

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

New Cholesterol Guidelines – How Low Will We Go?

“When it comes to lowering cholesterol, people who are at a very high risk of cardiovascular disease should be treated aggressively.” This is according to the latest report of the National Cholesterol Education Program, a committee of physician experts charged with developing treatment recommendations for heart disease.

The recommendations for stricter regulation of cholesterol, particularly the LDL (or so called “bad cholesterol”) stems from strong evidence that people with the lowest blood levels of LDL have a lower risk for heart attacks. Therefore, people with coronary artery disease and medical conditions such as diabetes, that place them at high risk for heart disease, should be most aggressively treated.

How will people be expected to meet these newly proposed cholesterol levels? Drug treatment with statins will be recommended for more people than ever before. But it will be extremely important for people at high risk to also follow a heart healthy diet and exercise regularly. Why? Medications alone are only part of a heart disease prevention program. If lifestyle modifications are not carefully followed, medications will not work as well.

We may also expect to see more use of combination cholesterol lowering medications. Even with “super-statin” medications, not every person will be able to lower their cholesterol to goal levels with only one medication.

The one sure thing we can expect with the new recommendations is more people than ever will be asked to reduce their cholesterol levels. And that means higher medication expenses for managing cholesterol.



Innoviant has clinical programs designed to address the use of cholesterol lowering medications. As always, the Preferred Product List is designed to offer our members the lowest net cost products for this medication category. Additionally, the RxInstep program allows wise use of combination medical treatments if required. New medications and new treatment approaches are being considered by clinicians as these guidelines are brought into clinical practice. We assure you Innoviant will continue to follow trends in this important therapeutic area and offer cost-effective solutions.

Product Reviews

Product	Indications	Standard Plan	Select Plan	Closed Plan
Ertaczo cream	Ertaczo cream is a new product (not in a limited category) for treatment of interdigital tinea pedis.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay product
Ketek	Ketek, a ketolide antibiotic (not a limited category) for common respiratory infections.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co pay
Vidaza injection	Vidaza is the first drug approved specifically for management of myelodysplastic syndromes (not in a limited category).	If customer has the Specialty Pharmacy Program (SPP), this product is available through the specialty pharmacy network. If customer does not have the SPP, it would be considered under the medical benefit. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If customer has the Specialty Pharmacy Program (SPP), this product is available through the specialty pharmacy network. If customer does not have the SPP, it would be considered under the medical benefit. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If customer has the Specialty Pharmacy Program (SPP), this product is available through the specialty pharmacy network. If customer does not have the SPP, it would be considered under the medical benefit. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.
Apokyn injection	Apokyn is used for management of hypomobility “off” episodes in patients with advanced Parkinson’s disease (not in a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Xifaxan	Xifaxan is an antibiotic treatment of travelers’ diarrhea caused by E. coli. (not in a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Tindamax tablet	Tindamax is an antiparasitic agent indicated for the treatment of trichomoniasis and amebiasis (not in a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Menostar patch	Menostar transdermal is indicated for prevention of postmenopausal osteoporosis in women at risk for osteoporosis (a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay

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Vytorin tablet	Vytorin is a combination medication indicated for hyperlipidemia (in a limited category). Vytorin consists of ezetimibe (Zetia) and simvastatin (Zocor), which work by complimentary mechanisms of action. Added to RxInstep program.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Advicor	Advicor is a combination medication (lovastatin and niacin) used to lower cholesterol (in a limited category). This medication was originally reviewed 1st quarter of 2002 and placed at the third tier non-preferred copay level. It is now added to preferred status and is part of the RxInstep program.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Factive tablet	Factive is indicated for acute bacterial exacerbation of chronic bronchitis (ABECB) and community acquired pneumonia (CAP) caused by susceptible bacteria (in a limited category).	Brand co-pay	Third tier preferred co-pay	Not covered
Enbrel	New indication for plaque psoriasis. Added to RxInstep program. DMARDS, phototherapy or topical corticosteroids recommended as first line therapy (not a limited category).	Brand co-pay (Step-therapy required)	Second tier preferred co-pay (Step-therapy required)	Second tier preferred co-pay (Step-therapy required)
Enbrel, Humira, Kineret, Remicade	Full class review of injectable rheumatoid arthritis medications (not a limited category). No changes made to this class except for new RxInstep program for Enbrel (see "New Product Reviews").	Brand co-pay (Step-therapy required for Enbrel)	Second tier preferred co-pay (Step-therapy required for Enbrel)	Second tier preferred co-pay (Step-therapy required for Enbrel)
Protopin, Genotropin, Norditropin, Serostim, Nutropin, Humatrope, Saizen	Full class review of Growth Hormone medications (not a limited category). Currently, approval of the request is based upon the diagnosis and the approved indication(s) for that specific agent. No changes made.	Subject to Prior Authorization. If approved and plan covers Growth Hormone medications, then brand co-pay	Subject to Prior Authorization. If approved and plan covers Growth Hormone medications, then second tier preferred co-pay	Subject to Prior Authorization. If approved and plan covers Growth Hormone medications, then second tier preferred co-pay

