



Independence  
Blue Cross

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# PARTNERS IN HEALTH UPDATE

June 2008

Working Together For Quality Health Care



## May 23, 2008 is here! Are you using your registered NPI?

Claims submitted without a registered NPI after May 23, 2008, will reject. You must register your NPI with IBC prior to submitting claims. You can register your NPI with IBC online by submitting an NPI provider registration web form at [www.ibx.com/providers/npi/provider\\_registration.html](http://www.ibx.com/providers/npi/provider_registration.html).

As of May 23, 2008, in accordance with the Centers for Medicare & Medicaid Services mandate, providers must use the NPI as the primary identifier on the claim, and IBC will reject claims with invalid NPIs on or after this date.

For articles specific to your area of interest, look for the appropriate icon:







-  Professional
-  Facility
-  Ancillary

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## Claims submitted without a valid, registered NPI will reject



### NPIs must be registered with IBC

You must register your National Provider Identifier (NPI) with IBC prior to submitting claims.\* As of **May 23, 2008**, claims will reject if you have not registered your NPI with us. You can register your NPI with IBC online by submitting an NPI provider registration web form at [www.ibx.com/providers/npi/provider\\_registration.html](http://www.ibx.com/providers/npi/provider_registration.html).

### Claims submitted with invalid NPIs will reject

Each claim must pass an NPI check-digit validation to ensure that it has a valid NPI. To date, many claims are not passing this check-digit validation. The most common reasons why claims are not passing the NPI check-digit validation are:

- The wrong provider identifier is entered in an NPI field.
- The NPI is entered incorrectly.
- The number entered is not a valid NPI.

As of May 23, 2008, in accordance with the Centers for Medicare & Medicaid Services mandate, providers must use the NPI as the primary identifier on the claim, and IBC will reject claims with invalid NPIs on or after this date.

### Processing of claims

For purposes of processing a claim in accordance with the reimbursement terms of your IBC provider contract, you may continue to provide your 10-digit legacy number in addition to your valid, registered NPI. The sole purpose for providing the 10-digit legacy number is to facilitate accurate claims payment — not to identify the claim for acceptance into IBC's system. Only a valid NPI will be accepted by IBC as the primary identifier on the claim.

If you require further information regarding NPI claims submission, please refer to IBC's *National Provider Identifier (NPI) Toolkit: Tips for Proper Electronic and Paper Claims Submission*, located at [www.ibx.com/pdfs/providers/npi/toolkit.pdf](http://www.ibx.com/pdfs/providers/npi/toolkit.pdf).

More information regarding the NPI, including IBC's NPI contingency plan, previous communications, FAQs, and additional resources, is available at [www.ibx.com/providers/npi](http://www.ibx.com/providers/npi).

\*IBC will receive contracted behavioral health providers' NPI information directly from Magellan Behavioral Health, Inc., an independent company. For further information, please contact Magellan National Provider Services Center at 1-800-788-4005, or visit Magellan at [www.magellanhealth.com](http://www.magellanhealth.com).

## Submission instructions for Independence Administrators claims



We would like to clarify claims submission instructions for Independence Administrators claims (alpha prefixes YXA and YXB). In July 2007, Independence Administrators commenced operations providing third-party administration services to self-funded health plans based in the Philadelphia region and having plan members

throughout the U.S. To avoid processing and payment delays, please follow the claims submission instructions shown below. These instructions apply only for claims for your patients with Independence Administrators ID cards; there is no change in the process for submitting Personal Choice® claims.

If your practice is:	And you contract with:	Submit claims to:	Use this Payer ID on electronic claims:	Mail paper claims to:
in Bucks, Chester, Delaware, Montgomery, or Philadelphia County	Personal Choice, <i>not</i> PremierBlue Shield	Independence Administrators	<b>ISA08</b> = 54704 <b>GS03</b> = 54763 or TA720	Independence Administrators P.O. Box 1010 Horsham, PA 19044
anywhere in Pennsylvania	Personal Choice <i>and</i> PremierBlue Shield			
in Delaware, Maryland, or New Jersey	Personal Choice, <i>not</i> PremierBlue Shield			

Please share this information with your staff or billing service.

