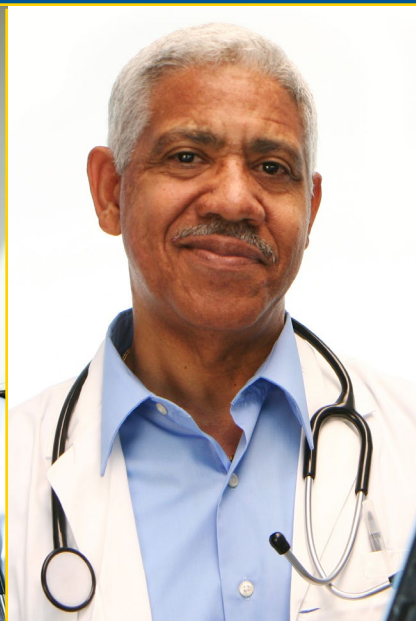


1199SEIU

PROVIDER MANUAL





October 2013

Dear 1199SEIU Provider:

Welcome to the 1199SEIU Benefit Funds Provider Manual. Inside you'll find a helpful overview of our members' covered health services. We understand that the 1199SEIU Benefit Funds' extensive network of talented providers is integral to the quality of service we're able to provide. We're delighted that you are part of our network, and we are committed to working with you to ensure our members receive quality care.

The advantages that you will enjoy while participating in the 1199SEIU Benefit Funds' network include:

- Participation in a provider network of 80 hospitals and over 30,000 providers;
- A dedicated Provider Relations Department to handle your questions or concerns;
- Lower administrative costs with electronic claims processing;
- No deductibles and no co-payments for participants in the 1199SEIU National Benefit Fund for Health and Human Service Employees, and minimal co-payments for participants in the 1199SEIU Greater New York Benefit Fund and the 1199SEIU National Benefit Fund for Home Care Employees;
- Automated eligibility verification and claims status 24 hours a day, seven days a week, through our Interactive Voice Response (IVR) system, and through our online provider portal, NaviNet, at www.NaviNet.net;
- Speedy credentialing and re-credentialing; and
- Regular updates, notices and alerts via our *Provider Connections* newsletter.

Because we regularly update our list of services requiring prior authorization, please check our website at www.1199SEIUFunds.org regularly for the most current information and read our *Provider Connections* newsletters, specially created to serve your needs.

We look forward to working with you and your staff. Our Provider Relations staff is always here to answer any of your questions – just call (646) 473-7160 or email providers@1199funds.org.

Sincerely,

A handwritten signature in blue ink that reads "Mitra Behroozi".

Mitra Behroozi
Executive Director
1199SEIU Benefit Funds

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INTRODUCTION

The 1199SEIU Benefit Funds are among the largest self-administered, joint labor-management funds in the country. We are not an insurance company. We are a not-for-profit organization providing health and other benefits to 1199SEIU healthcare workers, retirees and their eligible dependents covered by the 1199SEIU Benefit Funds – nearly 450,000 lives in total.

While the 1199SEIU Benefit Funds are jointly administered, it's important to note that benefits and coverage vary between the 1199SEIU Benefit Funds. Employer contributions to the 1199SEIU Benefit Funds pay for the cost of benefits. The 1199SEIU Benefit Funds' goal is to provide members with access to quality, cost-effective healthcare with few, if any, out-of-pocket costs.

This manual covers the benefits and services available to 1199SEIU members in the **1199SEIU National Benefit Fund for Health and Human Service Employees**, the **1199SEIU Greater New York Benefit Fund** and the **1199SEIU National Benefit Fund for Home Care Employees**. These Funds contract directly with you as a Member Choice or a Panel Provider. For more information, please visit our website at www.1199SEIUFunds.org.

Our 1199SEIU Home Health Aide Benefit Fund covers 1199SEIU members working as home health aides, who access care through the HIP, an EmblemHealth company. We encourage you to join this network if you do not participate already. To join HIP's network, call (866) 447-9717, or visit their website at www.EmblemHealth.com.

1199SEIU PROVIDER QUICK REFERENCE GUIDE

For all provider inquiries (including provider participation status):

1199SEIU Benefit Funds
Provider Relations Department
330 West 42nd Street
New York, NY 10036-6977
(646) 473-7160 | www.1199SEIUFunds.org

Our Interactive Voice Response (IVR) System is available to you 24 hours a day to check claim status and member eligibility. Just call (888) 819-1199, or check online at www.NaviNet.net.

To Request a Provider Application Package

Complete the Provider Recruitment Form on our website at www.1199SEIUFunds.org and fax to (646) 473-7213, or call (646) 473-7160.

To Submit Provider Demographic Information Changes

Complete the Provider Demographic Information Change Form on our website at www.1199SEIUFunds.org and fax it to (646) 473-7229. Be sure to include your W-9 Form.

Claims Submission

- Electronic claims, using Payer ID #13162:

Emdeon
www.Emdeon.com
(800) 845-6592

MD On-Line
www.1199MDOL.com
(888) 499-5465

Capario (formerly MedAvant)
www.Capario.com
(800) 792-5256

We also accept both institutional and professional EDI claims from RelayHealth (www.RelayHealth.com).

- Paper claims, including request for claim review:

Medical Claims:
1199SEIU Benefit Funds
Medical Claims
PO Box 1007
New York, NY 10108-1007

Hospital Inpatient Admissions; ER and Ambulatory Surgery Claims:
1199SEIU Benefit Funds
PO Box 933
New York, NY 10108-0933

Dental Claims:
(not accepted electronically)
1199SEIU Benefit Funds
Dental Claims
PO Box 1149
New York, NY 10108-1149

Prescriptions, Laboratory Services and Radiology

Prescriptions

- General Information: (800) 818-6720
- Prior Authorization: (800) 753-2851

Laboratory Services

In addition to participating hospital labs, you can use the following 1199SEIU Benefit Funds' participating labs:

- Quest Diagnostics: (866) 697-8378
- Laboratory Corporation of America (LabCorp): (800) 788-9091

Radiology Services

Prior approval is required for certain outpatient radiology procedures: MRIs, MRAs, CAT and PET scans. Call the 1199SEIU Benefit Funds' Radiology Review Program at (888) 910-1199, or contact them at www.CaretoCare.com to request prior approval. For a list of participating radiology facilities, call MedFocus at (877) 667-1199, or visit our website at www.1199SEIUFunds.org.

Prior Authorization

The following services require prior authorization by calling (646) 473-7446:

- Home health care
- Durable medical equipment (over \$250)
- Non-emergency ambulance service
- Outpatient HBOT
- Home IV therapy
- Certain outpatient testing and procedures

The following Hospital Care and other services require prior authorization by calling 1199SEIU CareReview at (800) 227-9360:

- Ambulatory surgery/outpatient surgical procedures
- Hospital care: call before a hospital admission or within two days of an emergency admission
- Inpatient hospice
- Chiropractic services beyond 12 visits
- All evaluations for consideration of potential transplant
- Behavioral health: Mental health and alcohol/substance abuse treatment (inpatient or outpatient)
 - **Inpatient treatment:** Call 1199SEIU CareReview at (800) 227-9360
 - **Outpatient treatment:** Call the Member Assistance Program at (646) 473-6900

Other 1199SEIU Benefit Fund Member Programs

Call (646) 473-7160 for: • Care Management • Wellness Program • Prenatal Program
Call (866) 935-1199 for: • 24-Hour Nurse Helpline

Remember: Using in-network providers, labs and facilities will ensure your patient does not incur a balance.



SECTION I: PROVIDER RESOURCES

1.1: Provider Manual

This manual is a comprehensive reference guide that explains the policies, procedures and coverage of the 1199SEIU Benefit Funds as of October 2013. Along with your provider agreement, this manual outlines your responsibilities and contractual relationship with the 1199SEIU Benefit Funds and replaces all earlier manuals and alerts. We will also send you updates periodically through provider notices, alerts and our *Provider Connections* newsletter.

If there is a discrepancy between the Provider Manual and the 1199SEIU Benefit Funds' Summary Plan Descriptions (SPD), the SPD will be the final authority.

1.2: Provider Relations Department

Our Provider Relations Department assists providers with their questions or concerns and ensures that all providers comply with the 1199SEIU Benefit Funds' policies and procedures. Our Field Representatives are available for onsite support, education and recruitment visits. To contact your Provider Representative, please call the Provider Relations Department at (646) 473-7160. You may also call our Provider Services Call Center at (646) 473-7160 for general inquiries.

1.3: *Provider Connections* Newsletter and Notices

The 1199SEIU Benefit Funds issue a *Provider Connections* newsletter twice a year. We also issue periodic notices to communicate policy changes and to disseminate general information to providers.

1.4: 1199SEIU Benefit Funds' Website

The 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org is a valuable resource for providers, with comprehensive directories, forms, benefit plan descriptions and other useful information. Click on the "For Providers" tab.



SECTION II: SUMMARY OF COVERED AND NON-COVERED SERVICES

There are defined sets of healthcare services that members may access that are considered “Covered Services” and which are payable by the 1199SEIU Benefit Funds. Covered Services are medically necessary services that a physician orders. Some services may require prior approval from the Prior Authorization Department.

In general, comprehensive primary care, specialty care, dental care, outpatient laboratory and radiology, emergency care, hospitalization and ambulatory care procedures are covered in full by the 1199SEIU Benefit Funds. Coverage may vary depending on whether a member participates in the 1199SEIU National Benefit Fund for Health and Human Service Employees, the 1199SEIU Greater New York Benefit Fund or the 1199SEIU National Benefit Fund for Home Care Employees. Please contact the Provider Relations Department at (646) 473-7160 if you have questions regarding coverage.

The 1199SEIU Benefit Funds also contract with preferred and exclusive vendors for lab, DME home infusion and radiology services. These services are outlined in detail in Section VI.

2.1: Covered Services

The following benefits are covered for most members:

2.1.1: Hospital and Facility Services

- Inpatient hospitalizations
- Up to 30 days per calendar year for inpatient acute rehabilitation
- Up to 30 days per calendar year for inpatient mental health services
- Up to 30 days within a 12-month period for inpatient substance abuse rehabilitation services, maximum twice per lifetime
- Up to seven days within a 12-month period for inpatient detoxification
- Outpatient hospital services, including:
 - Ambulatory surgery
 - Emergency room visits
 - Ancillary services, including laboratory, radiology and pathology
 - Dialysis
 - Chemotherapy
 - Radiation therapy

2.1.2: Medical Services

- Preventive and sick treatment by a physician in a doctor's office, clinic, hospital or a member's home
- Well-child care up to age 19
- Immunizations
- Dermatology services – up to 20 treatments per calendar year
- Chiropractic services – up to 12 treatments per calendar year
- Podiatry services – up to 15 treatments per year for routine care
- Allergy services – up to 20 treatments per year, including diagnostic testing
- Physical/occupational/speech therapy – up to 25 visits per year for each discipline
- Surgery services
- Anesthesia services
- Maternity services
- Behavioral health – up to 50 outpatient visits per year (subject to co-pays) and up to 30 inpatient days per year

2.1.3: Medical Services Co-Payments

As of March 1, 2011, 1199SEIU members in the 1199SEIU Greater New York Benefit Fund have co-payments for certain services. As of November 1, 2011, 1199SEIU members in the 1199SEIU National Benefit Fund for Home Care Employees have co-payments dependent upon their plan selection.

These co-payments are listed on members' 1199SEIU Health Benefits ID cards. Please ask for your 1199SEIU patient's ID card at his or her next visit.

There will be no co-payment for preventive services, such as annual check-ups and well-child visits. You can find a full list of preventive services at www.Healthcare.gov/prevention.

The changes affect only your patients covered by the 1199SEIU Greater New York Benefit Fund and the 1199SEIU National Benefit Fund for Home Care Employees – NOT your patients covered by the 1199SEIU National Benefit Fund for Health and Human Service Employees. If you are not sure which fund covers your 1199SEIU patients, you can check the front of their Health Benefits ID cards, call the 1199SEIU Benefit Funds' automated eligibility system at (888) 819-1199 or log on to www.NaviNet.net if you are a NaviNet user.

2.1.4: Ancillary Services

- Home health care
- Intermittent skilled nursing care
- Intermittent non-skilled care (home health aide)
- Private duty skilled nursing care
- Non-emergency ambulance services (covered only for transporting between hospitals)
- Durable medical equipment and appliances
- Hearing aids – one pair every three years
- Medical supplies
- Hospice care – up to 210 days per lifetime
- Vision care – one eye exam every two years and one pair of glasses or contact lenses every two years

2.1.5: Dental Services

1199SEIU members who participate in the 1199SEIU National Benefit Fund for Health and Human Service Employees Member Choice Program have a maximum benefit of \$3,000 per person per calendar year. Members who have not selected the Member Choice Program have a maximum benefit of \$1,200 per year with co-payments for all major restorative care.

Covered dental services are as follows:

- Two examinations per year
- Prophylaxis (cleaning) twice per year
- One complete set of diagnostic X-rays in a three-year period
- X-rays needed to diagnose a specific disease or injury
- Extractions
- Amalgams and composites
- Oral surgical treatment

MAJOR CARE

- Periodontal treatment
- Endodontic services
- Removable prosthetics
- Crowns, bridgework and other methods of replacing individual teeth
- Orthodontic services for children up to age 19

Members of the 1199SEIU Greater New York Benefit Fund are covered for dental care for up to \$1,200 per year through DDS. Participating providers are listed on the 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org.

Members of the 1199SEIU National Benefit Fund for Home Care Employees are covered for dental care through DentCare (formerly Healthplex). Participating providers are listed on the 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org.

2.1.6: Prescription Drug Services

Members are covered for:

- FDA-approved prescription medications.
- Mandatory generic program – members must use generic drugs, if available.
- Maintenance drug access program for chronic conditions – *The 90-Day Rx Solution*.

Members must order maintenance medications in three-month supplies through Express Scripts by Mail or order and pick them up at a New York or New Jersey Rite Aid pharmacy.

(Note: Express Scripts acquired Medco on April 2, 2012. You may see changes to provider communications through January 2014.)

- Drugs prescribed in accordance with the 1199SEIU Benefit Funds' Preferred Drug List. A copy of the Preferred Drug List is on the 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org and is included in Appendix F.

2.2: Non-Covered General Services

The following services are considered “Non-Covered” and are not payable by the 1199SEIU Benefit Funds. Before these services are provided, providers are required to notify the member in writing, specifically identify the services that are Non-Covered services and document the member’s consent in writing in order to have the service performed. The member will be personally responsible for the costs of these services.

The 1199SEIU Benefit Funds do not cover:

- Services provided by a family member or relative
- Charges made by a provider for broken appointments
- Services related to a claim filed under Workers’ Compensation
- Services that, in the judgment of the Plan Administrator, are not medically necessary
- Services that are not pre-approved in accordance with the Summary Plan Description
- Experimental, unproven or non-FDA-approved services, treatments, supplies, devices, tests or drugs
- Services related to an illness or injury resulting from the conduct of another person, where payment for the services is the legal responsibility of another person, firm, corporation, insurance company, payer, uninsured motorist fund, no-fault insurance carrier or other entity
- Services related to an illness or injury that was deliberately self-inflicted or that resulted from the person participating in an illegal act
- Services related to auto accidents
- Services covered under federal, state or other laws, except where otherwise required by law
- Charges for in-hospital services that can be performed on an ambulatory or outpatient basis
- Charges in excess of the 1199SEIU Benefit Funds’ Schedule of Allowances

2.2.1: Non-Covered Medical Services

- Custodial care in a hospital or any other institution
- Care or services in a nursing home, skilled nursing facility, rest home or convalescent home
- Rest cures
- Admissions primarily for diagnostic treatment only or for physical therapy, radium therapy or Roentgen therapy
- Blood transfusions
- Charges for procedures, treatments, services, supplies or drugs for cosmetic purposes, except to remedy a condition that results from an accidental injury that occurred while covered by the 1199SEIU Benefit Funds
- Private rooms

- Acupuncture, smoking cessation, weight reduction, stress management and similar services not provided by a licensed medical physician or not medically necessary
- Infertility treatment, including but not limited to, in vitro fertilization, artificial insemination and reversal of sterilization
- Personal, comfort or convenience items, such as bandages or heating pads
- Venipuncture
- Outpatient non-surgical pathology interpretations
- Refraction services (these are covered under the vision care benefit)
- Services that, in the judgement of the Plan Administrator, are not medically necessary
- Services that are not pre-approved in accordance with the terms of the Plan

2.2.2: Non-Covered Dental Services

- Services, supplies or appliances that are not medically necessary in the judgment of the Plan Administrator
- Periodontal splinting of otherwise healthy teeth with crowns or inlays/onlays
- Temporary services, including but not limited to crowns, restorations, dentures or fixed bridgework, and night guards
- Services that are cosmetic in nature
- Lost or stolen appliances
- Treatment provided by someone other than a dentist (except for cleanings performed by a licensed dental hygienist under the supervision of a dentist)
- Any dental treatment inconsistent with the 1199SEIU Benefit Funds' protocols, procedures, restrictions and time limits
- Orthodontic treatment for children who are 19 years of age or over

2.2.3: Non-Covered Prescription Drug Services

- Over-the-counter drugs (except diabetic supplies)
- Over-the-counter vitamins
- Non-prescription items, such as bandages or heating pads
- Cosmetic drugs
- Experimental drugs
- Fertility drugs
- Non-sedating antihistamines
- Proton Pump inhibitors in excess of 90-day supply for FDA-approved indications by diagnosis
- Oral erectile dysfunction agents
- Cold and cough products



SECTION III: MEMBER ELIGIBILITY

3.1: Identifying an 1199SEIU Benefit Funds Member

Because a member's eligibility with the 1199SEIU Benefit Funds is determined by his or her wages and hours, it may change from month to month. It is important for providers to verify eligibility before providing non-emergency covered services.

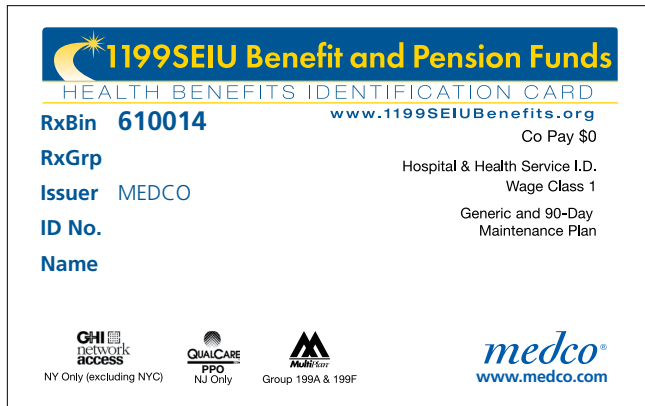
To verify eligibility:

1. Ask the member for his or her 1199SEIU Health Benefits ID card, and
2. Obtain verification by calling our automated Interactive Voice Response (IVR) system as indicated in Section 3.2 or checking online at www.NaviNet.net.

Members may enroll in one of three networks: Member Choice, Panel of Participating Providers or Member Choice Home Care Select.

All members are issued an 1199SEIU Health Benefits ID card that includes the names of their eligible dependents, the name of the member's specific 1199SEIU Benefit Fund (1199SEIU National Benefit Fund for Health and Human Service Employees, 1199SEIU Greater New York Benefit Fund or 1199SEIU National Benefit Fund for Home Care Employees) and the claim filing information.

Members who are enrolled in the Member Choice Program are also issued a Member Choice ID Card (see Section 3.10, Member Choice).



3.2: Automatic Eligibility Verification – Interactive Voice Response (IVR) System and NaviNet

Providers may call the IVR system to verify a member's eligibility 24 hours a day, 7 days a week. Using the IVR system, providers may verify eligibility for an unlimited number of members at one time and verify members' eligibility for medical, dental, hospital and vision services. To use the IVR system:

1. Call (888) 819-1199.
2. Enter your provider tax identification number.
3. Enter the member's identification number and the patient's date of birth.

Providers may access the 1199SEIU Benefit Funds' provider portal at www.NaviNet.net after a free registration process.

After registering, please have the following information available to access claims status:

- Claim ID number
- Servicing provider NPI
- Billed claim amount
- Member's ID number
- Member's date of birth

3.3: Eligibility Verification for Emergency Services

If a member requires emergency services, the provider must verify eligibility as soon as practical under the circumstances.

3.4: Retroactive Eligibility

If the 1199SEIU Benefit Funds verify a member's eligibility but subsequently learn that the member was not eligible at the time of service, the member will be retroactively ineligible for services provided and the 1199SEIU Benefit Funds will not be liable for any services rendered to that ineligible member.

3.5: Coordination of Benefits

When a member, spouse or child is covered by more than one group health plan, the two plans share the cost of the member's family health coverage by "coordinating" benefits.

The primary plan makes the first payment on a claim, and the secondary plan pays an additional amount according to its terms. Members are routinely sent Coordination of Benefits forms in order to establish whether or not the 1199SEIU Benefit Funds are their primary insurance.

If the Benefit Funds are unable to establish if they are the primary or secondary payer, the claim may be denied until additional information is received. Please remind members to complete all requested forms promptly to avoid claim and payment delays.

3.6: When the 1199SEIU Benefit Funds Are Primary or Secondary

If the 1199SEIU Benefit Funds are the primary payer, payments will be made according to the 1199SEIU Benefit Funds' Schedule of Allowances. The 1199SEIU Benefit Funds should be billed first for these charges.

If the 1199SEIU Benefit Funds are the secondary payer, the 1199SEIU Benefit Funds will supplement the primary payer's coverage according to the agreed-upon Schedule of Allowances. The other insurer should be billed first for charges. Please note that the total amount paid by both health plans combined cannot exceed the 1199SEIU Benefit Funds' Schedule of Allowances or 100% of the actual charges, whichever is less. The 1199SEIU Benefit Funds will reimburse the member for the primary payer's co-payments.

3.7: Spouse and Dependent Coverage

Unless court-ordered, if the member and his or her spouse both have dependent coverage, the primary payer for any children will be the plan of the parent whose birthday is earlier in the year. The other parent's plan is the secondary payer.

For spousal care, the spouse's plan is the primary payer. The 1199SEIU Benefit Funds are the member's primary payer and the spouse's secondary payer.

3.8: HMO, Paid-in-Full or Prepaid Plan Coverage

If the member's spouse and/or children are enrolled in a Health Maintenance Organization (HMO) such as HIP, or any other similar or paid-in-full plan, they must use the benefits provided by that plan. The 1199SEIU Benefit Funds will provide coverage only for those benefits that are not provided by that plan.

3.9: Medicare Eligibility

The 1199SEIU Benefit Funds are the primary payer for working members and their spouses age 65 and over who may be covered by Medicare. They are eligible for the same coverage as any other working member or spouse. Members may elect Medicare Part A and Part B, and Medicare will become the secondary payer.

Once a member retires and becomes Medicare-eligible, Medicare is the primary payer of benefits and the 1199SEIU Benefit Funds are the secondary payer.

If an individual is entitled to Medicare benefits for end stage renal disease (ESRD), the 1199SEIU Benefit Funds will be the primary payer of benefits only for the period required by law. Thereafter, the 1199SEIU Benefit Funds will be secondary to Medicare.

3.10: Member Choice

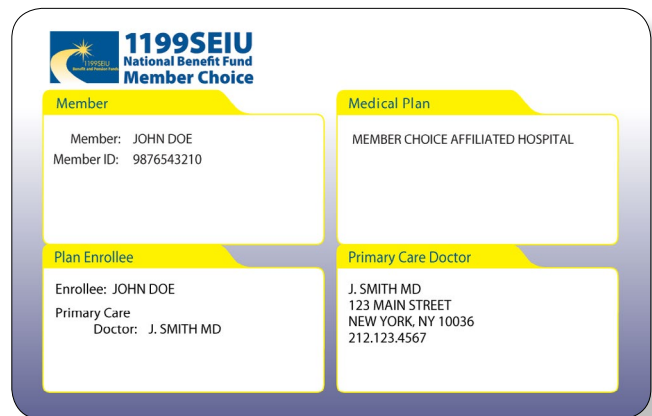
The 1199SEIU Benefit Funds' Member Choice Program encourages members to foster and maintain a strong, ongoing relationship with a primary care doctor who is familiar with their medical history. Our Member Choice networks include over 70 hospitals and more than 20,000 providers in New York City, Long Island and Westchester. With Member Choice, members choose a hospital network and a primary care physician affiliated with that network's hospitals. Members should visit their primary care physician first to coordinate their care, but they also have access to any specialist within their network without a referral or out-of-pocket costs.

Members of the 1199SEIU National Benefit Fund for Health and Human Service Employees who are enrolled in Member Choice have an annual dental benefit of \$3,000 per person.

Members of the 1199SEIU Greater New York Benefit Fund who are enrolled in Member Choice have an annual dental benefit of \$1,200 per person.

Member Choice members are issued a Member Choice ID card that identifies their hospital network, their primary care doctor and Member Choice Program effective date.

In order for Member Choice members to avoid out-of-pocket costs, please refer them to participating specialists within their Member Choice hospital network or to providers that participate in the 1199SEIU Benefit Funds' Panel of Participating Providers. Member Choice and Panel Provider directories are available online at www.1199SEIUFunds.org.





SECTION IV: PARTICIPATING PROVIDERS AND NETWORKS

There are two ways to become a participating provider. To become a Member Choice provider, providers must be affiliated with a Member Choice hospital. A list of participating hospitals is available in the Member Choice directory, which is available online at www.1199SEIUFunds.org.

Providers who are not affiliated with a Member Choice hospital network may apply to join our Panel of Participating Providers instead. This panel includes more than 10,000 providers.

The 1199SEIU Benefit Funds contract directly and indirectly with hospitals, ancillary providers and practitioners throughout New York City and the Greater New York metropolitan area, including Long Island, the Hudson Valley, Western and Northern New York State and New Jersey. Additionally, the 1199SEIU Benefit Funds partner with other networks in certain regions of New York and New Jersey – and throughout the country – to supplement their network and ensure that members have access to services. Certain exclusions may apply. Please visit the 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org.

4.1: Credentialing Process

Providers may join the 1199SEIU Benefit Funds' network by contracting directly with the 1199SEIU Benefit Funds and successfully completing the credentialing process.

The 1199SEIU Benefit Funds have established policies and procedures to credential providers so that members have access to a wide selection of quality providers. The 1199SEIU Benefit Funds' credentialing criteria are based on the industry-recognized National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) criteria.

The 1199SEIU Benefit Funds do not credential non-MD acupuncturists or specialties that are not licensed by the State of New York.

All participating providers must comply with re-credentialing efforts every three years.

We have also partnered with the Council for Affordable Quality Healthcare (CAQH) in order to streamline the application process, and we are now able to access the most current provider information through the CAQH system, including credentialing and re-credentialing data. The 1199SEIU Benefit Funds will accept current CAQH applications in lieu of the 1199SEIU Benefit Funds' application.

4.2: Credentialing Criteria

At a minimum, eligible providers must meet the criteria listed below before they can participate in the 1199SEIU Benefit Funds' network:

1. A valid, current, unencumbered license to practice issued by the state education department within the state of practice.
2. Graduation from an accredited medical school, professional school, college of osteopathy or a foreign medical school recognized by the World Health Organization and completion of a residency program.
3. Foreign medical school graduates must submit an ECFMG certification (if licensed after 1986).
4. Current, active medical staff privileges (if applicable) in good standing at a participating hospital.
5. Evidence of at least five years of work history. ("Work" includes time spent in the past five years – post-fellowship, military service, etc.).
6. Professional liability insurance in the amount of \$1 million per incident/\$3 million aggregate per annum.
7. Current Drug Enforcement Agency (DEA) registration, where applicable.

8. For MDs and DOs only, board certification in a specialty recognized by the American Board of Medical Specialties or the American Osteopathic Association. For an applicant who is not board-certified, sufficient work history (the practitioner must be in practice for 20 or more years) and evidence of significant network need in a local area will be considered. The credentialing committee will make this determination on a case-by-case basis.
9. For MDs only, current and unencumbered participation in the Medicaid and Medicare programs or proof that such non-participation is entirely voluntary and not due to current or past debarment from the programs.
10. Absence of a physical or mental impairment or condition that may impede the provider's performance of essential functions of his/her clinical responsibility. If the provider does have a physical or mental impairment, he or she must submit adequate evidence that a physical or mental impairment or condition does not render the provider unable to perform the essential functions without threatening the health or safety of others.
11. Absence of a current chemical dependency or substance abuse problem. For an applicant with this history, the provider must submit adequate evidence that a past chemical dependency or substance abuse problem does not adversely affect the provider's ability to competently and safely perform essential functions.
12. Absence of a history of professional disciplinary actions or absence of any other information that may indicate provider is engaged in unprofessional misconduct. Unprofessional misconduct can be defined as, but not limited to, sexual misconduct (e.g., with patients), sexual harassment of his or her patients or fraudulent billing practices. An applicant with this history must submit evidence that this history does not indicate probable future substandard professional performance.
13. Absence of a history of felony criminal conviction or indictment. An applicant with this history must submit evidence that this history does not indicate probable future substandard professional performance.
14. Absence of falsification of the credentialing application, requested documents or material omission of information requested in the application.

At the Time of Re-Credentialing:

15. Absence of information to indicate a pattern of inappropriate utilization of medical resources.
16. Absence of substantiated member complaints. An applicant with this history must submit evidence that this history does not indicate probable future substandard professional performance.
17. All criteria applicable to original credentialing must still be true.

4.3: Application Process

Providers interested in joining the network should complete and submit the Provider Recruitment Form on our website at www.1199SEIUFunds.org (see Appendix A). Providers may also contact the Provider Relations Department at (646) 473-7160 for further information.

Providers must submit a completed application form along with the documents listed below to:

**1199SEIU Benefit Funds
Provider Relations Department
330 West 42nd Street, 29th Floor
New York, NY 10036**

The completed application should contain:

- Current curriculum vitae
- A Tax Identification Certificate (W-9 Form)
- A copy of a valid and current unrestricted state license
- A copy of Board certification or re-certification (if applicable)
- An unrestricted Drug Enforcement Agency (DEA) Certificate (if applicable)
- Evidence of malpractice insurance in the amounts of no less than \$1 million/\$3 million
- Malpractice claims history (if applicable)
- An executed participation agreement agreeing to accept the fee schedule as payment in full.

The Provider Relations Department will review the completed application, and the information is verified by primary sources before the application is submitted to the Credentialing Committee for final approval. It is important to submit all applications and attachments promptly with current information to ensure that the 1199SEIU Benefit Funds' directories, website, billing systems and member referrals all list your correct information.

Providers have the right to correct erroneous information submitted by another party or to correct their own information that may have been submitted incorrectly. Providers also have the right to review any information submitted in support of their credentialing applications, except for the National Practitioner Data Bank (NPDB) reports, letters of recommendation and information that is peer-review protected. A provider must submit a written request to review his or her credentialing information.

The 1199SEIU Benefit Funds' Credentialing Committee meets monthly or as needed to review and approve new applicants. The Committee is chaired by the 1199SEIU Benefit Funds' Medical Director and consists of participating providers in a variety of specialties. For application status, providers may call (646) 473-7160 or fax an inquiry to (646) 473-6087. If you are interested in joining the Credentialing Committee and are a board-certified participating physician, you may fax an inquiry to (646) 473-6087.

4.4: Incomplete Applications

Incomplete applications will be returned to the provider for completion.

4.5: Re-Credentialing

All providers must be re-credentialed every three years to continue their participation with the 1199SEIU Benefit Funds. Re-credentialing allows us to re-evaluate qualifications and performance and ensure compliance with the 1199SEIU Benefit Funds' criteria. Providers may be re-credentialed off-cycle for disciplinary actions, a suspended license, cancellation of professional liability coverage, loss of privileges, suspected fraudulent behavior and quality-of-care or member dissatisfaction concerns.

Any fraudulent or erroneous information submitted to the 1199SEIU Benefit Funds, including at the time of the original credentialing, can be cause for a provider to immediately lose his or her participation status with the 1199SEIU Benefit Funds. Providers are obligated to immediately notify the 1199SEIU Benefit Funds of changes to any information submitted as part of the credentialing and re-credentialing processes.

4.6: Delegated Credentialing

In certain instances, providers may be credentialed through "delegated credentialing," whereby an outside entity authorized by the 1199SEIU Benefit Funds (generally a hospital) will credential the provider. That provider still must sign a contract directly with the 1199SEIU Benefit Funds and pass the 1199SEIU Benefit Funds' onsite auditing process. However, the 1199SEIU Benefit Funds retain the final authority to approve, terminate or suspend a provider at their sole discretion. The 1199SEIU Benefit Funds may delegate credentialing to contracted facilities, organizations or provider groups who demonstrate the ability, through a pre-delegation assessment, to meet the performance requirements of the 1199SEIU Benefit Funds. Approved delegates may be evaluated annually to monitor continued compliance with the 1199SEIU Benefit Funds' current credentialing criteria.

4.7: Facility and Ancillary Provider Credentialing

The 1199SEIU Benefit Funds have established facility and ancillary criteria for evaluating and appointing providers to its network. This facility and ancillary application assesses and gathers appropriate certification data and also verifies the extensive list of services provided by our facilities for areas such as behavioral health, mental health, substance abuse, durable medical equipment, orthotics and prosthetics, home health/hospice, freestanding ambulatory surgery, and rehabilitation and dialysis.

Please contact the Provider Relations Department to speak to one of our representatives about applying to be a participating Ancillary Provider.

The 1199SEIU Benefit Funds are committed to protecting the confidentiality of all provider information obtained during the credentialing process.

Please note that participating hospitals, treatment centers, ancillary facilities, group and individual providers should notify the Provider Relations Department of new providers joining (and leaving) existing practices.



SECTION V: PARTICIPATING PROVIDER ROLES AND RESPONSIBILITIES

Participating providers are those who have successfully completed the 1199SEIU Benefit Funds' credentialing process and have signed an agreement with the 1199SEIU Benefit Funds to comply with our policies and procedures. Additionally, participating providers agree to help ensure that members can easily access quality covered services within the network.

