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Prime Will Require the National Provider Identifier (NPI) for All Pharmacy Claim Submissions in Early 2008

In early 2008, Prime will require all online claims to be submitted with the Pharmacy NPI number. The Service Provider ID Qualifier (202-B2) must equal 01 (NPI) and the Service Provider ID (202-B1) must be the Pharmacy NPI number.

Prior to this change, Prime will communicate the date on which we will no longer accept NCPDP numbers for online claim submissions. After the specified cut-off date, claims that are submitted with an NCPDP number will reject '50 – Valid Pharmacy NPI is required'.

Prime will continue to accept the legacy Prescriber ID or the Prescriber NPI until May 2008. On May 23, 2008, Prime will require the Prescriber NPI for all Medicare Part D and Medicaid claim submissions. Claims that are submitted without the Prescriber NPI will reject '56 Prescriber ID Invalid/Not Allowed.'

To avoid future disruption of service, Prime strongly recommends that pharmacies submit their Pharmacy NPI number on all claim submissions. CMS encourages health care providers that have not obtained NPIs to do so immediately and to use their NPIs in all HIPAA transactions as soon as possible.

To learn more about NPI requirements, visit the CMS Web site at www.cms.hhs.gov/NationalProviderStand

For more information on NPI, please visit Prime's Web site at www.primetherapeutics.com/pharmacistsnpi.htm

For software set-up information, visit Prime's Web site at www.primetherapeutics.com/pharmacists/payorsheets to obtain Payor Specification Sheets.

Please e-mail NPI-related questions to npi@primetherapeutics.com.

Prime Contact Center

Assistance is available
24 hours a day, 7 days a week
for both commercial and
Medicare Part D business

800.821.4795

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, please contact the newsletter editor, Julie Damman, by e-mail at jdaman@primetherapeutics.com or call **651.414.4203** or **800.858.0723**.

From the Auditors Desk ...

Correct Submission of Asmanex Inhalers

Prime auditors have noticed numerous claim submission errors for Asmanex inhalers. The correct quantity for billing this drug is .24. Pharmacies should be submitting .24 or a multiple of .24 if they are billing this inhaler, e.g., .72 for a 3-month supply.

If you are unable to submit the proper quantity for this drug, please check with your software vendor to have your system revised. Prime requires that the quantity entered is a multiple of the package size. NCPDP version 5.1 allows pharmacies to submit the proper decimal quantity for a drug. Failure to submit the correct quantity will result in a bill back during an audit.

Verify Prescriber's Directions

AS DIRECTED prescription orders must be verified by contacting the prescribing provider. If the prescribing provider is unavailable, Pharmacy should ask the Covered Person how he or she was instructed to take the prescription drug. Prime requires that additional instruction detail be present on the prescription hard copy. Failure to obtain and verify specific directions will result in a bill back during an audit.

Medicare Part D

Processing B vs D medications – using Dynamic Prior Authorizations (PA)

Federal law mandates the appropriate coverage and reimbursement of medications to either Medicare Part B or Part D. To streamline this process, Prime has instituted the use of Dynamic PA numbers. Pharmacies should use caution when processing claims for medications that could be covered under Part B or Part D and using Dynamic PAs.

Part B claims that are incorrectly submitted under Part D will be charged back during an audit. Proper documentation and information must be obtained and present with the hard copy of the prescription to confirm that the appropriate Medicare payor was billed. Dynamic PA usage will be monitored and audited on a regular basis.

MAC LIST UPDATES

Prime Therapeutics MAC List Updates: September 1 to November 15, 2007

■ ADDED TO MAC LIST

carvedilol tabs, 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (COREG)

cefdinir caps, 300 mg (OMNICEF)

cefdinir susp, 125 mg/5 mL, 250 mg/5 mL (OMNICEF)

ciprofloxacin extended-release tabs, 500 mg, 1000 mg (CIPRO XR)

didanosine delayed-release caps, 200 mg, 250 mg, 400 mg (VIDEX EC)

doxycycline hyclate tabs, 20 mg (PERIOSTAT)

doxycycline monohydrate tabs, 50 mg, 75 mg, 150 mg (ADOXA)

fenofibrate caps, 67 mg, 134 mg, 200 mg (LOFIBRA)

fenofibrate tabs, 160 mg (LOFIBRA)

glycopyrrolate tabs, 1 mg, 2 mg (ROBINUL)

levocarnitine tabs, 330 mg (CARNITOR)

levonorgestrel/ethinyl estradiol tabs, 91-day (SEASONALE)

levothyroxine tabs, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg (SYNTHROID)

norethindrone/ethinyl estradiol tabs, (OVCON 35)

verapamil extended-release caps, 100 mg, 200 mg, 300 mg (VERELAN PM)

■ DELETED FROM MAC LIST

desoximetasone crm, 0.25%

pemoline chew tabs, 37.5 mg

pemoline tabs, 18.75 mg, 37.5 mg, 75 mg

Tamper-Resistant Prescription Pads – Medicaid and Other Programs

Effective April 1, 2008, Federal laws and regulations pertaining to Medicaid will require all hand-written prescriptions for Medicaid outpatient drugs to be written on a tamper-resistant prescription pad. The requirements for what constitutes “tamper resistant” will become more stringent throughout 2008. As of April 1, 2008, a prescription will be considered “tamper resistant” if it meets **at least one** of the following three characteristics:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber;
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Beginning October 1, 2008, a prescription will be considered “tamper resistant” only if it meets **all three** of the above-listed characteristics. Certain exceptions exist, including refills on prescriptions written prior to April 1, 2008, emergency situations, electronic and faxed prescriptions, inpatient services and hospice services.

Pharmacies should be aware that this mandate applies not only to Medicaid programs administered directly by states but also to Prepaid Medical Assistance programs administered by managed care plans under contract with states, including many Blue Cross and Blue Shield plans. Dual eligible members – those with Medicare and Medicaid – may also be impacted. Pharmacies filling prescriptions not in compliance with this mandate will be subject to chargebacks during an audit.

Additional information is available on the APhA and CMS Web sites.

<http://www.pharmacist.com>

<http://www.cms.hhs.gov>

<http://www.cms.hhs.gov/SMDL/downloads/SMD081707.pdf>

HOW TO UPDATE YOUR PHARMACY INFORMATION WITH NCPDP

NCPDP requires that pharmacies submit pharmacy information changes to them by the **last Monday of the month**. To submit your adds, changes, deletes, current address and phone number to NCPDP, please follow these steps:

1. Go to NCPDP's Web site at **www.ncdp.org**.
2. Click on **NCPDP Provider ID**.
3. Click on the second item under **Useful Links**: *I already have an NCPDP number, but I need to make changes to my information or apply for an NPI.*
4. Click on **Application Form** and print a hard copy.
5. Check appropriate box at top of the first page and fill in your pharmacy information as necessary.
6. Fax your completed form to NCPDP at **480.767.1043**.

In November 2007, Prime converted to the NCPDP v2.1 pharmacy file. Prime receives and incorporates NCPDP's monthly updates, which include changes to your pharmacy address, phone number and pharmacy Chain/PSAO affiliation updates. Prime's system supports only one NCPDP affiliation.

It is your responsibility to contact NCPDP when your information changes. This will ensure that your correct data is in Prime's database.

NCPDP

Web site: www.ncdp.org

Fax: 480.767.1043

Six-Month \$0 Generics Program

Prime's Blues clients and employer groups may choose to implement a Six-Month \$0 Generics Program in 2008. This program will provide a \$0 copay for members on specific brand-name drugs who choose to switch to a targeted generic drug.

