

May 2015

Company Updates

Alaska 2015 Legislative Session Update

The Alaska Legislature convened on January 20, 2015, and adjourned on April 27, 2015. Governor Bill Walker called for a special session that began on April 28. We want to keep you informed on the latest changes coming from our state legislators. Here are the key bills we're tracking this session—you can link to each one for more details.

[HB 148 Medicaid Expansion](#): Related to the Affordable Care Act, this bill would expand Medicaid coverage with income at or below 138 percent of the federal poverty level. This bill is one of Governor Walker's top priorities.

[SB 69 Chiropractors](#): Would allow the Board of Chiropractic Examiners to adopt regulations for chiropractic interns and preceptors, chiropractic clinical assistants, and performance of patient examinations. The bill would also allow chiropractors to perform physical examinations of children for sports and school activities. Due to patient safety concerns about chiropractors performing sports physicals that involve evaluation of cardiovascular, respiratory, and neurological systems and other vital organ functions not within the scope of chiropractic training, Premera is concerned with this aspect of the bill.

[SB 98 Prescription without Physical Examination / Telemedicine](#): Would prohibit the State Medical Board from imposing disciplinary sanctions on a physician for rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug that is not a controlled substance to a person without conducting a physical exam. It would also require the physician to be licensed in Alaska, but not be located in the state. Premera is supporting this bill which would expand access to tele-medical services.

New! Massage Therapist Licensing

A new state law requires that all practicing massage therapists in Alaska must be licensed, effective July 1, 2017.

Effective July 1, 2015, **licensure is required** for practitioners who:

- Have not practiced massage therapy, as defined in AS 08.61.100, or
- Have practiced massage therapy in the state but are not currently:
 - Licensed to practice massage therapy in another state or country that has licensing requirements that are substantially equal to or greater than the requirements of this state; or
 - Certified by a certification entity approved by the board

Massage therapists who work for a Premera-contracted provider must be credentialed and added under the contract once they obtain their license. Premera will no longer allow claims for services rendered by the licensed massage therapists to be billed under the supervising provider's name. Independent massage therapists who want to contract with Premera need to [complete a credentialing application](#) and request a contract. For more information, visit [State of Alaska Professional Licensing](#).

Refer Your Premera Patients to In-Network Providers for Maximum Benefits

To help our members reduce out-of-pocket costs and get the most out of their benefits, we encourage you to refer them to in-network providers (such as specialists and labs) whenever possible.

To help members find in-network providers, check out our [Find a Doctor tool](#) or call the customer service number on the back of the member's ID card. If your patient needs services that are not available from an in-network provider, our customer service team is just a phone call away and happy to help. If you have general questions about in-network provider referrals, please call Physician and Provider Relations at **800-722-4714**, option 4.

New ICD-10 Prior Authorization Enhancement Effective July 1

Beginning July 1, Premera's Prospective Review Tool will accept both ICD-9 and ICD-10 diagnosis codes, in order to support Premera's current policy of accepting prior authorization requests 90 days prior to Date of Service. **Important:** We only require one prior authorization for each scope of treatment, even if treatment has multiple dates that cross the compliance date. Providers may submit either ICD-9 or ICD-10 diagnosis codes in their prior authorization request.

As we get closer to the ICD-10 compliance date (Oct. 1, 2015), we'll notify you about any changes to our ICD-10 prior authorization process on [premera.com/ak/provider/](#) under News and Updates. [Learn more about ICD-10](#).



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Premera Targeted by Cyberattack

Premera was recently the target of a sophisticated cyberattack. The security of our members' personal information, as well as the information of those with whom we do business, is a top priority for Premera, and we regret any concern this incident may cause. [Additional information and updates on how this affects you and your patients are available here.](#)

HEDIS Measures

Here are three Healthcare Effectiveness Data Information Set (HEDIS)¹ measure summaries and links to our provider tip sheets. To find more HEDIS tip sheets, visit our [HEDIS web page](#).

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

HEDIS Measure: Antidepressant Medication Management*

About one in six adults in the United States suffers from a major depressive disorder in their lifetime. One in eighteen adults suffers an episode of depressive disorder each year.^{1,2} Fortunately, many people with depression can and do improve through treatment. A combination of counseling and medication is generally recommended.³

Antidepressants are important therapies for depression. However, studies estimate that many patients stop taking antidepressants soon after diagnosis:

- 30% stop after one month
- 68% stop within three months

Early medication discontinuation is linked to higher rates of depression relapse and more major depressive episodes.^{4,5}

Studies show that rates of antidepressant medication compliance are significantly improved when providers give more information about the prescribed drug. Examples include information about side effects, how long the treatment takes to work, and expectations about the duration of treatment.^{6,7}

For additional resources on antidepressant medication management, view our [Antidepressant Medication Management HEDIS Tip Sheet](#).

¹Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR et al. The Epidemiology of Major Depressive Disorder: Results From the National Comorbidity Survey Replication (NCS-R). JAMA 2003; 289(23):3095-3105

² Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and co-morbidity of 12-month DSM-IV disorders in the National Co-morbidity Survey Replication. Arch Gen Psychiatry 2005; 62:617–627.

³ American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct. 152 p.



