

**Clinical Review Period: Applies to New Indications
(continued from page 5)**

The following statement in the *Covered Benefits Section* of the EOC under the heading Prescription Drugs has been changed.

HNE does not typically add brand name medications to its list of covered drugs for at least six months after FDA approval. Once the FDA approves a drug, HNE's committee of physicians and pharmacists reviews the drug's safety, effectiveness and value. During this clinical review period, HNE does not cover the drug.

The new statement is:

HNE typically does not add brand name medications or new indications to its list of covered drugs for at least 6 months after FDA approval. During this Clinical Review Period (CRP) HNE generally does not provide coverage for this drug or indication. This applies to all drugs, including those dispensed at a retail pharmacy, from a specialty pharmacy, in the doctor's office, or in an infusion suite.

MEMBERMATTERS

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CONTENTS

Health New England (HNE) is making some changes to your Plan effective July 1, 2006. These changes are described in detail on the pages listed below. Please read the information carefully and keep it with your membership materials for future reference.

Change in Prior Approval Requirement...2

Flu Vaccine Coverage ...2

Diabetes Education Coverage Expanded...2

Coverage Exclusion: Services for Personal Comfort and Convenience...3

Definition of Alternative Medicine...3

Clarification on Infertility Drugs...4

Drug Specific Formulary Changes...4

Step Therapy Program...5

Prior Authorization for Off-Label Drugs...5

Clinical Review Period: New Indications...5

Summary of Information...6-7

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MEMBERMATTERS

PROVIDING HEALTH RELATED NEWS FOR HEALTH NEW ENGLAND MEMBERS

A Message from Peter F. Straley, President & CEO of HNE

Here at HNE, we are committed to providing affordable access to comprehensive, contemporary, high quality care. Today, the health care industry is complex, and health care consumers are frequently presented with numerous and difficult personal decisions about their care. Hospitals and health care providers must keep pace with technological advancements that are often very costly.

Employers must continue to meet the health care needs of employees while maintaining financial stability. Individuals are barraged with advertising and other types of publicity about new medical technology – drugs, tests, procedures, to name a few – that may or may not be clinically effective or covered by their insurance.

One of the ways that we help to address these needs is by continually reviewing the coverage that we offer. We work with doctors, pharmacists, and other clinical professionals to compare emerging medical technology with the services we already cover. We also look for ways to improve and simplify how we administer covered services. As a result, from time to time we provide updates to your coverage, and we notify you, your employer, and our providers of these changes.



Because some of these changes may not be easy to understand, we want to make every effort to communicate them to you clearly and concisely—we want you to understand your health care benefit. This supplement to our regular member newsletter, MemberMatters, contains an amendment to your Explanation of Coverage, as well as more detailed information about the changes. Please look this over carefully, and when you are done, keep it with your other membership materials. Remember, we are always here for you, so if you have any questions, about this communication or any other aspect of your benefit, please call our Member Services Department at 413-787-4004 or 800-310-2835.

We're here to help!



Change in Prior Approval Requirement

As of April 1, 2006, HNE no longer requires prior approval for in-plan, non-obstetrical elective inpatient admissions. Prior approval is still required for any procedure that requires review of clinical criteria, such as, for example, bariatric surgery, dental, and cosmetic procedures. Inpatient admissions are still subject to utilization management (UM) review. HNE's utilization management program is designed to provide access to the care our members need by assuring appropriate use of health care services. Through this program, we review certain claims/medical records to determine if services are covered benefits and are medically necessary and appropriate. Our medical director oversees the UM process and supervises all activities.

In our utilization management program, we use nationally recognized guidelines and resources, such as the Managed Care Appropriateness Protocol, which measure the intensity of service along with the severity of illness or disease. If we delegate utilization management functions to others, we approve any criteria they use. In all cases, we base decisions on whether treatment and services are medically necessary and appropriate.

- Concurrent review: We visit providers and facilities (or speak with appropriate staff on the phone) to determine whether services are covered and medically necessary; identify case management opportunities; and begin to plan discharge.
- Discharge planning: We help coordinate a member's transition from the inpatient setting to the next level of care.
- Retrospective review: After members have received care, we may visit providers and facilities (or speak with appropriate staff on the phone) to determine whether services are covered and medically



necessary. We base our determination on whether they received treatment and services appropriate for their needs at the time of service.

If we determine that a service is not covered or not medically necessary, we may deny coverage for the service, but any such decision is made only by a physician. We notify members and providers in writing and include information about the reasons for the determination (including the clinical rationale); how to file an appeal; and the clinical review criteria used in the decision.

