



The Prescription Pad

Information to help you effectively manage your prescription drug benefit

Managed Rx Coverage Update

Ranexa[®] (*ranolazine*)

Effective February 1, 2009, Ranexa (ranolazine) was removed from the Managed Prescription Drug Coverage (MRxC) Program. It is an oral medication used for the treatment of chronic angina.

Prior Authorization Update

Xenazine[®] (*tetrabenazine*)

Effective February 1, 2009, Xenazine (tetrabenazine) was added to the Prior Authorization Program. This product is an oral medication used for the treatment of chorea associated with Huntington's disease.

Thrombopoiesis Stimulating Agents

Effective February 1, 2009, the thrombopoiesis stimulating agents Promacta[®] (eltrombopag) and Nplate[™] (romiplostim) were added to the Prior Authorization Program. Promacta is an oral product and Nplate is an injectable product. Both are used for the treatment of thrombocytopenia (abnormally low levels of platelets in the blood) in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP).

Quantity Level Limit Program

Sancuso[®] (*granisetron transdermal patch*)

Sancuso was added to the Quality Level Limit (QLL) Program effective February 1, 2009. Sancuso is a granisetron transdermal patch and is indicated for the treatment of chemotherapy-induced nausea and vomiting.

Changes to the Highmark Select/Choice Formulary (Formerly Closed/Incentive Formulary)

The Pharmacy and Therapeutics Committee has reviewed the medications listed in the tables below. Please note that since the Select/Choice Formulary is a complete subset of the Open Formulary, all medications added to the Select/Choice Formulary are automatically added to the Open Formulary. Products listed in the first table below were added to both the Select/Choice and the Open Formulary. All additions to the formulary became effective on the dates noted in the table.

Recent Formulary Additions

Brand Name	Generic Name	Comments
Hycamtin [®] capsules	topotecan	Used for the treatment of patients with relapsed small cell lung cancer.
Nexium [®] packets for oral suspension	esomeprazole magnesium	A proton-pump inhibitor in delayed release oral suspension formulation.
PrandiMet [™]	repaglinide/metformin HCl	A combination product used as a treatment for type 2 diabetes.
Xenazine [®]	tetrabenazine	Used for the treatment of chorea associated with Huntington's disease.

Products Not Added to the Formulary

Brand Name	Generic Name	Comments
Alvesco [®]	ciclesonide	Fluticisone, Nasonex [®] , and Rhinocort Aqua [®] are on the formulary.
Aplenzin [™]	bupropion HBr extended release	Bupropion and bupropion SR are on the formulary.
Astepro [™]	azelastine nasal spray	Astelin [®] is on the formulary.
Cimzia [®]	certolizumab pegol	A Tumor Necrosis Factor (TNF) blocker used to treat moderately to severely active Crohn's disease.
Durezol [™]	difluprednate oph emulsion	Prednisolone acetate, fluorometholone, and dexamethasone sodium phosphate are on the formulary.
Fenoglide [™]	fenofibrate	Fenofibrate, gemfibrozil, and Tricor [®] are on the formulary
Keppra XR [™]	levetiracetam extended-release tablets	Carbamazepine, levetiracetam, and valproic acid are on the formulary.
Kuvan [®]	sapropterin dihydrochloride	An oral medication used to reduce blood phenylalanine (Phe) levels in patients with hyperphenylalaninemia (HPA).
Nplate [™]	romiplostim	An injectable agent used for the treatment of thrombocytopenia in patients with Idiopathic (Immune) Thrombocytopenic Purpura.
Patanase [®]	olopatadine nasal spray	Fluticisone, Nasonex [®] , and Rhinocort Aqua [®] are on the formulary.
Pristiq [®]	desvenlafaxine	Venlafaxine and Effexor XR [®] are on the formulary.
Promacta [®]	eltrombopag	An oral agent used for the

		treatment of thrombocytopenia in patients with Idiopathic (Immune) Thrombocytopenic Purpura.
Relistor [®]	methylnaltrexone	An injectable medication for the treatment of opioid-induced constipation.
Renvela [®]	sevelamer carbonate	PhosLo [®] is on the formulary.
Requip [®] XL	ropinirole extended release	Ropinirole HCl is on the formulary.
Sancuso [®]	granisetron transdermal patch	Ondansetron is on the formulary.
Simcor [®]	niacin extended-release/simvastatin tablets	Advicor [®] , simvastatin, lovastatin, and pravastatin are on the formulary.
Stavzor [™]	valproic acid extended release	Divalproex sodium, valproic acid, and carbamazepine are on the formulary.
Taclonex Scalp [®]	calcipotriene/ betamethasone diprop. topical ointment	Calcipotriene solution and betamethasone solution are on the formulary.
Toviaz [™]	fesoterodine fumarate	Oxybutynin, Detrol [®] , Detrol [®] LA, Oxytrol [®] , and VESicare [®] are on the formulary.
Vimpat [®]	lacosamide	Carbamazepine, levetiracetam, and valproic acid are on the formulary.

