

of the 2000 Medicare rates in New Jersey and Connecticut for non-radiologists who are privileged to perform certain radiology procedures (please reference the Radiology Privileging List); OB/GYNs are excluded from this change

- Fees for radiology codes 70000-79899 (excluding codes 765411-76529, 77261-77999, 79000-79999, and 76090-76092) will change in New York, New Jersey, and Connecticut for Liberty Network providers who see Liberty PlanSM Members; Liberty Plan Members can be identified by the notation on the top of the Oxford ID card
- Fees for select radiology procedures performed in conjunction with one another will be “bundled;” this means that one procedure will be paid at 100 percent of the given fee while the similar subsequent procedure will be paid at a percentage of its given fee; the bundled CPT codes will be available on www.oxfordhealth.com later this year

We are confident that the new Radiology Reimbursement Fee Schedule more accurately reflects the costs associated with delivering quality radiology care.

If you would like additional information, please call Oxford's Provider Services Department at 800-666-1353.

Pharmacy Program Updates

Oxford's Drug Formulary Now Available Through ePocrates RxTM

We are pleased to announce the availability of Oxford's formulary via ePocrates Rx, a free clinical drug reference guide with formulary information that can be viewed on your Personal Digital Assistant (PDA). The ePocrates clinical drug database includes information about dosing, contraindications, drug interactions, and adverse reactions. The ePocrates formulary feature displays formulary status, tier, lists of therapeutic alternatives, and also shows users whether a drug requires prior authorization or has quantity limits. Oxford will

supply ePocrates with our standard three-tier prescription drug formulary.

Many doctors in our network have expressed interest in having our formulary offered through ePocrates to help them make informed drug choices for our Members. The ePocrates formulary features allow information about lower-cost options, specifically generics and preferred brand alternatives, to be readily available at the point of care.

ePocrates will update Oxford's formulary on a quarterly basis, coinciding with any changes coming from Oxford's Pharmacy and Therapeutics committee. For more information on how to download Oxford's formulary through ePocrates, log in to www.epocrates.com and follow the directions on how to load the product and the formulary. You can also look for the ePocrates link off your provider homepage on oxfordhealth.com.

Preferred Drug List for Members Diagnosed with Depression

Based on recent national HEDIS results, compliance with antidepressant medication was noted as an area that needed improvement, and the Member's cost for the antidepressant medication was indicated as a possible barrier to compliance. In an effort to improve Member compliance with their medications, we are providing you with updated information about Oxford's 2003 Drug Formulary.

There are several antidepressant medications that have been approved by the Food and Drug Administration (FDA). The principal medications used in treating depressive illness are the newer “third generation” medications called **selective serotonin reuptake inhibitors** (SSRIs). Tricyclic antidepressants and MAO inhibitors are other classes of medications that are also used to treat depression.

The type of medication an individual is prescribed is largely dependent on their symptoms and personal history. Not everyone responds the same way to a certain type of medication, so an individual may need to be prescribed more than one type of medication before obtaining the desired effect.

Once the appropriate medication is prescribed for an individual, a positive response may take up to six weeks.

For Members with a three-tier copayment plan, a lower copayment is applied to preferred pharmaceuticals, which are designated in Oxford's Drug Formulary Guide as being on the Preferred Drug List. Our three-tier prescription drug benefit

provides Members with the option of paying the lowest copayment for generic drugs, a higher copayment for preferred brand drugs, and the highest copayment for non-preferred brand drugs. We encourage you, when medically appropriate, to consider prescribing generic or preferred brand alternatives that can help keep your patients' out-of-pocket expenses lower.

Listed below are antidepressant medications that are either generic or preferred brand and which are available to Oxford Members with a depressive illness.

	Generic (Tier 1)	Preferred Brand (Tier 2)
SSRI	fluoxetine*	Paxil*, Zoloft*
Tricyclic antidepressants	amitriptyline; desipramine; doxepin; imipramine; nortriptyline; clomipramine; amoxapine	
Misc. antidepressants	trazodone; bupropion	Effexor; Effexor XR; Wellbutrin SR
MAOI		Nardil; Parnate

* Denotes drugs affected by quantity limits

2003 Drug Formulary Update

The following is an update to the Preferred Drug List (PDL) for Oxford's three-tier prescription drug benefit. Oxford reviews new drug products approved by the FDA or reviews current products when new information becomes available. The following medications were reviewed by the Pharmacy and Therapeutics Committee in February 2003. Coverage for the listed items may be limited or excluded based on a Member's eligibility or plan design.

Therapeutic Use	Preferred Brand (Tier 2)	Non-Preferred Brand (Tier 3)	Preferred Alternatives
ADD/ADHD		Ritalin LA	methylphenidate extended-release (generic)
Angiotensin II receptor antagonist	Benicar	Teveten HCT	Benicar, Cozzar, Hyzaar
Antifungal		Vfend	Diflucan
Bronchospasm		Ventolin HFA	albuterol inhaler (generic)
Narcotic analgesic		Avinza	morphine sulfate controlled-release (generic)

Quantity Limit Updates

For certain medications, a limitation in the quantity dispensed at one time is in place, often reflecting the maximum FDA-recommended dosage for a drug or use of the most efficient dosage strength for the fully prescribed daily dose. The following quantity limits were approved by the Pharmacy and Therapeutics Committee in February 2003.

Drug Name	Retail (one-month supply)	Mail Order (three-month supply)*
Altocor (10, 20, 40 and 60 mg)	30 tablets	90 tablets
Avandamet (1 mg/500 mg and 2 mg/500 mg)	120 tablets	360 tablets
Avandamet (4 mg/500 mg)	60 tablets	180 tablets
Celebrex 400 mg	60 capsules	Drug not covered through mail order
Humira	2 pre-filled syringes per 30 days	Drug not covered through mail order
Kytril 1 mg/5 mL oral solution	30 mL per 30 days	Drug not covered through mail order
Relpax (20 and 40 mg)	12 tablets per 30 days	Drug not covered through mail order
Ventolin HFA	3 inhalers	9 inhalers
Zetia 10 mg	30 tablets	90 tablets

* Applicable for those Members with mail order coverage through their prescription drug benefit