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PEG-Intron, Pegasys, Infergen, Rebetrone	Full class review of Hepatitis C medications (not a limited category). Prior Authorization added.	Subject to Prior Authorization. If approved, then brand co-pay	Subject to Prior Authorization. If approved, then Second tier preferred co-pay	Subject to Prior Authorization. If approved, then Second tier preferred co-pay
Ambien, Sonata	Full class review of Sedative-Hypnotics (not a limited category). No changes made.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Celebrex, Bextra	Step Therapy criteria updated (Celebrex, Bextra) (in a limited category).	Brand co-pay (Step-therapy required)	Second tier preferred co-pay (Step-therapy required)	Second tier preferred co-pay (Step-therapy required)
Vioxx	Prior Authorization criteria (Vioxx) updated to require use of all indicated preferred COX-2 inhibitors prior to Vioxx approval (in a limited category).	Subject to Prior Authorization. If approved, then brand co-pay	Subject to Prior Authorization. If approved, then third tier preferred co-pay	Not Covered
Fuzeon	Review of Fuzeon's Prior Authorization criteria (not in a limited category). No changes made.	Subject to Prior Authorization. If approved, then brand co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay
Genotropin, Humatrope, Nutropin, Protropin, Saizen, Serostim	Full class review of Human Growth Hormones (not in a limited category). Prior Authorization criteria updated.	Subject to Prior Authorization and plan design. If approved, then brand co-pay	Subject to Prior Authorization and plan design. If approved, then second tier preferred co-pay	Subject to Prior Authorization and plan design. If approved, then second tier preferred co-pay
Singulair, Accolate	Review of Singulair and Accolate Step Therapy criteria (in a limited category). Singulair and Accolate will be approved for patients with a diagnosis of asthma and concomitant allergies.	Subject to Prior Authorization. If approved, then brand co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay
Somavert	Review of Somavert Prior Authorization criteria (not in a limited category). No changes made.	Subject to Prior Authorization. If approved, then brand co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay
Xolair	Review of Xolair Prior Authorization criteria (in a limited category). No changes made.	Subject to Prior Authorization. If approved, then brand co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay

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Zyvox	Review of Zyvox's Prior Authorization criteria (in a limited category). No changes made.	Subject to Prior Authorization. If approved, then brand co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay	Subject to Prior Authorization. If approved, then second tier preferred co-pay
Paxil	Existing SSRI antidepressant agent that now has a generic available (in a limited category). This medication is being removed from preferred status because the generic equivalent, paroxetine, is available at the generic co-pay. Paxil CR is still available as a brand name only and will remain at the second tier preferred co-pay level.	Brand co-pay	Third tier preferred co-pay	Not covered
Augmentin	Existing antibiotic agent that now has a generic available (in a limited category). This medication is being removed from preferred status because the generic equivalent, amoxicillin/clavulanate potassium, is available at the generic co-pay. Augmentin XR/OS formulations are available as brand name only and will remain at the second tier preferred co-pay level.	Brand co-pay	Third tier preferred co-pay	Not covered
Bactrim/DS	Existing antibiotic agent that has a generic available (in a limited category). This medication is being removed from preferred status because the generic equivalent, smz/tmp, is available at the generic co-pay.	Brand co-pay	Third tier preferred co-pay	Not covered
Talwin NX	Existing analgesic agent that now has a generic available (in a limited category). This medication is being removed from preferred status because the generic equivalent, pentazocine/naloxone, is available at the generic co-pay.	Brand co-pay	Third tier preferred co-pay	Not covered
Fiorinal with Codeine	Existing analgesic agent that has a generic available (in a limited category). This medication is being removed from preferred status because the generic equivalent is available at the generic co-pay.	Brand co-pay	Third tier preferred co-pay	Not covered

