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Closing the Gap in Healthcare Quality

by Maria E. Moutinho, MD, MMM, FAAP

Medical Management

Despite improvement in the overall healthcare status in Americans, racial and ethnic disparities do exist. In 2002, The Institute of Medicare published "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare." This report provided scientifically based evidence that revealed racial and ethnic minorities will encounter more barriers to care, greater incidence of chronic disease, and lower quality of care even when there are similarities of age, income level, and access to health.

The report concluded that minorities are less likely than whites to:

- Receive kidney dialysis or kidney transplants
- Be given appropriate cardiac medicine and undergo coronary bypass surgery
- Receive best diagnostic treatment for stroke or cancer
- Receive state-of-art treatment that can forestall the onset of AIDS
- Receive desirable treatment.

There are several explanations for the causes of racial/ethnic disparities in health:

- Social determinants such as limited availability of healthy foods and

exercise options, and social stressors that affect the relative importance of future health consequences.

- Access to care in which those who are uninsured or underinsured find it difficult to afford medical care, and healthcare facilities' tendency to be a distance from minority communities.
- Healthcare as it relates to physicians who exhibit poor doctor-patient communication are not culturally sensitive to the patient's needs, exhibit conscious/subconscious biases, prejudices, and/or perceptions that may negatively influence physician treatment decisions.

To help close the quality gap in healthcare for all, Gateway Health Plan® has implemented a Healthcare Disparity initiative to undertake a proactive and comprehensive approach to address healthcare disparities for its membership and in the communities served. The goal is to help identify significant differences in care as well as outcomes based on ethnicity to allow Gateway to focus on the areas of largest disparity and develop long-range intervention plans. This initiative will also help build cultural competency among Gateway employees and its physician network.

"Racial and ethnic disparities in care are a fundamental failing of the American healthcare system. Until we focus on improving the health and health care of racial minorities, we will not be able to ensure that all Americans receive the quality of healthcare treatment they deserve."

Carolyn Clancy, MD, Director, Agency for Healthcare Research and Quality

Preventing Vision Damage from Glaucoma

By Marnie Schilken, MPH

Preventive Health

Glaucoma is a group of diseases that can damage the eye's optic nerve and result in vision loss and blindness. Glaucoma occurs when the normal fluid pressure inside the eyes slowly rises. However, with early treatment, patients can protect their eyes against serious vision loss.

The most common form of glaucoma is Open-Angle Glaucoma. It occurs when the fluid, exiting out of the anterior chamber to nourish nearby tissues, flows too slowly. The fluid builds up at the open angle where the cornea and iris meet, does not drain through the spongy meshwork to exit the eye, and causes pressure build-up that damages the optic nerve. Once the nerve is damaged from increased pressure, open-angle glaucoma and vision loss may result.

Who is at risk for glaucoma?

- Everyone over age 60, especially Mexican Americans.
- People with a family history of glaucoma.
- African Americans over age 40.

What can you do to protect the vision of your patients?

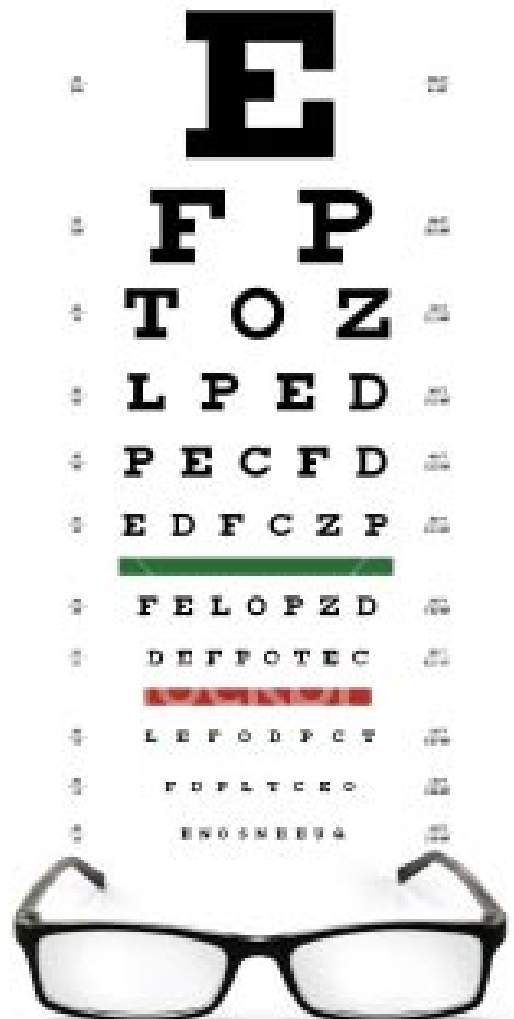
Studies have shown that the early detection and treatment of glaucoma, before it causes major vision loss, is the best way to control the disease. So, if your patients fall into one of the high-risk groups for the disease, make sure you recommend that they have their eyes examined through dilated pupils every two years by an eye care professional.

