

## WHAT'S INSIDE

- New Prime Provider Manual . . . 2
- MAC List Updates . . . . . 2
- DUR Program Change . . . . . 2
- Regional News
  - Illinois . . . . . 3
  - Kansas . . . . . 3
  - Nebraska . . . . . 3
  - North Dakota . . . . . 4
  - Oklahoma . . . . . 4
- Eligibility Verification . . . . . 4
- MTMP Opportunity . . . . . 5
- Formulary Updates
  - PrimeNational . . . . . 6
  - Illinois . . . . . 6
  - Kansas . . . . . 7
  - Minnesota . . . . . 7
  - Nebraska . . . . . 8
  - New Mexico . . . . . 8
  - North Dakota . . . . . 9
  - Texas . . . . . 10
  - Wyoming . . . . . 10

## CONTACT CENTER HOLIDAY HOURS

November 24 – 25 and  
December 26, 2005  
7:00 a.m. to 6:00 p.m.

ON-CALL ASSISTANCE IS AVAILABLE  
24 HOURS A DAY, 7 DAYS A WEEK.

800.821.4795



## PAPER CLAIM PROCESSING REMINDER

Prime's Pharmacy Participation Agreement states that pharmacies are to adjudicate claims on-line, and within 90 days of fill. We allow for submission of paper claims between 91 and 180 days. The Prime Pharmacy Provider Manual states that claims not filed in a timely manner — more than 180 days from submission date — will be denied with reject code 81 "claim too old".

## FROM THE AUDITORS DESK ...

To help educate pharmacies about the correct quantity to submit, we asked our auditors to provide a list of common errors. Here is a short list of specific drugs and the errors commonly seen:

- **Rebif Injection** — One package contains twelve 0.5 mL syringes for a total of 6 mL. This drug should be billed as a quantity of 6 for a 30-day supply.
- **Pegasys Kit Injection** — The Pegasys Kit includes 4 syringes per kit. The quantity for this amount

should be billed as 1 (1 kit). Pharmacies often mistakenly enter a quantity of 4.

- **Ortho Evra Transdermal Patches** — One patch is applied weekly for 3 weeks, then 1 week off. An 84-day supply should be billed as a quantity of 9.
- **Byetta Injection** — This drug is currently marketed in 1.2 mL or 2.4 mL cartridges. The quantity entered to process a claim should be a multiple of either 1.2 or 2.4.
- **Zmax Suspension** — The correct quantity for a 60 mL bottle is 1. Pharmacies have been incorrectly using a quantity of 60 for one 60 mL bottle.

For additional assistance processing claims, please call the Prime Contact Center at 800.821.4795.



## NOW AVAILABLE: PRIME'S NEW PHARMACY PROVIDER MANUAL

The updated Prime Pharmacy Provider Manual was mailed with the September issue of *Prime Perspective*. It includes information on the following topics:

- General covered benefits and exclusions
- Formulary
- NCPDP reject codes
- Tips for processing claims
- Prime Audit Program
- Prior-authorization



To receive a copy of the Prime Pharmacy Provider Manual, contact Prime Pharmacy Network Management at 800.858.0723.

*New!*

## DUR PROGRAM CHANGE REMINDER

Prime is enhancing its concurrent drug utilization review (DUR) program by adding a dose-limiting threshold to the dose-check edit. This enhancement will be phased-in throughout 2005.

Dosage that exceeds the maximum daily dose for a drug will continue to be paid and receive the standard high-dose alert message. Daily dosages that exceed 250 percent of the maximum daily dose will now reject with code 88 (DUR). The standard high-dose alert will be returned with the rejected claim and include a supplemental message stating “verify quantity/days supply.”

The rejected claim — with a “reason for service” code of HD (high-dose alert) — may be resubmitted after review and correction of the submitted quantity and/or days supply when appropriate. If, in the professional judgment of the pharmacist, the original quantity and days supply submitted are correct, the rejected claim may be resubmitted with PA code (00000000003) to override this DUR edit.

Note that these claims will reject for reason code 88 (DUR). The local message may contain other information such as “non-formulary” that may not be related to the reject reason. Your software vendor determines the format for receiving DUR messages. Please check with your vendor for help identifying DUR messages.

