

## 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.



## Your quarterly update

### FluMist™ Vaccine Now Available

There's a new influenza vaccine on the market and there's no needle involved! FluMist, unlike other flu vaccines, is given as a nasal spray.

How does it work? FluMist contains three live flu virus strains, which have been weakened. After the weakened viruses enter the nose, the body develops an immune response that helps prevent the flu for the entire season.

The vaccine is most effective in healthy people between the ages of 5 and 49. As with all vaccines, there are some precautions you should be aware of. You should not receive FluMist if you:

- are under the age of 5
- are over the age of 50
- are pregnant
- are allergic to, or have had allergic reactions to, eggs or egg products or any component of the vaccine
- are under the age of 18 and regularly take aspirin or a product containing aspirin
- have a history of Guillian-Barre? syndrome
- have a history of asthma or reactive airways disease
- have a known or suspected immune deficiency disease or condition such as combined immunodeficiency, agammaglobulinemia, HIV infection, thymic abnormalities, malignancy, leukemia, or lymphoma
- are immunosuppressed or have altered or compromised immune status due to treatment with systemic corticosteroids, alkylating drugs, antimetabolite, radiation or other immunosuppressive therapies
- have underlying medical conditions or have had regularly scheduled follow-up visits or have been hospitalized in the past year because of chronic metabolic diseases (including diabetes), kidney dysfunction, or a hemoglobinopathy such as sickle cell disease



Due to the possible transmission of vaccine virus, FluMist recipients should also avoid close contact with those who have weak immune systems for a period of three weeks following vaccination.

As with all vaccines, FluMist does not protect 100% of those who are vaccinated. Check with your health care professional to find out if FluMist is right for you and your family.

FluMist is not covered under the prescription benefits. It is subject to the medical plan benefit intent.

# Product Reviews

Product	Indications	Standard Plan	Select Plan	Closed Plan
EpiQuin	New hypopigmentation agent. Indicated for the gradual treatment of ultraviolet induced dyschromia and discoloration resulting from the use of oral contraceptives, pregnancy, hormone replacement therapy, or skin trauma.	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent
Bexxar	New antineoplastic agent. Indicated for the treatment of patients with CD20 positive, follicular, non-Hodgkin's lymphoma, with and without transformation, whose disease is refractory to Rituximab and who have relapsed following chemotherapy.	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent
Stalevo	New antiparkinson agent (not a limited category). Indicated for patients with idiopathic Parkinson's Disease (PD): 1.) To substitute for immediate-release carbidopa/levodopa and entacapone previously administered as individual products (with equivalent strength of each of the three components) 2.) To replace immediate –release carbidopa/levodopa therapy (without entacapone) when patients experience the signs and symptoms of end-of-dose “wearing off” (only for patients taking a total daily levodopa dose of < 600mg and not experiencing dyskinesia).	Brand co-pay	Second tier preferred	Second tier preferred
Ciprodex	New otic anti-inflammatory-antibiotic agent (is a limited category). Acute Otitis Media (AOM) in pediatric patients (age 6 months and older) with tympanostomy tubes due to Staphylococcus aureus, Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis, and Pseudomonas aeruginosa.	Brand co-pay	Second tier preferred	Second tier preferred
Advate	New antihemophilic agent. Antihemophilic Factor (Recombinant), Plasma/Albumin-Free Method (r-AHF-PFM) is indicated in hemophilia A (classical hemophilia) for the prevention and control of bleeding episodes. Advate is also indicated in the perioperative management of patients with hemophilia A.	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent

