Enrollee Health Assessments Reminder for Primary Care Providers

Premera’s Enrollee Health Assessment (EHA) Program supports members with chronic conditions by:

- Encouraging members to select a primary care provider (PCP)
- Asking PCPs to participate in the program and complete an annual comprehensive exam for identified members
- Encouraging participation in Premera’s (or a provider’s) care management program
- Developing tools to help providers with complete diagnosis coding and medical record documentation

Here’s How You Can Participate in Premera’s EHA Program:

- Sign and return the Premera’s EHA contract document
- Schedule an annual health review with your EHA patients
- Bill the appropriate EHA code for reimbursement

If you need more information about Premera’s EHA program, please visit the Enrollee Health Assessment Program page at premera.com/wa/provider/commercial-risk-adjustment/ or call Physician and Provider Relations at 877-342-5258, option 4.

Don’t Miss Out! Sign Up Today for Email Alerts for Network News

Medical Network News will soon transition to an online-only format and will no longer be mailed to Premera-contracted providers. This new format means a much more efficient, timely, and sustainable way to keep you informed. For the first few issues, you’ll be notified via a postcard mailer that a new issue is online. Once we stop sending postcard notices, you’ll want to make sure you’re getting email notices when a newsletter is published. So be sure to sign up today for an email subscription on our secure website at premera.com/wa/provider.
Disease Management: Coaching Members on Road to Better Health

Having a chronic medical condition can be overwhelming, but our members are finding that our Disease Management services are a vital resource to support them to better manage their chronic conditions and ultimately get them back on the road to better health.

How We Work with Members with Chronic Conditions

Personal health support is available to eligible health plan members with one of the following five chronic conditions. These conditions are responsible for approximately 75 percent of healthcare costs among Americans:

- Diabetes
- Heart failure
- Coronary artery disease
- Chronic obstructive pulmonary disease (COPD)
- Asthma

Members eligible for Disease Management programs are identified through claims analysis, physician referral, or self-referral. Once identified, members receive a letter from Premera with detailed information about the program. Participation is voluntary.

Members who choose to participate receive condition-specific newsletters with helpful tips for goal setting and making healthy lifestyle changes. Participants also have the option to work with a coach to learn lifestyle behavior changes such as getting more exercise, improving nutrition, monitoring signs and symptoms or taking medications as prescribed.

How To Refer Your Patients for Disease Management Services

Providers can refer eligible Premera members to receive personal health support by calling 877-342-5258, option 6. The team is available weekdays, 8 a.m. to 8 p.m., PST to take referrals by phone and answer questions about the program. You can also e-mail us at: healthhelp@premera.com

2015 Open Enrollment Information for Individual and Small Group Metallic Plans

For coverage starting in 2015, the proposed open enrollment period for individual and small group metallic plans is Nov. 15, 2014 through Feb. 15, 2015. Individuals may also qualify for special enrollment periods outside of open enrollment if they experience certain events. Premera will continue to have a strong presence in the marketplace with a variety of plan choices for our members. Watch for more information about 2015 metallic plans later this year.
HEDIS: Measuring Quality Care for Our Members

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of nationally recognized performance measures developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS is used by more than 90 percent of U.S. health plans to measure quality of care, access to care, and satisfaction with care.

Premera is NCQA accredited; this means we participate in HEDIS to measure the quality of care and service our members receive. HEDIS is one way we can tell how well our members are receiving care and services when it comes to preventive, chronic, and acute care. One of the main ways we assess our HEDIS score is through diagnosis and services seen on our member claims. However, there are many HEDIS measures where medical record review is also necessary to get a complete picture.

In 2016, the Affordable Care Act will require health plans to publish their quality results through HEDIS scores. Members will then be able to use this information when choosing a health plan.

We understand that you are your patients’ primary resource for preventive care education. As a health plan, Premera provides tools to our members to help them in health-care planning that might also be useful in your patient conversations. View the preventive health benefits at premera.com/wa/member/stay-healthy/preventive-health/.


Correct Coding is Key to HEDIS Measurements

If screenings are done in your office, documenting and coding these thoroughly helps assess quality care for HEDIS measurements and allows us to assess appropriate programs to help our members with health conditions. The more accurately the claims are coded, the less need there is for medical record reviews for HEDIS measurements. View our new coding tip sheet at premera.com/wa/provider/reference/clinical-practice-guidelines/.

Thank you for the work you do educating our members about preventive care screenings so that conditions can be identified and treated earlier.

Preventive Care Guidelines: Quality Healthcare for Women

Premera educates members about preventive care screenings through our website and mailings. We know that members look first to their provider for education about quality preventive care. Premera has adopted guidelines called the Guide to Clinical Preventive Services from two major sources: the United States Preventive Services Task Force (USPSTF) and the Advisory Committee for Immunization Practices (ACIP), a committee of the U.S. Centers for Disease Control (CDC). These evidence-based guidelines rely on current scientific studies, public comment, and comprehensive review by experts. You can view the Guide to Clinical Preventive Services at premera.com/wa/provider/reference/clinical-practice-guidelines/.

Cervical Cancer Screening

The current cervical cancer screening guidelines (USPSTF) advise screening between the ages of 21-65, using Pap (cytology) testing every three years. For women over age 30 who want to lengthen the screening interval, co-screening can be done with Pap and human papillomavirus (HPV) testing every five years. For women older than 65, the USPSTF guideline recommends against screening women who have had adequate prior screening and are not otherwise at high risk.

Human Papillomavirus (HPV) Vaccination

The ACIP guideline advises vaccination of young women ages 11-12, with catch-up vaccination for women up to age 26 if they miss their routine vaccination. Getting the HPV vaccine helps reduce the risk of developing cervical cancer. The guidelines also advise this vaccine for young boys, with a similar catch-up vaccination schedule. For more detailed information, you can review the CDC’s child and adult immunization schedules at premera.com/wa/provider/reference/clinical-practice-guidelines/.

Screening for Chlamydia Infection

Screening for chlamydia infection is recommended by the USPSTF for all sexually active women age 24 and younger, and for other asymptomatic women at increased risk for infection. The major reason to screen is to discover and treat the infection (since women typically have no symptoms) and to prevent possible pelvic infections or infertility.