*Retro DUR Change*

## MAC LIST UPDATES

### Prime Therapeutics MAC List Updates May 1 to August 1, 2005

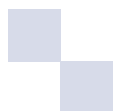
■ **ADDED TO MAC LIST**  
itraconazole caps (Sporanox)

MAC

■ **DELETED FROM MAC LIST**  
aluminum chloride soln, 20% (Drysol)  
erythromycin pads, 2% (T-Stat)  
indomethacin extended-release caps, 75 mg (Indocin SR)  
lithium carbonate caps, 300 mg (Eskalith)  
lithium carbonate extended-release tabs, 300 mg (Lithobid)  
norgestrel/ethinyl estradiol tabs (Ogestrel)  
tretinoin cream, 0.05% (Retin-A)

*Prime Perspective* provides you with formulary updates, new group announcements and benefit information each quarter.

We value your participation in our network and hope you find *Prime Perspective* a useful source of information. If you have questions or comments, please contact the newsletter editor, Julie Damman, by email at [jdaman@primetherapeutics.com](mailto:jdaman@primetherapeutics.com) or call 651.286.4203 or 800.858.0723.



## ILLINOIS NEWS

### BLUE CROSS AND BLUE SHIELD OF ILLINOIS LAUNCHES PRIME SELECT NETWORK ON OCTOBER 1, 2005

On October 1, 2005, Blue Cross and Blue Shield of Illinois will begin using the Prime Select Network for pharmacies within the state of Illinois.

Pharmacies that are interested in participating in the Prime Select Network may call the Prime Contact Center at 800.821.4795 to request a Pharmacy Participation Agreement. No changes are required to process claims.

## KANSAS NEWS

### BLUE CROSS AND BLUE SHIELD OF KANSAS LAUNCHES PRIME SELECT NETWORK ON OCTOBER 1, 2005

On October 1, 2005, Blue Cross and Blue Shield of Kansas will begin using the Prime Select Network for all groups as a wrap around network outside the state of Kansas.

Pharmacies that are interested in participating in the Prime Select Network may call the Prime Contact Center at 800.821.4795 to request a Pharmacy Participation Agreement. No changes are required to process claims.

## NEBRASKA NEWS

### PRE-AUTHORIZATION CHANGES MADE FOR NEBRASKA GROUPS

As reported in the June 2005 issue of *Prime Perspective*, effective September 1, 2005, the Educators Health Alliance (EHA) group, which administers health care benefits for teachers and administrators in Nebraska, will implement the following changes to its drug benefit design:

- The COX-2 Inhibitor Pre-authorization (PA) program will now include the drug Mobic
- A Leukotriene Modifier PA program will be added
- A Proton Pump Inhibitor PA program will be added

Prior to implementation, a review of pharmacy and medical claims data will be used to identify those who meet clinically based criteria for all programs. Members who meet the criteria will automatically receive coverage of the appropriate drug at the pharmacy. Members who do not meet the criteria will have their claim rejected at point-of-service with a reject code 75 (prior authorization required) and/or 76 (plan limitations exceeded). In either case, Prime will send back the following message: STEP NOT MET PA REQ'D. The pharmacist and/or member should then contact the prescribing physician to determine if the physician wishes to submit a pre-authorization request.

Criteria and pre-authorization forms can be found at [www.bcbsneprovider.com](http://www.bcbsneprovider.com) under Pharmacy Resources. Pre-authorization forms can also be obtained via fax by calling the Prime Contact Center at 800.821.4795.

**If the pre-authorization criteria are met, the prescribed drug will still require the appropriate copay based on the formulary status.**

Drug Name	Formulary Status
Accolate	Non-formulary
Singulair	Formulary
Celebrex, Mobic	Non-formulary
Nexium, Prevacid, Prilosec	Non-formulary

Members and physicians will receive notification of and information relating to the PA programs. Pharmacists with questions on system rejects resulting from pre-authorization edits should call the Prime Contact Center.