## IBC rejecting paper claims submitted on forms CMS-1500 (12/90) and UB-92



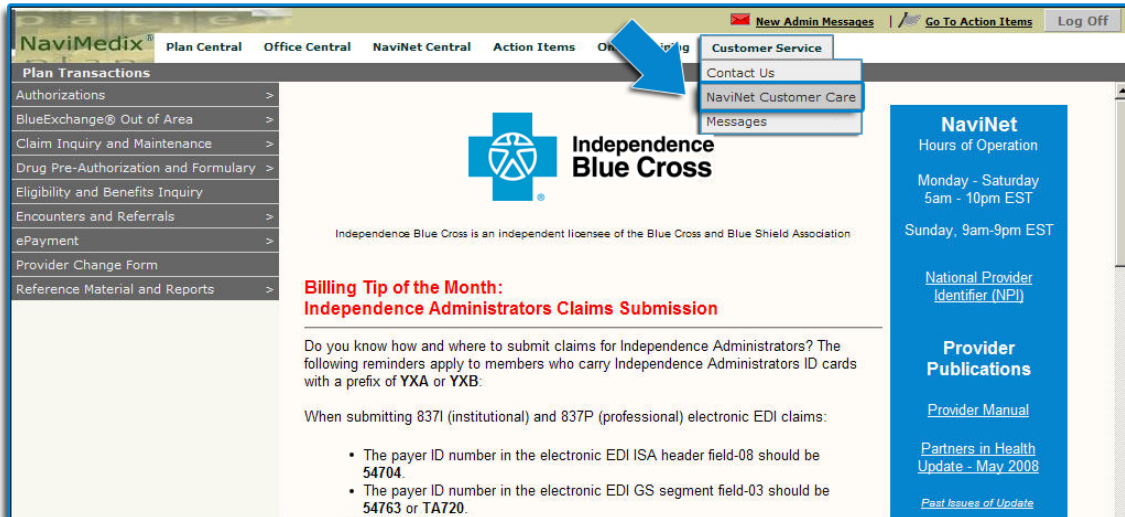
IBC no longer accepts paper claims submitted on forms CMS-1500 (12/90) and UB-92. All paper claims received after December 17, 2007, must be submitted on revised

forms CMS-1500 (08/05) and UB-04. Paper claims submitted on forms CMS-1500 (12/90) and UB-92 will reject.