5.1: Participating Provider Requirements

All participating providers are required to:

- Provide timely access to appointments:
 - Your first appointment and routine physicals: within 12 weeks
 - Urgent care: within 24 hours
 - Non-urgent sick visits: within three days
 - Routine, preventative care: within four weeks

- First prenatal visit: within three weeks during first trimester (two weeks during second, one week during third)
- First family planning visit: within two weeks
- Follow-up after a behavioral health ER or inpatient visit: five days
- Non-urgent behavioral health visit: two weeks
- Maintain and retain clinical records on all members
- Acquire a member's written consent prior to rendering non-covered services
- Comply with the 1199SEIU Benefit Funds' Utilization Management Program as outlined in Section VII
- Keep member information confidential
- Verify member eligibility before services are rendered
- Accept the 1199SEIU Benefit Funds' payment as payment in full and agree not to balance bill members
- Submit claims within 90 days of the date of service or discharge
- Submit facility and professional claims electronically in a UB04 or CMS-1500 format; submit paper dental claims on a 2006 ADA Form
- Notify the 1199SEIU Benefit Funds of any demographic and billing changes as soon as possible
- Notify the 1199SEIU Benefit Funds of any change in credentials, including discipline, sanctions, change or loss of malpractice or general liability insurance coverage
- Comply with the 1199SEIU Benefit Funds' re-credentialing procedure

5.2: Member Choice Primary Care Provider

To enroll in the Member Choice Program, a member must select a hospital network and a Primary Care Provider (PCP) who is affiliated with that hospital network. The PCP agrees to be the principal caregiver for those members who have selected him or her and to render care directly or through referrals to specialists who participate in the same hospital network in which the member is enrolled. A PCP must be an MD or a DO in one of these specialties: family practice, internal medicine or pediatrics.

Participating PCPs are required to:

- Refer members to participating providers who participate in the same hospital network in which the member is enrolled; and
- Provide 24 hours a day, 7 days a week coverage.

5.3: Member Choice Specialists

Specialists work in partnership with the PCP to provide appropriate, quality and cost-effective care to our members. Participating specialists are required to:

- Accept referrals in accordance with the evaluation and recommendation of the referring PCP;
- Send a report to or confer with the referring PCP upon completion of the consultation;
- Provide copies of X-ray and laboratory results and other health record information to the member's PCP, as appropriate; and
- Refer members to participating providers who participate in the same hospital network in which the member is enrolled, or, where none is available, to another participating provider.

Special arrangements can be made if an unusual need arises whereby a physician with a particular specialty does not participate in the member's hospital network or is unavailable. For example, if a member is part of the Plan A: Member Choice Home Care Select network and no cardiologists are available in that network, the 1199SEIU Benefit Funds will assist the member in finding an alternative provider.

A list of participating providers is available online at www.1199SEIUFunds.org or by calling the Provider Relations Department at (646) 473-7160.

5.4: Provider Changes

It is essential that the information in our database be accurate and up to date. We can only provide our members with correct information if providers inform us of changes in their credentials' status, such as hospital affiliation, board certification and practice limitations. It is also important to notify us immediately if your telephone number, practice address or billing information changes. All participating providers are required to complete a W-9 Form during the initial credentialing process and when changing billing information. Accurate information helps us pay claims quickly, send tax statements promptly and make accurate member referrals.

Providers must complete the Provider Demographic Information Change Request Form (see Appendix A) to communicate changes in status to the 1199SEIU Benefit Funds' Provider Relations Department and send it, along with a completed W-9 Form, to:

1199SEIU Benefit Funds
Provider Relations Department
330 West 42nd Street, 29th Floor
New York, NY 10036
Fax: (646) 473-7229

Please allow us up to 45 days to process your changes.



SECTION VI: PREFERRED PROVIDERS

6.1: Laboratory Services

In addition to participating hospital laboratories, the 1199SEIU Benefit Funds have a preferred arrangement with Laboratory Corporation of America (LabCorp) and its wholly owned subsidiary, Dianon Systems, for reference laboratory services, as well as Quest Diagnostics.

It is important that you only refer members to participating laboratories to prevent balance billing by non-participating laboratories.

Please contact LabCorp at (800) 788-9091 for a list of drawing stations or to establish an account. To contact Quest Diagnostics, call (866) 697-8378.

6.2: Approved In-Office Tests

The 1199SEIU Benefit Funds have identified a list of laboratory tests that providers with a valid CLIA (Clinical Laboratory Improvement Amendments) certificate may conduct in their offices (see Appendix B).

6.3: Pharmacy Services

The 1199SEIU Benefit Funds have an exclusive arrangement with the Express Scripts pharmacy network, which includes over 47,000 pharmacies nationwide, for prescription services. Please refer members to any participating Express Scripts pharmacy for acute treatment and the first fill of a maintenance medication. A list of participating pharmacies is available online at www.1199SEIUFunds.org.

For maintenance medications, members must order their medication in three-month supplies with three refills either through Express Scripts by Mail, or by ordering and picking it up at a participating Rite Aid pharmacy in New York or New Jersey. When you prescribe a maintenance medication, write the member a 30-day prescription to fill at a participating pharmacy, and a 90-day prescription with three refills to fill through *The 90-Day Rx Solution*. (Refer to Section 7.3, Prescription Drugs Requiring Authorization.)

6.4: Radiology Services

In addition to Member Choice hospital radiology sites, the 1199SEIU Benefit Funds have a preferred provider arrangement with the MedFocus Radiology Network to provide outpatient radiology services to our members. The MedFocus network consists of a number of freestanding and facility-based sites throughout New York and New Jersey that provide routine radiology, MRI, CAT and PET scan services. A list of these sites is available on the Benefit Funds' website at www.1199SEIUFunds.org. **You may also call MedFocus at (877) 667-1199 to obtain a copy.**

Members may also use their own Member Choice hospital-based radiology facility.

Non-radiology physicians will only be reimbursed for certain procedures, depending on their specialty. The 1199SEIU Benefit Funds' Radiology Privileging by Specialty guidelines (see Appendix C) list the radiology CPT codes in the "70000" series that will be payable to non-radiology physicians.

The 1199SEIU Benefit Funds require prior authorization for certain non-emergent tests, including MRI, MRA, PET and CAT scans when they are provided by a freestanding office-based or outpatient hospital site. Referring providers must call the 1199SEIU Benefit Funds' Radiology Review Vendor at (888) 910-1199 if a member needs these tests.

Claims for codes that are not allowed or where services are rendered without prior authorization for a particular specialty will be denied, and 1199SEIU Benefit Funds members may not be held responsible for these payments. If your 1199SEIU Benefit Funds members need radiology services that are not payable for your specialty, you must refer them to a participating radiology provider.

Providers in specialties that are not included in the Radiology Privileging by Specialty guidelines in Appendix C will not be reimbursed for any radiology services provided to 1199SEIU Benefit Funds members.

Please note that radiologists, diagnostic radiologists, radiation therapists and radiation oncologists may provide radiology services without restriction, but are still required to obtain prior authorization for MRIs, MRAs, PET and CAT scans.

6.5 Durable Medical Equipment (DME) Services

The 1199SEIU Benefit Funds have a preferred provider arrangement with Landauer Metropolitan, Inc. and Apria Healthcare, Inc. to provide outpatient DME services to our members. With a preferred network, our members will have access to quality, cost-effective and medically necessary durable medical equipment.

Authorization is not required for covered DME items that are reimbursable at \$250 or less. This policy applies to stand-alone items that are purchased, but it excludes rental items, prosthetic devices and all DME items and orthotics if reimbursement for the base item plus accessories would be \$250 or more.

Providers may submit an authorization request by fax to (646) 473-7447 or call the 1199SEIU Benefit Funds' Prior Authorization Department at (646) 473-7446. For further information, please see Appendices D and G, or visit the 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org.

Landauer Metropolitan, Inc.

Telephone: (800) 631-3031

Fax: (914) 665-9036

Apria Healthcare, Inc.

Telephone: (800) 727-3958

Fax: (914) 592-6480



SECTION VII: CARE MANAGEMENT PROGRAMS

7.1: Utilization Management Overview

Utilization Management (UM) evaluates the medical necessity and appropriateness of healthcare services provided to a member or eligible dependent. This will ensure that approved services are the most appropriate for the illness or injury and provided at the most cost-efficient level of care.

The UM program performs prospective, concurrent and retrospective reviews. During the utilization review process, additional clinical documentation may be required to substantiate the medical necessity and appropriateness of care. The program staff will evaluate services based on accepted standards of medical practice, evidence-based guidelines, clinical policies and procedures and covered services as defined in the Summary Plan Descriptions (SPD).

Prior authorization and pre-certification requirements are regularly updated and are therefore subject to change. Periodically visit the 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org for updates and to review the 1199SEIU Benefit Funds' *Provider Connections* newsletters.

7.2: Outpatient and Home Care Services That Require Prior Authorization

To more effectively coordinate member care, the 1199SEIU Benefit Funds require certain outpatient or home care services to be pre-authorized before they are performed.

Make sure you have the authorization before starting the service, or the 1199SEIU Benefit Funds will not cover the service, and the claim will be denied. With regard to emergency services, providers should notify the 1199SEIU Benefit Funds as soon as practical.

You can contact our Prior Authorization Call Center staff during normal business hours at (646) 473-7446 with any inquiries.

For forms, our most recent prior authorization requirements and other information, please visit our website at www.1199SEIUFunds.org or see Appendices D and E in this manual.

The following outpatient or home care services require prior authorization (see Appendix D for a quick reference guide).

• Home Care Services

- Intermittent skilled nursing visits (RN)
- Physical/occupational/speech therapy (PT/OT/ST)
- Intermittent non-skilled care – Home Health Aide (HHA)
- Intravenous (IV) therapy
- Hospice care (call CareAllies for inpatient request)
- Enteral feedings
- Supplies (e.g., for enteral feedings, CPAP, BiPAP)

• Durable Medical Equipment and Orthotics

- Hospital beds
- All wheelchairs
- Insulin pumps and Continuous Blood Glucose Monitors
- Wound VAC
- NPWT (negative pressure wound therapy)
- Oxygen therapy (after 36 months of rental, the member owns the product)
- BiPAP, CPAP (after 10 months of rental, the member owns the product)
- Monitors (cardiac, holter, apnea, uterine, Home Prothrombin Time – INR)
- Prosthetic devices
- Bone growth stimulator
- Hydraulic lift

Equipment may only be bought if it is less expensive than the expected long-term rental cost or if a rental is not available. Contact the Care Management Department at (646) 473-7446 for further details.

Authorization is not required for covered DME items that are reimbursable at \$250 or less. This policy applies to stand-alone items that are purchased, but it excludes rental items, prosthetic devices and all DME items and orthotics if reimbursement for the base item plus accessories would be \$250 or more.

- **All prosthetic procedures and devices**

- **Outpatient services and procedures**

- Split night study
- Home sleep study
- Neuropsychological testing
- Advanced genetic tests done by a specialized lab, e.g., BRCA testing (routine genetic testing done in a standard lab does not require authorization)
- Hyperbaric oxygen therapy (outpatient service)
- Ambulance services (non-emergent)
- Evaluation for consideration of transplant (call CareAllies)
- Cardiac/pulmonary rehabilitation
- Lymphedema therapy
- TENS
- Provenge
- Skin substitutes
- Physical/Occupational/Speech therapy – After 25 outpatient physical, occupational or speech therapy visits (per discipline) within a calendar year are provided, a medical necessity review is required and must be approved in advanced if additional services are being requested.

- **Certain high-end radiology tests require prior authorization**

(Refer to section 6.4, Radiology Services)

Providers may submit an authorization request by fax to (646) 473-7447 or call the 1199SEIU Benefit Funds' Prior Authorization Department at (646) 473-7446 for details on what specific information must be submitted.

To submit a request, use the appropriate request for authorization form (see Appendix D). Include any pertinent clinical documentation that will support the request. The request for authorization form should be completed in its entirety with the correct and current CPT/HCPCS/ICD-9 or ICD-10 codes. We cannot process a service request without this information.

Please include your fax and tax identification numbers as well. To streamline the notification process, the 1199SEIU Benefit Funds will fax you the determination notice.

Timeframes for Initial Benefit Decisions:

- A **Pre-Service Care Request** must be determined no later than 15 days from the date the 1199SEIU Benefit Funds receive the request. This 15-day period may be extended by the 1199SEIU Benefit Funds for an additional 15 days due to matters beyond the 1199SEIU Benefit Funds' control; you will receive prior written notice of the extension.
- An **Urgent Care Request** will be treated as such if the treating physician and the 1199SEIU Benefit Funds' Medical Advisor believe that the waiting time for decision-making could seriously affect the life or health of the member. These requests will be reviewed as soon as possible but in no event later than 72 hours of receipt of the request.
- A **Concurrent Care Request** will be reviewed and, if indicated, an adverse determination will be sent sufficiently in advance of the reduction or termination of benefits to allow you to appeal and obtain a decision before the benefit is reduced or terminated.

A pre-service authorization is valid for 90 days from the date issued. (For radiology services, the authorization is valid for 60 days.)

Authorizations are assigned a 10-digit Reference ID, which should be used for any follow-up inquiries.

If your Coverage Determination Notice from the 1199SEIU Benefit Funds lists specific CPT/HCPCS codes, you must use the same codes when you submit your claim or bill for payment. This “matching” of codes will assure the accuracy and timeliness of your payment.

Prior authorization requirements are regularly updated and are therefore subject to change. Refer to Section 7.3: Prescription Drugs Requiring Authorization, and periodically visit the 1199SEIU Benefit Funds' website at www.1199SEIUFunds.org for updates and a complete list of medications that require prior authorization.

Refer to Section 7.5: Selected Outpatient and Ambulatory Surgical Procedures that Require Pre-Certification, for additional outpatient/ambulatory surgical procedures requiring certification through CareAllies.

7.3: Prescription Drugs Requiring Authorization

Prior authorization, step therapy and quantity duration requirements are regularly updated and are subject to change. Periodically visit the www.1199SEIUFunds.org website for updates and a complete list of medications that require prior authorization. The 1199SEIU Benefit Funds and Express Scripts both require authorization for certain medications.

Qualified prescribers should contact the 1199SEIU Benefit Funds' Prior Authorization representatives at (646) 473-7446 or fax information to (646) 473-7469 to request authorization for the following drug classes:

- Antibiotic (Zyvox, injectable)
- Factor VIII blood products
- Rare diseases (e.g., Fabry disease, Gaucher's disease)

Qualified prescribers (providers only) should contact Express Scripts at (800) 753-2851 to request authorization for the following drug classes:

- Acne therapy
- Alzheimer's therapy
- Anti-emetic agents
- Anti-migraine agents
- Anti-Parkinsonism agents
- C-1 inhibitors
- Cancer therapy
- CNS stimulants
- Growth hormone replacement products
- Huntington's Disease
- Immune globulins (IVIG)
- Immunomodulators
- Miscellaneous rheumatoid arthritis (RA) agents
- Multiple Sclerosis agents
- Myeloid stimulants
- Testosterone replacement products
- Proton pump inhibitors
- Weight loss agents

STEP THERAPY

The 1199SEIU Benefit Funds, like many healthcare payers, have a step therapy program to ensure that members have access to the most clinically effective drugs at the best price. Rather than using a high-priced medication when there is a less-expensive, clinically equivalent medication, step therapy requires providers to prescribe a lower-cost (sometimes generic) version of the medication for 1199SEIU Benefit Fund members first. If this medication does not work well for your 1199SEIU Benefit Fund patient, you can submit an authorization request for the costlier brand.

The following drugs will require step therapy:

- ACE inhibitors before ARBs
- Actiq/Fentora
- Adcirca
- Aromatase inhibitors (Armidedx, Aromsin, Femara)
- BPH agents (Finasteride, Avodart)
- Butrans
- COX-II
- Elidel/Protopic
- Flolan
- Forteo
- Gabitril
- Inspra
- Letairis (*Step rule effective 6/1/12*)
- Leukotrienes (Singulair, Zyflo, Accolate)
- Lovaza
- Lyrica
- Multiple Sclerosis agents (Extavia & Rebif to Avonex, Betaseron, Copaxone)
- Onsolis
- Prolia
- RA agents (Remicade, Simponi, Cimzia)

- Remodulin
- Revatio
- Ribavirin
- Savella
- Solodyn
- Subsys
- TOBI
- Topamax/Zonegran
- Tracleer
- Uloric
- Ventavis
- Vimovo
- Xyrem

To arrange an authorization review, call Express Scripts toll-free at (800) 417-1764, from 8:00 am to 9:00 pm, Monday through Friday. You will also need to submit the necessary clinical documentation to Express Scripts. If you fail to do so, your 1199SEIU members' prescriptions may be rejected, or they may be subject to expensive out-of-pocket costs.

QUANTITY DURATION RULES

The 1199SEIU Benefit Funds' Quantity Duration Rules are intended to hold down costs by ensuring that medications are prescribed in the most clinically effective dosages. The 1199SEIU Benefit Funds base these measures on FDA-recommended prescribing and safety information. The following medications are subject to the Quantity Duration Rules effective June 2012:

- Acthar Gel
- Adcetris
- Afinitor
- Amevive
- Antiemetics (Zofran, Kytril, Anzemet, Emend, Sancuso)
- Anti-Fungal (onychomycosis)
- Anti-Influenza
- Antiviral (Famvir, Acyclovir, Valtrex)
- Apokyn
- Avastin
- Benlysta
- Berinert
- Biphosphonates – (Alendronate, Actonel, Boniva, Atelvia)
- Butrans
- Byetta/Victoza
- Cambia
- Caprelsa
- Cayston
- Cesamet
- Chenodal
- Cinryze
- Daliresp
- Diclofenac Topical
- Dificid
- Diflucan/Fluconazole 150mg
- Duexis
- Erbitux
- Erivedge
- Factive
- Fentanyl agents (Actiq, Fentora, Abstral)
- Firazyr
- Gleevec
- Hyaluronic Acid agents – (Hyalgan, Synvisc, Supartz, Orthovisc, Euflexxa)
- Ilaris
- Impotency agents
- Incivek
- Inlyta
- Istodax
- Jackafi

- Jevtana
- Kalbitor
- Kalydeco
- Ketek
- Krystexxa
- Lialda
- Liboderm Patch
- Lovaza
- Lyrica
- Migrane agents (Sumatriptan, Naratriptan, Maxalt, Relpax, Axert, Zomig)
- Miscellaneous RA agents
- Miscellaneous bronchodilator – Spiriva
- Mozobil
- Multiple Sclerosis agents
- Nexavar
- Noxafil
- Nuedexta
- PAH (Tyvso, Tracleer, Letairis)
- Prolia
- Promacta
- Ranexa
- Relistor
- Retisert
- Revatio
- Revlimid
- Samsca
- Savella
- Sedative-Hypnotics
- Selzentry
- Sensipar
- Smoking cessation agents (Bupropion XL, Chantix, Nicotrol NS, Nicotrol Inhaler)
- Solodyn
- Spiriva
- Sprycel
- Stelara
- Subsys
- Sutent
- Synagis
- Tarceva
- Tassigna
- TOBI
- Tramadol ER
- Tykerb
- Uloric
- Ventavis
- Vfend
- Victrelis
- Vidaza
- Vimovo
- Votrient
- Xenazine
- Xgeva
- Xifaxan
- Xolair
- Xyrem
- Yervoy
- Zolinza
- Zytiga
- Zyvox

7.4: Medical Management of Hospital Services

The 1199SEIU Benefit Funds have contracted with CareAllies to provide telephonic medical and behavioral health utilization management services. This includes notification, certification and continued stay reviews for medical necessity, length-of-stay management and level-of-care appropriateness.

Before rendering the following services, providers, hospitals and facilities must contact CareAllies or another designated utilization agent acting on behalf of the 1199SEIU Benefit Funds (see Appendix E for a quick reference guide):

- All inpatient admissions, including psychiatric and alcohol/substance abuse disorder treatment
- Inpatient acute physical rehabilitation
- Inpatient hospice
- Certain outpatient/ambulatory surgical procedures
- Evaluation for consideration of potential transplant

For emergency admissions, either you or the 1199SEIU Benefit Funds member must contact CareAllies within two (2) business days of an admission.

CareAllies: Telephone (800) 227-9360 CareAllies staff is available 8:30 am to 6:00 pm (Eastern Time), Monday through Friday.	
Behavioral Health General Correspondence: By Fax: (952) 996-2836 By Mail: CareAllies 11095 Viking Drive, Suite 350 Eden Prairie, MN 55344	All Other Medical Management Hospital Correspondence: By Fax: (866) 623-5793 By Mail: CareAllies 1777 Sentry Park West Blue Bell, PA 19422

Pre-service and pre-scheduled determinations are valid for 90 days from the date of certification. If the admission date or the level of care changes, or additional days are required, CareAllies must be contacted.

7.5: Selected Outpatient and Ambulatory Surgical Procedures that Require Pre-Certification

You or your 1199SEIU member must call CareAllies at (800) 227-9360 before certain outpatient or ambulatory surgical procedures are performed. (Refer to Appendix E for a list.)

An ambulatory surgery procedure determination is valid for 90 days from certification. If the ambulatory procedure date changes, the level of care changes or if the member is admitted urgently following the outpatient surgery, it is important that you notify CareAllies. Ambulatory surgery and evaluations for transplants require a prospective medical necessity review by CareAllies before the services are performed.

7.6: Hospital Discharge Notifications

For hospital discharge notifications, please call CareAllies' automated system at (800) 378-7456, Monday through Friday, 8:00 am to 9:00 pm (ET). To use the system, you will need the CareAllies case number or the member's ID number, the admission date and the actual discharge date. This will ensure prompt and accurate claims processing and payment when your bill is submitted to the 1199SEIU Benefit Funds.

7.7: Utilization Review Procedural Guidelines

- **Pre-Certification.** Covered Services for which pre-certification is currently required are specified in this Manual and updated periodically. The hospital should make reasonable efforts to contact CareAllies or another designated utilization review agent acting on behalf of the 1199SEIU Benefit Funds to pre-certify an elective admission or outpatient procedure as far in advance of the scheduled admission or procedure as possible, and will make their best effort to do so no less than three (3) business days prior to the scheduled admission or procedure. CareAllies will communicate the medically necessary decision regarding requested covered services via mail, facsimile or telephone within five (5) business days after the hospital/provider submits the necessary clinical information.
- **Hospital Inpatient Management and Time Frames.** The hospital will notify CareAllies of all inpatient admissions within 24 to 48 hours of admission, or the next business day in the case of weekends and/or holidays via telephone or facsimile.
 1. If the necessary clinical information is provided by the hospital, and justifies the admission according to the nationally recognized guidelines or criteria for an acute care setting, the admission will be approved. Approval of the admission will be mailed or faxed to the hospital within three (3) business days for emergent admissions.

2. If the clinical information provided does not support a medically necessary inpatient admission, the hospital will be notified via mail, facsimile or telephone of the decision within 24 business hours of the initial determination. The specific rationale in making the decision will be provided. CareAllies can make available the phone number for peer-to-peer discussion with the Medical Director responsible for the determination. If the admission is subsequently approved, the determination will be communicated via facsimile or telephone to the hospital.
3. If the inpatient admission or continued stay is not authorized, the hospital may request an expedited appeal by CareAllies. This can occur when a delay may seriously jeopardize the life or health of the patient or, in the opinion of the treating physician with knowledge of the medical condition, would subject the patient to severe pain that cannot be adequately managed without the care or treatment being requested. A CareAllies physician reviewer, in consultation with the treating physician, will decide if an expedited appeal is necessary. If so, CareAllies will respond no later than 72 hours after receiving your request. An expedited appeal is available when requested, due to failure to authorize a continuing inpatient hospital stay.

The medical necessity appeal determination will be the first, final and binding decision for all parties. The hospital will be notified by mail indicating the “Final Determination” regarding the inpatient admission or continued stay within three (3) calendar days of the expedited appeal determination, and by phone to the requester.

- **Medical Management Process for DRG Cases.** Once a DRG admission is approved as medically necessary, CareAllies will not continue to do medical necessity reviews while the patient is in the DRG Inlier. Medical necessity determination will be made prior to low trim and beyond high trim unless there is pertinent clinical information to influence the discharge disposition, care transition and the coordination of services from inpatient to outpatient.
- **Concurrent Review.** CareAllies will conduct concurrent review telephonically with respect to admissions and ongoing outpatient course of treatment, which are subject to a per diem reimbursement methodology. CareAllies will notify the hospital of any concurrent determination when services being provided are no longer medically necessary. All notifications to a hospital will be made to the department provided by the hospital. If CareAllies provides certification for any portion of the inpatient stay, CareAllies shall not retrospectively deny the certified services except (1) if the services certified were materially different from the services provided; (2) the member’s condition was materially different from the described condition; or (3) the member was retroactively disenrolled. The UM decisions during the concurrent review process will be based on medical necessity by CareAllies or by the 1199SEIU Benefit Funds for the benefit plan design.

- **Retrospective Review.** A retrospective review is defined as a review of the medical necessity of a healthcare service that occurs after the service has been delivered or, in the case of inpatient hospitalization, after the patient has been discharged. If the hospital fails to notify CareAllies of an inpatient admission, the claim will be denied for non-compliance with the 1199SEIU Benefit Funds' utilization review procedure. The hospital may submit medical records and/or supporting clinical documentation to CareAllies for a retrospective review within 180 days of the initial denial date. Upon review, if it is determined the Covered Services provided were all or partially medically necessary, the hospital will be notified via mail, facsimile or telephone, and if there is a financial impact, the claim will be adjusted.

7.8: Hospital Appeal and Dispute Resolution Program

Hospitals that wish to appeal total or partial denials of claims and requests (either before the services are performed or after they are completed) must follow the appeal procedures outlined in this manual. Courts shall not have jurisdiction over disputes subject to the appeals procedures. Decisions rendered through the appeals procedures are final and binding. At no time during the appeal process, or after the final determination, will the hospital bill or collect any monies from the member or a member's dependent.

7.8.1: First-Level Hospital Appeals – Inpatient/Outpatient/Ambulatory Surgery

For inpatient, outpatient and ambulatory surgery services, if the hospital claim is denied either pre-service (prospective), concurrently or post-service (retrospective), the hospital will receive a written notice of the adverse determination, including the following: (1) the determination reasons inclusive of the clinical rationale; (2) instructions on how to initiate an appeal; and (3) upon request, the specific clinical review criteria relied upon to make the determination. The notice shall also specify what, if any, additional necessary information must be provided to, or obtained in order to render a decision on the appeal. If the hospital disagrees with a total or partial denial for an inpatient, outpatient or an ambulatory surgical procedure, other than a DRG determination (see Section 7.9) or a rate of pay determination (see Section 9.10), the hospital may initiate an appeal within 180 days of the initial denial date for all appeals by calling or writing CareAllies at:

CAREALLIES:

1777 Sentry Park West

Dublin Hall, 4th Floor

Blue Bell, PA 19422

Telephone: (800) 232-7497 | Fax: (877) 830-8833

For Mental Health and Substance Abuse disorder treatment, call or write CareAllies at:

CAREALLIES
Central Appeals Department
P.O. Box 46090
Eden Prairie, MN 55344
Telephone: (800) 241-4057 ext. 2009
Fax: (952) 996-2831

Requests for Urgent Care review can be made to CareAllies by calling (800) 277-9360 or sending a fax to (866) 623-5793 for medical services or (952) 996-2836 for behavioral health services.

The provider's request must include the specific reason(s) why the hospital disagrees with the initial denial, along with any other pertinent information that supports the request.

CareAllies will telephonically make available a Medical Director (or other medical professional qualified to render a medical necessity determination) to review the clinical status of the member.

7.8.2: Second-Level Hospital Appeals – Inpatient Services Only

If, after the first appeal, the initial decision regarding inpatient services is upheld and the hospital disagrees with this decision, the hospital may then request a second-level appeal from CareAllies within 60 days of the first-level appeal determination in the same manner. This second-level appeals procedure applies to inpatient services only and does not apply to outpatient services or ambulatory surgery. A CareAllies physician who was not involved in the first-level review will review second-level appeals.

APPEAL RESPONSE TIMES

- **Appeals Before a Service is Performed:** The response time for a standard pre-service denial of care appeal is 15 calendar days from receipt of the appeal.
- **Expedited Appeals:** Expedited appeals have a single-level appeal process in which the decision is binding to all parties. If the treating physician believes that waiting during this time period may seriously jeopardize the life or health of the patient or, in the opinion of the treating physician with knowledge of the medical condition, would subject the patient to severe pain that cannot be adequately managed without the care or treatment being requested, the hospital may request an urgent care review. A CareAllies physician reviewer, in consultation with the treating physician, will decide if an expedited appeal is necessary. If so, CareAllies will respond no later than 72 hours after receiving your request.

- **Appeals for Claim Denials After a Service is Performed:** The appeal response time for a standard post-service claim denial is 30 calendar days from the date that CareAllies receives the appeal.

7.8.3: External Third-Level Hospital Appeals – Inpatient Services Only

For inpatient services only, if both the first- and second-level inpatient hospital appeal reviews are partially or fully denied, and the hospital continues to disagree with this decision, the hospital may appeal to Island Peer Review Organization (IPRO), a third-party external utilization management organization that the 1199SEIU Benefit Funds have retained.

This independent review is a voluntary third-level appeal program. The hospital's request must be submitted directly to IPRO within 60 days of the second appeal determination. You should contact IPRO directly at (516) 326-7767, ext. 411. Note that IPRO charges a fee for this third-level appeal. Please mail or fax your request, along with the medical records and the UM determination notice, to:

IPRO

1979 Marcus Avenue, Suite 105

Lake Success, NY 11042

Attn: Terese Giorgio, Senior Director

Telephone: (516) 326-7767, ext. 411

Fax: (516) 326-1034

Email: TGiorgio@ipro.org

(If you are interested in submitting the medical records and related documents via secure email, please contact IPRO and they will guide you through the process.)

The decision of IPRO is final and binding.

Hospitals that wish to challenge an adverse determination, regarding inpatient services, must follow the three-level appeal procedures and time frames. Be advised that if a third-level appeal review is requested for inpatient services and the applicable time frames for submission have expired, the hospital's right to challenge the 1199SEIU Benefit Funds' determination has also expired.

7.9: Focus Diagnosis Related Groups (DRG) Validation Program and the Related Appeals Process

DRG-based hospital bills require participation in a retrospective pre-payment utilization review program, also known as the Focus DRG Validation Program. Once a claim has been received,

the claim is marked "pending" and sent to MedReview or another designated agent acting on behalf of the 1199SEIU Benefit Funds. MedReview will request a copy of the medical records from the hospital.

After MedReview has received the medical records, they will issue a determination to the hospital's Utilization Review Department. If an adverse determination occurs and the DRG is reassigned or the admission is denied, and the hospital disagrees with this decision, you may request a first-level appeal by MedReview within 90 days of the initial denial.

Contact MedReview at:

MedReview

199 Water Street, 27th Floor

New York NY 10038

Attn: Rudolph Moise – Assistant Director, Retrospective Review

Telephone: (212) 897-6096

Fax: (212) 897- 6010

If, after the first appeal, the initial decision is upheld and you disagree with this decision, you may then request a second-level appeal from MedReview in the same manner within 90 days of the first appeal determination.

If both the first- and second-level administrative reviews are partially or fully denied and you continue to disagree with this decision, you have the option of an external third-level appeal, within 90 days of the second appeal determination, as outlined in Section 7.8.3.

At no time during the appeal process, or after the final determination, shall the hospital bill or collect any monies from the member or a dependent.

7.10: Re-Admission Review Program

Medical re-admissions within 30 days of the initial discharge back to the same hospital are pending to MedReview or another agent acting on behalf of the 1199SEIU Benefit Funds. MedReview will request copies of the initial and re-admission medical records for review. If the re-admission could have been prevented by the hospital's provision of appropriate care prior to discharge or during the post discharge follow-up period, payment for the re-admission will be denied.

MedReview will notify the hospital of its decision in writing, including the right to appeal. Instructions on submitting an appeal will be provided in the decision letter.

Decisions rendered through the appeals procedures are final and binding. Courts shall not have jurisdiction over disputes subject to the appeals procedures, and at no time during the

appeal process, or after the final determination, shall the hospital bill or collect any monies from the member or a dependent.

7.11: Care Management Programs

Nurses and care coordinators coordinate with 1199SEIU Benefit Fund members and hospital discharge planners to provide a smooth transition from one level of care to another. When medically necessary, the 1199SEIU Benefit Funds arrange for post-hospital services, such as home care, physical therapy DME and other services and ensure that participating providers and vendors are utilized to access quality care.

Complex case management is provided to ensure that the member understands his or her medical condition(s), to promote self-management skills that help ensure medication reconciliation and to arrange a follow-up visit to achieve quality outcomes.

Our goal is to collaborate with the hospital staff, our members, their primary caregivers and community providers to establish a plan of care, reduce hospital re-admissions, avoid clinical gaps in care between the inpatient setting and the outpatient setting, and encourage members to use their healthcare benefits appropriately.

A care manager is assigned to each case to act as the liaison between healthcare settings and providers with the benefit of having one point of contact and easier administration. The Care Management Department can be reached at (646) 473-7446.

7.12: Dental Services that Require Prior Authorization

Members of the 1199SEIU National Benefit Fund for Health and Human Service Employees, must get prior authorization for dental services over \$200.

If an 1199SEIU National Benefit Fund for Health and Human Service Employees member is planning Major Dental Care (defined in the 1199SEIU Benefit Fund's Summary Plan Description as periodontal surgical procedures, endodontics, removable prosthetics (partial and complete dentures) and crowns, fixed bridgework and other methods of replacing individual teeth) or orthodontics, the 1199SEIU Benefit Funds must review and approve the treatment before the work is done.

1199SEIU Greater New York Benefit Fund members must get prior authorization for dental services over \$300 and all orthodontic services.

Prior authorization requests regarding dental services for 1199SEIU National Benefit Fund for Health and Human Service Employees members should be submitted to:

**1199SEIU Benefit Funds
Dental Department
PO Box 1149
New York NY 10108-1149
Telephone: (646) 473-7160 | Fax: (646) 473-7369**

Prior authorization requests regarding dental services for 1199SEIU Home Care Fund members should be submitted to:

**DDS
1640 Hempstead Turnpike
East Meadow, NY 11554
Telephone: (800) 255-5681**

Dentists must submit a treatment plan with all pertinent documents, including X-rays. The 1199SEIU Benefit Funds' dental consultants will review each request and issue an approved or denied predetermination to the provider.



SECTION VIII: CLINICAL WELLNESS PROGRAMS AND MEMBER ASSISTANCE PROGRAMS

Like the general public, 1199SEIU members struggle with chronic conditions, such as diabetes, asthma, hypertension, high cholesterol and depression. Members screened at health fairs for the above conditions are referred for follow-up to participating panel providers. The Clinical Wellness and Member Assistance Programs (MAP) are intended to complement the professional advice members receive from their physicians, to help members identify and manage chronic conditions and empower them to adopt a healthy lifestyle. Please encourage your patients to take advantage of the 1199SEIU Benefit Funds' free and confidential Wellness/MAP Programs.

