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Prime Contact Center HOLIDAY HOURS

Commercial Business

- Monday, December 25, 2006:
7:00 a.m. to 9:00 p.m. CT
- Monday, January 1, 2007:
24-hour service begins

Medicare Part D Business

- Monday, December 25, 2006:
7:00 a.m. to 9:00 p.m. CT
- Monday, January 1, 2007:
24-hour service begins

**Assistance is available
24 hours a day, 7 days a week**

800.821.4795

Blue Cross and Blue Shield of Florida (BCBSF) Plan Announcement

Beginning January 1, 2007, Prime will provide services to over 1.4 million BCBSF members enrolled in health plans that include prescription drug coverage. See page 3 of this issue for the full Plan Announcement. There will be no change to your payment cycle as a result of this implementation.

Blue Cross and Blue Shield of Kansas (BCBSKS)

Effective January 1, 2007 — BCBSKS members will begin utilizing the Prime Therapeutics National Network for their in-state network. BCBSKS members will continue to use current ID cards and there will be no change to the processing requirements.

2007 Medicare Part D Formulary Available Online

To view the 2007 Medicare Part D Formulary, please visit Prime's web site at www.primetherapeutics.com/pharmacists/MedicarePartD.

For an overview of Medicare Part D updates, see pages 17 and 18 of this issue.

Payor Specification Sheets Updated

The following Prime payor specification sheets have been updated and are available on Prime's web site at www.primetherapeutics.com/pharmacists/payorsheets

- Payor Specification Sheet for Prime Therapeutics LLC **Commercial Clients**
- Payor Specification Sheet for **Medicare Part D/PDP and MA-PD**, Prime Therapeutics LLC Clients
- Payor Specification Sheet for **Supplemental to Medicare Part D**, Prime Therapeutics LLC Clients

Blue Cross Blue Shield of North Dakota: Change in Drug Prior Approvals and Formulary Exceptions

Approval limits on drug prior approvals and formulary exceptions will be extended to a five-year period. The five-year period will be granted on new requests and renewals when received, effective January 1, 2007. Approval of non-sedating antihistamines to non-formulary status will continue without a limitation date.

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 email at jdaman@primetherapeutics.com or call **651.286.4203** or **800.858.0723**.

Medication Therapy Management (MTM) Program – Retail Component

The retail component of Prime's MTM program was initiated September 2006 for Medicare Part D members.

The MTM retail program focuses on severe, documented drug-drug interactions — those with a high risk of adverse drug events with the likelihood of causing a significant negative outcome. These interactions will be identified at the point of service (POS), and will result in **an opportunity for the retail pharmacist to perform an intervention and be compensated for that service.** For more information, see page 5 of the September issue of *Prime Perspective*. All back issues of *Prime Perspective* can be viewed at www.primetherapeutics.com/pharmacistsnews.htm.

When you perform an MTM intervention that results in dispensing the medication as prescribed, submit the appropriate codes on the **original** prescription. Do NOT create a new one. This will ensure appropriate payment for your services.

In order to be compensated for this service, pharmacies must execute an exhibit for MTM services with Prime. If you are not currently contracted and wish to be, please call Prime's Contact Center at 800.821.4795 to request an MTM exhibit.

MAC LIST UPDATES

Prime Therapeutics MAC List Updates: September 1 to November 15, 2006

■ ADDED TO MAC LIST

fexofenadine tabs, 30 mg (ALLEGRA)
zonisamide caps, 50 mg (ZONEGRAN)

■ DELETED FROM MAC LIST

morphine sulfate inj, 2 mg/mL
indomethacin caps, 25 mg

MINNESOTA NEWS

Blue Cross and Blue Shield of Minnesota New Employer Groups

Effective January 1, 2007

AmeriPride, Inc.

- Generic drugs = \$15
- Formulary brand-name drugs = \$30
- Non-formulary brand-name drugs = \$45

Ceridian

- Generic drugs = \$10
- Formulary brand-name drugs = 25 percent with \$25 minimum and \$50 maximum
- Non-formulary brand-name drugs = 35 percent with \$50 minimum and \$100 maximum

Graco, Inc.