Flu Vaccine Coverage

HNE covers injectable influenza vaccine for all members over six months old in accordance with Massachusetts Health Quality Partners (MHQP) guidelines. HNE does not cover the intranasal vaccine. Information about MHQP's Adult Preventive Care and Immunization Guidelines and Pediatric Preventive Care and Immunization Guidelines is available at mhqp.org/guidelines.

For the 2006/2007 flu season, HNE will work with our network of providers to assure that the most vulnerable of our members get vaccinated first, in accordance with the guidelines set forth each fall by State agencies and the Centers for Disease Control (CDC).

Diabetes Education Coverage Expanded

Beginning July 1, 2006, HNE will increase the maximum number of covered visits for both individual and group diabetic education services. The limit for individual diabetic education will be increased from two visits per calendar year to five visits per calendar year. For group diabetic education, the limit will be increased from four sessions per lifetime to five sessions per calendar year. Members will be responsible for any applicable copayment.

BENEFIT/PROGRAM TYPE	DESCRIPTION	SEE PAGE:
Prescription Drugs Dispensed in Provider's Office	If a pharmacy drug is dispensed in a provider's office, then any applicable copayment, deductible, and/or coinsurance may apply. This is in addition to the office visit copayment. EFFECTIVE DATE: 7/1/06	N/A
Prescription Drug Formulary Changes	HNE limits the coverage of specific drugs to control costs and ensure safe and effective use. HNE may place limits on the quantity of a drug covered, the amount that can be obtained for each copayment, or the medical conditions for which a covered drug may be prescribed. HNE requires prior approval for the following drugs: <ul style="list-style-type: none"> • Rituxan® is newly indicated for the treatment of rheumatoid arthritis. Until the HNE Pharmacy and Therapeutics (P&T) Committee has the opportunity to review this new indication, Rituxan® will be covered only for the treatment of cancer and will not be covered for the treatment of rheumatoid arthritis. • Nexavar® is covered for HNE members who meet coverage criteria for the drug. Nexavar® is used to treat renal cancer. There is a quantity limit of 120 tablets per 30-day period. • Revlimid® is covered for HNE members who meet coverage criteria for the drug. Revlimid® is used to treat myelodysplastic syndrome. • Sutent® is covered for HNE members who meet coverage criteria for the drug. Sutent® is used to treat renal cancer or GIST. 	4
Prescription Drug Tier Changes	The following prescription drugs are changing from a tier 2 copayment to a tier 3 copayment: <ul style="list-style-type: none"> • Yasmin 28 tablets® • Lipitor® (Lipitor® and Zocor® will move from tier 2 to tier 3 on July 1, 2006 if generic Zocor®, simvastatin, becomes available on or before that date. Otherwise, Lipitor® will change to tier 3 on the date that generic Zocor®, simvastatin, becomes available.) • Zocor® (Zocor® will move to tier 3 on the date generic Zocor®, simvastatin, becomes available.) <p>Rapamune® has changed from a tier 3 copayment to a tier 2 copayment.</p>	4
Clarification of Prior Approval Requirement: Infertility Medication	HNE Requires Prior Approval for the following medications for both in-vitro fertilization (IVF) and intrauterine insemination (IUI) cycles: <ul style="list-style-type: none"> • Bravelle® • Cetrotide® • Fertinex® • Follistim® • Ganirelix® • Gonal F® • Luveris® • Menopur® • Repronex® 	4
Step Therapy Program: Clarification about samples	The use of samples does not satisfy the requirements for documented usage of a First Line drug of medical necessity for a Step Therapy drug. EFFECTIVE DATE: 7/1/06	5
Prescription Drugs coverage clarification: Off-label use of drugs for the treatment of HIV and cancer	Off-label use of drugs for the treatment of HIV and cancer is covered when the drug is recognized for treatment of the indication in question with the documentation of such by standard reference compendia or by the medical literature, or by the MA Insurance Commissioner under the provisions of applicable state law. HNE requires prior approval for off-label use of drugs for the treatment of HIV and cancer.	5
Prescription Drugs coverage clarification: Clinical Review Period: Applies to <i>New Indications</i>	HNE typically does not add brand name medications or new indications to its list of covered drugs for at least 6 months after FDA approval. During this Clinical Review Period (CRP) HNE generally does not provide coverage for this drug or indication. This applies to all drugs, including those dispensed at a retail pharmacy, from a specialty pharmacy in the doctor's office or in an infusion suite.	5

SUMMARY OF INFORMATION

Following is a summary of the information contained in this notice:

This is an Amendment to your Health New England, Inc. Explanation of Coverage (EOC). Please keep this Amendment with your EOC as it changes the terms of that EOC. Any language in the EOC that is inconsistent with the terms of this Amendment no longer applies. This Amendment is effective on July 1, 2006, except as noted below.

