	Astelir*, Astepro
BECONASE AQ	flunisolide, fluticasone, Nasonex, Veramyst	PRECISION PCX, QID	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
BEPREVE	azelastine, Pataday*, Patanol*	PREFEST	estradiol/noreth, Prempro/Premphase
BESIVANCE	ciprofloxacin, Vigamox, Zymar*, Zymaxid	PREVACID	lansoprazole
BRAVELLE	Gonal-F/RF	PREVPAC	Pylera
BROVANA	Perforomist	PROVENTIL HFA	ProAir HFA, Ventolin HFA
CARDENE SR	amlodipine, felodipine er, nifedipine er, Dynacirc CR*, Sular*	QUIXIN	ciprofloxacin, Vigamox, Zymar*, Zymaxid
CARDIZEM LA	diltiazem 24 hr er	RAPAFLO	doxazosin, tamsulosin, Uroxatral*
CENESTIN	estradiol, Menest, Premarin	RELPAQ	sumatriptan tab, Maxalt/MLT, Zomig/ZMT
CETRAXAL	Ciprodex	RETIN-A MICRO	tretinoin, Differin*, Epiduo
CIMZIA	Enbrel, Humira	RHINOCORT AQUA	flunisolide, fluticasone, Nasonex, Veramyst
CIPRO HC	Ciprodex	RITALIN LA	dextroamphetamine-amphetamine, methylphenidate, Concerta*, Vyvanse
CLARINEX	efexfenadine, Xyzal	SAIZEN	Genotropin, Humatrope, Nutropin/AQ
DETROL, LA	oxybutynin er, Enablex, Vesicare	SANCTURA XR	oxybutynin er, Enablex, Vesicare
DEXILANT	lansoprazole, omeprazole, Nexium	SIMPONI	Enbrel, Humira
DIVIGEL	Generic patches, Evamist	SUMATRIPTAN Nasal	Zomig Nasal
DUREZOL	Generic steroids, Lotemax	SUPARTZ	Euflexxa, Orthovisc
EDEX	Caverject, Muse	SYNTHROID	levothyroxine sodium, levoxyl
EDLUAR	zolpidem tartrate, Ambien CR*	SYNVISC, ONE	Euflexxa, Orthovisc
ELESTAT	azelastine, Pataday*, Patanol*	TESTIM	Androderm*, Androgel
ELESTRIN	Generic patches, Evamist	TEVETEN	losartan, Benicar, Diovan
EMADINE	azelastine, Pataday*, Patanol*	TEVETEN HCT	losartan/hctz, Benicar HCT, Diovan HCT
ENJUVA	estradiol, Menest, Premarin	TEV-TROPIN	Genotropin, Humatrope, Nutropin/AQ
EPOGEN	Aranesp, Procrit	TOVIAZ	oxybutynin er, Enablex, Vesicare
ESTRASORB	Generic patches, Evamist	TRAVATAN Z	Lumigan, Xalatan*
ESTROGEL	Generic patches, Evamist	TRICOR	fenofibrate, Trilipix
EXELON CAPS	rivastigmine	TRIGLIDE	fenofibrate, Trilipix
FACTIVE	ciprofloxacin/er, ofloxacin, Avelox, Levaquin*	VYTORIN	simvastatin, Crestor, Lipitor*
FemHRT	estradiol/noreth, Prempro/Premphase	XIBROM	diclofenac sodium, ketorolac, Nevanac
FEMTRACE	estradiol, Menest, Premarin	XOPENEX HFA	ProAir HFA, Ventolin HFA
FENOGLIDE	fenofibrate, Trilipix	YAZ	giani, Ortho Tri-Cyclen Lo
FERTINEX	Gonal-F/RF	ZEGERID	lansoprazole, omeprazole, Nexium
FML FORTE	Generic steroids, Lotemax		
FOCALIN, XR	dexamethylphenidate, Concerta*, Vyvanse		
FOLLISTIM AQ	Gonal-F/RF		

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

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2011 THROUGH DECEMBER 31, 2011. THIS LIST IS SUBJECT TO CHANGE.
You can get more information and updates to this document at our website at www.express-scripts.com.

