

News and updates from Community Health Plan to network providers

IN THIS ISSUE ...

4 th Quarter Formulary Changes	2
New Generic Medications Available.	2
Claims Corner.....	2
Nutritional Counseling.....	2
Influenza Vaccination Recommendations	3
MyCHP Service.....	3
Customer Service.....	3
Continuity and Coordination of Care	3
Benefit Summaries.....	4

Specialty Pharmacy Changes

Currently, we use the Caremark Specialty Pharmacy in Pittsburgh, Penn. (previously PharmaCare specialty pharmacy). Beginning September 2, 2008, we will begin using the Caremark Specialty Pharmacy in Lenexa, Kansas for all new medication requests. Effective November 1, 2008, we will transfer all of our members using specialty products to the Lenexa, Kansas

facility. With this change, we expect more personalized service and shorter shipping times for our members and providers.

Community Health Plan has updated the specialty pharmacy list (see insert) effective November 1, 2008. A summary of the additions and deletions to the list are in the table below.

Status	Therapeutic Category	Medication
Added	Growth Hormone	Geref, Nordiflex
	Miscellaneous	Actimmune, Solaris, Visudyne
	RSV / Pulmonary	Aralast, Letaris, Prolastin, Revatio, Ventavis, Zemaira
	Lysosomal / Enzyme	Elaprase
	Osteoporosis	Reclast
	Hormonal Therapies	Octreotide, Somatuline, Somavert, Supprelin LA, Synarel
	Blood Factors	Genarc, Stimat
	Infertility	Chorex-10, Profasi
	Oral Oncology	Tykerb, Zolanza
	Immune Globulin	Baygam, H-Big, Nabi-HB, Rhophylac
Deleted	Transplant	All Products – including Cellcept, Gengraf, Myfortic, Neoral, Prograf, Rapamune, Sandimmune, Zenapax
	Miscellaneous	Thrombate III, Zemplar
	Oral Oncology	Trexall

Specialty Pharmacy

Beginning in April 2006, we required that specialty pharmacy medications be obtained through the Specialty Pharmacy program for Community Health Plan (CHP) members. Specialty Pharmacy is a service provided by Caremark, CHP's Pharmacy Benefit Manager (PBM) vendor. All high-cost medications and injectables (included with the Prior Authorization List for November 1, 2008) are to be obtained through Caremark Specialty Pharmacy instead of the retail pharmacy or provider's office.

delivery of their specialty medications. You do not need to make any changes to your prescribing regimen for your patients.

Advantages of Caremark Specialty Pharmacy include:

- Full breadth of injectable services.
- No additional cost for supplies (i.e., syringes, needles, alcohol swabs).
- Clients have a single point of contact.
- Improved patient coordination.
- Convenience — delivery of medication to member's home or physician's office.
- Refill reminders sent to members.
- Member counseling from a pharmacist and educational materials

Caremark Specialty Pharmacy will coordinate your patient's care, services and

Network News is published by Community Health Plan to provide network health care providers with current information regarding administrative changes, program updates and other health plan news.

To change your address or suggest an article for future Network News editions, please contact:

Client Services
Community Health Plan
137 N. Belt Hwy.
St. Joseph, MO 64506
(816) 271-1247 or (800) 990-9247



COMMUNITY
HEALTH PLAN
www.mychp.com

4th Quarter Formulary Changes, effective October 1, 2008

The table below is a list of medications that will change from preferred to non-preferred status on the Caremark Value Plus Formulary. These medications will be subject to the highest co-pay, the exact co-pay dollar amount is dependent on the member's benefit. All affected plan participants currently using these drugs have received a notification of this change and have been encouraged to discuss formulary options with their physician.

New Non-Preferred Agents Starting October 1, 2008 Note: All drugs in <i>Italics</i> represent a generic drug	
NON-PREFERRED DRUG	POTENTIAL FORMULARY ALTERNATIVE(S)
MIACALCIN NASAL SPRAY	<i>Fortical Nasal Spray</i>
NITROLINGUAL SPRAY	<i>nitroglycerin sublingual tablet</i>
PRENATE ELITE	CITRANATAL RX, CITRANATAL 90 DHA, PRECARE, PRECARE PRENATAL, PREMESIS RX, PRIMACARE, PRIMACARE ONE, VITAFOL-OB, VITAFOL-PN

New Generic Medications Available

Community Health Plan encourages the use of generic medications as first-line therapy whenever appropriate. To help you stay current with recent generic launches, please refer to the table below for a listing of recently released generic medications. Please note that the medication is expected to be available in pharmacies within a few days of the "launch date," however, the exact launch date may change for various manufacturing and marketing reasons.

