

# Pharmacy passages

Third Quarter 2003

## Pharmacy Passages

*is a quarterly newsletter for our customers. Pharmacy Passages will update you on changes to the Preferred Products List. The Pharmacy and Therapeutics (P&T) Committee meets quarterly to evaluate product status and new prescription products approved by the FDA. The P&T Committee is comprised of independent physician providers and pharmacists.*

The most current information is available on our Web site at [www.innoviant.com](http://www.innoviant.com).

A copy of this newsletter, as well as updated information regarding the Preferred Products List (PPL) can also be found on the Web site.



Your quarterly update

## New Benefit for OTC Alavert & Prilosec

The Pharmacy & Therapeutics (P&T) Committee recently discussed two highly-publicized over-the-counter (OTC) products. The products discussed included OTC loratadine (marketed as Alavert and Claritin) and OTC omeprazole (to be marketed as Prilosec OTC).

For years, traditional prescription benefit programs excluded the coverage of over-the-counter products. The reasoning was based on the availability of potentially superior products available by prescription. This is not the case for these products. The fact is Alavert & Claritin (equivalent OTC versions of loratadine) cost significantly less and are equally safe and effective when compared to their prescription counterparts. Prescription Claritin 10 mg is over \$3.00 per dose while OTC Alavert averages approximately \$0.60 per dose. Prilosec OTC was recently approved by the Food & Drug Administration (FDA) for short-term use (14 days or less) and has the same active ingredient as the prescription version. Prilosec OTC is available in a 20 mg dosage for less than \$1.00 per dose. Prilosec 20 mg prescription dose is over \$4.00 per dose.

Based on the clinical efficacy and lower cost advantage, the P&T Committee recommends we offer an OTC benefit that includes Alavert and Prilosec OTC as preferred alternatives under the pharmacy benefit. If your members take advantage of the OTC products we are offering, your lowest net cost will be less than if your members utilize prescription medications in these classes.

As it relates to the non-sedating antihistamines, it is recommended that Alavert be made available at a generic co-pay level. Clarinex and Zyrtec will remain available for the brand co-pay amount and

Allegra will remain available for the nonpreferred brand co-pay amount in plans that have a 3rd tier option.

For the proton pump inhibitors, we are anticipating that Prilosec OTC will be available for the generic co-pay, Protonix and Prevacid will be available for the brand co-pay and Prilosec, Nexium & Aciphex will remain available for the nonpreferred brand co-pay amount in plans that have a 3rd tier option. Since generic omeprazole is still one of the most expensive options it will remain not-covered until such time that there is a significant decrease in the price. Covering Prilosec OTC at the generic co-pay will mean a change in our "Brands for Generic" program, moving the brand name medication Protonix from being available at a generic co-pay to being available at the preferred co-pay. We will notify members currently receiving Protonix of this change and give them a 60 day grace period to receive Protonix at a generic co-pay.

Because of differing mechanisms of actions and variations in indications approved by the FDA, it is not possible to provide comprehensive coverage to all members with a single OTC agent in either category. We will continue to monitor the indications approved by the FDA for these OTC products and will modify the Preferred Products List as appropriate. Our ultimate goal will always be to provide the highest quality therapy for the lowest net cost.

We are planning to offer the OTC benefit program as soon as November 1st, 2003. Please watch for a direct communication in the next month with specific details surrounding the program.

# Product Reviews

| Product    | Indications   | Standard Plan   | Select Plan   | Closed Plan   |
|------------|---|---|---|---|
| Antagon    | New self-injectable fertility agent (not a limited category) indicated for the inhibition of premature luteinizing hormone (LH) surges in women undergoing controlled ovarian hyperstimulation (COH).   | Brand co-pay if plan covers infertility medications   | Second tier preferred co-pay if plan covers infertility medications   | Second tier preferred co-pay if plan covers infertility medications   |
| Iressa     | New antineoplastic agent (not a limited category) indicated as monotherapy for the treatment of patients with locally advanced or metastatic non-small cell lung cancer after failure of both platinum-based and docetaxel chemotherapies.  | Brand co-pay with a quantity of 60 tabs per 30-day supply for retail and mail order (Max of 30-day supply through mail order) | Second tier preferred co-pay with a quantity of 60 tabs per 30-day supply for retail and mail order (Max of 30-day supply through mail order) | Second tier preferred co-pay with a quantity of 60 tabs per 30-day supply for retail and mail order (Max of 30-day supply through mail order) |
| Femring    | New vaginal ring Estrogen Replacement Therapy (HRT) agent (is a limited category) indicated in the treatment of moderate to severe vasomotor symptoms associated with the menopause, and also treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with the menopause. Femring indicated for 90-day supply per ring. Preferred agents include Activella, Climara (patch), Premarin/Low, Premphase and Prempro/Low. | Brand co-pay<br>3 co-pays per dispensing<br><br>Quantity limit of 1 Femring per 90-day supply                                 | Third tier nonpreferred co-pay<br><br>3 co-pays per dispensing<br><br>Quantity limit of 1 Femring per 90-day supply                           | Not covered   |
| Fabrazyme  | New intravenous infusion indicated for use in patients with Fabry disease. Fabrazyme reduces globotriaosylceramide (GL-3) deposition in capillary endothelium of the kidney and certain other cell types.   | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent                          | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  |
| Aldurazyme | New intravenous infusion agent. Indicated for patients with Hurler and Hurler-Scheie forms of Mucopolysaccharidosis I (MPS I) and for patients with the Scheie form who have moderate to severe symptoms.   | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent                          | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  |
| Velcade    | New injectable oncology agent indicated for the treatment of multiple myeloma patients who have received at least two prior therapies and have demonstrated disease progression on the last therapy.  | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent                          | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  |