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Product	Indications	Standard Plan	Select Plan	Closed Plan
Clobex Topical Lotion	New topical anti-inflammatory steroid agent (not a limited category). Indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 18 years of age or older.	Brand co-pay	Second tier preferred	Second tier preferred
Aloxi	New antiemetic agent. Indicated for: 1.) The prevention of acute nausea and vomiting associated with initial and repeat courses of moderately and highly emetogenic cancer chemotherapy, and 2.) the prevention of delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy.	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent
Optimark	New cerebral spinal radiopaque diagnostic agent. Gadolinium based, IV contrast media for MR imaging of the brain, spine and liver.	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent
Optiray	New cardiovascular diagnostic radiopaque agent. Injectable contrast media IV agent used for organ tissue enhancement in CT, X-Ray, and Fluoroscopy imaging. (Cerebral Arteriography, Venography, Excretory Urography, CT Head and Body).	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent
Rosac Cream	New topical sulfonamide agent with sunscreen (not a limited category). Indicated in the topical control of acne vulgaris, acne rosacea, and seborrheic dermatitis.	Brand co-pay	Second tier preferred	Second tier preferred
Rozex	New rosacea agent (not a limited category). Indicated for topical application in the treatment of inflammatory papules and pustules of rosacea.	Brand co-pay	Second tier preferred	Second tier preferred
Levitra	New drug to treat impotency (not a limited category) Indicated for the treatment of erectile dysfunction (ED).	Brand co-pay if plan covers erectile dysfunction medications, with a quantity limit of 8 tablets per month.	Second tier preferred co-pay if plan covers infertility medications, with a quantity limit of 8 tablets per month.	Second tier preferred co-pay if plan covers infertility medications, with a quantity limit of 8 tablets per month.

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Seasonale	New oral contraceptive (is a limited category). Indicated for the prevention of pregnancy in women who elect to use oral contraceptives as a method of contraception. Packaged as 3 consecutive months. Preferred agents in this class are Cyclessa, Desogen and Mircette by Organon, Modicon, Ortho Micromor, Ortho TriCyclen, Ortho TriCyclen Lo, Ortho-Cept, Ortho-Cyclen or Ortho-Novum by Ortho McNeil.	Brand co-pay  3 co-pays per dispensing with a quantity limit of 1 package per 90-day supply if plan covers contraceptives	Third tier nonpreferred co-pay  3 co-pays per dispensing with a quantity limit of 1 package per 90-day supply if plan covers contraceptives	Not covered
Benicar HCT	Existing hypertensive (is a limited category). Added hydrochlorothiazide to product. Preferred agent in this class is Diovan HCT.	Brand co-pay	Third tier nonpreferred co-pay	Not covered
Chromagen Forte	Existing iron replacement agent (not a limited category). Available in 151-60-1mg strength.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Niferex	Existing iron replacement agent (not a limited category). Available in 60mg capsule strength.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Strongstart	New brand of prenatal vitamin (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Climara Patch	Existing estrogen patch (is a limited category). Available in 0.0375mg/24 hr and 0.06mg/24hr patch strengths.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Abilify	Existing anti-psychotic agent (not a limited category). Available in 5mg strength.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Novastart	New brand of prenatal vitamin (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Novanatal	New brand of prenatal vitamin (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Clindagel 1%	Existing clindamycin topical antibiotic (not a limited category). Available in 1% gel strength.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay

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Metadate CD	Existing treatment for Attention Deficit/Hyperactivity Disorder (ADHD) (not a limited category). Available in 10mg strength.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
ICAR	New brand of prenatal vitamin (not a limited category)	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Acular LS	Existing eye anti-inflammatory agent (not a limited category). Available in 0.4% drops.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Paraplatin	Existing alkylating agent. Available in 10mg/mL IV strength.	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan — specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan — specific plan benefit intent
Prilosec OTC	Existing gastrointestinal agent (is a limited category). Available over-the-counter as 20mg tablet strength.	Generic co-pay for plans that have the OTC Program available	Generic co-pay for plans that have the OTC Program available	Generic co-pay for plans that have the OTC Program available
Cipro XR	Existing quinolone/anti-infective agent (is a limited category). Available in 1000mg strength (once a day dosing).	Brand co-pay with a quantity limit of 1 tablet per day	Second tier preferred co-pay with a quantity limit of 1 tablet per day	Second tier preferred co-pay with a quantity limit of 1 tablet per day
Wellbutrin XL	Existing anti-depressant agent (is a limited category). Available in 150mg and 300mg strengths (once a day dosing).	Brand co-pay with a quantity limit of 1 tablet per day	Second tier preferred co-pay with a quantity limit of 1 tablet per day	Second tier preferred co-pay with a quantity limit of 1 tablet per day
Clozapine	Existing anti-psychotic agent (not a limited category). Available in 12.5mg strength.	Generic co-pay  Prior authorization required	Generic co-pay  Prior authorization required	Generic co-pay  Prior authorization required
Keppa	Existing anticonvulsive agent (is a limited category). Available in 100mg/mL solution. Preferred agents in this class are Depakene, Felbarol, Neurontin, Tegretol and Zarontin.	Brand co-pay	Third tier nonpreferred co-pay	Not covered
Darvocet A500	Existing narcotic analgesic agent (is a limited category). Available in 100-500mg strength. Preferred agents in this class is propoxyphene/ acetaminophen.	Brand co-pay	Third tier nonpreferred co-pay	Not covered