800.821.4795



## NORTH DAKOTA NEWS

### BLUE CROSS BLUE SHIELD OF NORTH DAKOTA MOVES TO PRIME NATIONAL NETWORK

On December 1, 2005, Blue Cross Blue Shield of North Dakota (BCBSND) will begin using the Prime National Network for pharmacies located within the state of North Dakota. Participation in the Prime National Network enables pharmacies to continue to adjudicate claims for members of BCBSND beginning December 1, 2005.

Pharmacies that are interested in participating in the Prime National Network may call the Prime Contact Center at 800.821.4795 to request a Pharmacy Participation Agreement. No changes are required to process claims.

*North Dakota*

## OKLAHOMA NEWS

### BLUE CROSS AND BLUE SHIELD OF OKLAHOMA LAUNCHES PRIME SELECT NETWORK ON NOVEMBER 1, 2005

On November 1, 2005, Blue Cross and Blue Shield of Oklahoma will begin using the Prime Select Network for pharmacies outside the state of Oklahoma.

Pharmacies that are interested in participating in the Prime Select Network may call the Prime Contact Center at 800.821.4795 to request a Pharmacy Participation Agreement. No changes are required to process claims.

*Oklahoma*

### PRIME TO IMPLEMENT AUTOMATION FOR ELIGIBILITY VERIFICATION

In early October 2005, Prime will begin using a touch-tone voice response system that will allow pharmacies to verify member eligibility for a number of Prime's Blue Cross and Blue Shield clients. After a pharmacy has entered a member ID number on a telephone keypad, the system will check eligibility and provide information to the pharmacy, including member date of birth, gender and coverage dates.

If a pharmacy needs assistance from a Pharmacy Service Agent, press 0 at any time to be transferred to an agent.

*Touch-tone  
voice response  
system*

### PRIME PERSPECTIVE AVAILABLE ON-LINE

If you would you like to receive an electronic copy of *Prime Perspective* via email, please contact [jdaman@primetherapeutics.com](mailto:jdaman@primetherapeutics.com) and ask to be added to our quarterly distribution list.

*Available on-line*

## MEDICATION THERAPY MANAGEMENT OPPORTUNITY IS COMING!

# MTMP

Prime is working diligently to prepare for Medicare Part D. In order to provide the highest level of service to the Medicare beneficiaries, Prime will offer its Medication Therapy Management Program (MTMP) to all qualifying Medicare Part D members, with the goal of optimizing therapeutic outcomes for those members enrolled in the program.

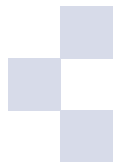
One component of the MTMP will utilize the expertise of our network pharmacy providers to reduce the risk of potential adverse experiences and at the same time enhance member understanding through educational counseling. In exchange for this enhanced service to our Medicare Part D members, **pharmacies will be compensated for each qualified pharmacist intervention.** The level of compensation will depend on the extent of intervention required to resolve the issue.

Watch for further information by early 2006, including an MTMP exhibit to the Prime Therapeutics Pharmacy Participation Agreement for those pharmacies that are participating providers in the Prime Standard Network for Medicare. The update will provide specific details about how you can participate in the program to help improve the pharmaceutical services for our members and your patients.

*In exchange for this enhanced service  
to our Medicare Part D members,  
pharmacies will be compensated  
for each qualified pharmacist intervention.*

***Please forward this important news to your staff and pharmacists.***

# Thank You



KEY: BLUE TYPE = FORMULARY AGENTS RED TYPE = NON-FORMULARY AGENTS

## PrimeNational<sup>SM</sup> Formulary Additions

### ■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are non-formulary and listed for reference only

ceftriaxone for inj, 250 mg, 500 mg, 1 g, 2 g (ROCEPHIN)  
 desmopressin acetate tabs (DDAVP)  
 mometasone lotn (ELOCON)  
 PEG 3350/KCl/Na Bicarb/NaCl for soln, 420 g – Trilyte (NULYTELY)

### ■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir caps)  
 ARICEPT ODT (donepezil orally disintegrating tabs)  
 ATROVENT HFA (ipratropium bromide inhaler)  
 ENTOCORT EC (budesonide extended-release caps)  
 LITHOBID (lithium carbonate extended-release tabs)  
 UNIPHYL (theophylline extended-release tabs)