Breast Cancer Screening

Breast cancer is the second leading cause of death among women. The current USPSTF breast cancer screening guidelines recommend women ages 50-74 have a mammogram once every two years. The starting age and interval between screenings have been controversial over the years. Premera promotes mammography in member communications within the range and frequency supported by strong evidence, as recommended by USPSTF.

Visit premera.com/wa/provider for Clinical Practice Guidelines updates.
Physician and nurse reviewers at Premera apply a variety of criteria to assist in the determination of medical necessity. The following medical necessity criteria are available to contracted physicians and providers upon request:

- Company Medical Policy
- MCG™ (formerly Milliman Care Guidelines®)
- American Society of Addiction Medicine Guidelines for Chemical Dependency
- Durable Medical Equipment Regional Carriers

A contracted physician or provider can request specific criteria related to a medical decision for a patient by calling Care Management at 877-342-5258, option 3.

You’ll find our medical policies in the Library, Reference Info, at premera.com/wa/provider.

### Access to Information About the Utilization Management Process

Providers can contact Care Management staff at 877-342-5258, option 3, to discuss specific Utilization Management requirements/procedures or the UM process. If calling using a non-toll-free number, the call will be answered by a corporate operator and routed appropriately. Corporate operators are allowed to accept collect calls.

### Ensuring Appropriate Service and Coverage

We are committed to covering our members’ care and encourage appropriate use of healthcare services. Physicians, providers, and Premera staff who make utilization-related decisions must comply with the following policies:

- Utilization management decisions are based on appropriateness of care and services and existence of coverage.
- We do not compensate physicians, providers, or other individuals conducting utilization review for denials of coverage or services.
- We do not provide financial incentives for utilization management decision-makers to encourage decisions that result in under-utilization.

### Physician-to-Physician Conversations (Peer-to-Peer)

Providers who receive an adverse decision (denial) related to clinical review for medical necessity or experimental/investigational status can discuss the decision with a physician reviewer. The request may be made by calling 877-835-5672 within seven days of the decision.

Please keep in mind the following:

- **This discussion does not represent an appeal.**
- Requestors must provide the name of the member, member ID, and specific services that were denied.
- Our Medical Services Department will arrange for a conference call between the requesting provider and a plan medical director.
- The phone conversation will not necessarily be with a peer-matched specialty reviewer (specialty matched peer review is part of the Level I appeal process).

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### Federal Mental Health Parity and Addiction Equity Act Final Rules Effective July 1, 2014

In November 2013, the federal government issued final rules implementing the Mental Health Parity and Addiction Equity Act. This federal law governs parity between mental health and substance use disorder benefits and medical and surgical benefits. The final rules address how these requirements relate to the Affordable Care Act and add regulations on issues that were not addressed in the interim rule. Here is a summary of changes to current plans based on the final rules:

- Add residential treatment for mental conditions as a covered service
- Remove any frequency, dollar, or other limit on psychological and neuropsychological testing that did not meet the parity rules
- Move benefits for physical, speech, and occupational therapy for mental health conditions, including autism spectrum disorders, out of benefits for rehabilitation, habilitation or neurodevelopmental therapy and into mental healthcare benefits. This means that the limits that apply to rehabilitative services to treat medical conditions (such as age limits, visit limits, or day limits) will not apply when these services are used to treat a mental health condition.

The implementation requirements for adoption of these changes differ based upon Premera’s plan renewal date/deductible year:

- Fully insured and self-funded large group plans beginning or renewing on or after July 1, 2014
- All other plans (metallic individual and small group plans, both in and out of the Exchange), and non-metallic plans beginning or renewing on or after Jan. 1, 2015

Learn more about the Mental Health Parity and Addiction Equity Act at federalregister.gov/a/2013-27086. If you have questions about this information, call Physician and Provider Relations at 877-342-5258, option 4.
Premera Blue Cross Medicare Advantage HMO and HMO-POS Plans: Note the Differences

Premera Blue Cross Medicare Advantage offers four different plans: two HMO plans and two HMO-POS (Point-of-Service) plans. It’s important for all Premera-contracted providers to understand the differences between these two types of plans.

**HMO Plans**

HMO plan members can only see providers within the Premera Blue Cross Medicare Advantage network for non-emergent care. Not all Premera-contracted providers participate in the Medicare Advantage network. Before you see a Premera Blue Cross Medicare Advantage HMO plan member, you can verify if you’re a contracted Premera Blue Cross Medicare Advantage provider or facility by calling Customer Service at 888-850-8526, 8 a.m. to 8 p.m., Monday through Friday. HMO plan members do not have out-of-network benefits, except for emergency or urgently needed services. If they see an out-of-network provider for a non-urgent or emergent need, they may be responsible for the full cost of their care.

**HMO-POS Plans**

HMO-POS plan members can see any provider who accepts Medicare. However, members have a higher cost share if they receive care outside of the plan’s Medicare Advantage network. Providers who are not contracted with Premera Blue Cross Medicare Advantage can bill Premera Blue Cross directly.

It’s important for all Premera Blue Cross contracted providers who see Premera Blue Cross Medicare Advantage plan members to:

- Check the member’s ID card to verify HMO or HMO-POS plan enrollment
- Know and verify participation in Premera Blue Cross Medicare Advantage’s provider network
- Call Customer Service at 888-850-8526, 8 a.m. to 8 p.m., Monday through Friday, if you have questions.

Understanding the difference between our HMO and HMO-POS plans helps ensure that members are receiving the most from their plan benefits.

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Promoting Safe Medication Use in Older Adults

We are committed to assuring safe medication use for our Premera Blue Cross Medicare Advantage members. That’s why we want to work with you to avoid prescribing drugs considered high risk for our members over the age of 65, especially when there may be safer alternatives.

The American Geriatric Society (AGS) Beers Criteria and the Pharmacy Quality Alliance identify high-risk medications (HRMs) that may cause adverse drug events in older adults due to their pharmacologic properties and the physiologic changes of aging. Examples of HRMs include benzodiazepines, oral and transdermal estrogens, older antihistamines, and skeletal muscle relaxants.

We encourage you to carefully evaluate whether any of the medications on the HRM list are still appropriate for your older patients and consider appropriate alternatives. The HRM list is available on the Premera Blue Cross Medicare Advantage secure provider website via the “Get Started” button at premera.com/wa/provider/medicare-advantage.