8.1: Wellness Programs

The Wellness Program offers:

- Screenings for diabetes, high cholesterol, hypertension and obesity at health fairs and events at 1199SEIU Benefit Fund sites and 1199SEIU institutions, and referrals to participating providers for follow-up and treatment.
- A 24-Hour Nurse Helpline for members to call with any medical care questions is available by calling (866) 935-1199.
- Free and confidential, telephonic smoking cessation and weight management programs are available to interested members. To enroll, members may call (866) 935-1199.
- Nutrition and exercise workshops and educational materials on a variety of health topics. For more information, call (646) 473-8960.

8.2: Member Assistance Program (MAP)

The Member Assistance Program's team of social workers and other professional staff helps members manage problems that can put their health and jobs in jeopardy, such as mental health issues, chemical and alcohol dependency, domestic or workplace violence and gambling. MAP staff members can refer 1199SEIU members to social services that can help them handle these issues. They also provide bereavement counseling and support and counseling to family members. The Member Assistance Program can be reached at (646) 473-6900.

8.3: Prenatal Program

The Prenatal Program provides educational materials, interactive prenatal workshops that help members stay healthy during pregnancy and prepare for childbirth, and access to maternity care for pregnant members at no out-of-pocket cost to the member.

To refer a member to the Prenatal Program, call (646) 473-7160, or the member can call (646) 473-9200 to enroll.



SECTION IX: CLAIMS AND REIMBURSEMENT

The 1199SEIU Benefit Funds strive to pay clean, electronic claims within 20 days of receipt and clean, non-electronic claims within 45 days of receipt. A “clean claim” means either a properly completed UB04, CMS-1500 or 2006 ADA Form that is submitted for payment promptly and which includes all information needed to process the claim, including coordination of benefits information required by the 1199SEIU Benefit Funds.

All claims should include the Member ID number, the 1199SEIU Benefit Funds’ Payer Identification Number (see Section 9.3), the Plan Provider ID number (see Section 9.4) and the National Provider Identifier (see Section 9.5).

9.1: Timeframe for Claims Submission

Providers must submit clean claims within 90 days of the date of services or the date of discharge for inpatient services. The 1199SEIU Benefit Funds may deny claims submitted more than one year after the date of service or discharge unless proof of timely filing can be established.

9.2: Claims Submission

Providers must submit claims electronically, unless the claim requires attachments or documentation that cannot be accommodated electronically. Electronic claims submission is a secure vehicle to transmit claims information to the 1199SEIU Benefit Funds.

The 1199SEIU Benefit Funds accept professional service (837P) and inpatient and outpatient hospital claims (837I) in an electronic format through several clearinghouses, including Emdeon (formerly WebMD), MD On-Line, Capario (formerly MedAvant) and RelayHealth. The 1199SEIU Benefit Funds do not currently accept dental claims electronically. To establish an account with Emdeon, call (800) 845-6592 or check their website at www.Emdeon.com. To establish an account with MD On-Line, call (888) 499-5465 or visit www.1199MDOL.com. To establish an account with Capario, call (800) 792-5256 or visit www.Capario.com.

We also accept both institutional and professional EDI claims from RelayHealth (www.RelayHealth.com).

9.3: Payer Identification Number

To submit electronic claims, providers must use the 1199SEIU Benefit Funds' Payer Identification Number, which is 13162.

9.4: Plan Provider ID Number

To ensure that claim payments are accurate and timely, the 1199SEIU Benefit Funds encourages the use of the National Practitioner Identifier (NPI) for electronic claim submissions. You may also use the Plan Provider ID Number as a secondary identifier on all 837P and/or 837I transactions submitted to the 1199SEIU Benefit Funds. The Plan Provider ID Number can be used in the following loop to further identify Billing/Rendering Provider in additions to the NPI:

- Professional claims (837P):

If the provider is part of a group practice:

Include the Billing Provider Plan Provider ID# in the 2010BB-Payer Name loop as a REF segment with a qualifier "G2".

Include the Rendering Provider Plan Provider ID# in the 2310B-Rendering Provider Name loop as a REF segment with a qualifier "G2".

If the provider is a sole practitioner:

Include the Billing Provider Plan Provider ID# in the 2010BB-Payer Name loop as a REF segment with a qualifier "G2".

- For institutional claims (837I):
Include the Billing Provider Plan Provider ID# in the 2010BB-Payer Name loop as a REF segment with a qualifier "G2".
- Newborn birth weight on 837I:
For newborns, please include the birth weight in PAT08 with qualifier "GR" in PAT07 segment of the Loop 2000B/2000C. We also accept Loop 2300 Segment HI##-5 with a qualifier code of "BE" in HI##-1, value code of "54" in HI##-2.

Please review all submission reports to confirm that the claim was accepted by the 1199SEIU Benefit Funds' claims system. Claims may be rejected for several reasons, including invalid or missing member identification numbers.

The current standard EDI version of 4010 changed to 5010 on January 1, 2012. The 1199SEIU Benefit Funds and its trading partners must comply with the 5010 version as of January 1, 2012.

9.5: National Provider Identifier

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires healthcare providers to apply for a federally assigned National Provider Identifier (NPI). Providers were federally mandated to begin using the NPI on May 23, 2007. The use of the NPI standardizes provider identification nationally and makes it easier to identify healthcare transactions, including claims, eligibility inquiries, claim status inquiries and referrals.

Use your NPI on all claims and correspondence with the 1199SEIU Benefit Funds. You may also include your existing 1199SEIU Benefit Funds Plan Provider ID number.

9.6: Paper Claims Submission

You may submit your paper claims to the 1199SEIU Benefit Funds as follows:		
MEDICAL CLAIMS	HOSPITAL CLAIMS	DENTAL CLAIMS
1199SEIU Benefit Funds	1199SEIU Benefit Funds	1199SEIU Benefit Funds
PO Box 1007	PO Box 933	PO Box 1149
New York, NY 10108-1007	New York, NY 10108-0933	New York, NY 10108-1149

9.7: Coding Standards

The 1199SEIU Benefit Funds reference the most recent versions for CPT-4, HCPCS, ICD CM and CDT codes that are published by the American Medical Association and the American Dental Association. If providers submit claims with obsolete or "homegrown" codes, the claims may be delayed or denied.

To ensure that providers are using appropriate coding methods, the 1199SEIU Benefit Funds use coding software to identify inconsistencies, such as unbundling of services or incorrect modifier/CPT code combination.

9.8: Provider Remittance

All claim determinations are communicated to providers via a Provider Remittance Form, which provides a detailed explanation of how the claim was paid, the payment amount, check number and reasons for denial(s), if any.

9.9: Claims Status

Providers may check medical, hospital and dental claims status by:

- Calling the 1199SEIU Benefit Funds' IVR system at (888) 819-1199
- Checking online at www.NaviNet.net
- Calling (646) 473-7160 to speak with a 1199SEIU Benefit Fund Provider Services Representative about both medical and hospital claims status.

9.10: Claims Reviews

A claim review is a provider-initiated inquiry regarding any adverse payment decision that falls outside the scope of Section 7.7 and does not involve member eligibility determinations. (Challenges to eligibility determinations must be made by or on behalf of the member in accordance with the 1199SEIU Benefit Funds' Summary Plan Descriptions). Any claim review request must be submitted within 180 days of the date of the 1199SEIU Benefit Funds' date of denial or payment. To request a claim review, submit in writing the reason(s) you disagree with the 1199SEIU Benefit Funds' determination to:

<p>MEDICAL CLAIMS 1199SEIU Benefit Funds Medical Claims PO Box 1007 New York, NY 10108-1007</p>	<p>HOSPITAL INPATIENT ADMISSIONS; ER AND AMBULATORY SURGERY CLAIMS 1199SEIU Benefit Funds PO Box 933 New York, NY 10108-0933</p>	<p>DENTAL CLAIMS 1199SEIU Benefit Funds Dental Claims PO Box 1149 New York, NY 10108-1149</p>
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We will respond to your claim review within 90 days of receiving the request.

9.11: Overpayment Recovery Program

The 1199SEIU Benefit Fund will notify the provider in writing in the event that claim overpayment has been made to such provider. The provider is expected to reimburse the 1199SEIU Benefit Fund within 30 days of receiving the Fund's notification. An overpayment by the 1199SEIU Benefit Fund to the provider should be reimbursed by check payable to the applicable 1199SEIU Benefit Fund. A copy of the notification letter should accompany the refund check to ensure proper credit of the refund. The refund should be mailed to:

1199SEIU Benefit and Pension Funds
P.O. Box 837
New York, NY 10108-0837

Providers also have the option of having the overpaid amount deducted from future claim payments. This option may be elected by written request directed to:

Recovery Unit
1199SEIU Benefit and Pension Funds
330 West 42nd Street
New York, NY 10036

Providers should immediately contact the 1199SEIU Benefit Fund's Recovery Unit in writing to obtain additional details regarding an overpayment, to clarify discrepancies or to arrange repayment terms. If, after 30 days from the provider's receipt of the 1199SEIU Benefit Funds' request for reimbursement, the overpayment has not been reimbursed by the provider or arrangements have not been made to refund the overpayment, we will regard this as an election to deduct the overpayment from future benefits, and we will begin to collect the overpayment in this manner.

Time Limits:

It is the 1199SEIU Benefit Funds' policy to pursue collection of claim overpayments for six years from the date the overpayment is discovered. State insurance laws, which impose time limits on overpayment recovery by insurance companies, do not apply to the 1199SEIU Benefit Funds because the 1199SEIU Benefit Funds are not insurance companies.

For more information on the plan, please visit our website at www.1199SEIUFunds.org.



SECTION X: HEALTHCARE FRAUD AND ABUSE

As part of our commitment to fulfill our fiduciary obligation to protect our members and their assets, the 1199SEIU Benefit Funds established a Fraud and Abuse Department to investigate instances of possible fraud, abuse or misuse of benefits. While the vast majority of our healthcare providers are honest and reputable, a few providers have committed abusive and fraudulent acts. Therefore, our goal is to identify, detect and deter fraudulent and abusive healthcare practices.

10.1: What Is Healthcare Fraud?

The 1199SEIU Benefit Funds define healthcare fraud as an intentional deception or misrepresentation that an individual knows to be false, or that could knowingly result in some unauthorized benefit to that individual or another person.

The most common kind of fraud involves a false statement or misrepresentation made in order to take advantage of 1199SEIU Benefit Funds' benefits. The violator may be a healthcare provider, an employee of a medical provider, a beneficiary or some other person or business entity.

Examples of fraud include:

- Billing for services and supplies that were not provided;
- Misrepresenting the diagnosis for a patient to justify the services or equipment furnished;
- Altering claim forms to obtain a higher payment amount;
- Unbundling (exploding) charges or upcoding; or
- Participating in schemes that involve collusion between a provider and a beneficiary or between a supplier and a provider, which result in higher costs or charges to the 1199SEIU Benefit Funds.

10.2: What Is Healthcare Abuse?

The 1199SEIU Benefit Funds define healthcare abuse as actions that are inconsistent with sound medical, business or fiscal practices. Abuse directly or indirectly results in higher costs to the 1199SEIU Benefit Funds through improper payments for treatments that are not medically necessary.

Common examples of abuse include:

- Performance of medically unnecessary services;
- Failure to document medical records adequately;
- Intentional, inappropriate billing practices such as misuse of modifiers; or
- Failure to comply with a participation agreement.

10.3: Preventing Fraud and Abuse

To prevent healthcare fraud and abuse by individuals, providers can:

- Call the Interactive Voice Response System (IVR) at (888) 819-1199 to verify a member's eligibility to receive benefits;
- Request a second form of identification if you are suspicious of a member's identity;
- Call the 1199SEIU Benefit Funds' Fraud and Abuse Hotline at (646) 473-6148 if you suspect fraudulent activities by a member or another provider;
- Email us at: benefitfraud@1199funds.org; or
- Write to us at:

1199SEIU Benefit Funds
Fraud and Abuse Department
PO Box 866
New York, NY 10108-0866

All information will be held in confidence.

10.4: If Fraud or Abuse of Benefits Is Suspected

If the Fraud and Abuse Department suspects potential fraud or abuse because of evidence such as reimbursement data, information from law enforcement or fraud organizations or complaints from members, providers, provider employees, vendors or 1199SEIU Benefit Funds' staff, the 1199SEIU Benefit Funds will review the claim(s) in question and assign an investigator.

This investigation may include:

- Pre/post payment claims review;
- Medical record request and review;
- Data analysis;
- Verification of services (surveying patients, auditing charts);
- Onsite field audit request; and
- Provider monitoring.

Provider Notification

The Fraud and Abuse Department will notify providers of any investigations that may adversely affect payment.

Providers Have the Right to Challenge Fraud and Abuse Determinations

Providers have the right to challenge the 1199SEIU Benefit Funds' initial fraud and abuse determinations. The provider may request a second review by the Fraud and Abuse Committee. Decisions made in a court or by settlement may not be appealed to the 1199SEIU Benefit Funds.

If the appeal is unsuccessful, the 1199SEIU Benefit Funds will begin to recover lost monies by negotiating a settlement with the provider. If no settlement agreement can be reached, the 1199SEIU Benefit Funds will take whatever action is necessary to recover lost monies, such as suspending future payments. Unsuccessful recovery efforts will ultimately result in removal from the 1199SEIU Benefit Funds' network of participating providers; in some cases the 1199SEIU Benefit Funds may refer the provider to law enforcement and/or licensing boards.

SECTION XI: CONFIDENTIALITY

Providers are expected to comply with all applicable laws, regulations, professional standards and 1199SEIU Benefit Funds' policies, including the privacy regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

APPENDICES

Appendix A General Provider Forms and Information

- Provider Recruitment Form
- Provider Demographic Information Change Request Form
- W-9 Form: Individual/Sole Proprietor
- W-9 Form: Corporation or Partnership

Appendix B In-Office Laboratory Guidelines

Appendix C Radiology Privileging by Specialty

Appendix D The 1199SEIU Benefit Funds' Prior Authorization Guidelines and Request Forms Pre-Certification Listing

- Pre-Certification List
- Quick Reference Contact Sheet
- Pre-Authorization Request for Outpatient/Home Care Services/Rx
- Request Forms
 - Service/Equipment Request
 - PT, OT and ST Benefit Extension
 - Service/Equipment Request for O₂ Authorization
 - Cardiac, Pulmonary Rehabilitation
 - Provenge Pre-Certification Request
 - CareAllies Initial Pre-Certification Request

Appendix E Medical Management Programs

- Quick Reference Contact Sheet
- Inpatient Hospital Services
- Outpatient/Ambulatory Surgical Procedure Certification
- Chiropractic Services
- Focus DRG Validation Program
- 1199SEIU Benefit Funds' Radiology Review Program

Appendix F Prescription Drug Benefit

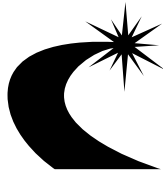
- Preferred Drug List
 - Specialty Drug List
 - Benefit Funds' Rx Request for Authorization
 - Express Scripts/Medco by Mail Order Form
 - Express Scripts Prior Authorization List
 - Express Scripts Prior Authorization for Step Therapy

- Express Scripts Prior Authorization for Quantity Duration
- Dose Optimization
- Prior Authorization Drug List Administered by the Benefit Funds
- Express Scripts/1199SEIU Benefit Funds Contact Information

Appendix G Preferred Durable Medical Equipment Network

Note: All lists and forms are accurate as of July 2013. Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A Provider Recruitment Form



1199SEIU Benefit and Pension Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org

Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Provider Recruitment Form

Please Print in Black or Blue Ink

Yes, I want to become a 1199SEIU Participating Provider

Provider

Please send me information so I can become an 1199SEIU Participating Provider

Provider's Full Name: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Telephone: (_____) _____ Office Fax: (_____) _____

Office Contact: _____

Provider Specialty: _____

Board Status: _____

National Provider Identifier (NPI): _____

Hospital Affiliation: _____

Member

I want the Fund to contact my doctor so he or she can be an 1199SEIU Doctor

Member's Full Name: _____

Institution: _____

Member's Telephone: (_____) _____

Please Mail or Fax Completed Form to:

1199SEIU Benefit and Pension Funds

Attn: Provider Relations Department

330 West 42nd Street

New York, NY 10036-6977

Fax: (646) 473-7213

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Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A Provider Demographic Information Change Request Form



1199SEIU Benefit and Pension Funds
330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Provider Demographic Change Form

A confirmation will be faxed upon receipt and completion of your request
Please allow 45 days for updates
Please Print Clearly in Black or Blue Ink

Current Practice Information (Check Only One)

Group Practice

Individual Provider

Provider specialty: _____

PCP

Specialist

Other: _____

NPI: _____ License #: _____

Social Security #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

County: _____ Tax ID (TIN): _____

Provider Change Information (Check Only One)

This change affects:

Group Practice

Individual Provider

Change Effective Date: ____/____/____

Type of Change: (Check all That Apply)

Add TIN

Delete TIN

Add Billing Address

Add Practice Address

Delete Practice Address

Change Billing Address

Add Phone Number

Change Phone Number

Change Name (Group or Physician)

Change of Specialty

Change or Add Hospital Affiliation: _____

Other: _____

Previous Office Information: (Leave Blank if Same as Above)

Check here to delete address

Individual/Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ TIN/Social Security #: _____

New Office Information: Designate as Primary Office? Yes No

Check here to add as new address

Individual/Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ TIN/Social Security #: _____

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A Provider Demographic Information Change Request Form (continued)

Billing Address: (One Billing Address Per TIN: Please Attach a W-9 Form)

Individual/Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____

Group Practice Change Information:

Note: Please list all providers affected by this change request. Attach an additional sheet if necessary.

1. Full Name: _____

Degree: _____ Social Security #: _____ - _____ - _____ Add Remove

License #: _____ TIN: _____

2. Full Name: _____

Degree: _____ Social Security #: _____ - _____ - _____ Add Remove

License #: _____ TIN: _____

3. Full Name: _____

Degree: _____ Social Security #: _____ - _____ - _____ Add Remove

License #: _____ TIN: _____

Authorized Signature **X** _____ Date: _____

Special Note: Authorized Office personnel may sign on the provider's behalf.

Provider File Maintenance Form

Instructions and Important Information Page

Important Notes & Instructions Section

When to use this form:

Please use this form in place of your office letterhead when submitting changes to your information.

Special notes to PCPs:

- All current and correct PCP individual practice information must be included to ensure proper membership affiliations
- 1199SEIU Benefit and Pension Funds can only accommodate one (billing) address per TIN
- Authorized office personnel may sign on the provider's behalf
- Please complete all applicable fields in the Current Practice Information section

Please fax or mail completed form with additional documentation to:

1199SEIU Benefit and Pension Funds

Attn: Provider Relations Department

330 West 42nd Street

New York, NY 10036-6977

Tel: (646) 473-7160

Fax: (646) 473-7229

Internal Use Only

Contract Type: _____ Effective Date of Change: _____ Reviewed By: _____

Contract Name: _____ Comments: _____ Data Management: _____

Plan Provider ID: _____ Credentialing: _____

Group ID: _____ Contracting: _____

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Individual/Sole Proprietor

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	Give form to the requester. Do not send to the IRS.	
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Doe, John MD		
	Business name, if different from above		
	Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶		
	Address (number, street, and apt. or suite no.) 330 West 42nd Street, 29th Floor	Requester's name and address (optional)	
	City, state, and ZIP code New York, NY 10036	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number
12 3456789

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Individual/Sole Proprietor

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Individual/Sole Proprietor

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.
²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A *disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Individual/Sole Proprietor

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Corporation or Partnership

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.	
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Internal Funds Medical Group		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶		
	Address (number, street, and apt. or suite no.) 330 West 42nd Street, 29th Floor	Requester's name and address (optional)	
	City, state, and ZIP code New York, NY 10036	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number _____
OR
Employer identification number 12 : 3456789

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Corporation or Partnership

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Corporation or Partnership

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix A W-9 Form: Corporation or Partnership

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix B In-Office Laboratory Guidelines



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 892-2557

Laboratory Guidelines

Providers with a CLIA certificate may conduct the following laboratory tests in their offices:

Description	Codes	Description	Codes
Urinalysis	81000- 81003	Crystal Identification	89060
Glucose	82947- 82948	ESR	85651, 85652
Prothrombin time	85610	BM Aspiration	85097
Tuberculosis Intra-Dermal Skin Test	86580	Platelet	85007
Urine Pregnancy Test	81025	Bilirubin Direct	82248
Tissue Exam (KOH) Prep	87220	Bilirubin Total	82247
Wet Mounts	87177, 87210	Hemoglobin Glycated	83036
FOBT (Hemocult)	82270	Blood Smear	85060
Strep Test Group A	87070, 87880	Molecular Cytogenetics Chromosomal	88273
CBC	85025- 85048	Molecular Cytogenetics Interphase	88274
BUN, Creatinine	82565	Special Stains Group I	88312
Potassium	84132	Special Stains Group II	88313
Hemoglobin	85018	Clinical Pathology Consultation Limited	80500
Semen Analysis	89300 - 89320	Clinical Pathology Consultation Comprehensive	80502
Sperm Evaluation	89329	Lead Testing	83655
Cervical Mucus Penetration Test	89330	Rapid Flu Test	87804

The following laboratory tests are approved only if performed by the indicated specialist:

Specialty	Description – CPT Code
Family Practitioner/Pediatricians	Bilirubin Direct - Code 82248 Bilirubin Total - Code 82247
Oncology/Hematology	ESR - Codes 85651, 85652 BM Aspiration – Codes 85095, 85097 Platelet blood count, manual differential Code 85007 WBC count (includes RBC morphology and platelet estimation)
Reproductive Endocrinologist	Semen Analysis - Code 89300- 89320 Sperm Evaluation - Code 89300 Mucus Penetration Test - Code 89330 (Sperm evaluation, cervical mucus penetration test, with or without Spinnbarkeit test) Crystal Identification - Code 89060
Urologist	Semen Analysis - Code 89300

****Please note that Pathologists and Dermatologists may conduct all laboratory tests.**

Lab Listing from BeneFAQs Updated as of January 13, 2010

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix C Radiology Privileging by Specialty



1199SEIU BENEFIT FUND RADIOLOGY PRIVILEGING LIST BY SPECIALTY

Privileging standards apply to all participating and non participating physicians.

SPECIALTY	CPT CODES	DESCRIPTION
Primary Care Physicians: Internal Medicine, Family Practice, Pediatrics	71010, 71020, 71021, 71022, 71030, 71100, 71101, 71110, 72010, 72020, 72040, 72050, 72052, 72070, 72080, 72100, 72110, 72114, 72170, 73000, 73010, 73020, 73030, 73050, 73060, 73070, 73080, 73090, 73092, 73100, 73110, 73120, 73130, 73140, 73500, 73510, 73520, 73540, 73550, 73560, 73562, 73564, 73565, 73590, 73592, 73600, 73610, 73620, 73630, 73650, 74000, 74010, 74020, 74022	Focus on chest x-ray, abdominal x-ray, and long bones
Allergy & Immunology	71010, 71020, 71021, 71022, 71030, 76942	Focus on chest x-ray
Anesthesia	72275, 72285, 72291, 72292, 72295	Diagnostic and localization tests for pain management
Breast Surgeon	77051, 77052, 77053, 77054, 77055, 77056, 77057, 77058, 77059, 76645	Breasts and mammography x-rays
Cardiology (Includes Cardiothoracic Surgery and Cardiovascular Disease)	71010, 71020, 71021, 71022, 71030, 76930**, 78414, 78428, 78460, 78461, 78464, 78465, 78466, 78468, 78469, 78472, 78473, 78478, 78480, 78481, 78483, 78494, 78496, 78890, 78891, 78990	Focus on chest x-ray, nuclear cardiology, echocardiology, and x-ray incidental to injections or biopsies
Pediatric Cardiology	71010, 71020, 71030, 76825, 76826, 76827, 76828	Plain films and x-ray incidental to injections and/or biopsy
Interventional Cardiology	71090, 75625, 75630, 75650, 75658, 75660, 75662, 75665, 75671, 75676, 75680, 75685, 75710, 75716, 75722, 75724, 75726, 75756, 75774, 75896, 75898, 75960, 75962, 75964, 75966, 75968	Peripheral vascular x-rays
Chiropractic	72010, 72020, 72040, 72050, 72052, 72069, 72070, 72080, 72090, 72100, 72110, 72114	Spinal x-ray
Emergency Medicine	71010, 71020, 71021, 71022, 71030, 71100, 71101, 71110, 72010, 72020, 72040, 72050, 72052, 72070, 72080, 72100, 72110, 72114, 72170, 73000, 73010, 73020, 73030, 73050, 73060, 73070, 73080, 73090, 73092, 73100, 73110, 73120, 73130, 73140, 73500, 73510, 73520, 73540, 73550, 73560, 73562, 73564, 73565, 73590, 73592, 73600, 73610, 73620, 73630, 73650, 73660, 74000, 74010, 74020, 74022	Services related to trauma and acute conditions.
Endocrinology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022, 76536, 76942, 77080	Chest and abdominal x-rays, ultrasound guidance services, and bone densitometry services.
Gastroenterology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022, 76975	Urgent x-rays associated with GI diagnoses.
General Dentistry, Dental Facility, Dentistry Endodontics/Periodontics	70300, 70310, 70320, 70350, 70355	All dental x-rays
Geriatric Medicine	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services
Gynecology Oncology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022, 76700, 76801, 76830, 76856, 76942	Diagnostic of uterus (transabdominal and transvaginal), first trimester ultrasounds, and image guided biopsies.
Gynecology Only	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022, 74740, 76645, 76700, 76801, 76830, 76831, 76856, 76857, 76942, 76948	Diagnostic of uterus (transabdominal and transvaginal) and first trimester ultrasounds.
Hand Surgery	73000, 73010, 73020, 73030, 73050, 73060, 73070, 73080, 73090, 73092, 73100, 73110, 73120, 73130, 73140, 77071	Plain films of the upper extremities.
Head and Neck Surgery	70371, 76942	X-ray for biopsy
Hematology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services
Infectious Disease	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix C Radiology Privileging by Specialty (continued)

SPECIALTY	CPT CODES	DESCRIPTION
Maternal and Fetal Medicine/ Neonatal-Perinatal Medicine	76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828, 76830, 76831, 76856, 76857, 76941, 76942, 76945, 76946, 76948	All obstetric ultrasound and x-ray associated with fertility evaluation
Nephrology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services
Neurology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services
Neurosurgery	77001, 77002, 77003	Fluoroscopic guidance services
Obstetrics & Gynecology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022, 74740, 76645, 76700, 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76830, 76831, 76856, 76857, 76942, 76945, 76946, 76948, 77080, 77081	All gynecologic and obstetric x-ray, bone densitometry
Occupational Medicine	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services
Oncology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services
Ophthalmology	70030, 76510, 76511, 76512, 76513, 76514, 76516, 76519, 76529	Studies of the eye
Oral Surgery	70100, 70110, 70140, 70150, 70300, 70310, 70320, 70328, 70330, 70350, 70355	Dental, jaw, and face x-ray services
Orthopaedic Surgery	77001, 77002, 77003, 71100, 71101, 71110, 71120, 71130, 72010, 72020, 72040, 72050, 72052, 72069, 72070, 72080, 72090, 72100, 72110, 72114, 72120, 72170, 72190, 72200, 72220, 73000, 73010, 73020, 73030, 73050, 73060, 73070, 73080, 73090, 73092, 73100, 73110, 73120, 73130, 73140, 73500, 73510, 73520, 73540, 73550, 73560, 73562, 73564, 73565, 73590, 73592, 73600, 73610, 73620, 73630, 73650, 73660, 76000, 77071, 77072, 77073, 77074, 77075, 77076	Plain films of the bones and fluoroscopic guidance
Otolaryngology	70210, 70220, 70371, 76942	X-ray for biopsy & procedure
Pain Medicine	72275, 72285, 72291, 72292, 72295, 77001, 77002, 77003, 70371, 76942	Diagnostic and localization tests for pain management, x-ray for needle guided procedures
Physical Medicine & Rehabilitation	77001, 77002, 77003, 70371, 76942	X-ray for needle guided procedures
Plastic Surgery	76000, 77077	Fluoroscopy, joint survey
Podiatric Surgery	73600, 73610, 73620, 73630, 73650, 73660, 77071	Plain film of the feet
Podiatry	73600, 73610, 73620, 73630, 73650, 73660, 77071	Plain films of the feet
Pulmonary Disease	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022	*General medical management services
Reproductive Endocrinology	71010, 71020, 71021, 71022, 71030, 74000, 74010, 74020, 74022, 74740, 76645, 76700, 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76830, 76831, 76856, 76857, 76942, 76945, 76946, 76948	Encompass the services related to endocrine and obstetric/gynecology x-ray, all x-ray guided procedures, and retrievals
Rheumatology	71010, 71020, 71021, 71022, 71030, 72202, 74000, 74010, 74020, 74022, 77080	*General medical management services, radiologic examination, bone densitometry
Surgery	76937, 76942	Guided biopsies
Urology	74400, 74410, 74415, 74420, 74425, 74430, 74440, 74445, 74450, 74455, 76870, 76872, 76942	Genital x-ray procedures and biopsy procedures
Vascular Surgery	75625**, 75630**, 75650**, 75658**, 75660**, 75662**, 75665**, 75671**, 75676**, 75680**, 75685**, 75710**, 75716**, 75722**, 75724**, 75726**, 75738**, 75756**, 75774**, 75790**, 75820**, 75827, 75833**, 75894**, 75896**, 75898**, 75940**, 75952**, 75953**, 75960**, 75962**, 75964**, 75966**, 75968**, 75978**, 77001, 77002, 77003	X-rays related to angiography, venography, and other invasive vascular services, fluoroscopic guidance services

*General medical management services denotes specialties where privileging may encompass procedures similar to Internal Medicine.
 **Approved for hospital setting only.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Pre-Certification List



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Pre-Certification List*

By CareAllies/Cigna	By Fund
<p>1. Medical and Behavioral Health Inpatient Hospital Admissions</p> <ul style="list-style-type: none"> • Notification/Certification of ALL admissions • Continued Stay Review • Acute Physical Rehabilitation • Hospice (Inpatient) • Expedited, 1st and 2nd Appeal levels <p>2. Ambulatory Surgical Procedures</p> <ul style="list-style-type: none"> • Abdominoplasty/Panniculectomy/Abdominoplasty in combination with hernia repair • Ankle and Foot Surgeries (Ankle Arthroscopy, Bunionectomy, Hammertoe Correction, Heel Spur Surgery) • Bariatric Surgery for treatment of morbid obesity (inclusive of removal, revision or replacement of port) • Blepharoplasty • Bone marrow/Autologous stem cell transplant • Nasal reconstruction surgery • Reduction mammoplasty for macromastia in women or gynecomastia in men • Varicose vein surgery <p>3. Evaluation for consideration of potential Transplant</p> <p>4. Request for Chiropractic Services beyond 12 visits per calendar year</p>	<p>5. Outpatient Services/Procedures</p> <ul style="list-style-type: none"> • Diagnostic Testing <ul style="list-style-type: none"> • Split night study for OSA • Capsule endoscopy • Neuropsychological testing • Advanced genetic tests done by a specialized lab, e.g., BRAC testing (routine genetic testing done in standard lab does not require authorization) • Hyperbaric Oxygen Therapy • Ambulance service (non-emergent) • Cardiac/Pulmonary Rehabilitation • Lymphedema Therapy <p>6. Durable Medical Equipment and Orthotics</p> <ul style="list-style-type: none"> • Hospital beds • All wheelchairs • Insulin pump/CBGM • Negative Pressure Wound Therapy • All Prosthetic Devices • O₂ therapy • BiPAP, CPAP • Monitors (cardiac, holter, apnea, uterine) • Bone Growth Stimulator • INR Machine • Hydraulic lift <p>No authorization required for covered DME and orthotics, which are reimbursed at the Fund's allowance of \$250 or less. This applies to stand-alone items which are purchased. It excludes rental items, prosthetic devices and all DME and/or orthotics in which the base item plus accessories would have a reimbursement rate of \$250 or greater (e.g., wheelchair with accessories, prefabricated brace with additions).</p> <p>7. Request for Outpatient Physical/Occupational/Speech therapy beyond 25 visits per discipline per calendar year requires a medical necessity review prior to services being delivered.</p> <p>8. Outpatient Coordination for Alcohol and Substance Use Disorder Treatment</p> <p>9. Home Care Services</p> <ul style="list-style-type: none"> • Intermittent Skilled Nursing Visits (RN) • Physical/Occupational/Speech Therapy • Intermittent Non-Skilled Care – Home Health Aide • Intravenous (IV) Therapy • Hospice Care (call CareAllies for inpatient request) • Enteral feedings • Supplies (e.g., CPAP, BiPAP)
By Express Scripts	
<p>10. Prescription Drug Refer to www.1199SEIUFunds.org for complete list of medications that require prior authorization.</p>	

*Refer to summary documents for full details.

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Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Quick Reference Contact Sheet



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
 Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Quick Reference Contact Sheet*

Services provided by the Fund, Monday through Friday 9:00 am - 5:00 pm	Phone	Fax
Request for Homecare, DME, Certain Outpatient Services that require pre-authorization	(646) 473-7446 - Call Center	(646) 473-7447
Request for Outpatient PT/OT/ST beyond 25 visits per discipline per calendar year will require a medical necessity review prior to services being delivered.	N/A	(646) 473-7447 Fax re-evaluation report & up-to-date progress notes along with the completed request form
Member Assistance Program for Outpatient Alcohol and Substance Use Disorder Treatment	(646) 473-6900	(646) 473-6918
Inquiries for claims status, payments or other provider services	(646) 473-7160 - Hotline providers@1199funds.org - email	N/A
IVR for eligibility verification/claims status 24/7/365	(888) 819-1199 - For Providers Only Provider's Tax ID #, Member's ID #, and patient's Date of Birth required to retrieve eligibility. Press 1 for hospital benefit and the system will provide benefit effective date and the Fund's primary or secondary responsibility.	N/A

*These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund

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Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Pre-Authorization Request for Outpatient/Home Care Services/Rx



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Pre-Authorization Request for Outpatient/Home Care Services/Rx*

Contact the Prior Authorization Call Center at: (646) 473-7446 or Express Scripts for Rx

In The Home Setting Fax to: (646) 473-7447

- Intermittent Skilled Nursing Visits (RN)
- Physical/Occupational/Speech Therapy (PT/OT/ST)
- Intermittent Non-Skilled Care – Home Health Aide (HHA)
- Intravenous (IV) Therapy
- Hospice Care (Call CareAllies for inpatient request)
- Enteral feedings
- Supplies (e.g., enteral feedings, CPAP, BiPAP)
- Durable Medical Equipment and Orthotics
- Hospital beds
- All wheelchairs
- Insulin pump
- Wound VAC
- All Prosthetic Devices
- O₂ therapy
- BiPAP, CPAP
- Monitors (cardiac, holter, apnea, uterine)
- Bone Growth Stimulator
- INR machine
- Hydraulic lift

No authorization required for covered DME and orthotics which are reimbursed at the Fund's allowance of \$250 or less. This applies to stand-alone items which are purchased. It excludes rental items, prosthetic devices and all DME and/or orthotics in which the base item plus accessories would have a reimbursement rate of \$250 or greater (e.g., wheelchair with accessories, prefabricated brace with additions).