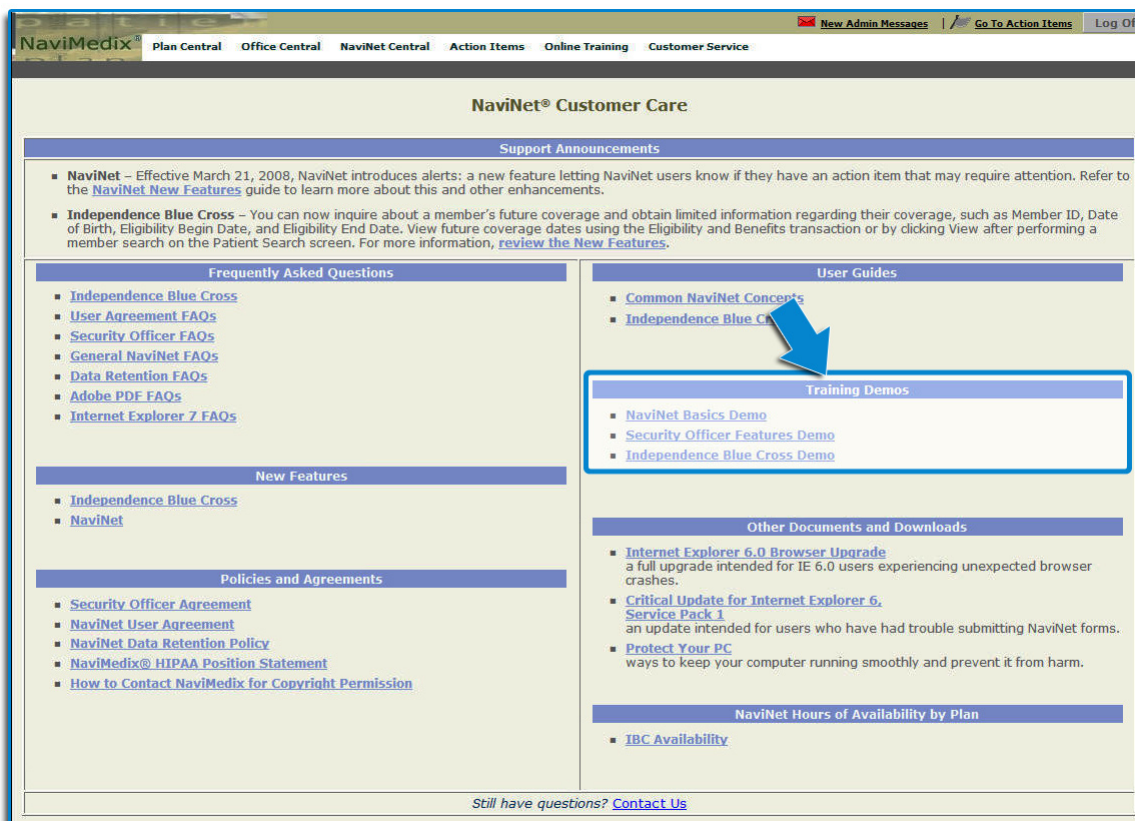
## NaviNet® interactive training demos



Interactive training demos are available to all users on NaviNet. Simply select *Customer Service* from the top navigation menu, then select *NaviNet Customer Care*.



Once on the NaviNet Customer Care screen, you can select from a variety of available training demos. Learn the basics, get detailed information regarding Security Officer features, or find training information specific to a particular health plan.



If you have any questions, please contact NaviNet Customer Care at 1-888-482-8057.

*NaviNet® is a registered trademark of NaviMedix, Inc.*

## Treating the special needs patient



As you may know, our health plan offers a special needs plan (SNP) to our members who meet Medicare/Medicaid eligibility requirements. SNP members may have a severe or disabling chronic condition and may have overall poor health. SNP members may also present communication challenges due to language or literacy issues. Because of these challenges, we structure our benefits and communications to facilitate the delivery and coordination of care and services to address the needs of the SNP membership.

We would like to provide you with the following information to assist you in providing care to your patient, our member:

### Services Available

#### *Case Management*

- Dedicated telephone care management unit for SNP members. This unit consists of registered nurses, case managers, and social workers who focus on members most at risk and in need of care management.
- Members are identified through administrative data sources; other clinical programs offered by the plan; referrals from a network facility, a care giver, the member, a practitioner, or a community advocate.
- Case managers work with your patients to support the management of their health conditions, to facilitate coordination of services prescribed, promote the member's self-management of their health conditions, and to provide support in accessing community resources.

#### *Transportation*

- Members are currently provided unlimited transportation to approved destinations, such as doctors' offices and medical facilities. This helps ensure that SNP members are able to make follow-up visits to their doctors as well as obtain any diagnostic testing or lab work that they may require.

#### *Education*

- Preventive health and fitness information is provided through quarterly newsletter updates, including information on fitness programs, weight management, and smoking cessation.
- Reminders are sent for wellness screenings, gaps in care screenings, or test reminders for certain chronic conditions.

#### *Communication*

- Language assistance is available through interpreter services. To schedule interpreter services, please call Medicare Member Outreach at [215-241-5635](tel:215-241-5635) or toll-free at [1-877-393-6729](tel:1-877-393-6729) (TTY/TDD: [1-888-857-4816](tel:1-888-857-4816)). Representatives are available Monday through Friday 8:30 a.m. to 5 p.m. Encourage members to request an interpreter at least two weeks before their doctor's appointment.

#### Identifying a SNP member

- The front of the member's identification card will display the plan name: Keystone 65 Complete.
- The monthly capitation roster lists all members in your plan panels and the product they have.
- You may check a SNP member's benefits at anytime at [www.site65.com](http://www.site65.com). Simply select the *Members* link and then *Health Plans*. Here you will find the Summary of Benefits, as well as additional information on the Keystone 65 Complete product.

#### Obtaining and using services for a SNP member

We are here to assist you. Case managers will not only be able to assist you as you move forward with your SNP patient, but they may also be able to provide you additional medical information regarding your SNP patient. Case managers utilize a tool that displays multiple source categories.

The tool identifies:

- color-coded risk indicators;
- all diagnoses for member;
- prescription fill rates;
- vendor activity (disease management, wellness);
- all medication history, including summarized counts (providers, prescriptions filled);
- inpatient admissions;
- gaps in care.

The case managers can assist you in activities such as working with the member to obtain prescribed tests, preventive health screenings, medication adherence, obtaining behavioral health services, and addressing lifestyle issues.