**Products to be Removed from the Formulary
(effective January 1, 2009 unless otherwise noted)**

Brand Name	Generic Name	Comments
Colazal [®]	balsalazide disodium	Generic is on the formulary.
Neurotin Tablets (600 & 800 mg)	gabapentin	Generic is on the formulary.
Requip [®]	ropinirole	Generic is on the formulary.
Risperdal [®]	risperidone	Generic is on the formulary.
ticlopidine	ticlopidine	Plavix [®] is on the formulary.

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
(alogliptin)	Estimated approval 2nd Quarter 2009	Type 2 diabetes	\$150 - \$200	Formulary management	Januvia™, metformin, glyburide, glipizide
Cinryze™ (C1-inhibitor)	Estimated approval 4th Quarter 2008	Hereditary angioedema (HAE)	N/A	Formulary management	None
(milnacipran)	Estimated approval 4th Quarter 2008	Fibromyalgia	\$120 - \$180	Formulary management, Prior authorization	amitriptyline gabapentin
(dexlansoprazole)	Estimated approval 1st Quarter 2009	Erosive esophaitis, GERD	\$150 - \$210	Formulary management	Nexium® omeprazole Protonix®
Effient™ (prasugrel)	Estimated approval 4th Quarter 2008	Antiplatelet drug for acute coronary syndrome	\$150 - \$200	Formulary management	Plavix®
Promacta® (eltrombopag)	Estimated approval 4th Quarter 2008	Chronic idiopathic thrombocytopenic purpura	\$750 - \$1500	Formulary management, Prior authorization	Corticosteroids
Saphris™ (asenapine)	Estimated approval 2nd Quarter 2009	Schizophrenia, Bipolar I disorder	\$240 - \$300	Formulary management	Risperidone, Seroquel®, Zyprexa®
(silodosin)	October 2008	Benign prostatic hyperplasia	\$60 - \$120	Formulary management	Cardura® Flomax® Hytrin® Proscar®
(ustekinumab)	Estimated approval 2 nd quarter 2009	Psoriasis	\$1800 - \$2100	Formulary management, Prior authorization	Enbrel®, Humira®, methotrexate, Soriatane®

Significant Patent Expirations*

Brand Name (Generic Name)	Launch Date/Expected Launch Date	Indication	Potential Issues
Sonata [®] (zaleplon)	1 st Quarter 2009	insomnia	
Clarinet [®] (desloratadine)	2nd Quarter 2009	Antihistamine	Patent expires in April 2009. May go over-the-counter.
Clarinet-D [®] (desloratadine / pseudoephedrine)	2nd Quarter 2009	Antihistamine/decon- gestant	Patent expires in April 2009. May go over-the-counter.
Ambien CR [®] (zolpidem controller release)	3rd Quarter 2009	Insomnia	Generic launch is expected in September.
Paxil CR [®] (paroxetine CR)	4 th quarter 2008	depression	

*Estimated dates are subject to change due to patent litigation, additional patents, and exclusivities.

Rx to Over-the-Counter Switches (OTC)

Brand Name (Generic Name)	Launch Date/ Expected Launch Date	Indication	Additional information/Potential Issues
Clarinet [®] (desloratadine)	2nd Quarter 2009	antihistamine	Planning OTC launch prior to the Rx patent expiration in April 2009.
Clarinet-D [®] (desloratadine / pseudoephedrine)	2nd Quarter 2009	antihistamine/ decongestant	Planning OTC launch prior to the Rx patent expiration in April 2009.

Medical Injectable Drug Program

Effective October 6, 2008, the following medications have been added to the Medical Injectable Drug Program through which providers order certain injectable drugs for office administration:

- Cimzia[®] (certolizumab pegol)
- Euflexxa[™] (hyaluronate sodium injection)
- H.P. Acthar[®] (repository corticotrophin)
- Lupron Depot - Ped[®] 7.5 mg, 11.25, & 15mg (leuprolide acetate for depot suspension)
- Omnitrope[®] (somatropin for injection)
- Supprelin[®] LA (histrelin acetate)

Retail Exclusivity Program

The following medications have been added to the Retail Exclusivity Program for self-administered injectable or oral biotechnology specialty medications.

Brand Name (Generic Name)	Effective Date
Aranesp [®] (darbepoetin alfa)	November 3, 2008
Cimzia [®] (certolizumab)	October 6, 2008
Epogen [®] (epoetin alfa)	November 3, 2008
H.P. Acthar [®] (repository corticotrophin)	October 6, 2008
Hycamtin [®] (topotecan HCl)	October 6, 2008
Letairis [™] (ambrisentan)	October 6, 2008
Leukine [®] (sargramostim)	November 3, 2008
Neulasta [®] (pegfilgrastim)	November 3, 2008
Neumega [®] (oprelvekin)	November 3, 2008
Neupogen [®] (filgrastin)	November 3, 2008
Omnitrope [®] (somatropin for injection)	October 6, 2008
Procrit [®] (epoetin alfa)	November 3, 2008
Tasigna [®] (nilotinib)	October 6, 2008

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Contact your client manager with any comments, suggestions and/or questions.