This evaluation may involve a frank discussion with your patients about medication risks and benefits. As the prescriber, you’re the key advocate in helping patients decide which medications they need and which therapies represent the least risk as they age.

If you prescribe a medication on the HRM list for your Premera Blue Cross Medicare Advantage patients age 65 or older, you may be asked to complete a prior authorization form in order for the medication to be considered for coverage. Prior authorization criteria for these and other medications can be found on the Premera Blue Cross Medicare Advantage member website at premera.com/medicare-advantage/pharmacy-services/ or by calling Customer Service at 888-850-8526, 8 a.m. to 8 p.m., Monday through Friday.
Home Health Assessments Offered Through Matrix Medical Network

The Centers for Medicare and Medicaid Services (CMS) requires Medicare Advantage Plans to submit detailed documentation on the health status of our Medicare Advantage members. To meet this CMS requirement, Premera Blue Cross Medicare Advantage Plan has engaged the services of Matrix Medical Network to help perform free, comprehensive health assessments for a select group of our Medicare Advantage members who don’t regularly see their providers.

This assessment identifies members who may benefit from other medical management programs and helps fulfill the CMS requirement. It’s possible that one of your patients may be asked to participate. The home health assessment includes:

- Risk assessment for falls
- Blood pressure check
- Height and weight measurements
- Questions to check mental health
- Check of prescription medications
- Complete health history

Here’s how the program works:

- Identified members receive a letter from Matrix and a possible follow-up phone call to inform them of the benefit and invite them to schedule the home visit.
- Matrix sends a licensed nurse practitioner (LNP) to perform a comprehensive assessment in the member’s home.
- Matrix mails an assessment summary to the member’s primary care provider.
- Matrix LNPs are available by phone if you have questions about the assessment.
- Matrix providers do not provide ongoing treatment or interfere with your patient’s long-term treatment plan.

If you have questions about Matrix, please call Premera Blue Cross Medicare Advantage Customer Service at 888-850-8526, 8 a.m. to 8 p.m., Monday through Friday.

Premera Blue Cross Medicare Advantage Formulary

The Premera Blue Cross Medicare Advantage formulary, or list of covered drugs, can be found on the Premera Blue Cross Medicare Advantage member website at: premera.com/medicare-advantage/pharmacy-services/.

Providers can also download the Premera Blue Cross Medicare Advantage formulary via epocrates.com. To add the Premera Blue Cross Medicare Advantage formulary to your smart-phone or tablet, log in to your Epocrates account, select Edit Formularies, Washington, and Medicare Part D – MA. Add “Premera Medicare Advantage” to “Formularies on My Device” and select “Done”.

Premera plans cover a limited number of drugs that are non-formulary for the Medicare Advantage plans. The most commonly prescribed examples with potential formulary alternatives are listed below:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Potential Formulary Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestor®</td>
<td>atorvastatin, simvastatin</td>
</tr>
<tr>
<td>Nexium®</td>
<td>lansoprazole, omeprazole, pantoprazole, rabeprazole</td>
</tr>
<tr>
<td>Cimzia®</td>
<td>Enbrel®, Humira®</td>
</tr>
<tr>
<td>alprazolam</td>
<td>Anxiety: buspirone, escitalopram, paroxetine, venlafaxine ER (please see Promoting Safe Medication Use in Older Adults article in this issue)</td>
</tr>
</tbody>
</table>

If you have questions about the Premera Blue Cross Medicare Advantage formulary, call Customer Service at 888-850-8526, 8 a.m. to 8 p.m., Monday through Friday. If you have questions on formulary alternatives or prior authorization/exception processes, call Pharmacy Services at 877-216-3644.
New! BlueCard® Resource on premera.com/wa/provider/

Check out the new BlueCard® Resource page under Quick Links at premera.com/wa/provider/. Here you’ll find BlueCard resources like reference manuals, the Alpha Plan Prefix list, and the Medical Policy Pre-certification Router for out-of-area members.

Access Cost and Quality Information via our Find a Doctor Online Tool

Providers can access cost and quality information using our Find a Doctor tool. Simply log in to our secure provider website where you can:

- See the providers who participate in a member’s network
- View the cost for a particular procedure, service, or treatment
- Find a conveniently located provider for your patient

This information can be helpful when you make recommendations to your patients based on quality, cost, member coverage, and provider location. To compare treatment costs, you’ll need to log in with your OneHealthPort user ID and password. Once you’re logged in, go to the left menu and select Tools, then Find a Doctor. You’ll need the member’s alpha prefix and network name located on their ID card. We encourage you to check it out today!

Reminder: Use the Latest Browser Version When Accessing Online Tools

For the best possible experience when using our online tools, we recommend that you upgrade to the latest version of Internet Explorer or other web browser that we support:

Internet Explorer, Mozilla Firefox, Google Chrome
**ICD-10 Change to Compliance Date**

On April 1, 2014, President Obama signed legislation that delayed the adoption of ICD-10 coding to no sooner than Oct. 1, 2015. A specific compliance date has not yet been confirmed. We’re moving forward with our previously planned testing with certain providers and clearinghouses, adjusting our implementation timeline as needed, and plan to meet the federal compliance date once it is finalized.

We are not able to accept ICD-10 codes on claims until a compliance date is finalized. Claims sent using ICD-10 codes prior to the new compliance date will be returned. Learn more about ICD-10 at [premera.com/wa/provider/eligibility-and-claims/ICD-10/](http://premera.com/wa/provider/eligibility-and-claims/ICD-10/).

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**Pharmacy Changes to Starbucks Plans Effective Oct. 1, 2014**

Effective Oct. 1, 2014, Starbucks is moving to a new Premera formulary with point-of-sale clinical edits. This will be the first time Starbucks members have pharmacy clinical edits. For medication prior authorization forms, please visit [premera.com/wa/provider/pharmacy/understanding-your-benefits/drugs-requiring-approval/](http://premera.com/wa/provider/pharmacy/understanding-your-benefits/drugs-requiring-approval/).

This change affects members on the Starbucks Silver and Gold plans. (Please remember these plans are not the same as the metallic plans in the Exchange program.)