Care Managers at Gateway Health Plan® can help your patients make appointments with an eye doctor. Have patients call them at 1-800-685-5209 for assistance.

Reference: *Facts About Glaucoma*, http://www.nei.nih.gov/health/glaucoma/glaucoma_facts.asp, April 2006, National Eye Institute, 2020 Vision Place, Bethesda, MD 20892-3655, www.nei.nih.gov.

African Americans are:

- Five times more likely to develop glaucoma than Caucasians!
- Fifteen times more likely to have blindness resulting from glaucoma than Caucasians in the age range of 45-64 years!



Gateway to Physician ExcellenceSM (GPESM) Report Cards Delivered

The GPESM Program is designed to recognize and reward primary care practices committed to providing quality healthcare that is accessible and efficient.

Beginning in October and through the end of this year, Medical Direc-

tors and other Gateway staff will be visiting practices to review GPESM Report Card results and deliver awards. For more information on Gateway's GPESM Program, contact your Provider Relations Representative or www.gatewayhealthplan.com/gpe.

Tip

A practice's GPE performance is linked to its submission of complete and accurate claims and encounter data.

Here are some helpful tips to maximize your performance and overall revenue:

- List as many diagnoses as exist for each visit,
- Make sure your office and/or billing service submits all claims and encounters,
- Submit claims and encounters even when Gateway is a secondary insurer.

A Medical Perspective: The Importance of Dental Care



Although no direct causative relationship has been established that indicates that an increase in oral bacteria affects physical reactions in the body, scientific evidence continually mounts.

Basic physiology and knowledge of the inflammatory process lend credence to scientific common sense – chronic infection in one system of the body eventually affects other systems. However, scientific common sense does not supersede scientific evidence. Pilot Randomized Controlled Trials (RCTs) of interventions, the strongest of evidence based studies, have initially indicated an association with diabetes, premature birth, respiratory infections, and possibly with heart disease/stroke.

The oral connection with diabetes is strong enough to include periodontal disease as “the sixth complication” of diabetes mellitus along with stroke, cardio-vascular disease, neuropathy, retinopathy, and nephropathy. This

relationship appears to be a two-way street. Diabetes alters vascularity, impairing both collagen metabolism and host defense, resulting in the destruction of the periodontium via reduced blood supply, enhanced tissue breakdown, susceptibility to infection, and impaired healing. Gram-negative bacteria may increase insulin resistance, worsening glycemic control.

Atherosclerosis, a major cause of stroke and heart attack, has been recognized as an inflammatory disease for over a decade. Periodontal disease is one of the most common chronic infections, and millions of bacteria colonized in the mouth are in continual contact with an epithelial surface. Studies correlate a link between atherosclerosis and periodontal disease – attachment and tooth loss related to higher arterial plaque, thicker carotid arteries, and elevated antibody titers linked with coronary events.

As a corollary, simple interventions to reduce oral bacteria have been shown to reduce the incidence of pneumonia in susceptible patients.

Recent studies also appear to confirm that maternal periodontal disease is a risk factor for pre-term birth—the major cause of infant mortality and long-term disability. The etiology is thought to be intrauterine fetal exposure to oral organisms, resulting in poor placental perfusion and inflammation.

These new areas of study show the need for PCPs to stress the importance of proper dental care to their patients, especially those with the medical conditions addressed above.