New Generic Launch Alert

Drug Name	Launch Date	Anticipated Strengths Available
divalproex sodium (Depakote®)	July 29, 2008	Tablets, delayed release 125mg, 250mg, 550mg
omeprazole (Prilosec®)	July 25, 2008	Capsule 40mg
lamotrigine (Lamictal®)	July 22, 2008	Tablets, 25mg, 100mg, 150mg, 200mg
risperidone (Risperdal®)	July 1, 2008	Tablets, 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg
dronabinol (Marinol®)	June 30, 2008	Capsule, 2.5mg, 5mg, 10mg
zaleplon (Sonata®)	June 6, 2008	Capsules, 5mg, 10mg
bupropion ER (Wellbutrin XL®)	May 30, 2008	Tablet, extended-release 150mg
Estradiol/norethindrone (Activella®)	April 17, 2008	Tablets, 1.0mg/0.5mg

CLAIMS CORNER

Community Health Plan is proud to report the following claims statistics for the month of July 2008:

Average turn around time (clean claims paid from received date)
6.77 calendar days

Auto adjudication
74.25 percent

Electronic claim submission
76.67 percent

Claims finalized in 30 days
98.87 percent

Nutritional Counseling

Nutritional counseling for Community Health Plan (CHP) members requires a prior authorization for both HMO and PPO plans. A registered dietitian must conduct nutritional counseling sessions. Visits are limited to one consult and three follow-up visits per calendar year, with a lifetime maximum of 12 visits.

A patient may receive nutritional counseling for the following conditions:

- Diabetes
- Gestational Diabetes
- Hyperlipidemia
- Hypertension
- Heart Disease
- Renal Disease
- Eating Disorders (Anorexia, Bulimia)
- Morbid Obesity (BMI >40 or 100 or more pounds overweight)
- Malnutrition
- Gastrointestinal Disorders (diverticular disease, Irritable Bowel Syndrome, ulcerative colitis, Crohn's Disease)

For questions or to request a prior authorization, please call CHP Care Management at (816) 271-4019 or (800) 447-3694 and select option 2.

CUSTOMER SERVICE

Community Health Plan is proud to report the following customer service statistics for the month of July 2008:

Abandonment rate (percentage of lost calls)

2.9 percent

Average speed of answer

23 seconds

Continuity and Coordination of Care

Continuity and coordination of care are influenced by quality. Patients with complex needs require coordination between the different physicians caring for them and their case manager. Community Health Plan has developed a form to help facilitate the coordination of care. The form is located at www.mychp.com under Providers; then choose "Coordination of Care Form."

It is the primary care provider's (PCP's) responsibility to set up the initial referral appointment to the specialist's office and document the time and date. It is also the PCP's responsibility to communicate the following:

- Reasons for the referral
- Services requested from the specialist
- Current relevant information such as lab/test results, medication changes
- Physician notes
- What type of response the PCP is requesting from the specialist

It is the specialist's responsibility to communicate to the PCP what diagnostics and tests he/she would like to order, his/her findings and recommendations.

This form or a progress note should be completed and sent to the appropriate physicians and kept with the patient's medical record. If you have any questions, please contact the Care Management Department at (816) 271-4019.

Influenza Vaccination Recommendations 2008 Changes

The CDC's Advisory Committee on Immunization Practices (ACIP) recently released the 2008 recommendation regarding the use of influenza vaccine and antiviral agents. The new recommendations include the following principle changes or updates.

Beginning with the 2008 - 2009 influenza season, annual vaccination of all children age 5 - 18 years is recommended. Annual vaccination of all children age 5 - 18 years should begin in September or as soon as vaccine is available for the 2008 - 2009 influenza season, if feasible, but annual vaccination of all children age 5 - 18 years should begin no later than during the 2009 - 2010 influenza season.

Annual vaccination of all children age 6 months - 4 years and older children with conditions that place them at increased risk for complications from influenza should continue. Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.

Either Trivalent Inactivated Vaccine (TIV) or Live, Attenuated Influenza

Vaccine (LAIV) can be used when vaccinating healthy persons age 2 - 49 years. Children 6 months - 8 years should receive two doses of vaccine if they have not been vaccinated previously at any time with either LAIV or TIV (doses separated by ≥ 4 weeks); 2 doses are required for protection in these children. Children age 6 months - 8 years who receive only one dose in their first year of vaccination should receive two doses the following year. LAIV should not be administered to children younger than age 5 with possible reactive airways disease. Children with possible reactive airways disease, persons at higher risk for influenza complications because of underlying medical conditions, children age 6 - 23 months, and persons younger than age 49 years should receive TIV.

