Osteoporosis has a high prevalence, affecting 55 percent of people in the U.S. 50 years of age or older. It is a silent disease that progresses without symptoms over many years until a fracture occurs. Once a fracture occurs, there is a high risk for repeat fractures, disability, or death. The one-year mortality after hip fractures is about 17 percent in women and 32 percent in men. Osteoporosis also places a considerable economic burden on the U.S. health care system, resulting in $13.7 to $20.3 billion in annual direct costs. This is projected to increase to $25.3 billion by 2025.1

Despite the availability of effective treatment for osteoporosis, it remains underdiagnosed and undertreated.2,3,4 Even among family physicians and gynecologists,6 most patients with osteoporosis are not managed according to national guidelines.3,5 Osteoporosis management remains poor even in elderly patients after they have had hip fractures. Consider the following evidence from a review by Feldstein et al.2 that included data on 2,804 patients with fractures, primarily of the hips and vertebrae, for a 2-year period (2,264 women aged 50 to 89 and 540 men aged 65 to 89):

- Overall, 7 percent of patients received a bone mineral density (BMD) screening and 34.7 percent received treatment after fractures.
- Screening and treatment was poor among women with fractures, but was even worse among men:
  - Women: 8.4 percent had a DEXA test and 42.4 percent received treatment.
  - Men: 1.5 percent had a DEXA test and 2.8 percent received treatment.

Primary care physicians represent the front line for prevention, early diagnosis, and treatment of osteoporosis. According to the National Osteoporosis Foundation guidelines,3 the following people should be screened for osteoporosis with a DEXA test:

- All women ≥ 65 years of age
- All men ≥ 70 years of age
- Postmenopausal women < 65 with additional risk factors
- Men aged 50 to 70 with additional risk factors
- Any adult > 50 years of age who has experienced a fracture
- Any adult on a medication — or with a condition — associated with bone loss
- Postmenopausal women who discontinue estrogen

Specialists are in a unique position to improve osteoporosis management in patients hospitalized for a fracture. Gardner et al. demonstrated the effectiveness of a coordinated intervention among orthopedic surgeons and primary care physicians (PCPs).5 Patients who were hospitalized for low-impact hip fractures received a 15-minute educational session about hip fractures and osteoporosis, were given 5 questions to take to their PCPs, and received follow-up reminder calls about the 5 questions 6 weeks after discharge. Within 6 months after discharge, 42 percent of the study group versus 19 percent of the control group had osteoporosis addressed by their PCPs.

As part of a strategy to improve outcomes and reduce osteoporosis-related costs, the Centers for Medicare & Medicaid Services (CMS) is measuring osteoporosis management in women who had a fracture. CMS tracks the percentage of women aged 67 years and older who have had either a BMD test or prescription drug to treat or prevent osteoporosis in the six-month period after a fracture (HEDIS 2011). Regular discussions with your patients about osteoporosis prevention and screening can help improve osteoporosis management and reduce fractures and related complications among your patients.

References:
Services Closing at West Penn

West Penn Allegheny Health System (WPAHS) has finalized its plans for the services that will be offered at The Western Pennsylvania Hospital (West Penn) Bloomfield Campus or transitioned to Allegheny General Hospital (AGH).

Emergency Department

- The West Penn Emergency Department is scheduled to close on December 31, 2010.

Inpatient Services – Transferring to AGH

- The following services will be handled by AGH on the North Side:
  - Oncology
  - Neurosciences
  - Critical care
  - Orthopedics
  - Cardiovascular care
  - Comprehensive clinical and basic research programs

- In addition to the above, all inpatient services, except those listed below, will be transferred to AGH starting in January 2011.

Inpatient Services – Staying at West Penn

- West Penn in Bloomfield will continue to support:
  - Inpatient Burn Unit services
  - Inpatient Rehabilitation services
  - Inpatient Women’s and Infants’ Center services for the system
  - Obstetrics
  - Gynecology
  - Gynecologic oncology
  - Neonatal intensive care unit

Outpatient Services – Staying at West Penn

- Outpatient services
- Outpatient surgery
  - Vascular
  - General
  - Orthopedic
  - Otolaryngology
  - Colorectal
  - Plastic
  - Podiatric
  - Ophthalmologic
  - Urologic surgeries

- All other surgical and outpatient services (not listed above) will be transferred to AGH starting in January 2011.

West Penn in Bloomfield will continue to house:

- Physician offices
- Outpatient services
  - Gastroenterology lab
  - Pharmacy
  - Radiology
  - Pain management institute
  - Sleep clinic
  - Radiation oncology
  - Breast center
  - Pelvic floor center
  - Lupus Center of Excellence
  - Joslin Center for Diabetes
  - Jones Institute for Reproductive Medicine.

Pharmacy Information Effective 1/1/2011

Effective January 1, 2011, UPMC Health Plan will initiate medical coverage policies for select pharmaceutical agents (see the chart below). Contact your Provider Advocate at 1-866-918-1595 if you have any questions.