Source: Adapted from an article by Richard P. Klich, DMD, National Dental Director, United Concordia

Managing Psychiatric Medications: A Guideline for Prescribers

Psychiatric Perspective

By Manuel Reich, DO

Contemporary medications used in general medicine or psychiatric practices are of such safety and benefit that they can be prescribed at the first office visit and be adjusted on an outpatient basis. This provides a value to the patient but also requires some responsibility for appropriate follow-up.

The office visit for medication, either with an established doctor or consulting psychiatrist, is often concerned with the following: assessing primary symptoms of mood, appetite, sleep, and thoughts; choosing the correct medication; and educating the patient about how to take the medication, its therapeutic effect, and side effects.

Since the patient will begin to feel the benefit of the medication in about two weeks, many doctors will ask for a follow-up visit or phone call in a two-week timeframe.

Within 30 days, a follow-up office visit is necessary. This visit has several treatment purposes:

- It will enhance the doctor patient relationship regarding the course of medication.

The acute treatment phase for depression is 4-6 weeks of drug and/or therapy for early benefit; 8-12 weeks for optimal response.



- Additional social and clinical information can be obtained.
- The patient can report on benefits of the medication as well as side effects.
- Further education with regard to the diagnosis and the treatment can occur.
- A dialog that may not have been possible during the acute stage of symptoms a month prior can now take place.

Thus, the follow-up visit within the 30-day period is essential in establishing the treatment relationship, assessing the choice of medication and the dose, and completing the clinical work-up. Since resolution of symptoms and remission of symptoms in a timely manner is desirable, this follow-up visit can help to achieve that goal.

Behavioral Health Help Line for Providers

Community Care Behavioral Health Organization has initiated a Behavioral Health information line for PCPs and other healthcare providers. It is staffed 24 hours a day by psychiatrists who are available to answer questions concerning:

- Medication effects & side effects
- Diagnostic criteria
- Treatment resources.

You can reach the **Behavior Health help line** at **1-866-484-7668**.

A Quick Depression Assessment

Asking the following two questions may help you recognize depression just as effectively as a longer set of questions.

- 1) Over the past 2 weeks, have you ever felt down, depressed, or hopeless?
- 2) Over the past 2 weeks, have you felt little interest or pleasure in doing things?

Gateway's Preventive Health Outreach to our Members with Medicaid

You may know that Gateway Health Plan® (Gateway) provides monthly Outreach Reports to PCP offices outlining members who are due or overdue for an EPSDT screen or cervical cancer screening.

But did you know that Gateway's Preventive Health Program is also designed to teach members how to stay healthy and to take a proactive approach to good health?

Through mailings and telephonic outreach, members are educated about the availability of preventive health screening and are encouraged in the proper utilization of such services. Gateway members also receive education and health promotion via the Member Handbook, member newsletters, and interactive components on the Gateway Health Plan® website.

Mailings that are sent to members are based on age/claims criteria. Mailings include birthday cards for children at age one, twelve, and sixteen years which remind of the importance of

annual well child visits and immunizations. Women receive annual birthday cards with age-specific reminders for cervical and breast cancer screening. Adults and children receive personalized reminders quarterly if they have not seen their PCP in the past twelve months for a check-up. In addition to this, households with members between the ages of 11 to 19 years receive a teen newsletter that includes health promotion information relevant to adolescents. All materials are designed to meet the cultural and literacy needs of our low-income, geographically diverse membership.

In addition to print media, Gateway staff makes outbound telephone calls to members who may be due or overdue for preventive health screenings. These telephone calls use a family approach so we can take advantage of one phone call to discuss the needs of adults and children in the household. This outreach may also include assistance with scheduling appointments



via conference call with a provider if requested, assistance setting up transportation via the Medical Assistance Transportation Program (MATP), or appointment reminder calls.

Together, we can make a difference. Please feel free to call the **Preventive Health Department** at **1-800-642-3550, Option 4** if you have any questions.



Guidelines & Review Standards on Gateway's Website

Throughout the year, Gateway reviews and revises its clinical guidelines, and presents them to our Physician Advisory Workgroups and/or QI/UM Committee for approval. The most recent guideline to be reviewed and revised was the HIV guideline.

You can view our clinical and preventive care guidelines by accessing Gateway's website, www.gatewayhealthplan.com, then selecting Pennsylvania Medicaid or *Medicare Assured*SM, Providers, and Clinical Guidelines. Gateway's Medical Record Review standards for PCPs and specialists are also located on the Medicaid site. You can request a copy of the guidelines and standards by calling the **QI Department** (refer to back page).