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**Save the Date! Fall Office Staff Workshops**

Save the date and plan to attend one of the Premera Blue Cross fall provider and office staff workshops. Join us to learn about the latest company and industry news, and get answers to your questions. If you have topics you’d like us to cover, please let us know by calling our Provider Relation Representatives at 877-342-5258, option 4.

**Western Washington**

- Friday, September 19, Vancouver, Southwest Washington Medical Center
- Tuesday, September 23, Renton, Valley Medical Center
- Tuesday, September 30, Mount Vernon, Skagit Valley Hospital
- Friday, October 10, Mountlake Terrace, Premera Blue Cross
- Tuesday, October 14, Olympia, Providence St. Peter
- Wednesday, October 22, Silverdale, Harrison Medical Center

**Eastern Washington**

- Wednesday, September 24, Moses Lake, Samaritan Healthcare
- Thursday, September 25, Yakima Valley Memorial Hospital
- Tuesday, September 30, Tri-Cities Cancer Center
- Tuesday, September 30, Wenatchee, Red Lion Hotel
- Tuesday, September 30, Ellensburg, Kittitas Valley Community Hospital
- Monday, October 6, Pullman Regional Hospital
- Tuesday, October 7, Walla Walla General
- Wednesday, October 15, Spokane, Premera Blue Cross Annex
- Thursday, October 16, Spokane, Premera Blue Cross Annex

Space is limited! Watch for your invitation and reserve your spot right away. We look forward to seeing you this fall.
Send Provider Updates and Changes 30 days in Advance

Please notify Premera of any updates or changes to your practice information 30 days prior to the change. This allows us to update our payment systems so your payments are sent to the correct address and update the provider directory so your patients have accurate contact information.

Providers can notify Premera of any new information or changes by email, using the Contracted Provider Information Change Form. The form is located at premera.com/wa/provider, Library, Forms, Miscellaneous.

Providers can also send updates by fax at 425-918-4937, or by email at Provider.RelationsWest@Premera.com or mail to:

Premera Blue Cross
P.O. Box 327, MS-453
Seattle WA 98111-0327

For more information, call Physician and Provider Relations at 877-342-5258, option 4.

Practitioner Credentialing Notifications

Practitioner’s Right To Review Credentialing File

A practitioner has the right to review their credentialing file by notifying the Credentialing Department and requesting an appointment to review their file. Please allow up to seven days to coordinate schedules.

Practitioner’s Right To Correct Erroneous Information

A practitioner has the right to correct erroneous information. We will notify the practitioner in writing in the event that credentialing information obtained from other sources varies from that supplied by the practitioner. The practitioner must explain the discrepancy, may correct any erroneous information, and may provide any proof available.

Practitioner’s Right To Be Informed of Application Status

Practitioners have the right upon request to be informed of the status of their credentialing application. Please note that after the initial credentialing process, practitioners who are in the recredentialing cycle are considered approved unless otherwise notified.

If you have specific credentialing questions, please call Physician and Provider Relations at 877-342-5258, option 4.
Specialty Pharmacy Program

Premera is enhancing its Specialty Pharmacy Program. This effort:

- Helps manage the costs associated with the increased use of specialty drugs
- Provides an alternative and simplifies ordering and billing for providers who administer the drugs
- Offers clinical support services to members using the program

Premera is extending the contract terms and partnership with two specialty pharmacy vendors: Accredo (an Express Scripts subsidiary) and Walgreens Specialty Pharmacy.

Providers have the option of obtaining office-administered specialty medications.

Specialty pharmacies handle all aspects of claims submission, including coordination with us to verify member eligibility and benefits before billing Premera. By using a specialty pharmacy vendor, providers don’t need to stock expensive specialty drugs.

Our contracted specialty pharmacies can coordinate between Premera members and providers to ensure that the drug is available to the member or provider when it’s needed. Both Accredo and Walgreens can receive member referrals directly from the member, provider, or even from Premera. Providers may also use their normal process to acquire a specialty drug for administration and then bill Premera directly.

Providers can phone or fax prescriptions directly to our specialty pharmacies:

- **Accredo/Express Scripts Home Delivery**
  - Provider phone: 800-987-4904 (option 5)
  - Provider fax: 800-391-9707

- **Walgreens Specialty Pharmacy**
  - Provider phone: 877-223-6447
  - Provider fax: 503-526-0580 or 866-579-4546

**Note:** This information does not apply to our Premera Blue Cross Medicare Advantage plans. For more information on the Premera Blue Cross Medicare Advantage Formulary, Prior Authorization Criteria, or Pharmacy Network, visit [premera.com/medicare-advantage/pharmacy-services/](http://premera.com/medicare-advantage/pharmacy-services/).

Take Our Quick Survey: Improving Medication Safety for Your Patients

Our Medication Safety Program encourages members taking multiple medications to talk to their primary care provider about what they’re taking. Multiple medications may include prescription drugs, vitamins, herbal supplements, and over-the-counter medications. This program is especially important when a member is taking medications prescribed by multiple providers.

Multiple medications may increase a member’s risk for adverse side effects, medication interactions and non-adherence. Our medication safety program improves patient safety and health outcomes by promoting a conversation between patients and their providers. Please help us make this program even better by completing a brief survey at [premera.com/wa/provider/pharmacy/pharmacy-services/multiple-medications-safety/](http://premera.com/wa/provider/pharmacy/pharmacy-services/multiple-medications-safety/).

Members who are 19 years and older and who are on five or more medications are sent a mailer describing potential issues with multiple medication and supplement use, along with a brown paper bag to bring their medications and supplements to their provider for a thorough review.

Since the launch of the program, more than 233,800 members\(^1\) have received program materials. A 2013 survey of program participants\(^2\) indicated it has encouraged dramatic changes in medication usage:

- 24 percent had a change in their medications
- 33 percent had their dosage changed
- 86 percent stopped taking one or more medications

In 2009, an analysis of claims data\(^3\) for approximately 13,000 Premera members who were sent the medication safety materials showed:

- A decrease in emergency room visits, from 22.8 percent in the year prior to the mailing to 21.6 percent the year after the mailing
- A decrease in hospitalizations, from 12.9 percent of members in the year prior to the mailing to 11.9 percent the year after the mailing

We appreciate your help. If you have any questions about this program or the survey, please contact the Premera pharmacy department at 888-261-1756.