You can contact our Case Management Unit through our Care Management and Coordination Case Management number at [1-800-313-8628](tel:1-800-313-8628), **prompt 3**.

To learn more about our special needs plan and the services we offer, please call Member Services at [1-888-457-3018](tel:1-888-457-3018) (TTY/TDD: [1-888-857-4816](tel:1-888-857-4816)).

### Keystone Direct Point-of-Service (POS): offering members more direct access to participating specialists



The Keystone Direct POS benefit plan allows members to see most providers directly, *without a referral*. Direct POS requires primary care physician (PCP) referrals only for radiology, physical/occupational therapy, spinal manipulations, and podiatry services. Obtaining a referral for these services ensures that the member receives the highest level of benefits. For laboratory services, members must obtain a laboratory requisition form from their PCP or specialist. Members will be directed to their designated capitated laboratory site for laboratory services. For all other services, members may visit any Keystone network provider directly, without a referral. Utilizing providers who participate in the Keystone network ensures that members will receive the highest level of benefits and the lowest out-of-pocket costs.

Keystone's capitated program remains in effect for Direct POS. Similar to our Keystone HMO and POS benefits, PCPs must refer Direct POS members to capitated providers for capitated services (i.e., radiology, physical/occupational therapy, laboratory, and podiatry) for members to receive the highest level of benefits.

#### How the plan works

- A Direct POS member selects a participating PCP from the Keystone Health Plan East network.
- No referrals are required for members to see participating specialists.
- Referrals are required for radiology, podiatry, spinal manipulation, and physical/occupational therapy services.
- A requisition form is required for laboratory services.
- The member is responsible for applicable cost-sharing.
- The member does not need to file claim forms when services are provided by participating specialists.

*Note: For services requiring precertification through AIM (CT/CT scans, MRI/MRA, nuclear cardiology services, and PET scans), a separate PCP referral is not required. Additionally, referrals are never required for mammography.*

## MEDICAL

### Change in Medical Necessity definition



As part of the recent Thomas-Love settlement agreement between class action members and IBC, **effective April 21, 2008**, our definition of medical necessity has been revised as follows:

“Medically Necessary” or “Medical Necessity” shall mean health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, or disease of its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease; and (c) not primarily for the convenience of the patient, physician,

or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease. For these purposes, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations, and the views of physicians practicing in relevant clinical areas and any other relevant factor.

If you have questions, please contact your Network Coordinator.

## Clinical decision support criteria



IBC utilizes McKesson's InterQual, an independent company, for our clinical decision support criteria. InterQual updates its criteria on an annual basis, and **effective June 23, 2008, IBC will be using the 2008 Level of Care guidelines.** To assure that the criteria developed are in accordance with community standards, the Clinical Quality Committee, whose membership is comprised of participating providers, reviews the guidelines.

Participating providers may give input on the clinical criteria, which will be forwarded to McKesson. The participating provider may also contact McKesson through its website, [www.mckesson.com](http://www.mckesson.com).

## Policy notifications available online



To better communicate updates to our medical and claim payment policies, we will be posting notifications online prior to the policy's effective date. The notifications will be listed by the intended effective date, and we will provide the policy in its entirety for you to become familiar with it in advance. To read these notifications, please follow these instructions:

1. Visit [www.ibx.com/medpolicy](http://www.ibx.com/medpolicy).
2. Select *Accept and Go to Medical Policy Online*.

3. Select the *Commercial and Other Medicare Advantage policies* link.
4. Select *Policy Notifications* from the Medical Policy column on the left sidebar.
5. Select the date under Policy Effective Date for the policy notification you wish to view.

Notifications will be posted frequently, so please check the site often.

**Medical Policy.**  
Welcome to the Medical Policy Home Page

**Medical Policy** > Policy Notifications

**Policy Notifications**

Welcome to the Policy Notification page. The notifications below are listed by the policy's intended effective date and the policy can be viewed in its entirety for you to become familiar with in advance. Please check back frequently as notifications are posted often.

**Note:** The documents below are strictly notifications and the positions within are not enforced until they become active policy on their intended effective date. To view active company policies go to the Policy Bulletins section of this site or click here.

