

YOUR QUARTERLY UPDATE / fourth 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.



What About Avian Influenza (Bird Flu)?

Bird flu is an infection caused by avian influenza viruses. Wild birds throughout the world carry these naturally occurring viruses in their intestines. Even though wild birds do not usually get sick as a result of the viruses, bird flu is highly contagious among birds. So when domesticated birds (such as chickens, ducks and turkeys) contract an avian influenza virus, infected birds can get seriously ill or even die. When domesticated birds are infected, the viruses become a threat to humans.

Fortunately, the risk to humans from avian influenza viruses is still low. That's because the viruses don't usually infect humans. When humans are infected, it's usually the result of close exposure to infected poultry or surfaces contaminated by infected poultry. To date, just over 100 cases of human infection have been reported worldwide. Most cases have occurred in Asia (particularly Indonesia, Vietnam and China). In humans, the virus is fatal more than 50 percent of the time.

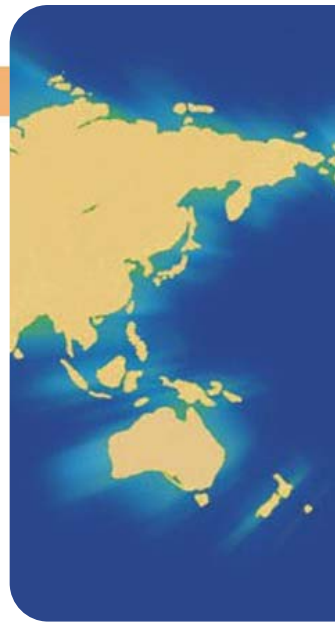
All influenza viruses have the ability to change. The spread of bird flu from one ill person to another has been reported very rarely, and has not continued beyond one person. However, if the virus adapts so that person-to-person transmission readily occurs, the possibility for a global flu outbreak, known

as a pandemic, is very great. Because the viruses do not commonly infect humans, there is little or no natural immunity to protect against them.

There is no vaccine currently available to protect against avian influenza. In fact, testing of a vaccine just began in April 2005. Until a vaccine is found, efforts will be directed at preventing the spread of viruses in bird populations.

The US Centers for Disease Control (CDC) does not recommend any travel restrictions at this time, but travelers to areas with known cases of avian flu should avoid all contact with domesticated birds and all animals in live food markets. Frequent hand washing is also extremely important, as well as avoiding consumption of improperly prepared poultry.

Unless traveling to areas of the world where the virus is reported to be spreading, no further actions are required at this time. It is, however, always good to be well informed. The CDC is an excellent source for information. Visit their Web site at <http://www.cdc.gov/flu/avian/> to learn more about bird flu.



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Product Reviews

Product	Indications	Standard Plan	Select Plan	Closed Plan
Tygacil	<p>Tygacil (not in a limited category) is indicated for the treatment of patients aged 18 years and older, with infections caused by susceptible strains of microorganisms in the following conditions:</p> <ul style="list-style-type: none"> • Skin and skin structure infections • Complicated intra-abdominal infections 	<p>If the plan sponsor has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network at the brand co-pay. If the plan sponsor 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.</p>	<p>If the plan sponsor 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 plan sponsor 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.</p>	<p>If the plan sponsor 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 plan sponsor 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.</p>
Aptivus	<p>Aptivus (not in a limited category) is indicated for combination antiretroviral treatment of HIV-1 infected adults with evidence of viral replication, in patients who are highly treatment-experienced or have HIV-1 strains resistant to multiple protease inhibitors.</p>	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Asmanex	<p>Asmanex inhaler (in a limited category) is indicated for the maintenance treatment of asthma in patients 12 years or older. It is also indicated for asthma patients who require oral corticosteroid therapy, where adding Asmanex therapy may reduce or eliminate the need for oral corticosteroids.</p>	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Bidil	<p>Bidil (in a limited category) is indicated for treatment of heart failure as an adjunct to standard therapy in self-identified black patients. Bidil is indicated to improve survival, prolong time to hospitalization and improve functional status.</p>	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Revatio	<p>Revatio (not in a limited category) is indicated for the treatment of pulmonary arterial hypertension to improve exercise ability. The efficacy of Revatio in patients taking bosentan therapy has not been evaluated.</p>	Brand co-pay - Limited to a maximum of 135 tablets in 30 days.	Second tier preferred co-pay - Limited to a maximum of 135 tablets in 30 days.	Second tier preferred co-pay - Limited to a maximum of 135 tablets in 30 days.



