

YOUR QUARTERLY UPDATE / second quarter 2005



PHARMACY PASSAGES is a quarterly newsletter for Innoviant customers, updating you on changes to the Innoviant Preferred Products List. The Innoviant Pharmacy and Therapeutics Committee (P&T) meets quarterly to evaluate product status and new prescription products approved by the FDA. The P&T is comprised of independent physician providers, affiliated plan physicians, and pharmacists.

Current information related to Innoviant and its offerings is available at www.innoviant.com. A copy of this newsletter can also be found on the Web site.



Pfizer Pulls Bextra at FDA's Request

For the second time in less than a year, a popular medication for treatment of arthritis pain has been removed from the market in the United States. The U.S. Food and Drug Administration (FDA) deemed the overall risks associated with Bextra (valdecoxib) outweigh any possible benefits. Therefore, at the request of the FDA, the manufacturer agreed to withdraw Bextra from the market.

The findings of the FDA were that there was a lack of data to confirm the cardiovascular safety with long-term use of Bextra. In addition, serious and possibly life-threatening skin reactions have been reported by users of Bextra. In making the decision to recommend withdrawal from the market the FDA specifically noted that there are no proven clinical advantages to Bextra compared with other non-steroidal anti-inflammatory medications (NSAIDs).

The advice for any member who may be taking Bextra is to contact their physician to discuss discontinuing use and alternative treatments. Any decision about which drug

product to take should be made in consultation with a physician based on an assessment of specific treatment needs.

Consumers should be aware that the FDA will require makers of all NSAIDs, including Celebrex and over-the-counter

products, to revise labeling to include a boxed warning and a Medication Guide. The boxed warning will highlight the potential for increased risk of cardiovascular (CV) events and serious gastrointestinal (GI) bleeding associated with these medications. Consumers of over-the-counter medications will be advised on dosage and duration of treatment limitations. The best advice available for any-

one considering the use of anti-inflammatory drugs is to discuss with their doctor the risks and benefits and the importance of using the lowest effective dose for the shortest duration possible if treatment is warranted.

serious and possibly life-threatening skin reactions have been reported by users of Bextra

P2-P4

Product Reviews

P5

Summer Skin Care

P6

High Blood Pressure & the JNC 7 Guidelines

INSIDE THIS ISSUE:

Product Reviews



Product	Indications	Standard Plan	Select Plan	Closed Plan
Ventavis solution	Ventavis is indicated for the treatment of pulmonary arterial hypertension (PAH – WHO Group I) in patients with NYHA Class III or IV symptoms. Ventavis has not been adequately studied for concomitant use with other therapies approved for treatment of PAH. (not in a limited category)	Brand co-pay	Second tier preferred co-pay.	Second tier preferred co-pay
Septocaine	Septocaine is indicated for local, infiltrative or conductive anesthesia in simple or complicated dental or periodontal procedures. Because this product is supplied in quantities only appropriate for office supplies, Septocaine is not appropriate for dispensing by prescription.	Not Covered	Not Covered	Not Covered
Boniva	Boniva (ibandronate) is indicated for the treatment and prevention of osteoporosis in postmenopausal women. (in a limited category)	Brand co-pay	Third tier nonpreferred co-pay	Not Covered
Baraclude	Baraclude (entecavir) is indicated for the treatment of chronic hepatitis B virus infection in adults with evidence of active viral replication and either evidence of persistent elevations of AST or ALT, or histologically active disease. (in a limited category).	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.

Product Reviews



Product	Indications	Standard Plan	Select Plan	Closed Plan
Lamisil, Sporanox	Annual review of prior authorization criteria for oral antifungal agents. Coverage will be determined by the benefit design selected by the plan sponsor. No changes made to the prior authorization criteria.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Avonex, Rebif, Betaseron, Rebif	Annual review of prior authorization criteria for agents for management of Multiple Sclerosis. Coverage will be determined by the benefit design selected by the plan sponsor. No changes made to the prior authorization criteria.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.
Raptiva	Annual review of prior authorization criteria for Raptiva. Coverage will be determined by the benefit design selected by the plan sponsor. No changes made to the prior authorization criteria.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the customer does not have the SPP, it would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.
Xolair	Annual review of prior authorization criteria for Xolair. Coverage will be determined by the benefit design selected by the plan sponsor. No changes made to the prior authorization criteria.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the 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 the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the 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 the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the 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.

