



The Prescription Pad

Information to help you effectively manage your prescription drug benefit

Quantity Level Limit Update

Clindamycin topical foam (Evoclin®)

Effective March 1, 2005, Evoclin was added to Highmark's Quantity Level Limit program. Evoclin, a topical foam formulation of clindamycin, is used for the treatment of acne, and is available in a 50gm or 100gm size. Evoclin is limited to 100gm at retail and 300gm at retail or mail service, depending upon the member's level of prescription drug benefit coverage.

Estrodiol and norethindrone transdermal system (Combipatch®)

Effective February 1, 2005, Combipatch was added to Highmark's Quantity Level Limit program. Combipatch, a transdermal patch containing estradiol and norethindrone is used in the treatment of symptoms associated with menopause and as estrogen replacement therapy. One package of the drug contains eight patches and the member uses one patch twice a week. Combipatch is limited to eight transdermal patches at retail and 24 patches at retail or mail service, depending upon the member's level of prescription drug benefit coverage.

Ibandronate tablets (Boniva®)

Effective June 1, 2005, Boniva was added to Highmark's Quantity Level Limit program. Boniva, a tablet taken once monthly, is used for the treatment of osteoporosis and is supplied as an individually wrapped blister pack. Boniva is limited to 150mg (one tablet) at retail and 450mg (three tablets) at retail or mail service, depending upon the member's level of prescription drug benefit coverage.

Alendronate/cholecalciferol tablets (Fosamax® Plus D)

Effective June 1, 2005, Fosamax Plus D was added to Highmark's Quantity Level Limit program. The drug is a combination product containing alendronate and cholecalciferol (vitamin D) used for osteoporosis. Fosamax Plus D is an oral tablet administered once a week and supplied as unit-of-use blister packs containing four tablets each. It is limited to four tablets (one blister pack) at retail and 12 tablets (three blister packs) at retail or mail service, depending upon the member's level of prescription drug benefit coverage.

Medication	Retail Limit (30-day supply)	Mail Order Limit (35-90 day supply)
Evoclin	100 grams	300 grams
Combipatch	Eight patches	24 patches
Boniva	150mg (one tablet)	450mg (three tablets)
Fosamax Plus D	Four tablets (one blister pack)	12 tablets (three blister packs)

Oseltamivir (Tamiflu®)

On April 1, 2005, the age restrictions for both Tamiflu capsules and oral suspension were removed from Highmark's Quantity Level Limit program. This removal will allow greater flexibility in dosing pediatric patients. Coverage for Tamiflu is still limited to a five-day supply of 10, 75mg capsules per copayment. Additional quantities (e.g., a 5-day supply) will require an additional copayment per treatment course.

Fluconazole 150mg tablet (Diflucan®)

Effective July 1, 2005, Fluconazole (Diflucan) 150mg tablet will be removed from Highmark's Quantity Level Limit program due to the availability of the less costly generic product.

Prior Authorization Update

Erlotinib (Tarceva™)

Effective May 1, 2005, Tarceva requires prior authorization. Tarceva is approved for the treatment of non-small cell lung cancer (NSCLC) after failure of both a platinum-based and another chemotherapeutic agent such as docetaxel, paclitaxel, or gemcitabine. For groups requiring prior authorization for specialty products, Tarceva will be approved for one year when:

1. It is prescribed under the supervision of an oncologist/hematologist.
2. It is used after documented failure of both platinum-based [(e.g. cisplatin, Platinol®-AQ, carboplatin (Paraplatin®), oxaliplatin (Eloxatin™)] and docetaxel (Taxotere®), paclitaxel (Taxol®), or gemcitabine (Gemzar®) chemotherapies.