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Lyrica	Lyrica (in a limited category) is indicated for the management of neuropathic pain with diabetic peripheral neuropathy and postherpetic neuralgia. Lyrica is indicated as adjunctive therapy for adult patients with partial onset seizures.	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Omacor	Omacor (in a limited category) is indicated as an adjunct to diet to reduce very high (>500mg/dL) triglyceride (TG) levels in adult patients.	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Rozerem	Rozerem (in a limited category) is indicated for the treatment of insomnia characterized by difficulty with sleep onset.	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Nevanac	Nevanac (not in a limited category) is indicated for treatment of pain and inflammation associated with cataract surgery.	Brand co-pay - Limit of 2 bottles per year.	Second tier preferred co-pay - Limit of 2 bottles per year.	Second tier preferred co-pay - Limit of 2 bottles per year.
Ambien CR	New formulation of an existing non-barbiturate sedative (in a limited category) now available as an extended-release tablet.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Keppra, Trileptal, Zonegran,	Full Class review of Antiepileptics. Keppra, Trileptal and Zonegran (in a limited category) added to second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Neurontin	Full Class review of Antiepileptics (in a limited category). Neurontin is being removed from preferred status because the generic equivalent, gabapentin, is available at the generic co-pay.	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Omnicef	Full Class review of Cephalosporins (in a limited category) in the category Antibiotics. The capsule form of Omnicef is being added to second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Avapro, Avalide, Atacand, Atacand HCT	Full Class review of Angiotensin Receptor Blockers (in a limited category) used in the treatment of patients with hypertension, high cardiovascular risk, diabetes mellitus and renal disease. Avapro, Avalide, Atacand, Atacand HCT added to second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay



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Ortho Tri-Cyclen Lo, Ortho Evra Patch, Mircette, Nuva Ring	Full Class review of Oral Contraceptives (in a limited category). Ortho Tri-Cyclen Lo, Ortho Evra Patch, Mircette, Nuva Ring being removed from the Brands for Generic Program and added to second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Yasmin	Full Class review of Oral Contraceptives (in a limited category). Yasmin added to second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Cyclessa, Desogen, Ortho Micronor, Ortho Tri-Cyclen, Ortho-Cept, Ortho-Cyclen, Ortho-Novum, Modicon	Full Class review of Oral Contraceptives. Cyclessa, Desogen, Ortho Micronor, Ortho Tri-Cyclen, Ortho-Cept, Ortho-Cyclen, Ortho Novum, Modicon being removed from Brands for Generic Program and added to third tier non-preferred status due to generic availability.	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Prevacid	Full Class review of Proton Pump Inhibitors (PPI's) (in a limited category) used to treat peptic ulcers, symptoms of gastroesophageal reflux disease and esophagitis. Prevacid is being removed from second tier preferred status.	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Geodon	Annual review of prior authorization criteria for Geodon. Coverage will be determined by the benefit design selected by the plan sponsor. Prior authorization criteria removed.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Enbrel	Annual review of prior authorization criteria for Enbrel. Coverage will be determined by the benefit design selected by the plan sponsor. No changes made to the prior authorization criteria.	If the plan sponsor has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the plan sponsor 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 plan sponsor has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the plan sponsor 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 plan sponsor has the Specialty Pharmacy Program (SPP), this product may be obtained through the specialty pharmacy network. If the plan sponsor 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.



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Panretin	Annual review of prior authorization criteria for Panretin. Coverage will be determined by the benefit design selected by the plan sponsor. Prior authorization requirement for Panretin was removed.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Provigil	Annual review of prior authorization criteria for Provigil. 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
Zelnorm	Annual review of prior authorization criteria for Zelnorm. 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
Zetia	Annual review of prior authorization criteria for Zetia. Coverage will be determined by the benefit design selected by the plan sponsor. Prior authorization was removed.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Zyvox	Annual review of prior authorization criteria for Zyvox. 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
Ventavis	Review of Preferred Product List. Ventavis will continue to process at second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Symlin	Review of Preferred Product List. Symlin will continue to process at third tier non-preferred status.	Brand co-pay	Third tier non-preferred co-pay	Not Covered
Evista	Review of Preferred Product List. Evista (in a limited category) is being added to second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Aceon	Review of Preferred Product List. Aceon (in a limited category) is being added to second tier preferred status.	Brand co-pay	Second tier preferred co-pay	Second tier preferred co-pay
Duragesic	Review of Duragesic (in a limited category) in the category of Analgesics-Narcotics. This medication is being removed from preferred status because the generic equivalent, fentanyl, is available at the generic co-pay.	Brand co-pay	Third tier non-preferred co-pay	Not Covered