Call our preferred vendor, Landauer Metropolitan, Inc. at: (800) 631-3031
Monday through Friday, 8:30 am – 5:30 pm; Saturday 9:00 am - 3:00 pm

Outpatient Services/Procedures Fax to: (646) 473-7447

Use the Fund's Authorization Request Form to obtain approval for:

- Diagnostic Testing
 - Split night study
 - Capsule endoscopy
 - Neuropsychological testing
 - Advanced genetic tests done by a specialized lab e.g., BRCA testing (routine genetic testing done in standard lab does not require authorization)
- Hyperbaric Oxygen Therapy
- Evaluation for consideration of Transplant (call CareAllies)
- Ambulance Service (non-emergent)
- Cardiac/Pulmonary Rehabilitation
- Lymphedema Therapy

Prescription Drug Call Express Scripts at: (800) 818-6720

For a complete list of medications that need prior authorization, log onto www.1199SEIUFunds.org. If members are currently taking medications that may need prior approval, call Express Scripts at (800) 753-2851 (Monday through Friday between 8:00 am – 6:00 pm, Eastern Time) to arrange a review.

This may not be an all-inclusive list. Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUFunds.org.

The Pre-service authorizations will be valid for 90 days from the date it is certified. All authorizations will be assigned a numeric-only Reference ID# (10 digits) which can be referred to for any follow-up inquiries.

*These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund

Appendix D Service/Equipment Request



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 892-2557

Care Management Department Service/Equipment Request Authorization Form

Please Print Clearly in Black or Blue Ink

Request Submitted by (Full Name): _____

Request Date: ____/____/____

Full Name of Ordering/Treating Physician: _____

TIN # (Tax ID): _____ Referring MD Fax #: (_____) _____

Name of Facility/Vendor Providing Service: _____

TIN # (Tax ID): _____ Vendor Fax #: (_____) _____

Member's Full Name: _____

Member ID: _____

Patient's Full Name (if not member): _____

Patient's Date of Birth: ____/____/____ Age: _____

Is Patient's Condition Related to:

Employment? (Current or Previous) Yes No If yes, date: ____/____/____

Auto Accident? Yes No If yes, date: ____/____/____

Other Accident? Yes No If yes, date & type of accident: ____/____/____

Is Legal Action Being Taken? Yes No

Is There Other Insurance? Yes No List: _____

HCPCS/CPT Code(s) & Description: _____

ICD-9 or ICD-10 Code(s) & Description:

Principal: _____

Secondary: _____

Member ID: _____

Patient's Full Name: _____

Complaints Pertinent to Request/Pertinent History/Objective Findings/Date & Type of Surgery if Related to Request:

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Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Service/Equipment Request (continued)

Prior Treatment/Medication Therapy & Outcomes: _____

Prior Diagnostic Studies & Results: _____

Projected Treatment Plan and Expected Outcome: _____

Comments: _____

Name of Ordering/Treating Physician: _____

Physician Signature **X** _____ Date: _____

Physician Specialty: _____ Telephone: (_____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Name of Facility/Vendor Providing Service: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Vendor Authorized Signature **X** _____ Date: _____

Print Full Name: _____ Title: _____

Contact Person: _____ Title: _____

Telephone: (_____) _____

In order to process your request, the provider TIN & Fax #'s along with the CPT/HCPCS & ICD-9 or ICD-10 codes must be included. Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. The Fund's Pre-Authorization Call Center is available during normal business hours at (646) 473-7446. Pre-authorization requirements are regularly updated and are therefore subject to change: periodically visit the website at www.1199SEIUFunds.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.

Fax completed form to (646) 473-7447

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D PT, OT and ST Benefit Extension



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-7446 • Main Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Care Management Department PT, OT & ST* Request Form For Benefit Extensions Beyond 25 Visits/Calendar Year

Fax Completed Form to (646) 473-7447. Include Initial/Re-evaluation report inclusive of initial and current progress notes.

Please Print Clearly in Black or Blue Ink

Member's Full Name: _____

Member's ID: _____

Patient's Full Name (if not member): _____

Relationship to Member: Self Spouse Child

Patient Date of Birth: ____/____/____ Age: ____

Request Submitted By: _____ Date: ____/____/____

Physician's Full Name: _____ Date: ____/____/____

Physician Specialty: _____ Telephone: (____) _____

TIN # (Tax ID): _____ MD Fax #: (____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Name of Facility/Vendor Providing Service: _____

TIN # (Tax ID): _____ Facility/Vendor Fax #: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Vendor Authorized Signature **X** _____

Print Full Name: _____

Title: _____

Contact Person: _____ Title: _____

Telephone: (____) _____

Service Type: PT OT ST

Total number of therapy visits rendered to date for current calendar year: _____

Additional visits requested: _____

*Physical Therapy, Occupational Therapy, Speech/Language Pathology Services

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Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D PT, OT and ST Benefit Extension (continued)

Is patient's Condition Related To:

Employment? Yes No

Auto Accident? Yes No If yes, date: ____/____/____

Other Accident: Employment? Yes No If yes, date and type of accident:

____/____/____ _____

Is legal action being taken? Yes No

Is there other insurance? Yes No If yes, list: _____

Reason for continuing treatment: _____

Is this request relating to post-surgical care? Yes No If yes, date and type of surgery

____/____/____ _____

ICD-9 or ICD-10 Code(s) & Description:

Principal: _____

Secondary: _____

Fax initial/Re-evaluation report and up-to-date progress notes along with this completed form to support the following:

Functional level: _____

Assessment of change in patient condition since last visit: _____

Treatment plan: _____

List quantifiable & attainable treatment goals: _____

Expected outcome: _____

Please note: Any areas that are not filled out will be considered not applicable to your patient and **may affect the outcome of this request.**

In order to process your request, the Provider TIN & Fax #'s along with the CPT/HCPS & ICD-9 or ICD-10 codes must be included.

Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. Fax completed form to (646) 473-7447.

The Fund's Pre-Authorization Call Center is available Monday to Friday, 9:00 am to 5:00 pm at (646) 473-7446.

Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUFunds.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Service/Equipment Request for O₂ Authorization



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-7446 • Main Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Care Management Department Request for Home Oxygen Authorization

Fax Completed Form to (646) 473-7447
Please Print Clearly in Black or Blue Ink

Initial Request Renewal

Member's Full Name: _____

Member ID: _____

Patient's Full Name (if not member): _____

Relationship to Member: Self Spouse Child Patient Date of Birth: ____/____/____ Age: _____

Date of Most Recent Office Appointment: ____/____/____

Any recent hospitalization relating to a respiratory condition? Yes No

If yes, hospital name and dates of service: _____

HCPCS/CPT Code(s) & Description: _____

ICD-9 or ICD-10 Code(s) & Description:

Principal: _____

Secondary: _____

Type of Lab Test and Values While on Room Air

Name of Provider Completing Test: _____

Patient's Condition at test time: At Rest During Exercise During Sleep

Is patient ambulatory? Yes No

Anticipated Duration of Treatment: _____ or Duration is lifetime

Liter Flow Rate: _____ (LPM) **Or** F10₂%: _____

of hours per day requiring O₂: _____

If greater than 4 LPM is prescribed, enter results of most recent test taken on 4 LPM.

ABG
Pa O₂ level _____ mm / Hg

Pulse Oximetry
Oxygen saturation level _____ %

Date Test Completed: ____/____/____

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Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Service/Equipment Request for O₂ Authorization (continued)

Answer below only if PO = 56-59 or oxygen saturation = 89

Does the patient have dependent edema due to congestive heart failure? Yes No

Does the patient have cor pulmonale or pulmonary hypertension documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement: Yes No

Does the patient have a hematocrit greater than 56%? Yes No

Name of Ordering/Treating Physician: _____

TIN # (Tax ID): _____ Fax #: (_____) _____

Physician Signature **X** _____ Date: _____

Physician Specialty: _____ Telephone: (_____) _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Name of Facility/Vendor Providing Service: _____

TIN # (Tax ID): _____ Fax #: (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Vendor Authorized Signature **X** _____ Date: _____

Print Full Name: _____ Title: _____

Contact Person: _____ Title: _____

Telephone:(_____) _____

In order to process your request, the Provider TIN # and Fax #'s along with the CPT / HCPCS & ICD-9 or ICD-10 codes must be included. Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. The Fund's Pre-Authorization Call Center is available Monday to Friday, 9:00 am - 5:00 pm at (646) 473-7446. Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUFunds.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Cardiac, Pulmonary Rehabilitation



National Benefit Fund • Health Care Employees Pension Fund
Greater New York Benefit Fund • Greater New York Pension Fund
Home Care Employees Benefit and Pension Funds • Home Health Aide Benefit Fund
330 WEST 42ND STREET | NEW YORK, NY 10036-6977 | WWW.1199SEIUBENEFITS.ORG

Care Management Programs Department Authorization Request for Consideration of Cardiac, Pulmonary Rehabilitation

Fax completed form with supporting documentation to (646) 473-7447.

Request Submitted By: _____ Request Date: _____



1199SEIU Member's Name: _____

1199SEIU Member's ID#:

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Patient (if not member): _____

Patient date of birth: ____ / ____ / ____ Age: _____

Type of Service: Cardiac Pulmonary

Total # of rehabilitation visits rendered to date for current calendar year: _____

How many visits pertaining to this current episode? _____

Start date of rehabilitation for this episode: _____ Last date of rehabilitation for this episode: _____

Total # of rehabilitation visits currently requesting: _____

Frequency/Duration of rehabilitation being requested (e.g. 2/week x 2 weeks): _____

Is Patient's Condition Related To:

- | | | |
|-----------------------------------|-----------------------------|--|
| Employment? (Current or Previous) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Auto Accident? | <input type="checkbox"/> No | <input type="checkbox"/> Yes if yes, date _____ |
| Other Accident? | <input type="checkbox"/> No | <input type="checkbox"/> Yes if yes, date & type of accident _____ |

Is legal action being taken? No Yes

Is There Other Insurance? No Yes List _____

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Cardiac, Pulmonary Rehabilitation (continued)

1199SEIU Member ID#: Patient's Name: _____

Reason for treatment: _____

Is this request relating to post-surgical care? No Yes If yes, date & type of surgery: _____

Is the patient a smoker or have a history of smoking? No Yes If yes, how many pack(s) per day _____

Did the patient quit smoking? No Yes If yes, Quit date _____

ICD-9 Code(s) & Description:

Principal: _____

Secondary: _____

Date of evaluation: _____

Date last seen by referring physician: _____

Fax clinical documentation along with this completed form to support the following:

CARDIACASSESSMENT:

of Metabolic Equivalents achieved (METS) during exercise stress test: _____

Risk Level: High Intermediate Low

Exercise Tolerance / Level _____

Blood Pressure (BP): _____

Heart rate (HR): _____

Stress Test: (+) during exercise: _____ (-) during exercise: _____

Rehab Phase/ Assistance Level: I II III IV

PULMONARY ASSESSMENT:

Pulmonary Function Test (PFT): _____

Functional Level of ADL's: _____

Spirometer values: Inspiration / Expiration: _____

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Cardiac, Pulmonary Rehabilitation (continued)

1199SEIU Member ID#:

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 Patient's Name: _____

Overall Assessment of patient's condition:

Assessment of change in patient condition since last visit: _____

Management Plan: _____

List quantifiable & attainable treatment goals: _____

Expected outcome: _____



Physician Signature: _____ Date: ____/____/____
Physician Specialty: _____ Telephone: (____) ____ - ____
TIN # (Tax ID): _____ MD Fax #: (____) ____ - ____
Office Address: _____

Name of Facility/Vendor Providing Service: _____
TIN # (Tax ID #): _____ Vendor Fax Number: (____) ____ - ____
Address: _____
Vendor Authorized Signature: _____ Print Name: _____ Title: _____
Contact Person: _____ Title: _____
Telephone: (____) ____ - ____

In order to process your request, the Provider TIN # & Fax #'s along with the CPT / HCPCS & ICD-9 codes must be included.

Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request.

The Fund's Pre-Authorization Call Center is available during normal business hours at (646) 473-7446.

Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUBenefits.org for updates to Services Requiring Pre-authorization, located in the "For Providers" section.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Provenge Pre-Certification Request

CareAllies Initial Pre-Certification Request Form

Please provide the following information for review of services.

Fax request to 866-623-5793 and the review will be initiated.

- If clinical information is available, attach with this form.

Employer/Fund Information:

Employer/Fund Name:	<input type="text"/>
---------------------	----------------------

Member/Patient Information:

Member/Patient Name:	<input type="text"/>	DOB:	<input type="text"/>
Street Address:	<input type="text"/>	ID:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		ZipCode:	<input type="text"/>
		Phone#:	<input type="text"/>

Servicing Health Care Professional Information:

Provider Name:	<input type="text"/>	Street Address:	<input type="text"/>
Phone#:	<input type="text"/>	City:	<input type="text"/>
Fax #		State:	<input type="text"/>
		ZipCode:	<input type="text"/>

Facility Information:

Facility Name:	<input type="text"/>	Street Address:	<input type="text"/>
Phone#:	<input type="text"/>	City:	<input type="text"/>
Fax #		State:	<input type="text"/>
		ZipCode:	<input type="text"/>

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D Provenge Pre-Certification Request (continued)

1199SEIU Member's Name: _____

Member ID:

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C. DIAGNOSIS INFORMATION

Primary ICD-9: _____ Secondary ICD-9: _____

Other ICD-9 Code: _____

D. CLINICAL INFORMATION

<input type="checkbox"/>	<input type="checkbox"/>	Is the patient 18 years of age or older with histologically confirmed adenocarcinoma of the prostate with radiologic evidence metastases to soft tissue, lymph nodes or bone?
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient been treated with surgical (bilateral orchiectomy) castration or three or more months of chemical castration (luteinizing hormone releasing hormone (LHRH) agonists or antagonists)?
<input type="checkbox"/>	<input type="checkbox"/>	Is patient was treated with chemical castration, was the serum testosterone less than 50 ng/dl at initiation of chemical castration?
<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have evidence of progressive disease after receiving surgical or chemical castration? If yes, please answer the following three questions:
<input type="checkbox"/>	<input type="checkbox"/>	Has there been any change in size of the lymph nodes or parenchymal masses as noted on physical exam or radiographic studies?
<input type="checkbox"/>	<input type="checkbox"/>	Has there been any bone scan progression evidenced by one or more new lesions or increase in size of lesions (not including "flare" that occurs at commencement of hormonal therapy or chemotherapy)?
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient has PSA progression defined by an increase in PSA over a previous reference value, where all of the following apply:
		1. PSA value is measured a minimum of one week from the reference value, and
		2. PSA measurement is a minimum of 25 percent greater than the reference value, and
		3. An absolute-value increase in PSA of at least 5ng/ml over the reference value, and
		4. This PSA increase is confirmed by a second value.
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient asymptomatic or minimally symptomatic, without cancer-related bone pain?
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient taking opioid analgesic for cancer pain?
		What is the patient's ECOG Performance Status (0 - 5): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have evidence of visceral (liver, lung, or brain) metastases?
<input type="checkbox"/>	<input type="checkbox"/>	Is the patient's life expectancy at least 6 months?
<input type="checkbox"/>	<input type="checkbox"/>	Has the patient received any doses of Provenge previously?
		If yes, indicate all dates(s) of infusion(s): ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

E. PRESCRIPTION INFORMATION – To be completed as a prescription order if Medco Specialty Pharmacy is Dispensing Provider

MEDICATION	CPT code	DOSAGE	DIRECTIONS	QUANTITY	REFILLS
sipuleucel-T (Provenge)	Q2043				

*If Medco Specialty Pharmacy is the dispensing pharmacy, patient benefits will be verified before product is shipped.
 **If the prescriber is providing the drug, the provider must verify benefits.
 Prescriber's Signature: _____ Date: ____ / ____ / ____
(Required by law if this Precertification Request is also used as Medco Specialty Pharmacy prescription order.)

Please note: Any areas that are not filled out will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST.

In order to process your request, the Provider TIN & Fax #'s along with the CPT/HCPS & ICD-9 codes must be included.

The Fund's Pre-Authorization Call Center is available Monday to Friday, 9:00 AM to 5:00PM at (646) 473-7446; Fax # (646) 473-7447.

Pre-authorization requirements are regularly updated and are therefore subject to change; periodically visit the website at www.1199SEIUBenefits.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D CareAllies Initial Pre-Certification Request

CareAllies Initial Pre-Certification Request Form

Please provide the following information for review of services.

Fax request to 866-623-5793 and the review will be initiated.

- If clinical information is available, attach with this form.

Employer/Fund Information:

Employer/Fund Name:	<input type="text"/>
---------------------	----------------------

Member/Patient Information:

Member/Patient Name:	<input type="text"/>	DOB:	<input type="text"/>
		ID:	<input type="text"/>
Street Address:	<input type="text"/>	State:	<input type="text"/>
		ZipCode:	<input type="text"/>
City:	<input type="text"/>	Phone#:	<input type="text"/>

Servicing Health Care Professional Information:

Provider Name:	<input type="text"/>	Street Address:	<input type="text"/>
		City:	<input type="text"/>
Phone#:	<input type="text"/>	State:	<input type="text"/>
Fax #		ZipCode:	<input type="text"/>

Facility Information:

Facility Name:	<input type="text"/>	Street Address:	<input type="text"/>
		City:	<input type="text"/>
Phone#:	<input type="text"/>	State:	<input type="text"/>
Fax #		ZipCode:	<input type="text"/>

January 2011

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix D CareAllies Initial Precertification Request (continued)

Review Request Detail Information:

ICD-9 Code/s:	<input type="text"/>	CPT Code/s:	<input type="text"/>
Level of Care:	<input type="text"/>	Date of Service:	<input type="text"/>

Further Guideline Information:

For Further guideline information, please visit us at:
http://www.careallies.com/healthcare_professionals.html

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January 2011

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E Quick Reference Contact Sheet



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
 Tel (646) 473-9200 • Outside NYC Area Codes: (800) 892-2557

CareAllies Medical Management Quick Reference Sheet

Services Provided by CareAllies Monday to Friday 8:30AM-6:00PM	Phone	Fax
Notification and Certification For ALL Inpatient hospital admissions, continued stay reviews and certain ambulatory surgical procedures For complete details, refer to the 2 page document for Medical Management of hospital services	(800) 227-9360	(860) 847-5100 Medical (860) 687-7329 Behavioral Health
Request for Chiropractic Services beyond 12 visits per calendar year	(800) 227-9360	(860) 847-5104

Visit our website @ www.1199SEIUFunds.org

These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E Quick Reference Contact Sheet (continued)



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 892-2557

CareAllies Medical Management for Hospital Services Quick Reference Contact Sheet

Department	Phone	Fax
MEDICAL AND BEHAVIORAL HEALTH UTILIZATION MANAGEMENT 8:30AM – 6:00PM, Monday to Friday <ul style="list-style-type: none"> ▪ Notification/Certification of ALL admissions ▪ Continued Stay Review ▪ Acute Physical Rehabilitation ▪ Hospice (Inpatient) ▪ Expedited Appeals ▪ Outpatient/Ambulatory Surgical Procedure Certification ▪ Evaluation for consideration of potential Transplant 	<p style="text-align: center;">(800) 227-9360</p> <p>Prompts:</p> <ul style="list-style-type: none"> ▪ Press 2 - for Mental Health or Chemical Dependency <ul style="list-style-type: none"> ➢ Enter member's ID# ▪ Press 3 - for a Hospital Admission or Outpatient Services <ul style="list-style-type: none"> ▪ Press 1 - to use automated system to verify that a pre-certification has been initiated <ul style="list-style-type: none"> ➢ Enter member's ID# ➢ Enter patient's DOB ➢ Enter patient's Admission Date ▪ Press 2 - to pre-certify a maternity admission <ul style="list-style-type: none"> ➢ Enter member's ID# ▪ Press 3 - to pre-certify an outpatient/ ambulatory procedure or service <ul style="list-style-type: none"> ➢ Enter member's ID# ▪ Press 4 - to pre-certify all other admissions, procedures and services <ul style="list-style-type: none"> ➢ Enter member's ID# 	<p>(860) 847-5100 (Medical)</p> <p>(860) 687-7329 (Behavioral Health)</p>
HOSPITAL DISCHARGE NOTIFICATIONS 8:00AM – 9:00PM, Monday to Friday	<p style="text-align: center;">(800) 378-7456</p> <p>Automated system to enter the patient's actual discharge date</p> <p>[To operate the system, the CareAllies case number or member's SS# and admission date will be needed.]</p>	N/A

Pre-service coverage determination is valid for 90 days from certification. If the admission date changes, the level of care changes or additional days are required, you must contact CareAllies.

These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Fund.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E Quick Reference Contact Sheet (continued)

Department	Phone	Fax
MEDICAL OPERATIONS <i>8:30AM – 7:00PM, Monday to Friday</i> <ul style="list-style-type: none"> ▪ Initial denials ▪ Peer to Peer Physician calls 	(800) 253-6647	(860) 847-5104
MEDICAL APPEALS (standard) <i>8:30AM – 7:00PM, Monday to Friday</i> <ul style="list-style-type: none"> ▪ 1st and 2nd Level Appeals 	(800) 232-7497	(877) 830-8833
BEHAVIORAL HEALTH APPEALS (standard) <i>9:30AM – 6:00PM, Monday to Friday</i> <ul style="list-style-type: none"> ▪ 1st and 2nd Level Appeals 	(800) 291-7558	(952) 996-2831

Mailing Addresses:

Medical Management and Appeals Correspondence:	Behavioral Health (for General Correspondence):	For Behavioral Health Appeals Correspondence Only:
CareAllies 1777 Sentry Park West Dublin Hall 4th Floor Blue Bell, PA 19422	CareAllies 11095 Viking Drive, Suite 350 Eden Prairie, MN 55344	Central Appeals Department PO Box 46090 Eden Prairie, MN 55344

Pre-service coverage determination is valid for 90 days from certification. If the admission date changes, the level of care changes or additional days are required, you must contact CareAllies.

These services apply to 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E Inpatient Hospital Services



CAREALLIES

Medical Management for **HOSPITAL** Services
Quick Reference Contact Sheet

DEPARTMENT	PHONE	FAX
<p>MEDICAL AND BEHAVIORAL HEALTH UTILIZATION MANAGEMENT</p> <p><i>8:30AM – 6:00PM, Monday – Friday</i></p> <ul style="list-style-type: none"> • Notification/Certification of ALL admissions • Continued Stay Review • Acute Physical Rehabilitation • Hospice (Inpatient) • Expedited Appeals • Outpatient/Ambulatory Surgical Procedure Certification • Evaluation for consideration of potential transplant 	<p>(800) 227-9360</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Press 1 – for English <ul style="list-style-type: none"> • Press 1 – if you know your parties extension • Press 2 – for any questions on claims, eligibility or benefits • Press 3 – for Mental Health or Chemical Dependency • Press 4 – for Hospital Admission or Outpatient Services • Press 2 – for Spanish 	<p>(866) 623-5793 (Medical)</p> <p>(Refer to attached Initial Pre-certification Request Form)</p> <p>(855) 816-3497 (Behavioral Health)</p>
<p>HOSPITAL DISCHARGE NOTIFICATIONS</p> <p><i>8:00AM – 9:00PM, Monday – Friday</i></p>	<p>(800) 253-6647</p>	<p>N/A</p>

Pre-service coverage determination is valid for 90 days from certification. If the admission date changes, the level of care changes or additional days are required, you must contact CareAllies.

These services apply to the 1199SEIU National Benefit Fund, the 1199SEIU Greater New York Benefit Fund, and the Home Care Employee Fund.

February 2013

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E Outpatient/Ambulatory Surgical Procedure Certification



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Outpatient/Ambulatory Surgical Procedure Certification*

The following procedures require a prospective medical necessity review:

- Abdominoplasty/Panniculectomy/Abdominoplasty in combination with hernia repair
- Ankle and Foot Surgeries (Ankle Arthroscopy, Bunionectomy, Hammertoe Correction, Heel Spur Surgery)
- Bariatric Surgery for treatment of morbid obesity (inclusive of removal, revision or replacement of port)
- Blepharoplasty
- Bone marrow/Autologous stem cell transplant
- Nasal reconstruction surgery
- Reduction mammoplasty for macromastia in women or gynecomastia in men
- Varicose vein surgery

Contact Information:

CareAllies for Pre-certification
Monday to Friday 8:30 am – 6:00 pm
Telephone: (800) 227-9360
Fax: (860) 847-5100

CareAllies Mailing Address for Medical Management & Appeals Correspondence:

1777 Sentry Park West
Dublin Hall 4th Floor
Blue Bell, PA 19422

1199SEIU Benefit Funds' 24-Hour Retrieval System for Eligibility Verification/Claims Status for Providers Only: (800) 819-1199

Provider's Tax ID #, member's ID # and patient's Date of Birth required to retrieve eligibility. Press 1 for hospital benefit and the system will provide benefit effective date and the Fund's primary or secondary responsibility, or you may call the Fund's Provider's Hotline at (646) 473-7160 (Monday to Friday 9 am – 5 pm), or email at providers@1199funds.org.

Pre-Service coverage determination is valid for 90 days from certification. If the ambulatory procedure date changes, the level of care changes or if the member is admitted urgently following the outpatient surgery, it is important that you notify CareAllies.

Note: Pre-certification requirements are regularly updated and are therefore subject to change. Periodically visit the website at www.1199SEIUFunds.org for updates.

*These services apply to the 1199SEIU National Benefit Fund and 1199SEIU Greater New York Benefit Fund

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Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E Chiropractic Services



Medical Management for CHIROPRACTIC SERVICES Quick Reference Contact Sheet

CareAllies

DEPARTMENT	PHONE	FAX
Pre-Authorization for Chiropractic Services Beyond 12 visits per Calendar Year <i>8:30AM – 6:00PM, Monday – Friday</i>	(800) 227-9360	(866) 623-5793
Medical Operations <i>8:30AM – 7:00PM, Monday – Friday</i> <ul style="list-style-type: none"> • Initial Denials • Peer-to-Peer Chiropractic Reviews 	(800) 253-6647	(877) 243-9520
First Appeal <i>8:30AM – 7:00PM, Monday – Friday</i>	(800) 232-7497	(877) 830-8833

1199SEIU Benefit Fund

DEPARTMENT	PHONE	FAX
Second Appeal	(646) 473-8951	(646) 473-8958

Mailing Address for Initial Requests and 1st Appeal

CareAllies
1777 Sentry Park West
Dublin Hall 4th Floor
Blue Bell, PA 19422

Mailing Address for 2nd Appeal

1199SEIU National Benefit Fund
Claims Appeals
PO BOX 646
New York, NY 10108-0646

These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund.
January 2011

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E Focus DRG Validation Program



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 892-2557

Quick Reference Contact Sheet for Focus DRG Validation Program

Services Provided By MedReview Monday To Friday, 9:00 am – 5:00 pm	Phone	Fax
MedReview 199 Water Street, 27 th Floor New York, NY 10038 Attn: Rudolph Moise, Project Manager	(212) 897 – 6096 (212) 897-6000 (Main Line)	(212) 897-6010

Visit our website @ www.1199SEIUFunds.org

These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix E 1199SEIU Benefit Funds' Radiology Review Program



Radiology Management for CARE-to-CARE (CtC) Quick Reference Contact Sheet

	PHONE	FAX
Pre-Authorization for elective high tech imaging procedures (MRI, MRA, CT/CTA and PET scans) and nuclear cardiology procedures <i>8:00AM – 7:00PM (EST), Monday – Friday</i>	(888) 910-1199	(877) 601-1199
Radiology Operations <i>8:30AM – 7:00PM (EST), Monday – Friday</i> <ul style="list-style-type: none"> • Radiology Reviews • Modifications - Peer-to-Peer Reviews 	(888) 910-1199	(877) 601-1199
First Appeal <i>8:00AM – 7:00PM (EST), Monday – Friday</i>	(888) 910-1199	(877) 601-1199

Website: <https://1199.careportal.com/>

1199SEIU Benefit Fund

DEPARTMENT	PHONE	FAX
Second Appeal	(646) 473-8951	(646) 473-8958

Mailing Address for Initial Requests and 1st Appeal

1199SEIU Radiology Review
PO BOX 4416
New York, NY 10163

Mailing Address for 2nd Appeal

1199SEIU National Benefit Fund
Claims Appeals
PO BOX 646
New York, NY 10108-0646

These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Benefit Fund.
November 2012

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Specialty Drug List



1199SEIU Preferred Drug List

Please take this guide
with you the next time
you visit your doctor.



Express Scripts and Medco have come together as one company to manage your prescription drug benefit.

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If you have questions about your prescription drug benefit,
visit Express-Scripts.com or call Express Scripts Member Services at (800) 818-6720.

For questions about your 1199SEIU benefits, call the 1199SEIU Benefit Funds'
Member Services representatives at (646) 473-9200.

MG43785K
(Ed. 4/13)

Express Scripts manages your prescription benefit for the 1199SEIU Benefit Funds.
Medco is now a part of the Express Scripts family of pharmacies.



Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Specialty Drug List (continued)

Section II provides a listing of nonpreferred brands and their possible preferred alternatives.

SAFETY CONSIDERATION SYMBOLS

Here is a quick guide that explains our safety symbols. These symbols appear next to certain medications.

-  Weigh the risk of birth defects and other adverse outcomes.
-  Do not use during pregnancy.

PRESCRIPTION PROGRAM CONSIDERATION SYMBOLS

For more information, please call Express Scripts: (800) 753-2851.

- [PA] This symbol next to a drug name indicates that this medication is subject to the Prior Authorization Program.
- [ST] This symbol next to a drug name indicates that this medication is subject to the Step Therapy Program.
- [QD] This symbol next to a drug name indicates that this medication is subject to the Quantity Duration Program.

OTHER SYMBOLS:

- [AC] This symbol next to a drug name indicates that this specialty medication must be obtained through Accredo. Please call Accredo: (800) 803-2523.

Shaded areas indicate the most recent additions to the Preferred Drug List.

Drugs Not Covered by the 1199SEIU Benefit Funds
Cosmetic Drugs
Non-Sedating Antihistamines
Fertility Drugs
Over-the-counter Drugs (except for diabetic supplies) or as mandated by PPACA legislation
Investigational/Experimental Drugs
Select Cough & Cold Drugs
Erectile Dysfunction Drugs
<i>Please refer to your Summary Plan Description for a complete list of excluded drugs.</i>

Information was in effect at the time of printing and may be subject to change.
For the most up-to-date 1199SEIU Benefit Funds Preferred Drug List go to www.1199SEIUBenefits.org.

|

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

|

Appendix F Specialty Drug List (continued)

SECTION I: THERAPEUTIC DRUG CATEGORIES

ADRENAL HORMONES (EFFECTIVE 3-1-11)					
G	cortisone acetate	G	methylprednisolone	P	Celestone Solution
G	dexamethasone	G	prednisolone	P	Medrol Tablet 2mg
G	fludrocortisone acetate	G	prednisolone sodium phosphate		
G	hydrocortisone	G	prednisone		

ANTIANDROGENS (EFFECTIVE 3-1-11)					
G	☒ bicalutamide	P	Xtandi [AC]		
G	☒ flutamide	P	Zytiga [AC/PA/QD]		

ANTICONSULSANTS (EFFECTIVE 7-1-10)					
G	☒ carbamazepine	G	lamotrigine XR	G	☒ topiramate [PA]
G	☒ carbamazepine XR	G	levetiracetam	G	☒ valproic acid
G	☒ clonazepam	G	levetiracetam XR	G	zonisamide
G	☒ diazepam kit	G	☒ mephobarbital	P	☒ Banzel Tablet
G	☒ divalproex sodium	G	oxycarbazine	P	☒ Celontin
G	☒ divalproex sodium ER	G	☒ phenobarbital	P	☒ Diastat
G	☒ divalproex sodium sprinkles	G	☒ phenytoin chewable tablet	P	☒ Dilantin 30mg
G	☒ ethosuximide	G	☒ phenytoin extended-release	P	Lamictal ODT
G	felbamate	G	☒ phenytoin suspension	P	Lyrica [ST/QD]
G	gabapentin	G	☒ primidone	P	☒ Peganone
G	lamotrigine	G	tiagabine	P	Vimpat

ANTI-INFECTIVES (Antibiotics)								
Oral Penicillins			Oral Tetracyclines			Oral Erythromycins and other Macrolides		
G	amoxicillin trihydrate	G	☒ doxycycline hyclate capsule	G	azithromycin			
G	amoxicillin trihydrate/ potassium clavulanate, ER	G	☒ doxycycline hyclate tablet	G	clarithromycin			
G	amoxicillin trihydrate/ potassium clavulanate chewable	G	☒ doxycycline monohydrate	G	erythromycin base			
G	amoxicillin trihydrate/ potassium clavulanate suspension	G	☒ minocycline HCl	G	erythromycin ethylsuccinate			
G	ampicillin trihydrate	G	☒ tetracycline HCl	G	erythromycin ethylsuccinate/ sulfisoxazole acetyl			
G	dicloxacillin sodium	Oral Cephalosporins			G	erythromycin stearate		
G	penicillin v potassium	G	cefaclor	P	Dificid			
P	Augmentin Suspension 125 - 31.25mg/5	G	cefadroxil hydrate	Oral Quinolones				
		G	cefdinir	G	ciprofloxacin HCl tablet			
		G	cefepodoxime proxetil tablet	G	levofloxacin			
		G	cefprozil	G	ofloxacin			
		G	cefuroxime axetil tablet	P	Avelox			
		G	cefuroxime suspension	P	Cipro Suspension			
		G	cephalexin monohydrate					
		P	Ceftin Suspension					

ANTIPARKINSONISM AGENTS (EFFECTIVE 1-1-10)					
G	amantadine	G	carbidopa/levodopa/entacapone	G	trihexylphenidyl
G	benztropine	G	entacapone	P	Apokyn [AC]
G	bromocriptine	G	pramipexole Di-HCl	P	Lodosyn
G	carbidopa/levodopa	G	ropinirole		
G	carbidopa/levodopa ER	G	selegiline		

ANTIVERTIGO & ANTIEMETIC DRUGS (EFFECTIVE 4-1-10)					
G	ondansetron HCl [QD]	G	granisetron HCl [QD]	P	Emend [QD]

Key: G = Preferred generic medication.
P = Preferred brand-name medication.
☒ = Weigh risk of birth defects or other adverse outcomes.
☒ = Do not use in pregnancy.