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⁴ Simon GE. Evidence review: efficacy and effectiveness of antidepressant treatment in primary care. Gen Hosp Psychiatry 2002; 24(4):213-224.



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⁵ Sood N, Treglia M, Obenchain RL RL , Dulisse B, Melfi CA, Croghan TW. Determinants of anti-depressant treatment outcome. Am J Manag Care 2000; 6(12):1327-1336

⁶ Bull SA, Hu XH, Hunkeler EM, et al. Discontinuation of use and switching of antidepressants: influence of patient-physician communication. JAMA. 2002;288(11):1403–1409. [PubMed]

⁷ Brown, C, et al. How can you improve antidepressant adherence? Journal of Family Practice, May 2007.

*This information is from current medical literature and provided to you solely for informational purposes. It does not constitute medical advice and is not intended for use in medical diagnosis or treatment.

HEDIS Measure: Follow-Up Care for Children on Prescribed ADHD Medications*

Follow-up appointments for children newly diagnosed with ADHD are crucial for the initial management of new medications. These appointments are so important to understand why a patient:

- Stops taking the medication
- Takes the medication only partially (self-adjustment)
- Or discontinues the medication due to side effects¹

Without appropriate assessment, undiagnosed or under-treated children with behavioral symptoms may suffer socially and academically.² For children diagnosed with ADHD, about half also have learning disabilities.³ In-depth assessment and carefully developed treatment plans are designed to address each child's symptoms.²

How providers can help:

- Ensure that the patient receives a follow-up visit within 30 days of a new prescription
- Ensure that the patient receives at least two more follow-up visits within nine months to make sure the treatment is working properly

For more information, view our [Follow-Up Care for Children Prescribed ADHD Medications HEDIS Tip Sheet](#).

¹Jane Tolman, "Follow-up doctor visits are key when treating ADHD with medication" April 2, 2011, Examiner.com

²nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/index.shtml "What is attention deficit hyperactivity disorder?" U.S. Department of Health and Human Services, National Institutes of Health, NIH Publication No. 12-3572, Revised 2012

³Patterns of psychiatric comorbidity with attention-deficit/hyperactivity disorder, by S.R. Pilszka, published Child Adolescent Psychiatric Clinics of North America 2000 Jul,9 (3):525-40, vii. ncbi.nlm.nih.gov/pubmed/10944655?dopt=Abstract&holding=f1000,f1000m,isrctn



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HEDIS Measure: Controlling High Blood Pressure*

High blood pressure or hypertension increases the risk of heart disease and stroke and is one of the leading causes of death and disease in the United States.

Getting a patient's blood pressure under control is a significant challenge considering the amount of uncontrolled hypertension in the United States. It's so significant that up to 50 percent of those with hypertension are uncontrolled.¹

Here are some simple steps you can take to ensure accuracy of this vital measurement:

- Patient position: Back supported, feet on floor, arm at heart level, sitting quietly
- Cuff size: Most adults need a large cuff; make sure you have the necessary equipment in all your exam rooms
- Take it twice: If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit

For more information, view our [Controlling High Blood Pressure HEDIS Tip Sheet](#).

¹US Department of Health and Human Services., Agency for Healthcare Research and Quality, "National Quality Measures Clearing House Accessed January 28, 2015 qualitymeasures.ahrq.gov/content.aspx?id=48620

²cdc.gov/mmwr/preview/mmwrhtml/mm6135a3.htm and nhlbi.nih.gov/files/docs/guidelines/express.pdf

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Medical Director Spotlight: Ted Conklin, MD



Dr. Ted Conklin started at Premera in July 2011 as a Medical Director and was recently promoted to Vice President, Quality & Medical Management. Prior to joining Premera, Dr. Conklin worked as a Family Physician at Swedish Partners Medical Group and he taught at the Swedish Family Practice Residency Program.

He also started his own company (Carena, Inc.) in 2000—Carena provides home visits to Microsoft members. **We had a chance to talk with Dr. Conklin recently about his work at Premera.**



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What was it about Premera that appealed to you?

I'd been working with a number of Premera individuals in my prior job (Roki Chauhan, Ken Chandler, Jen Jones) on the Microsoft account. I enjoyed the collaboration and success we achieved, ultimately winning a Microsoft innovation award. I also realized working with Premera would allow me to participate in creating a sustainable healthcare system on a much larger scale.

What do you want providers to know about your work here?

I'm part of a great team that's focused on collaborating with provider groups to improve member and provider experience, while continuously working to increase quality and reduce patient harm and waste.

Where did you grow up? What brought you to this area?

I grew up in New Jersey and spent several years living in Lucerne, Switzerland. I spent part of my summers with my mother's parents in Medina. At age 15, I started teaching sailing on Lake Washington; I taught for several years and loved being on the lake. After completing my family medicine residency in Portland, Oregon, my wife and I decided it was a natural transition to move to Seattle.

What is your most inspiring or memorable patient story?

I was doing house calls for an 86-year-old patient dying from prostate cancer. We discussed his life goals—he wanted to finish writing a book and get it published, as well as see his next great grandchild born. He accomplished both with a huge smile, but he was almost kicked out of hospice when they arrived once to find him splitting wood in the backyard!

What is something people would be surprised to know about you?