- Formulary drugs = 20 percent with \$10 minimum and \$25 maximum
- Non-formulary drugs = 40 percent or \$40 copay, whichever is greater

Securian Financial

- Annual deductible = \$100 individual
- Annual out-of-pocket maximum = \$1,500 Individual; \$3,000 Family
- Generic drugs = 25 percent with \$10 minimum and \$25 maximum
- Formulary brand-name drugs = 25 percent with \$15 minimum and \$35 maximum
- Non-formulary brand-name drugs = 25 percent with \$30 minimum and \$45 maximum

Minnesota News continued on page 4

PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Florida

January 1, 2007

Blue Cross and Blue Shield of Florida/Health Options, Inc. will transition pharmacy benefit management services from Medco to Prime Therapeutics LLC

Effective January 1, 2007, Prime Therapeutics will begin processing claims for members of Blue Cross and Blue Shield of Florida (BCBSF)/Health Options, Inc. (HOI).

BCBSF will continue to use the Florida in-state network, and Prime Therapeutics' Select Network for pharmacies outside the state of Florida.

Required Processing Information

Beginning January 1, 2007, 12:00 a.m. Central Standard Time, please use the new BIN and PCNs as outlined below for all members of BCBSF/HOI.

BIN **012833**

Processor Control Number (PCN)

Commercial **FLBC**

Medicare Part D **MEDDPRIME**

Outstanding Claims Reversal and Processing

To prepare for the transition, please complete all claims processing and reversals by close of business December 31, 2006.

Claims Processing Problems/Rejections

Beginning January 1, 2007, if you have a problem processing claims, please check to see if you have loaded Prime Therapeutics' new BIN and PCN.

Processing Requirements Effective January 1, 2007

New BIN

New Processor control number (PCN)

Member ID number (Starts with letter "H")

Date of birth

Gender

U&C required

DEA (Medicare Part D only)

For More Information

Beginning January 1, 2007, if you need assistance with **commercial** claims processing questions, including override requests, call the Prime Contact Center at 888.877.6323.

For **Medicare Part D** claims, call 888.877.6420.

For assistance with claims that have a date of fill **prior to January 1, 2007**, please contact Medco directly at 800.922.1557.

For further software setup information, please visit Prime's web site for both Commercial and Medicare Part D Payor Specification Sheets at www.primetherapeutics.com/pharmacists/payorsheets.

Blue Cross and Blue Shield of Minnesota Specialty Drug Program

Blue Cross and Blue Shield of Minnesota will continue to implement a Specialty Drug Program for self-insured groups by election. Most fully insured groups were automatically implemented effective January 1, 2006, or on their 2006 renewal date.

The Specialty Drug Program includes selected specialty drugs that will be available for distribution through four Specialty Pharmacy Suppliers. The Specialty Drug List and Specialty Pharmacy Supplier details can be found at www.bluecrossmn.com under Healthy Living.

For an out-of-network supplier, claims for the selected specialty drugs will reject with a reason code of 70 "Product/Service Not Covered" along with a message stating that the claim submitted is for a specialty drug. This message will alert the pharmacist to call the number on the back of the member's ID card for a listing of in-network Specialty Pharmacy Suppliers. In order for the specialty drug to be covered, the member must use one of the Specialty Pharmacy Suppliers.

Blue Cross and Blue Shield of Minnesota Offers Select Network

BCBSM began using the Prime Select Network of pharmacies for their fully insured groups on January 1, 2006, and will continue to transition self-insured groups (by election) as they renew.

Pharmacies interested in joining the Prime Select Network, may call the Prime Contact Center at **800.821.4795** to request a Pharmacy Participation Agreement. No change is required to process claims.

