

July 2006

Effective Oct. 2, 2006, Highmark Blue Shield Medical Injectable Drug Program to Become Mandatory for Medicare Advantage PPO (FreedomBlueSM) Members

In 2003, Highmark Blue Shield created a program for network physicians through which they can obtain certain injectable medications for their Highmark patients. Called the Highmark Blue Shield Medical Injectable Drug Program, this initiative was launched to eliminate or reduce the need for our network physicians to purchase, store and bill for these medications and to better manage the rising costs of these drugs.

Effective Oct. 2, 2006, the medical injectable drug program will become mandatory for physicians treating our members who are enrolled in Highmark's Medicare Advantage PPO product, FreedomBlue.* Therefore, Medicare Advantage network physicians who order these specific injectable medications (see list on Pages 2 and 3) for their FreedomBlue patients on or after Oct. 2, 2006, must obtain them through Medmark, the sole preferred specialty pharmacy vendor for the program. To contact Medmark, call 1-888-347-3416.

Through a unique arrangement with Highmark, Medmark is able to purchase certain injectable drugs at discounted rates and pass that savings on to our members. We will reimburse Medmark directly for these drugs, so you won't have to submit a drug claim. And because the program also eliminates the need for you to purchase and store these drugs, you won't experience any out-of-pocket expenses. You'll continue to receive reimbursement for any related office visit and drug administration services.

There are no changes to policy or procedure. Medications that currently require precertification will continue to require precertification.

Medmark offers your patients disease education and support and express delivery and has registered nurses and clinical pharmacists available toll-free, 24 hours a day, seven days a week to answer your patients' questions. If you have questions about the Medicare Advantage PPO program, call your Provider Relations representative. If you have questions about injectable drugs, call Medmark at 1-888-347-3416.

*PLEASE NOTE: Participation in Highmark's medical injectable drug program remains optional for PremierBlueSM Shield network physicians who need to obtain these medications for their PPOBlueSM, DirectBlue®, SelectBlue®, BlueCare® PPO and Federal Employee Health Benefits Program (FEP) patients. In addition, these providers may still voluntarily use the program when ordering the applicable drugs for their National (BlueCard®) patients. PremierBlue Shield providers may continue to purchase and bill Highmark directly for any of these drugs for their PPOBlue, DirectBlue, SelectBlue, BlueCare PPO, FEP and BlueCard patients, in which case, providers will receive reimbursement equivalent to the negotiated Medmark price.

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List of Injectable Medications Included in the Medical Injectable Drug Program

For your reference, the injectable medications included in the Highmark Blue Shield Medical Injectable Drug Program are listed in the following table. You can access the fee information for these drugs via the Allowance Inquiry function on NaviNet®. Additional drugs may be added to the program in the future.

Procedure Code	Drug Name	Dosage
J9216	Actimmune (interferon gamma-1b)	3 million units
J1931	Aldurazyme* (laronidase)	0.1 mg
J0215	Amevive* (alefacept)	0.5 mg
J7189	Antihemophilic factor, recombinant (Factor VIIa)	per 1 mcg
J7190	Antihemophilic factor, human, (Factor VIII)	per I.U.
J7191	Antihemophilic factor, porcine, (Factor VIII)	per I.U.
J7192	Antihemophilic factor, recombinant (Factor VIII)	per I.U.
J7193	Antihemophilic factor, purified, non-recombinant (Factor IX)	per I.U.
J7194	Antihemophilic factor, complex (Factor IX)	per I.U.
J7195	Antihemophilic factor, recombinant (Factor IX)	per I.U.
J7198	Autoplex T (anti-inhibitor coagulant complex)	per I.U.
J1825/Q3025	Avonex (interferon beta-1a)	33 mcg
J1830	Betaseron (interferon beta-1b)	0.25 mg
J0585	Botox* (botulinum toxin type A)	per unit
J3355	Bravelle (urofollitropin for injection, purified)	75 I.U.
J1785	Cerezyme* (imiglucerase)	per unit
J3490	Cetrotide (cetorelix acetate)	3 mg
J7189	Coagulation factor, recombinant (Factor VIIa)	per 1.2 mg
J1595	Copaxone (glatiramer acetate)	20 mg
J9217	Eligard* (leuprolide acetate)	7.5 mg
J1438	Enbrel (etanercept)	25 mg
J0180	Fabrazyme* (agalsidase beta)	1 mg
J7198	Feiba VH (anti-inhibitor coagulant complex)	per I.U.
S0128	Follistim (follitropin beta)	75 I.U.
S0132	Ganirelix (ganirelix acetate)	250 mcg
J2941	Genotropin products (somatropin)	1 mg
S0126	Gonal-F (follitropin alpha)	75 I.U.
J2941	Humatrope (somatropin)	1 mg
J7317	Hyalgan* (sodium hyaluronate)	per 20 to 25 mg
J1566	Immune Globulin, IV* (lyophilized)	per 500 mg
J1567	Immune Globulin, IV* (non-lyophilized)	per 500 mg
J0475	Lioresal injection (baclofen)	10 mg
J0476	Lioresal Intrathecal, (baclofen)	50 mg
J1950	Lupron Depot (leuprolide acetate)	3.75 mg
J9217	Lupron Depot (leuprolide acetate)	7.5 mg
J2503	Macugen* (pegaptanib sodium)	0.3 mg
J0587	Myobloc* (botulinum toxin type B)	per 100 units
J2941	Norditropin (somatropin)	1 mg
J2941	Nutropin products (somatropin)	1 mg
J3490	Orthovisc* (high molecular weight hyaluronan)	30 mg

*This medication requires careful handling. Due to patient safety and quality-of-care concerns, this medication must be delivered to physician offices only. Exceptions will only be made in those rare circumstances when a patient is to self-administer or when the product is to be administered by a home care nurse.

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Procedure Code	Drug Name	Dosage
S0122	Pergonal (menotropins)	75 I.U.
J0128	Plenaxis (abarelix)	10 mg
J2278	Prialt* (ziconotide intrathecal)	1 mcg
J2940	Protropin (somatrem)	1 mg
S0162	Raptiva* (efalizumab)	125 mg
Q3026	Rebif (interferon beta-1a)	11 mcg
J1745	Remicade* (infliximab)	10 mg
S0122	Repronex (menotropins)	75 I.U.
J2794	Risperdal Consta * (risperidone)	0.5 mg
J2941	Saizen (somatropin)	1 mg
J2941	Serostim (somatropin)	1 mg
J7317	Supartz* (sodium hyaluronate)	per 20 to 25 mg
90378	Synagis* (respiratory syncytial virus immune globulin, for intramuscular use)	50 mg
J7320	Synvisc* (G-F 20)	16 mg
J2941	Tev-Tropin (somatropin)	1 mg
J9031	Theracys* (BCG intravesical)	per installation
J3240	Thyrogen* (thyrotropin alfa for injection)	per 0.9 mg in 1.1 mg vial
J9031	TICE BCG* (BCG intravesical)	per installation
J3315	Trelstar (triptorelin pamoate)	3.75 mg
Q4079	Tysabri (natalizumab)	1 mg
J9225	Vantas* (histrelin implant)	50 mg
J9219	Viadur* (leuprolide acetate implant)	65 mg
J3396	Visudyne* (verteporfin)	0.1 mg
J2357	Xolair* (omalizumab)	per 5 mg
J9202	Zoladex (goserelin acetate implant)	3.6 mg

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