Drug classes in this program include statins for high cholesterol, selective serotonin reuptake inhibitors (SSRIs) for depression, proton pump inhibitors (PPIs) for gastrointestinal disorders and angiotensin converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs) for high blood pressure and other indications.

Members switching from the non-formulary, brand-name drug to a generic drug in these categories will pay no out-of-pocket costs for up to six months throughout the program duration.

Eligible members will receive a letter notifying them of this opportunity. Prime's claim system will automatically generate the appropriate copay amount. There are no additional steps required at the point of service.

Please note that existing days supply and refill limitations still apply. However, the requirement for members to reach a deductible will not apply for participants in this program. The exception is for HSA members who, per federal regulations, must satisfy their deductible before the program may be applied.

Note: Blue Cross and Blue Shield of Nebraska will offer a slightly modified \$0 generic program for most of its membership during the first quarter of 2008. The BCBSNE program affects all generics. As with the program above, there are no additional steps required at the point of service.

Note: Blue Cross and Blue Shield of Florida will continue to offer its copay waiver program, which provides a one-time \$0 copay to many of its members with previous fills of specific brand drugs who switch to targeted generic drugs. Copay will automatically be waived at the point of service.

FLORIDA NEWS

Blue Cross and Blue Shield of Florida Will Implement Pill Splitting for Some Groups

Effective January 1, 2008, all Blue Cross and Blue Shield of Florida commercial lines of business, excluding BlueScript GB and BlueRx Discounts, will implement a Pill Splitting option. For a copayment equal to one half their regular copayment, members may choose this option for the following drugs and strengths:

Drugs	Tablet Strengths Before Splitting
ACEON	4 mg, 8 mg
ATACAND	8 mg, 16 mg, 32 mg
AVAPRO	150 mg, 300 mg
CELEXA	20 mg, 40 mg
COZAAR	50 mg, 100 mg
CRESTOR	10 mg, 20 mg, 40 mg
EFFEXOR	50 mg, 75 mg, 100 mg
MEVACOR	40 mg
PAXIL	20 mg, 40 mg
PEXEVA	20 mg, 40 mg
PRAVACHOL	20 mg, 40 mg, 80 mg
ZOCOR	10 mg, 20 mg, 40 mg, 80 mg
ZOLOFT	50 mg, 100 mg

Blue Cross and Blue Shield of Minnesota Will Terminate Use of Patient Location Code for the 90DayRx Program

On January 1, 2008, Prime will implement an automated solution that will no longer require you to submit the Patient Location Code (NCPDP field 307-C7) for Extended Supply Network (ESN) claims.

Effective February 1, 2008, Prime will terminate the use of the Patient Location Code for Blue Cross and Blue Shield of Minnesota 90DayRx (Extended Supply Network) commercial claims. To avoid claim rejections, it is imperative that you update your software application to reflect this change for Blue Cross and Blue Shield of Minnesota 90DayRx (Extended Supply Network) commercial claim submissions.

If you have any questions, please call the Prime Contact Center at 800.821.4795.

Minnesota Health Plans' Collaborative Performance Improvement Project (PIP): Calcium and Vitamin D Supplementation

Pharmacist's Participation Is Needed

Approximately 10 million Americans over age 50 currently have Osteoporosis and another 34 million are at risk for the condition (U.S. Department of Health and Human Services, 2004). Osteoporosis is responsible for nearly 1 million vertebral and hip fractures annually, which in 1995 resulted in 2.5 million physician visits, 432,000 hospitalizations and 180,000 nursing home admissions. The simplest and least expensive way to prevent bone loss is by taking Calcium supplements (Shea, 2005). There is mounting evidence that Vitamin D insufficiency and deficiency in elderly people is a silent epidemic that results in bone loss and fractures (Holick MF, 1994).

Blue Cross and Blue Shield of Minnesota and FirstPlan Blue are working with a collaborative on the Calcium and Vitamin D Supplementation Performance Improvement Project (PIP) focusing on Calcium and Vitamin D intake and the impact it can have on osteoporosis. The PIP is in partial fulfillment of Minnesota Department of Human Services (DHS) requirements to improve member health.

This Calcium and Vitamin D PIP is aimed at increasing knowledge of osteoporosis and related preventive health measures, particularly Calcium and Vitamin D supplementation. The PIP is also working to improve the rate of Minnesota Senior Health Options/Minnesota Care (MSHO/MNC) community members' filling Calcium and Vitamin D prescriptions through a monitored prescription and claims process.

The collaborative health plans' claims data showed that only 5 percent of the Minnesota Senior Health Options/Minnesota Care member population have taken Calcium and Vitamin D (Ca/VitD) supplements during the past year, and **many are unaware that they can use their benefits to obtain Ca/VitD for free, or at minimal cost, when they get a prescription.**

As part of the PIP, the health plans have mailed educational postcards to these members encouraging them to request a Ca/VitD prescription from their physician or pharmacist. The members' care coordinators (individuals who monitor the care and service received by the seniors) are also encouraging the members to discuss Ca/VitD supplementation with their physician or pharmacist.

Pharmacists can help ensure these members receive optimal, cost-effective preventive care by determining the necessity of receiving Ca/VitD and prescribing this supplement, in accordance with the governing regulations of Minnesota Statute § 256B.0625, subd.13(c). A Pharmacist, nurse or physician may prescribe OTC medications to fee-for-service MA, GAMC and PDP recipients for the purpose of receiving

MINNESOTA NEWS continued

payment from DHS. Managed care plans under contract to DHS may allow this but are not required to do so. The pharmacist should use the pharmacy's provider number as the prescriber number. Individual pharmacists will not be enrolled as providers. Generally, Calcium carbonate, Calcium citrate, Calcium phosphate and Calcium gluconate supplements are covered. Bone meal, oyster shell and dolomite types of Calcium supplements are also covered.

The Institute for Clinical Systems Improvement (ICSI) 2006 guideline on Osteoporosis Diagnosis and Treatment recommends 1,200 mg of elemental Calcium and 800 to 1000 IU of Vitamin D daily for persons over the age of 50. For persons over the age of 65 (even those not diagnosed with Osteoporosis), 1,500 milligrams of Calcium may be more appropriate. Adequate Vitamin D intake supports Calcium absorption and bone metabolism. Due to the lack of daylight hours and direct sunlight during the winter months, many adults in northern climates are deficient in Vitamin D, and need supplements to meet their daily requirements (ICSI, 2006).

The health plans appreciate your support and assistance in increasing the use of Calcium and Vitamin D for prevention of Osteoporosis.

NEBRASKA NEWS

Blue Cross and Blue Shield of Nebraska to Penalize PSC "0" Claims

Beginning February 1, 2008, all multi-source brand products with an applicable available generic MAC'd product with a submitted or defaulted PSC code of 0 will require the member to pay the difference in cost between the generic and branded product plus the applicable copayment (mandatory generic pricing).

As indicated in your Prime Pharmacy Provider Manual, all claims in which the physician has indicated that the branded drug is to be 'Dispensed As Written' are to be submitted with a PSC of 1. If the script does not indicate DAW (or NDPS) and the member requests the branded medication, the PSC is to be submitted with a code of 2.

The member should be referred to his or her physician for a possible rewrite of the script if he or she feels that the script should have been presented with the DAW indication. Other PSC selections are listed in Prime's Provider Manual, which is available on Prime's Web site at www.primetherapeutics.com/pharmacistsguidelines.htm.

If a BCBSNE member has questions regarding his or her benefits, pharmacists may refer member to the BCBSNE Customer Service number on the back of his or her member ID card.

