

YOUR QUARTERLY UPDATE / third 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](http://www.innoviant.com). A copy of this newsletter can also be found on the Web site.

## Internet Pharmacies and Drug Safety

In the search for lower prescription costs, many American consumers have considered Canadian-based Internet pharmacies. While ads may promote significant savings through the use of these pharmacies, recent revelations from the United States Food and Drug Administration (FDA) indicate that U.S. consumers may not be getting what they expect if they purchase prescriptions over the Internet.

In a June 2005 study, the FDA reported that of 11,000 Internet pharmacies claiming to be Canadian, most were not located in Canada at all. Many were based in the United States, while others were scattered around the globe, including the Czech Republic, Mexico and El Salvador. The concern is that people will be deceived into believing the source of the medications is Canada, while in actuality there may be no assurance as to the source or purity of the obtained medications. In fact, according to the study director, medications obtained at widely discounted prices from Internet pharmacies located in the United States should usually be considered suspicious.

These findings are not surprising. Earlier investigations of Internet acquired medications provided similar results. Last year the FDA reported medications obtained from Web sites claiming to be Canadian-based pharmacies tested out to be substantially less potent. For example, a prescription for generic Lipitor contained only 57 percent of the actual active ingredient. Such decreased potency would likely expose the patient to additional risk for high cholesterol or its complications.

Buying medication online is a risky proposition - at best. Because many people depend on prescription medications for maintaining their health, the best advice from Innoviant's clinical pharmacists is for people to continue receiving their prescriptions from trusted pharmacists. It is good practice to be skeptical about any prescription claims that seem too good to be true.

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## Product Reviews

Product	Indications	Standard Plan	Select Plan	Closed Plan
<b>Byetta</b>	Byetta (not in a limited category) is indicated as adjunctive therapy to improve glycemic control in patients with type 2 diabetes mellitus who are taking metformin, a sulfonylurea, or a combination of metformin and sulfonylurea and have not achieved adequate glycemic control.	Brand co-pay, Prior Authorization required	Second tier preferred co-pay, Prior Authorization required	Second tier preferred co-pay, Prior Authorization required
<b>Mycamine</b>	Mycamine (not in a limited category) is indicated for treatment of patients with esophageal candidiasis and for prophylaxis of Candida infection in patients undergoing hematopoietic stem cell transplantation. Efficacy has not been established against infections caused by fungi other than Candida sp.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network at the brand co-pay. 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 at the second tier preferred co-pay. 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 at the second tier preferred co-pay. 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.
<b>Xibrom</b>	Xibrom (not in a limited category) is indicated for the treatment of postoperative inflammation in patients who have undergone cataract extraction.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
<b>Naglazyme</b>	Naglazyme (not in a limited category) is indicated for patients with Mucopolysaccharidosis VI (MPS VI). MPS VI is one of approximately 50 lysosomal storage disorders. According to the MPS VI Web site, a Canadian study estimates the incidence of MPS VI as 1 in 1.3 million live births. There are currently an estimated 1,100 individuals affected worldwide.	If the customer has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network at the brand co-pay. 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 at the second tier preferred co-pay. 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 at the second tier preferred co-pay. 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.



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<b>Aricept ODT</b>	New formulation of an existing Alzheimer's agent (in a limited category) now available as a rapid dissolve tablet.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
<b>Atrovent HFA</b>	New formulation of an existing asthma agent (in a limited category) now available without chlorofluorocarbon (CFC) as a propellant.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
<b>Biaxin tablets and oral suspension</b>	Existing macrolide antibiotic that now has a generic available (in a limited category). This medication is being removed from preferred status because the generic equivalent, clarithromycin, is available at the generic copay. Biaxin XL is still available as a brand name only and will remain at the second tier preferred co-pay level.	Brand co-pay	Third tier nonpreferred co-pay	Not Covered
<b>Wellbutrin SR 200mg</b>	Existing antidepressant that now has a generic available (in a limited category). This medication is being removed from preferred status because the generic equivalent, bupropion HCL SR 200mg, is available at the generic co-pay.	Brand co-pay	Third tier nonpreferred co-pay	Not Covered
<b>Beconase AQ, Nasacort AQ, Nasarel, Rhinocort, Rhinocort AQ</b>	Full Class review of Nasal Inhaled Steroids for the treatment of allergic rhinitis. Nasarel removed from second tier preferred status (in a limited category).	Brand co-pay	Third tier nonpreferred co-pay	Not Covered
<b>Flonase, Nasonex</b>	Full Class review of Nasal Inhaled Steroids for the treatment of allergic rhinitis. Nasarel removed from second tier preferred status (in a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
<b>Actos, Avandia, Avandamet</b>	Full Class review of Thiazolidinediones (TZDs). TZDs are indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes, non-insulin-dependent diabetes mellitus. Actos added to second tier preferred status (in a limited category).	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
<b>Actiq</b>	Annual review of prior authorization criteria for Actiq. 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