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Sotret	Existing acne agent (not a limited category). Available in 30mg strength.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Avandamet	Existing hypoglycemic agent (is a limited category). Available in 2-1000mg and 4-1000mg strengths.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Brevibloc	Existing beta-adrenergic blocking agent. Available in 20mg/mL IV strength.	Not covered under prescription benefit  Subject to medical plan – specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan — specific plan benefit intent	Not covered under prescription benefit  Subject to medical plan — specific plan benefit intent
Provigil	Narcolepsy agent reviewed due to new indications (not a limited category). Reviewed for evaluation of prior authorization (PA) status.	Brand co-pay  Prior authorization required	Second tier preferred  Prior authorization required	Second tier preferred  Prior authorization required
Humatrope	Growth hormone agent reviewed due to new indications (not a limited category). Reviewed for evaluation of prior authorization (PA) status.	Brand co-pay  Prior authorization required	Second tier preferred  Prior authorization required	Second tier preferred  Prior authorization required
Zelnorm	Irritable bowels syndrome agent reviewed due to new indications (not a limited category). Reviewed for evaluation of prior authorization (PA) status.	Brand co-pay  Prior authorization required	Second tier preferred  Prior authorization required	Second tier preferred  Prior authorization required
Proscar 1mg	Benign Prostatic hypertrophy agent reviewed due to new indications (not a limited category). 1mg tablet indicated for hair restoration. *No change to 5mg.	Not covered under prescription benefit, indicated as cosmetic treatment	Not covered under prescription benefit, indicated as cosmetic treatment	Not covered under prescription benefit, indicated as cosmetic treatment
Finacea	Rosacea agents reviewed due to possible cosmetic indication (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Metrocream	Rosacea agents reviewed due to possible cosmetic indication (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Metrogel	Rosacea agents reviewed due to possible cosmetic indication (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay

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Metroloction	Rosacea agents reviewed due to possible cosmetic indication (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Noritate	Rosacea agents reviewed due to possible cosmetic indication (not a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Xopenex	Existing anti-asthmatic agent (is a limited category). Conversion to less expensive alternatives available.	Brand co-pay	Third tier nonpreferred co-pay	Not covered

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## Specialty Pharmacy Network

We are pleased to announce an enhancement to the National Pharmacy Network. Effective January 1, 2004, we are offering improved access to specialty pharmacy products for your members. Specialty medications include high cost biologic medications and select injectable medications. By creating a Specialty Pharmacy Network, access and patient care coordination are improved which means your plan's overall health care costs will be better managed.

The Specialty Pharmacy Network incorporates the existing providers your members utilize. Walgreens Mail Order (if your benefit provides for mail order), The Blood Center of SE Wisconsin and Hemophilia Outreach are all part of this network. We are pleased to announce the addition of CuraScript Pharmacy as our preferred specialty pharmacy provider.

By segmenting these providers into a specialty provider network, we improve our reporting capabilities. Adopting the program to incorporate the Specialty Pharmacy Network into your benefit provides you with separate reporting to track the cost of providing specialty pharmacy medications under the prescription benefit. If you do not incorporate this new network into the

program offering, your members can continue to get medications as they have in the past. However, access to CuraScript Pharmacy is not available.