Breaking the Barriers to Colorectal Screening

By Marnie Schilken, MPH

Physicians and other practitioners play a key role in the delivery of colorectal cancer screening programs to Gateway Health Plan's members! You often have contact with patients before symptoms start, allowing for early detection and prevention of colorectal cancer.

If patients put up barriers to colorectal screening, here are some suggested responses.

BARRIERS

RESPONSES

Lack of KNOWLEDGE

- "I'm not at risk."
 - "Why do I need to be screened if no one in my family has had this?"
 - "I don't want to talk about such private matters!"
- Although this is a very private topic, explain the importance of knowing basic information about risk factors, symptoms, benefits of early detection and screening.
 - Encourage patients to call Gateway to find out what benefits are covered.

Lack of ACCEPTANCE

- "I already get way too many tests."
 - "I couldn't handle the preparation for this screening – limiting my eating or drinking that bad-tasting stuff."
 - "My doctor never talked to me about the need for a screening."
- Make it a standard practice to discuss and recommend preventive screening at every annual exam and non-emergent visit for episodic care.
 - Explain the characteristics of each test and improved preparation products to patients.

Lack of ABILITY

- "I don't want to get my hands dirty touching a stool sample!"
 - "My doctor's office is not on the bus line so I have a hard time getting there."
 - "I don't speak English. I need Spanish information."
- Patients with limited dexterity or visual ability can be given screening options other than FOBT.
 - Consider implementing a practice schedule that provides one weeknight or weekend day for patients.
 - Talk to your Gateway Provider Relations representative to get educational materials in languages other than English as needed.

Lack of REINFORCEMENT

- "I get confused when I hear so many different recommendations about 'necessary tests'."
 - "It really has been a long time since my last screening, like 10 years ago, but that one was fine so I will just keep on assuming everything is okay."
- Provide basic information about risk factors, symptoms, benefits of early detection, and screening.
 - Encourage patients to call Gateway to find out what benefits are covered.

Electronic Prescribing Updates

by Dino Conti, PharmD

Pharmacy

Gateway Health Plan® has recently increased the functionality of its electronic prescribing (e-prescribing) capabilities. Physicians who are using e-prescribing via RxHub will now be able to view details of age and gender edits for applicable drugs on Gateway's formulary. Physicians will also be able to see if a drug requires prior authorizations or is part of specific step therapies.

An increasing number of physicians are recognizing that the enhancements in patient care and office staff efficiency that result from e-prescribing are worth the initial investment. In fact, Gateway has seen a 300% increase in electronic

prescriptions since we first offered e-prescribing capabilities in November 2007.

E-prescribing is also receiving attention at a national level. In an effort to speed the adoption of the service, beginning in 2009 the Department of Health and Human Services has agreed to pay a bonus of 2% to physicians who prescribe electronically to Part D patients. This bonus will be reduced to 1% in 2011, and those who still only use paper prescriptions in 2012 may receive a reduction in payment.



Screening Recommendations for Colorectal Cancer

By Marnie Schilken, MPH

Regular screening, beginning at age 50, is important to prevent colorectal cancer.¹ According to the U.S. Preventive Services Task Force (USPSTF), routine screening can reduce the number of people who die of colorectal cancer by as much as 60%.² The USPSTF and other federal agencies recommend regular screening for all adults aged 50 or older by using one of the following tests:

- Every year, a Fecal Occult Blood Test (FOBT) of two samples from each of three consecutive stools collected at home. *Note - A single test of a stool sample in the clinical setting (as, for instance, is often done with a stool collected on the fingertip during a digital rectal exam) is not an adequate substitute for the home collection protocol.*
- A flexible sigmoidoscopy every 5 years
- A FOBT every year plus flexible sigmoidoscopy every 5 years (preferred over either strategy alone)
- A colonoscopy every ten years
- A double-contrast barium enema.

Screening of persons with risk factors should begin at an earlier age, depending on the family history of colorectal cancer or polyps.

(Footnotes)

¹ Pignone M, Rich M, Teutsch SM, Berg AO, Lohr KN. Screening for colorectal cancer in adults at average risk: a summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine* 2002;137:132-141.