prednisolone
prednisolone acetate
prednisone
PREMARIN
PREMPHASE
PREMPRO
PRENATE DHA, ELITE
previfem
PRISTIQ
PROAIR HFA
PROCHIEVE
prochlorperazine
PROCRT [INJ]
promethazine
promethazine w/codeine
promethazine w/dm
PROMETRIUM
propranolol hcl, w/hctz
PROTOPIC
PULMICORT FLEXHALER
PYLERA

Q
quasense
quinapril
QVAR

R
ramipril
RANEXA
ranitidine
REBIF [INJ]
reclipsen
RELENZA
RENAGEL
REVELA
reprexain
REQUIP XL
RESTASIS
REVATIO
ribavirin
RIOMET
risperidone, odt
rivastigmine caps
ropinirole
RYTHMOL SR*

V
VAGIFEM
valacyclovir
VALTURNA
velivet
VENTOLIN HFA
VERAMYST
verapamil hcl
veripred
VESICARE
VIAGRA
VIGAMOX
VIMOVO
VIMPAT
VIVELLE-DOT
VOLTAREN GEL*
VYVANSE

W
warfarin
WELCHOL

X
XALATAN*
XOPENEX neb solution
XYZAL

Z
zaleplon
zamicet
zenchent
ZETIA
zolpidem tartrate
ZOMIG, ZMT
zonisamide
zovia
ZYCLARA
ZYLET
ZYMAR*
ZYMAXID
ZYPREXA (excluding Zydis)*

T
TAMIFLU



2011 ESI National Preferred formulary

CPC Additions 2011:

Drug
EMBEDA
EPIDUO
GELNIQUE
NUVARING
ORTHOVISC

CPC Deletions 2011:

Drug Name	Alternative
INNOHEP	enoxaparin, ARIXTRA
METANX	neurpath b tablet
NASACORT AQ	flunisolide, fluticasone, NASONEX, VERAMYST
NITROLINGUAL	NITROSTAT
OXYTROL	oxybutynin er, GELNIQUE
PRAMOSONE,-E	lidocaine/hc
ULTRASE, -MT	CREON DR
VECTICAL	DOVONEX CREAM
VIOKASE	CREON DR

Multi Source Brand Deletions 2011:

Drug Name	Alternative
ALDARA	imiquimod
AUGMENTIN XR	amoxicillin/clavulanate er
AXID ORAL SOLUTION	nizatidine oral solution
BENZACLIN GEL	clindamycin/benzoyl peroxide
BRAND COSYNTROPIN (AG)	cosyntropin
CARDIZEM LA	diltiazem 24 hr er
CETACAINE	exactacain
CORTROSYN	cosyntropin
CORVERT	ibutilide
DESOXYN	methamphetamine
DEXPAK	zema-pak
DIURIL SODIUM	chlorothiazide sodium
DURACLON	clonidine
ELLENCÉ	epirubicin
INDOCIN I.V.	indomethacin i.v.
KETALAR 10 MG/ML VIAL	ketamine
ORACIT	sodium citrate & citric acid
PREGNYL	chorionic gonadotropin
PRIMACARE ADVANTAGE	ultimatecare advantage



PRIMACARE ONE	ultimatecare one nf
SANDIMMUNE CAPSULES	cyclosporine capsules
SUBUTEX	buprenorphine hcl
TRILEPTAL SUSPENSION	oxcarbazepine suspension
YAZ	gianvi
ZOSYN	piperacillin-tazobactam

Other Deletions 2011:

Drug Name	Alternative
carisoprodol	metaxalone, tizanidine
carisoprodol compound	metaxalone, tizanidine
carisoprodol compound-codeine	metaxalone, tizanidine
cyclobenzaprine	metaxalone, tizanidine
disopyramide	amiodarone, procainamide, quinidine, sotalol
meprobamate	metaxalone, tizanidine
nifedipine immediate release capsules	amlodipine, diltiazem, verapamil
NORPACE CR 100 MG CAPSULE	amiodarone, procainamide, quinidine, sotalol
propantheline bromide	dicyclomine, glycopyrrolate