I love playing ice hockey with a number of other old guys.

What was your very first job? What's your dream job?

At age 15, I delivered the Sunday New York Times from 3 a.m. until 10 a.m. I soon realized teaching sailing in the sun was a lot easier. My dream job is making a difference in healthcare and I'm doing it!

What is something new you learned in the last week?

Perceived senile dementia can be reversible. Two years ago we helped my 93-year-old mother-in-law move into an assisted living facility. She persistently seemed to get more confused and go downhill. About six months ago, she informed us she was moving back to the Philippines where she grew up. We were very worried, however, last week I learned she'd launched herself into dealing with some old family property and had successfully closed a business deal! She's thrilled every time we talk to her and seems smarter than ever.

If you could learn to do anything, what would it be?

Become a better guitar player.



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What are your interests outside of work?

Running, fishing, and traveling with my family—I love the New Jersey shore where my family has a 100-year-old boat house on a natural lagoon that was initially used for repairing boats.

What's the best piece of advice you've ever received?

“Show up” as the person you aspire to be.

Anything else you'd like to add?

I spent eight years teaching in a Family Practice residency program and 12 years doing a start-up. But the most fun I've ever had in my career has been my time at Premera.

Online Services Updates

New! Enhancements to Prospective Review Tool

Our [prospective review tool](#) recently launched a great new look and additional features that make submitting prospective reviews much easier. These tool enhancements set the stage for more upcoming improvements to this essential, often-used tool.

Here are some highlights:

- User-friendly, easy-to-read display
- Diagnosis code description now included
- Search for requesting physician, servicing provider, and hospital/facility by NPI number
- Provider search results include provider type, specialty, and additional address line (i.e., for a suite number)
- Contact info now pre-populates (first name, last name – can be edited as needed)
- New! Check Prospective Review Status link accessible on left menu



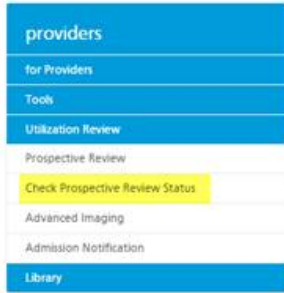
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Prospective Review Tool

Use this tool to determine if a prospective review is required or recommended and to submit a review online.

Submit a review request

Member Date Codes Additional Info Submit

Search by Member ID Search by Name

Member ID Suffix (optional)

Search

For More Information

We're always looking for ways to improve our website and tools so that our providers can serve our members as efficiently as possible. If you have any questions about the new tool enhancements, please call Physician and Provider Relations at **800-722-4714**, option 4.

For Faster Claims, Enter Correct Provider Name on Prospective Review Tool

When entering the ordering/requesting provider and servicing provider on the Prospective Review tool, make sure you're entering the correct one:

- 'Requesting/Ordering' is the provider recommending the service
- 'Servicing' is the provider who is providing the service and submitting a claim for the service being reviewed

When you submit your request, it's important that the servicing provider matches the clinical information you've submitted. This ensures faster claims processing and approvals of your requests. If you have questions about using the Prospective Review Tool, please contact Physician and Provider Relations at **800-722-4714**, option 4. For questions about pre-service reviews, please call Care Management, option 3.

Got Three Minutes to Spare? Take Our Provider Survey

We recently revised our provider survey, asking for your feedback about online Network News and our online tools. Please take a few minutes to give us your opinion. We'd love to hear from you! You'll find the survey on our provider landing page. [Take the survey.](#)

New! Find a Doctor Provider Directory Tool

Here are some highlights of our new Find a Doctor tool:

- Enhanced, user-friendly display and easy-to-use features, showing everything the member needs to know about you, as a provider, including patient wait times, bios, and photos.
- Provider photo and bio upload capability, giving you more visibility in members' provider comparisons. You can upload your photo and bio at premera.vitalsdata.com. It's easy—complete the online form, upload your information, and we'll have your new picture and bio on the website within three to five business days.
- Display of the same data-driven cost and quality information as the previous directory, just via a fresh interface.

Check out a [short demo of the new directory](#), including a highlight of the new display and instructions for uploading your bio and photo.

Please help us keep our data current and accurate so that new patients can find you quickly and easily. Use our [Provider Information Changes form](#) (under Miscellaneous) to submit your demographic updates via email at provider.relationswest@premera.com or fax to Physician and Provider Relations, **425-918-4937**.

Note: Secure provider access to cost comparisons will temporarily display in the old tool. We'll update you via the secure provider website as soon as the new display is available.

If you have any questions about the new tool or how to submit information, please call Physician and Provider Relations at **800-722-4714**, option 4.

Quick Tip: You Only Need Two for Member ID

Recent surveys and workshop feedback show that you're wondering why you have to enter information for all three member identification sections (member ID, name, birth date) when checking eligibility and benefits online. We've got good news for you! You only need two pieces of verification when checking eligibility and benefits online for Premera members.



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Eligibility & Benefits Search

1. Find eligibility & benefits for service on:

3/30/2015

For Benefit Type
General Medical Plan

2. And, you must enter information for at least 2 of the 3 sections below:

Member ID
example: 10000519901
Enter ID number and suffix (if known)

Patient Name (both fields)
Last Name First Name
Enter full last name

Date of Birth
(mm/dd/yyyy)

Search

Completing two of the three sections makes sure we have an exact match for your search. If you have questions about using our online tools, please contact Physician and Provider Relations at 800-722-4714, option 4.