WYOMING NEWS

Blue Cross Blue Shield of Wyoming (BCBSWY) Changing to Select Network

Effective January 1, 2008, BCBSWY members will begin utilizing the Prime Therapeutics Select Network for their out-of-state network. BCBSWY will continue to use current ID cards and there will be no change to the processing requirements. BCBSWY will continue to manage their own in-state pharmacy network.

Pharmacies outside of Wyoming interested in participating in the Prime Select Network may call the Prime Contact Center at **800.821.4795** to request a Pharmacy Participation Agreement.

Pharmacies in Wyoming interested in participating in the RxCare Wyoming network may call BCBSWY directly at **307.432.2836** to request a Blue Cross Blue Shield of Wyoming Pharmacy Participation Agreement.

Medicare Part D Vaccine Administration

Beginning January 1, 2008, the Medicare Part D Program will cover the vaccine administration fee associated with the injection of certain Part D Vaccines. To increase access to Part D vaccines, CMS has allowed Part D Sponsors to utilize their network pharmacists as providers of adult Medicare Part D vaccines where it is safe to dispense and administer vaccines in a pharmacy and where it is authorized by state law. In November you should have received a new Exhibit B-15 requesting your participation in the Prime Therapeutics Vaccine Administration Program. This is an extension to your Medicare Part D Pharmacy Participation Agreement.

This program will have a positive impact on Part D members and will allow for additional payments for Prescription Drug Services. We anticipate your participation as permitted by applicable state and Federal laws, including CMS regulations and guidance. If you are authorized to participate but have not yet signed the Exhibit B-15 and returned it to Prime Therapeutics, you should do so as soon as possible.

More details regarding the Vaccine Administration Program are available on Prime's Web site [www.primetherapeutics.com/Pharmacists/Medicare Part D](http://www.primetherapeutics.com/Pharmacists/MedicarePartD). Please refer to this site for additional information regarding:

- Medicare Part D Processing Information
- A list of Part D Vaccines for which Vaccine Administration Fees are available
- A link to CMS's Web site
- Medicare Part D Payor Specification Sheet

If you have questions regarding participation in this program, please call Prime's Contact Center at 800.821.4795.

Reminder on the Medicare Part D Best Available Evidence Policy for Low-Income Subsidy Eligibility

Reference: <http://www.cms.hhs.gov/pharmacy/downloads/update110107.pdf>

CMS created the "best available evidence" policy in 2006 authorizing plans to adjust the cost-sharing for low-income beneficiaries when presented with evidence that CMS's information pertaining to the beneficiary's low-income subsidy status was not accurate. CMS considers it best practice for the Part D plans to work with pharmacies to resolve these issues at point of sale when beneficiaries present with appropriate evidence of correct low-income status.

Consistent with CMS guidance from as far back as January 2006, our pharmacy help desk is staffed with trained individuals prepared to assist pharmacists and receive the documentation (e.g., by fax or e-mail) so that system changes to correct cost-sharing levels can be implemented as soon as possible. We will notify the pharmacy when changes will be made, if we cannot make necessary system changes immediately upon confirming and/or receiving the appropriate documentation.

Evidence of Low-Income Status

Prime accepts **any one** of the following forms of evidence from beneficiaries or pharmacists to make a change to a beneficiary's low-income status:

- A copy of the member's Medicaid card which includes the member's name and an eligibility date during the discrepant period;
- A report of contact including the date a verification call was made to the State Medicaid Agency and the name, title and telephone number of the state staff person who verified the Medicaid status during the discrepant period;
- A copy of a state document that confirms active Medicaid status during the discrepant period;

- A print out from the State electronic enrollment file showing Medicaid status during the discrepant period;
- A screen print from the State's Medicaid systems showing Medicaid status during the discrepant period; or
- Other documentation provided by the State showing Medicaid status during the discrepant period.

In addition, Prime accepts **any one** of the following forms of evidence from beneficiaries or pharmacists to establish that a beneficiary is institutionalized and qualifies for zero cost-sharing:

- A remittance from the facility showing Medicaid payment for a full calendar month for that individual during the discrepant period;
- A copy of a state document that confirms Medicaid payment to the facility for a full calendar month on behalf of the individual; or
- A screen print from the State's Medicaid systems showing that individual's institutional status based on at least a full calendar month stay for Medicaid payment purposes during the discrepant period.

CMS is establishing a separate complaint tracking category for "best available evidence" issues and will be closely monitoring Part D plan compliance with our policy.

CMS Requires Generic Drug Processing for Any Drug Holding an Approved Abbreviated New Drug Application (ANDA)

In early 2008, Prime will implement a process by which all drugs holding an FDA-approved Abbreviated New Drug Application (ANDA) will adjudicate as generic drugs under Medicare Part D benefit plans. This will include the Medicare Part D member's generic copay or co-insurance and the pharmacy reimbursement from the Part D Plan Sponsor.

The rules and regulations regarding reimbursement of generic drugs under the Medicare Part D Program are located in Part 423 of CFR Title 42. The regulation specific to generic drugs is located at 42 CFR 423.4. The CMS-mandated definition of generic drug applies regardless of how the drug is identified by major drug listing services. In July 2007, CMS sent all Part D Plan Sponsors a letter memorandum reminding them of the CMS rules and regulations regarding reimbursement of ANDA drugs.

Common areas where the drug classification could have an impact on claim payment are as follows:

- Drugs that were classified as generics in the past, but are now considered a brand (single source) by major drug listing services;
- Drugs that are classified as a brand by major drug listing services, but hold an FDA-approved ANDA.

With this requirement, such a drug will be reimbursed to the pharmacies as a generic drug. Prime will provide additional information on this claims adjudication change on our Web site, www.primetherapeutics.com/pharmacists.htm, prior to implementation.

Medicare Part D 2008 Clinical Utilization Management (UM) Programs

Effective January 1, 2008, Prime will expand its UM Program in order to promote appropriate utilization and cost-effective care by adding the following new programs:

- Formulary Exception Criteria for Oral Fentanyl Agents (Actiq, fentanyl citrate lollipop, Fentora)
- Prior Authorization Criteria for Provigil
- Prior Authorization Criteria for Erythropoietin Stimulating Agents (ESA) (Aranesp, Epogen, Procrit)
- Prior Authorization Criteria for IVIG Agents (Carimune NF, Flebogamma, Gamimune N 10%, Gammagard S/D, Gammagard Liquid, Gammar-P, Gamunex, Iveegam EN, Octagam, Panglobulin NF, Polygam S/D, Vivaglobin)
- Prior Authorization Criteria for Strattera
- Quantity Limit Criteria for DPP-4 Inhibitor Agents (Januvia, Janumet)
- Quantity Limit Criteria for LMWH Agents (Fragmin, Innohep, Lovenox)
- Quantity Limit Criteria for Ophthalmic Prostaglandin Agents (Lumigan, Travatan, Travatan Z, Xalatan)
- Quantity Limit Criteria for Zostavax
- Quantity Limit Criteria for Transdermal Fentanyl Agents (Duragesic, fentanyl transdermal system)
- Step Therapy Criteria for Wellbutrin/Wellbutrin SR (*Applies only to selected plans within BCBSF*)
- Step Therapy Criteria for Byetta
- Step Therapy Limit Criteria for Lyrica
- Step Therapy Criteria for Insomnia Agents (Ambien and Lunesta) (*Ambien applies only to selected plans within BCBSF*)

Additional instructions and forms for UM programs may be obtained by visiting www.MyRxAssistant.com.

To access the latest 2008 formularies for Medicare Part D, visit Prime's Web site at www.primetherapeutics.com/pharmacists.htm.