Recent Formulary Additions – Effective Dates noted

Brand Name (Generic Name)	Indication	Comments
Daypro® (oxaprozin) (generic only) Effective date: March 24, 2005	Pain	Multiple generic non-steroidal anti-inflammatory agents are also on the formulary.
Miralax™ (polyethylene glycol) (generic only) Effective date: March 24, 2005	Constipation	Approved for the treatment of occasional constipation.
Tarceva™ (erlotinib) Effective date: March 24, 2005	Cancer Treatment	Approved as a second line agent in the treatment of locally advanced or metastatic non-small cell lung cancer.
Aricept® oral suspension (donepezil HCl) Effective date: June 15, 2005	Alzheimers	Aricept tablets are also on the formulary.
Enbrel® syringe (etanercept) Effective date: June 15, 2005	Rheumatoid Arthritis, Psoriasis	Enbrel vials are also on the formulary.
Natacyn® (natamycin) Effective date: June 15, 2005	Antifungal Eye Drop	A sterile antifungal drug for topical ophthalmic administration.
Pontocine topical solution® Effective date: June 15, 2005	Anesthetic	A topical anesthetic indicated for the production of anesthesia of all accessible mucous membranes except the eyes.
Tev-Tropin™ (tetracaine) Effective date: June 15, 2005	Growth Hormone	Competitively priced product similar to formulary products which include: Protropin®, Genotropin®, Norditropin®, Nutropin®, Nutropin AQ®, Nutropin Depot®, Serostim®.

Products Not Added to the Formulary

Brand Name (Generic Name)	Indication	Comments
Abilify® Oral Solution (aripiprazole)	Psychosis	Risperdal® oral solution, Zyprexa® and Seroquel® are on the formulary.
Antara™ (fenofibrate, micronized)	High Cholesterol	Gemfibrozil and Tricor® are on the formulary.
Clarinx® Syrup (desloratadine)	Allergies	Zyrtec® syrup is on the formulary.
Combunox™ (ibuprofen/oxycodoneHCl)	Pain	Oxycodone and ibuprofen are available separately on the formulary.
Duet DHA® (prenatal multi-vitamin)	Vitamins	Multiple prenatal vitamin products are on the formulary.
Evoclin™ (clindamycin phosphate)	Acne	Clindamycin gel, solution, lotion, and swabs are on the formulary.
Femtrace® (estradiol acetate)	Menopausal Symptoms	Estradiol, estropipate, Premarin® and Menest® are on the formulary.
Fluxid® (famotidine)	Acid-related Stomach and Esophagus Problems	Famotidine, ranitidine, and cimetidine are on the formulary.
Fosrenol® (lanthanum carbonate)	Kidney Disease	PhosLo® is on the formulary.
HalfLytely® (peg-3350 and bisacodyl)	Bowel Prep	Generic Colyte® is on the formulary.
Hydergine® (ergoloid mesylates)	Dementia	Safety and efficacy data is limited.
Levaquin® oral solution (levofloxacin)	Antibiotic	Ciprofloxacin and Avelox® are on the formulary.
Luveris® (lutropin alfa)	Infertility	Limited utilization. Available through the exception process.
Methylin® chewable tablets (methylphenidate HCl)	ADHD	Methylphenidate is on the formulary.
Miltown® (meprobamate)	Anxiety	Multiple products are on the formulary for the treatment of anxiety.
Miradon® (anisindione)	Blood Thinner	Coumadin® is on the formulary.
Proglycem® (diazoxide)	Low Blood Sugar	Glucagon® is on the formulary.
Tequin® Suspension (gatifloxacin)	Antibiotic	Ciprofloxacin and Avelox® are on the formulary.
Cardura XL® (doxazosin mesylate)	Enlarged Prostate	Generic doxazosin is on the formulary.
Clarinx-D 24-Hour® (desloratadine)	Allergies	Allegra-D® and Zyrtec-D™ are on the formulary.
Copegus™ (ribavirin)	Antiviral	Generic ribavirin is on the formulary.
Crestor® (rosuvastatin)	High cholesterol	Lipitor®, Zocor®, Pravachol® and lovastatin are on the formulary.
Equetro™ (carbamazepine)	Bipolar Disorder	Tegretol XR® is on the formulary.
Floxin otic singles® (ofloxacin)	Antibiotic	Generic ofloxacin is on the formulary.
Fosamax Plus D® (alendronate / cholecalciferol)	Osteoporosis	Fosamax® is on the formulary.
Lunesta™ (eszopiclone)	Insomnia	Temazepam and triazolam are on the formulary.
Menopur® (menotropins)	Infertility	Repronex® is on the formulary.
Nasacort HFA® (triamcinolone acetonide)	Allergies	Trinasal®, Nasonex® and Rhinocort Aqua™ are on the formulary.
Niravam™ (alprazolam)	Anxiety	Alprazolam is on the formulary.