The Agreement is amended as follows:

BENEFITS AND PROGRAMS

BENEFIT/PROGRAM TYPE	DESCRIPTION	SEE PAGE:
Clarification of Coverage: Influenza vaccine	HNE covers injectable influenza vaccine for all members over six months old in accordance with Massachusetts Health Quality Partners (MHQP) guidelines. HNE does not cover the intranasal vaccine. Information about MHQP's Adult Preventive Care and Immunization Guidelines and Pediatric Preventive Care and Immunization Guidelines is available at www.mhqp.org/guidelines . For the 2006/2007 flu season, HNE will work with our network of providers to assure that the most vulnerable of our members get vaccinated first, in accordance with the guidelines set forth each fall by State agencies and the Centers for Disease Control (CDC).	2
Change in Prior Approval Requirement: Elective Inpatient Admission EFFECTIVE DATE: 4/1/2006	As of April 1, 2006, HNE no longer requires prior approval for in-plan, non-obstetrical elective inpatient admissions. Prior approval is still required for any procedure that requires review of clinical criteria, such as, for example, bariatric surgery, dental, and cosmetic procedures. Inpatient admissions are still subject to utilization management (UM) review. HNE's utilization management program is designed to provide access to the care our members need by assuring appropriate use of health care services. Through this program, we review certain claims/medical records to determine if services are covered benefits and are medically necessary and appropriate. Our medical director oversees the UM process and supervises all activities.	2
Diabetes Education Coverage Expanded EFFECTIVE DATE: 7/1/06	HNE will increase the maximum number of covered visits for both individual and group diabetic education services. The limit for individual diabetic education will be increased from two visits per calendar year to five visits per calendar year. For group diabetic education, the limit will be increased from four sessions per lifetime to five sessions per calendar year. Members will be responsible for any applicable copayment.	2
Clarification of Coverage Exclusion: Services obtained for personal comfort and convenience	HNE does not cover services, supplies, or medications that are primarily for the member's personal comfort or convenience, or for the comfort or convenience of anyone else on behalf of the member. This includes, among other things, services, supplies, or other items obtained from non-Plan providers based solely on the location or hours of operation of the provider.	3
Alternative Medicine Defined	HNE defines alternative medicine as approaches to health care that are generally not accepted by the medical community. Alternative medicine is practiced outside of and/or in place of conventional medicine. Examples include but are not limited to a broad category of treatment systems such as special diets, homeopathic remedies, electromagnetic fields, therapeutic touch, chiropractic services (except certain specific covered services, if any, listed elsewhere in the EOC), herbal medicine, acupuncture, homeopathy, naturopathy, and spiritual devotions or culturally based healing traditions such as Chinese, Ayurvedic, and Christian Science. Alternative medicine is also referred to as complementary medicine or holistic medicine.	3

The following information is a revision to the benefit information described in your *Explanation of Coverage*:

HNE covers outpatient diabetes self-management training and education, including medical nutrition therapy and nutritional counseling. HNE covers individual diabetic teaching visits up to a maximum of five per calendar year.

HNE covers Group Diabetic Education services. This is a specific education program targeted at individuals with either newly diagnosed diabetes or uncontrolled diabetes. A Registered Nurse certified in diabetes education and a Registered Dietitian teach these services. Participants learn self-management techniques, as well as information about medical testing, prescription medication and insulin. HNE covers five sessions per calendar year. These services are covered in addition to the five individual sessions per calendar year covered by HNE.

Coverage Exclusion: Services obtained for personal comfort and convenience

HNE does not cover services, supplies, or medications that are primarily for the member's personal comfort or convenience, or for the comfort or convenience of anyone else on behalf of the member. This includes, among other things, services, supplies, or other items obtained from non-Plan providers based solely on the location or hours of operation of the provider.

Definition of Alternative Medicine

HNE does not cover alternative medicine. This exclusion is listed in Section 4, Exclusions and Limitations in your Explanation of Coverage.

HNE defines alternative medicine as approaches to health care that are generally not accepted by the medical community. Standards of practice (conventional medicine) are established by formal or informal studies, opinions and references to or by the American Medical Association, the Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health, the Council of Medical Specialty Societies, experts in the field, and any other association or federal program or agency that has the authority to approve medical testing or treatment.

Alternative medicine is practiced outside of and/or in place of conventional medicine. Examples include but are not limited to a broad category of treatment systems such as special diets, homeopathic remedies, electromagnetic fields, therapeutic touch, chiropractic and acupuncture services (except certain specific covered services, if any, listed elsewhere in the EOC), herbal medicine, homeopathy, naturopathy, and spiritual devotions or culturally based healing traditions such as Chinese, Ayurvedic, and Christian Science. Alternative medicine is also referred to as complementary medicine or holistic medicine.