NEW PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Oklahoma

Effective April 1, 2008

Effective April 1, 2008, Prime Therapeutics LLC (Prime) will begin processing claims for members of Blue Cross and Blue Shield Oklahoma (BCBSOK) except for Commercial Individual members. Claims with a date of service prior to April 1, 2008, will reject in Prime’s system and must be processed by BCBSOK.

Processing Requirements

To ensure uninterrupted service to pharmacies and members, please use the following processing requirements to set up your system, prior to April 1, 2008, to process claims for members of BCBSOK. Only these BIN/PCN combinations will be accepted on Prime’s system. Please verify the information listed on the member’s ID card.

BCBSOK Drug Card

- Line of Business HMO, Non-HMO
BIN 011552
PCN 1215
9-digit member ID number
Date of birth
Gender
U&C

BCBSOK Comp Card

- Line of Business Non-HMO
BIN 011552
PCN 1217
9-digit member ID number
Date of birth
Gender
U&C

All Commercial Group members are converting to Prime and will receive a new ID card indicating that Prime is the new pharmacy benefit manager. Please be sure to ask if the member has received a new ID card.

All Commercial Individual members will continue to process on the BCBSOK claims processing platform. These members will not receive a new ID card and the BIN will remain 610435 and PCN 1215.

For More Information

For assistance with claims that have a date of fill prior to April 1, 2008, please contact BCBSOK at 877.353.0992 and select the prompt for BCBSOK.

Beginning April 1, 2008, if you need assistance with claim’s processing on Prime’ system, call the BCBSOK pharmacy help desk at 877.353.0992 and select the prompt for Prime Therapeutics.

For software set-up information, please visit Prime’s Web site at www.primetherapeutics.com/pharmacists/payorsheets for Commercial Payor Specification Sheets.

PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Florida

Effective January 1, 2008

Blue Cross and Blue Shield of Florida Will Implement a New Private Fee For Service (PFFS) Medicare Advantage Product

Effective January 1, 2008, Prime Therapeutics LLC (Prime) will begin processing claims for BlueMedicare Private Fee For Service (PFFS) group and individual members enrolled with Blue Cross and Blue Shield of Florida (BCBSF). BCBSF will continue to use the Florida in-state network, and Prime Therapeutics' Medicare Rx Network for pharmacies outside the state of Florida.

Processing Requirements

The BIN and PCNs will remain the same.

BIN	012833
PCN	MEDDPRIME*
PCN	MEDDPRIMEG**

*Individual products

**Group products

- Member ID number (Starts with letter "H")
- Date of birth
- Gender
- Prescriber ID
- U&C

For More Information

If you have questions or need assistance processing Medicare Part D claims, please call 888.877.6420.

For software setup information, visit Prime's Web site for the Medicare Part D Payor Specification Sheet at www.primetherapeutics.com/pharmacists/payorsheets.

PLAN ANNOUNCEMENT

Noridian Mutual Insurance Company

Effective October 1, 2007

Effective October 1, 2007, Prime Therapeutics LLC (Prime) began processing Supplemental to Medicare Part D pharmacy claims for members of Noridian Mutual Insurance Company (NMIC).

NMIC members reside primarily in the states of Minnesota and North Dakota. As NMIC members who have Medicare Part D primary to their NMIC pharmacy coverage are identified, they will be sent new ID cards to show the new BIN and PCN.

To minimize pharmacy and member disruption, please set up your software to reflect the following processing requirements.

Processing Requirements for Supplemental to Medicare Part D claims

- BIN 610455
PCN NORSUP
Member ID See ID cards
Date of birth
Gender
U&C

For More Information

For further software set up information, please visit Prime's Web site at www.primetherapeutics.com/pharmacists/payorsheets.htm to view or print Prime's Payor Specification Sheet for Supplemental to Medicare Part D.

If you have questions, please call the Prime Contact Center at 800.821.4795.

FRONT OF MEMBER ID CARD

Member ID card front showing logos for Noridian Mutual Insurance Company and PreferredOne, along with service details like Svc Type: Medical and Rx Benefits, RxBIN 610455, RxPCN NORSUP, ID 999999999, Name First, MI, Last, and GROUP NUMBER 22005.

BACK OF MEMBER ID CARD

Member and Provider information on the back of the ID card, including contact numbers for questions and authorizations (1-888-838-3106), provider directory (www.noridian.com), and instructions for submitting claims.

PLAN ANNOUNCEMENT

FirstPlan Blue

Effective January 1, 2008

FirstPlan Blue Will Implement a New Special Needs BasicCare (SNBC) Medicare D/Medicaid Integrated Product

FirstPlan Blue Basic

Effective January 1, 2008, Prime Therapeutics LLC (Prime) will begin processing claims for FirstPlan Blue Basic. Medicare Part D members utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements

BIN 610455
 PCN MPDFP
 Unique member ID
 Date of birth
 Gender
 Prescriber ID
 U&C

Special Needs BasicCare (SNBC) is a managed care program with integrated Medicare and Medicaid services for people on Medicaid with disabilities and are ages 18 to 64.

Geographic Area




Minnesota Counties: Carlton, Cook, Koochiching, Lake, St. Louis

For More Information

For up-to-date information, please visit Prime's Web site at www.primetherapeutics.com.

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

FRONT OF MEMBER ID CARD

 <small>is administered by First Plan of Minnesota, an independent licensee of the Blue Cross Blue Shield Association</small>	Basic		 MedicareRx <small>Prescription Drug Coverage</small> H9951001
RxBIN 610455	RxPCN MPDFP		
GRP T0116-ZA			
ISSUER 80840			
ID XZA 9999999990			
NAME 99 ELIZABETH M SAMPLENAME			
CARE TYPE TRIPLE GOLD			
SVC TYPE	Rx Netwrk	Brand Name	Generic Name
	SELECT	NONE	NONE
PCP PROVIDER NAME PRINTS HERE XXXX			
DELTA COMMUNITY DENTAL CARE NETWORK			

BACK OF MEMBER ID CARD

Prior to receiving non-emergency services, contact the PCP listed on the front of this card. In an emergency, contact your PCP within 48 hours, or as soon as possible after receiving care. Medical, Behavioral Health call 1-877-736-5518 TTY 218-727-9870 Pharmacy call 1-877-268-2997 TTY 218-727-9870
 Submit medical electronic claims to BCBSMN Clearinghouse; paper claims to First Plan, 525 S. Lake Ave., Suite 222, Duluth, MN 55802. Out-of-State Providers: Submit all claims to your local Blue Cross and/or Blue Shield Plan. Include the alpha prefix that precedes the member's ID number
 DELTA DENTAL 1-800-774-9049 dental claims: P.O. Box 1328, Mpls., MN 55440-1328; Pharmacy claims: Prime Therapeutics, P.O. Box 64812, Eagan, MN 55164
 Pharmacy Help Desk 1-800-821-4795 (For Pharmacist use only)
 Appeals or grievances – Ombudsman Office, MN DHS P.O. Box 64249, St. Paul, MN 55164-0249 or call 1-800-657-3729.



PLAN ANNOUNCEMENT

PrimeWest Health

Effective January 1, 2008

PrimeWest Health Will Implement a New Special Needs BasicCare (SNBC) Medicare D/Medicaid Integrated Product

PrimeWest Health Special Needs BasicCare

Effective January 1, 2008, Prime Therapeutics LLC (Prime) will begin processing claims for PrimeWest Health SNBC. Medicare Part D members utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements

BIN 610455

PCN MPDPH

Unique member ID

Date of birth

Gender

Prescriber ID

U&C

Special Needs BasicCare (SNBC) is a managed care program with integrated Medicare and Medicaid services for people on Medicaid with disabilities and are ages 18 to 64.