## PrimeNational<sup>SM</sup> Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

Generics remain

COLYTE (PEG 3350/KCl/Na Bicarb/NaCl/Na Sulfate for soln, 240 g)  
 DDAVP (desmopressin acetate tabs)  
 ELOCON (mometasone lotn)  
 OXYCONTIN (oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg)  
 ROCEPHIN (ceftriaxone for inj, 250 mg, 500 mg, 1 g, 2 g)  
 SANDOSTATIN (octreotide acetate inj)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY

pentamidine for inj (PENTAM)  
 sulfisoxazole acetyl susp (GANTRISIN PEDIATRIC)

### ■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics are not available

MITHRACIN (plicamycin for inj)  
 PANCRELIPASE (amylase/lipase/protease tabs, 60,000-16,000-60,000)  
 PROCHLORPERAZINE rectal supp, 2.5 mg, 5 mg  
 REBETRON (ribavirin caps & interferon alfa-2b inj)

## Blue Cross and Blue Shield of Illinois Drug Formulary Additions

### ■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir caps)  
 ARICEPT ODT (donepezil orally disintegrating tabs)  
 ATROVENT HFA (ipratropium bromide inhaler)  
 CANASA (mesalamine supp)  
 EMEND (aprepitant caps)  
 KETEK (telithromycin tabs)  
 MALARONE (atovaquone/proguanil tabs)  
 PHOSLO (calcium acetate caps)  
 TOBI (tobramycin soln for inhalation)  
 VAGIFEM (estradiol vaginal tabs)  
 VALCYTE (valganciclovir tabs)  
 ZANTAC (ranitidine syrup)  
 ZITHROMAX (azithromycin for susp, 1 g)

## Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

### ■ BRAND PRODUCT REMOVED

Generic remains

VANTIN (cefpodoxime tabs)

### ■ BRAND PRODUCTS REMOVED

Generics are not available

CEFTIN (cefuroxime axetil susp)  
 FANSIDAR (sulfadoxine/pyramethamine tabs)  
 NYSTATIN vaginal tabs  
 TERAZOL 3 (terconazole vaginal supp)  
 VANTIN (cefpodoxime susp)

### ■ DISCONTINUED BRAND PRODUCT

The following discontinued brand product has been removed from formulary; generic is not available

SUPRAX by Wyeth (cefixime susp, tabs)

KEY: BLUE TYPE = FORMULARY AGENTS RED TYPE = NON-FORMULARY AGENTS

## Blue Cross Blue Shield of Kansas National Formulary Changes

Blue Cross and Blue Shield of Kansas uses the PrimeNational Formulary. Please refer to PrimeNational Additions and Deletions for updates

## Blue Cross and Blue Shield of Kansas Select Formulary Additions

### ■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are non-formulary and listed for reference only

desmopressin acetate tabs (DDAVP)  
PEG 3350/KCl/Na Bicarb/NaCl for soln, 420 g – Trilyte (NULYTELY)

### ■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir caps)  
ARICEPT ODT (donepezil orally disintegrating tabs)  
ATROVENT HFA (ipratropium bromide inhaler)  
EMEND (aprepitant caps)  
ENTOCORT EC (budesonide extended-release caps)  
LITHOBID (lithium carbonate extended-release tabs)  
PEGASYS (peginterferon alfa-2a inj)  
UNIPHYL (theophylline extended-release tabs)  
VAGIFEM (estradiol vaginal tabs)

## Blue Cross and Blue Shield of Kansas Select Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

COLYTE (PEG 3350/KCl/Na Bicarb/NaCl/Na Sulfate for soln, 240 gm)  
DDAVP (desmopressin acetate tabs)  
OXYCONTIN (oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg)  
SANDOSTATIN (octreotide acetate inj)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY

pentamidine for inj (PENTAM)

### ■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics are not available

MITHRACIN (plicamycin for inj)  
PANCRELIPASE (amylase/lipase/protease tabs, 60,000-16,000-60,000)  
PROCHLORPERAZINE rectal supp, 2.5 mg, 5 mg  
REBETRON (ribavirin caps & interferon alfa-2b inj)