\(^1\) Includes Premera Blue Cross and Premera Blue Cross Blue Shield of Alaska members

\(^2\) Polypharmacy Program Member Survey, December 2013

\(^3\) Analysis of Pharmacy & Medical Claims for Polypharmacy Population, April 2009

**Note:** This information does not apply to our Premera Blue Cross Medicare Advantage plans. For more information on the Premera Blue Cross Medicare Advantage Formulary, Prior Authorization Criteria, or Pharmacy Network, visit [premera.com/medicare-advantage/pharmacy-services/](http://premera.com/medicare-advantage/pharmacy-services/).
Premera Formulary and Pharmacy Prior Authorization Criteria

Premera updates the Formulary and Pharmacy Prior Authorization Criteria routinely throughout the year. The Pharmacy and Therapeutics Committee approves all formularies in May. To see the most current information, visit our pharmacy pages at premera.com/wa/provider/pharmacy.

Pharmacy Prior Authorization Edit Expansion

Premera has added new review criteria based on clinical best practice and approval by an independent pharmacy and therapeutics committee. The program is designed to promote appropriate drug selection, length of therapy and utilization of specific drugs while improving the overall quality of care.

Drugs may be added or deleted from this list without prior notification. If you have questions concerning the Pharmacy Prior Authorization Edit Program, please call the Pharmacy Services Center at 888-261-1756 or fax 888-260-9836, Monday through Friday, 8 a.m. to 5 p.m.

To read the full policy, go to premera.com/wa/provider, Quick Links and click on Medical Policies.

Note: This information does not apply to our Premera Blue Cross Medicare Advantage plans. For more information on the Premera Blue Cross Medicare Advantage Formulary, Prior Authorization Criteria, or Pharmacy Network, visit premera.com/medicare-advantage/pharmacy-services/.

New Edits Included in the Pharmacy Prior Authorization Edit Program

Effective: Aug. 1, 2014

Amitiza (lubiprostone)
premera.com/medicalpolicies/CMI_037976.htm

Coverage Criteria

Amitiza (lubiprostone) may be considered medically necessary for:

- Treatment of females ≥18 with irritable bowel syndrome with constipation (IBC-C)
- Treatment of adults with chronic idiopathic constipation (CIC)
- Treatment of adults with opioid-induced constipation who are currently being treated for chronic pain.
Hetlioz™ (tasimelteon)
premera.com/medicalpolicies/CMI_160894.htm

Coverage Criteria
Hetlioz™ (tasimelteon) may be considered medically necessary for the treatment of non-24-hour sleep-wake disorder when ALL of the following conditions have been met:

• Diagnosis of non-24-hour sleep-wake disorder by a sleep specialist
• Failure of an adequate trial of at least three months of Rozerem® (ramelteon)
• Documented evidence of objective response after six months and annually thereafter

Documentation of the diagnosis, including appropriate sleep studies, must be submitted with the request.

All other uses of Hetlioz are considered investigational.

Hetlioz™ is a specialty pharmacy drug covered under the pharmacy benefit.

Linzess™ (linaclotide)
premera.com/medicalpolicies/CMI_037976.htm

Coverage Criteria
Linzess™ (linaclotide) may be considered medically necessary for:

• Treatment of adults with irritable bowel syndrome with constipation (IBS-C) or adults with chronic idiopathic constipation (CIC) who have had an adequate trial and failure, intolerance or contraindication to at least one other therapy (e.g., laxatives, spasmodics).

Tafinlar® (dabrafenib)
premera.com/medicalpolicies/CMI_125837.htm

Coverage Criteria
Tafinlar® (dabrafenib) may be considered medically necessary for treatment of patients with unresectable or metastatic melanoma with BRAFV600 mutations. (Testing will be covered whenever use of vemurafenib is contemplated.)

Approved as monotherapy for the treatment of patients with unresectable or metastatic melanoma with BRAFV600 mutations. (Testing will be covered whenever use of dabrafenib is contemplated.)

Initial treatment with Tafinlar® will be covered for a period of three months. Further therapy may be approved if there is objective measurement of response to therapy.

All other uses of the above agents are considered investigational.

Tafinlar® is a specialty pharmacy drug covered under the pharmacy benefit.

Gilotrif® (afatinib)
premera.com/medicalpolicies/CMI_031646.htm

Coverage Criteria
Gilotrif® (afatinib) may be considered medically necessary as second-line therapy for the treatment of non-small cell lung cancer (NSCLC) when:

• The tumor tests positive for EGFR common mutations (exon 19 del and L858r) and
• The patient has failed a prior trial of erlotinib (Tarceva) or gefitinib (Iressa) unless there are patient-specific reasons why Gilotrif would be preferable.

Initial therapy will be covered for a period of three months. Further treatment after three months will require objective (radiographic) measurements of response to therapy.

Gilotrif® is a specialty pharmacy drug covered under the pharmacy benefit.
Effective Aug. 1, 2014

Otezla® (apremilast)
premera.com/medicalpolicies/CMI_158400.htm

Coverage Criteria
Otezla® (apremilast) may be considered medically necessary as a second-line agent for its FDA-approved indication for the treatment of adults with active psoriatic arthritis in patients who have had an inadequate response or intolerant to methotrexate, Enbrel (entanercept) and Humira (adalimumab).

All other uses of Otezla are considered investigational.

Otezla® is a specialty pharmacy drug covered under the pharmacy benefit.

Effective May 15, 2014

Sovaldi® (sofosbuvir)
premera.com/medicalpolicies/CMI_042547.htm

Coverage Criteria
Sovaldi® (sofosbuvir) may be considered medically necessary for the following FDA approved indications:

- Chronic hepatitis C genotype 1 or 4 in combination with a pegylated-interferon and ribavirin:
  - Approved for 12 weeks of therapy
  - Approved for both treatment-naïve and experienced patients

- Chronic hepatitis C genotype 2 or 3, in combination with ribavirin:
  - Approved for 12 weeks of therapy in genotype 2
  - Approved for 24 weeks of therapy in genotype 3
  - Approved for both treatment-naïve and experienced patients

Sovaldi® (sofosbuvir) may be considered medically necessary for the following off label use:

- Chronic hepatitis C genotype 1, in combination with Olysio® (simeprevir) with or without ribavirin in patients that cannot receive interferon therapy when all the following conditions are met:
  - Patients must have stage 3 or 4 fibrosis
  - Patients must have contraindication or documented prior intolerance to interferon therapy
  - Patients with genotype 1a must have a negative test for the NS3 Q80K mutation
  - Approved for 12 weeks of therapy

All other uses of Sovaldi® (sofosbuvir) are considered investigational.