NEXT → | PREVIOUS ← | EXPAND ↑↓ | COLLAPSE ⇅

Policy Effective Date	Notification Title	Notification Issue Date
▼ 06/02/2008	Diagnostic and Therapeutic Radiopharmaceutical Agents	05/01/2008
▶ 07/29/2008		

## Rx for Better Health offers copay waivers for certain drugs



From July 1, 2008, through December 31, 2008, IBC will waive copays and coinsurance on 75 generic drugs used to treat seven common chronic conditions through the *Rx for Better Health* program.

If left unattended, chronic conditions contribute to poor health and higher costs. By waiving the copays, IBC is helping members obtain these medications to adhere to their drug therapy.

The following seven conditions affect a significant number of IBC's members:

Additional information on *Rx for Better Health* will be available in future editions of *Partners in Health Update*.

- high blood pressure
- high cholesterol
- diabetes
- depression
- acid reflux
- heart failure
- coronary artery disease

*Rx for better health program specifics: No enrollment necessary. Available for in-store pickup at participating pharmacies or mail-order fulfillment. Members with Medicare Part D drug plans; Personal Choice® HSA-qualified high deductible health plans with integrated drug coverage; and HMO members who belong to the Federal Employee Health Benefits Program are not eligible. Other exclusions may apply.*

## Select Drug Program® formulary changes effective July 1, 2008



The Select Drug Program formulary is a list of FDA-approved medications that were chosen for their medical effectiveness, safety, and value. The list changes periodically as the FutureScripts® Pharmacy and Therapeutics Committee reviews the formulary to ensure its continued effectiveness. The most recent changes are listed below:

### Generic addition

This generic drug recently became available in the marketplace. When this generic drug became available, we began covering it at the appropriate generic formulary copayment:

Generic drug	Brand drug	Formulary chapter	Effective date
cefuroxime oral suspension	Ceftin® for Oral Suspension	1. Antibiotics & Other Drugs Used for Infection	February 8, 2008

### Brand addition

This brand drug is covered at the appropriate brand formulary copayment:

***Effective immediately***

Brand drug	Formulary chapter
Humira®	10. Bones, Joints, & Muscles

Once a brand drug becomes available in the marketplace and is approved by the FutureScripts Pharmacy and Therapeutics Committee as a formulary drug, it will be added to the formulary and will be available at the brand formulary copayment.

### Brand deletion

This brand drug will be covered at the appropriate non-formulary copayment:

***Effective July 1, 2008***

Brand drug	Generic drug	Formulary chapter
Ceftin® for Oral Suspension	cefuroxime oral suspension	1. Antibiotics & Other Drugs Used for Infection

The generic drugs for the above brand drug is on our formulary and available at the generic formulary copayment.

## Prescription drug updates



For members enrolled in an IBC prescription drug program, the drugs listed below now require prior authorization. The purpose of prior authorization is to

make certain that drugs are being used appropriately and to guard against drug overuse. These updates are reflected below.

### Drugs requiring prior authorization

The prior authorization requirement for the following non-formulary drugs was effective at the time the drugs became available in the marketplace:

Brand drug	Generic drug	Effective date
Bystolic™	Not available	January 7, 2008
Luvox® CR	Not available	March 14, 2008
Omnaris™	Not available	March 21, 2008
Pristiq™	Not available	March 21, 2008
Simcor™	Not available	February 19, 2008
Tekturna HCT®	Not available	January 25, 2008

## Biotech/Specialty injectables update for Flex Series, Personal Choice® HSA-qualified High Deductible Health Plan (HDHP), and Individual HMO products



**Effective July 1, 2008**, three new drugs — Vivitrol®, Somatuline® Depot, and Supprelin® LA — will be added to the *Biotech/Specialty Injectables List* under Central Nervous System Agents and Endocrine/Metabolic Agents for all Flex Series (HMO, POS, Direct POS, and PPO), Personal Choice HSA-qualified HDHP, and Individual HMO options. An updated *Biotech/Specialty Injectables List* is included with this issue. Injectables listed should be ordered through the Direct Ship Program administered by FutureScripts®.

For Flex Series, Personal Choice HSA-qualified HDHP, and Individual HMO members in Pennsylvania, *all listed brand injectables shown on the attached Biotech/Specialty Injectables List, and their generic equivalents, require preauthorization.* In addition, some injectables

(e.g., Botox® and Amevive™) are subject to medical necessity review during preauthorization. Please refer to the list for all other injectables that require medical necessity review.