## Blue Cross and Blue Shield of Minnesota Formulary Additions

### ■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are non-formulary and listed for reference only

ceftriaxone for inj, 250 mg, 500 mg, 1 g, 2 g (ROCEPHIN)  
desmopressin acetate tabs (DDAVP)  
mometasone lotn (ELOCON)  
octreotide acetate inj, 0.05 mg/mL, 0.1 mg/mL, 0.5 mg/mL (SANDOSTATIN)  
PEG 3350/KCl/Na Bicarb/NaCl for soln, 420 g – Trilyte (NULYTELY)

### ■ BRAND PRODUCTS ADDED

ALDURAZYME (laronidase inj)  
APTIVUS (tipranavir caps)  
ATROVENT HFA (ipratropium bromide inhaler)  
CLINDESSE (clindamycin vaginal crm, single dose)  
ENTOCORT EC (budesonide extended-release caps)  
GEODON (ziprasidone caps)  
LITHOBID (lithium carbonate extended-release tabs)  
NAMENDA (memantine oral soln)  
SYNAGIS (palivizumab inj)  
UNIPHYL (theophylline extended-release tabs)  
ZMAX (azithromycin extended-release microspheres for susp, single dose)

## Blue Cross and Blue Shield of Minnesota Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

COLYTE (PEG 3350/KCl/Na Bicarb/NaCl/Na Sulfate for soln, 240 g)  
DDAVP (desmopressin acetate tabs)  
ELOCON (mometasone lotn)  
OXYCONTIN (oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg)  
ROCEPHIN (ceftriaxone for inj, 250 mg, 500 mg, 1 g, 2 g)  
SANDOSTATIN (octreotide acetate inj)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY

pentamidine for inj (PENTAM)  
sulfisoxazole acetyl susp (GANTRISIN PEDIATRIC)  
olanzapine tabs (ZYPREXA)  
olanzapine orally disintegrating tabs (ZYPREXA ZYDIS)

### ■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics are not available

MITHRACIN (plicamycin for inj)  
PROCHLORPERAZINE rectal supp, 2.5 mg, 5 mg  
REBETRON (ribavirin caps & interferon alfa-2b inj)

Continued

KEY: BLUE TYPE = FORMULARY AGENTS RED TYPE = NON-FORMULARY AGENTS

## Blue Cross and Blue Shield of Nebraska Formulary Additions

### ■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are non-formulary and listed for reference only

desmopressin acetate tabs (DDAVP)

PEG 3350/KCl/Na Bicarb/NaCl for soln, 420 gm – Trilyte (NULYTELY)

### ■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir caps)

ARICEPT ODT (donepezil orally disintegrating tabs)

ATROVENT HFA (ipratropium bromide inhaler)

EMEND (aprepitant caps)

ENTOCORT EC (budesonide extended-release caps)

LITHOBID (lithium carbonate extended-release tabs)

PEGASYS (peginterferon alfa-2a inj)

UNIPHYL (theophylline extended-release tabs)

VAGIFEM (estradiol vaginal tabs)

ZMAX (azithromycin extended-release microspheres for susp, single dose)

## Blue Cross and Blue Shield of Nebraska Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

COLYTE (PEG 3350/KCl/Na Bicarb/NaCl/Na Sulfate for soln, 240 gm)

DDAVP (desmopressin acetate tabs)

OXYCONTIN (oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg)

SANDOSTATIN (octreotide acetate inj)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY

pentamidine for inj (PENTAM)

### ■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics are not available

MITHRACIN (plicamycin for inj)

PANCRELIPASE (amylase/lipase/protease tabs, 60,000-16,000-60,000)

PROCHLORPERAZINE rectal supp, 2.5 mg, 5 mg

REBETRON (ribavirin caps & interferon alfa-2b inj)

## Blue Cross and Blue Shield of New Mexico Pharmacy Benefit Drug List Additions

### ■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir caps)

ARICEPT ODT (donepezil orally disintegrating tabs)

ATROVENT HFA (ipratropium bromide inhaler)

EMEND (aprepitant caps)