Geographic Area

Minnesota Counties: Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, Traverse

For More Information

For up-to-date information, please visit Prime's Web site at www.primetherapeutics.com.

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

FRONT OF MEMBER ID CARD



RxBIN: 610455 PCN: MPDPH
Issuer: PrimeWest Health
ID #: 99999998 Group: SNBC01-0000
Name: JOHN DOE
Care Type: Special Needs BasicCare (SNBC)
Svc Type:
OV \$0
ER \$0
RX \$3.10 Brand Name/\$1 Generic
Eyewear \$0
IP 0%

Primary Care Clinic: [CLINIC]

BACK OF MEMBER ID CARD

Submit claims to: Attn: Claims, PrimeWest Health
PO Box 369, Alexandria, MN 56308

Members: Call 1-877-600-4913

Providers: Call 1-866-431-0802

Pharmacists: Call 1-800-821-4795, Option 4,
with pharmacy questions

Utilization Review: 1-877-600-4913

- Hospital admissions require PrimeWest Health notification. Notify PrimeWest Health within 48 hours if you have a hospitalization in or out of the PrimeWest Health service area.
- If you have medical questions, call *HealthConnections* at 1-888-668-4336. For life-threatening emergencies, call 911.

PrimeWest Health Complaints: 1-877-600-4913

Ombudsman: 1-800-657-3729, Department of Human Services, Appeals Office, PO Box 64941, St. Paul, MN 55155-0941

PROCESSING UPDATES

Processing Medicare Part B Claims for Medicare Part D MN Dual Eligible Beneficiaries

Prime Therapeutics LLC (Prime) processes Medicare Part B claims for some Medicare Part D dual eligible beneficiaries. See client list below.

To submit a Part B claim, follow these steps:

- Ask for beneficiary’s ID card
- Initially, submit claims through the Medicare Part D BIN/PCN that is identified on the beneficiary’s ID card
- Products covered under the Medicare Part B program will reject with NCPDP Reject code **70 Prod/Service not covered**. You will receive additional messaging

instructing you to reprocess the claim using a different BIN/PCN

- Submit the Medicare Part B claim using the same ID number on the beneficiary’s card along with the BIN/PCN provided in the rejection message

Please keep in mind that the Medicare Part B unique processing requirements outlined are for only the Medicare Part D MSHO* and SNBC** beneficiaries.

If you have questions or need assistance processing claims, please call the Prime Contact Center at **800.821.4795**.

PRIME’S MN DUAL ELIGIBLE CLIENTS

Plan Sponsor	Plan Name	Medicare Part D		Medicare Part B	
		BIN	PCN	BIN	PCN
BCBS of Minnesota	Secure Blue (MSHO)*	610455	MPDBP	610455	PGIGN
BCBS of Minnesota	CareBlue (SNBC)**	610455	MPDCB	610455	PGIGN
FirstPlan Blue	FirstPlan Blue (MSHO)*	610455	MPDFH	610455	PGIGN
FirstPlan Blue	FirstPlan Blue Basic (SNBC)**	610455	MPDFP	610455	PGIGN
South Country Health Alliance	AbilityCare (SNBC)**	610455	MPDSA	610455	PGIGN
South Country Health Alliance	South Country Health Alliance (MSHO)*	610455	MPDSM	610455	PGIGN
PrimeWest Health	PrimeWest Health MSHO*	610455	MPDPW	610455	PWEST
PrimeWest Health	PrimeWest Health SNBC**	610455	MPDPH	610455	PWEST

*MSHO (Minnesota Senior Health Options)

** SNBC (Special Needs BasicCare)

PrimeNationalSM Formulary Additions

■ GENERIC PRODUCTS ADDED

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

carvedilol tabs (COREG)

desogestrel/ethinyl estradiol tabs – Cesia, Velivet (CYCLESSA)

epirubicin inj (ELLENCÉ)

levonorgestrel/ethinyl estradiol tabs – Jolessa, Quasense (SEASONALE)

norethindrone/ethinyl estradiol tabs – Balziva, Zenchent (OVCON 35)

norethindrone/ethinyl estradiol tabs – Aranelle, Leena (TRI-NORINYL)

ofloxacin otic soln (FLOXIN OTIC)

pentostatin for inj (NIPENT)

testosterone cypionate inj (DEPO-TESTOSTERONE)

■ BRAND PRODUCTS ADDED

CLIMARA PRO (estradiol/levonorgestrel transdermal patch)

DIVIGEL (estradiol gel)

DUAC (clindamycin/benzoyl peroxide gel)

LEVEMIR (insulin detemir inj)

LEXIVA (fosamprenavir oral susp)

NATACYN (natamycin ophth susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

SELZENTRY (maraviroc tabs)

SEROQUEL XR (quetiapine extended-release tabs)

SORIATANE CK KIT (acitretin caps + moisturizing foam)

PrimeNationalSM Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COREG (carvedilol tabs)

ELLENCÉ (epirubicin inj)

FLOXIN OTIC (ofloxacin otic soln)

NEORAL (cyclosporine modified caps, oral soln)

NIPENT (pentostatin for inj)

SANDIMMUNE (cyclosporine caps, oral soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AVANDAMET (rosiglitazone/metformin tabs)

AVANDIA (rosiglitazone tabs)

carbachol ophth soln

PRAMOSONE (pramoxine 1%/hydrocortisone acetate 2.5% crm, lotn, oint)

■ DISCONTINUED BRAND PRODUCTS REMOVED

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

■ DISCONTINUED GENERIC PRODUCTS REMOVED

guaifenesin/codeine liq, 300-10 mg/20 mL

hydrocodone/guaifenesin syrup, 2.5-200/5 mL, 5-100/5 mL

Blue Cross and Blue Shield of Florida Medication List Additions

■ BRAND PRODUCTS ADDED – TIER 2

Effective October 2007

ACID JELLY (acetic acid vaginal gel)
 GLYBURIDE tabs [distributor of DiaBeta]
 PROPRANOLOL/HYDROCHLOROTHIAZIDE tabs, 80/25 mg
 SELZENTRY (maraviroc tabs)
 SORIATANE CK KIT (acitretin caps + moisturizing foam)
 THEOCAP (theophylline extended-release caps, 125 mg, 200 mg)

Effective November 2007

DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion)
 ISENTRESS (raltegravir tabs)
 PREDNISOLONE tabs
 PREDNISOLONE SODIUM PHOSPHATE ophth soln, 1%

Effective January 1, 2008

ALDARA (imiquimod crm)
 BENZACLIN (clindamycin/benzoyl peroxide gel)
 CIPRODEX (ciprofloxacin/dexamethasone otic susp)
 DIVIGEL (estradiol gel)
 LETAIRIS (ambrisentan tabs)
 PLAN B (levonorgestrel tabs)
 SEROQUEL XR (quetiapine extended-release tabs)
 SOLARAZE (diclofenac gel)

Blue Cross and Blue Shield of Florida Medication List Changes

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics remain

Effective October 2007

COREG (carvedilol tabs)

Effective January 1, 2008

ACCUNEB (albuterol sulfate inhalation soln, 0.63 mg/3 mL)
 NEORAL (cyclosporine modified caps, oral soln)
 TRILEPTAL (oxcarbazepine tabs)

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics are not available

Effective January 1, 2008

CIPRO HC (ciprofloxacin/hydrocortisone otic susp)

■ DISCONTINUED BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics are not available