Standard office-based injectables *not* shown on the Biotech/Specialty Injectables List *should not* be ordered through the Direct Ship Program. You may continue to bill standard injections, such as antibiotics and steroids, through the member's medical benefits plan (HMO, POS, PPO, or Direct POS).

If you have any questions concerning ordering injectables for members enrolled in these products, please call the Direct Ship Program administered by FutureScripts at [1-888-678-7012](tel:1-888-678-7012), option 3.

### SMART<sup>®</sup> Registry to provide information on medication persistence



As a result of recent advances in the SMART Registry, provided by the Connections<sup>SM</sup> Health Management Program, IBC physicians who receive the Registry will now receive previously unavailable prescription drug information. Among the new measures are “drug persistence rates,” which, because they are new, bear some explanation.

#### Adherence and persistence are not the same

*Persistence* measures the continued use of a medication over time. It is reported as a percentage of days supplied of a medication divided by the total number of calendar days elapsed. In other words, it tells you how regularly your patient filled his or her prescription.

Patients with prescription fill rates of 80 percent or more are labeled as “persistent.” Patients with lower prescription fill rates are labeled as “nonpersistent” and may be flagged for follow-up. Unfortunately, the measure is not perfect. It may flag patients who turn out to be taking their medication exactly as directed, and it may miss patients who are not. Here’s why:

Persistence values tell you only about a patient’s tendency to fill prescriptions through traditional channels. They do *not* tell you if patients:

- receive free samples of their medication from sources such as the Veteran’s Administration;
- use pill-splitting as a cost-cutting measure;
- take the right dose of medication at the right time, and follow any special instructions (such as “take with food” or “take on an empty stomach”);
- pick up the medication from the pharmacy but leave the bottle unopened in the medicine cabinet.

*Persistence* is not the same as *adherence* (also called compliance). Adherence speaks not only to how much medication a patient obtains from the pharmacy but also to how the patient follows the medication’s administration guidelines. As a result, patients labeled as persistent may still be nonadherent and need medication follow-up. The opposite may also be true.

The persistence reports in the SMART Registry lay the groundwork for a conversation between doctor and patient about overall medication adherence, especially if the numbers indicate that a patient is facing barriers to taking medications as prescribed. Studies show that regular monitoring of medication usage improves patient adherence.<sup>1</sup> Improving adherence is one of the most effective and least expensive ways to lower risk factors and reduce adverse outcomes, hospitalizations, and death.

#### Adherence support available to your patients

The Connections Health Management Program offers your patients access to Health Coaches trained in improving medication adherence. To learn more about the role Health Coaches can play in supporting your patients, call the Connections Provider Support Line at **1-866-866-4694**.

*SMART<sup>®</sup> is a registered trademark of Health Dialog Services Corporation, an independent company. Used with permission.*

<sup>1</sup> <http://archinte.ama-assn.org/cgi/content/abstract/167/6/540?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=adherence&searchid=1&FIRSTINDE X=0&resourcetype=HWCIT>



*Partners in Health Update* is a publication of the Provider Communications department for the exchange of information and ideas among the IBC provider community. Suggestions are welcome.

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Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

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This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, Indemnity, etc.), and/or employer groups. Providers should call Provider Services, listed at right, for the member's applicable benefit information. Members should be instructed to call the Customer Service telephone number listed on their ID card.

Not all benefit plans use Magellan Behavioral Health, Inc. to administer behavioral health benefits. Please check the back of the member's ID card for the telephone number to contact for behavioral health services, if applicable.

The third-party websites mentioned in this publication are maintained by organizations over which IBC exercises no control, and accordingly, IBC disclaims any responsibility for the content, the accuracy of the information, and/or quality of products or services provided by or advertised in these third-party sites. URLs presented for informational purposes only. Certain services/treatments referred to in third-party sites may not be covered by all benefit plans. Members should refer to their benefit contract for complete details of the terms, limitations, and exclusions of their coverage.

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FutureScripts and FutureScripts Secure are independent companies that provide pharmacy benefit management services.