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Anticonvulsants (Tegretol)	Existing anticonvulsant that now has a generic available(in a limited category). This medication is being removed from preferred status because the generic equivalent, carbamazepine, is available at the generic co-pay.	Brand co-pay	Third tier preferred co-pay	Not covered
Climara Patch	Existing transdermal estrogenic agent that has a generic available (in a limited category). This medication is being returned to preferred status because the generic equivalent patch has been reported to have poor adhesion.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Vagifem	Existing hormone replacement therapy (HRT) medication (in a limited category). Added to the Preferred Product List.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay

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The True Cost of Non-Adherence to Diabetes Therapies

The prevalence of diabetes is increasing rapidly. There are now 12 million Americans diagnosed with diabetes, an increase of 30% in just the past ten years. Without a doubt, the expansion of the diabetic population will have a profound impact on health care expenditures in the years to come.

The term “medication adherence” is simply defined as following a prescribed medication schedule. A recently published report demonstrated that diabetics who don’t use prescribed medications correctly (non-compliant patients) generate higher overall health care expenses than compliant patients. The study confirms diabetics can reduce complications, and corresponding health care costs, with proper use of diabetes medications.

Among a group of more than 46,000 patients, those who took their medications correctly had a 40% lower chance of being hospitalized for

complications of diabetes. People who were adequately treated were also less likely to have uncontrolled blood pressure, cholesterol or heart disease. The cost of medications to control diabetes was more than offset by medical savings. While those patients with high compliance to their medications spent an average of \$300 more at the pharmacy, their medical costs were \$610 lower than non-adherent patients, largely due to lower hospitalization expenses.

It is abundantly clear that medication adherence can reduce the heavy toll of diabetes related medical expenses. Innoviant’s retrospective compliance program carries this message directly to those who need to hear it most, members who do not refill their diabetes related prescriptions on a timely basis. In addition to providing our members with information to improve their health, our goal in offering this program is to allow our clients to realize lower medical expenses through the appropriate use of pharmaceuticals.



RxInstep, a Reliable Program

Innoviant's RxInstep Program employs "smart edits" to promote the use of preferred medications. In addition, the program encourages prescribers to follow published clinical recommendations and contributes to lower the overall cost of care in several therapeutic categories.

Recently, a decision by the United States Supreme Court protected the validity of step-therapy programs such as RxInstep. The case before the Supreme Court essentially involved a step therapy denial of a Vioxx prescription for arthritis pain. The managed care company required use of a generic anti-inflammatory medication before allowing newer COX-II medications like Vioxx. The court ruled unanimously that the Employment Retiree Income Security Act (ERISA) preempted the suit, effectively protecting

managed care companies from liability actions for alleged injuries caused by such programs.

The Pharmaceutical Care Management Association hailed the ruling. The association asserted that the use of step-therapy programs is well established throughout the medical field and is a validated, common-sense approach that uses scarce health care resources most efficiently.

Innoviant is pleased to offer RxInstep to our clients. We are confident that this program will continue to offer opportunities for pharmacy cost savings in highly prescribed therapeutic classes. If more information about this program is desired, please make a point to discuss it with your account manager.

New Prior Authorization for Hepatitis C Treatments

According to the National Institutes of Health (NIH), 3 million Americans may be infected with the Hepatitis C virus. Chronic infection is a leading cause of cirrhosis and liver cancer in the United States. Anywhere from 3-20% of patients chronically infected with the virus may progress to cirrhosis or cancer. In many cases liver transplantation will be needed.

When medication therapy is indicated, the best results have been achieved through the use of combination treatment using interferons and ribavirin. The chances for a successful outcome primarily depend on the particular strain (known as the genotype) of infecting virus. Some viral genotypes require more extended treatments than others.

Why prior authorize Hepatitis C treatments? Two reasons: this is costly therapy (averaging \$2,500 per month) and the response to treatment varies greatly among patients. Some patients

may not respond to treatment at all, while others will do well with a shortened course of therapy. Depending upon genotype and patient characteristics, the duration of treatment may be reduced by 50 % in some cases. Continuing to treat non-responding patients leads to unnecessary adverse reactions and increased health care costs.

For those clients who have selected the specialty pharmacy program, Hepatitis C treatments will primarily be managed by health professionals with expertise in this area at our preferred specialty pharmacies. Others will be managed by the clinical pharmacy staff at Innoviant. In either circumstance, treatment decisions will be guided by the member's lab results and NIH published care recommendations for Hepatitis C. We are pleased to provide this prior authorization and utilization management program and are confident its implementation will result in reduced pharmacy expenses for this disease.



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