Blue Cross and Blue Shield of Minnesota Will Implement Step Therapy and Utilization Management Programs for the Following Groups

Effective January 1, 2007

- Lutheran Social Service
- Buffets, Inc.
- The Schwan Food Company

PrimeWest Will Implement Step Therapy and Utilization Management Programs for the Following Populations

Effective January 1, 2007

- MA/GA
- MinnesotaCare

South Country Health Alliance (SCHA)

On January 1, 2007, Prime Therapeutics will begin processing claims for SCHA Region V (Minnesota counties: Cass, Crow Wing, Morrison, Todd and Wadena) PMAP and MNCARE members.

Members will utilize the Prime Select Network for claims processing.

Processing Requirements

- BIN 610455
- PCN PGIGN
- Member ID number 12345678900
- Date of birth
- Gender
- U&C required

MEDICARE PART D PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Minnesota

January 1, 2007

CareBlue SNP

Prime Therapeutics will begin processing claims on January 1, 2007, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Minnesota, CareBlue SNP. Medicare Part D members utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements

BIN 610455
PCN MPDCB
Member ID number 1234567890
Date of birth
Gender
DEA number
U&C required

Geographic Area

Minnesota Counties

For More Information

For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.648.2778.

Minnesota Counties

FRONT OF MEMBER ID CARD



RxBIN **610455** RxPCN **MPDCB**
GRP **T0237-00**
ISSUER **80840**
ID **NVI 9999999990**
NAME **99 ELIZABETH M SAMPLENAME**
CARE TYPE **TRADITIONAL**
SVC TYPE Rx Netwrk Brand Name Generic Name
NATIONAL 3.10 1.00
PCP **PROVIDER NAME PRINTS HERE XXXX**

BACK OF MEMBER ID CARD


CUSTOMER SERVICE:

MEDICAL/PHARMACY (651) 662-6013 or toll free 1-888-740-6013, TTY/TDD (651) 662-8700 or toll free 1-888-878-0137
TO LOCATE A PARTICIPATING PHARMACY 1-800-509-0545
BEHAVIORAL HEALTH 1-800-469-1110
NURSE phone care/advise 24/7 1-800-622-9524


CLAIMS ADDRESSES:

Blue Plus, P.O. Box 64338, St. Paul, MN 55165-0338
Prime Therapeutics, P.O. Box 64812, Eagan, MN, 55164


PDP Contact Reference Guide (Updated 12/06)

 PDP Product Offering PDPs are Prescription Drug Plans (such as private insurance companies and PBMs) that will offer a fully insured drug benefit		PDP				
Region	Region 25	Region 17	Region 26	Region 22	Region 23	Region 11
State(s)	IA, MN, MT, NE, ND, SD, WY	Illinois	New Mexico	Texas	Oklahoma	Florida
Name	RAS/Northern Plains Alliance		HISC		Oklahoma	Blue Cross and Blue Shield of Florida
Product Name	MedicareBlue Rx		Blue MedicareRx		Medicare Blue Rx	BlueMedicare Rx
Web Site	YourMedicareSolutions.com	bcbsil.com	bcbsnm.com	bcbstx.com	bcbsok.com	bcbsfl.com
Pre-Enrollment	866.456.3725 Daily 8 a.m. to 8 p.m. CT/MT	888.285.2249 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	888.285.2254 Monday – Friday: 6 a.m. to 8 p.m. MT Saturday and Sunday: 7 a.m. to 8 p.m. MT	888.579.9373 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	888.844.3781 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	800.809.8568 Monday – Friday: 8 a.m. to 9 p.m. ET Saturday: 8 a.m. to 12 p.m. ET
Beneficiary Services (Post-Enrollment)	888.832.0075 Daily 8 a.m. to 8 p.m. CT/MT	888.285.2249 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	888.285.2254 Monday – Friday: 6 a.m. to 8 p.m. MT Saturday and Sunday: 7 a.m. to 8 p.m. MT	888.579.9373 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	888.844.3781 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	800.926.6565 Daily 8 a.m. to 9 p.m. ET
Pharmacy Contact Center	800.693.6619 Daily 24x7	800.693.6704 Daily 24x7	800.693.7018 Daily 24x7	888.229.2812 Daily 24x7	888.229.2978 Daily 24x7	888.877.6420 Daily 24x7