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](#), and [Google Chrome](#).

Sign Up for Email Updates for Network News

Don't miss a single issue of Network News—sign up today for an email subscription. Simply log in to our provider website at premera.com/wa/provider and look for the email subscription sign up at the bottom of the [My Premera home page](#).

Claims and Payment Policy Updates

Provider Claims Matching Reminder

To make sure your claims are processed as quickly as possible, please check and verify that the address you're using for submitting claims is compliant with U.S. postal standards. Many providers are not billing according to the address



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we have on our files—this delays claims processing. To verify your address, please call Physician and Provider Relations at **800-722-4714**, option 4.

Payment Policy Postcard and Online Updates

We're now sending postcards as a more convenient way to inform you about new payment policies and updates. We've also updated our payment policy page so that you can see the date when the latest policy was added. Review our list of [payment policies](#) revised in the last 60 days.

Premera follows industry standard recommendations from sources such as the Centers for Medicare and Medicaid Services (CMS), Current Procedural Terminology (CPT), American Medical Association (AMA), and/or other professional organizations and societies. National Correct Coding Initiative (NCCI) editing is followed when applicable. Any exceptions are documented as Payment Policies.

If you have any questions, call Provider Relations at **800-722-4714**, option 4. [View all payment policies.](#)

Reminders and Administrative Updates

Reminder: Member Rights and Responsibilities in Reference Manual

A good provider-patient relationship benefits everyone involved in patient care. To promote that relationship, all of our members are sent an annual mailer that encourages them to read their member rights and responsibilities on Premera's member website. To see the complete list of member rights and responsibilities, please refer to Chapter 6 of the [Premera Reference Manual](#).

ICD-10 Deadline: Make Sure You're Ready by October 1

The U.S. Department of Health and Human Services (HHS) set Oct. 1, 2015, as the new compliance date for healthcare providers, health plans, and healthcare clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases.

We're moving forward with our planned testing with certain providers and clearinghouses in order to meet the federal compliance date. We're not able to accept ICD-10 codes on claims until Oct. 1, 2015. Claims using ICD-10 codes sent prior to Oct. 1, 2015, will be returned. **Note:** Beginning July 1, we will accept prior authorization requests with ICD-9 or ICD-10 codes.

Important: Premera will continue to accept the former 1500 Health Insurance Claim Form (version 08/05) through Sept. 30, 2015. Please take this opportunity to use the forms you have on hand prior to Sept. 30, 2015. Effective Oct. 1, 2015, Premera will only accept claims submitted on the revised form (version 02/12). [Learn more about ICD-10.](#)

2015 Holiday Business Closure Dates



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Premera is closed on the following dates:

May 25—Memorial Day

July 3—Fourth of July

September 7—Labor Day

November 26-27—Thanksgiving Holiday

December 24-25—Christmas Holiday

Practitioner Credentialing Notifications

Practitioner's Right to Review Credentialing File

Practitioners have the right to review their credentialing files by notifying the Credentialing Department and requesting an appointment to review their file from outside sources (such as malpractice insurance carriers, state licensing boards). Allow up to seven business days to coordinate schedules. We will not make available references, recommendations, or peer-review protected information.

Practitioner's Right to Correct Inaccurate Information

Practitioners have the right to correct inaccurate information. We will notify practitioners in writing in the event that credentialing information obtained from other sources varies from that supplied by the practitioners. Practitioners must explain the discrepancy, may correct any inaccurate information and may provide any proof available.

Corrections must be submitted in writing within 30 days of notification and can be submitted by mail, fax, or email:

Provider Credentialing Department, MS 263

P.O. Box 327

Seattle, WA 98111-0327

Fax: 425-918-4766

email: Credentialing.Updates@Premera.com

Practitioner's Right To Be Informed of Application Status

Upon request, practitioners have the right to be informed of their credentialing application status. 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 **800-722-4714**, option 4.

Send Provider Updates and Changes 30 Days in Advance

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



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You can notify us of any new information or changes by email, using the [Contracted Provider Information Changes form](#).

Providers can also send updates by fax at 425-918-4937, email at ProviderRelations.West@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 **800-722-4714**, option 4.

Dental Updates

Dental Network News Transitions to New Section in Medical Network News

Dental Network News is now part of the medical version of Network News and no longer a separate newsletter. From now on, you'll find it under "Dental Updates" in the right column. Dental providers who've signed up for email alerts will continue to receive quarterly email notices when Network News is posted online. To sign up for email alerts, [log in](#) to our secure provider website.

Look for Premera Dental Team at 2015 Dental Conferences

Premera Blue Cross and Premera Blue Cross Blue Shield of Alaska's dental provider relations teams are participating exhibitors at the annual Washington and Alaska dental conferences.

The dental conferences provide an excellent educational opportunity for all attendees. Exhibitors have the opportunity to showcase products and services to hundreds of dental professionals. We look forward to meeting more members of the dental community in 2015!