**Prior Authorization Requirement:
Clarification about infertility medications**

HNE requires prior approval for the following medications for both in-vitro fertilization (IVF) and intrauterine insemination (IUI) cycles:

DRUG NAME	PHARMACY COPAYMENT
Bravelle®	Tier 2
Cetrotide®	Tier 2
Fertinex®	Tier 3
Follistim®	Tier 3
Ganirelix®	Tier 2
Gonal F®	Tier 3
Luveris®	Tier 3
Menopur®	Tier 3
Repronex®	Tier 2

Drug Specific Formulary Changes

Prescription Drug Limitations & Prior Approval Requirements

HNE limits the coverage of specific drugs to control costs and ensure safe and effective use. HNE may place limits on the quantity of a drug covered, the amount that can be obtained for each copayment, or the medical conditions for which a covered drug may be prescribed.

HNE requires prior approval for the following drugs:

- Rituxan® is newly indicated for the treatment of rheumatoid arthritis. Until the HNE Pharmacy and Therapeutics (P&T) Committee has the opportunity to review this new indication, Rituxan® will be covered only for the treatment of cancer and will not be covered for the treatment of rheumatoid arthritis.

- Nexavar® is covered for HNE members who meet coverage criteria for the drug. Nexavar® is used to treat renal cancer. There is a quantity limit of 120 tablets per 30-day period.
- Revlimid® is covered for HNE members who meet coverage criteria for the drug. Revlimid® is used to treat myelodysplastic syndrome.
- Sutent® is covered for HNE members who meet coverage criteria for the drug. Sutent® is used to treat renal cancer or GIST.

Tier Changes

- The following prescription drugs are changing from a tier 2 copayment to a tier 3 copayment:
 - Yasmin 28® tablets
 - Lipitor® (*Lipitor® will move from tier 2 to tier 3 on July 1, 2006 if generic Zocor®, simvastatin, becomes available on or before that date. Otherwise, Lipitor® will change to tier 3 on the date that generic Zocor® becomes available.*)*
 - Zocor® (*Zocor® will move to tier 3 on the date generic Zocor®, simvastatin, becomes available.*)*
- Rapamune® has changed from a tier 3 copayment to a tier 2 copayment.

* See table at right for additional information about Step Therapy Program requirement pending availability of generic Zocor®.



**Step Therapy Program:
Clarification about samples**

For HNE to cover the Step Therapy drugs listed below, you first must try one of the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 180 days, or if your physician has documented that you used it, then you are eligible for coverage of the Step Therapy drug.

The use of samples does not satisfy the requirements of documented usage of a First Line drug of medical necessity for a Step Therapy drug. If it is medically necessary for you to use a Step Therapy drug before trying a First Line drug, then your doctor can contact HNE to request a Pharmacy review.

STEP THERAPY DRUG		FIRST LINE DRUG
		Members will be eligible for coverage of the Step Therapy drug only if HNE has paid a claim within the previous 180 days or there is physician documented use (excluding samples) of at least one of the following drugs:
Anti-depressants: <ul style="list-style-type: none"> • Cymbalta® • Effexor® • Effexor XR® • Lexapro® • Paxil CR® • Peveva® • Prozac® weekly • Wellbutrin XL® • Zoloft® 	<ul style="list-style-type: none"> • bupropion • bupropion SR • citalopram HBR • fluoxetine HCL • fluvoxamine maleate • mirtazapine • paroxetine HCL 	The following FIRST LINE DRUGS will become STEP THERAPY DRUGS on or after 7/1/06, pending availability of generic Zocor®. <ul style="list-style-type: none"> • Advicor® • Lipitor® • Altoprev® • Mevacor® • Caudet® • Pravachol® • Crestor® • Pravigard® • Lescol® • Zocor® • Lescol XL®
Cardiovascular Medications: <ul style="list-style-type: none"> • Vytorin® 	<ul style="list-style-type: none"> • lovastatin • pravastatin • simvastatin 	
Other Neurologics: <ul style="list-style-type: none"> • Lyrica® 	<ul style="list-style-type: none"> • gabapentin 	
<p><i>Step Therapy does not apply to members who are 18 and under.</i></p>		

Prior Approval required for Off-label use of drugs for the treatment of HIV and cancer

Off-label use of drugs for the treatment of HIV and cancer is covered when the drug is recognized for treatment of the indication in question with the documentation of such by standard reference compendia or by the medical literature, or by the MA Insurance Commissioner under the provisions of applicable state law. HNE requires prior approval for off-label use of drugs for the treatment of HIV and cancer.

**Clinical Review Period:
Applies to New Indications**

Sometimes, the FDA approves drugs that are already on the market for one or more new indications. For example, the drug may be approved by the FDA to treat a different medical condition than the one it was originally approved to treat. New indications are subject to the same Clinical Review Period as brand name medications newly approved by the FDA.

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