# IMPORTANT RESOURCES

View our online provider directories on [www.ibx.com](http://www.ibx.com)

**CARE MANAGEMENT AND COORDINATION**

Case Management 215-567-3570  
1-800-313-8628\*

Baby BluePrints® 215-241-2198  
1-800-598-BABY (2229)\*

**CONNECTIONS<sup>SM</sup> HEALTH MANAGEMENT PROGRAMS**

Connections<sup>SM</sup> Health Management Program Provider Support Line 1-866-866-4694

Connections<sup>SM</sup> AccordantCare<sup>TM</sup> Program 1-866-398-8761

**CORPORATE AND FINANCIAL INVESTIGATIONS DEPARTMENT**

Anti-Fraud and Corporate Compliance Hotline 1-866-282-2707  
[www.ibx.com/anti-fraud](http://www.ibx.com/anti-fraud)

**CREDENTIALING**

Credentialing Hotline [www.ibx.com/credentials](http://www.ibx.com/credentials)  
215-988-6534  
Credentialing Violation Hotline 215-988-1413

**eBUSINESS**

Help Desk 215-241-2305

**FutureScripts®**

Prescription Drug Authorization 1-888-678-7012  
Toll Free Fax 1-888-671-5285

Direct Ship Injectable 1-888-678-7012  
Fax 215-761-9165

Blood Glucose Meter Hotline 1-888-494-8213 (option 2)

**FutureScripts® Secure**

Medicare Part D 1-888-678-7015

**HEALTH RESOURCE CENTER**

Healthy Lifestyles<sup>SM</sup> 215-241-3367  
1-800-275-2583\*

Precertification 215-241-2100  
1-800-227-3116\*

**PROVIDER MEDICAL POLICY WEB PAGE**

[www.ibx.com/medpolicy](http://www.ibx.com/medpolicy)

**PROVIDER NETWORK eSERVICES**

NaviNet® Portal Registration [www.ibx.com/providers/navinet/index.html](http://www.ibx.com/providers/navinet/index.html)  
EDI Claim Registration 215-640-7410

**PROVIDER PHARMACY WEB PAGE**

[www.ibx.com/provider\\_rx](http://www.ibx.com/provider_rx)

**PROVIDER SERVICES (Policies/Procedures/Claims)**

HMO 215-567-3590  
1-800-227-3119\*

PPO 215-567-3694  
1-800-332-2566\*

**PROVIDER SUPPLY LINE**

1-800-858-4728

\* Outside 215 area code

Visit our website: [www.ibx.com/providers/communications](http://www.ibx.com/providers/communications)



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## July 1, 2008 Biotech/Specialty Injectables List

*The July 1, 2008 Biotech/Specialty Injectables List was published with the June 2008 edition of Partners in Health Update. These have been combined into one PDF file for your convenience.*

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## **Biotech/Specialty injectables information for Flex Series, Personal Choice<sup>®</sup> HSA-qualified High Deductible Health Plan (HDHP), and Individual HMO products**

For Flex Series, Personal Choice HSA-qualified HDHP, and Individual HMO members, *all listed brand injectables shown on the attached Biotech/Specialty Injectables List, and their generic equivalents, require preauthorization.* Additionally, certain Biotech/Specialty injectables require medical necessity review. Please refer to the *Biotech/Specialty Injectables List* to determine which injectables require medical necessity review.

### **Procedures for ordering and billing Biotech/Specialty injectables:**

- *All injectables shown on the attached Biotech/Specialty Injectables List and their generic equivalents must be preauthorized* through the Direct Ship Program administered by FutureScripts<sup>®</sup>. Please complete the Direct Ship Injectable form, and fax it to [215-761-9165](tel:215-761-9165).
- The Direct Ship Program administered by FutureScripts will facilitate shipping of the Biotech/Specialty injectable to your office for administration or to the member's home for self-administration.
- Biotech/Specialty injectables provided in the physician's office from a physician's supply are subject to applicable member cost-sharing, as follows:
  - For Flex Series products (HMO, POS, Direct POS, PPO) and Individual HMO programs, a copayment applies as described in the member's benefits.
  - For Personal Choice HSA-qualified HDHP members, deductible and coinsurance apply as described in the member's benefits.

You must notify the Direct Ship Program administered by FutureScripts prior to the administration of any Biotech/Specialty injectable.

- For Flex Series and Individual HMO products, do not collect a copayment for Biotech/Specialty injectables ordered through the Direct Ship Injectable Unit. The injectable vendor will bill the member for his or her Biotech/Specialty injectable copay. The physician must collect the Biotech/Specialty applicable copayment when providing any of the Biotech/Specialty injectables from his or her own supply.
- Failure to preauthorize any of the Biotech/Specialty injectables on the attached list will result in a claim denial. *Claims denied for failure to preauthorize are not billable to the member.*

Standard office-based injectables *not* shown on the *Biotech/Specialty Injectables List* should *not* be ordered through the Direct Ship Program. You may continue to bill standard injections, such as antibiotics and steroids, through the patient's medical plan (HMO, POS, Direct POS, or PPO).