ENTOCORT EC (budesonide extended-release caps)

KETEK (telithromycin tabs)

PHOSLO (calcium acetate caps)

VALCYTE (valganciclovir tabs)

ZYVOX (linezolid for susp, tabs)

## Blue Cross and Blue Shield of New Mexico Pharmacy Benefit Drug List Deletions

### ■ BRAND PRODUCTS REMOVED – effective October 1, 2005

#### Generics remain

DDAVP (desmopressin acetate tabs)

OXYCONTIN (oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg)

### ■ BRAND PRODUCTS REMOVED – effective April 1, 2006

#### Generics remain

BENTYL (dicyclomine syrup)

### ■ BRAND PRODUCTS REMOVED – effective April 1, 2006

#### Generics are not available

AUGMENTIN (amoxicillin/clavulanate for susp, chew tabs, tabs)

CARDIZEM LA (diltiazem extended-release tabs 24 hr)

CLEOCIN (clindamycin caps, 75 mg)

CLEOCIN PEDIATRIC (clindamycin palmitate for oral soln)

CLEOCIN (clindamycin vaginal supp)

DARAPRIM (pyrimethamine tabs)

ERYPED (erythromycin ethylsuccinate for susp, chew tabs)

GANTRISIN PEDIATRIC (sulfisoxazole acetyl susp)

KYTRIL (granisetron oral soln, tabs)

LORABID (loracarbef for susp, caps)

PRIMAQUINE PHOSPHATE tabs

PRO-BANTHINE (propantheline bromide tabs, 7.5 mg)

SUMYCIN (tetracycline syrup, tabs)

TERAZOL 3 (terconazole vaginal supp)

Continued

KEY: BLUE TYPE = FORMULARY AGENTS RED TYPE = NON-FORMULARY AGENTS

UROXATRAL (alfuzosin tabs)  
 VANCOCIN (vancomycin caps)  
 VIBRAMYCIN (doxycycline for susp)  
 VIBRAMYCIN (doxycycline calcium syrup)  
 ZANTAC EFFERDOSE (ranitidine effervescent tabs)

**DISCONTINUED BRAND PRODUCTS**

The following discontinued brand products will be removed effective April 1, 2006; generics are not available

ENZYMAX (amylase/lipase/protease tabs, 0.75-0.35-3.75)  
 PANCRELIPASE (amylase/lipase/protease tabs, 60-16-60)  
 TRIMETHOPRIM tabs, 200 mg

**Blue Cross Blue Shield of North Dakota Formulary Additions**

**GENERIC PRODUCTS ADDED**

Brand products (in parentheses) are non-formulary and listed for reference only

anagrelide caps (AGRYLIN)  
 dantrolene caps (DANTRIUM)  
 griseofulvin microsize oral susp (GRIFULVIN V)

**GENERIC PRODUCTS ADDED**

Brand products (in parentheses) are also on formulary  
 octreotide acetate inj, 0.05 mg/mL, 0.1 mg/mL, 0.5 mg/mL (SANDOSTATIN)

**BRAND PRODUCTS ADDED**

ARICEPT ODT (donepezil orally disintegrating tabs)  
 CAMPRAL (acamprosate delayed-release tabs)  
 FLOVENT HFA (fluticasone inhalation aerosol)  
 HECTOROL (doxercalciferol caps)

**OTHER ADDITIONS**

VENTAVIS (iloprost inhalation soln) – Prior Approval Required

**Blue Cross Blue Shield of North Dakota Formulary Deletions**

**BRAND PRODUCTS REMOVED**

Generics remain

AGRYLIN (anagrelide caps)  
 DANTRIUM (dantrolene caps)  
 GRIFULVIN V (griseofulvin microsize oral susp)  
 LANOXIN (digoxin elixir)  
 ORAPRED (prednisolone sodium phosphate oral soln, 15 mg/5 mL)  
 PARLODEL (bromocriptine caps, 5 mg)

**ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY**

chlorthalidone tabs, 100 mg  
 furosemide oral soln, 8 mg/mL  
 isosorbide dinitrate sublingual tabs  
 procainamide caps  
 procainamide extended-release tabs

