UnitedHealthcare and PacifiCare Commercial

ASMANEX® and FORADIL® Now Tier 1 (lowest co-pay amount) at PacifiCare Effective January 1, 2008

Formulary Status at UnitedHealthcare and PacifiCare

ASMANEX ®	Tier 1
FORADIL®	Tier 1
Pulmicort Turbuhaler®	Tier 1
QVAR®	Tier 1
Advair Diskus®	Tier 3
Azmacort®	Tier 3
Flovent®	Tier 3
Serevent® Diskus®	Tier 3





Please see accompanying full Prescribing Information.

Please see indication and important safety information on the back.

Tier 1 is the lowest co-payment option. For the lowest out-of-pocket expense, you should prescribe Tier 1 medications for appropriate patients. (adapted from http://www.pdlinfo.com)

Pulmicort Turbuhaler® is a registered trademark of AstraZeneca LP.

QVAR® is a registered trademark of Teva Specialty Pharmaceuticals LLC.

Advair Diskus®, Flovent® and Serevent® Diskus® are registered trademarks of GlaxoSmithKline.

Azmacort® is a registered trademark of Kos Pharmaceuticals, Inc.

Please see accompanying full Prescribing Information. This information is subject to change.



FST5900

For patients 12 years and older whose asthma can be managed with ICS plus occasional use of rescue medication,

ASMANEXBefore Combination*

Consider all the reasons to choose ASMANEX®:

- 8 out of 10 persistent asthma patients have moderate or mild disease¹
 - According to a survey of 333 physicians who treat asthma patients 12 years and older
- ICSs are the preferred foundation therapy for moderate and mild persistent asthma²
- In a study of mostly moderate asthma patients previously maintained on BID ICS therapy, ASMANEX® demonstrated superior FEV, improvement vs Pulmicort^{†3}
- The only ICS approved for once-daily dosing[†] at initiation and maintenance treatment of asthma⁴
 - For patients previously treated with bronchodilators alone or ICSs
- Excellent managed care access⁵



Indications

ASMANEX®TWISTHALER® is for the maintenance treatment of asthma as prophylactic therapy in patients 12 years of age and older.

ASMANEX®TWISTHALER® is also indicated for asthma patients who require oral corticosteroid therapy, where adding ASMANEX®TWISTHALER® therapy may reduce or eliminate the need for oral corticosteroids. ASMANEX®TWISTHALER® is NOT indicated for the relief of acute bronchospasm.

Important safety information

ASMANEX®TWISTHALER® is contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required.

The most common adverse events with ASMANEX®TWISTHALER® (vs placebo) reported in clinical trials involving patients previously maintained on inhaled corticosteroids and/or bronchodilators were: headache, 17% to 22% (vs 20%); allergic rhinitis, 11% to 15% (vs 13%); pharyngitis, 8% to 13% (vs 7%); and upper respiratory infection, 8% to 15% (vs 7%). The most common adverse events versus placebo for patients previously maintained on oral corticosteroids were (ASMANEX® vs placebo): musculoskeletal pain (22% vs 14%), oral candidiasis (22% vs 9%), allergic rhinitis (20% vs 5%), arthralgia (13% vs 7%), fatigue (13% vs 2%), depression (11% vs 0%), and sinus concestion (9% vs 0%).

CAUTION: Adrenal insufficiency may occur when transferring patients from systemic steroids (see WARNINGS in full Prescribing Information).

Please see accompanying full Prescribing Information.

*Combination of ICS + LABA therapy.

[†]An 8-week, multicenter, placebo-controlled, double-blind, double-dummy study of 262 patients with mostly moderate persistent asthma. Previous ICS therapies were discontinued at baseline; patients were then randomized to AM treatment with ASMANEX®, Pulmicort®, or placebo.³

[‡]The 440 mcg daily dose may be administered as 2 inhalations once daily or 1 inhalation twice daily. Patients previously treated with oral corticosteroids will require BID dosing.

References: 1. NOP World Health. The Treatment of Asthma Study XXII. Analytical Report August 2004. 2. Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma: Update on Selected Topics 2002. Bethesda, Mdi: National Heart, Lung, and Blood Institute, National Institutes of Health, US Dept. of Health and Human Services; June 2003. NIH publication 02-5074. 3. Corren J, Berkowitz R, Murray JJ, Prenner B. Comparison of once-daily mometasone furoate versus once-daily budesonide in patients with moderate persistent asthma. Int J Clin Pract. 2003;57:567-572. 4. ASMANEX® Prescribing Information. Schering Corporation. 5. Data on file. Schering Corporation.







FORADIL® AEROLIZER® (formoterol fumarate inhalation powder) 12 mcg is indicated for long-term, twice-daily (morning and evening) administration in the maintenance treatment of asthma and in the prevention of bronchospasm in adults and children 5 years of age and older with reversible obstructive airways disease, including patients with symptoms of nocturnal asthma.