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# Product Reviews

| Product       | Indications  | Standard Plan   | Select Plan   | Closed Plan   |
|---------------|--|---|---|---|
| Arestin       | New sublingual sustained release agent containing the antibiotic minocycline hydrochloride incorporated into a bioresorbable polymer for professional administration into periodontal pockets. Each unit-dose delivers 1mg of minocycline free base.   | Not covered under prescription benefit<br><br>Administered by a healthcare professional, coverage would be subject to dental – specific plan benefit intent | Not covered under prescription benefit<br><br>Administered by a healthcare professional, coverage would be subject to dental – specific plan benefit intent | Not covered under prescription benefit<br><br>Administered by a healthcare professional, coverage would be subject to dental – specific plan benefit intent |
| Fluzone       | New injectable influenza virus vaccine indicated only for active immunization against the selected virus strains in the vaccine.   | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent  |
| Reyataz       | New antiviral agent (not a limited category) indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection. This indication is based on analyses of plasma HIV-1 RNA levels and CD4 cell counts from controlled studies of 48 weeks duration in antiretroviral-naïve patients and a controlled study of 24 weeks duration in antiretroviral-treatment-experienced patients.   | Brand co-pay  | Second tier preferred   | Second tier preferred   |
| Pravigard PAC | New cholesterol reducing product (is a limited category) containing Pravachol tablets and buffered aspirin tablets. Indicated in patients for whom treatment with both Pravachol and buffered aspirin is appropriate. The components of Pravigard PAC are both indicated to reduce the occurrence of cardiovascular events, including death, myocardial infarction or stroke, in patients who have clinical evidence of cardiovascular and/or cerebrovascular disease. Patients receiving treatment with Pravigard PAC should also be placed on a standard cholesterol-lowering diet and should continue in this diet during treatment. Preferred alternatives include lovastatin, Lipitor, and Crestor. | Brand co-pay with a quantity limit of 30 tabs per 30-day supply   | Third tier nonpreferred co-pay with a quantity limit of 30 tabs per 30-day supply   | Not covered   |

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|---------|---|---|---|---|
| Crestor | New cholesterol lowering agent (is a limited category) indicated 1) as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, nonHDL-C and TG levels and to increase HDL-C in patients with primary hypercholesterolemia and mixed dyslipidemia. 2) as an adjunct to diet for the treatment of patients with elevated serum TG levels. 3) to reduce LDL-C, total-C, and ApoB in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments or if such treatments are unavailable. | Brand co-pay with a quantity limit of 30 tabs per 30-day supply | Second tier preferred co-pay with a quantity limit of 30 tabs per 30-day supply   | Second tier preferred co-pay with a quantity limit of 30 tabs per 30-day supply |
| Striant | New buccal androgenic agent (is a limited category) indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone: Primary hypogonadism (congenital or acquired), and Hypogonadotropic hypogonadism. Preferred agents include Androderm and Androgel.  | Brand co-pay with a quantity limit of 60 tabs per 30-day supply | Third tier nonpreferred co-pay with a quantity limit of 60 tabs per 30-day supply | Not covered   |
| Xolair  | New subcutaneous injectable asthma agent indicated for adults and adolescents (12 years of age and above) with moderate to severe persistent asthma who have a positive skin test or in vitro reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids. Xolair has been shown to decrease the incidence of asthma exacerbations in these patients.  | Brand co-pay<br>Prior authorization required                    | Second tier preferred<br>Prior authorization required                             | Second tier preferred<br>Prior authorization required                           |
| Emtriva | New antiretroviral agent (not a limited category) indicated, in combination with other antiretroviral agents, for the treatment of HIV-1 infection in adults.   | Brand co-pay with a quantity limit of 30 tabs per 30-day supply | Second tier preferred co-pay with a quantity limit of 30 tabs per 30-day supply   | Second tier preferred co-pay with a quantity limit of 30 tabs per 30-day supply |