Sovaldi® is a specialty pharmacy drug covered under the pharmacy benefit.

Effective May 15, 2014

Incivek® (telaprevir)
Victrelis® (boceprevir)
premera.com/medicalpolicies/CMI_042547.htm

Coverage Criteria
Incivek® (telaprevir) or Victrelis® (boceprevir) may be considered medically necessary under the following conditions:

- Treatment is in accordance with current AASLD/IDSA guideline recommendations at the time treatment is started. (See http://www.hcvguidelines.org/.)
- Weight-based ribavirin dosing is recommended for all ribavirin-containing regimens

Incivek® and Victrelis® are specialty pharmacy drugs covered under the pharmacy benefit.

Effective May 15, 2014

Olysio® (simeprevir)
premera.com/medicalpolicies/CMI_042547.htm

Coverage Criteria
Olysio® (simeprevir) may be considered medically necessary for the following FDA approved indication:

- Chronic hepatitis C genotype 1 only, in combination with a pegylated-interferon alfa and ribavirin:
  - Approved for treatment in combination with peginterferon alfa and ribavirin for 12 weeks, followed by either 12 or 36 additional weeks of peginterferon alfa and ribavirin depending on prior response status
  - Patients with genotype 1a must have a negative test for the NS3 Q80K mutation

All other uses of Olysio® (simeprevir) are considered investigational.

Olysio® is a specialty pharmacy drug covered under the pharmacy benefit.
Pharmacy Management Information for Providers:
Access to Pharmacy Prior Authorization and Other Utilization Management Criteria

Pharmacy reviewers at Premera apply company medical policy to assist in the determination of medical necessity. Our medical policies are available to contracted physicians and providers upon request. Specific criteria related to a medical decision for a patient can be requested by calling Pharmacy Services at 888-261-1756, option 2.

You’ll find our medical policies in the Library, Reference Info, at premera.com/wa/provider. Our formulary, including prior authorization criteria, restrictions and preferences, and plan limits on dispensing quantities or duration of therapy can also be accessed on our provider website via Pharmacy, Rx Search at premera.com/wa/provider/pharmacy/drug-search/rx-search/

Drugs requiring review are identified by the symbols PA (prior authorization), ST (step therapy) or QL (quantity limits). Click the symbol to view the requirements for approval.

How To Use Pharmaceutical Management Procedures

Providers can contact pharmacy management staff at 888-261-1756, option 2, to discuss specific prior authorization, step therapy, quantity limits, exception request criteria for unusual cases, and other utilization management requirements/procedures for drugs covered under the pharmacy benefit. Review requests for medical necessity can also be faxed to 888-260-9836.

Formulary updates are communicated on a quarterly basis in Network News.
AIM Clinical Appropriateness Guidelines – Fall 2014 Updates

On Nov. 3, 2014, AIM Specialty Health® (AIM) will make enhancements to its Clinical Appropriateness Guidelines for Radiology and Oncologic PET.

**Head and Neck Appropriate Use Criteria**
- New pediatric head trauma CT appropriate use criteria incorporate the Pediatric Emergency Care Applied Research Network rules.
- New pediatric sinusitis CT appropriate use criteria address the imaging of sinusitis at each stage of the care continuum (screening, diagnosis, management, surveillance). This appropriate use criteria also address pre- and post-operative imaging and complications of sinusitis.
- There is new general appropriate use criteria for medical (i.e., non-dental) imaging of the temporomandibular joint using CT. Radiographs are required prior to CT imaging, and CT imaging is restricted to a limited list of conditions.

**Musculoskeletal Appropriate Use Criteria**
- Revised labral tear MRI appropriate use criteria according to the care continuum. These revisions will now require four weeks of conservative therapy prior to imaging for a superior labral anterior posterior tear unless specific high-risk conditions are met. The appropriate use criteria also incorporate anterior and posterior glenohumeral labral tears/instability.
- Revised rotator cuff MRI appropriate use criteria including specific guidelines for acute and chronic rotator cuff tears. Select patients with acute rotator cuff tears can be treated with four weeks of conservative therapy prior to imaging.
- New ankylosing spondylitis (AS)/sacroiliitis appropriate use criteria propose the use of MRI to both diagnose and manage patients with AS. These appropriate use criteria reflect the recent incorporation of MR imaging into the AS diagnostic criteria.

**Oncologic PET Appropriate Use Criteria**
- This guideline has been reorganized by diagnosis.
- Subsequent treatment strategy PET imaging appropriate use criteria have been aligned with updated CMS Medicare coverage determinations.
- Choosing Wisely® PET imaging recommendations have been incorporated, including those for breast cancer, prostate cancer, and for surveillance PET for all other tumor types.

See complete clinical guidelines at aimspecialtyhealth.com, under Clinical Guidelines Radiology.
Premera Medical Policies

Premera medical policies are guidelines used to evaluate the medical necessity of a particular service or treatment. We adopt policies after careful review of published, peer-reviewed scientific literature, national guidelines, and local standards of practice. Since medical technology is constantly changing, we reserve the right to review and update our policies as appropriate.

When there are differences between the member’s contract and medical policy, the member’s contract prevails. The existence of a medical policy regarding a specific service or treatment does not guarantee that the member’s contract covers that service.

You’ll find our medical policies in the Library > Reference Info at premera.com/wa/provider or you can send us an email request for medical policy information at medicalpolicy@premera.com.

Note: This information does not apply to our Premera Blue Cross Medicare Advantage plans. The Premera Blue Cross Medicare Advantage policies are updated and available on the secure Medicare Advantage provider website at premera.com/wa/provider/medicare-advantage/ via the Get Started button.

Note: All policy numbers are listed in numeric order.

The following policy changes are effective for dates of service of April 14, 2014 and later:

5.01.521 Pharmacologic Treatment of Neuropathy, Fibromyalgia and Seizure Disorders

- Pregabalin (Lyrica®) may be considered medically necessary for the treatment of generalized anxiety disorder when there has been trial and failure of at least two standard anxiolytic medications.