Products Not Added to the Formulary (continued)

Brand Name (Generic Name)	Indication	Comments
Prevacid Solutab® (lansoprazole)	Gastric Acid Reducer	Omeprazole, Nexium® and Protonix® are on the formulary.
Razadyne (Formerly Reminyl)™ (galantamine HBr)	Alzheimer's	Aricept® and Exelon® are on the formulary.
Vanos™ (flucinonide)	Steroid Cream	Generic fluocinonide is on the formulary.
Zylet Ophthalmic Suspension™ (loteprednol etabonate/tobramycin)	Antibacterial Eye Drop	Generic tobramycin sulfate is on the formulary.

**Physicians may request coverage of these products using the Prescription Drug Medication Request Form, which can be found on page 9 of the 2005 Highmark Blue Shield Formulary book.*

Brand Name Products Removed – Effective July 1, 2005

Brand Name (Generic Name)	Indication	Comments
Accupril® (quinapril)	Hypertension	Generic is on the formulary.
Accuretic® (quinapril/hydrochlorothiazide)	Hypertension	Generic is on the formulary.
Augmentin® ES 600 (amoxicillin and potassium clavulanate)	Antibiotic	Generic is on the formulary.
Celexa® (citalopram HBr)	Depression	Generic is on the formulary.
DDAVP® Nasal Spray (desmopressin acetate)	Diabetes Insipidus, Bedwetting	Generic is on the formulary.
Depo-Provera® 150mg only (medroxyprogesterone acetate)	Birth Control	Generic is on the formulary.
Duragesic® (fentanyl)	Pain	Generic is on the formulary.
Efudex® topical solution (fluorouracil)	Topical Cancer Agent	Generic is on the formulary.
Lopressor® HCT (metoprolol tartrate/ HCTZ)	Heart Disease	Generic is on the formulary.
Loprox® Topical Suspension (ciclopirox)	Athletes Foot	Generic is on the formulary.
Lortab® Elixir (acetaminophen/ hydrocodone bitartrate)	Pain	Generic is on the formulary.
Metrocream® (metronidazole)	Antibacterial Cream	Generic is on the formulary.
Moduretic® (amiloride HCl/ HCTZ)	Heart Disease	Generic is on the formulary.
Mycelex® Troche (clotrimazole)	Antifungal Lozenge	Generic is on the formulary.
Neurontin® (gabapentin)	Seizures	Generic is on the formulary.
Nizoral® Shampoo (ketoconazole)	Dandruff Shampoo	Generic is on the formulary.
Ocuflox® (ofloxacin)	Antibacterial Eye Drop	Generic is on the formulary.
Plendil® (felodipine)	Heart Disease	Generic is on the formulary.
Temovate® emollient (clobetasol propionate)	Steroid Topical	Generic is on the formulary.
Verelan® 240mg (verapamil HCl)	Heart Disease	Generic is on the formulary.
Videx® EC (didanosine)	Antiviral	Generic is on the formulary.
Wellbutrin® SR 200mg (bupropion HCl)	Antidepressant	Generic is on the formulary.

**Physicians may request coverage of these products using the Prescription Drug Medication Request Form, which can be found on page 9 of the 2005 Highmark Blue Shield Formulary book.*

For additional formulary information, you can search the Formulary online at:
<http://highmark.formularies.com>.