Mark Your Calendar:

Alaska Dental Society Conference
Homer, AK: May 29-30, 2015

Pacific Northwest Dental Conference
Bellevue, WA: June 11-12, 2015

Prescribers of Medicare Part D Medications: Submit Medicare Enrollment Applications by June 1, 2015

Effective December 1, 2015, the Centers for Medicare and Medicaid Services (CMS) will require prescribers of Part D medications to have a Medicare enrollment application or opt-out on file with CMS. To ensure applications are processed by December 1, 2015, CMS is requiring all applications or opt-outs by June 1, 2015. We encourage all



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prescribers of Part D medications to go the CMS website to file their application by June 1 so there is no interruption to their patients' claims. This includes all medical and **dental providers** who care for Medicare patients.

From the Centers for Medicare and Medicaid Services website:

CMS finalized CMS-4159-F, Medicare Program; Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs on May 23, 2014. This rule requires physicians and, when applicable, other eligible professionals who write prescriptions for Part D drugs to:

- Be enrolled in Medicare in an approved status, or
- Have a valid opt-out affidavit on file for their prescriptions to be covered under Part D

[Learn more at CMS.gov.](http://CMS.gov)

Consultant's Corner: Dentists Have Key Role in Patient's Overall Health

Ronald D. Cantu, DDS, MPA, Premera Dental Director



I'd like to take a moment to focus on the epidemiology of chronic disease and set the stage for further discussion about the key role dentists play in a patient's primary care.

The majority of the United States population has seen a dentist in the past 24 months, and as the dentist must increasingly monitor chronic disease problems of their patients, there is consideration that a dentist could serve as an extension of the patient's primary care provider.

Recent statistics most certainly paint the picture of the nature of chronic disease in the U.S. Chronic disease increases with age; the number of adults over 65 has dramatically increased over the past 30 years—there are now approximately 300

million individuals over age 65. Seven out of 10 deaths are caused by chronic disease; it accounts for 75 percent of all health care expenses.¹

The most common chronic diseases include heart disease, diabetes, stroke, cancer, asthma, obesity, and oral disease. By 2050, five percent of the adult population will have periodontal disease, 12 percent will have diabetes, 20 percent will have cardiovascular disease, and two thirds (67 percent) will either be obese or overweight. The burden of these diseases can be lessened by prevention, early diagnosis, and professional follow-up.²



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General dentists can play a key role in identifying patients who need consultation for chronic ailments. In my office, for example, we routinely screen our patients for high blood pressure. We also seek to understand their willingness to have age-related procedure referrals, their adherence to diabetes prevention and smoking cessation, and their general level of stress management. As many practitioners do, we keep a referral list of Premera network primary care providers and specialists.

I encourage our dental network providers to ask follow-up questions and provide a referral if a medical issue is suspected. Most patients value your concern for their general welfare, as well as their oral health. Premera understands the increasing dual role of dentists in medical screening of our members and is establishing expedited and efficient referral systems for our medical and dental network providers.

References:

¹National Center for Health Statistics, United States, 2008. Hyattsville [MD] Chart Book; 2009

²Howden LM, Meyer JA. Age and Sex Composition: 2010. United States Census Bureau. Accessed at: <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>, December 3, 2011

Pharmacy Updates

Zarxio™ Approved as First Biosimilar in United States

The 2010 Affordable Care Act created the approval pathway for biosimilars. A biosimilar product is a biological product that's approved based on being highly similar or interchangeable with a Food and Drug Administration (FDA)-approved biological product (known as a reference product). It has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Only minor differences in clinically inactive components are allowable in biosimilar products.¹

On March 6, 2015, the FDA approved Zarxio™ (filgrastim-sndz) as the first biosimilar in the United States. Increased competition among biologic drugs can lead to better patient access and lower overall healthcare costs.

Zarxio was approved in Europe (by the European Medicines Agency) in 2008 and is already sold in more than 60 countries. Providers must prescribe Zarxio by name since it can't be substituted by the pharmacist.

Zarxio has the same FDA-approved indications as Neupogen, which include:

- Cancer patients receiving myelo-suppressive chemotherapy
- Patients with acute myeloid leukemia receiving induction or consolidation chemotherapy
- Cancer patients receiving bone marrow transplantation
- Patients undergoing peripheral blood progenitor cell collection and therapy
- Patients with severe chronic neutropenia

Four additional biosimilars are under FDA review for possible approval this summer:



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- Remsima (infliximab – Celltrion), a biosimilar to Janssen's Remicade®
- Pegfilgrastim (Apotex), a biosimilar to Amgen's Neulasta®
- Retacrit™ (epoetin alfa – Hospira) a biosimilar to Epogen®/Procrit® (epoetin alfa – Amgen/Janssen)
- Grastofil (filgrastim – Apotex) a biosimilar to Neupogen®

[Learn more about biosimilars.](#)

Source:

¹[Biosimilars, U.S. Food and Drug Administration website](#) (accessed March 17, 2015)

²[FDA Guidance Documents](#)

³[Biosimilars – U.S. and International Update](#)

⁴[Update on the Development and Approval of Biosimilar Products-FDA Presentation](#)

Granix: Medical Necessity Review No Longer Required

Granix® (tbo-filgrastim), which is therapeutically equivalent to Neupogen® (filgrastim), no longer requires medical necessity review. Though we are removing the review requirement for Granix only, we strongly encourage that you review medical necessity criteria in policy [5.01.551 Granulocyte Colony-Stimulating Factor \(G-CSF\) Use in Adult Patients](#) for information about appropriate use of Granix and other white blood cell growth factors.