The addition of CuraScript Pharmacy prompted our creation of the Specialty Pharmacy Network. CuraScript has a well-earned reputation for providing quality services to managed care organizations and provides the following additional benefits, at no additional cost:

- Improved access to specialty medications
- Competitive pricing – potential for significant cost reductions
- Specialized clinical programs for optimum patient care
- Patient compliance and education programs
- Point of sale based electronic claim processing
- Delivery to patient or physician
- Access to clinical services team 24 hours a day/7 days a week

CuraScript dispenses specialty medications in a one-month supply to coordinate patient care and compliance. If you have chosen to add the Specialty Pharmacy Network to your benefit plan, adopting an appropriate co-payment level

is necessary. In addition, we will work with you and your medical plan administrator to coordinate access to product delivery for physicians.

### Growth Hormone Receives FDA Approval for Idiopathic Short Stature

Humatrope, one of several growth hormones available, recently received FDA approval for the treatment of specific cases of pediatric idiopathic short stature (also known as non-growth-hormone deficient short stature). Studies conducted have demonstrated an accelerated growth rate in pediatric short stature patients who have normal growth hormone levels.

We believe the best way to encourage the appropriate use of growth hormones is to continue to require a Prior Authorization (PA). Medical necessity is determined during the PA process by using established FDA clinical guidelines.

Growth hormone coverage under the pharmacy benefit is subject to plan design.

## Specialty Medications Available from CuraScript

Alphanate	AlphaNine	Aranesp (QL)	Autoplex T
Avonex (PA)	Bebulin	Benefix	Betaseron (PA)
Botox (PA)	Calcijex	Carimune 6gm	Cerezyme
Copaxone (PA)	Copegus	Cytogam	DepoProvera
Enbrel	Epogen (QL)	Feiba	Fertinex
Follistim	Forteo	Gamimune	Gammagard
Gammar-P	Genotropin (PA)	Gonal-F	Helixate FS
Hemofil-m	Humate-P	Humatrope (PA)	Humegon
Humira	Hyalgan	Intron A	Kineret
Koate DVI	Kogenate-FS	Leukine	Lupron/Depot
Monarc-M	Monoclate-P	Mononine	Neulasta
Neupogen (QL)	NovoSeven	Nutropin/AQ (PA)	Nutropin Depot (PA)
Panglobulin	Peg Intron	Pegasyd	Polygam
Pregnyl	Procrit (QL)	Profasi	Profilnine SD
Proplex-T	Protropin (PA)	Pulmozyme	Rebetol
Rebetron	Rebif (PA)	Recombinant	Refacto
Remicade	Repronex	Saizen (PA)	Serostim (PA)
Synagis	Synarel	Synvisc	Venglobulin
WinRho	Xolair (PA)	Zoladex	

Coverage of any product listed is subject to specific plan benefit intent.

PA – Prior Authorization Required QL – Quantity Limits Apply

For more information about the program or to consult with your account manager for member contribution modeling, please call 877-559-2955.

## “Brands for Generic” Program

As a covered 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 test strips by Roche Diagnostics Accu-Chek® Comfort Curve test strips by Roche Diagnostics Accu-Chek® Compact test strips by Roche Diagnostics Accu-Chek® Active test strips by Roche Diagnostics 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 Desogen by Organon Mircette by Organon Modicon by Ortho McNeil NuvaRing by Organon Ortho Micronor by Ortho McNeil Ortho Evra by Ortho McNeil Ortho Tricyclen by Ortho McNeil Ortho Tricyclen Lo by Ortho McNeil Ortho-Cept by Ortho McNeil Ortho-Cyclen by Ortho McNeil Ortho-Novum by Ortho McNeil

- 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., CST, or email RxQuestions@innoviant.com. You may also visit us at [www.innoviant.com](http://www.innoviant.com).



**Fourth Quarter**

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**Editor:**

**Kim Knetter**

Marketing Specialist

**Graphic Designer:**

**Gary Carle**

Carle Studios LLC

**Contact us:**

877-559-2955

11 Scott Street, Suite 150  
Wausau, WI 54403

[www.innoviant.com](http://www.innoviant.com)

Administered by Innoviant