[PA] This symbol next to a drug name indicates that this medication is subject to the Prior Authorization Program.
[ST] This symbol next to a drug name indicates that this medication is subject to the Step Therapy Program.
[QD] This symbol next to a drug name indicates that this medication is subject to the Quantity Duration Program.
[AC] This symbol indicates that this specialty medication must be obtained through Accredo. Please call: (800) 803-2523.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Specialty Drug List (continued)

DRUGS TO TREAT OVERACTIVE BLADDER (EFFECTIVE 1-1-10)		
G flavoxate	G oxybutynin chloride ER	G trospium chloride ER
G oxybutynin chloride	G tolterodine tartrate	P Vesicare
	G trospium chloride	

ENDOCRINE (Diabetes/Hormones/Contraceptives)		
<p>Insulin Therapy</p> <p>P Apidra</p> <p>P Apidra Solostar</p> <p>P Humalog</p> <p>P Humalog Mix 50/50</p> <p>P Humalog Mix 75/25</p> <p>P Humulin</p> <p>P Lantus, Lantus Solostar</p> <p>P Levemir</p> <p>P Novolin</p> <p>P Novolog</p> <p>P Novolog Mix</p> <p>Oral Hypoglycemic Agents (REVISED – EFFECTIVE 4-1-10)</p> <p>G acarbose</p> <p>G chlorpropamide</p> <p>G glimepiride</p> <p>G glipizide, glipizide ER</p> <p>G glipizide/metformin HCl</p> <p>G glyburide</p> <p>G glyburide/metformin</p> <p>G glyburide micronized</p> <p>G metformin HCl,</p> <p>G metformin HCl ER</p> <p>G nateglinide</p> <p>G pioglitazone HCl</p> <p>G pioglitazone/glimepiride</p> <p>G pioglitazone/metformin</p> <p>G tolazamide</p> <p>G tolbutamide</p> <p>P Avandamet</p> <p>P Avandaryl</p> <p>P Avandia</p> <p>P Prandin</p> <p>Injectable Hypoglycemic Agents (EFFECTIVE 1-1-13)</p> <p>P Bydureon [QD]</p> <p>P Byetta [QD]</p> <p>P Victoza [QD]</p>	<p>DPP-4 Inhibitors (EFFECTIVE 6-1-12)</p> <p>P Janumet, Janumet XR</p> <p>P Januvia</p> <p>P Kombiglyze XR</p> <p>P Onglyza</p> <p>Blood Glucose Test Strips</p> <p>P Accu-Chek Active Test Strips</p> <p>P Accu-Chek Aviva Plus Test Strips</p> <p>P Accu-Chek Comfort Curve Test Strips</p> <p>P Accu-Chek Compact Test Strips</p> <p>P Accu-Chek Smartview Test Strip</p> <p>P Ascensia Autodisc</p> <p>P Breeze 2</p> <p>P Contour Next EZ Test Strips</p> <p>Blood Glucose Monitoring Devices</p> <p>P Accu-Chek Aviva Plus</p> <p>P Accu-Chek Compact Plus</p> <p>P Accu-Chek Nano Smartview</p> <p>P Breeze 2</p> <p>P Contour Next EZ Meter</p> <p>P Contour USB</p> <p>Contraceptive Agents (EFFECTIVE 10-1-09)</p> <p>G ☑desogestrel-ethinyl estradiol</p> <p>G ☑desogestrel-ethinyl estradiol/ethinyl estradiol</p> <p>G ☑ethinyl estradiol/drospirenone</p> <p>G ☑ethynodiol d-ethinyl estradiol</p> <p>G ☑levonorgestrel</p> <p>G ☑levonorgestrel-ethinyl estradiol</p> <p>G ☑levonorgestrel-ethinyl estradiol/ethinyl estradiol</p> <p>G ☑Next Choice</p> <p>G ☑Next Choice One Dose</p> <p>G ☑noreth-ethinyl estradiol/iron</p> <p>G ☑norethindrone</p> <p>G ☑norethindrone a-e estradiol</p>	<p>G ☑norethindrone a-e estradiol/ferrous fumarate</p> <p>G ☑norethindrone-ethinyl estradiol</p> <p>G ☑norethindrone-mestranol</p> <p>G ☑norgestimate-ethinyl estradiol</p> <p>G ☑norgestrel-ethinyl estradiol</p> <p>P ☑Ella</p> <p>Estrogen Agents (oral/vaginal) (UPDATED 1-1-13)</p> <p>G ☑estradiol tabs</p> <p>G ☑estropipate</p> <p>P ☑Cenestin</p> <p>P ☑Enjuvia</p> <p>P ☑Estring</p> <p>P ☑Vagifem Vaginal Tablets</p> <p>Androgen Replacement Agents (REVISED – EFFECTIVE 10-1-09)</p> <p>G ☑danazol [PA]</p> <p>G ☑fluoxymesterone [PA]</p> <p>G ☑methyltestosterone tabs [PA]</p> <p>G ☑testosterone cypionate injection [PA]</p> <p>P ☑Androderm Patch [PA]</p> <p>P ☑Androgel [PA]</p> <p>Estrogen Patches (EFFECTIVE 7-1-09)</p> <p>G ☑estradiol</p> <p>P ☑Estraderm</p> <p>P ☑Vivelle</p> <p>P ☑Vivelle-Dot</p>

GASTROINTESTINAL (Ulcer)		
<p>H-Pylori Agents (EFFECTIVE 1-1-13)</p> <p>P Pylera</p> <p>Ulcer Drugs</p> <p>G cimetidine HCl liquid</p> <p>G cimetidine tablet</p> <p>G famotidine</p> <p>G famotidine suspension</p> <p>G lansoprazole [QD]</p>	<p>G ☑misoprostol</p> <p>G nizatidine</p> <p>G omeprazole [QD]</p> <p>G omeprazole/sodium bicarbonate [QD]</p> <p>G pantoprazole [QD]</p> <p>G ranitidine HCl</p> <p>P Nexium [QD]</p>	<p>Pancreatic Enzymes (EFFECTIVE 1-1-13)</p> <p>G pancrelipase</p> <p>P Creon</p> <p>P Zenpep</p>

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Appendix F Specialty Drug List (continued)

GOUT THERAPY (EFFECTIVE 3-1-11)					
G G	allopurinol [PA] colchicine	G P	probenecid Colcrys	P P	Krystexxa [AC] Uloric [ST/QD]
GROWTH HORMONES (REVISED – EFFECTIVE 7-1-10)					
P P	Norditropin [PA/AC] Norditropin Flexpro [PA/AC]	P P	Norditropin Nordiflex [PA/AC] Tev-Tropin [PA/AC]	P	Zorbtive [PA/AC]
IMMUNOGLOBULIN AGENTS (INJECTABLES) (EFFECTIVE 5-1-09)					
P P	Flebogamma [PA/AC] Gamunex [PA/AC]	P P	Flebogamma DIF [PA/AC] Gamunex-C [PA/AC]	P P	Hizentra [PA/AC] Vivaglobin [PA/AC]
INTERFERONS (EFFECTIVE 10-1-09)					
Hepatitis C Agents		P	Roferon-A [PA/AC]	P P P	Betaseron [PA/AC] Copaxone [PA/AC] Rebif [PA/AC]
P P P P	Infergen [PA/AC] Intron A [PA/AC] PEG-Intron [PA/AC] PEG-Intron Redipen [PA/AC]	Injectable Multiple Sclerosis Agents (EFFECTIVE 3-1-11)			
		P	Avonex [PA/AC]		
PROTEASE INHIBITORS - HEPATITIS C (EFFECTIVE 9-20-11)					
P	Incivek [PA/AC/QD]	P	Victrelis [PA/AC/QD]		
MISCELLANEOUS GASTROINTESTINAL AGENTS (EFFECTIVE 7-1-10)					
Ulcerative Colitis Agents		G P P	sulfasalazine Asacol Asacol HD	P P P	Canasa Delzicol Pentasa
G G G	balsalazide disodium mesalamine enema				
SELECT BIOLOGIC AND IMMUNOLOGIC AGENTS (EFFECTIVE 7-1-10)					
Rheumatoid Arthritis Agents (Injectables)		P P P P	Remicade [ST/PA/AC] Rituxan [PA/AC]	Plaque Psoriasis Agents (Injectables)	
P P P P	Actemra [PA/AC] Enbrel [PA/AC] Humira [PA/AC] Orencia [ST/PA/AC]	Crohn's Disease Agents (Injectables)		P P	Enbrel [PA/AC] Humira [PA/AC]
		P	Humira [PA/AC]		
MUSCLE RELAXANTS (EFFECTIVE 10-1-09)					
G G G G G	baclofen [Ⓢ]carisoprodol cmpd/codeine chlorzoxazone cyclobenzaprine dantrolene sodium	G G G G G	[Ⓢ]meperbamate metaxalone methocarbamol orphenadrine citrate [Ⓢ]orphenadrine cmpd	G G	[Ⓢ]orphenadrine cmpd forte tizanidine

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Appendix F Specialty Drug List (continued)

NARCOTIC ANALGESICS (Pain Relievers)		
Narcotics		
G acetaminophen/butalbital	G codeine sulfate tablet	G oxycodone/ibuprofen
G acetaminophen/caffeine/butalbital	G fentanyl citrate lozenges [ST/QD]	G oxymorphone
G aspirin/caffeine/butalbital	G fentanyl patch	G oxymorphone ER
G buprenorphine HCl SL tablets	G hydrocodone bit/acetaminophen	P Oxycontin
G codeine/apap/caffeine/butalbital	G hydrocodone/ibuprofen	Miscellaneous Analgesic Therapy (EFFECTIVE 1-1-09)
G codeine/aspirin/caffeine/butalbital	G hydromorphone	G butorphanol tartrate spray
G codeine phosphate/acetaminophen	G meperidine HCl	G pentazocine/acetaminophen
G codeine phosphate/aspirin	G methadone	G pentazocine/naloxone
	G morphine sulfate	G tramadol
	G morphine sulfate, sustained action	G tramadol ER
	G oxycodone/acetaminophen	G tramadol/acetaminophen
	G oxycodone/aspirin	
	G oxycodone HCl	

NON-NARCOTIC ANALGESICS (Pain Relievers)		
NSAIDs		Migraine/Headache Therapy (EFFECTIVE 1-1-09)
G diclofenac/misoprostol	G meclizolam sodium	G naratriptan [QD]
G etodolac	G meloxicam	G rizatriptan (tabs, disintegrating tabs)
G etodolac tablet, sustained release 24 hr	G nabumetone	G sumatriptan (tabs, nasal spray, injection) [QD]
G flurbiprofen	G naproxen	P Relpax [QD]
G ibuprofen	G naproxen sodium	Osteoarthritis Agents (Injectable) (EFFECTIVE 7-1-09)
G indomethacin	G naproxen sodium tablet, sustained action	P Hyalgan [QD/AC]
G indomethacin capsule, sustained action	G oxaprozin	P Synvisc [QD/AC]
G ketoprofen	G piroxicam	P Synvisc-One [QD/AC]
G ketoprofen capsule, 24 hr sustained release pellets	G sulindac	
	G tolmetin sodium	
	NSAID COX-2 Inhibitors	
	P Celebrex [ST]	

OPHTHALMICS (Eye Preparations)		
Ophthalmic Combination Carbonic Anhydrase Inhibitors/Beta Agonists (EFFECTIVE 7-1-13)	Ophthalmic Carbonic Anhydrase Inhibitors (EFFECTIVE 1-1-10)	G ofloxacin drops
G dorzolamide/timolol	G dorzolamide	G polymyxin B/trimethoprim drops
Ophthalmics-Steroids (EFFECTIVE 1-1-10)	Ophthalmic Beta-Blockers (EFFECTIVE 1-1-10)	G tobramycin sulfate drops
G dexamethasone	G betaxolol HCL	P Ciloxan Oph Ointment
G fluorometholone	G carteolol	P Tobrex Oph Ointment
G prednisolone	G levobunolol	P Vigamox
F FML SOP	G metipranolol	Ophthalmic Anti-Inflammatory Agents (NSAIDs) (EFFECTIVE 3-1-11)
Miscellaneous Ophthalmics-Antihistamine & Mast-Cell Stabilizers (EFFECTIVE 3-1-11)	G timolol maleate	G bromfenac sodium
G azelastine	Antibiotic-Ophthalmics (EFFECTIVE 1-1-09)	G diclofenac sodium
G cromolyn	G bacitracin	G flurbiprofen sodium
P Pataday	G ciprofloxacin drops	G ketorolac tromethamine
P Patanol	G erythromycin base ointment	Ophthalmic Steroid-Antibiotic Combinations (EFFECTIVE 3-1-11)
Miscellaneous Glaucoma Agents (EFFECTIVE 5-1-09)	G gentamicin sulfate ointment, drops	G neomycin/bacitracin/polyoxin B/HC
G latanoprost	G levofloxacin	G neomycin/polymyxin B/ dexamethasone
	G neomycin sulfate/bacitracin/polyoxin B ointment	G tobramycin-dexamethasone
	G neomycin sulfate/gramicidin D/polyoxin B drops	P TobraDex Oint

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Appendix F Specialty Drug List (continued)

OSTEOPOROSIS/PAGET'S DISEASE					
G	alendronate tab [QD]	G	ibandronate tab [QD]	P	☒ Evista
G	alendronate weekly [QD]	P	Actonel 30mg [QD]	P	Fosamax Solution [QD]
G	calcitonin-salmon nasal spray	P	Boniva Injection [QD]	P	Miacalcin Injection

OTICS (Ear Preparations) (EFFECTIVE 4-1-10)					
G	neomycin/polymyxin/HC	G	ofloxacin		

PSYCHOTHERAPEUTICS (Anxiety/Depression)						
Hypnotic Agents						
G	chloral hydrate	G	trimipramine maleate	G	haloperidol decanoate	
G	☒ estazolam	G	venlafaxine HCl, ER	G	loxapine	
G	☒ flurazepam HCl	P	Cymbalta	G	olanzapine	
G	☒ temazepam	Anxiolytics			G	olanzapine-fluoxetine HCl
G	☒ triazolam	G	☒ alprazolam	G	perphenazine	
G	zaleplon [QD]	G	☒ alprazolam ER	G	quetiapine fumarate	
G	zolpidem [QD]	G	bupirone HCl	G	risperidone	
Miscellaneous Antidepressants			G	☒ chlordiazepoxide HCl	G	risperidone M-tab, ODT
G	amitriptyline HCl	G	☒ clorazepate dipotassium	G	thiothixene	
G	amoxapine	G	☒ diazepam	G	trifluoperazine HCl	
G	bupropion HCl tablet	G	☒ lorazepam	G	ziprasidone HCl	
G	bupropion HCl tablet, sustained action	G	☒ oxazepam	P	Moban	
G	clomipramine HCl	SSRI Antidepressants			P	Orap
G	desipramine HCl	G	citalopram HBr	P	Risperdal Consta	
G	doxepin HCl	G	escitalopram oxalate tablet, oral solution	P	Seroquel XR	
G	☒ imipramine HCl	G	fluoxetine HCl	Attention Deficit Hyperactivity Disorder (EFFECTIVE 5-1-09)		
G	☒ imipramine pamoate	G	fluvoxamine maleate, ER	G	amphetamine and dextroamphetamine salts [PA]	
G	maprotiline HCl	G	☒ paroxetine HCl tablet, suspension	G	amphetamine and dextroamphetamine salts ER [PA]	
G	mirtazapine tablet	G	sertraline HCl	G	D-amphetamine [PA]	
G	mirtazapine tablet, rapid dissolve	Antipsychotics			G	dexmethylphenidate [PA]
G	nortriptyline HCl	G	chlorpromazine	G	methylphenidate [PA]	
G	phenazine sulfate	G	clozapine	G	methylphenidate ER [PA]	
G	protriptyline HCl	G	fluphenazine	P	Strattera [PA]	
G	tranylcypromine sulfate	G	haloperidol	P	Vyvanse [PA]	
G	trazodone HCl					

RESPIRATORY (Allergy/Asthma/COPD)				
Beta Agonist Agents (UPDATED 1-1-13)				
Short-Acting Beta Agonist (inhalers)				
P	ProAir HFA	P	Symbicort	
Short-Acting Beta Agonist (nebulized solutions)				
G	albuterol sulfate inhalant solution	Oral Pulmonary Arterial Hypertension (PAH) Agents (EFFECTIVE 6-1-12)		
G	levalbuterol inhalation solution	G	sildenafil citrate tablet [PA/AC]	
Long-Acting Beta Agonist (inhalers)			P	Tracleer [ST/AC]
P	Arcapta Neohaler	Anticholinergic Agents (UPDATED 1-1-13)		
P	Serevent Diskus	Short-Acting Agents		
Nasal Corticosteroids			G	ipratropium inhalant soln
G	budesonide	P	Atrovent HFA Inhaler	
G	flunisolide	Long-Acting Agents		
G	fluticasone propionate	P	Spiriva Inhaler	
G	triamcinolone acetonide			
P	Nasonex			
Inhaled Corticosteroid Therapy (UPDATED 7-1-13)				
G	budesonide soln 0.5mg/2mL, 0.25mg/2mL			
P	Alvesco			
P	Asmanex			
P	Pulmicort Flexhaler			
P	Pulmicort Respules 1mg/2mL			
P	QVAR			
Miscellaneous Pulmonary Agents (UPDATED 1-1-13)				
P	Advair Diskus			
P	Advair HFA			
P	Combivent			
G	Combivent Respimat			
P	Dulera			

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Appendix F Specialty Drug List (continued)

TOPICAL ACTINIC KERATOSE AGENTS (EFFECTIVE I-I-13)			
G	fluorouracil cream 5%	G	imiquimod 5%
G	fluorouracil solution 2%, 5%	P	Picato Gel 0.015%, 0.05%

TOPICAL ACNE THERAPY (EFFECTIVE I-I-09)					
G	adapalene	G	erythromycin base/benzoyl peroxide	G	sulfacetamide sodium/sulfur
G	benzoyl peroxide	G	erythromycin base/ethyl alcohol	G	sulfacetamide sodium/sulfur/urea
G	benzoyl peroxide microspheres	G	erythromycin base/ethyl alcohol gel	G	tretinoin, microspheres [PA]
G	clindamycin/benzoyl peroxide	G	erythromycin base/ ethyl alcohol swabs	P	Azelex
G	clindamycin phosphate	G	metronidazole cream, gel, lotion	P	Finacea

TOPICAL ANTIFUNGALS					
G	ciclopirox (lotion, cream)	G	econazole nitrate	G	nystatin
G	clotrimazole	G	ketoconazole (shampoo, foam, cream)	G	nystatin w/triamcinolone
G	clotrimazole/betamethasone				

TOPICAL ANTIVIRAL THERAPY (EFFECTIVE I-I-09)			
G	acyclovir ointment	P	Denavir Cream

TOPICAL CORTICOSTEROIDS (Topical Skin Products)					
Low Potency					
G	desonide 0.05% (cream, lotion, ointment)	G	hydrocortisone valerate	G	betamethasone DP augmented
G	alclometasone cream, ointment	G	mometasone 0.05% cream, ointment	G	betamethasone valerate ointment 0.1%
G	fluocinolone solution 0.01%	G	desoximetasone 0.05% cream, ointment	G	desoximetasone (cream 0.25%, gel 0.05%)
G	hydrocortisone 2.5% (cream, lotion, ointment)	G	triamcinolone 0.05% ointment	G	diflorasone diacetate cream 0.05%
P	Capex Shampoo 0.01%	G	triamcinolone 0.1% (cream, ointment)	G	fluocinonide
Medium Potency					
G	betamethasone valerate (cream lotion, foam)	G	triamcinolone lotion (0.025%, 0.1%)	G	fluocinonide-E
G	fluocinolone 0.025% (cream, lotion, oint.)	P	Cordran Tape	G	triamcinolone acetonide cream 0.5%
G	fluticasone (cream, ointment)	High Potency			
G	hydrocortisone butyrate	G	amcinonide	G	betamethasone augmented
		G	apexicon E	G	clobetasol propionate
		G	betamethasone dipropionate (cream, gel, lotion, ointment)	G	diflorasone diacetate ointment
				G	halobetasol propionate

VITAMINS — All generics are preferred (Most commonly used listed below) (EFFECTIVE I-I-09)						
Prenatal Vitamin Therapy						
G	Prenatal Plus	G	Ferrex 150 Forte Plus	Vitamin B Therapy		
G	PNV-DHA	G	Multigen Plus	G	Folbee	
G	Zatean-PN	G	Poly-Iron 150 Forte	G	Folbee Plus	
G	Zatean-PN DHA	Multivitamin Therapy		G	Folbic	
G	Zatean-PN Plus	G	Corvita	G	Renal Caps	
Iron Supplement Therapy			G	Nicotinamide	G	Triphrocaps
G	Ferrex 28	G	Therobec Plus	Vitamin D Analog Agents (EFFECTIVE I-I-13)		
G	Ferrex 150 Forte	G	V-C Forte	G	calcitriol	

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Appendix F Specialty Drug List (continued)

If your prescribed drug is in the “nonpreferred” column, ask your doctor if she or he can prescribe one of the alternatives listed.

SECTION II: NONPREFERRED DRUGS AND THEIR POSSIBLE PREFERRED ALTERNATIVES			
Nonpreferred Product	Possible Preferred Alternatives	Nonpreferred Product	Possible Preferred Alternatives
Abilify®	clozapine (generic), olanzapine (generic), quetiapine fumarate (generic), risperidone (generic), ziprasidone HCl (generic)	Axiron®	Androderm® (Watson Pharmaceuticals), Androgel® (Unimed Pharm)
Abilify Maintena®	olanzapine (generic), Risperdal Consta® (Janssen)	Azopt®	dorzolamide (generic)
Abstral®	fentanyl citrate lozenge (generic)	Azor®	amlodipine/benazepril (generic)
Acanya®	clindamycin (generic) + benzoyl peroxide (generic)	Bacmin®	corvita (generic), nicotinamide (generic), therobec plus (generic), V-C Forte (generic)
Aciphex®	lansoprazole (generic), omeprazole (generic), omeprazole-sodium bicarbonate (generic), pantoprazole (generic), Nexium® (AstraZeneca)	Banzel® Suspension	Banzel® Tablets (Eisai Inc.)
Actonel 5mg®	alendronate 5mg (generic), alendronate 10mg (generic), ibandronate (generic)	Beconase AQ®	flunisolide (generic), fluticasone propionate (generic), triamcinolone acetonide (generic), Nasonex® (Schering)
Actonel 35mg®	alendronate 35mg (generic), alendronate 70mg (generic), ibandronate (generic)	Benicar®	eprosartan mesylate (generic), irbesartan (generic), losartan potassium (generic), Micardis® (BIP)
Actonel 150mg®	alendronate 35mg (generic), alendronate 70mg (generic), ibandronate (generic)	Benicar HCT®	candesartan/HCTZ (generic), irbesartan/HCTZ (generic), losartan/HCTZ (generic), valsartan/HCTZ (generic), Micardis HCT® (BIP)
Actonel® with Calcium	alendronate (generic), ibandronate (generic)	Bepreve®	azelastine (generic), cromolyn (generic), Patanol® (Alcon), Pataday® (Alcon)
Actoplus Met XR®	pioglitazone/metformin (generic)	Besivance®	ciprofloxacin (generic), erythromycin ointment (generic), gentamicin (generic), levofloxacin (generic), ofloxacin (generic), tobramycin (generic), Vigamox® (Alkon)
Acuvail®	bromfenac (generic), diclofenac (generic), flurbiprofen (generic), ketorolac (generic)	Betimol®	betaxolol (generic), carteolol (generic), timolol (generic), levobunolol (generic), metipranolol (generic)
Aczone®	benzoyl peroxide (generic), clindamycin phosphate (generic), erythromycin (generic)	Betoptic S®	betaxolol (generic), carteolol (generic), timolol (generic), levobunolol (generic), metipranolol (generic)
Advate®	Helixate FS® (CSL Behring LLC)	Beyaz®	Folic Acid + ethinyl estradiol/drospirenone (generic)
Advicor®	atorvastatin (generic), lovastatin (generic), pravastatin (generic), simvastatin (generic), Niaspan ER® (Abbott)	Bifera Rx®	Ferrex 28 (generic), Ferrex 150 Forte (generic), Ferrex 150 Forte Plus (generic), Multigen Plus (generic), Poly-Iron 150 Forte (generic)
Aerobid®	Alvesco® (Sunovion Pharmaceuticals), Asmanex® (Merck), Pulmicort Flexhaler® (AstraZeneca), Qvar® (IVAX)	Binosto®	alendronate (generic)
Aerobid-M®	Alvesco® (Sunovion Pharmaceuticals), Asmanex® (Merck), Pulmicort Flexhaler® (AstraZeneca), Qvar® (IVAX)	Bivigam®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Alkne-Mycin®	erythromycin (generic)	Bromday®	bromfenac sodium (generic), diclofenac (generic), flurbiprofen (generic), ketorolac (generic)
Alamast®	azelastine (generic), cromolyn (generic), Patanol® (Alcon), Pataday® (Alcon)	Brovana® Solution	albuterol inhalant solution (generic), levalbuterol inhalant solution (generic)
Alocril®	azelastine (generic), cromolyn (generic), Patanol® (Alcon), Pataday® (Alcon)	Butisol®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Alomide®	azelastine (generic), cromolyn (generic), Patanol® (Alcon), Pataday® (Alcon)	Butrans®	buprenorphine (generic)
Alora®	estradiol patch (generic), Estraderm (Novartis), Vivelle (Novartis), Vivelle-Dot (Novartis)	Bystolic®	acebutolol HCl (generic), atenolol HCl (generic), metoprolol tartrate (generic), metoprolol succinate (generic), propranolol HCl (generic)
Aloxi®	ondansetron (generic), granisetron (generic), Emend® (Merck)	Carac®	fluorouracil (generic), imiquimod (generic), Picato® Gel (Leo Labs)
Alrex®	fluorometholone (generic), prednisolone (generic)	Cardene SR®	amlodipine besylate (generic), nifedipine ER (generic)
Altoprev®	atorvastatin (generic), lovastatin (generic), pravastatin (generic), simvastatin (generic)	Carimune NF Nano®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Amturnide®	losartan/HCTZ (generic) + amlodipine (generic), Micardis HCT (BIP) + amlodipine (generic)	Cedax®	cefepodoxime (generic), cefaclor (generic), cefuroxime axetil (generic), cefdinir (generic)
Android®	methyltestosterone (generic)	Cesamet®	dexamethasone (generic), metoclopramide (generic), granisetron (generic), ondansetron (generic), Emend® (Merck)
Anzemet®	ondansetron (generic), granisetron (generic), Emend® (Merck)	Cimzia® (Crohn's indication only)	Humira® (Abbott)
Aplenzin®	bupropion (generic), bupropion SR (generic)	Cimzia® (Plaque Psoriasis indication only)	Enbrel® (Amgen), Humira® (Abbott)
Apriso®	mesalamine (generic), Asacol® (Procter & Gamble), Delzicol® (Warner Chilcott), Pentasa® (Shire US)	Cimzia® (RA indication only)	Enbrel® (Amgen), Humira® (Abbott)
Asmalpred Plus®	prednisolone sodium phosphate (generic)	Ciprodex®	neomycin/polymyxin/HCl (generic), ofloxacin (generic)
Atacand®	eprosartan mesylate (generic), irbesartan (generic), losartan potassium (generic), Micardis® (BIP)	Cipro HC®	neomycin/polymyxin/HCl (generic), ofloxacin (generic)
Atelvia®	alendronate (generic)	Clindacin PAC®	clindamycin (generic)
Avinza®	morphine sulfate ER (generic)	Clindagel®	clindamycin phosphate (generic)
Avodart®	alfuzosin HCl (generic), finasteride (generic), tamsulosin (generic)	Clobeta+Plus®	clobetasone propionate (generic)
Axert®	naratriptan (generic), rizatriptan (generic), sumatriptan (generic), Relpax® (Pfizer)	Clobex®	clobetasol propionate (generic)
Azasite®	ciprofloxacin (generic), erythromycin ointment (generic), gentamicin (generic), levofloxacin (generic), ofloxacin (generic), tobramycin (generic), Vigamox® (Alkon)		
Azilect®	selegiline (generic)		

*Branded generics have the same co-payment as regular generics.

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Appendix F Specialty Drug List (continued)

Nonpreferred Product	Possible Preferred Alternatives	Nonpreferred Product	Possible Preferred Alternatives
Cloderm®	betamethasone valerate cream (generic), desoximetasone cream (generic), fluocinolone acetonide cream (generic), hydrocortisone valerate cream (generic), triamcinolone acetonide cream (generic)	Estrasorb®	estradiol patch (generic), Estraderm® (Novartis), Vivelle® (Novartis), Vivelle-DOT® (Novartis)
codeine solution	codeine sulfate tablets (generic)	Estrojel®	estradiol patch (generic)
Coly-Mycin S®	neomycin/polymyxin/HCl (generic), ofloxacin (generic)	Euflexxa®	Hyalgan® (Sanofi Pharm), Synvisc® (Genzyme), Synvisc-One® (Genzyme)
Combigan®	dorzolamide/timolol (generic)	Evamist®	estradiol patch (generic)
Cordran SP®	betamethasone valerate cream (generic), desoximetasone cream (generic), fluocinolone acetonide cream (generic), hydrocortisone valerate cream (generic), triamcinolone acetonide cream (generic)	Exalgo®	hydromorphone (generic), morphine ER (generic), Oxycontin® (Purdue Pharma)
Coreg CR®	carvedilol (generic)	Exelderm®	econazole nitrate (generic), ketoconazole (generic), nystatin (generic)
Cortisporin-TC®	neomycin/polymyxin/HCl (generic), ofloxacin (generic)	Exforge®	amlodipine/benzapril (generic)
Corvite®	corvita (generic), nicotinamide (generic), therobec plus (generic), V-C Forte (generic)	Exforge HCT®	amlodipine (generic), benazepril (generic), hydrochlorothiazide (generic)
Corvite FE®	Ferrex 28 (generic), Ferrex 150 Forte (generic), Ferrex 150 Forte Plus (generic), Multigen Plus (generic), Poly-Iron 150 Forte (generic)	Extavia®	Avonex® (Biogen), Betaseron® (Berlex Laboratories), Copaxone® (Teva)
Cosopt PF®	dorzolamide/timolol (generic)	Factive®	ciprofloxacin (generic), levofloxacin (generic), Avelox® (Schering)
Covera-HS®	verapamil HCl tablet, sustained action (generic)	Fanax®	clozapine (generic), olanzapine (generic), quetiapine fumarate (generic), risperidone (generic), ziprasidone HCl (generic)
Crestor®	atorvastatin (generic), fluvastatin (generic), lovastatin (generic), pravastatin (generic), simvastatin (generic)	Fast Take®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)
Cutivate® Lotion	fluticasone (generic)	Femring®	Estring® (Pfizer)
Cycloset®	metformin HCl (generic), Byetta® (Amylin Pharmaceuticals), Janumet® (Merck & Co.), Januvia® (Merck & Co.), Onglyza® (Bristol Myers Squibb)	Femtrace®	estradiol tabs (generic)
Daytrana®	dextroamphetamine-amphetamine (generic), methylphenidate ER (generic)	Fenoglide®	fenofibrate (generic)
Desonate® Gel	desonide (generic), alclometasone (generic), hydrocortisone (generic)	Fentora®	fenofibrate (generic)
Dexilant®	lansoprazole (generic), omeprazole (generic), pantoprazole (generic), Nexium® (AstraZeneca)	Ferralcat 90 Dual-Iron®	Ferrex 28 (generic), Ferrex 150 Forte (generic), Ferrex 150 Forte Plus (generic), Multigen Plus (generic), Poly-Iron 150 Forte (generic)
Differin® 0.3% Gel	adapalene (generic), tretinoin (generic), Azelex® (Allergan), Finacea® (Bayer)	First Testosterone®	Androderm® (Watson Pharmaceuticals), Androjel® (Unimed)
Digex®	Creon® (Abbott), Zenpep® (Aptalis Pharma)	Flarex®	fluorometholone (generic)
Diovan®	eprosartan mesylate (generic), irbesartan (generic), losartan (generic), Micardis® (BIP)	Flector® Patch	etodolac (generic), ibuprofen (generic), meloxicam (generic), naproxen (generic),
Dipentum®	sulfasalazine (generic), balsalazide (generic), Asacol® (Procter & Gamble), Delzicol® (Warner Chilcott), Pentasa® (Shire US)	Flo-Pred®	prednisolone sodium phosphate (generic)
Divigel®	estradiol patch (generic)	Flovent Diskus®	Alvesco® (Sunovion Pharmaceuticals), Asmanex® (Merck), Pulmicort Flexhaler® (AstraZeneca), Qvar® (IVAX)
Duexis®	ibuprofen (generic), famotidine (generic)	Flovent HFA®	Alvesco® (Sunovion Pharmaceuticals), Asmanex® (Merck), Pulmicort Flexhaler® (AstraZeneca), Qvar® (IVAX)
Durezol®	prednisolone (generic)	Fluoroplex®	fluorouracil (generic), imiquimod (generic), Picato® Gel (Leo Labs)
Dutoprol®	metoprolol succinate (generic), hydrochlorothiazide (generic)	FML-Forte®	fluorometholone (generic)
Dymista®	fluticasone propionate + azelastine nasal spray (generic)	Focalin XR®	dexamethylphenidate (generic), dextroamphetamine-amphetamine (generic), methylphenidate ER (generic)
DynaCirc CR®	amlodipine besylate (generic), nifedipine ER (generic)	Foradil®	Arcapta Neohaler® (Novartis), Serevent Diskus® (GSK)
Edarbi®	eprosartan mesylate (generic), irbesartan (generic), losartan (generic), Micardis® (BIP)	Fortesta® Gel	Androderm® (Watson Pharmaceuticals), Androjel® (Unimed Pharm)
Edarbyclor®	candesartan/HCTZ (generic), irbesartan/HCTZ (generic), losartan/HCTZ (generic), valsartan/HCTZ (generic), Micardis HCT® (BIP)	Fosamax D®	alendronate (generic)
Edluar®	zolpidem (generic)	Freestyle®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)
Elestrin®	estradiol patch (generic)	Frova®	naratriptan (generic), rizatriptan (generic), sumatriptan (generic), Relpax® (Pfizer)
Emadine®	azelastine (generic), cromolyn (generic), Pataday® (Alcon), Patanol® (Alcon)	Gamastan S-D®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Embeda®	morphine SR (generic)	Gammagard® Liquid	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Emsam®	phenylzine sulfate (generic)	Gammagard S-D®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Enablex®	flavoxate (generic), oxybutynin (generic), oxybutynin ER (generic), tolterodine tartrate (generic), Vesicare® (GlaxoSmithKline)	Gammaked®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Epiduo®	adapalene (generic) + benzoyl peroxide (generic)	Gammalex®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Epifoam®	hydrocortisone acetate/pramoxine (generic)	Gelnique® Metered Dose Gel	oxybutynin (generic), oxybutynin ER (generic), Vesicare® (GlaxoSmithKline)
Eqetro®	carbamazepine (generic), divalproex (generic)		
Erraczo®	econazole nitrate (generic), ketoconazole (generic), nystatin (generic)		
Estrace® Vaginal Cream	Vagifem® (Novo Nordisk)		

*Branded generics have the same co-payment as regular generics.