Oral Oncology Medication Dispensed from Physician Offices

<table>
<thead>
<tr>
<th>Current Code(s)</th>
<th>Description</th>
<th>Lines of Business</th>
<th>Impact</th>
<th>Benefit Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2025</td>
<td>Oforta (fludarabine)</td>
<td>All</td>
<td>All Medical claims billed to UPMC Health Plan from physician offices for oral oncology products will be denied. This product must be dispensed from a participating pharmacy.</td>
<td>Patients can obtain this product (via prescription) through a UPMC Health Plan network pharmacy. Because some products may not be available at all pharmacies, UPMC Health Plan recommends the use of a specialty pharmacy: Falk Pharmacy, 412-473-7427; Chartwell, 1-800-755-4704; CuraScript, 1-888-773-7376</td>
</tr>
</tbody>
</table>
Pharmacy Information Effective 1/1/2011 (Continued)

<table>
<thead>
<tr>
<th>Current Code(s)</th>
<th>Description</th>
<th>Lines of Business</th>
<th>Impact</th>
<th>Benefit Change</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>J3262, C9264</td>
<td>Actemra (tocilizumab)</td>
<td>All</td>
<td>A prior authorization will be required for these products.</td>
<td>These codes now require prior authorization before the Health Plan will reimburse for medical claims for these products.</td>
<td>A prior authorization will be required or the claim will be denied. Please call 1-800-979-UPMC for questions on the prior authorization process. All prior authorization forms are available on our website at <a href="http://www.upmchealthplan.com/providers/pa_forms.html">www.upmchealthplan.com/providers/pa_forms.html</a>.</td>
</tr>
<tr>
<td>J0256</td>
<td>Aralast NP, Prolastin, Prolastin C, Zemaira, Glassia (alpha-1 proteinase inhibitor)</td>
<td>All</td>
<td></td>
<td></td>
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<tr>
<td>J1740</td>
<td>Boniva (ibandronate)</td>
<td>All</td>
<td></td>
<td></td>
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<tr>
<td>C9270</td>
<td>Gammaplex (immune globulin)</td>
<td>All</td>
<td></td>
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<tr>
<td>J0220</td>
<td>Myozyme (alg glucosidase alfa)</td>
<td>All</td>
<td></td>
<td></td>
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<tr>
<td>C9272</td>
<td>Prolia (denosumab)</td>
<td>All</td>
<td></td>
<td></td>
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<tr>
<td>C9273</td>
<td>Provenge (sipuleucel-T)</td>
<td>All</td>
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<tr>
<td>C9268</td>
<td>Qutenza (capsaicin)</td>
<td>All (except Medicaid)</td>
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<td></td>
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<tr>
<td>J3488</td>
<td>Reclast (zoledronic acid)</td>
<td>All</td>
<td></td>
<td></td>
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<tr>
<td>J2794</td>
<td>Risperdal Consta (risperidone)</td>
<td>All</td>
<td></td>
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<tr>
<td>J2353</td>
<td>Sandostatin LAR (octreotide)</td>
<td>All</td>
<td></td>
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<tr>
<td>J1930</td>
<td>Somatuline Depot (lanreotide)</td>
<td>All</td>
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<tr>
<td>J3385, C9271</td>
<td>Vpriv (velaglucerase alfa)</td>
<td>All</td>
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</tbody>
</table>

Technology Assessment Committee

The Technology Assessment Committee meets regularly to review medical technology. The following chart details recent committee decisions. Please refer to the designated policy for complete indications and limitations.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Reason for Review</th>
<th>UPMC Health Plan Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermal Fillers</td>
<td>Clinical Review</td>
<td>FDA-approved injectable dermal fillers are covered only in HIV infected patients who have severe facial lipodystrophy contributing to significant depression. This coverage is for the Medicare product only. Not covered for all other products.</td>
</tr>
<tr>
<td>Depo-Provera for Contraceptive Management</td>
<td>Policy Review</td>
<td>For Medicaid only: CPT code 99211 must be billed with an FP modifier. This is covered for 4 visits per year. Subsequent visits will be denied as over the benefit maximum.</td>
</tr>
</tbody>
</table>
UPMC/Jefferson Regional Home Health — New Corporate Name

UPMC/Jefferson Regional Home Health is now under the corporation of UPMC Visiting Nurses Association which is owned by UPMC Community Provider Services and Jefferson Regional Medical Center. UPMC/Jefferson Regional Home Health is accredited by the Joint Commission and will continue to function under the dba of UPMC/Jefferson Regional Home Health.

Provider OnLine Chat Hours Extended

To meet the growing demand for access, the UPMC Health Plan Provider OnLine Chat service now has extended operating hours. Beginning November 29, 2010, Chat will be available Monday through Friday from 7 a.m. to 5 p.m. This chat feature, which connects providers and their staff with the right Health Plan resources to fulfill requests, optimize care goals, and efficiently use resources through an easy-to-use Web interface, allows users to communicate in real time. If you have questions regarding this service, contact your Provider Advocate at 1-866-918-1595.