PreferredOne®

Department of Origin: Quality Management	Approved by: Quality Management Committee	Date approved: 7/14/10
Department(s) Affected: Quality Management, Network Management	Effective Date: 7/14/10	
Procedure Description: Clinical Practice Guidelines	Replaces Effective Procedure Dated: 7/9/09	
Reference #: QM/C003	Page:	1 of 2

PRODUCT APPLICATION:

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

BACKGROUND:

PreferredOne sponsors the Institute for Clinical Systems Improvement (ICSI) and endorses all of their healthcare guidelines. Clinicians from ICSI member medical organizations survey scientific literature and draft health care guidelines based on the best available evidence. These guidelines are subjected to an intensive review process that involves physicians and other health care professionals from ICSI member organizations before they are made available for general use. More than 50 guidelines for the prevention or treatment of specific health conditions have been developed and are updated annually.

PreferredOne adopts the guidelines listed below for distribution in the contracted networks and performance measurement.

PROCEDURE:

I. PreferredOne adopts the following ICSI guidelines and supports implementation within its provider network:

- A. Coronary Artery Disease, Stable
- B. Asthma, Diagnosis and Outpatient Management of
- C. Major Depression in Adults in Primary Care
- D. Diagnosis and Management of ADHD

II. Distribution and Update of Guidelines

- A. PreferredOne's adopted guidelines are distributed via the provider newsletter to the contracted network and posted on the PreferredOne Web site. Adopted guidelines are always available upon request.
- B. Guidelines are reviewed approximately every 18 months following publication to reevaluate scientific literature and to incorporate suggestions provided by medical groups who are members of ICSI. The ICSI workgroup revises the guideline to incorporate the improvements needed to ensure the best possible quality of care. When guidelines are revised PreferredOne will send out the updated guideline(s) to all practitioners via the provider newsletter.
- C. On an annual basis, practitioners are notified that all guidelines are available at www.icsi.org

III. Performance Measurement - baseline assessment for the initial adoption of the guidelines was conducted in fall of 2007, first network assessment report available in June 2008. Annual assessment to be conducted on an ongoing basis. The ICSI guidelines provide the basis for measurement and monitoring of clinical indicators and quality improvement initiatives. The annual measures that will be used to assess performance for each clinical guideline adopted are as follows:

- A. Coronary Artery Disease
 1. Optimal Vascular Care Measure (Minnesota Community Measurement measure)
This measure examines the percentage of patients, ages 18-75, with coronary artery disease who reached all of the following four treatment goals to reduce cardiovascular risk:
 - Blood pressure less than 140/90 mmHg
 - LDL-C less than 100 mg/dl

PreferredOne®

Department of Origin: Quality Management	Approved by: Quality Management Committee	Date approved: 7/14/10
Department(s) Affected: Quality Management, Network Management	Effective Date: 7/14/10	
Procedure Description: Clinical Practice Guidelines	Replaces Effective Procedure Dated: 7/9/09	
Reference #: QM/C003	Page: 2 of 2	

- Daily aspirin use
 - Documented tobacco-free status
2. Cholesterol management after acute cardiovascular event (HEDIS technical specifications)

B. Asthma, Diagnosis and Outpatient Management of

1. Percentage of patients with persistent asthma who are on inhaled corticosteroid medication (HEDIS technical specifications)
2. Asthma action plan developed (PreferredOne Chronic Illness Management outcome measure)

C. Major Depression in Adults in Primary Care

1. Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks) (HEDIS technical specifications)
2. Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months) (HEDIS technical specifications)

D. Diagnosis and Management of ADHD Initiation Phase

1. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase (HEDIS technical specifications)
2. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended (HEDIS technical specifications)

- IV. PreferredOne has utilized the ICSI's practice guidelines as the clinical basis for its chronic illness management programs for CAD and Asthma and will ensure program materials are consistent with the practice guidelines.

ATTACHMENTS:

ICSI Program Description

REFERENCES:

2009 NCQA Standards and Guidelines for the Accreditation of Health Plans

- QI 9 Clinical Practice Guidelines
- QI 8 Disease Management

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