Oseltamivir (Tamiflu®) - resistant influenza A (H1N1) strains have been identified in the United States and some other countries. However, oseltamivir (Tamiflu®) or zanamivir (Relenza®) continue to be the recommended antivirals for the treatment of influenza because other influenza virus strains remain sensitive to oseltamivir, and resistance levels to other antiviral medications remain high.

MyCHP Service

Using MyCHP Service at www.mychp.com is quick and easy. Simply log in to MyCHP Service and research a variety of information from claims and enrollment status to prior authorizations and appeals.

Benefit summaries

Please note the following list of renewed, new and termed groups with Community Health Plan:

Renewed Groups	Product Type	Effective Date
Ellison-Auxier Architects, Inc.	GPM3750, GPK3750	August 1, 2008
Gary Kerns Homebuilders LLC	PPM3750	August 1, 2008
J & D Lumber, Inc.	PPM3770	August 1, 2008
Journey Church	GPM2700, GPK2700	August 1, 2008
Lake of the Woods Concrete Products	PPM2700	August 1, 2008
d/b/a Allison Concrete	GPM3730, GPK3730	August 1, 2008
Midwest Rehabilitation, Inc.	GPM1960, GPK1960	August 1, 2008
Minnick Supply	GPM2660, GPK2660	August 1, 2008
Moila Shrine Temple	PPM2660	August 1, 2008
St. Joseph Packaging	GPM3790, GPK3790	August 1, 2008
Shafer Law Office LLC	PPM3790	August 1, 2008
Steve's Corner Drug	GPM1155, GPK1155	August 1, 2008
Superior Billboard Images, Inc.	GPM1650, GPK1650	August 1, 2008
Troy State Bank	PPM1650	August 1, 2008
Walker's Pallet Services, Inc.	GPM2680, GPK2680	August 1, 2008
	GPK1465	August 1, 2008
	GPM1165, GPK1165	August 1, 2008
	GPK1930	August 1, 2008
	PPM1150	August 1, 2008

New Groups	Product Type	Effective Date
FF\$, Inc.	GPM6040, GPK6040	August 1, 2008
Green Leaf Construction	PPM6040	August 1, 2008
Keith Miller, Inc. d/b/a Northwest Insurance Agency	PPM6030	August 1, 2008
Payday, Inc. d/b/a Quality Truss Company	PPM6190	August 1, 2008
St. Joseph Country Club	GPM6060, GPK6060	August 1, 2008
Savannah Marine, Inc.	PPM6060	August 1, 2008
	GPM6020, GPK6020	August 1, 2008
	PPM6020	August 1, 2008
	GPM6050, GPK6050	August 1, 2008

Termed Groups	Product Type	Effective Date
Breckenridge School District	GPM2950, GPK2950	June 30, 2008
City of Hamilton	PPM2950	July 31, 2008
	GPM3740, GPK3740	

Community Health Plan

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Community Health Plan
Prior Authorization List
(Effective: November 1, 2008)

- Pharmaceuticals (See reverse side) “Includes medications given in an outpatient setting”
- All Inpatient Hospital Admissions including: Acute Rehabilitation, *Skilled Nursing, *Partial Hospitalization and Intensive Outpatient treatment for Mental Illness and Chemical Dependency
- Accident Related Dental Services/Oral Surgery
- Chronic Lyme’s Disease Treatment
- Clinical Trials
- Cosmetic/Plastic Surgery
- DME (Durable Medical Equipment): All rental DME; **Repair/Replacement DME**; Contracted DME providers with purchase price of \$1000 or greater (physicians may dispense DME with purchase price less than \$200)
- Electro Convulsive Therapy (ECT) Both inpatient and outpatient
- External Counter Pulsation (EECP)
- Formula for Phenylketonuria (PKU)
- Home Health Care
- Home Infusion Therapy
- Hospice
- Hyperbaric Chamber Therapy
- Intrathecal Pain Pump and Implantation
- Neuropsychological Testing
- Neurostimulator implantation
- Organ and Bone Marrow Transplants
- Ossatron
- Osteogenic stimulation (bone stimulator): invasive and noninvasive
- Outpatient MRI, MRA, CT, and PET scans unless performed in the Emergency Room
- Pain Management (multi-modality pain management)
- Prosthetics and Orthotic Appliances: Prosthetic/Orthotic products with the purchase price of \$1,000 or greater. (Physicians may dispense with purchase price less than \$200)
- Reconstructive Surgery/Prosthetic Devices following a mastectomy
- Reduction Mammoplasty/Reconstruction
- Services not available in network
- Stereotactic Radiotherapy (ie: Cyber Knife, Gamma Knife, Novalis Shaped Beam Surgery)
- Temporary codes (CPT Category III)
- *Therapies: Physical, Occupational, Speech, Nutritional Counseling