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| Product              | Indications   | Standard Plan  | Select Plan  | Closed Plan  |
|----------------------|---|--|--|--|
| Flumist              | New intranasal influenza virus vaccine indicated for active immunization for the prevention of the disease caused by influenza A and B viruses in healthy children and adolescents, 5-17 years of age, and healthy adults, 18-49 years of age. Must be administered by a healthcare professional. | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent | Not covered under prescription benefit<br><br>Subject to medical plan – specific plan benefit intent |
| Zovirax Cream        | Existing anti-viral agent (is a limited category). Reviewed due to new formulation (cream).   | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Dynacin              | Existing antibiotic reviewed due to new strengths, 75mg and 100mg.  | Brand co-pay   | Third tier nonpreferred co-pay   | Not covered  |
| Glucophage XR 750 mg | Existing anti-diabetic agent reviewed due to new strength (750mg).  | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Palgic               | Existing antihistamine agent reviewed due to new strength (4mg).  | Brand co-pay   | Third tier nonpreferred co-pay   | Not covered  |
| Altacor              | Existing lipotropic agent reviewed due to new strengths (10mg and 20mg).  | Brand co-pay   | Third tier nonpreferred co-pay   | Not covered  |
| Xanax XR             | Existing anti-anxiety medication reviewed due to extended release formulation. Available in 0.5mg, 1mg, 2mg & 3 mg strengths. Non extended release available generically.   | Brand co-pay   | Third tier nonpreferred co-pay   | Not covered  |
| Ovace                | Topical foam formulation of sulfacetamide antiseborreic agent.  | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Clarinet Reditab     | Existing antihistamine now in disintegrating tablet formulation.  | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Prempro Low          | Existing estrogen replacement therapy now available in lower strength formulation (0.45-1.5mg).   | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Nicomide             | Vitamin preparation.  | Vitamins excluded by plan benefit  | Vitamins excluded by plan benefit  | Vitamins excluded by plan benefit  |
| Singulair Granules   | Existing asthma/antihistamine agent now available in granule formulation.   | Brand co-pay if step therapy criteria is met   | Second tier preferred co-pay if step therapy criteria is met   | Second tier preferred co-pay if step therapy criteria is met   |

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| Product                     | Indications  | Standard Plan  | Select Plan  | Closed Plan  |
|-----------------------------|--|--|--|--|
| Gleevec                     | Existing antihneoplastic agent available in new strengths (100mg and 400mg).   | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| klor-con M15                | Existing potassium replacement therapy now available in 15 mg sustained release formulation.   | Generic co-pay   | Generic co-pay   | Generic co-pay   |
| Obtrex                      | Prenatal vitamin preparation.  | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Premarin Low                | Existing estrogen replacement therapy now available in lower strength formulation (0.45mg).  | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Aranesp Dispensing Syringes | Existing injectable hematinic agent now available in a dispensing syringe.   | Not covered under prescription benefit<br>Subject to medical plan – specific plan benefit intent | Not covered under prescription benefit<br>Subject to medical plan – specific plan benefit intent | Not covered under prescription benefit<br>Subject to medical plan – specific plan benefit intent |
| Prevacid Solutab            | Existing Proton Pump Inhibitor now available in solutab formulation.   | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Triaz 6% pad                | Existing benzoyl peroxide keratolytic agent now available in a 6% pad.   | Brand co-pay   | Second tier preferred co-pay   | Second tier preferred co-pay   |
| Coreg                       | Alpha/beta-blocker reviewed due to new indications (not a limited category). Reviewed for evaluation of prior authorization (PA) status.                     | Brand co-pay (PA removed)  | Second tier preferred co-pay (PA removed)  | Second tier preferred co-pay (PA removed)  |
| Strattera                   | Existing treatment for Attention Deficit/Hyperactivity Disorder (ADHD) (not a limited category). Reviewed for evaluation of prior authorization (PA) status. | Brand co-pay (PA removed)  | Second tier preferred co-pay (PA removed)  | Second tier preferred co-pay (PA removed)  |
| Norco                       | Existing narcotic analgesic agent (is a limited category). Reviewed due to generic availability (hydrocodone/acetaminophen). Removed from preferred status.  | Brand co-pay   | Third tier nonpreferred co-pay   | Not covered  |
| Diabinese                   | Existing anti-diabetic agent (is a limited category). Reviewed due to generic availability (chlorpropamide). Removed from preferred status.                  | Brand co-pay   | Third tier nonpreferred co-pay   | Not covered  |

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| Product             | Indications   | Standard Plan | Select Plan                  | Closed Plan                  |
|---------------------|---|---------------|------------------------------|------------------------------|
| Nebulized Pulmicort | Asthma agent (is a limited category) reviewed to expand clinical offering in this category. | Brand co-pay  | Second tier preferred co-pay | Second tier preferred co-pay |

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## Xolair Added to Prior Authorization List

The Food & Drug Administration (FDA) recently approved Xolair (omalizumab) which is an injectable treatment for uncontrolled asthmatics. Xolair is indicated to treat patients experiencing persistent moderate-to-severe symptoms, who have failed traditional agents. Xolair is administered subcutaneously and can be administered in the physician's office or self-administered by the patient. If given by the physician, the medication will be considered under the patient's medical benefit. If the patient self-administers, the medication will be considered under the pharmacy benefit. It is anticipated most will be administered in the physician's office.