5.01.529 Opioid and Non-Opioid Analgesics

1. Extended-release hydrocodone (Zohydro ER®) may be considered medically necessary for the labeled indication of management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

2. Transmucosal fentanyl citrate products (e.g., Abstral, Actiq®, Fentora™, Lazanda, Onsolis, Subsys) may be considered medically necessary for the treatment of breakthrough cancer pain in adult patients with compromised oral intake or absorption.

5.01.535 Erythropoiesis-Stimulating Agents (ESAs) Policy criteria changed to only require quarterly reports of iron studies for patients with ESRD who are on chronic ESA therapy. (See policy for details.)

5.01.547 Medical Necessity Criteria and Dispensing Quantity Limits for Exchange Formulary Benefits

- Luzu may be considered medically necessary as second step antifungal agent.

5.01.605 Medical Necessity Criteria for Pharmacy Edits

1. Abilify® (aripiprazole) may be considered medically necessary as an augmentation medication for OCD (without trial and failure of at least one generic SGA) when criteria are met.

2. Versacloz™ (clozapine) oral solution may be considered medically necessary to treat schizoaffective disorder and bipolar disorder when trial and failure criteria are met.

3. Versacloz™ (clozapine) oral solution may be considered medically necessary for patients who require a liquid formulation instead of a pill. (See policy for details.)

5.01.606 Hepatitis C Antiviral Therapy

4. Sovaldi® (sofosbuvir) may be considered medically necessary as combination therapy for the listed FDA-approved indications of chronic hepatitis C and for off-label indications when all criteria are met.

5. Olysio® (simeprevir) may be considered medically necessary as combination therapy for the FDA-approved indication for chronic hepatitis C genotype 1. (See policy for details.)

8.01.27 Hematopoietic Stem-Cell Transplantation for Breast Cancer

Hematopoietic stem-cell transplantation is considered not medically necessary to treat breast cancer at any stage.

8.01.529 Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas

Policy re-numbered. The policy statement has been reformatted, grouping by lymphoma type, disease stage, intent, and type of treatment. No changes to policy coverage statements; hematopoietic stem-cell transplantation may be considered medically necessary when criteria are met. (See policy for details.)
### MedCal Policy Updates

The following policy changes are effective for dates of service of **May 2, 2014** and later:

<table>
<thead>
<tr>
<th>Policy Code</th>
<th>Policy Title</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01.529</td>
<td><strong>Durable Medical Equipment</strong> New policy.</td>
<td>Durable medical equipment (DME) also known as home medical equipment (HME) may be considered <strong>medically necessary</strong> when all criteria are met. Policy clarifies what is considered <strong>not medically necessary</strong> and <strong>not covered</strong>. (See policy for details.)</td>
</tr>
<tr>
<td>2.01.93</td>
<td><strong>Antigen Leukocyte Antibody Test (ALCAT)</strong> New policy.</td>
<td>ALCAT testing is considered <strong>not medically necessary</strong>. This testing was previously addressed in policy 2.01.500 and was considered <strong>investigational</strong>.</td>
</tr>
</tbody>
</table>
| 2.01.500    | **Allergy Testing** | 6. ALCAT information is now contained in new medical policy “Antigen Leukocyte Antibody Test” and considered **not medically necessary**. (See policy 2.01.93 for details.)  
7. The remaining allergy tests listed as **investigational** are now considered **not medically necessary**. |
| 1.03.501    | **Knee Braces** | Custom-made (custom fabricated, custom molded) functional knee braces may be considered **medically necessary**, as an alternative to a prefabricated brace, when criteria are met. (See policy for details.) |
| 2.04.49     | **Laboratory Testing for HIV Tropism** | Laboratory testing for HIV tropism using V3 deep sequencing genotyping may be considered **medically necessary**. |
| 2.04.68     | **Laboratory and Genetic Testing for Use of 5-Fluorouracil in Patients With Cancer** TheraGuide® testing for genetic mutations in dipyrimidine dehydrogenase (DPYD) or thymidylate synthase (TYMS) to guide 5-FU dosing and/or treatment choice in patients with cancer is considered **investigational**. |
| 2.04.115    | **Molecular Panel Testing of Cancers to Identify Targeted Therapies** New policy. | The use of expanded cancer mutation panels (e.g., FoundationOne®, FoundationOne Heme, TruSeq® Amplicon Panel, TruSight™ Tumor Panel, Ion AmpliSeq™ panels) for selecting targeted cancer treatment is considered **investigational**. |
| 2.04.118    | **Serum Biomarker Tests for Multiple Sclerosis** New policy. | Serum biomarker tests for multiple sclerosis (e.g., gMS® Dx and gMS® Pro EDSS) are considered **investigational** in all situations. |
| 2.04.119    | **Vectra® DA Blood Test for Rheumatoid Arthritis** New policy. | The use of a multi-biomarker disease activity score for rheumatoid arthritis (RA) (e.g., Vectra DA score) is considered **investigational** in all situations. |

The following policy changes are effective for dates of service of **May 12, 2014** and later:

<table>
<thead>
<tr>
<th>Policy Code</th>
<th>Policy Title</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.01.521</td>
<td><strong>Mastectomy for Gynecomastia</strong></td>
<td>Mastectomy for gynecomastia is considered cosmetic when policy criteria are not met. (See policy for details.)</td>
</tr>
<tr>
<td>7.01.353</td>
<td><strong>Artificial Intervertebral Disc: Cervical Spine</strong> Policy statement clarified: artificial cervical disc arthroplasty for more than one cervical spine level is considered <strong>investigational</strong>.</td>
<td></td>
</tr>
<tr>
<td>8.01.502</td>
<td><strong>Home Enteral Nutrition</strong></td>
<td>Two policy statements were added with separate criteria for Oregon and Washington: Elemental enteral formula given orally or via feeding tube may be considered <strong>medically necessary</strong> when criteria are met. (See policy for details.)</td>
</tr>
<tr>
<td>10.01.500</td>
<td><strong>Skilled Home Healthcare Services</strong></td>
<td>Title changed to Skilled Home Healthcare Services. Non-skilled care is considered <strong>not medically necessary</strong> and maintenance therapy is <strong>not covered</strong>. Policy Guidelines updated with added criteria for MSW and Definition of Terms. (See policy for details.)</td>
</tr>
<tr>
<td>12.04.510</td>
<td><strong>Molecular Markers in Fine Needle Aspirates of the Thyroid</strong> Policy re-numbered.</td>
<td>The use of a gene expression classifier in fine needle aspirates of the thyroid (e.g. Afirma®) may be considered <strong>medically necessary</strong> for assessing fine needle aspiration samples from thyroid nodules that are indeterminate, atypical or suspicious for malignancy.</td>
</tr>
</tbody>
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**Orthognathic Surgery** New policy. Orthognathic surgery may be considered **medically necessary** to correct certain skeletal deformities of the maxilla/mandible with documentation that these deformities lead to significant functional disability, and the deformities cannot be treated using dental therapeutics or orthodontics alone.
Omalizumab (Xolair®) for treatment of severe chronic idiopathic urticaria may be considered medically necessary when criteria are met. (See policy for details.)