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Appendix F Specialty Drug List (continued)

Nonpreferred Product	Possible Preferred Alternatives	Nonpreferred Product	Possible Preferred Alternatives
Gelnique® 10% Packets	oxybutynin (generic), oxybutynin ER (generic), Vesicare® (GlaxoSmithKline)	Lunesta®	temazepam (generic), triazolam (generic), zolpidem (generic), zaleplon (generic)
Gel-One®	Hyalgan® (Sanofi Pharm), Synvisc® (Genzyme), Synvisc-One® (Genzyme)	Maxair Autohaler®	ProAir HFA® (Teva)
Genotropin®	Norditropin® (Nov Nordisk), Tev-Tropin® (Gate Pharmaceuticals)	Maxidex®	fluorometholone (generic), prednisolone (generic)
Glumetza®	metformin ER (generic)	Menest®	estradiol (generic), estropipate (generic), Cenestin (Barr/Duramed), Enjuvia (Barr/Duramed)
Glyset®	acarbose (generic)	Menostar®	estradiol patch (generic), Estraderm (Novartis), Vivelle (Novartis), Vivelle-Dot (Novartis)
Gralise®	gabapentin (generic)	Metax® Capsule	folbee (generic), folbee plus (generic), folbic (generic), renal caps (generic), triphrocaps (generic)
Granisol®	granisetron HCl (generic)	Mentax®	econazole nitrate (generic), ketoconazole (generic), nystatin (generic)
Halog®	desoximetasone cream (generic), fluocinonide cream (generic)	Metrogel®	metronidazole gel (generic)
Hectoral®	calcitriol (generic)	Millipred® Solution	prednisolone sodium phosphate (generic)
Helidac®	Pylera® (Aptalis Pharma)	Minitrin Patch®	nitroglycerin patch (generic)
Humatrope®	Norditropin® (Nov Nordisk), Tev-Tropin® (Gate Pharmaceuticals)	Minivelle®	estradiol patch (generic), Estraderm (Novartis), Vivelle (Novartis), Vivelle-Dot (Novartis)
Illevro®	bromfenac (generic), diclofenac (generic), flurbiprofen (generic), ketorolac (generic)	Mirapex ER®	pramipexole (generic)
Innopran XL®	propranolol LA (generic)	Moxatag®	amoxicillin trihydrate (generic)
Intermezzo®	zaleplon (generic)	Moxeza®	ciprofloxacin (generic), erythromycin ointment (generic), gentamicin (generic), levofloxacin (generic), ofloxacin (generic), tobramycin (generic), Vigamox® (Alkon)
Intuniv®	dextroamphetamine/amphetamine (generic), methylphenidate (generic), methylphenidate ER (generic)	Myrbetriq®	flavoxate (generic), oxybutynin (generic), oxybutynin ER (generic), tolterodine tartrate (generic), trospium chloride (generic), Vesicare® (GlaxoSmithKline)
Invega®	olanzapine (generic), quetiapine fumarate (generic), risperidone (generic), ziprasidone HCl (generic)	Nafin®	econazole nitrate (generic), ketoconazole (generic), nystatin (generic)
Invega Sustenna®	olanzapine (generic), Risperdal Consta® (Janssen)	Nalfon®	etodolac (generic), ibuprofen (generic), indomethacin (generic), naproxen (generic), sulindac (generic)
Iquix®	ciprofloxacin (generic), erythromycin ointment (generic), gentamicin (generic), levofloxacin (generic), ofloxacin (generic), tobramycin (generic), Vigamox® (Alkon)	Napretan®	naproxen sodium (generic)
Istalol®	betaxolol (generic), carteolol (generic), timolol (generic), levobunolol (generic), metipranolol (generic)	Natazia®	neon (generic)
Jalyn®	tamsulosin (generic) + finasteride (generic)	Nephlex Rx®	folbee (generic), folbee plus (generic), folbic (generic), renal caps (generic), triphrocaps (generic)
Jentaduet®	Janumet (Merck & Co.), Janumet XR (Merck & Co.), Kombiglyze XR® (Bristol Myers Squibb)	Nesina®	Januvia® (Merck & Co.), Onglyza® (Bristol Myers Squibb)
Juvisync®	Januvia® (Merck & Co.), simvastatin (generic)	Neupro Patch®	pramipexole Di-HCl (generic), ropinirole (generic), Apokyn® (U.S. World Meds)
Kadian®	morphine sulfate ER (generic)	Nevanac®	bromfenac (generic), diclofenac (generic), flurbiprofen (generic), ketorolac (generic)
Kapindex®	lansoprazole (generic), omeprazole (generic), pantoprazole (generic), Nexium® (AstraZeneca)	Nilandron®	bicalutamide (generic), flutamide (generic)
Kazano®	Janumet (Merck & Co.), Janumet XR (Merck & Co.), Kombiglyze XR® (Bristol Myers Squibb)	Nitro-Dur Patch®	nitroglycerin patch (generic)
Kineret®	Enbrel® (Amgen), Humira® (Abbott)	Noritate®	metronidazole cream (generic)
Kogenate® FS	Helixate FS® (CSL Behring LLC)	Noroxin®	ciprofloxacin (generic), levofloxacin (generic), ofloxacin (generic), Avelox® (Schering)
Kynamro®	Juxtapid® (Aegerion)	Nucynta®, Nucynta ER®	tramadol (generic)
Lastacaf®	azelastine (generic), cromolyn sodium (generic), Pataday® (Alcon), Patanol® (Alcon)	Nutropin®	Norditropin® (NovoNordisk), Tev-Tropin® (Gate Pharmaceuticals)
Latuda®	clozapine (generic), olanzapine (generic), quetiapine fumarate (generic), risperidone (generic), ziprasidone HCl (generic)	Nutropin AQ®	Norditropin® (NovoNordisk), Tev-Tropin® (Gate Pharmaceuticals)
Lazanda®	fentanyl lozenge (generic), fentanyl patch (generic)	Nutropin AQ Nuspin®	Norditropin® (NovoNordisk), Tev-Tropin® (Gate Pharmaceuticals)
Letairis®	Tracleer® (Actelion)	Nuvaring®	Aviane® (Barr), Lessina® (Barr)
Levato®	acebutolol HCl (generic), atenolol (generic), metoprolol tartrate (generic)	OB Complete One®	PNV-DHA (generic), Zatean-PN Plus (generic), Zatean-PN DHA (generic), Zatean-PN (generic), Prenatal Plus (generic)
Lialda®	balsalazide (generic), Asacol® (Procter & Gamble), Delzicol® (Warner Chilcott), Pentasa® (Shire US)	Octagam®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Lidovir®	acyclovir ointment (generic), lidocaine gel (generic)	Oleptro ER®	trazodone HCl (generic)
Lipofen®	fenofibrate (generic)	Omeclamox-Pak®	Pylera® (Aptalis Pharma)
Livalo®	atorvastatin (generic), lovastatin (generic), pravastatin (generic), simvastatin (generic)	Omnaris®	flunisolide (generic), fluticasone propionate (generic), triamcinolone acetonide (generic), Nasonex® (Schering)
Loestrin 24 FE®	Junel FE® (Barr Pharmaceuticals), Microgestin FE® (Watson Pharmaceuticals)	Omnitrope®	Norditropin® (Nov Nordisk), Tev-Tropin® (Gate Pharmaceuticals)
Locoid Lipocream®	betamethasone valerate (generic), fluticasone propionate (generic), triamcinolone acetonide (generic)	OneTouch®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)
Lo-Loestrin FE®	Gildess FE® (Dynamic Pharma), Junel FE® (Barr Pharmaceuticals), Microgestin FE® (Watson Pharmaceuticals)	OneTouch Ultra®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)
Lotemax®	fluorometholone (generic), prednisolone (generic)		
Lovaza®	fenofibrate (generic), Niaspan ER® (Abbott)		
Lumigan®	latanoprost (generic)		

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Appendix F Specialty Drug List (continued)

Nonpreferred Product	Possible Preferred Alternatives	Nonpreferred Product	Possible Preferred Alternatives
Onfi®	felbamate (generic), lamotrigine (generic), topiramate (generic), Banzel® Tablet (Eisai Inc.)	Privigen®	Flebogamma® (Grifols Biologicals, Inc), Gamunex® (Talecris Biotherapeutics), Gamunex-C® (Talecris Biotherapeutics), Hizentra® (CSL Behring AG)
Onsolis®	fentanyl lozenge (generic)	Prolensa®	bromfenac sodium (generic), diclofenac (generic), flurbiprofen (generic), ketorolac (generic)
Oracea®	doxycycline monohydrate (generic), minocycline (generic)	Proquin XR®	ciprofloxacin HCl (generic), levofloxacin (generic), Avelox® (Schering)
Orapred ODT®	prednisolone sodium phosphate (generic)	Proventil HFA®	ProAir HFA® (Teva)
Orencia SC®	Enbrel® (Amgen), Humira® (Abbott)	Quillivant XR®	methylphenidate ER (generic)
Ortho Evra®	MonoNessa® (Watson), TriNessa® (Watson)	Qnasl®	fluticasone propionate (generic), Nasonex® (Schering)
Ortho Tri-Cyclen Lo®	TriNessa® (Watson)	Ranitor®	cefaclor (generic)
Orthovisc®	Hyalgan® (Sanofi Pharm), Synvisc® (Genzyme), Synvisc-One® (Genzyme)	Rapaflo®	doxazosin (generic), terazosin (generic), finasteride (generic), tamsulosin (generic)
Osensi®	Januvia® (Merck & Co.) + pioglitazone (generic)	Rayos®	prednisone (generic)
Ovace® 10% Foam	sulfacetamide sodium (generic)	Recombine®	Helixate FS® (CSL Behring LLC)
Ovace® 10% Plus Cleanser	sulfacetamide sodium (generic)	Refracto®	Helixate FS® (CSL Behring LLC)
Ovace® 10% Plus Cream	sulfacetamide sodium (generic)	Rescula®	latanoprost (generic), dorzolamide (generic), dorzolamide/timolol (generic)
Ovace® 10% Plus Shampoo	sulfacetamide sodium (generic)	Riomet® Solution	metformin (generic)
Oxistat®	econazole nitrate (generic), ketoconazole (generic), nystatin (generic)	Rosadam®	metronidazole cream (generic)
Oxtellar XR®	oxycarbazine (generic)	Rosula® Foam	sodium sulfacetamide 10% and sulfur 5% (generic)
Oxytrol®	oxybutynin (generic), oxybutynin ER (generic), tolterodine tartrate (generic), Vesicare® (GlaxoSmithKline)	Rozerem®	temazepam (generic), triazolam (generic), zolpidem (generic), zaleplon (generic)
Pancrease MT®	Creon® (Abbott), Zenpep® (Aptalis Pharma)	Rybix ODT®	tramadol (generic)
Pancrease®	Creon® (Abbott), Zenpep® (Aptalis Pharma)	Sabril®	divalproex (generic), lamotrigine (generic), levetiracetam (generic)
Pandel®	betamethasone valerate cream (generic), desoximetasone cream (generic), fluocinonide acetonide cream (generic), hydrocortisone valerate cream (generic), triamcinolone acetonide cream (generic)	Safyral®	ethinyl estradiol/drospiridone (generic)
PCE®	erythromycin base (generic)	Saizen®	Norditropin® (NovoNordisk), Tev-Tropin® (Gate Pharmaceuticals)
Pegasys®, Pegasis Proclick®	PEG-Intron® (Schering)	Sancuso®	ondansetron (generic), granisetron (generic), Emend® (Merck)
Pennsaid®	etodolac (generic), ibuprofen (generic), naproxen (generic)	Saphris®	clozapine (generic), olanzapine (generic), quetiapine fumarate (generic), risperidone (generic), ziprasidone HCl (generic)
Perforomist®	albuterol sulfate (generic), levalbuterol HCl (generic)	Sarafem®	fluoxetine HCl (generic)
Pertzye®	Creon® (Abbott), Zenpep® (Aptalis Pharma)	Seconal®	chloral hydrate (generic), temazepam (generic), triazolam (generic)
Pexeva®	paroxetine HCl (generic)	Serostim®	Norditropin® (NovoNordisk), Tev-Tropin® (Gate Pharmaceuticals)
Phrenilin Forte®	butalbital/acetaminophen (generic)	Silenor®	zolpidem (generic), temazepam (generic), triazolam (generic), zaleplon (generic)
Poly-Pred®	tobramycin-dexamethasone (generic), neomycin/bacitracin/polymyxin B/HCl (generic), neomycin/polymyxin B/dexamethasone (generic), neomycin/polymyxin B/HCl (generic), Tobradex® Oint (Alcon)	Simcor®	simvastatin (generic) + Niaspan ER® (Abbott)
Potaba®	folbee (generic), folbee plus (generic), folbic (generic), renal caps (generic), triphrocaps (generic)	Simponi® (RA Indication Only)	Enbrel® (Amgen), Humira® (Abbott)
Potiga®	carbamazepine (generic), levetiracetam (generic), topiramate (generic), Banzel® (Eisai Inc.)	Simodyn®	minocycline (generic)
Prandimet®	metformin (generic), Prandin® (Novo Nordisk)	Sorilux®	calcipotriene (generic)
Precision QID®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)	Spectracef®	cefaclor (generic), cefuroxime axetil (generic)
Precision XTRA®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)	Sprix®	etodolac (generic), ibuprofen (generic), naproxen (generic)
Pred-G®	tobramycin-dexamethasone (generic), neomycin/bacitracin/polymyxin B/HCl (generic), neomycin/polymyxin B/dexamethasone (generic), neomycin/polymyxin B/HCl (generic), Tobradex® Oint (Alcon)	Stavzor®	valproic acid (generic), divalproex (generic)
Prefera-OB One®	PNV-DHA (generic), Zatean-PN Plus (generic), Zatean-PN DHA (generic), Zatean-PN (generic), Prenatal Plus (generic)	Striant®	Androderm® (Watson Pharmaceuticals), AndroGel (Unimed Pharm)
Premarin® Tabs	estradiol (generic), Cenestin® (Barr/Duramed), Enjuvia® (Barr/Duramed)	Strovite®	corvita (generic), nicotinamide (generic), therobec plus (generic), V-C Forte (generic)
Premarin® Vaginal Cream	Vagifem® (Novo Nordisk)	Strovite One®	corvita (generic), nicotinamide (generic), therobec plus (generic), V-C Forte (generic)
Prenate Essential®	PNV-DHA (generic), Zatean-PN Plus (generic), Zatean-PN DHA (generic), Zatean-PN (generic), Prenatal Plus (generic)	Strovite Plus®	corvita (generic), nicotinamide (generic), therobec plus (generic), V-C Forte (generic)
Prestige®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)	Subsys®	fentanyl citrate lozenges (generic)
Prevpac®	Pylexa® (Aptalis Pharma)	Sumavel® DosePro®	sumatriptan (generic)
Pristiq ER®	venlafaxine HCl (generic), citalopram HBR (generic), fluoxetine HCl (generic), paroxetine HCl (generic), sertraline HCl (generic), Cymbalta® (Eli Lilly)	Sumaxin TS®	sulfacetamide/sulfur (generic)
		Supartz®	Hyalgan® (Sanofi Pharm), Synvisc® (Genzyme), Synvisc-One® (Genzyme)
		Suprax®	cefuroxime axetil (generic), cefdinir (generic)
		Suresstep®	Accu-Chek Aviva Plus® (Roche), Breeze 2® (Bayer), Contour Next® (Bayer)
		Sylatron®	Intron-A® (Merck-Schering Plough)
		Synalar TS®	fluocinonide acetonide (generic)
		Synalgos-DC®	hydrocodone/APAP (generic)

*Branded generics have the same co-payment as regular generics.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

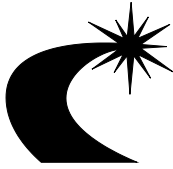
Appendix F Specialty Drug List (continued)

Nonpreferred Product	Possible Preferred Alternatives	Nonpreferred Product	Possible Preferred Alternatives
Taclonex [®] /Taclonex Scalp [®]	betamethasone dipropionate/calcipotriene (generic)	Vibramycin [®] Suspension/Syrup	doxycycline hyclate (generic)
Tasmar [®]	entacapone (generic)	Viibryd [®]	citalopram (generic), fluoxetine HCl (generic), paroxetine HCl (generic), sertraline HCl (generic)
Tazorac [®] (Acne use only)	tretinoin (generic), Azelex [®] (Allergan), Finacea [®] (Bayer)	Vimovo [®]	naproxen (generic) + Nexium (generic)
Tekamlo [®]	eprosartan mesylate (generic) + amlodipine besylate (generic), Micardis (BIP) + amlodipine besylate (generic), losartan potassium (generic) + amlodipine besylate (generic)	Viokace [®]	Creon [®] (Abbott), Zenpep [®] (Aptalis Pharma)
Tekturma [®]	eprosartan mesylate (generic), irbesartan (generic), losartan potassium (generic), Micardis [®] (BIP)	Viokase [®]	Creon [®] (Abbott), Zenpep [®] (Aptalis Pharma)
Tekturma/HCT [®]	candesartan/HCTZ (generic), irbesartan/HCTZ (generic), losartan/HCTZ (generic), valsartan/HCTZ (generic), Micardis HCT [®] (BIP)	Vitafol-OB [®]	PNV-DHA (generic), Zatean-PN Plus (generic), Zatean-PN DHA (generic), Zatean-PN (generic), Prenatal Plus (generic)
Tersi [®] Foam	selenium sulfide (generic)	Vitafol-One [®]	PNV-DHA (generic), Zatean-PN Plus (generic), Zatean-PN DHA (generic), Zatean-PN (generic), Prenatal Plus (generic)
Testim [®]	Androderm [®] (Watson Pharmaceuticals), AndroGel [®] (Unimed Pharm)	Vital-D Rx [®]	folbee (generic), folbee plus (generic), folbic (generic), renal caps (generic), triphrocaps (generic)
Testred [®]	methyltestosterone (generic)	Vitrace [®]	Creon [®] (Abbott), Zenpep [®] (Aptalis Pharma)
Teveten HCT [®]	candesartan/HCTZ (generic), irbesartan/HCTZ (generic), losartan/HCTZ (generic), valsartan/HCTZ (generic), Micardis HCT [®] (BIP)	Voltaren [®] Gel	etodolac (generic), ibuprofen (generic), naproxen (generic)
Texacort [®]	fluocinolone acetonide solution, non oral (generic)	Vytorin [®]	atorvastatin (generic), simvastatin (generic), Zetia [®] (Merck-Schering Plough)
TobraDex [®] ST	tobramycin-dexamethasone (generic), neomycin/bacitracin/polymyxin B/Hc (generic), neomycin/polymyxin B/dexamethasone (generic), neomycin/polymyxin B/Hc (generic), TobraDex [®] Oint (Alcon)	Xerese [®]	acyclovir ointment (generic) + hydrocortisone (generic)
Toviaz [®]	oxybutynin ER (generic), Vesicare [®] (GlaxoSmithKline)	Xopenex HFA [®]	ProAir HFA [®] (Teva)
Tradjenta [®]	Januvia [®] (Merck & Co.), Onglyza [®] (Bristol Myers Squibb)	Xyntha [®]	Helixate FS [®] (CSL Behring LLC)
Travatan [®]	latanoprost (generic)	Zelapar [®]	selegiline (generic)
Travatan Z [®]	latanoprost (generic)	Zemplar [®]	calcitriol (generic)
Tretin-X Gel [®]	tretinoin (generic)	Zetonna [®]	flunisolide (generic), fluticasone propionate (generic), triamcinolone acetonide (generic), Nasonex [®] (Schering)
Treximet [®]	sumatriptan (generic), naproxen (generic)	Ziana [®]	clindamycin phosphate (generic), tretinoin (generic)
Triaz [®]	benzoyl peroxide (generic)	Zipsor [®]	diclofenac sodium (generic), ibuprofen (generic), naproxen (generic), nabumetone (generic)
Tribenzor [®]	eprosartan mesylate (generic) + amlodipine besylate (generic), Micardis (BIP) + amlodipine besylate (generic), losartan potassium (generic) + amlodipine besylate (generic)	Zmax [®]	azithromycin (generic)
Triglide [®]	fenofibrate (generic)	Zoderm [®]	benzoyl peroxide (generic)
Trilipix [®]	fenofibrate (generic)	Zolpimist [®]	zolpidem tartrate (generic), zaleplon (generic)
Tudorza [®]	ipratropium solution (generic), Atrovent HFA [®] (BIP), Spiriva [®] (BIP)	Zomig [®] (all dosage forms)	naratriptan (generic), rizatriptan (generic), sumatriptan (generic), Relpax [®] (Pfizer)
Twynsta [®]	amlodipine (generic) + Micardis [®] (BIP)	Zonalon [®]	alclometasone dipropionate (generic), fluocinolone acetonide (generic), hydrocortisone (generic)
Ultrase [®]	Creon [®] (Abbott), Zenpep [®] (Aptalis Pharma)	Zovirax [®] Cream	Denavir [®] Cream (Novartis)
Valturna [®]	amlodipine (generic) + losartan (generic) or Micardis [®] (BIP) or eprosartan mesylate (generic)	Zuplenz [®]	ondansetron ODT (generic)
Vanos [®]	clobetasol propionate (generic), betamethasone dp augmented (generic), diflorasone diacetate (generic)	Zyclara [®]	fluorouracil (generic), imiquimod (generic), Picato [®] Gel (Leo Labs)
Vascepa [®]	fenofibrate (generic), Niaspan ER [®] (Abbott)	Zydone [®]	hydrocodone w/acetaminophen (generic)
Venofer [®]	Ferrex 28 (generic), Ferrex 150 Forte (generic), Ferrex 150 Forte Plus (generic), Multigen Plus (generic), Poly-Iron 150 Forte (generic)	Zylet [®]	tobramycin-dexamethasone (generic), neomycin/bacitracin/polymyxin B/Hc (generic), neomycin/polymyxin B/dexamethasone (generic), neomycin/polymyxin B/Hc (generic), TobraDex [®] Oint (Alcon)
Ventolin HFA [®]	ProAir HFA [®] (Teva)	Zymar [®]	ciprofloxacin (generic), erythromycin ointment (generic), gentamicin (generic), levofloxacin (generic), ofloxacin (generic), tobramycin (generic), Vigamox [®] (Alkon)
Veramyst [®]	flunisolide (generic), fluticasone propionate (generic), triamcinolone acetonide (generic), Nasonex [®] (Schering)	Zymaxid [®]	ciprofloxacin (generic), erythromycin ointment (generic), gentamicin (generic), levofloxacin (generic), ofloxacin (generic), tobramycin (generic), Vigamox [®] (Alkon)
Verdeso [®]	desonide (generic)	Zyprexa Relprev [®]	olanzapine (generic), Risperdal Consta [®] (Janssen)
Veripred-20 [®]	prednisolone sodium phosphate (generic)		
Vexol [®]	fluorometholone (generic)		

*Branded generics have the same co-payment as regular generics.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Benefit Funds Rx Request for Authorization



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUBenefits.org
Tel (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Benefits Administration Department/Pharmacy Services

Prescription Request for Authorization

1199SEIU Member's Name: _____

Member ID: _____

Patient (if not member): _____

Patient Date of Birth: ____/____/____ Age: _____

Check the appropriate prescription:

Drug name/Dosage/Duration

- Brand-name drug requests** _____
- CNS stimulants** _____
(for patients younger than 5 years of age or older than 18 years of age)
- Acne products** _____
(for patients older than 30 years of age)
- Blood clotting agents** _____
- Zyvox** _____
- Other** _____

Initial Drug Therapy: Yes No

Renewal Treatment: Yes No

ICD-9 Diagnosis Code(s) & Description:

Principal: _____

Secondary: _____

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Benefit Funds Rx Request for Authorization (continued)

Member ID: _____ Patient's Name: _____

Patient History: _____

Prior treatment medication therapy and outcomes: _____

Comments: _____

Request Submitted By: _____ Request Date: ____/____/____

Name of Prescribing Physician: _____ TIN# (Tax ID): _____

Telephone: (____) _____ - _____ MD Fax # (____) _____ - _____

Physician Signature: _____ Date: ____/____/____

Physician Specialty: _____

Office Address: _____

Name of Pharmacy Providing Service: _____ Pharmacist: _____

Office address: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Please note: Any areas not filled out will be considered not applicable to your patient AND MAY AFFECT THE OUTCOME OF THIS REQUEST.

Complete this form and attach copies of pertinent medical documentation or copies of the physician's actual office chart to support your request. Fax completed form to (646) 473-7469.

The Fund's Pre-authorization Call Center is available Monday to Friday, 9:00 am to 5:00 pm, at (646) 473-7446.

Pre-Authorization requirements are regularly updated and are therefore subject to change; periodically visit our website at www.1199SEIUBenefits.org for our most recent pre-authorization requirements, authorization request forms and other pertinent information located in the "For Providers" section.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts/Medco by Mail Order Form (continued)

Patient/doctor information continued

First name Last name

Birth date (MM/DD/YYYY) Sex M F Patient's relationship to member Self Spouse Dependent

Doctor's last name 1st initial Doctor's phone number

First name Last name

Birth date (MM/DD/YYYY) Sex M F Patient's relationship to member Self Spouse Dependent

Doctor's last name 1st initial Doctor's phone number

FOLD HERE

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan, plus refills for up to 1 year, if appropriate (not a 30-day supply plus refills). Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

Complete the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at 1 800 818-6720. To verify Medicare Part B prescription coverage, call Medicare at 1 800 MEDICARE (1 800 633-4227).

Automatic generic equivalent substitution of certain brand-name drugs is allowed by law in Texas, Florida, and Ohio, unless you or your doctor specifically directs otherwise.

If you live in Texas, you have a right to refuse safe, effective generics. Check the box **if you do not want the less expensive**, generic drug. This applies only to the prescription drug(s) on this order.

Pennsylvania law permits pharmacists to substitute a less expensive generically equivalent drug for a brand name drug unless you or your physician direct otherwise. **Check the box if you do not wish a less expensive brand or generic drug "product."**

Please note that this applies only to new prescriptions and to any future refills of that prescription.

For additional information or help, visit us at www.medco.com or call Member Services at 1 800 818-6720. TTY/TDD users should call 1 800 759-1089.

FOLD HERE

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the Medco address shows through the window. Do not use staples or paper clips.

FORM #HG53865M

MEDCO HEALTH SOLUTIONS OF NETPARK, L.L.C.
PO BOX 30493
TAMPA FL 33630-3493



Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization List



Medical Benefit Management Program Specialty Drug List

Providers can complete the prior authorization process through the ExpressPath Portal – <https://www.express-path.com> or by fax or telephone. Phone: (877) 273-2122 Fax: (877) 814-4047

The symbol [PA] next to a drug name indicates that this medication is subject to the Prior Authorization Program.
 The symbol [ST] next to a drug name indicates that this medication is subject to the Step Therapy Program.
 The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program.

1199SEIU Brand Name	Generic Description	Disease State	PA Required (PA)	Step Therapy Program (ST)	Client Prior Authorization Program (CPA)	CLAIM EDIT	Reimb Code	Reimb Code	Reimb Code	Reimb Code	Reimb Code
ACTEMRA	TOCILIZUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3262				
ACTIMMUNE	INTERFERON GAMMA-1B,RECOMB.	IMMUNE DEFICIENCY				YES	J9216				
ADAGEN	PEGADEMASE BOVINE	ENZYME DEFICIENCIES				YES	J2504				
ADCESTRIS	BRENTUXIMAB VEDOTIN	CANCER				YES	J9042				
ADCIRCA	ADCIRCA (TADALAFIL)	PULMONARY HYPERTENSION	PA			YES	J8499				
ADRIAMYCIN	DOXORUBICIN HCL	CANCER				YES	J9000				
ADRUCIL	FLUOROURACIL	CANCER				YES	J9190				
ADVATE	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7192				
ALDURAZYME	LARONIDASE	ENZYME DEFICIENCIES			CPA	NO	J1931				
ALFERON N	INTERFERON ALFA-N3	CANCER				YES	J9215				
ALKERAN	MELPHALAN	CANCER				YES	J8600	J9245	WW080	WW081	
ALPHANATE	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7186				
ALPHANINE SD	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA				YES	J7193				
AMIFOSTINE	AMIFOSTINE	CANCER				YES	J0207				
AMPYRA	DALFAMPRIDINE	MULTIPLE SCLEROSIS	PA			YES	J8499				
APOKYN	APOMORPHINE HCL	MISCELLANEOUS CNS DISORDERS				YES	J0364				
ARALAST NP	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256				
ARCALYST	RILONACEPT	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	PA			YES	J2793				
ARELIA	PAMIDRONATE DISODIUM	CANCER				YES	J2430				
ARIXTRA	FONDAPARINUX SODIUM	ANTICOAGULANT				YES	J1652				
ARRANON	NELARABINE	CANCER				YES	J9261				
ARZERRA	OFATUMUMAB	CANCER				YES	J9302				
ATGAM	LYMPHOCTE IMMUNE GLOBULIN	TRANSPLANT				YES	J7504				
AUBAGIO	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	PA			YES	J8499				
AVONEX	INTERFERON BETA-1A	MULTIPLE SCLEROSIS	PA			YES	J1826	Q3025			
BCG VACCINE (TICE STRAIN)	BCG VACCINE	CANCER				YES	J90585				
BEBULIN	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA				YES	J7194				
BENEFIX	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7195				
BENLYSTA	BELIMUMAB	INFLAMMATORY CONDITIONS				YES	J0490				
BERINERT	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0597				
BETASERON	INTERFERON BETA-1B	MULTIPLE SCLEROSIS	PA			YES	J1830				
BEXXAR	TOSITUMOMAB IODINE-131	CANCER				YES	A9544	A9545	G3001		
BICNU	CARMUSTINE	CANCER				YES	J9050				
BIVIGAM	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	J90283	C9130	J1599		
BLEOMYCIN SULFATE	BLEOMYCIN SULFATE	CANCER				YES	J9040				
BONIVA (IV)	IBANDRONATE	OSTEOPOROSIS	PA			YES	J1740				
BONIVA (SC)	IBANDRONATE	OSTEOPOROSIS	PA			YES	J1740				
BOTOX	BOTULINUM TOXIN A	NEUROMUSCULAR CONDITIONS/COSMETIC	PA			YES	J0585				
BUSULFEX	BUSULFAN	CANCER				YES	J0594				
CALCIUM FOLINATE	LEUCOVORIN	CANCER				YES	J0640				
CARIMUNE NF	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	J90283	J1566			
CAVSTON	AZTREONAM LYSINE	RESPIRATORY CONDITIONS				NO	J7699				
CELLCEPT	MYCOPHENOLATE MOFETIL	TRANSPLANT				YES	J7517	J7599			
CEPROTIN	PROTEIN C CONCENTRATE, HUMAN	MISCELLANEOUS SPECIALTY CONDITIONS				YES	J2724				
CEREDASE	ALGLUCERASE	ENZYME DEFICIENCIES			CPA	NO	J0205				
CEREZYME	IMIGLUCERASE	ENZYME DEFICIENCIES			CPA	NO	J1786				
CERUBIDINE	DAUNORUBICIN HCL	CANCER				YES	J9150				
CHENODAL	CHENODIOL	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	NO HCPC				
CHORIONIC GONADOTROPIN	GONADOTROPIN,CHORIONIC	INFERTILITY				YES	J0725				
CIMZIA	CERTOLIZUMAB PEGOL	INFLAMMATORY CONDITIONS	PA	ST		YES	J0718				
CINRYZE	C1 ESTERASE INHIBITOR	HEREDITARY ANGIOEDEMA	PA			YES	J0598				
CISPLATIN	CISPLATIN	CANCER				YES	J9060				
CLADRIBINE	CLADRIBINE	CANCER				YES	J9065				
CLOLAR	CLOFARABINE	CANCER				YES	J9027				
COPAXONE	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	PA			YES	J1595				

*Claims where there is a Prior Authorization requirement will have Claims checked against the quantities and approvals obtained in the PA

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization List (continued)



Medical Benefit Management Program Specialty Drug List

Providers can complete the prior authorization process through the ExpressPAth Portal — <https://www.express-path.com> or by fax or telephone. Phone: (877) 273-2122 Fax: (877) 814-4047

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 The symbol [ST] next to a drug name indicates that this medication is subject to the Step Therapy Program.
 The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program.