Flu Vaccinations—What You Should Know

The single best way to protect against the flu is to get vaccinated each fall. There are two types of flu vaccines.

The "flu shot"—a vaccine (containing viruses that have been killed). It is given with a needle, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.

The nasal-spray flu vaccine—a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy people 5 to 49 years of age, but not for women who are pregnant.

Each vaccine contains three influenza viruses. These change each year based on scientists' predictions of which viruses will circulate in a given year. About two weeks after vaccination, antibodies that protect against influenza virus infection develop in the body.

Who Should Get Vaccinated?

Anyone who wants to reduce the chance of getting the flu can get vaccinated. However,

people who are at high risk, or who live with or care for others at high risk for serious flu complications, should be vaccinated each year.

People at high risk for complications from the flu, include:

- People aged 65 and older
- People 50 to 64 years of age—in the United States, nearly one-third of people aged 50 to 64 have one or more medical conditions that increase their risk for serious flu complications.
- People who live in nursing homes and other long-term care facilities
- Adults and children 6 months and older with chronic heart or lung conditions, including asthma
- Adults and children 6 months and older who required regular medical care or were hospitalized during the previous year due to a metabolic disease, like diabetes; chronic kidney disease; or weakened immune systems, including immune system problems caused by medicines or infection with human immunodeficiency virus (HIV/AIDS)

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Lilly to Discontinue Several Insulins

- Children 6 months to 18 years of age who are on long-term aspirin therapy, as those given aspirin while they have the flu are at risk of developing Reye's Syndrome
- All children 6 to 23 months of age
- People with any condition that compromises respiratory function or the handling of respiratory secretions (that is, a condition that makes it hard to breathe or swallow, such as brain injury or disease, spinal cord injuries, seizure disorders, or other nerve or muscle disorders).
- People who can transmit flu to others at high risk for complications, such as healthcare workers, caregivers of children 0 to 23 months of age, and close contacts of people 65 years and older

To ensure availability for high risk populations, all healthy individuals who do not fall into one of these categories should delay receiving flu shots until after October 24, 2005.

About the Nasal Flu Vaccine

The nasal-spray flu vaccine is not subject to prioritization and can be given to healthy 5 to 49 year olds at any time. It is not an option for women who are pregnant.

Remember, flu vaccines are not a covered benefit under the pharmacy program. It is important to keep in mind that vaccine experts recommend yearly vaccination for those at high risk of developing flu-related complications. Be sure this important preventative health measure is not overlooked.

Eli Lilly announced it is discontinuing production of several insulins — Iletin® II Pork Insulin (Regular and NPH® formulations), Humulin®U Ultralente® and Humulin®L Lente®. These products are expected to be available in pharmacies only through the end of 2005. Because of innovations in insulin therapy, physicians have been moving patients to newer products with attributes not offered by those being discontinued.

While over 3.5 million patients with diabetes in the United States currently use insulin, Lilly estimates that less than two percent of these patients will be affected by the discontinuations. Lilly and NovoNordisk offer many alternatives to the insulin formulations that are being discontinued. Please consult the Innoviant Preferred Product List for information on preferred insulin products. Patients who are currently using any of the discontinued insulin formulations should see their physicians so appropriate changes can be made to their therapy. Changing insulin therapy should only be done under a doctor's supervision.

Eli Lilly will provide doctors, pharmacists, nurses and diabetes educators with more detailed information about these product discontinuations, including alternative insulin options. Packaging of all discontinued insulins shipped to pharmacies after mid-August 2005 will also include a discontinuation notice and toll-free number for patients to call for additional information. Finally, Innoviant will mail letters to identified users of discontinued insulin products recommending they discuss alternative therapies with their physicians.

For more detailed information on this action, call Lilly's customer service line at **1-800-545-5979**.



PHARMACY *passages*

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