Effective October 2007

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)
 SORIATANE (acitretin caps) [added SORIATANE CK KIT]

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

Effective September/October/November 2007

ACID JELLY (acetic acid vaginal gel)
 ISENTRESS (raltegravir tabs)
 LEXIVA (fosamprenavir oral susp)
 MORPHINE SULFATE oral soln, 20 mg/5 mL
 PREDNISOLONE SODIUM PHOSPHATE ophth soln, 1%
 SELZENTRY (maraviroc tabs)
 SORIATANE CK KIT (acitretin caps + moisturizing foam)

Effective January 1, 2008

DIVIGEL (estradiol gel)
 LEVEMIR (insulin detemir inj)
 NATACYN (natamycin ophth susp)
 NEXIUM (esomeprazole delayed-release caps, for susp)
 SEROQUEL XR (quetiapine extended-release tabs)
 TESTIM (testosterone gel)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2008

COREG (carvedilol tabs)

FLOXIN OTIC (ofloxacin otic soln)

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg)

Effective April 1, 2008

TRILEPTAL (oxcarbazepine tabs)

■ ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

Effective January 1, 2008

ADDERALL XR (amphetamine/dextroamphetamine mixed salts extended-release caps)

CODEINE PHOSPHATE soluble tabs for inj

PREVACID (lansoprazole delayed-release caps, for susp)

PREVACID SOLUTAB (lansoprazole delayed-release orally disintegrating tabs)

Effective April 1, 2008

INHALER ASSIST DEVICES (BREATHERITE inhaler assist devices remain formulary)

TAMIFLU (oseltamivir caps, for susp)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

Blue Cross and Blue Shield of Kansas National Formulary Changes

■ GENERIC PRODUCTS ADDED

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

carvedilol tabs (COREG)

desogestrel/ethinyl estradiol tabs – Cesia, Velivet (CYCLESSA)

epirubicin inj (ELLEENCE)

levonorgestrel/ethinyl estradiol tabs – Jolessa, Quasense (SEASONALE)

norethindrone/ethinyl estradiol tabs – Balziva, Zenchent (OVCON 35)

norethindrone/ethinyl estradiol tabs – Aranelle, Leena (TRI-NORINYL)

ofloxacin otic soln (FLOXIN OTIC)

pentostatin for inj (NIPENT)

testosterone cypionate inj (DEPO-TESTOSTERONE)

■ BRAND PRODUCTS ADDED

CLIMARA PRO (estradiol/levonorgestrel transdermal patch)

DIVIGEL (estradiol gel)

DUAC (clindamycin/benzoyl peroxide gel)

LEVEMIR (insulin detemir inj)

LEXIVA (fosamprenavir oral susp)

NATACYN (natamycin ophth susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

SELZENTRY (maraviroc tabs)

SEROQUEL XR (quetiapine extended-release tabs)

SORIATANE CK KIT (acitretin caps + moisturizing foam)

Blue Cross and Blue Shield of Kansas National Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COREG (carvedilol tabs)

ELLENCE (epirubicin inj)

FLOXIN OTIC (ofloxacin otic soln)

NEORAL (cyclosporine modified caps, oral soln)

NIPENT (pentostatin for inj)

SANDIMMUNE (cyclosporine caps, oral soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

AVANDAMET (rosiglitazone/metformin tabs)

AVANDIA (rosiglitazone tabs)

AZMACORT (triamcinolone inhalation aerosol)

carbachol ophth soln

CLARINEX (desloratadine syrup, tabs)

CLARINEX REDITABS (desloratadine orally disintegrating tabs)

CLARINEX-D (desloratadine/pseudoephedrine extended-release tabs, 12 hr, 24 hr)

diazepam inj

dihydroergotamine inj

ETHMOZINE (moricizine tabs)

FLUMADINE (rimantadine syrup)

HELIDAC (metronidazole tabs + tetracycline caps + bismuth subsalicylate chew tabs)

KETEK (telithromycin tabs)

ketotifen ophth soln

pentazocine/naloxone tabs

polyethylene glycol 3350 oral powder, bulk and packet (MIRALAX)

PRAMOSONE (pramoxine 1%/hydrocortisone acetate 2.5% crm, lotn, oint)

PRENATAL 19 (prenatal multivitamins/docusate sodium/ferrous fumarate/folic acid 1 mg tabs)

propoxyphene HCl caps

PROVENTIL HFA (albuterol sulfate inhalation aerosol)

RESERPINE tabs

RHINOCORT AQUA (budesonide nasal susp)

rimantidine tabs

thioridazine oral conc, tabs

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

CLOZAPINE tabs, 12.5 mg

HIVID (zalcitabine tabs)

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

PHENYTOIN SODIUM PROMPT caps

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

ZOFRAN (ondansetron tabs, 24 mg)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

brompheniramine/pseudoephedrine extended-release caps, 10/120 mg

guaifenesin/codeine liq, 300-10 mg/20 mL

hydrocodone/guaifenesin syrup, 2.5-200/5 mL, 5-100/5 mL

pergolide tabs (PERMAX)

pseudoephedrine/guaifenesin extended-release caps, 60/300 mg; extended-release tabs, 45/600 mg, 60/600 mg, 120/600 mg

trimethobenzamide/benzocaine supp (TIGAN)

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

carvedilol tabs (COREG)

ciclopirox crm, susp (LOPROX)

desogestrel/ethinyl estradiol tabs – Cesia, Velivet (CYCLESSA)

epirubicin inj (ELLENCE)

levonorgestrel/ethinyl estradiol tabs – Jolessa, Quasense (SEASONALE)

norethindrone/ethinyl estradiol tabs – Balziva, Zenchent (OVCON 35)

norethindrone/ethinyl estradiol tabs – Aranelle, Leena (TRI-NORINYL)

ofloxacin otic soln (FLOXIN OTIC)

pentostatin for inj (NIPENT)

testosterone cypionate inj (DEPO-TESTOSTERONE)

■ BRAND PRODUCTS ADDED

ANDROGEL (testosterone gel)

CLIMARA PRO (estradiol/levonorgestrel transdermal patch)

DIVIGEL (estradiol gel)

DUAC (clindamycin/benzoyl peroxide gel)

LEVEMIR (insulin detemir inj)

LEXIVA (fosamprenavir oral susp)

NATACYN (natamycin ophth susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

SELZENTRY (maraviroc tabs)

SEROQUEL XR (quetiapine extended-release tabs)

SORIATANE CK KIT (acitretin caps + moisturizing foam)

TRAVATAN (travoprost ophth soln)

TRAVATAN Z (travoprost ophth soln)

VIGAMOX (moxifloxacin ophth soln)

XOPENEX HFA (levalbuterol tartrate inhalation aerosol)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COREG (carvedilol tabs)

ELLENCE (epirubicin inj)

FLOXIN OTIC (ofloxacin otic soln)

NEORAL (cyclosporine modified caps, oral soln)

NIPENT (pentostatin for inj)

SANDIMMUNE (cyclosporine caps, oral soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AUGMENTIN XR (amoxicillin/potassium clavulanate extended-release tabs)

AVANDAMET (rosiglitazone/metformin tabs)

AVANDIA (rosiglitazone tabs)

carbachol ophth soln

diazepam inj

ETHMOZINE (moricizine tabs)

FLUMADINE (rimantadine syrup)

HELIDAC (metronidazole tabs + tetracycline caps + bismuth subsalicylate chew tabs)

ketotifen ophth soln

pentazocine/naloxone tabs

PRENATAL 19 (prenatal multivitamins/docusate sodium/ferrous fumarate/folic acid 1 mg tabs)

propoxyphene HCl caps

PROVENTIL HFA (albuterol sulfate inhalation aerosol)