Facet Joint Denervation Policy re-numbered. Non-pulsed radiofrequency (RF) denervation of cervical facet joints (C2-3 and below) and lumbar facet joints may be considered medically necessary when criteria are met. (See policy for details.)

Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis Policy re-numbered. Hematopoietic stem-cell transplantation for primary amyloidosis may be considered medically necessary in carefully selected patients with no more than 2 adverse prognostic characteristics unless enrolled in a clinical trial. (See policy for details.)

The following policy changes are effective for dates of service of June 9, 2014 and later:

Pelvic Floor Stimulation as a Treatment of Urinary and Fecal Incontinence Electrical or magnetic pelvic floor stimulation as a treatment for fecal incontinence is considered investigational.

Transcranial Magnetic Stimulation Transcranial magnetic stimulation may be considered medically necessary to treat depression associated with bipolar disorder when criteria are met. (See policy for details.)

Percutaneous Coronary Intervention/Angioplasty, Non-Urgent Policy re-organized. Percutaneous coronary intervention (PCI) / angioplasty may be considered medically necessary only for the indicated conditions when criteria are met. (See policy for details.)

Real-Time Intra-Fraction Motion Management During Radiation Therapy Real-time intra-fraction motion management and respiratory gating techniques to deliver radiation therapy are considered investigational.

Tasimelteon (Hetlioz™) New policy. Hetlioz™ may be considered medically necessary for treatment of non-24 sleep-wake disorder when all criteria are met. (See policy for details.)

Metreleptin (Myalept™) New policy. Myalept™ may be considered medically necessary for treatment of congenital or acquired lipodystrophy when diagnosis is documented by an endocrinologist.

Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia Policy re-numbered. Allogeneic hematopoietic stem-cell transplantation is considered investigational to treat Waldenstrom macroglobulinemia unless enrolled in a clinical trial. Autologous HSCT is considered medically necessary for salvage therapy when all criteria are met. (See policy for details.)

Genetic Testing for Inherited Thrombophilia Policy re-numbered. Genetic testing of Factor V Leiden and/or Factor II prothrombin gene mutations for inherited thrombophilia may be considered medically necessary when criteria are met. (See policy for details.)

Percutaneous Balloon Kyphoplasty and Mechanical Vertebal Augmentation Percutaneous mechanical vertebral augmentation using any other device, including but not limited to Kiva® and vertebral body stenting, is considered investigational.

Sacral Nerve Neuromodulation/Stimulation Sacral nerve neuromodulation/stimulation to treat overactive bladder may be considered medically necessary.

Treatment of Varicose Veins/Venous Insufficiency Surgery (ligation and stripping) or endovenous radiofrequency or laser ablation of veins as listed in the policy may be considered medically necessary for symptomatic varicose veins/venous insufficiency when criteria have been met. The criterion regarding documentation of vein size has been deleted. (See policy for details.)

Hysterectomy Surgery Policy re-organized. Hysterectomy surgery may be considered medically necessary only when criteria are met. (See policy for details.)

Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood Hematopoietic stem-cell transplantation may be considered medically necessary for the treatment of retinoblastoma; treatment of Wilms tumor and high-risk neuroblastoma is considered medically necessary conditioned on enrollment in a clinical trial.
8.01.532 Hematopoietic Stem-Cell Transplantation in the Treatment of Germ-Cell Tumors *Policy re-numbered.*
Tandem or sequential autologous hematopoietic stem-cell transplantation may be considered *medically necessary* to treat germ cell tumors either as salvage therapy or with platinum-refractory disease when conducted as part of a clinical trial.

**REMINDER:** The following policy changes are effective for dates of service of **August 27, 2014** and later:

5.01.551 Granulocyte Colony-Stimulating Factor (G-CSF) Use in Adult Patients *New policy.* Medical necessity review for use of granulocyte colony-stimulation factors (G-CSF) for adult patients considered to be at risk of severe febrile neutropenia will be conducted as follows:
- **Tbo-filgrastim** (Granix®) may be considered *medically necessary* as first-line therapy to decrease the incidence of neutropenia related infection in cancer patients when criteria are met.
- **Filgrastim** (Neupogen®) and pegfilgrastim (Neulasta®) may be considered *medically necessary* as second-line therapy to decrease the incidence of neutropenia related infection in cancer patients when criteria are met.
- **Filgrastim** (Neupogen®) may be considered *medically necessary* as first-line therapy in patients with acute myeloid leukemia (AML) when criteria are met.

**REMINDER:** The following policy changes are effective for dates of service of **Oct. 23, 2014** and later:

8.01.532 Intra-Oral Appliance for Treatment of Obstructive Sleep Apnea Syndrome *New policy.* Additional criteria have been added for medical necessity related to mandibular advancement oral appliances for the treatment of obstructive sleep apnea. *(See policy for details.)*
Please post or circulate this newsletter in your office.

2014 Holiday Business Closure Dates
Premera will be closed on the following dates:

- Monday, September 1, Labor Day
- Thursday, November 27, Thanksgiving Day
- Friday, November 28, Day after Thanksgiving
- Thursday, December 25, Christmas Day
- Friday, December 26, Day after Christmas

Network News
Back issues of Network News are on our website at premera.com/wa/provider
in the Library under Communications.