The [American Society of Clinical Oncology \(ASCO\)](#) recommends the prophylactic use of G-CSF when the risk of febrile neutropenia is greater than 20 percent, due to either specific chemotherapy regimens or patient risk factors such as age,

medical history, or disease characteristics. This guidance is reiterated in ASCO's [Choosing Wisely](#) initiatives. Our policy echoes professional society recommendations, which also state that G-CSFs should not be used routinely for afebrile neutropenia.

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](#).

Pharmacy Prior Authorization Edit Expansion

Premera has added new review criteria based on clinical best practices 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.



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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. [View complete policies here.](#)

New Edits Included in the Pharmacy Prior Authorization Edit Program

Effective April 1, 2015:

Aubagio® (teriflunomide)

premera.com/medicalpolicies/5.01.550.pdf

Coverage Criteria

Teriflunomide (Aubagio) may be considered **medically necessary** as a **first line** agent for the treatment of relapsing forms of **multiple sclerosis** when the following criteria are met:

- Patient must have an Expanded Disability Status Score (EDSS) of less than six
- Teriflunomide is not to be used concurrently with other multiple sclerosis disease modifying drugs

All other uses of teriflunomide are considered investigational. Augabgio is a specialty pharmacy drug covered under the pharmacy benefit.

Esbriet® (pirfenidone)

Ofev® (nintedanib)

premera.com/medicalpolicies/5.01.555.pdf

Coverage Criteria

Pirfenidone (**Esbriet®**) or Nintedanib (**Ofev®**) may be considered **medically necessary** or the treatment of idiopathic pulmonary fibrosis (IPF) when **all** of the following conditions are met:

- IPF was diagnosed within the last five years, in accordance with the 2000 ATS/ERS criteria (see policy guideline link above)
- Forced vital capacity (FVC) \geq 50% of the predicted value
- DLCO between 30-79% of the predicted value
- HRCT performed within the last 12 months

Combination therapy with nintedanib plus pirfenidone is considered **investigational**. Use of these agents for any indication other than the above is considered **investigational**.



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Esbriet® and **Ofev®** are specialty pharmacy drugs covered under the pharmacy benefit.

Imbruvica® (ibrutinib)

premera.com/medicalpolicies/5.01.534.pdf

Coverage Criteria

Ibrutinib (Imbruvica®) may be considered medically necessary for treatment of the following hematologic malignancies:

- Mantle cell lymphoma
- Chronic lymphocytic leukemia

All other uses of ibrutinib are considered **investigational**. **Imbruvica®** is a specialty pharmacy drug covered under the pharmacy benefit.

Inlyta® (axitinib)

premera.com/medicalpolicies/5.01.534.pdf

Coverage Criteria

Axitinib (Inlyta®) may be considered **medically necessary** as a **second line** agent for the treatment of **renal cell carcinoma (RCC)** in patients that have inadequate response or intolerance to pazopanib (Votrient), sorafenib (Nexavar) or sunitinib (Sutent). All other uses of axitinib are considered **investigational**. **Inlyta®** is a specialty pharmacy drug covered under the pharmacy benefit.

Effective May 1, 2015:

Cosentyx® (secukinumab)

premera.com/medicalpolicies/5.01.550.pdf

Coverage Criteria

Secukinumab (Cosentyx®) may be considered **medically necessary** as a **second line** agent for the FDA-approved indication for the treatment of **moderate to severe plaque psoriasis** in patients who are candidates for systemic therapy that have an inadequate response or intolerance to etanercept (Enbrel) and adalimumab (Humira). All other uses of secukinumab are considered **investigational**. **Cosentyx®** is a specialty pharmacy drug covered under the pharmacy benefit.

Medical Policy Updates



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Policy Update: Intra-articular Hyaluronan Injections

Effective July 1, 2015, Premera will consider hyaluronic acid products for osteoarthritis of the knee not medically necessary. Scientific data has not shown clinically meaningful symptom improvement for most individuals, and no data indicates these products improve health outcomes.

However, pain and disability due to progressive knee arthritis is common in adults and can be difficult to manage. Some of our providers have reported that a small subset of their patients have achieved improved functional status. Our claims data show that only nine percent of our members who begin this treatment continue it consistently for 18 months or longer. To accommodate this small subset of members, we have implemented interim policy [Intra-Articular Hyaluronan Injections for Osteoarthritis](#).

If you have patients who've had success with these products for osteoarthritis of the knee for 18 months or longer, prior to July 1 please submit medical records documenting the following:

- The presence of moderate to severe osteoarthritis is documented by x-ray studies that show a Kellgren-Lawrence Score of two or greater
- Pain interferes with functional activities, such as walking or prolonged standing
- Objective evidence of functional improvement and decreased pain after prior courses of therapy. Objective documentation can be shown using a number of validated clinical instruments, such as Knee Injury and Osteoarthritis Outcome Score (KOOS), International Knee Documentation Committee (IKDC), Oxford Knee Score (OKS), and Lysholm Knee Scoring Scale

We'll review the information to determine whether the member meets the criteria of the interim policy. If so, the member will be grandfathered for ongoing use.