² U.S. Preventive Services Task Force. Screening for Colorectal Cancer. Rockville, MD: Agency for Healthcare Research Quality; 2002.



Peer Review Information

Gateway Health Plan® (Gateway) offers providers the opportunity for peer reviews whenever a decision is made to deny or reduce a service. The Utilization Management staff will phone the ordering or attending physician's office to provide information regarding the Gateway member and the details of the request and the review decision. You will also be given the name of the Gateway physician to contact to discuss the reason you determined the service to be medically necessary.

When returning a call to a physician at Gateway, please have the following information on hand to ensure a timely discussion with the appropriate physician:

- the name of the physician you were directed to speak with
- the member information, including the Gateway identification number and/or authorization number.



Chlamydia:

What Women Think

By Marnie Schilken, MPH

Preventive Health

“Although the American College of Obstetricians and Gynecologists (ACOG), the Centers for Disease Control and Prevention (CDC), and the US Preventive Services Task Force recommend annual screening for chlamydia of all sexually active women age 25 and younger, as well as other asymptomatic women at high risk for infection, studies show it isn't happening,” says Stanley Zinberg, MD, MS, the ACOG's deputy executive vice president and vice president for practice activities in Washington, DC.

With about 75% of chlamydial infections in women not producing or producing only vague symptoms, it is not surprising that many women delay seeking medical care and treatment. However, screening and treatment are needed since up to 40% of women infected with untreated chlamydia may develop pelvic inflammatory disease (PID), which can lead to ectopic pregnancy and infertility.

A recent study asked 26,000 women from five countries (98% from the UK and USA) to identify factors that can promote and impede chlamydia screening with patients². Here are the results:



Promotes Chlamydia Screening	Impedes Chlamydia Screening
<p>Possess accurate knowledge</p> <p>Women are more likely to accept screening if they think chlamydia is a serious, common condition; are aware that it may not have symptoms; understand the testing process; think testing is important; and are aware of long-term effects of untreated infections on infertility.</p>	<p>Ignorance and inaccurate information</p> <p>Women are less likely to accept screening if they have not heard of Chlamydia; think it is a minor infection; believe it is hard to cure; think tests are not accurate; or think “you would know if you had it.”</p>
<p>Feel chlamydia is personally relevant</p> <p>A woman is more likely to be tested if she has a new partner; has had “non-steady” partners in the last six months; perceives herself or her partner to be at risk; has symptoms; thinks she might be pregnant; has previously been diagnosed with chlamydia; and has a good rapport with the person offering her the test.</p>	<p>Denial or moral connotations</p> <p>Women won’t get screened if they deny sexual activity or think partners are low risk. Women are less likely to think that sex partners are risky if they are “known,” even if “known” is for just a few hours!</p>
<p>Offer a choice in testing options</p> <p>Women prefer a range of testing options—urine tests, pelvic exams, and clinician-collected swabs—available from outreach health professionals and mobile health vans. Women also want to be able to refuse screening.</p>	<p>Fear and anxiety</p> <p>Women worry about the negative effect of a chlamydia diagnosis on personal relationships; feel fearful about infertility and future reproductive health; and are anxious about partner notification.</p>
<p>Is free, easy, quick</p> <p>Women want free tests. Testing needs to be easy and quick (urine tests have good acceptability). PАПs are good times to offer testing.</p>	<p>Confidentiality and privacy concerns</p> <p>Many women have concerns about the confidentiality of test results and want to know screening is private. Some think PCP offices are not confidential or private enough for testing.</p>
<p>Feel supported.</p> <p>Women want support for partner notification and for dealing with positive diagnosis and the effects on future reproductive health.</p>	<p>Difficult or uncomfortable</p> <p>Women may decline testing if it is time consuming or costly; if it is difficult to get to a doctor’s appointment; or if there is perceived or real discomfort with sample collection.</p>

Help increase Chlamydia screening rates:

Stress how your practice ensures patient confidentiality and privacy.

Concentrate on the positive power a woman has by choosing to be tested.

Relay information to patients via various media forms (leaflets, magazines, posters, videos).

Explain available tests – urine, swabs.

Explain how a patient might be assisted with partner notification by your practice.