**DISCONTINUED BRAND PRODUCTS**

The following discontinued brand products have been removed from formulary; generics are not available

LIVOSTIN (levocabastine ophthalmic susp)  
 PROPRANOLOL INTENSOL (propranolol oral concentrate, 80 mg/mL)  
 TRICOR (fenofibrate tabs, 54 mg, 160 mg)

**DISCONTINUED GENERIC PRODUCTS**

The following discontinued generic product has been removed from formulary; brand remains

ciprofloxacin oral susp (CIPRO)



KEY: BLUE TYPE = FORMULARY AGENTS RED TYPE = NON-FORMULARY AGENTS

## Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

### ■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir caps)  
ARICEPT ODT (donepezil orally disintegrating tabs)  
ATROVENT HFA (ipratropium bromide inhaler)  
EMEND (aprepitant caps)  
KETEK (telithromycin tabs)  
ZANTAC (ranitidine syrup)  
ZYVOX (linezolid for susp, tabs)

## Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

AMINO-CERV (amino acids/urea vaginal crm)  
B & O SUPPRETTES (belladonna/opium supp)  
CYSTOSPAZ (hyoscyamine tabs)  
CYSTOSPAZ-M (hyoscyamine extended-release caps)  
DDAVP (desmopressin tabs)  
K-PHOS NEUTRAL (potassium phosphate monobasic/sodium phosphates tabs)  
POLYCITRA (potassium & sodium citrates/citric acid syrup)  
POLYCITRA-K (potassium citrate/citric acid powder for soln, soln)  
NULEV (hyoscyamine sulfate orally disintegrating tabs)  
OXYCONTIN (oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg)  
PYRIDIDIUM PLUS (phenazopyridine/butabarbital/hyoscyamine tabs)  
SANDOSTATIN (octreotide inj)  
SHOHL'S SOLUTION MODIFIED (sodium citrate/citric acid soln)  
TIGAN (trimethobezamide caps)

### ■ BRAND PRODUCTS REMOVED – effective January 1, 2006

BELLADONNA TINCTURE  
CARDIZEM LA (diltiazem extended-release tabs 24 hr)  
CLEOCIN (clindamycin vaginal supp)  
CLEOCIN PEDIATRIC (clindamycin palmitate for oral soln)  
COPEGUS (ribavirin tabs)  
DISPERMOX (amoxicillin tabs for susp)  
FANSIDAR (sulfadoxine/pyrimethamine tabs)  
INFERGEN (interferon alfacon-1 inj)  
K-PHOS MF (potassium & sodium acid phosphates tabs)  
K-PHOS NO. 2 (potassium & sodium acid phosphates tabs)  
NYSTATIN vaginal tabs  
PASER (aminosalicylic acid delayed-release granules)  
POLYCITRA-LC (potassium & sodium citrates/citric acid soln)  
REBETOL (ribavirin soln)  
SULFADIAZINE tabs  
SUPRAX by Lupin (cefixime for susp)  
TERAZOL 3 (terconazole vaginal supp)  
TINCTURE OF OPIUM  
VANTIN (cefpodoxime for susp)

### ■ DISCONTINUED BRAND PRODUCTS

#### The following discontinued brand products will be removed effective January 1, 2006; generics are not available

ENZYMAX (amylase/lipase/protease tabs, 0.75-0.35-3.75)  
PANCRELIPASE (amylase/lipase/protease tabs, 60-16-60)  
PROCHLORPERAZINE rectal supp, 2.5 mg, 5 mg  
QUININE SULFATE caps, 300 mg  
REBETRON (ribavirin caps & interferon alfa-2b inj)

## Blue Cross Blue Shield of Wyoming Formulary Changes

Please refer to PrimeNational Additions and Deletions for updates



CORPORATE OFFICE 1020 DISCOVERY ROAD No.100 EAGAN, MN 55121  
MAILING ADDRESS P.O. BOX 64812 ST. PAUL, MN 55164-0812

PHONE 651.286.4000  
FAX 651.286.4408  
TOLL FREE 800.858.0723  
WEB SITE [www.primetherapeutics.com](http://www.primetherapeutics.com)