1199SEIU Brand Name	Generic Description	Disease State	PA Required (PA)	Step Therapy Program (ST)	Client Prior Authorization Program (CPA)	CLAIM EDIT	Reimb Code	Reimb Code	Reimb Code	Reimb Code	Reimb Code
COPEGUS	RIBAVIRIN	HEPATITIS C	PA			YES	J8499				
CORIFACT	FACTOR XIII	HEMOPHILIA				YES	J7180				
COSMEGEN	DACTINOMYCIN	CANCER				YES	J9120				
CLUVPOSA	GLYCOPYRROLATE	MISCELLANEOUS CNS DISORDERS				NO	J8499				
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE	CANCER				YES	J8530	J9070	WW010, WW011, WW013, WW014, WW015		
CYCLOSPORINE	CYCLOSPORINE	TRANSPLANT				YES	J7502	J7515	J7516		
CYCLOSPORINE MODIFIED	CYCLOSPORINE	TRANSPLANT				YES	J7502	J7515			
CYTARABINE	CYTARABINE	CANCER				YES	J9100				
CYTOGAM	CYTOMEGALOVIRUS IMMUNE GLOB	IMMUNE DEFICIENCY				YES	90291	J0850			
DACARBAZINE	DACARBAZINE	CANCER				YES	J9130				
DACOGEN	DECITABINE	CANCER				YES	J0894				
DACTINOMYCIN	DACTINOMYCIN	CANCER				YES	J9120				
DAUNORUBICIN HCL	DAUNORUBICIN HCL	CANCER				YES	J9150				
DAUNOXOME	DAUNORUBICIN LIPOSOME	CANCER				YES	J9151				
DDAVP	DESMOPRESSIN ACETATE	ENDOCRINE DISORDERS				YES	J2597				
DEFEROXAMINE MESYLATE	DEFEROXAMINE	IRON TOXICITY				YES	J0895				
DEPOCYT	CYTARABINE LIPOSOME	CANCER				YES	J9098				
DESFERAL	DEFEROXAMINE	IRON TOXICITY				YES	J0895				
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE	ENDOCRINE DISORDERS				YES	J2597				
DEXRAZOXANE	DEXRAZOXANE	CANCER				YES	J1190				
DOXORUBICIN HCL	DOXORUBICIN HCL	CANCER				YES	J9000				
DYSPORT	ABOBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS/COSMETIC	PA			YES	J0586				
EGRIFTA	TESAMORELIN ACETATE	ENDOCRINE DISORDERS	PA			YES	C9399	J3490			
ELAPRASE	IDURSULFASE	ENZYM DEFICIENCIES			CPA	NO	J1743				
ELELYSO	TALIGLUCERASE ALFA	ENZYM DEFICIENCIES			CPA	NO	C9294	J3490			
ELITEK	RASBURICASE	CANCER				YES	J2783				
ELLENC	EPIRUBICIN HCL	CANCER				YES	J9178				
ELSPAR	ASPARAGINASE	CANCER				YES	J9020				
ENBREL	ETANERCEPT	INFLAMMATORY CONDITIONS	PA			YES	J1438				
ENOXAPARIN SODIUM	ENOXAPARIN	ANTICOAGULANT				YES	J1650				
EPIRUBICIN HCL	EPIRUBICIN HCL	CANCER				YES	J9178				
EPOPROSTENOL SODIUM	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA			YES	J1325				
ERWINAZE	ASPARAGINASE (ERWINIA CHRYSAN)	CANCER				YES	J9019				
ETHYOL	AMIFOSTINE	CANCER				YES	J0207				
ETOPOPHOS	ETOPOSIDE PHOSPHATE	CANCER				YES	J9181				
ETOPOSIDE	ETOPOSIDE	CANCER				YES	J8560	J9181	WW030	WW031	WW032
EUFLEXXA	SODIUM HYALURONATE	OSTEOARTHRITIS				YES	J7323				
EXTAVIA	INTERFERON BETA-1B	MULTIPLE SCLEROSIS	PA	ST		YES	J1830				
EYLEA	AFLIBERCEPT	OPHTHALMIC CONDITIONS				YES	J0178				
FABRAZYME	AGALSIDASE	ENZYM DEFICIENCIES			CPA	NO	J0180				
FASLODEX	FULVESTRANT	CANCER				YES	J9395				
FEIBA	ANTI-INHIBITOR COAGULANT COMP.	HEMOPHILIA				YES	J7198				
FERRIPROX	DEFERIPRONE	IRON TOXICITY				NO	J8499				
FIRAZYR	ICATIBANT ACETATE	HEREDITARY ANGIOEDEMA				YES	J1744				
FIRMAGON	DEGARELIX ACETATE	CANCER				YES	J9155				
FLEBOGAMMA	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283	J1572			
FLOLAN	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA			YES	J1325				
FLOXURIDINE	FLOXURIDINE	CANCER				YES	J9200				
FLUDARA	FLUDARABINE PHOSPHATE	CANCER				YES	J9185				
FLUOROURACIL	FLUOROURACIL	CANCER				YES	J3490	J9190			
FOLLISTIM AQ	FOLLITROPIN BETA, RECOMB	INFERTILITY				YES	J3490	S0128			
FOLOTYN	PRALATREXATE	CANCER				YES	J9307				
FONDAPARINUX SODIUM	FONDAPARINUX SODIUM	ANTICOAGULANT				YES	J1652				
FORTEO	TERIPARATIDE	OSTEOPOROSIS	PA			YES	J3110				
FRAGMIN	DALTEPARIN (PORCINE)	ANTICOAGULANT				YES	J1645				

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Appendix F Express Scripts Prior Authorization List (continued)



Medical Benefit Management Program Specialty Drug List

Providers can complete the prior authorization process through the ExpressPATH Portal — <https://www.express-path.com> or by fax or telephone. Phone: (877) 273-2122 Fax: (877) 814-4047

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The symbol [ST] next to a drug name indicates that this medication is subject to the Step Therapy Program.
The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program.

1199SEIU Brand Name	Generic Description	Disease State	PA Required (PA)	Step Therapy Program (ST)	Client Prior Authorization Program (CPA)	CLAIM EDIT	Reimb Code	Reimb Code	Reimb Code	Reimb Code	Reimb Code
FUDR	FLOXURIDINE	CANCER				YES	J9200				
FUSILEV	LEVOLEUCOVORIN CALCIUM	CANCER				YES	J0641				
FUZEON	ENFUVRTIDE	HIV				YES	J1324				
GAMASTAN S-D	IMMUNE GLOBULIN - IM	IMMUNE DEFICIENCY				YES	90281	J1460	J1560		
GAMMAGARD LIQUID	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283	90284	J1569		
GAMMAGARD S-D	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283	J1566			
GAMMAKED	IMMUNE GLOBULIN - IV/SQ	IMMUNE DEFICIENCY	PA			YES	90283	90284	J1561		
GAMMAPLEX	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283	J1557			
GAMUNEX	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283	90284	J1561		
GEL-ONE		OSTEOARTHRITIS				YES	J7326				
GENGRAF	CYCLOSPORINE	TRANSPLANT				YES	J7502	J7515			
GENOTROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
GILENYA	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	PA			YES	J8499				
GLASSIA	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0257				
H.P. ACTHAR	CORTICOTROPIN	MISCELLANEOUS CNS DISORDERS				YES	J0800				
HALAVEN	ERIBULIN MESYLATE	CANCER				YES	J9179				
HELIKATE FS	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7192				
HEMOPIL M	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7190				
HEPAGAM B	HEP.B IMMUNE GLOB/MALTOSE	HEPATITIS B				YES	J1571	J1573			
HIZENTRA	IMMUNE GLOBULIN- SQ	IMMUNE DEFICIENCY	PA			YES	90284	J1559			
HUMATE-P	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7187				
HUMATROPE	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
HUMIRA	ADALIMUMAB	INFLAMMATORY CONDITIONS	PA			YES	J0135				
HYALGAN	SODIUM HYALURONATE	OSTEOARTHRITIS				YES	J7321				
HYCAMTIN	TOPIECAN	CANCER				YES	J8705	J9351			
HYPERHEP B S-D	HEPATITIS B IMMUNE GLOBULIN	HEPATITIS B				YES	90371	J3490			
HYPERRAB S-D	RABIES IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90375				
HYPERRHO S-D	RHO(D) IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90384	90385	J2788	J2790	
IDAMYCIN PFS	IDARUBICIN	CANCER				YES	J9211				
IDARUBICIN HCL	IDARUBICIN	CANCER				YES	J9211				
IFEX	IFOSFAMIDE	CANCER				YES	J9208				
IFOSFAMIDE	IFOSFAMIDE	CANCER				YES	J9208				
IFOSFAMIDE-MESNA	IFOSFAMIDE/MESNA	CANCER				NO	J9999				
ILARIS	CANAKINUMAB	CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES	PA			YES	J0638				
IMOGAM RABIES-HT	RABIES IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90376				
IMPLANON	ETONOGESTREL	CONTRACEPTIVE				YES	J7307				
INCIVEK	TELAPREVIR	HEPATITIS C	PA			YES	J8499				
INCRELEX	MECASERMIN	GROWTH DEFICIENCY	PA			YES	J2170				
INFERGEN	INTERFERON ALFACON-1	HEPATITIS C				YES	J9212				
INNOHEP	TINZAPARIN SODIUM, PORCINE	ANTICOAGULANT				YES	J1655				
INTRON A	INTERFERON ALFA-2B , RECOMB.	CANCER				YES	J9214				
IPRIVASK	DESIRUDIN	ANTICOAGULANT				NO	J3490				
ISTODAX	ROMIDEPSIN	CANCER				YES	J9315				
JEVTANA	CABAZITAXEL	CANCER				YES	J9043				
KALBITOR	ECALLANTIDE	HEREDITARY ANGIOEDEMA	PA			YES	J1290				
KALYDECO	IVACAFTOR	RESPIRATORY CONDITIONS	PA			YES	J8499				
KENALOG	TRIAMCINOLONE ACETONIDE	INFLAMMATORY CONDITIONS				YES	J3301				
KEPIVANCE	PALIFERMIN	CANCER				YES	J2425				
KINERET	ANAKINRA	INFLAMMATORY CONDITIONS	PA			YES	J3590				
KOATE-DVI	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7190				
KOGENATE FS	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7192				
KORLYM	MIFEPRISTONE	ENDOCRINE DISORDERS	PA			YES	J8499				
KRYSTEXXA	PEGLOTICASE	INFLAMMATORY CONDITIONS	PA			YES	J2507				
KUVAN	SAPROPTERIN DIHYDROCHLORIDE	ENDOCRINE DISORDERS	PA			YES	J8499				
LETAIRIS	AMBRISENTAN	PULMONARY HYPERTENSION	PA			YES	J8499				

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Appendix F Express Scripts Prior Authorization List (continued)



Medical Benefit Management Program Specialty Drug List

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 The symbol [ST] next to a drug name indicates that this medication is subject to the Step Therapy Program.
 The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program.

1199SEIU Brand Name	Generic Description	Disease State	PA Required (PA)	Step Therapy Program (ST)	Client Prior Authorization Program (CPA)	CLAIM EDIT	Reimb Code	Reimb Code	Reimb Code	Reimb Code	Reimb Code
LEUCOVORIN CALCIUM	LEUCOVORIN	CANCER				YES	J0640	J3490	J8999		
LEUSTATIN	CLADRIBINE	CANCER				YES	J9065				
LIPODOX	DOXORUBICIN HCL LIPOSOME	CANCER				YES	Q2049				
LOVENOX	ENOXAPARIN	ANTICOAGULANT				YES	J1650				
LUCENTIS	RANIBIZUMAB	OPHTHALMIC CONDITIONS				YES	J2778				
LUMIZYME	ALGLUCOSIDASE ALFA	ENZYME DEFICIENCIES			CPA	NO	J0221				
MACUGEN	PEGAPTANIB SODIUM	OPHTHALMIC CONDITIONS				YES	J2503				
MAKENA	HYDROXYPROGEST CAPROATE	MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J1725				
MELPHALAN HCL	MELPHALAN	CANCER				YES	J9245				
MESNA	MESNA	CANCER				YES	J9209				
MESNEX	MESNA	CANCER				YES	J8999	J9209			
METHOTREXATE	METHOTREXATE SODIUM	CANCER				YES	J8610	J9250	J9260	WW041, WW042, WW043, WW044, WW045, WW046, WW053, WW054, WW060, WW064, WW068, WW070, WW071, WW072, WW073, WW074, WW075, WW076	
MICRHOGAM PLUS	RHO(D) IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90385	J2788			
MIRENA	LEVONORGESTREL	CONTRACEPTIVE				YES	J7302				
MITOMYCIN	MITOMYCIN	CANCER				YES	J3490	J9280			
MITOXANTRONE HCL	MITOXANTRONE	CANCER				YES	J9293				
MONOCLATE-P	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7190				
MONONINE	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA				YES	J7193				
MOZOBIL	PLERIXAFOR	BLOOD CELL DEFICIENCY				YES	J2562				
MUSTARGEN	MECHLORETHAMINE	CANCER				YES	J9230				
MYCOPHENOLATE MOFETIL	MYCOPHENOLATE MOFETIL	TRANSPLANT				YES	J7517				
MYFORTIC	MYCOPHENOLATE SODIUM	TRANSPLANT				YES	J7518				
MYLOTARG	GEMTUZUMAB OZOGAMICIN	CANCER				NO	NO HCPC				
MYOBLOC	BOTULINUM TOXIN TYPE B	NEUROMUSCULAR CONDITIONS/COSMETIC	PA			YES	J0587				
MYOZYME	ALGLUCOSIDASE ALFA	ENZYME DEFICIENCIES			CPA	NO	J0220				
NABI-HB	HEPATITIS B IMMUNE GLOBULIN	HEPATITIS B				YES	90371				
NAGLAZYME	GALSULFASE	ENZYME DEFICIENCIES			CPA	NO	J1458				
NAVELBINE	VINORELBINE	CANCER				YES	J9390				
NEORAL	CYCLOSPORINE	TRANSPLANT				YES	J7502	J7515			
NEUMEGA	OPRELVEKIN	BLOOD CELL DEFICIENCY				YES	J2355				
NEXPLANON	ETONOGESTREL	CONTRACEPTIVE				YES	J7307				
NIPENT	PENTOSTATIN	CANCER				YES	J9268				
NORDITROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
NOVANTRONE	MITOXANTRONE	CANCER				YES	J9293				
NOVAREL	GONADOTROPIN, CHORIONIC	INFERTILITY				YES	J0725				
NOVOSEVEN RT	FACTOR VIIA, RECOMB (BHK CELLS)	HEMOPHILIA				YES	J7189				
NULOJIX	BELATACEPT	TRANSPLANT				YES	J0485				
NUTROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
OCTAGAM	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283	J1568			
OCTREOTIDE ACETATE	OCTREOTIDE	ENDOCRINE DISORDERS				YES	J2354				
OMNITROPE	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
ONCASPAR	PEGASPARGASE	CANCER				YES	J9266				
ONSOLIS	FENTANYL CITRATE	PAIN MANAGEMENT	PA			YES	J8499				
ONTAK	DENILEUKIN DIFTITOX	CANCER				YES	J9160				
ORENCIA (IV)	ABATACEPT/MALTOSE	INFLAMMATORY CONDITIONS	PA			YES	J0129				
ORENCIA (SC)	ABATACEPT/MALTOSE	INFLAMMATORY CONDITIONS	PA	ST		YES	J0129				
ORTHOCLONE OKT-3	MURONAB-CD3	TRANSPLANT				YES	J7505				
ORTHOVISC	HYALURONATE SODIUM	OSTEOARTHRITIS				YES	J7324				
PAMIDRONATE DISODIUM	PAMIDRONATE DISODIUM	CANCER				YES	J2430				
PEGASYS	PEGINTERFERON ALFA-2A	HEPATITIS	PA			YES	J3590	S0145			
PEGINTRON	PEGINTERFERON ALFA-2B	HEPATITIS C	PA	ST		YES	J3590	S0148			

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Appendix F Express Scripts Prior Authorization List (continued)



Medical Benefit Management Program Specialty Drug List

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1199SEIU Brand Name	Generic Description	Disease State	PA Required (PA)	Step Therapy Program (ST)	Client Prior Authorization Program (CPA)	CLAIM EDIT	Reimb Code	Reimb Code	Reimb Code	Reimb Code	Reimb Code
PHOTOFRIN	PORFIMER SODIUM	CANCER				YES	J9600				
PREGNYL	GONADOTROPIN,CHORIONIC	INFERTILITY				YES	J0725				
PRIALT	ZICONOTIDE ACETATE	PAIN MANAGEMENT				YES	J2278				
PRIVIGEN	IMMUNE GLOBULIN - IV	IMMUNE DEFICIENCY	PA			YES	90283	J1459			
PROFILNINE SD	FACTOR IX COMPLEX (HUMAN)	HEMOPHILIA				YES	J7194				
PROGESTERONE	PROGESTERONE	INFERTILITY				YES	J2675	J3490	J8499		
PROGRAF	TACROLIMUS	TRANSPLANT				YES	J7507	J7525			
PROLASTIN	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256				
PROLASTIN C	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256				
PROLEUKIN	ALDESLEUKIN	CANCER				YES	J9015				
PROLIA	DENOSUMAB	OSTEOPOROSIS	PA			YES	J0897				
PROVENGE	SIPULEUCEL-T/LACTATED RINGERS	CANCER				YES	Q2043				
PULMOZYME	DEOXYRIBONUCLEASE	RESPIRATORY CONDITIONS				YES	J7639				
QSYMIA		MISCELLANEOUS SPECIALTY CONDITIONS	PA			YES	J8499				
RAPAMUNE	SIROLIMUS	TRANSPLANT				YES	J7520				
REBETOL	RIBAVIRIN	HEPATITIS C	PA			YES	J8499				
REBIF	INTERFERON BETA-1A/ALBUMIN	MULTIPLE SCLEROSIS	PA			YES	C9399	J3590	Q3026		
RECLAST	ZOLEDRONIC ACID	OSTEOPOROSIS	PA			YES	J3488	Q2051			
RECOMBINATE	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7192				
REFLUDAN	LEPIRUDIN,RECOMBINANT	ANTICOAGULANT				YES	J1945				
REMICADE	INFLIXIMAB	INFLAMMATORY CONDITIONS	PA			YES	J1745				
REMODULIN	TREPROSTINIL SODIUM	PULMONARY HYPERTENSION	PA			YES	J3285				
RETROVIR	ZIDOVUDINE	HIV				YES	J3485	J8499	S0104		
REVATIO	REVATIO (SILDENAFIL CITRATE)	PULMONARY HYPERTENSION	PA			YES	J3490	J8499			
RHOGAM PLUS	RHO(D) IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90384	J2790			
RHOPHYLAC	RHO(D) IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90384	90386	J2791		
RIBAPAK	RIBAVIRIN	HEPATITIS C	PA			YES	J8499				
RIBASPHERE	RIBAVIRIN	HEPATITIS C	PA			YES	J8499				
RIBATAB	RIBAVIRIN	HEPATITIS C	PA			YES	J8499				
RIBAVIRIN	RIBAVIRIN	HEPATITIS C	PA			YES	J8499				
RITUXAN	RITUXIMAB	CANCER	PA			YES	J9310				
SAIZEN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
SANDIMMUNE	CYCLOSPORINE	TRANSPLANT				YES	J7502	J7515	J7516		
SANDOSTATIN	OCTREOTIDE	ENDOCRINE DISORDERS				YES	J2354				
SANDOSTATIN LAR	OCTREOTIDE	ENDOCRINE DISORDERS				YES	J2353				
SEROSTIM	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
SIMPONI	GOLIMUMAB	INFLAMMATORY CONDITIONS	PA	ST		YES	C9399	J3590			
SIMULECT	BASILIXIMAB	TRANSPLANT				YES	J0480				
SOLESTA	DEXTRANOMER/HYALURONATE/SOD	MISCELLANEOUS SPECIALTY CONDITIONS				YES	L8605				
SOLIRIS	ECULIZUMAB	MISCELLANEOUS SPECIALTY CONDITIONS				YES	J1300				
SOMATULINE DEPOT	LANREOTIDE ACETATE	ENDOCRINE DISORDERS				YES	J1930				
SOMAVERT	PEGVISOMANT	ENDOCRINE DISORDERS	PA			YES	J3490				
STELARA	USTEKINUMAB	INFLAMMATORY CONDITIONS	PA			YES	J3357				
SUPARTZ	HYALURONATE SODIUM	OSTEOARTHRITIS				YES	J7321				
SUPPRELIN LA	HISTRELIN AC	ENDOCRINE DISORDERS				YES	J9226				
SYNAGIS	PALIVIZUMAB	RSV PREVENTION	PA			YES	90378				
SYNVISC	HYALURONATE SODIUM	OSTEOARTHRITIS				YES	J7325				
TACROLIMUS	TACROLIMUS	TRANSPLANT				YES	J7507				
TECFIDERA	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	PA			YES	J8499				
TEMODAR	TEMOZOLOMIDE	CANCER				YES	J8700	J9328	WW002, WW005, WW006, WW007, WW008, WW009		
TESTOPEL	TESTOSTERONE	ENDOCRINE DISORDERS				YES	J3490	S0189			
TEV-TROPIN	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				
THERACYS	BCG VACCINE	CANCER				YES	90586	J9031			
THIOTEPA	THIOTEPA	CANCER				YES	J9340				
THYMOGLOBULIN	LYMPHOCYTE IMMUNE GLOBULIN	TRANSPLANT				YES	J7511				

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 The symbol [CPA] next to a drug name indicates that this medication is subject to the Client Prior Authorization Program.

1199SEIU Brand Name	Generic Description	Disease State	PA Required (PA)	Step Therapy Program (ST)	Client Prior Authorization Program (CPA)	CLAIM EDIT	Reimb Code	Reimb Code	Reimb Code	Reimb Code	Reimb Code
THYROGEN	THYROTROPIN	CANCER				YES	J3240				
TOBI	TOBRAMYCIN/SODIUM CHLORIDE	RESPIRATORY CONDITIONS				YES	J7682				
TOPOSAR	ETOPOSIDE	CANCER				YES	J9181				
TOPOTECAN HCL	TOPOTECAN	CANCER				YES	J9351				
TORISEL	TEMSIROLIMUS	CANCER				YES	J9330				
TOTECT	DEXRAZOXANE	CANCER				YES	J1190				
TRACLEER	BOSENTAN	PULMONARY HYPERTENSION	PA			YES	J8499				
TRELSTAR	TRIPTORELIN PAMOATE	CANCER				YES	J3315				
TRISENOX	ARSENIC TRIOXIDE	CANCER				YES	J9017				
TYSABRI	NATALIZUMAB	MULTIPLE SCLEROSIS	PA			YES	J2323				
TYVASO	TREPROSTINIL (TYVASO)	PULMONARY HYPERTENSION	PA			YES	J7686				
VALSTAR	VALRUBICIN	CANCER				YES	J9357				
VANTAS	HISTRELIN AC	CANCER				YES	J9225				
VELETRI	EPOPROSTENOL NA	PULMONARY HYPERTENSION	PA			YES	J1325				
VENTAVIS	ILOPROST	PULMONARY HYPERTENSION	PA			YES	Q4074				
VICTRELS	BOCEPREVIR	HEPATITIS C	PA			YES	J8499				
VIDAZA	AZACITIDINE	CANCER				YES	J9025				
VINBLASTINE SULFATE	VINBLASTINE	CANCER				YES	J9360				
VINCASAR PFS	VINCRIStINE	CANCER				YES	J9370				
VINCRIStINE SULFATE	VINCRIStINE	CANCER				YES	J9370				
VINORELBINE TARTRATE	VINORELBINE	CANCER				YES	J9390				
VISUDYNE	VERTEPORFIN	OPHTHALMIC CONDITIONS				YES	J3396				
VIVAGLOBIN	IMMUNE GLOBULIN- SQ	IMMUNE DEFICIENCY	PA			YES	90284	J1562			
VIVITROL	NALTREXONE MICROSPHERES	MISCELLANEOUS CNS DISORDERS				YES	J2315				
VPRIV	VELAGLUCERASE ALFA	ENZYME DEFICIENCIES			CPA	NO	J3385				
VUMON	TENIPOSIDE	CANCER				YES	Q2017				
WINRHQ SDF	RHO(D) IMMUNE GLOBULIN	IMMUNE DEFICIENCY				YES	90384	90386	J2792		
XELJANZ	TOFACITINIB	INFLAMMATORY CONDITIONS	PA	ST		YES	J8499				
XELODA	CAPECITABINE	CANCER				YES	J8520	J8521	WW089, WW090, WW091, WW092, WW093, WW094, WW095, WW096		
XENAZINE	TETRABENZAZINE	MISCELLANEOUS CNS DISORDERS	PA			YES	J8499				
XEOMIN	INCIBOTULINUMTOXINA	NEUROMUSCULAR CONDITIONS/COSMETIC	PA			YES	J0588				
XIAFLEX	COLLAGENASE CLOSTRIDIUM HIST.	MISCELLANEOUS SPECIALTY CONDITIONS				YES	J0775				
XOLAIR	OMALIZUMAB	RESPIRATORY CONDITIONS	PA			YES	J2357				
XYNTHA	FACTOR VIII (ANTHEMOPHL FCTR)	HEMOPHILIA				YES	J7185				
YERVOY	IPILIMUMAB	CANCER				YES	J9228				
ZALTRAP	AFLIBERCEPT	CANCER				YES	J9999	C9296			
ZANOSAR	STREPTOZOCIN	CANCER				YES	J9320				
ZAVESCA	MIGLUSTAT	ENZYME DEFICIENCIES				NO	J8499				
ZEMAIRA	ALPHA-1-PROTEINASE INHIBITOR	RESPIRATORY CONDITIONS	PA			YES	J0256				
ZEVALIN	IBRITUMOMAB-YTTRIM-90/ALBUMIN	CANCER				YES	A9542	A9543			
ZINECARD	DEXRAZOXANE	CANCER				YES	J1190				
ZOLADEX	GOSERELIN ACETATE	CANCER				YES	J9202				
ZORBTIVE	SOMATROPIN	GROWTH DEFICIENCY	PA			YES	J2941				

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Appendix F Express Scripts Prior Authorization for Step Therapy

Step Therapy Drug List

Step Therapy ensures that you – our members – are trying a clinically effective, lower-cost medication prior to using a more expensive, brand name drug. Of course, if the medication is not effective in your treatment, you can request authorization for the higher-cost medication.

Express Scripts PA list of Step Therapy drugs (ST) for 1199SEIU Benefit Funds

June 2013

Drugs Requiring PA

Physician call Express Scripts (800) 753-2851

Category	Most Likely Brand Drugs in this Category
Cancer Therapy – BOSULIF, STIVARGA, VASCEPA	BOSULIF, STIVARGA, VASCEPA
Angiotensin II Receptor Blockers – ACEI before ARB	ATACAND, ATACAND HCT, AVALIDE, AVAPRO, BENICAR, BENICAR HCT, CANDESARTAN-HYDROCHLOROTHIAZID, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, EPROSARTAN MESYLATE, HYZAAR, IRBESARTAN, IRBESARTAN-HYDROCHLOROTHIAZIDE, LOSARTAN POTASSIUM, LOSARTAN-HYDROCHLOROTHIAZIDE, MICARDIS, MICARDIS HCT, TEVETEN, TEVETEN HCT, VALSARTAN-HYDROCHLOROTHIAZIDE
Antibiotics – Dificid	DIFICID
Anticonvulsant Agents – Gabitril	GABITRIL, TIAGABINE HCL
Anticonvulsant Agents – Lyrica	LYRICA
Anticonvulsant Agents – Topamax, Zonegran	TOPAMAX, TOPIRAGEN, TOPIRAMATE, ZONEGRAN, ZONISAMIDE
Antinarcotic Agents – Xyrem	XYREM
Antiviral Agents – Copegus, Rebetol	COPEGUS, REBETOL, RIBAPAK, RIBASPHERE, RIBATAB, RIBAVIRIN
Antiviral Agents – Incivek, Victrelis (PA)	INCIVEK, VICTRELIS
BPH Agents – Avodart, Proscar	AVODART, FINASTERIDE, PROSCAR

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Step Therapy (continued)

Express Scripts PA list of Step Therapy drugs (ST) for 1199SEIU Benefit Funds

June 2013

Drugs Requiring PA

Physician call Express Scripts (800) 753-2851

Category	Most Likely Brand Drugs in this Category
CNS Stimulant & Amphetamines	ADDERALL, ADDERALL XR, AMPHETAMINE SALT COMBO, CONCERTA, DAYTRANA, DESOXYN, DEXEDRINE, DEXMETHYLPHENIDATE HCL, DEXTROAMPHETAMINE SULFATE, DEXTROAMPHETAMINE-AMPHETAMINE, FOCALIN, FOCALIN XR, METADATE CD, METADATE ER, METHAMPHETAMINE HCL, METHYLIN, METHYLPHENIDATE ER, METHYLPHENIDATE HCL, METHYLPHENIDATE HCL CD, METHYLPHENIDATE SR, PROCENTRA, QUILLIVANT XR, RITALIN, RITALIN LA, RITALIN-SR, STRATTERA, VYVANSE
COX II Inhibitors – Celebrex	CELEBREX
Cancer Therapy – Afinitor	AFINITOR
Cancer Therapy – Adcetris (PA)	ADCETRIS
Cancer Therapy – Aromatase Inhibitors (ST)	ANASTROZOLE, ARIMIDEX, AROMASIN, EXEMESTANE, FEMARA, LETROZOLE
Cancer Therapy – Avastin	AVASTIN
Cancer Therapy – Caprelsa (PA)	CAPRELSA
Cancer Therapy – Cometriq (PA)	COMETRIQ
Cancer Therapy – Dacogen, Vidaza	DACOGEN, VIDAZA
Cancer Therapy – Erbitux	ERBITUX
Cancer Therapy – Erivedge (PA)	ERIVEDGE
Cancer Therapy – Halaven	HALAVEN
Cancer Therapy – Herceptin	HERCEPTIN
Cancer Therapy – Iclusig (PA)	ICLUSIG
Cancer Therapy – Inlyta (PA)	INLYTA
Cancer Therapy – Istodax/Zolinza	ISTODAX, ZOLINZA
Cancer Therapy – Jakafi (PA)	JAKAFI
Cancer Therapy – Jevtana	JEVTANA
Cancer Therapy – Kadcyka	KADCYLA
Cancer Therapy – Nexavar	NEXAVAR
Cancer Therapy – Perjeta (PA)	PERJETA

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Step Therapy (continued)

Express Scripts PA list of Step Therapy drugs (ST) for 1199SEIU Benefit Funds

June 2013

Drugs Requiring PA

Physician call Express Scripts (800) 753-2851

Category	Most Likely Brand Drugs in this Category
Cancer Therapy – Sprycel	SPRYCEL
Cancer Therapy – Sutent	SUTENT
Cancer Therapy – Tarceva	TARCEVA
Cancer Therapy – Tasisna	TASIGNA
Cancer Therapy – Torisel	TORISEL
Cancer Therapy – Tykerb	TYKERB
Cancer Therapy – Vectibix	VECTIBIX
Cancer Therapy – Votrient	VOTRIENT
Cancer Therapy – Xalkori (PA)	XALKORI
Cancer Therapy – Xgeva (PA)	XGEVA
Cancer Therapy – Xtandi (PA)	XTANDI
Cancer Therapy – Yervoy (PA)	YERVOY
Cancer Therapy – Zelboraf (PA)	ZELBORAF
Cancer Therapy – Zytiga	ZYTIGA
Chelation Agents – Ferriprox (PA)	FERRIPROX
Dermatologicals (Misc) – Solodyn	MINOCYCLINE HCL, SOLODYN
Dermatologicals – Elidel, Protopic – Age edit	ELIDEL, PROTOPIC
Dermatologicals – Solaraze	SOLARAZE
Diabetic Agents – Actos, Avandia	ACTOS, PIOGLITAZONE HCL
Diabetic Agents – Victoza (ST)	VICTOZA 2-PAK, VICTOZA 3-PAK
Gastrointestinal Agents (Misc) – Relistor	RELISTOR
Gastrointestinal Agents (Misc) – Chenodal	CHENODAL
Gout Therapy (ST)	KRYSTEXXA
Gout Therapy – Uloric	ULORIC
HIV Agents – Selzentry	SELZENTRY
Hormones (Misc) – Acthar Gel	H.P. ACTHAR
Hormones (Misc) – Kuvan	KUVAN
Hormones (Misc) – Sensipar	SENSIPAR
Hormones (Misc) – Vpriv	ELELYSO, VPRIV
Interleukins (Misc) – Arcalyst	ARCALYST
Interleukins (Misc) – Ilaris	ILARIS

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Step Therapy (continued)

Express Scripts PA list of Step Therapy drugs (ST) for 1199SEIU Benefit Funds

June 2013

Drugs Requiring PA

Physician call Express Scripts (800) 753-2851

Category	Most Likely Brand Drugs in this Category
Leukotriene Antagonists – NS, NSA or Asthma markers	ACCOLATE, MONTELUKAST SODIUM, SINGULAIR, ZAFIRLUKAST, ZYFLO, ZYFLO CR
Lipid/Cholesterol Lowering Agent – Omacor (Lovaza)	LOVAZA
Narcotic Analgesics – Actiq, Fentora, Onsolis	ABSTRAL, ACTIQ, FENTANYL CITRATE, FENTORA, LAZANDA, ONSOLIS, SUBSYS
Narcotic Analgesics – Butrans (ST)	BUTRANS
Narcotic Analgesics – Fentanyl (ST)*	ABSTRAL, LAZANDA, ONSOLIS, SUBSYS
Neurological Agents (Misc) – Xenazine	XENAZINE
Non-Narcotic Analgesics – Brand Ultram, Ultracet	RYBIX ODT, ULTRACET, ULTRAM
Non-Narcotic Analgesics – Cambia (PA)	CAMBIA
Non-Narcotic Analgesics – Duexis (PA)	DUEXIS
Non-Narcotic Analgesics – Vimovo	VIMOVO
Ophthalmic Agents (Misc) – Retisert	RETISERT
Ophthalmic Agents – AMD (PA/ST)	EYLEA, LUCENTIS
Osteoporosis Therapy – Forteo	FORTEO
Osteoporosis Therapy – Prolia	PROLIA
PNH Agents – Soliris	SOLIRIS
Parkinson's Therapy – Apokyn	APOKYN
Psoriasis Therapy – Stelara	STELARA
Pulmonary Agents (Misc) – Berinert, Cinryze, Kalbitor	BERINERT, CINRYZE, FIRAZYR, KALBITOR
Pulmonary Agents (Misc) – Cayston/Tobi	CAYSTON, TOBI
Pulmonary Agents – Cystic Fibrosis (ST)	KALYDECO
Pulmonary Agents – Daliresp (PA)	DALIRESP
Pulmonary Arterial Hypertension – All Agents (ST)	EPOPROSTENOL SODIUM, FLOLAN, LETAIRIS, REMODULIN, REVATIO, SILDENAFIL, TRACLEER, TYVASO, VELETRI, VENTAVIS
Pulmonary Arterial Hypertension – All Agents (ST) Specialty PTPA *Recommended	ADCIRCA
RA agents – Actemra – PA	ACTEMRA
RA agents – Enbrel – PA	ENBREL
RA agents – Orenzia (PA)	ORENCIA
RA agents – Package – All Agents – PA	CIMZIA, HUMIRA, KINERET, SIMPONI

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Step Therapy (continued)

Express Scripts PA list of Step Therapy drugs (ST) for 1199SEIU Benefit Funds

June 2013

Drugs Requiring PA

Physician call Express Scripts (800) 753-2851

Category	Most Likely Brand Drugs in this Category
RA agents – Remicade – PA	REMICADE
RA agents – Rituxan – PA	RITUXAN
Rheumatological Agents (Misc) – Savella	SAVELLA
Rheumatological Agents – Benlysta (PA)	BENLYSTA

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Quantity Duration

Quantity Duration Drug List

Based on FDA recommended prescribing and safety information, our Quantity Duration Rules ensure that you are receiving the most clinically effective dosages of medication (treatment endpoints and frequency).