Normalize and de-stigmatize chlamydia and screening processes by discussing them at annual exams.

(Footnotes)

¹ *Spotlight on Chlamydia: Annual Screenings a Must for Young Women, ACOG NEWS RELEASE, May 8, 2007.*

² *Implementing chlamydia screening: what do women think? A systematic review of the literature, Natasha L Pavlin, Jane M Gunn, Rhian Parker, Christopher K Fairley and Jane Hocking, BMC Public Health 2006, 6:221doi:10.1186/1471-2458-6-221*

The Importance of Identifying High Risk Patients for Osteoporosis and Related Fractures

By Natalie S. Yannotti, RPh.

Pharmacy

Osteoporosis is a bone disease characterized by low bone mineral density, which leads to bone fragility and greater susceptibility to fractures. This disease affects both men and women of all races, and its prevalence will increase as the population ages. Unfortunately, there is a low awareness of bone health and risk for osteoporosis, which results in this disease often being under diagnosed and under treated. Therefore, prevention, detection, and treatment of osteoporosis should be an essential concern for all primary care providers.

BMD (bone mineral density) testing is a vital component in the screening, diagnosis, and management of osteoporosis. However, a comprehensive approach should be embraced to identify high-risk patients and their fracture risk. Risk factors to consider include advanced age, history of smoking and alcohol abuse, family history, low body weight, inactive lifestyle, and menopause. According to the World Health Organization (WHO) diagnostic classification, osteoporosis is defined by a T-score of less than or equal to 2.5 or more standard deviations below the mean of a young normal adult (T-score ≤ -2.5).

Indications for BMD testing include:

- women age 65 and older and men age 70 and older, regardless of clinical risk factors
- men and postmenopausal women age 50-70 with clinical risk factors
- adults with chronic medical conditions or taking medications associated with low bone mass or bone loss

(i.e. rheumatoid arthritis, $\geq 5\text{mg/d}$ of prednisone for ≥ 3 months)

- adults who have a fracture after age 50
- anyone being treated for osteoporosis to monitor treatment effect.

One of the goals for osteoporosis screening is to diagnose early to provide intervention before a fracture occurs.

Consider treatment for postmenopausal women and men age 50 and older presenting with the following:

- a hip or vertebral fracture
- T-score ≤ -2.5 at the femoral neck, total hip, or spine after appropriate evaluation to exclude secondary causes
- low bone mass (T-score between -1.0 and -2.5 at the femoral neck, hip, or spine) and secondary causes associated with high risk of fracture (i.e. glucocorticoid use).

Calcium and vitamin D supplements, complemented by increased physical activity, are the foundations of therapy, but many patients require the addition of a pharmacologic agent to reduce their risk of a fracture. Current FDA-approved drugs for the prevention and/or treatment of osteoporosis include:

- Bisphosphonates - Fosamax[®], Fosamax D[®], Boniva[®], Actonel[®], Actonel with Calcium[®], and Reclast[®]
- Calcitonin - Miacalcin[®]
- Estrogen or hormone replacement therapy* - Climara[®], Premarin[®], Activella[®], and Prempro[®]
- Selective estrogen receptor modulator (SERM) therapy - Evista[®]
- Parathyroid hormone - Forteo[®].

If you are considering initiating pharmacological therapy for your patient

and would like more information on the medications covered by Gateway Health Plan[®] or how to obtain a non-formulary medication through the exceptions process, please contact Gateway's Pharmacy Services Department (see back page).

*Results of the Woman's Health Initiative trial suggest that the benefits of initiating therapy should be weighed against the risks (increased risk of breast cancer, MI, stroke, and thromboembolic events). When considered solely for prevention of osteoporosis, the FDA recommends that approved non-estrogen treatments should first be carefully considered.



Laboratory Monitoring of Medications

By Kara Sperandio, PharmD

Pharmacy

Although product labeling and nationally published guidelines recommend the laboratory monitoring of certain drug therapies to reduce the adverse risks of medication use, those recommendations are not always consistently followed. By improving laboratory monitoring of drug therapy, we can improve patient outcomes and prevent potentially harmful events.

Patients who are on angiotensin-converting enzyme inhibitors, angiotensin

receptor blockers, diuretics, or a combination of these products should have serum potassium, serum creatinine, or blood urea nitrogen laboratory tests drawn on an annual basis, or more often, depending on the clinical setting.