For dates of service July 1, 2015 and later, hyaluronic acid products for osteoarthritis of the knee will be considered not medically necessary for all non-grandfathered patients. For complete details, please review the policy: [Intra-articular Hyaluronan Injections for Osteoarthritis](#).

Medical Policy Updates

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.

View complete [medical policies](#) or email requests to medicalpolicy@premera.com.



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Note: All policy numbers are listed here in numeric order.

The following policy changes are effective for dates of service of **Jan. 1, 2015** and later:

New utilization management guidelines: For each level of service below, treatment may be considered medically necessary when all criteria are met.

The following policy changes are effective for dates of service **Jan. 1, 2015** and later:

New utilization management guidelines. For each level of service below, treatment may be considered medically necessary when all criteria are met.

3.01.508	Behavioral Health: Psychiatric Residential Treatment
3.01.511	Behavioral Health: Eating Disorders, Inpatient Treatment
3.01.512	Behavioral Health: Chemical Dependency/Substance Abuse Residential Treatment
3.01.515	Behavioral Health: Inpatient/Residential Detoxification
3.01.516	Behavioral Health: Psychiatric Inpatient Treatment
3.01.517	Behavioral Health: Eating Disorders, Residential Treatment
3.01.518	Behavioral Health: Crisis Treatment/Crisis Stabilization Centers
3.01.519	Behavioral Health: Chemical Dependency/Substance Abuse Inpatient Treatment

The following policy changes are effective for dates of service **Jan. 13, 2015** and later:

2.01.96	Autonomic Nervous System Testing	New policy. Autonomic nervous system (ANS) testing is considered medically necessary when criteria are met. ANS testing using portable, automated devices is considered investigational .
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2.01.503	Polysomnography and Home Sleep Study for Diagnosis of Obstructive Sleep Apnea	Added a definition for restless limb syndrome.
2.04.29	Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening	New policy. DNA analysis of stool samples is considered investigational to screen for colorectal cancer.
2.04.125	Proteomic Testing for Targeted Therapy in Non-Small-Cell Lung Cancer	New policy. Proteomic testing is considered investigational in the management of non-small-cell lung cancer.
5.01.539	Ivacaftor	Medically necessary statement updated with the addition of gene mutation R117H, recently approved by the FDA. Additional language added to include “any mutation subsequently added to the FDA-approved indication.”
<u>5.01.550</u>	Pharmacotherapy of Autoimmune Disorders	Table within policy updated to include indications for treatment.
5.01.556	Rituximab: Non-oncologic and Miscellaneous Uses	Rituxan (rituximab) is considered medically necessary for labeled indications and specific off-label uses when criteria are met.
6.01.58	Endobronchial Ultrasound for Diagnosis and Staging of Lung Cancer	New policy. Endobronchial ultrasound is considered medically necessary for diagnosis and staging of lung cancer when criteria are met.
7.01.143	Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy	New policy. Responsive neurostimulation is considered medically necessary for refractory partial epilepsy meeting criteria.
7.01.144	Patient-Specific Cutting Guides and Custom Knee Implants	New policy. Use of custom knee implants or custom surgical cutting guides for joint arthroplasty is considered investigational .
7.01.542	Lumbar Fusion	Criteria added: 90 days smoking cessation is required prior to fusion; one year of conservative therapy for severe degenerative scoliosis is required prior to fusion.
7.01.557	Gender Reassignment Surgery	Added a policy statement addressing medical necessity criteria for reversal of partially or fully completed gender reassignment.

10.01.514	Cosmetic and Reconstructive Services	Policy updated to align with the rhinoplasty and septoplasty policy (7.01.558) adopted in Dec. 2014. Indications added for pharmaceutical agents that are considered cosmetic .
11.01.510	Skilled Nursing Facility (SNF): Guideline for Admission and Transition of Care	Added clarifying language, specific to FEP, about contract language related to reimbursement levels for SNF care.

The following policy changes are effective for dates of service **Jan. 30, 2015** and later:

5.01.606	Hepatitis C Antiviral Therapy	Policy section updated with addition of specific treatment regimen guidelines relative to the use of Viekira Pak.
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The following policy changes are effective for dates of service **Feb. 10, 2015** and later:

1.01.519	Patient Lifts, Seat Lifts, and Standing Devices	Added a list of items which are non-covered or excluded by contract.
4.01.21	Noninvasive Prenatal Testing for Fetal Aneuploidies Using Cell-Free Fetal DNA	Concurrent nucleic acid sequencing-based testing of maternal plasma for trisomy 13 and/or 18 may be considered medically necessary in women eligible for and undergoing trisomy 21 testing. This testing is considered investigational in situations other than those listed in the policy. Nucleic acid sequencing-based testing for fetal sex chromosome aneuploidies is considered investigational .
5.01.514	Trastuzumab and HER2 Inhibitors	Clarification added to the medically necessary statement for pertuzumab to include its use as adjuvant, neoadjuvant therapy, and treatment of metastatic disease.
5.01.547	Medically Necessary Criteria and Dispensing Quantity Limits for Exchange Formulary Benefits	Quantity limits updated for Relenza and Tamiflu.