RESERPINE tabs

rimantadine tabs

thioridazine oral conc, tabs

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

CLOZAPINE tabs, 12.5 mg

HIVID (zalcitibine tabs)

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

PHENYTOIN SODIUM PROMPT caps

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

ZOFRAN (ondansetron tabs, 24 mg)

KEY: BLUE TYPE = FORMULARY AGENTS

RED TYPE = NON-FORMULARY AGENTS

DISCONTINUED GENERIC PRODUCTS REMOVEDbrompheniramine/pseudoephedrine extended-release caps,
10/120 mg

guaifenesin/codeine liq, 300-10 mg/20 mL

hydrocodone/guaifenesin syrup, 2.5-200/5 mL, 5-100/5 mL

pseudoephedrine/guaifenesin extended-release caps,
60/300 mg; extended-release tabs, 45/600 mg,
60/600 mg, 120/600 mg

trimethobenzamide/benzocaine supp

**Blue Cross and Blue Shield of
Minnesota Formulary Additions****GENERIC PRODUCTS ADDED****Brand products (in parentheses) are non-formulary and
listed for reference only**

alclometasone crm, oint (ACLOVATE)

bacitracin ophth oint

carvedilol tabs (COREG)

clotrimazole/betamethasone crm, lotn (LOTRISONE)

desogestrel/ethinyl estradiol tabs – Cesia, Velivet
(CYCLESSA)

epirubicin inj (ELLECE)

fluticasone crm, oint (CUTIVATE)

glyburide micronized tabs (GLYNASE)

halobetasol crm, oint (ULTRAVATE)

hydrocortisone butyrate crm, oint, soln (LOCOID)

levonorgestrel/ethinyl estradiol tabs – Jolessa, Quasense
(SEASONALE)norethindrone/ethinyl estradiol tabs – Balziva, Zenchent
(OVCON 35)norethindrone/ethinyl estradiol tabs – Aranelle, Leena
(TRI-NORINYL)

ofloxacin otic soln (FLOXIN OTIC)

oxcarbazepine tabs (TRILEPTAL)

pentostatin for inj (NIPENT)

sodium polystyrene sulfonate pwd (KAYEXALATE)

BRAND PRODUCTS ADDEDALPHANATE/VWF (antihemophilic factor/Von Willebrand
factor for inj)

DIVIGEL (estradiol gel)

DUAC (clindamycin/benzoyl peroxide gel)

ISENTRESS (raltegravir tabs)

IXEMPRA (ixabepilone for inj)

LEXIVA (fosamprenavir oral susp)

NATACYN (natamycin ophth susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

OXYCONTIN (oxycodone extended-release tabs)

SELZENTRY (maraviroc tabs)

SEROQUEL XR (quetiapine extended-release tabs)

SORIATANE CK KIT (acitretin caps + moisturizing foam)

TAMIFLU (oseltamivir caps, for susp)

XIBROM (bromfenac ophth soln)

VALSTAR (valrubicin inj)

**Blue Cross and Blue Shield of
Minnesota Formulary Deletions****BRAND PRODUCTS REMOVED****Generics remain**

COREG (carvedilol tabs)

CYTOXAN (cyclophosphamide for inj, 500 mg, 1 g, 2 g)

ELLECE (epirubicin inj)

FLOXIN OTIC (ofloxacin otic soln)

NEORAL (cyclosporine modified caps, oral soln)

NIPENT (pentostatin for inj)

SANDIMMUNE (cyclosporine caps, oral soln)

TRILEPTAL (oxcarbazepine tabs)

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

AMEVIVE (alefacept for inj)

AVANDAMET (rosiglitazone/metformin tabs)

AVANDIA (rosiglitazone tabs)

carbachol ophth soln

PRAMOSONE (pramoxine 1%/hydrocortisone acetate 2.5%
crm, lotn, oint)

RAPTIVA (efalizumab for inj)

DISCONTINUED BRAND PRODUCTS REMOVED**Generics are not available**PANCRELIPASE (amylase/lipase/protease caps, 20,000/
4000/25,000 units)

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

Continued

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

■ DISCONTINUED GENERIC PRODUCTS REMOVED

hydrocodone/guaifenesin syrup, 2.5-200/5 mL, 5-100/5 mL

Blue Cross and Blue Shield of Nebraska Formulary Additions**■ GENERIC PRODUCTS ADDED****Brand products (in parentheses) are non-formulary and listed for reference only**

carvedilol tabs (COREG)

ciclopirox crm, susp (LOPROX)

ciclopirox soln (PENLAC)

econazole crm

epirubicin inj (ELLEENCE)

mometasone crm, oint, soln (ELOCON)

norethindrone acetate tabs (AYGESTIN)

ofloxacin ophth soln (OCUFLOX)

ofloxacin otic soln (FLOXIN OTIC)

pentostatin for inj (NIPENT)

testosterone cypionate inj (DEPO-TESTOSTERONE)

■ BRAND PRODUCTS ADDED

CLIMARA PRO (estradiol/levonorgestrel transdermal patch)

DIVIGEL (estradiol gel)

LEVEMIR (insulin detemir inj)

LEXIVA (fosamprenavir oral susp)

NATACYN (natamycin ophth susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

RECLAST (zoledronic acid inj)

SELZENTRY (maraviroc tabs)

SEROQUEL XR (quetiapine extended-release tabs)

SORIATANE CK KIT (acitretin caps + moisturizing foam)

Blue Cross and Blue Shield of Nebraska Formulary Deletions**■ BRAND PRODUCTS REMOVED****Generics remain**

COREG (carvedilol tabs)

ELLEENCE (epirubicin inj)

FLOXIN OTIC (ofloxacin otic soln)

NEORAL (cyclosporine modified caps, oral soln)

NIPENT (pentostatin for inj)

SANDIMMUNE (cyclosporine caps, oral soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

carbachol ophth soln

■ DISCONTINUED BRAND PRODUCTS REMOVED**Generics are not available**

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

■ DISCONTINUED GENERIC PRODUCTS REMOVED

guaifenesin/codeine liq, 300-10 mg/20 mL

hydrocodone/guaifenesin syrup, 2.5-200/5 mL, 5-100/5 mL

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

■ BRAND PRODUCTS ADDED

Effective October/November 2007

ACID JELLY (acetic acid vaginal gel)
 ISENTRESS (raltegravir tabs)
 LEXIVA (fosamprenavir oral susp)
 MORPHINE SULFATE oral soln, 20 mg/5 mL
 PREDNISOLONE SODIUM PHOSPHATE ophth soln, 1%
 SELZENTRY (maraviroc tabs)
 SORIATANE CK KIT (acitretin caps + moisturizing foam)

Effective January 1, 2008

ANDROGEL (testosterone gel)
 BREATHERITE inhaler assist devices
 DIVIGEL (estradiol gel)
 LEVEMIR (insulin detemir inj)
 NATAACYN (natamycin ophth susp)
 SEROQUEL XR (quetiapine extended-release tabs)

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October/November 2007

COREG (carvedilol tabs)
 TOPROL XL (metoprolol succinate extended-release tabs, 50 mg)

Effective April 1, 2008

FLOXIN OTIC (ofloxacin otic soln)
 TRILEPTAL (oxcarbazepine tabs)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

Effective October 5, 2007

CODEINE PHOSPHATE soluble tabs for inj

Effective April 1, 2008

AEROCHAMBER inhaler assist devices
 BLEPHAMIDE (sulfacetamide sodium/prednisolone ophth susp)
 BLEPHAMIDE S.O.P. (sulfacetamide sodium/prednisolone ophth oint)
 GLUCAGEN HYPOKIT (glucagon for inj)
 INSPIREASE inhaler assist devices