If you have any questions concerning ordering injectables for members enrolled in these products, please call the Direct Ship Program administered by FutureScripts at [1-888-678-7012](tel:1-888-678-7012), [option 3](#).

**Biotech/Specialty Injectables List (list subject to change)**

Effective July 1, 2008

*All listed brand injectables and their generic equivalents require preauthorization.*

<b>Injectable product</b>	<b>Medical Necessity review required</b>
<b>ANTICOAGULANT/LOW MOLECULAR WEIGHT HEPARIN AGENTS</b>	
Arixtra®	No
Fragmin®	No
Innohep®	No
Lovenox®	No
<b>ANTIRETROVIRAL AGENTS</b>	
Fuzeon®	No
<b>BOTULINUM TOXIN AGENTS</b>	
Botox®	Yes
Myobloc®	Yes
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
Apokyn®	No
Imitrex® Injection	No
<b>Vivitrol®*</b>	<b>No</b>
<b>ENDOCRINE/METABOLIC AGENTS</b>	
Eligard®	No
Faslodex®	No
Forteo™	Yes
Lupron®	No
Sandostatin LAR®	No
<b>Somatuline® Depot*</b>	<b>No</b>
Somavert®	No
<b>Supprelin® LA*</b>	<b>No</b>
Thyrogen®	No
Trelstar®	No
Vantas®	No
Viadur®	No
Zoladex®	No
<b>GROWTH HORMONES and related agents</b>	
Genotropin®	Yes
Humatrope®	Yes
Increlex™	Yes
Norditropin®	Yes

*continued on page 3*

<b>Injectable product</b>	<b>Medical Necessity review required</b>
<b>GROWTH HORMONES and related agents (cont.)</b>	
Nutropin <sup>®</sup> /Nutropin AQ <sup>®</sup>	Yes
Omnitrope <sup>®</sup>	Yes
Saizen <sup>®</sup>	Yes
Serostim <sup>®</sup> /Serostim LQ <sup>®</sup>	Yes
Tev-Tropin <sup>®</sup>	Yes
Zorbtive <sup>®</sup>	Yes
<b>HEMATOPOIETIC AGENTS</b>	
Aranesp <sup>®</sup>	No
Epogen <sup>®</sup>	No
Leukine <sup>®</sup>	No
Neulasta <sup>®</sup>	No
Neumega <sup>®</sup>	No
Neupogen <sup>®</sup>	No
Procrit <sup>®</sup>	No
<b>HEPATITIS/INTERFERON AGENTS</b>	
Actimmune <sup>®</sup>	No
Alferon N <sup>®</sup>	No
Infergen <sup>®</sup>	No
Intron-A <sup>®</sup>	No
Pegasys <sup>®</sup>	No
PEG-Intron <sup>®</sup>	No
Roferon-A <sup>®</sup>	No
<b>HYALURONATE AGENTS</b>	
Euflexxa <sup>™</sup>	Yes
Hyalgan <sup>®</sup>	Yes
Orthovisc <sup>®</sup>	Yes
Supartz <sup>®</sup>	Yes
Synvisc <sup>®</sup>	Yes
<b>IMMUNOLOGICAL MODIFIERS</b>	
Amevive <sup>®</sup>	Yes
Enbrel <sup>®</sup>	Yes

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<b>Injectable product</b>	<b>Medical Necessity review required</b>
<b>IMMUNOLOGICAL MODIFIERS (cont.)</b>	
Humira®	Yes
Kineret®	Yes
Raptiva®	Yes
<b>INTRA-OCULAR AGENTS</b>	
Lucentis®	No
Macugen®	No
Vitrasert®	No
<b>MULTIPLE SCLEROSIS AGENTS/INTERFERON BETA AGENTS</b>	
Avonex®	No
Betaseron®	No
Copaxone®	No
Rebif®	No
<b>RESPIRATORY AGENTS</b>	
Synagis®	Yes
Xolair®	Yes

*\* Added to the Biotech/Specialty Injectables List, effective July 1, 2008.*