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7.01.519	Treatment of Varicose Veins/Venous Insufficiency	Sclerotherapy, previously considered investigational for the treatment of varicose greater or lesser saphenous veins, may now be considered medically necessary when criteria are met.
7.01.560	Anterior Cervical Spine Decompression and Fusion in Adults with or without Fusion	All information specific to posterior cervical removed from policy statement. Title revised to note that criteria apply to anterior cervical decompression and fusion to adults only. Posterior cervical fusion will not be reviewed for medical necessity.
7.02.500	Monitored Anesthesia Care (MAC)	Policy statement clarified with the addition of medically necessary indication for prior complications with anesthesia or conscious sedation.
9.03.03	Orthoptic Training for the Treatment of Vision or Learning Disabilities	New policy. Office-based vergence/accommodative therapy may be considered medically necessary if specific visual symptoms did not improve after 12 weeks of home-based therapy. Orthoptic eye exercises are not medically necessary for learning disabilities. Orthoptic eye exercises are considered investigational for all other conditions.
11.01.520	Infectious Disease: Guideline for Transition of Care	Policy section updated with additional criterion for meningitis/encephalitis patients.
12.04.131	Pharmacogenetic Testing for Pain Management	Genetic testing for pain management is considered investigational .

Each utilization management guideline below has been updated with indications specific to pediatric patients.

11.01.511	Burns: Guideline for Transition of Care
11.01.512	Cardiovascular: Guideline for Transition of Care
11.01.513	Endocrine/Metabolic: Guideline for Transition of Care
11.01.514	Gastrointestinal: Guideline for Transition of Care
11.01.515	Genitourinary: Guideline for Transition of Care



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11.01.516	Hematologic/Oncologic: Guideline for Transition of Care
11.01.518	Orthopedic: Guideline for Transition of Care
11.01.519	Neurologic: Guideline for Transition of Care
11.01.521	Respiratory: Guideline for Transition of Care

The following policy changes are effective for dates of service **March 10, 2015** and later:

1.01.30	Artificial Pancreas Device Systems	New Policy. FDA-approved artificial pancreas device may be considered medically necessary for patients with type 1 diabetes who meet criteria. When criteria are not met the device is considered investigational .
1.03.05	Patient-actuated End Range Motion Stretching Devices	New Policy. Further high-quality comparative trials are needed to determine whether patient-actuated devices improve functional outcomes compared to alternative treatments; therefore these devices are considered investigational .
1.01.507	Electrical Stimulation Devices	New statement added to policy: Electrical stimulation for osteoarthritis or rheumatoid arthritis is considered investigational .
1.01.522	Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid	Information on artificial pancreas system removed from this policy and added to new policy 1.01.30.
2.03.07	Cytoreductive Surgery and Perioperative Intraperitoneal Chemotherapy for Select Intra- abdominal and Pelvic Malignancies	Added a policy statement to clarify that this policy refers only to the clinical setting where cytoreductive surgery and perioperative intraperitoneal chemotherapy are provided in the same operative setting. Policy title changed.
5.01.550	Pharmacotherapy of Autoimmune Disorders	Policy updated with Anti-CD52 alemtuzumab as a first-line treatment for multiple sclerosis and IL-17 inhibitors secukinumab as a second-line treatment for plaque psoriasis.
5.01.605	Medical Necessity Criteria for Pharmacy Edits	Vyvanse added for Binge Eating Disorder (BED) without requiring a trial of or a contraindication to a generic stimulant when BED diagnosis is confirmed.



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5.01.534

Multiple Receptor Tyrosine
Kinase Inhibitors

Axitinib is a second-line treatment for renal cell carcinoma. Ibrutinib is added for hematologic malignancies. Trametinib is added as combination therapy with dabrafenib for malignant melanoma with BRAFV600.



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5.01.547	Medically Necessary Criteria and Dispensing Quantity Limits for Exchange Formulary Benefits	Minor updates: Actonel, Atelvia, Binosto, Boniva, Exalgo, Detrol LA, Fosamax Plus D removed. Quantity limits for Embeda ER added.
7.01.549	Knee Arthroscopy, Adults	Policy statements added indicating a meniscus tear may be repaired at the same time as an ACL repair when the ACL meets medical necessity criteria. Removed all policy statements for pediatric and adolescents and added "Adults" to policy title.
8.01.60	Extracorporeal Membrane Oxygenation for Adult Conditions	New Policy. ECMO for adults is considered medically necessary for acute respiratory failure meeting criteria and as a bridge to heart, lung, and heart-lung transplant. ECMO is considered investigational for other indications.
12.04.121	Miscellaneous Genetic and Molecular Diagnostic Tests	DecisionDx-Melanoma, DecisionDx-Thymoma, DNA Methylation Pathway Profile, GI Effects® (Stool), Response DXColon added as investigational .
12.04.126	Genetic Testing for PALB2 Mutations	New Policy. Genetic testing for PALB2 mutations in patients with breast or pancreatic cancer or for cancer risk assessment in patients with or without a family history of breast or pancreatic cancer is considered investigational .



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