In addition, patients on the following anticonvulsants should have drug serum concentrations drawn annually at a minimum. This list is not all inclusive. Please refer to package labeling for specific laboratory monitoring recommendations.

Brand Name	Generic Name	Laboratory Test Required
Phenobarbital	phenobarbital	Drug serum concentrations
Tegretol	carbamazepine	
Dilantin	phenytoin	
Depakote	divalproex sodium	
Depakene	valproic acid	

Formulary Updates

The Gateway Health Plan® (Gateway) formulary is updated on a regular basis. The listed medication changes reflect the decisions made by the Gateway's Pharmacy and Therapeutics Committee. Please review the changes and update your Gateway formulary book as necessary. Please note that Gateway's formulary can be accessed online at www.gatewayhealthplan.com.

Additional copies may be printed directly from our formulary website, or requested through Provider Services by calling 1-800-392-1145 for Medicaid members or 1-800-685-5201 for *Medicare Assured*™ members.

Medicaid Formulary Deletions			
Brand Name	Generic Name	Effective Date	Notes
Amerge	Naratriptan	10/1/08	
OxyContin	Oxycodone extended release	10/1/08	Brand & Generic removed from formulary
Pegasys	Peginterferon alfa-2A	10/1/08	
Proventil HFA	Albuterol	10/1/08	
Xopenex HFA	Levalbuterol	10/1/08	

Medicare Assured™ Formulary Additions			
Brand Name	Generic Name	Effective Date	Notes
Lidocaine-Prilocaine	Lidocaine-Prilocaine	9/1/08	
Proparacaine	Proparacaine	9/1/08	
Medicare Assured™ Formulary Deletions			
Brand Name Deletion (Generic added to formulary)		Effective Date	
Depakote (Divalproex sodium)		11/1/08	
Lamictal (Lamotrigene)		11/1/08	
Risperdal (Risperidone)		10/1/08	

Notes Key: PA = Prior Authorization required
 QL = Quantity Limit applies
 ST = Step Therapy applies
 SPN = Obtain through Specialty Pharmacy Network

Please contact Gateway's Pharmacy Department with all formulary questions, and other pharmacy benefit concerns, at 1-800-528-6738 for Medicaid members or 1-800-685-5215 for *Medicare Assured*™ members. Inquiries may also be faxed to 412-255-4544 or 888-245-2049 (Medicaid) or 888-447-4369 (Medicare), Attn: Pharmacy Department.



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Information Central

You can contact the departments listed below directly or request paper copies of documents by calling the phone numbers provided. Information can be accessed on our website, www.gatewayhealthplan.com. Choose Providers, then the Plan. Phone numbers are also listed under "Contact Us" in the header.

Information and Programs	Department	PA Medicaid Phone Numbers	PA Medicare Phone Numbers	Ohio Medicare Phone Numbers
Provider Manual (includes Environmental Assessment Standards, Confidentiality Policy, Patient Safety New Technology, Member Rights & Responsibilities Forms & Reference Materials (includes Living Will) Provider Satisfaction Survey Complaints/Grievance/Appeals Privacy Policy)	Provider Services	800-392-1145	800-685-5205	800-685-5205
Pharmacy Information (including Formulary)	Pharmacy	800-528-6738	800-685-5215	888-447-4507
Medical Record Review Standards Clinical Guidelines Newsletter	Quality Improvement (QI)	412-255-1144	412-255-1144	412-255-1144
Care Management (formerly the Case Management & Disease Management departments) Special Needs & Complex Care Management MOM Matters SM - Maternity "AIR" Gateway SM - Asthma Help Your Heart - Cardiac Preventive Health/Patient Education Healthy Returns (Diabetes)	Care Management	800-642-3550 Option 1 Option 2 Option 3 Option 3 Option 4 800-366-9415	800-685-5212 Option 1 Option 2 Option 3 Option 3 Option 4 800-366-9415	888-447-4506 Option 1 Option 2 Option 3 Option 3 Option 4 800-366-9415
Utilization Management	UM	800-392-1146	800-685-5207	888-447-4375
Fraud & Abuse		800-685-5235	800-685-5235	800-685-5235

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