Long-acting β_2 -adrenergic agonists may increase the risk of asthma-related death (see WARNINGS section of Prescribing Information). Therefore, when treating patients with asthma, FORADIL® AEROLIZER® should only be used as additional therapy for patients not adequately controlled on other asthma-controller medications (eg, low- to medium-dose inhaled corticosteroids) or whose disease severity clearly warrants initiation of treatment with two maintenance therapies, including FORADIL® AEROLIZER®. It is not indicated for patients whose asthma can be managed by occasional use of inhaled, short-acting β_2 -agonists or for patients whose asthma can be successfully managed by inhaled corticosteroids or other controller medications along with occasional use of inhaled, short-acting β_2 -agonists.

FORADIL® AEROLIZER® is also indicated for the acute prevention of exercise-induced bronchospasm (EIB) in adults and children 5 years of age and older, when administered on an occasional, as-needed basis. FORADIL® capsules should be administered only by the oral inhalation route using only the AEROLIZER® inhaler. The recommended total daily dose of FORADIL® AEROLIZER® should not exceed 24 mcg (1 capsule twice daily).

Important Safety Information

WARNING: Long-acting β_2 -adrenergic agonists may increase the risk of asthma-related death. Therefore, when treating patients with asthma, FORADIL® AEROLIZER® should only be used as additional therapy for patients not adequately controlled on other asthma-controller medications (eg, low- to medium-dose inhaled corticosteroids) or whose disease severity clearly warrants initiation of treatment with two maintenance therapies, including FORADIL® AEROLIZER®. Data from a large placebo-controlled US study that compared the safety of another long-acting β_2 - adrenergic agonist (salmeterol) or placebo added to usual asthma therapy showed an increase in asthma-related deaths in patients receiving salmeterol. This finding with salmeterol may apply to formoterol (a long-acting β_2 -adrenergic agonist), the active ingredient in FORADIL® AEROLIZER® (see WARNINGS section of Prescribing Information).

In asthma clinical trials, the most common adverse events for FORADIL® AEROLIZER® and placebo groups were viral infection, bronchitis, and chest infection. Other adverse events greater than or equal to 1% for FORADIL® AEROLIZER® and placebo, respectively, included dyspnea (2.1% vs 1.7%), chest pain (1.9% vs 1.3%), tremor (1.9% vs 0.4%), dizziness (1.6% vs 1.5%), insomnia (1.5% vs 0.8%), tonsillitis (1.2% vs 0.7%), rash (1.1% vs 0.7%), and dysphonia (1.0% vs 0.9%).

Adverse reactions with FORADIL® AEROLIZER® are similar to other selective β_2 -agonists; eg, angina, hypertension or hypotension, tachycardia, arrhythmias, nervousness, headache, tremor, dry mouth, palpitation, muscle cramps, nausea, dizziness, fatigue, malaise, hypokalemia, hyperglycemia, metabolic acidosis and insomnia. FORADIL® AEROLIZER® should not be used to treat acute symptoms or used more than twice daily. Acute symptoms should be treated with inhaled, short-acting selective β_2 -agonists. FORADIL® AEROLIZER® should be used with caution in patients with cardiovascular disorders. FORADIL® AEROLIZER® is not a substitute for inhaled or oral corticosteroids and, in the treatment of asthma, they should not be stopped or reduced at the time FORADIL® AEROLIZER® is initiated.

ASMANEX® TWISTHALER® 220 mcg (mometasone furoate inhalation powder) is indicated for the maintenance treatment of asthma as prophylactic therapy in patients 12 years of age and older. ASMANEX® TWISTHALER® is also indicated for asthma patients who require oral corticosteroid therapy, where adding ASMANEX® TWISTHALER® therapy may reduce or eliminate the need for oral corticosteroids.

ASMANEX® TWISTHALER® is NOT indicated for the relief of acute bronchospasm.

Important Safety Information

ASMANEX® TWISTHALER® is contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required.

The most common adverse events with ASMANEX® TWISTHALER® (vs placebo) reported in clinical trials involving patients previously maintained on inhaled corticosteroids and/or bronchodilators were: headache, 17% to 22% (vs 20%); allergic rhinitis, 11% to 15% (vs 13%); pharyngitis, 8% to 13% (vs 7%); and upper respiratory infection, 8% to 15% (vs 7%).

The most common adverse events versus placebo for patients previously maintained on oral corticosteroids were (ASMANEX® vs placebo): musculoskeletal pain (22% vs 14%), oral candidiasis (22% vs 9%), allergic rhinitis (20% vs 5%), arthralgia (13% vs 7%), fatigue (13% vs 2%), depression (11% vs 0%), and sinus congestion (9% vs 0%).

CAUTION: Adrenal insufficiency may occur when transferring patients from systemic steroids (see WARNINGS in full Prescribing Information).

Please see accompanying full Prescribing Information for FORADIL® AEROLIZER® and ASMANEX® TWISTHALER®.