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<b>Fuzeon</b>	Annual review of prior authorization criteria for Fuzeon. 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
<b>Growth Hormones</b>	Annual review of prior authorization criteria for Growth Hormones. 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), these products may be obtained through the specialty pharmacy network at the brand co-pay. If the customer does not have the SPP, these products 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), these products may be obtained through the specialty pharmacy network at the second tier preferred copay. If the customer does not have the SPP, these products 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), these products may be obtained through the specialty pharmacy network at the second tier preferred copay. If the customer does not have the SPP, these products would be considered under the pharmacy benefits. Coverage and pharmacy provider(s) will be determined by the benefit design selected by the plan sponsor.
<b>Singulair</b>	Annual review of prior authorization criteria for Singulair. 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
<b>Somavert</b>	Annual review of prior authorization criteria for Somavert. 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
<b>Xyrem</b>	Annual review of prior authorization criteria for Xyrem. 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

## Antidepressant Link to Suicides Explored

The United States Food and Drug Administration (FDA) recently released a public health advisory cautioning physicians and patients of the possibility for an increased risk of suicidal behaviors among patients treated with antidepressant medications. Published scientific reports indicate certain patients treated with these medications may experience suicidal tendencies.

The FDA is now in the process of evaluating hundreds of previously conducted clinical studies in order to more clearly understand the possible risk. Until the FDA makes additional information available, the following recommendations for anyone taking antidepressant medications should be carefully followed:

- Adults being treated with antidepressant medicines, particularly those being treated for depression, should be watched closely for worsening of depression and for increased suicidal thinking or behavior.
- Close observation of adults may be especially important when antidepressant medications are started for the first time or when doses for the specific drugs prescribed have been changed.
- Adults whose symptoms worsen while being treated with antidepressants, including an increase in suicidal thinking or behavior, should be evaluated by their healthcare professional.

It is important to note patients currently taking antidepressants are not advised to discontinue taking their medication or make any changes to their dosage. Changes to treatment regimens involving antidepressants should only be made by the physician.



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Innoviant's Pharmacy and Therapeutics Committee will continue to monitor this situation, like any issue that affects the safety of prescription medications. The committee was already aware of this issue as package labeling for antidepressants contains warnings and precautions concerning the increased risk of suicidal tendencies with these medications. However, we stress the importance of following the FDA's guidance on the management of any potential risk for suicidal tendencies while using antidepressants.



## Medication Adherence Yields Medical Savings

With respect to medication therapy, the term "adherence" describes how closely a patient follows their physician's prescription order when taking their medication. There are two widely recognized aspects of medication adherence - compliance and persistence. A compliant patient closely follows prescription directions for a defined time period. A persistent patient continues taking chronic medications over a prolonged duration of time.

The evidence supporting the value of medication adherence continues to mount. In a study published in the June 2005 edition of the journal *Managed Care*, patients who exhibited low medication adherence had significantly higher combined medical and pharmacy expenses than patients with high adherence to prescribed therapies. Disease states included in this study were diabetes, hyperlipidemia, hypertension and congestive heart failure.

The savings documented due to high medication adherence were substantial. For example, combined annual treatment costs for highly adherent diabetic patients were \$4,570 compared with \$8,867 for the less adherent group. One study estimates every dollar spent on medications for diabetes management saves \$7 in diabetes related medical expenses.

Only slightly lower savings were documented for patients with high blood cholesterol. Most savings were attributed to lower hospitalization expenses in the group with high medication adherence.

Unfortunately, a substantial percentage of patients who are prescribed long-term drug therapy have demonstrated problems with adherence. A study in the *Wall Street Journal* in early 2005 reported one in three U.S. adults has difficulty following prescribed medication schedules. The reasons are widespread - from simple forgetfulness to high costs or fear of side effects.

Innoviant clinicians place high value on the importance of adherence to prescribed therapy. To support patients who may have difficulty following prescribed directions, Innoviant's clinical department conducts Drug Utilization Review (DUR) activities designed to improve adherence in several chronic disease states including diabetes and hyperlipidemia. To date, these programs have demonstrated improved overall medication adherence for Innoviant members. Considering medical costs can be reduced by improving prescription adherence, these programs deliver solid value for our members and clients.

PHARMACY *passages*

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