



Health Plan
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Dear Healthcare Practitioner:

Presbyterian Health Plan and Presbyterian Insurance Company's Pharmacy and Therapeutics Committee (P&T Committee) met on May 16, 2007 to discuss changes to the formulary. We are dedicated to supporting our network of practitioners and would like to share with you the decisions made at that meeting that affect our formularies and pharmacy benefits. **All changes are effective July 2, 2007.** Please note that online versions of all Presbyterian formularies are available on our web site at www.phs.org/pharmacy/index.htm as well as on www.nm-formulary.com. All formularies may also be easily downloaded onto your handheld Palm device through the **ePocrates Rx** software.

Fexofenadine: There is now an AB rated generic for Allegra for the treatment of allergic rhinitis. Therefore, fexofenadine a low sedating antihistamine has been added to all Presbyterian formularies in addition to loratadine and will be covered in Tier 1 (preferred generic) on the Commercial 4-Tier and Medicare formularies. *Note: Fexofenadine is not on the Presbyterian Employee Formulary.

Amlodipine: There is now an AB rated generic for Norvasc for the treatment of hypertension. Therefore, amlodipine a dihydropyridine calcium channel blocker has been added to all Presbyterian formularies and will be covered in Tier 1 (preferred generic) on the Commercial 4-Tier and Medicare formularies.

Zolpidem: There is now an AB rated generic for Ambien for the treatment of insomnia. Therefore, zolpidem, an imidazopyridine hypnotic, has been added to all Presbyterian formularies and will be covered in Tier 1 (preferred generic) on the Commercial 4-Tier and Medicare formularies. *Note: The quantity limit remains as one tablet daily.

Over-The-Counter (OTC) Miralax: Miralax, an osmotic laxative, is now available over the counter (OTC) without a prescription. Therefore, only the OTC version of Miralax will be covered without a PA requirement on the Salud, State Coverage Insurance (SCI) and NMRx formularies. OTC Miralax and the RX versions will not be covered on any tier on the Commercial and Medicare formularies.

Please review the following tables for the changes that apply to all Presbyterian formularies.

P&T COMMITTEE DECISIONS
ADDITIONS/CHANGES TO PRESBYTERIAN FORMULARIES/PDLs

Drug	Commercial 4 – Tier	Medicare	Commercial 2 – Tier	Salud/SCI/NMRX
Amitiza (lubiprostone) Laxative, stool softener	Not covered	Not covered	Not covered	Not covered
Janumet (sitagliptin/metformin) Diabetes mellitus, Type 2	Not covered	Not covered	Not covered	Not covered
Veramyst (fluticasone) Intranasal corticosteroid for allergic rhinitis	Not covered	Not covered	Not covered	Not covered
Fexofenadine (generic Allegra) Antihistamine Note: Non-formulary for Presbyterian Employees	1 st Tier	1 st Tier	1 st Tier	Formulary
Amlodipine (generic Norvasc) Calcium channel blocker	1 st Tier	1 st Tier	1 st Tier	Formulary
Zolpidem (generic Ambien) Insomnia, Nonbarbiturate Hypnotic Note: Quantity limits.	1 st Tier	1 st Tier	1 st Tier	Formulary
OTC Miralax (Over the counter) Laxative, Hyperosmotic	Not covered	Not covered	Not covered	Formulary

Overview of Medicaid Pharmacy Benefits/Formularies Changes
Scheduled to go into effect July 2, 2007

In addition to the formulary changes mentioned above, the Pharmacy and Therapeutics Committee approved the following Medicaid Program pharmacy benefits changes that apply *only to the Salud, SCI and NMRx formularies at this time.*

All changes will be subject to new starts initially. Patients and members already on a medication, that will no longer be covered, will be grandfathered if they have filled a prescription within the past 180 days. **Patients on Nasonex will not be grandfathered.** Nasonex patients will be subject to the formulary change immediately. Voluntary therapeutic exchange programs will be offered to providers and members after the proposed changes are implemented on July 2, 2007. Listed below is a summary of the Medicaid pharmacy changes for the Salud, SCI and NMRx formularies:

Fluticasone nasal spray: There is now an AB rated generic to Flonase. It will be the preferred inhaled nasal corticosteroid. Nasonex will no longer be covered for adults and children over 4 years of age. Nasonex will continue to be covered for children between the ages of 2 and 4.

Note: Nasonex will not be grandfathered for patients over 4 years of age.

Generic Statins first requirement: Generic statins (simvastatin, pravastatin and lovastatin) will be required as first line agents before a Branded formulary statin (Lipitor, Vytorin) will be covered.

Generic SSRI's first requirement: Generic antidepressants (fluoxetine, paroxetine, citalopram, sertraline, venlafaxine, and bupropion) will be required as first line agents prior to branded antidepressants Effexor XR and Lexapro. Effexor and Lexapro will be approved after adequate trial and failure of two generic SSRI's and one generic non-SSRI class antidepressant.

Advair step therapy requirement. A three-month prior use of an oral inhaled corticosteroid (Flovent, Qvar, Pulmicort), or a three-month prior use of Spiriva or Atrovent step therapy requirement will be implemented for Advair. If the step-therapy requirement is not met, a PA will be required for Advair and the following criteria must be met for approval:

- Pharmacy claims history of at least 3 months prior use of an oral inhaled corticosteroid (Flovent, Qvar, Pulmicort) or Spiriva or Atrovent.
- Documented moderate to severe asthma.
- Documented Stage III or Stage IV COPD.

PA requirement Singulair: Singulair will be covered for its asthma indication. Singulair will not be covered for allergic or seasonal rhinitis. Fexofenadine has been added to the formulary in addition to OTC loratadine for treatment of allergic or seasonal rhinitis.

Celebrex/Cox II step therapy change. The P&T Committee changed the step-therapy approval criteria for Celebrex/Cox II to include failure of all three of the following requirements:

- Failure of generic nabumetone (Relafen)
AND
- Failure of generic meloxicam (Mobic)
AND
- Failure of at least one other generic NSAID

The changes to the formularies, as outlined above, are based on requests from our practitioners and the recommendations of the P&T Committee. We value your input. If you have any concerns, please contact Larry Georgopoulos, R.Ph, via e-mail at lgeorgop@phs.org or by phone at (505) 923-5530. As always, thank you for partnering with us to improve the health of individuals, families and communities.

In addition to the formulary changes, we would like to remind you that our phone numbers have changed. The new numbers are (505) 923-5757 (in the Albuquerque area) or 1-888-923-5757 (outside the Albuquerque area). Press option 3 for Pharmacy. Pres Online is also available for you to verify eligibility and submit prior authorizations. Please visit the Provider page of www.phs.org for more information.

Sincerely,



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