Significant Pipeline Products

The goal of this section is to provide information on emerging drug therapies

Brand Name (Generic Name)	Expected Launch Date	Indication	Estimated Monthly Cost	Possible Management Strategy	Current Treatment Options
Byetta® (exenatide)	Launched June 2005	Diabetes	\$120	Formulary	Insulin, Oral Agents
Symlin (pramlintide)	Launched June 2005	Diabetes	\$240	Formulary	Insulin, Oral Agents
Revatio™ (Sildenafil)	Mid 2005	Pulmonary Arterial Hypertension	\$1200	Formulary Management, MR _x C Prior Authorization	Tracleer®, Ventavis™, Flolan®, Remodulin®
Levemir™ (insulin detemir)	Mid 2005	Insulin Dependent Diabetes	\$120	Formulary Management	Lantus®
(Dapoxetine) TBA*	Late 2005	Premature Ejaculation	\$10-\$12 per day used intermittently	Formulary Management MR _x C	No current therapies available
Attenace™ (modafinil)	Late 2005	ADHD	\$120	Formulary Management	Concerta®, Straterra®, Amphetamine Salts, Other Stimulants
TBA* (muraglitazar)	Late 2005	Type 2 diabetes and other metabolic syndromes	\$180	Formulary Management	New therapy that lowers blood sugar and triglycerides - raises HDL
TBA* (febuxostat)	Late 2005	Gout	\$120	Formulary Management	Allopurinol, colchicine
Exubra™ (inhaled insulin)	Early 2006	Diabetes	\$210	Formulary Management	No inhaled insulins available

*TBA - To Be Announced

Significant Patent Expirations

Brand Name (Generic Name)	Launch Date Expected Date	Indication	Potential Issues
Flonase® (fluticasone)	Mid 2005	Allergies	Delayed due to determining bioequivalence levels - May be an R _x -to-OTC candidate
Alphagan®P (brimonidine tartrate)	Mid 2005	Ophthalmic	Delayed - ongoing litigation
Amaryl® (glimepiride)	Mid 2005	Diabetes	Possible Delay
Zithromax® (azithromycin)	Late 2005	Infection	Possible Delay

In The News

Medicare Modernization Act

The Medicare Prescription Drug (Part D) program, which was created by the Medicare Modernization Act of 2003 and will be effective January 1, 2006, provides employers and unions with two mechanisms for reducing their retiree prescription drug costs:

- Direct subsidies from the federal government to employers and unions offering qualified drug plans.
- Indirect subsidies (in the form of lower group premiums) for retiree drug coverage provided through prescription drug plans ("PDPs") or Medicare Advantage prescription drug plans ("MA-PDs").

The PDP and MA-PD benefits will be offered to individuals and groups through insurers, such as Highmark Blue Shield, and other private entities. We will be offering an array of products and services that will reduce your retiree prescription drug costs, and encourage you to talk with your Highmark client manager for assistance and more information.

Palladone Withdrawn from Market

On July 13, 2005, the FDA asked the manufacturer of Palladone™ to remove it from the market due to safety concerns. Palladone was indicated for the use in patients who were tolerant to opioids and required long-term opioid therapy. The manufacturer complied and Palladone is no longer available. Palladone is a narcotic used to treat severe pain. The FDA stated that the drug presented an unacceptably high level of patient risk, especially regarding its dangerous interaction with alcohol.

Fifth Avenue Place
120 Fifth Avenue
Pittsburgh, PA 15222-3099



An Independent Licensee of the Blue Cross and Blue Shield Association

The Prescription Pad
Newsletter
Vol. 4. Issue 2. 2005

We welcome your
comments and suggestions.

Please contact Denise Mervis at
denise.mervis@highmark.com

Blue Shield and the Shield symbol are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Highmark is a registered mark of Highmark Inc.