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2007

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

Effective January 1, 2008

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

carvedilol tabs (COREG)

epirubicin inj (ELLENC)

norethindrone/ethinyl estradiol tabs – Balziva, Zenchent (OVCON 35)

ofloxacin ophth soln (OCUFLOX)

ofloxacin otic soln (FLOXIN OTIC)

oxcarbazepine tabs (TRILEPTAL)

pentostatin for inj (NIPENT)

■ BRAND PRODUCTS ADDED

DIVIGEL (estradiol gel)

EXFORGE (amlodipine/valsartan tabs)

ISENTRESS (raltegravir tabs)

IXEMPRA (ixabepilone for inj)

LEXIVA (fosamprenavir oral susp)

NATACYN (natamycin ophth susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

SELZENTRY (maraviroc tabs)

SEROQUEL XR (quetiapine extended-release tabs)

SORIATANE CK KIT (acitretin caps + moisturizing foam)

VALSTAR (valrubicin inj)

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COREG (carvedilol tabs)

FLOXIN OTIC (ofloxacin otic soln)

NEORAL (cyclosporine modified caps, oral soln)

SANDIMMUNE (cyclosporine caps, oral soln)

TRILEPTAL (oxcarbazepine tabs)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AVANDAMET (rosiglitazone/metformin tabs)

AVANDARYL (rosiglitazone/glimepiride tabs)

AVANDIA (rosiglitazone tabs)

PRAMOSONE (pramoxine 1%/hydrocortisone acetate 2.5% crm, lotn, oint)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

URO-KP-NEUTRAL (potassium/sodium phosphates tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

guaifenesin/codeine liq, 300-10 mg/20 mL

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

Effective October/November 2007

ACID JELLY (acetic acid vaginal gel)

LEXIVA (fosamprenavir oral susp)

MORPHINE SULFATE oral soln, 20 mg/5 mL

PREDNISOLONE SODIUM PHOSPHATE ophth soln, 1%

SELZENTRY (maraviroc tabs)

SORIATANE CK KIT (acitretin caps + moisturizing foam)

Effective January 1, 2008

BREATHERITE inhaler assist devices

DIVIGEL (estradiol gel)

LEVEMIR (insulin detemir inj)

NATACYN (natamycin ophth susp)

SEROQUEL XR (quetiapine extended-release tabs)

TESTIM (testosterone gel)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2008

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

Effective October 1, 2007

CODEINE PHOSPHATE soluble tabs for inj

Effective January 1, 2008

ADDERALL XR (amphetamine/dextroamphetamine mixed salts extended-release caps)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2008

PANCRELIPASE (amylase/lipase/protease caps, 20,000/4000/25,000 units)

SORIATANE (acitretin caps) [added SORIATANE CK KIT]

Blue Cross Blue Shield of Wyoming Formulary Changes

All PrimeNational Additions and Deletions apply, in addition to the following:

■ BRAND PRODUCTS ADDED

PREVACID SOLUTAB (lansoprazole delayed-release orally disintegrating tabs)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

ACIPHEX (rabeprazole delayed-release tabs)

■ DIABETIC SUPPLY CHANGES

Effective January 1, 2008: All blood glucose meters, strips and meter calibration solutions from manufacturers other than Abbott and Lifescan will be removed from the Blue Cross Blue Shield of Wyoming formulary. Abbott and Lifescan blood glucose meters, strips and meter calibration solutions remain on the Blue Cross Blue Shield of Wyoming formulary.

2008 Medicare Part D Formulary Changes

There are significant changes to the Medicare Part D formularies in 2008 due to CMS mandates and a migration to one standard formulary for most of our plans.

Pharmacists may anticipate receiving additional questions from members as letters were sent to impacted members in November 2007 explaining the formulary changes.

Coverage determinations for changes can be submitted by the prescribing physician after December 17, 2007, for an effective date of January 1, 2008.

Following is a list of top drugs impacted by the changes to the Medicare Part D formularies for 2008.

To view the comprehensive list of Medicare Part D formulary changes with formulary alternatives suggested and access a PDF of the 2008 formularies, visit Prime's Web site at www.primetherapeutics.com/pharmacists.htm and navigate to the Pharmacist link.

2008 Medicare Part D Book of Business Top Drug Change List

Drug name	Description of Change
AMBIEN	Not on formulary, generic available
AMBIEN CR	Not on 2008 formulary
ANTARA	Not on 2008 formulary
ARTHROTEC	Not on 2008 formulary
ATROVENT HFA	On formulary, higher tier
AZMACORT	Not on 2008 formulary
CADUET	Not on 2008 formulary
CARDIZEM CD 120 mg, 180 mg, 240 mg, 300 mg	Not on formulary, generic available
CARDIZEM LA	Not on 2008 formulary
clopidogrel	The generic version is no longer available. PLAVIX remains on the 2008 formulary
COREG	On formulary, higher tier. Generic carvedilol is on the 2008 formulary
COUMADIN tabs	Not on formulary, generic available
CYMBALTA	On formulary, higher tier. Impacts only members moving from the 2007 3-tier formulary to 2008 formulary
ESTRACE vaginal cream	Not on 2008 formulary
FENTANYL CITRATE transmucosal	Not on 2008 formulary
GLUCOPHAGE, GLUCOPHAGE XR	Not on formulary, generic available
LANOXIN tabs	Not on formulary, generic available
LASIX	Not on formulary, generic available
LESCOL, LESCOL XL	Not on 2008 formulary
LOFIBRA	Not on formulary, generic available
LOTREL 2.5-10 mg, 5-10 mg, 5-20 mg, 10-20 mg	Not on formulary, generic available
LYRICA	On formulary, higher tier. Impacts only members moving from the 2007 3-tier formulary to 2008 formulary

FORMULARY UPDATES continued

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

MIACALCIN SPRAY	Not on formulary, generic available
NASACORT AQ	Not on 2008 formulary
nitroglycerin extended-release caps	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
nitroglycerin sublingual tabs	The generics are not on formulary because do not meet the definition of a Part D drug under CMS regulations. NITROSTAT remains on the 2008 formulary
NORVASC	Not on formulary, generic available
potassium chloride oral liquid, KAON-CL 20% & RUM-K	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
PRAVACHOL	Not on formulary, generic available
QUALAQUIN	Not on 2008 formulary
salsalate	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
SANCTURA	Not on 2008 formulary
STALEVO	Not on 2008 formulary
SYNTHROID	Not on formulary, generic available
TARKA	Not on 2008 formulary
thyroid, ARMOUR THYROID	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
TOPROL XL 25 mg	Not on formulary, generic available
VERELAN, VERELAN PM	Not on formulary, generic available
WELCHOL	Not on 2008 formulary
ZOCOR	Not on formulary, generic available
ZOLOFT oral conc, tabs	Not on formulary, generic available
ZYRTEC chew tabs, syrup, tabs	Not on formulary because does not meet the definition of a Part D drug under CMS regulations

Reporting Fraud, Waste and Abuse

We each have an obligation to help protect and maintain the integrity of the health care system of which we are a part, by promptly reporting suspicious activity.

If you suspect fraud, waste or abuse, whether by a Covered Person, Prescribing Provider, Pharmacy or anyone else, please notify Prime at **800.821.4795**, or send the information to:

**Prime Therapeutics LLC
Attn: Compliance Officer
P.O. Box 64812
St. Paul, MN 55164-0812**



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