Express Scripts Quantity Duration (QD) list for 1199SEIU Benefit Funds

Updated June 2013

Drugs subject to Quantity Duration:

Category	Most Likely Brand Drugs in this Category
Antiinfluenza Agents	RELENZA, TAMIFLU
Antibiotics – Ketek	KETEK
Antibiotics – Xifaxan	XIFAXAN
Antibiotics – Zyvox	ZYVOX
Antibiotics – Difucid	DIFICID
Anticonvulsant Agents – Lyrica	LYRICA
Antiemetic Agents	ANZEMET, EMEND, GRANISETRON HCL, GRANISOL, ONDANSETRON HCL, ONDANSETRON ODT, SANCUSO, ZOFRAN, ZOFRAN ODT, ZUPLENZ
Antiemetic Agents – Cesamet	CESAMET
Antifungal Agents	DIFLUCAN, FLUCONAZOLE, ITRACONAZOLE, LAMISIL, ONMEL, SPORANOX, TERBINAFINE HCL, TERBINEX
Antifungal Agents – Diflucan 150mg – Vaginitis Therapy	DIFLUCAN, FLUCONAZOLE
Antifungal Agents – Noxafil	NOXAFIL
Antifungal Agents – Vfend	VFEND, VORICONAZOLE
Antinarcotic Agents – Xyrem	XYREM
Antineoplastic Agents (Misc) – Revlimid	REVLIMID
Antiviral Agents	ACYCLOVIR, FAMCICLOVIR, FAMVIR, VALACYCLOVIR, VALTREX, ZOVIRAX
Antiviral Agents – Incivek, Victrelis (QD)	INCIVEK, VICTRELIS
Bisphosphonates – Osteoporosis	ACTONEL, ALENDRONATE SODIUM, ATELVIA, BINOSTO, BONIVA, FOSAMAX, FOSAMAX PLUS D, IBANDRONATE SODIUM
Cancer Therapy – Afinitor	AFINITOR
Cancer Therapy (Misc) – Mozobil	MOZOBIL
Cancer Therapy (Misc) – Xgeva	XGEVA
Cancer Therapy – Adcetris (QD)	ADCETRIS

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Quantity Duration (continued)

Express Scripts Quantity Duration (QD) list for 1199SEIU Benefit Funds

Updated June 2013

Drugs subject to Quantity Duration:

Category	Most Likely Brand Drugs in this Category
Cancer Therapy – Afinitor	AFINITOR
Cancer Therapy – Avastin	AVASTIN
Cancer Therapy – Caprelsa (QD)	CAPRELSA
Cancer Therapy – Erbitux	ERBITUX
Cancer Therapy – Erivedge (QD)	ERIVEDGE
Cancer Therapy – Gleevec (QD)	GLEEVEC
Cancer Therapy – Inlyta (QD)	INLYTA
Cancer Therapy – Istodax/Zolinza	ISTODAX, ZOLINZA
Cancer Therapy – Jakafi (QD)	JAKAFI
Cancer Therapy – Jevtana	JEVTANA
Cancer Therapy – Nexavar	NEXAVAR
Cancer Therapy – Sprycel	SPRYCEL
Cancer Therapy – Sutent	SUTENT
Cancer Therapy – Tarceva	TARCEVA
Cancer Therapy – Tasigna	TASIGNA
Cancer Therapy – Tykerb	TYKERB
Cancer Therapy – Vidaza	VIDAZA
Cancer Therapy – Votrient	VOTRIENT
Cancer Therapy – Xalkori (QD)	XALKORI
Cancer Therapy – Yervoy (QD)	YERVOY
Cancer Therapy – Zelboraf (QD)	ZELBORAF
Cancer Therapy – Zytiga	ZYTIGA
Cardiovascular Agents (Misc) – Ranexa	RANEXA
Dermatologicals (Misc) – Solodyn	MINOCYCLINE HCL, SOLODYN
Diabetic Agents – Byetta/Victoza	BYETTA, VICTOZA 2-PAK, VICTOZA 3-PAK
Erectile Dysfunction Agents – 6&18 (QD)	CAVERJECT, CIALIS, EDEX, LEVITRA, MUSE, STAXYN, VIAGRA
Erectile Dysfunction Agents – 6/18	CIALIS
Gastrointestinal Agents (Misc) – Relistor	RELISTOR
Gastrointestinal Agents (Misc) – Chenodal	CHENODAL
Gastrointestinal Agents (Misc) – Lialda	LIALDA
Gout Therapy (QD)	KRYSTEXXA
Gout Therapy – Uloric	ULORIC
HIV Agents – Selzentry	SELZENTRY

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Quantity Duration (continued)

Express Scripts Quantity Duration (QD) list for 1199SEIU Benefit Funds

Updated June 2013

Drugs subject to Quantity Duration:

Category	Most Likely Brand Drugs in this Category
Hormones (Misc) – Acthar Gel	H.P. ACTHAR
Hormones (Misc) – Samsca	SAMSCA
Hormones (Misc) – Sensipar	SENSIPAR
Hormones (Misc) – Zavesca	ZAVESCA
Hypnotic Agents	AMBIEN, AMBIEN CR, EDLUAR, INTERMEZZO, LUNESTA, ROZEREM, SILENOR, SONATA, ZALEPLON, ZOLPIDEM TARTRATE, ZOLPIDEM TARTRATE ER, ZOLPIMIST
Inhaled Bronchodilators (Misc) – Spiriva	SPIRIVA
Interleukins (Misc) – Ilaris	ILARIS
Lipid/Cholesterol Lowering Agent – Omacor (Lovaza)	LOVAZA
Migraine Therapy	ALSUMA, AMERGE, AXERT, FROVA, IMITREX, MAXALT, MAXALT MLT, MIGRANAL, NARATRIPTAN, NARATRIPTAN HCL, RELPAX, RIZATRIPTAN, SUMATRIPTAN, SUMATRIPTAN SUCCINATE, SUMAVEL DOSEPRO, TREXIMET, ZOMIG, ZOMIG ZMT
Multiple Sclerosis Therapy	AMPYRA, GILENYA, TYSABRI
Myeloid Stimulants and Hemostatics	PROMACTA
Narcotic Analgesics – Actiq, Fentora, Onsolis	ABSTRAL, ACTIQ, FENTANYL CITRATE, FENTORA, LAZANDA, ONSOLIS
Narcotic Analgesics – Butrans (QD)	BUTRANS
Narcotic Analgesics – Fentanyl (QD)	SUBSYS
Neurological Agents (Misc) – Xenazine	XENAZINE
Neurological Agents – Nuedexta (QD)	NUEDEXTA
Non-Narcotic Analgesics – Cambia (QD)	CAMBIA
Non-Narcotic Analgesics – Duexis (QD)	DUEXIS
Non-Narcotic Analgesics – Hyaluronic Acid	EUFLEXXA, GEL-ONE, HYALGAN, ORTHOVISC, SUPARTZ, SYNVISIC, SYNVISIC-ONE
Non-Narcotic Analgesics – Lidoderm	LIDOCAINE, LIDODERM
Non-Narcotic Analgesics – Ryzolt/Ultram ER	CONZIP, ULTRAM ER
Non-Narcotic Analgesics – Topical Diclofenac	FLECTOR, PENNSAID, VOLTAREN
Non-Narcotic Analgesics – Vimovo	VIMOVO
Ophthalmic Agents (Misc) – Retisert	RETISERT
Osteoporosis Therapy – Prolia	PROLIA

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts Prior Authorization for Quantity Duration (continued)

Express Scripts Quantity Duration (QD) list for 1199SEIU Benefit Funds

Updated June 2013

Drugs subject to Quantity Duration:

Category	Most Likely Brand Drugs in this Category
Parkinson's Therapy – Apokyn	APOKYN
Preventative Services Products – Option2	CHANTIX
Psoriasis Therapy – Stelara	STELARA
Pulmonary Agents (Misc) – Berinert, Cinryze, Kalbitor	BERINERT, CINRYZE, KALBITOR
Pulmonary Agents (Misc) – Cayston/Tobi	CAYSTON, TOBI
Pulmonary Agents (Misc) – Xolair	XOLAIR
Pulmonary Agents – Cystic Fibrosis (QD)	KALYDECO
Pulmonary Agents – HAE (QD)	FIRAZYR
Pulmonary Arterial Hypertension – All Agents	ADCIRCA, LETAIRIS, REVATIO, SILDENAFIL, TRACLEER, TYVASO, VENTAVIS
RA agents – Actemra	ACTEMRA
RA agents – Enbrel	ENBREL
RA agents – Humira – ST	HUMIRA
RA agents – Package – All Agents – QD	KINERET, ORENCIA, SIMPONI
RSV Agents – Synagis	SYNAGIS
Rheumatological Agents (Misc) – Savella	SAVELLA
Smoking Deterrents	BUPROBAN, BUPROPION HCL SR, NICODERM CQ, NICORELIEF, NICORETTE, NICOTINE, NICOTINE GUM, NICOTINE LOZENGE, NICOTINE PATCH, NICOTINE POLACRILEX, NICOTROL, NICOTROL NS, NTS, QUIT 2, QUIT 4, STOP SMOKING AID, ZYBAN
Others	ACIPHEX, DEXILANT, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, LANSOPRAZOLE, NEXIUM, OMEPRAZOLE, OMEPRAZOLE-SODIUM BICARBONATE, PANTOPRAZOLE SODIUM, PREVACID, PREVACID 24HR, PRILOSEC, PROTONIX, ZEGERID, ZEGERID OTC

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Dose Optimization

Rule Description
DOSE OPT-WELLBUTRIN XL 150MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
WELLBUTRIN XL 150MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
WELLBUTRIN XL 150 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-ABILIFY 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE (2 times daily), USE HIGHER STRENGTH
ABILIFY 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LESCOL 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
LESCOL 40 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
LIPITOR 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LIPITOR 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LIPITOR 40 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LESCOL 20MG AND 40 MG -- DOSE OP PRENOTIFICATION
LIPITOR 10, 20 AND 40 MG -- DOSE OP PRENOTIFICATION
PRAVACHOL 10, 20 AND 40 MG -- DOSE OP PRENOTIFICATION
ZOCOR 5 AND 20 MG -- DOSE OP PRENOTIFICATION
CELEXA 10 AND 20 MG FOR PTS >=18 -- DOSE OP PRENOTIFICATION
FLUVOXAMINE 25 AND 50 MG FOR PTS >=18 -- DOSE OP PRENOTIFICATION
PAXIL 10 AND 20 MG FOR PTS >=18 -- DOSE OP PRENOTIFICATION
FLUOXETINE 10 MG FOR PTS >=18 -- DOSE OP PRENOTIFICATION
ZOLOFT 25 AND 50 MG FOR PTS >= 18 -- DOSE OP PRENOTIFICATION
REMERON/REMERON SOLTAB 15MG -- DOSE OP PRENOTIFICATION
EFFEXOR XR 37.5MG, 75MG AND VENLAFAXINE ER 37.5MG, 75MG -- DOSE OP PRENOTIFICATION
ACEON 2 AND 4 MG-- DOSE OP PRENOTIFICATION
ACCUPRIL 5, 10, AND 20 MG-- DOSE OP PRENOTIFICATION
ALTACE 1.25, 2.5 AND 5 MG-- DOSE OP PRENOTIFICATION
LOTENSIN 5, 10, 20 MG-- DOSE OP PRENOTIFICATION
MAVIK 1 AND 2 MG-- DOSE OP PRENOTIFICATION
MONOPRIL 10 AND 20 MG-- DOSE OP PRENOTIFICATION
PRINIVIL/ZESTRIL 2.5, 5, 10, AND 20MG-- DOSE OP PRENOTIFICATION
UNIRETIC 7.5-12.5 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-LESCOL 20 MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LESCOL 40 MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LIPITOR 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LIPITOR 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LIPITOR 40 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-PRAVACHOL 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-PRAVACHOL 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ZOCOR 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ZOCOR 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Dose Optimization (continued)

Rule Description
PRAVACHOL 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PRAVACHOL 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ZOCOR 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ZOCOR 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CELEXA 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-FLUVOXAMINE 25 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >= 18, USE HIGHER STRENGTH
DOSE OPT-FLUVOXAMINE 50 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-PAXIL 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-PAXIL 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-FLUOXETINE 10 MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-ZOLOFT 25 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-ZOLOFT 50 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
CELEXA 20 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
FLUVOXAMINE 25 MG AND PT AGE >= 18, DISPENSE A MAX OF 68 DYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
FLUVOXAMINE 50 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PAXIL 10 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PAXIL 20 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
FLUOXETINE 10 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
ZOLOFT 25 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ZOLOFT 50 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-REMERON/REMERON SOLTAB 15 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-EFFEXOR XR, VENLAFAXINE ER 37.5MG LIMIT TO 1 UNIT/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-EFFEXOR XR, VENLAFAXINE ER 75MG LIMITED TO 1 UNIT/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Dose Optimization (continued)

Rule Description
REMERON/REMERON SOLTAB 15 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
EFFEXOR XR, VENLAFAXINE ER 37.5MG DISP A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS/CAPS = 2
EFFEXOR XR, VENLAFAXINE ER 75 MG DISP A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS/CAPS = 2
DOSE OPT-ACEON 2 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ACEON 4 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ACCUPRIL 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ACCUPRIL 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ACCUPRIL 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ALTACE 1.25 MG LIMITED TO 1 TAB/CAP PER DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ALTACE 2.5 MG LIMITED TO 1 TAB/CAP PER DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ALTACE 5 MG LIMITED TO 1 TAB/CAP PER DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LOTENSIN 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LOTENSIN 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LOTENSIN 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-MAVIK 1 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-MAVIK 2 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-MONOPRIL 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-MONOPRIL 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-PRINIVIL / ZESTRIL 2.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-PRINIVIL / ZESTRIL 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-PRINIVIL / ZESTRIL 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-PRINIVIL / ZESTRIL 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-UNIVASC 7.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-VASOTEC 2.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-VASOTEC 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-VASOTEC 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ATACAND 4 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ATACAND 8 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ATACAND 16 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Dose Optimization (continued)

Rule Description
DOSE OPT-AVAPRO 75 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-AVAPRO 150 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-COZAAR 25 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-COZAAR 50 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-DIOVAN 80 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-HYZAAR 50-12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-MICARDIS 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-MICARDIS 40 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-UNIRETIC 7.5-12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
ACEON 2 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ACEON 4 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ACCUPRIL 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ACCUPRIL 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ACCUPRIL 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ALTACE 1.25 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS/CAPS = 2
ALTACE 2.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS/CAPS = 2
ALTACE 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS/CAPS = 2
LOTENSIN 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LOTENSIN 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LOTENSIN 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
MAVIK 1 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
MAVIK 2 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
MONOPRIL 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
MONOPRIL 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PRINIVIL / ZESTRIL 2.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PRINIVIL / ZESTRIL 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PRINIVIL / ZESTRIL 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PRINIVIL / ZESTRIL 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
UNIVASC 7.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
VASOTEC 2.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
VASOTEC 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
VASOTEC 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ATACAND 4 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ATACAND 8 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ATACAND 16 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
AVAPRO 75 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
AVAPRO 150 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
COZAAR 25 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2

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Appendix F Dose Optimization (continued)

Rule Description
COZAAR 50 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DIOVAN 80 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
HYZAAR 50-12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
MICARDIS 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
MICARDIS 40 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
UNIRETIC 7.5-12-5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
UNIVASC 7.5 MG-- DOSE OP PRENOTIFICATION
VASOTEC 2.5, 5, 10 MG-- DOSE OP PRENOTIFICATION
ATACAND 4, 8, 16 MG-- DOSE OP PRENOTIFICATION
AVAPRO 75 AND 150 MG-- DOSE OP PRENOTIFICATION
COZAAR 25 AND 50 MG-- DOSE OP PRENOTIFICATION
DIOVAN 80 MG & 160MG -- DOSE OP PRENOTIFICATION
HYZAAR 50-12.5 MG-- DOSE OP PRENOTIFICATION
MICARDIS 20 AND 40 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-CARDURA 1 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CARDURA 1 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CARDURA 2 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-CARDURA 4 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-HYTRIN 1 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-HYTRIN 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ARICEPT 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CARDURA 2 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
CARDURA 4 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
HYTRIN 1 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
HYTRIN 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ARICEPT 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-ARAVA 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-DITROPAN XL 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-PAXIL CR 12.5 MG LTD TO 1 TAB/DAY AT THIS DAILY DOSE (2x daily) FOR PT >=18, USE HIGHER STR
DOSE OPT-BENICAR 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-DIOVAN HCT 80 - 12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
ARAVA 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DITROPAN XL 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PAXIL CR 12.5 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
BENICAR 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2

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Appendix F Dose Optimization (continued)

Rule Description
DIOVAN HCT 80 - 12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PAXIL CR 12.5 MG FOR PTS >=18 -- DOSE OP PRENOTIFICATION (2 times daily)
BENICAR 20 MG-- DOSE OP PRENOTIFICATION
DIOVAN HCT 80 - 12.5 MG-- DOSE OP PRENOTIFICATION
CARDURA 1, 2 AND 4 MG-- DOSE OP PRENOTIFICATION
HYTRIN 1 AND 5 MG-- DOSE OP PRENOTIFICATION
ARICEPT 5 MG-- DOSE OP PRENOTIFICATION
ARAVA 10 MG-- DOSE OP PRENOTIFICATION
DITROPAN XL 5 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-CADUET 5-10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CADUET 5-10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CADUET 5-20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CADUET 5-20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CADUET 5-40 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CADUET 5-40 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
CADUET 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-PRAVACHOL 40 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-CELEXA 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-LEXAPRO 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-LEXAPRO 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
DOSE OPT-ACCURETIC 10/12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LOTENSIN HCT 5/6.25 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-LOTENSIN HCT 10/12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ZESTORETIC 10/12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-VASERETIC 5/12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
PRAVACHOL 40 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
CELEXA 10 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LEXAPRO 5 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LEXAPRO 10 MG AND PT AGE >=18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2

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Appendix F Dose Optimization (continued)

Rule Description
ACCURETIC 10/12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LOTENSIN HCT 5/6.25 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LOTENSIN HCT 10/12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ZESTORETIC 10/12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
VASERETIC 5/12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LEXAPRO 5 AND 10 MG FOR PTS >=18 -- DOSE OP PRENOTIFICATION
ACCURETIC 10/12.5 MG-- DOSE OP PRENOTIFICATION
ZESTORETIC 10/12.5 MG-- DOSE OP PRENOTIFICATION
VASERETIC 5/12.5 MG-- DOSE OP PRENOTIFICATION
LOTENSIN HCT 5-6.25 MG & 10/12.5 MG-- DOSE OP PRENOTIFICATION
DOSE OPT- ALTOPREV (ALTOCOR) 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
ALTOPREV (ALTOCOR) 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ALTOPREV (ALTOCOR) 10 AND 20 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-DETROL LA 2 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DETROL LA 2 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DETROL LA 2 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-LOVASTATIN 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
LOVASTATIN 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
LOVASTATIN 20 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-DIOVAN 160 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DIOVAN 160 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CRESTOR 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CRESTOR 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
CRESTOR 5, 10, AND 20 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-CRESTOR 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CRESTOR 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CRESTOR 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CRESTOR 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-BENICAR HCT 20/12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
BENICAR HCT 20/12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
BENICAR HCT 20-12.5 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-ABILIFY 10 MG TAB LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE (2x daily), USE HIGHER STRENGTH
ABILIFY 10 MG TAB DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ABILIFY 5, 10 AND 15 MG TAB -- DOSE OP PRENOTIFICATION (2 times daily)
DOSE OPT-ABILIFY 15 MG TAB LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
ABILIFY 15 MG TAB DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2

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Appendix F Dose Optimization (continued)

Rule Description
DOSE OPT-ZYPREXA 2.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE (2 times daily), USE HIGHER STRENGTH
ZYPREXA 2.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ZYPREXA/ZYPREXA ZYDIS 2.5 AND 5 MG -- DOSE OP PRENOTIFICATION (2 times daily)
DOSE OPT-ZYPREXA/ZYPREXA ZYDIS 5MG LTD TO 1 TAB/DAY AT THIS DAILY DOSE(2x daily),USE HIGHER STRENGTH
ZYPREXA 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-RISPERDAL 0.25 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT < 60, USE HIGHER STRENGTH
RISPERDAL 0.25 MG AND PT AGE < 60, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
RISPERDAL/RISPERDAL M 0.25, 0.5, 1 AND 2 MG FOR PTS < 60 YEARS OLD -- DOSE OP PRENOTIFICATION
DOSE OPT-RISPERDAL 0.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT < 60, USE HIGHER STRENGTH
RISPERDAL 0.5 MG AND PT AGE < 60, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-RISPERDAL 1 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT < 60, USE HIGHER STRENGTH
RISPERDAL 1 MG AND PT AGE < 60, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-RISPERDAL 2 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE FOR PT < 60, USE HIGHER STRENGTH
RISPERDAL 2 MG AND PT AGE < 60, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CYMBALTA 30 MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE FOR PT >=18, USE HIGHER STRENGTH
CYMBALTA 30 MG AND PT AGE >= 18, DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
CYMBALTA 30 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-CADUET 2.5-10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CADUET 2.5-10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CADUET 2.5-20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CADUET 2.5-20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CADUET 2.5-40 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CADUET 2.5-40 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-GABITRIL 2 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
GABITRIL 2 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2

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Appendix F Dose Optimization (continued)

Rule Description
GABITRIL 2 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-INSPIRA 25 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-ENABLEX 7.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
INSPIRA 25 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ENABLEX 7.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
INSPIRA 25 MG -- DOSE OP PRENOTIFICATION
ENABLEX 7.5 MG -- DOSE OP PRENOTIFICATION
DOSE OPT-AZILECT 0.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
AZILECT 0.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-FOSAMAX 5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
FOSAMAX 5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-JANUVIA 25 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
JANUVIA 25 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-JANUVIA 50 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
JANUVIA 50 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
AZILECT 0.5 MG-- DOSE OP PRENOTIFICATION
FOSAMAX 5 MG-- DOSE OP PRENOTIFICATION
JANUVIA 25 MG AND 50MG-- DOSE OP PRENOTIFICATION
DOSE OPT-CARDURA XL 4 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CARDURA XL 4 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
CARDURA XL 4 MG-- DOSE OP PRENOTIFICATION
PROVIGIL 100 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-PROVIGIL 100 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
PROVIGIL 100 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-INVEGA 3 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
INVEGA 3 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
INVEGA 3 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-MICARDIS HCT 40/12.5 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
MICARDIS HCT 40/12.5 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
MICARDIS HCT 40/12.5 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-PEXEVA 10 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE (2 times daily), USE HIGHER STRENGTH
PEXEVA 10 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PEXEVA 10 AND 20 MG-- DOSE OP PRENOTIFICATION (2 times daily)
DOSE OPT-PEXEVA 20 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
PEXEVA 20 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
PRISTIQ 50 MG-- DOSE OP PRENOTIFICATION
DOSE OPT-PRISTIQ 50 MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
PRISTIQ 50 MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2

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Appendix F Dose Optimization (continued)

Rule Description
DOSE OPT-TEKTURNA 150MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
TEKTURNA 150MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
TEKTURNA 150MG-- DOSE OP PRENOTIFICATION
DOSE OPT-TEKTURNA HCT 150MG-12.5MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
TEKTURNA HCT 150MG-12.5MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
TEKTURNA HCT 150MG-12.5MG-- DOSE OP PRENOTIFICATION
DOSE OPT-TOVIAZ ER 4MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
TOVIAZ ER 4MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
TOVIAZ ER 4MG-- DOSE OP PRENOTIFICATION
DOSE OPT-VESICARE 5MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
VESICARE 5MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
VESICARE 5MG-- DOSE OP PRENOTIFICATION
AZOR 5MG/20MG-- DOSE OP PRENOTIFICATION
BARACLUDGE 0.5MG-- DOSE OP PRENOTIFICATION
EXFORGE 5MG/160MG -- DOSE OP PRENOTIFICATION
RAPAFLO 4MG -- DOSE OP PRENOTIFICATION
RAZADYNE ER 8MG-- DOSE OP PRENOTIFICATION (2 times daily)
AZOR 5MG/20MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-AZOR 5MG/20MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-BARACLUDGE 0.5MG LMTD TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-EXFORGE 5MG/160MG LMTD TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-RAPAFLO 4MG LMTD TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-RAZADYNE ER 8MG LMTD TO 1 CAP/DAY AT THIS DAILY DOSE (2 times daily), USE HIGHER STRENGTH
BARACLUDGE 0.5MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
EXFORGE 5MG/160MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
RAPAFLO 4MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
RAZADYNE ER 8MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
DOSE OPT-ONGLYZA 2.5MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
ONGLYZA 2.5MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
ONGLYZA 2.5MG -- DOSE OP PRENOTIFICATION
DOSE OPT-DILACOR XR,DILTIA XT,DILT-XR 120MG LIMITED TO 1/DAY AT THIS DAILY DOSE,USE HIGHER STRENGTH
DILACOR XR,DILTIA XT,DILT-XR 120MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
DILACOR XR, DILTIA XT, DILT-XR 120MG -- DOSE OP PRENOTIFICATION

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Appendix F Dose Optimization (continued)

Rule Description
DOSE OPT-LOTREL 2.5MG-10MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
LOTREL 2.5MG-10MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
LOTREL 2.5MG-10MG, 5-10MG AND 5MG-20MG -- DOSE OP PRENOTIFICATION
DOSE OPT-LOTREL 5-10MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
LOTREL 5-10MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
LOTREL 5MG-20MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
DOSE OPT-LOTREL 5MG-20MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
DOSE OPT-SEROQUEL XR 150MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
SEROQUEL XR 150MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
SEROQUEL XR 150MG AND 200MG -- DOSE OP PRENOTIFICATION
DOSE OPT-TWYNSTA 40MG-5MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
TWYNSTA 40MG-5MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
TWYNSTA 40MG-5MG -- DOSE OP PRENOTIFICATION
DOSE OPT-SEROQUEL XR 200MG LIMITED TO 1 TAB/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
SEROQUEL XR 200MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF TABS = 2
DOSE OPT-CARDIZEM CD/CARTIA XT/DILT-CD 120MG LTD TO 1 CAP/DAY AT THIS DAILY DOSE,USE HIGHER STRENGTH
CARDIZEM CD/CARTIA XT/DILT-CD 120MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS =2
DOSE OPT-CARDIZEM CD 180MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
CARDIZEM CD 180MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
CARDIZEM CD/CARTIA XT/DILT-CD 120MG AND CARDIZEM CD 180MG -- DOSE OP PRENOTIFICATION
DOSE OPT-CARDIZEM LA/DILTZAC ER/TAZTIA XT/TIAZAC 120MG LIMIT TO 1/DAY AT THIS DD,USE HIGHER STRENGTH
CARDIZEM LA/DILTZAC ER/TAZTIA XT/TIAZAC 120MG DISP A MAX OF 68DS IN 90 DAYS IF NUMBER OF TABS/CAPS=2
DOSE OPT-CARDIZEM LA/DILTZAC ER/TAZTIA XT/TIAZAC 180MG LIMIT TO 1/DAY AT THIS DD,USE HIGHER STRENGTH
CARDIZEM LA/DILTZAC ER/TAZTIA XT/TIAZAC 180MG DISP A MAX OF 68DS IN 90 DAYS IF NUMBER OF TABS/CAPS=2
CARDIZEM LA/DILTZAC ER/TAZTIA XT/TIAZAC 120MG AND 180MG -- DOSE OP PRENOTIFICATION
DOSE OPT-COREG CR 10MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
COREG CR 10MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
DOSE OPT-COREG CR 20MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
COREG CR 20MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
DOSE OPT-COREG CR 40MG LIMITED TO 1 CAP/DAY AT THIS DAILY DOSE, USE HIGHER STRENGTH
COREG CR 40MG DISPENSE A MAX OF 68 DAYS SUPPLY IN 90 DAYS IF NUMBER OF CAPS = 2
COREG CR 10MG, 20MG, 40MG -- DOSE OP PRENOTIFICATION

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Prior Authorization Drug List Administered by the 1199SEIU Benefit Funds

Prior Authorization Drug List administered by the 1199SEIU Benefit Funds office March 1, 2011

Brand-name	Generic name	
Enzyme replacement products		
Aldurazyme® (IV)	laronidase	Specialty drug
Ceredase® (IV)	alglucerase	Specialty drug
Cerezyme® (IV)	imiglucerase	Specialty drug
Elaprase® (IV)	idursulfase	Specialty drug
Fabrazyme® (IV)	algasidase beta	Specialty drug
Myozyme® (IV)	Alglucosidase alfa	Specialty drug
Naglazyme® (IV)	galsulfase	Specialty drug
Factor VIIa (for the treatment of Hemophilia)		
NovoSeven® RT		
Factor VIII blood factor products (anti hemophilic factor)		
Advate®, Alphate®, Helixate® FS, Hemofil® M, Humate P®, Koāte® - DVI, Kogenate® FS, Monoclate P®, Recombinate™, ReFacto®, Xyntha™ (IV)		Specialty drug
Factor IX (Hemophilia B)		
AlphaNine® SD, BeneFIX®, Mononine®		Specialty drug
Factor IX Complex		
Bebulin® VH, Profilnine® SD, Proplex® T		Specialty drug

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts/1199SEIU Contact Information



1199SEIU Benefit Funds

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUFunds.org
 Tel (646) 473-9200 • Outside NYC Area Codes: (800) 892-2557

Prescription Drug Benefit Program Quick Reference Guide for Express Scripts/1199SEIU Fund Contact Information

For Fund or Provider Use Only

Express Scripts	Phone	Fax	Hours of Operation
Rx Member Services <ul style="list-style-type: none"> • Refills • Order status • Mail Order Program • Other Rx related inquiries 	(800) 818-6720 (for members) www.express-scripts.com		24 hours/day 7 days/week 365 days/year
Physician Service Center (Dedicated provider assistance telephone line) <ul style="list-style-type: none"> • Rx order status • Mail Order Program • Specialty Program 	(800) 211-1456		8:00 am to 8:00 pm Monday to Friday (Eastern Time)
Pre-Authorization by Express Scripts (Refer to Fund's website for Rx list) <ul style="list-style-type: none"> • Limitation on migraine medications and proton pump inhibitor (PPI) 	(800) 753-2851 (for members or providers)	(800) 837-0959	8:00 am – 6:00 pm Monday to Friday (Eastern Time)
Specialty Rx Pharmacy (Refer to Fund's website for Rx List)	(800) 803-2523 (for members) (800) 987-4904 (for providers)	(800) 391-9707 (for providers only)	8:00 am – 8:00 pm Monday to Friday (Eastern Time)
Formulary Coverage Review (FCR) to request Non-Preferred PPI's	(800) 417-1764 (for MDs only)		8:00 am – 9:00 pm Monday to Friday (Eastern Time)
For MDs to inquire about faxing prescriptions to Express Scripts	(888) 327-9791 (for MDs only)		24/7 automated system
Pharmacy Services Help Desk (NCPDP or NPI Service provider IDs required): <ul style="list-style-type: none"> • Technical assistance to pharmacies for filing of Rx claims • Enrollment inquiries • Changes to daily dosage and day supply 	(800) 922-1557 (for pharmacists)		24/7

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Appendix F Express Scripts/1199SEIU Contact Information (continued)

Express Scripts	
Website address: www.express-scripts.com <ul style="list-style-type: none"> • Order prescription refills/renewals • Check Mail Order Status • Price a medication • Locate a participating pharmacy • Access Forms needed to order new prescriptions, submit Rx reimbursement claims or to request mail order service • Obtain general Rx information 	Mailing Address for Mail Order: Express Scripts/Medco P.O. Box 30493 Tampa, FL 33630-3493 Mailing Address for Reimbursements: Express Scripts P.O. Box 14711 Lexington, KY 40512

Fund:			
Department	Phone	Fax	Hours of Operation
Pre-Authorization by Fund (Refer to Fund's website for Rx list)	(646) 473-7446 (for members or providers)	(646) 473-7469	9:00 am – 5:00 pm Monday to Friday (Eastern Time)

January 2008

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.

Use the 1199SEIU Benefit Funds' New Preferred DME Network

Landauer Metropolitan, Inc., and Apria Healthcare, Inc., are the preferred Durable Medical Equipment vendors for your 1199SEIU patients. Make sure to save your patients unnecessary out-of-pocket costs by using these providers.

Landauer Metropolitan, Inc.

Telephone: (800) 631-3031

Fax (DME): (914) 665-9036

Fax (Respiratory): (888) 569-9436

Apria Healthcare, Inc.

Telephone: (800) 727-3958

Fax: (914) 592-6480

For a listing of participating providers and locations, please visit our website at www.1199SEIUFunds.org



1199SEIU Benefit and Pension Funds

Questions? Contact the 1199SEIU Benefit Funds at (646) 473-7160.

Note: Please check the Funds' website at www.1199SEIUFunds.org for the most recent versions of these documents.



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OCTOBER 2013