Summer Skin Care

Skin is the largest organ in the human body and measures about two square yards. Skin defends the body from environmental threats and such as ultraviolet (UV) radiation and bacteria, and helps regulate body temperature and water loss. Healthy skin is an essential part of the immune system.

Skin cancer has reached epidemic status in the United States with more than one million new cases expected to be diagnosed this year. Skin cancer occurs when cells grow abnormally, often provoked by repeated exposure to the sun's damaging effects. Along with maintaining overall health, the key to preventing skin cancer is to maintain a comprehensive sun protection plan. Used consistently, effective sun protection practices such as the following will lower an individual's risk for skin cancer.

- Keep out of the sun as much as possible, especially between 10 a.m. and 4 p.m. when the sun's rays are strongest.
- Use a sunscreen every day. Choose a sunscreen with a sun protection factor (SPF) of 15 or greater. Look for a sun screen that shields the body from both UVA and UVB rays.
- Wear sunglasses that block 99% of rays.
- Wear a broad-brimmed hat, long loose pants and long sleeved, loose shirts. All natural fabrics are best.
- Avoid tanning beds and sun lamps. There is no safe way to tan.
- Take extra precautions when around water, snow and sand, which can reflect up to 90% of the sun's rays.
- Be aware that certain medications can make the skin more sensitive to sunlight.



Use extra caution when taking sulfa or quinolone antibiotics, tetracyclines, diuretics and anti-inflammatory drugs.

- Check your skin often for changes or suspicious spots such as moles or birthmarks.

Following this advice will not only reduce one's risk for skin cancer, but will help keep the skin looking good and feeling good. It's best to begin healthy skin care early in life - before the sun can inflict damage - but it's never too late to start.

"It's best to begin healthy skin care early in life - before the sun can inflict damage - but it's never too late to start."



High Blood Pressure and the JNC 7 Guidelines

According to recent estimates, nearly one in three U.S. adults have high blood pressure. Because there are no symptoms, nearly one-third of these people don't know they have it. In fact, many people have high blood pressure for years without ever knowing it. The only way to diagnose high blood pressure is to have blood pressure checked. Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure, or kidney failure. This is why high blood pressure is often called the "silent killer."

The seventh report of the Joint National Committee (JNC) on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, also known as the JNC 7 guidelines, are widely recognized as standards of care for hypertension. According to JNC 7, for those who are not at goal blood pressure (<140/90 mmHg), the initial treatment includes lifestyle modifications. Universal adoption of healthy lifestyles is critical for the prevention of high blood pressure and is an indispensable part of the management of those with hypertension.

Lifestyle modifications include the following:

- Weight loss
- Limiting alcohol intake
- Increasing physical activity
- Reducing sodium in diet
- Smoking cessation
- Reducing dietary intake of saturated fat and cholesterol

If lifestyle modifications do not achieve the goal blood pressure of <140/90 mmHg (<130/80 mmHg for patients with diabetes or chronic kidney disease) then pharmacologic therapy is necessary. For initial drug therapy in uncomplicated hypertension, the latest guidelines recommend diuretics, then beta-blockers. Both these recommended choices are available as generic medications. For patients with co-existing medical conditions other types of antihypertensive drugs may be recommended as initial therapy.

Since high blood pressure is "the silent killer" everyone should have their blood pressure checked and treated if elevated. The higher the blood pressure, the greater the chance of heart attack, heart failure, stroke, and kidney disease. Therefore, if someone has been diagnosed with hypertension they should be following the JNC 7 guidelines for treatment. The benefits of lowering blood pressure are clear. Effective treatment results in a 35-40% reduction in stroke, a 20-25% reduction in heart attack, and a 50% reduction in heart failure.

We understand that the cost of treatment may be an obstacle for some patients. Therefore, Innoviant's Preferred Product List (PPL) includes medications in multiple antihypertensive classes at generic copay status to assist members in utilizing agents with the lowest net cost to treat this serious health condition.

PHARMACY *passages*

*Innoviant*SM

Editor:

Beth Weinkauf
Marketing Specialist

Clinical Advisor:

Jim Motz, R.Ph.

This does not imply coverage.
Plan booklets provide specific
benefit and coverage limitations.