Bold highlights represent new items added to listing

*May have visit limits

Authorization is based upon eligibility



SPECIALTY PHARMACY PRODUCT LISTING
(Prior Authorization and Specialty Pharmacy Enrollment Required)
FORMS AVAILABLE AT www.mychp.com

Growth Hormone		Interferons / Hepatitis		Arthritis / GI / Psoriasis	
Genotropin	Nutropin	Alferon N	Pegasys	Amevive	Orencia
Geref	Nutropin AQ	Baraclude	PEG-Intron	Enbrel	Orthovisc
Humatrope	Omnitrope	Copegus	Rebetol	Euflexxa	Raptiva
Increlex	Saizen	Epivir HBV	Rebetron	Healon GV	Remicade
Iplex	Serostim	Hepsera	Ribapak	Healon 5	Rituxan ¹
Nordiflex	Trev-Tropin	Infergen	Ribasphere	Humira	Supartz
Norditropin	Zorbtive	Intron A	Ribavirin	Hyalgan	Synvisc
		Intron A Pen	Tyzeka	Kineret	
Hematopoietic		Miscellaneous		RSV / Pulmonary	
Aranesp	Neumega	Actimmune	Macugen	Aralast	Revatio
Epogen	Neupogen	Apokyn	Myobloc	Flolan	Synagis
Leukine	Procrit	Botox	Sensipar	Letaris	Tracleer
Neulasta		Flolan	Solaris	Prolastin	Ventavis
		Lucentis	Visudyne	Pulmozyme	Xolair
				Respigam	Zemaira
				Remodulin	
Lysosomal / Enzyme		Osteoporosis		Multiple Sclerosis	
Aldurazyme	Fabrazyme	Forteo	Reclast	Avonex	Novantrone
Ceredase	Myozyme			Betaseron	Rebif
Cerezyme	Naglazyme			Copaxone	Tysabri
Elaprase	Zavesca			Mitoxantron	
Hormonal Therapies		Blood Factors		Infertility	
Acthar HP	Somavert	Advate	Koate-DVI/HP	Bravelle	Luveris
Eligard	Supprelin LA	Alphanate	Kogenate FS	Cetrotide	Menopur
Leuprolide	Synarel	Alphanate SD	Monarc-M	Chorex-10	Novarel
Lupron Dep-ped	Trelstar	Bebulin VH	Monoclote-P	Crinone	Ovidrel
Lupron	Trelstar LA	Benefix	Mononine	Follistim AQ	Pregnyl
Lupron Depot	Vantus	Feiba VH	Novoseven	Ganirelix	Prochieve
Octreotide	Viadur	Genarc	Profilnine SD	Gonal-F	Profasi
Sandostatin LAR	Zoladex	Helixate FS	Proplex-T	Gonal-F RFF	Repronex
Somatuline		Hemofil-M	Recombinate	HCG	
		Humate-P	Refacto		
		Hyate-C	Stimate		
Oral Oncology ²		HIV / AIDS		Immune Globulin	
Agrylin	Revlimid	Agenerase	Rescriptor	Baygam	Immune Globulin
Alkeran	Sprycel	Aptivus	Retrovir	Bayrho-D	Iveegam
Anagrelide	Sutent	Atripla	Reyataz	Carimune NF	Micrhogam
Anzemet ²	Tarceva	Combivir	Sustiva	Cytogam	Nabi-HB
Cyclophosphamide	Temodar	Crixivan	Trizivir	Flebogamma	Octagam
Cytosan	Thalomid	Epivir	Truvada	Gamastan	Panglobulin
Emend ²	Tykerb	Epzicom	Videx/EC	Gammagard	Polygam S/D
Etoposide	Vepesid	Fuzeon	Viracept	Gammagard SD	Rhogam
Gleevec	Xeloda	Hivid	Viramune	Gammar-P	Rhophylac
Kytril ²	Zofran ²	Invirase	Viread	Gamunex	Vivaglobin
Mesnex	Zolinza	Kaletra	Zerit	Hyprho-D	WinRho S/D
Nexavar		Lexiva	Ziagen	H-Big	
		Norvir	Zidovudine		

¹ Rituxan requires prior authorization and specialty pharmacy utilization except when used for Oncology.

² Oral Chemotherapy and Anti-emetics: Prior authorization and specialty pharmacy only required for member outpatient use