Despite proven treatment guidelines and new therapies, optimal asthma

management remains elusive for some patients. Xolair (omalizumab) may offer relief to a subset of asthma patients. Due to the targeted population, potential office administration, and high cost of this product, the Pharmacy & Therapeutics Committee recommends prior authorization for Xolair.

The prior authorization criteria reflect the FDA approved indications for its use and are as follows:

- > 12 years of age and
- uncontrolled moderate to severe persistent asthma and
- positive skin test or in vitro reactivity to a perennial aeroallergen and
- therapeutic failures of inhaled corticosteroids.



## Providing Better Customer Service To You

As always, we strive to provide the very best customer service to you and your employees. In order to broaden our level of service, members of our call center staff have become Certified Pharmacy Technicians (CPhT). Presently, over 50% of the staff have obtained the designation and the remainder has committed to earning it by mid-2004.

To obtain the certification, the staff must prepare for and pass an extensive Pharmacy Technician Exam. Topics include:

- Pharmacy Technician Roles: Introduction to Health Care, Training, Education and Certification for Pharmacy Technicians, Practice

- Settings, Ambulatory Care Pharmacy,
- Institutional Pharmacy, Pharmaceutical
- Care, Current and Future Roles of Pharmacy Technicians
- Operational Skills: Computer Applications, Terminology
- Introduction to Pharmacology: Introduction to Drug Actions, Health Conditions and Medications to treat
- Medication Distribution and Control Measures
- Professional Conduct
- Calculations

With this increased knowledge, our call center staff has a clearer understanding of the process of filling medications, processing claims and dispensing medications at the pharmacy level. This ultimately leads to providing the very best customer service and support to our members.

## Prior Authorization Changes for Coreg & Strattera

One of the responsibilities of the Pharmacy and Therapeutics (P&T) Committee is to review new clinical data as it becomes available. At the most recent meeting, the P&T Committee re-evaluated the Prior Authorization (PA) status of Coreg (carvedilol) and Strattera (atomoxetine).

After review of a new FDA approved indication and utilization data, the Committee elected to remove the

requirement for Coreg. The Committee also reviewed current utilization data for Strattera and reviewed and discussed input from a pediatric psychiatrist. Upon review of the data, a decision was made to remove the PA requirement for Strattera.

The Committee made these decisions with the intent to re-examine clinical and utilization data for both products in six months.

## “Brands for Generic” Program

As a covered Pharmacy member, you are eligible to take part in the “Brands for Generic” Program. The following brand products are offered to you for your *generic*, or first-tier co-pay:

| Category                             | Brand Product  |
|--------------------------------------|--|
| <b>Diabetic Supplies</b>             | Accu-Chek® Advantage by Roche Diagnostics<br>Accu-Chek® Comfort Curve by Roche, Diagnostics<br>Accu-Chek® Compact by Roche Diagnostics<br>Accu-Chek® Active by Roche Diagnostics<br>Precision Brand Syringes by Abbott MediSense   |
| <b>Injectable Hypoglycemic Agent</b> | Novo Insulin (vial only) by Novo Nordisk, Novolog (vial only) by Novo Nordisk  |
| <b>Oral Contraceptives</b>           | Cyclessa by Organon<br>Desogen by Organon<br>Mircette by Organon<br>Modicon by Ortho McNeil<br>NuvaRing by Organon<br>Ortho Micronor by Ortho McNeil<br>Ortho Evra by Ortho McNeil<br>Ortho Tricyclen by Ortho McNeil<br>Ortho Tricyclen Lo by Ortho McNeil<br>Ortho-Cept by Ortho McNeil<br>Ortho-Cyclen by Ortho McNeil<br>Ortho-Novum by Ortho McNeil |
| <b>Proton Pump Inhibitors</b>        | Protonix by Wyeth  |

- This product listing does not imply coverage. Please consult your plan booklets for details.
- The products offered on this program are subject to change without notice.
- The Pharmacy & Therapeutics Committee will consider additions and deletions from the program each quarter. If you have a question about product status, please contact us toll-free at 877-559-2955 M-F, 7:30 a.m. - 7:00 p.m.



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