MA-PD Plan Contact Reference Guide (Updated 12/06)

 MA-PD Product Offering Medicare Advantage Plans were originally known as Medicare+Choice; they now offer a prescription drug benefit and are referred to as MA-PDs (Medicare Advantage with a Prescription Drug Plan)		MA-PD			
Region	Region 19	Region 20	Region 17	Minnesota Only	Region 9
State(s)	IA, MN, MT, NE, ND, SD, WY	New Mexico	Texas	Minnesota	Minnesota Florida
Name	RAS/Northern Plains Alliance	HISC	HISC	PrimeWest Health System	BCBSM BluePlus Blue Cross and Blue Shield of Florida
Product Name	MedicareBlue PPO	Blue Medicare PPO	Blue Medicare PPO	PrimeWest Senior Health Complete	SecureBlue and CareBlue (SNP) BlueMedicare - PPO BlueMedicare - HMO
Web Site	YourMedicare Solutions.com	bcbsnm.com	bcbstx.com	primewest.org	bluecrossmn.com bcbssf.com
Pre-Enrollment	866.456.7731 Daily 8 a.m. to 8 p.m. CT/MT	800.718.2031	800.718.2031	800.635.4159 218.724.3083 Daily 8 a.m. to 8 p.m. CT	888.740.6013 651.662.6013 Daily 8 a.m. to 8 p.m. CT M-Th 8 a.m. to 9 p.m. ET Fri 9 a.m. to 9 p.m. ET
Beneficiary Services (Post-Enrollment)	888.457.3009 Daily 8 a.m. to 8 p.m. CT/MT	888.277.5507	888.277.5507	800.366.2906 Daily 8 a.m. to 8 p.m. CT	866.477.1601 Daily 8 a.m. to 8 p.m. CT
Pharmacy Contact Center	800.693.6619 Daily 24x7	800.693.7018 Daily 24x7	888.229.2812 Daily 24x7	800.821.4795 Daily 24x7	800.821.4795 Daily 24x7 888.877.6420 Daily 24x7

Employer Groups Contact Reference Guide (Updated 12/06)

		Product Offering — Employer Groups				Employer Groups	
Region	Region 25	Region 17	Region 26	Region 22	Region 23		
State(s)	IA, MN, MT, NE, ND, SD, WY	Illinois	New Mexico	Texas	Oklahoma		
Name	Northern Plains Alliance	Blue Cross and Blue Shield (HISC)				Blue Cross and Blue Shield Oklahoma	
Product Name	MedicareBlue Rx	Blue MedicareRx				Medicare Blue Rx	
Web Site	YourMedicareSolutions.com	bcbsil.com	bcbsnm.com	bcbstx.com	bcbsok.com		
Beneficiary Services	877.838.3827 Daily 8 a.m. to 8 p.m. CT/MT	877.838.3833 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	877.838.3875 Monday – Friday: 6 a.m. to 8 p.m. MT Saturday and Sunday: 7 a.m. to 8 p.m. MT	877.838.3871 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT	877.838.3877 Monday – Friday: 7 a.m. to 9 p.m. CT Saturday and Sunday: 8 a.m. to 9 p.m. CT		
Pharmacy Contact Center	800.693.6619 Daily 24x7	800.693.6704 Daily 24x7	888.693.7018 Daily 24x7	888.229.2812 Daily 24x7	888.229.2978 Daily 24x7		

MEDICARE PART D

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

Prime Therapeutics LLC (Prime) began processing Medicare Part B claims for Medicare Part D dual eligible beneficiaries on April 5, 2006.

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 above are for only the Medicare Part D MSHO and SNP beneficiaries.

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

MN Dual Eligible

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	610455	MPDCB	610455	PGIGN
First Plan of Minnesota	First Plan Blue MSHO*	610455	MPDFH	610455	PGIGN
South Country Health Alliance	AbilityCare	610455	MPDSA	610455	PGIGN
South Country Health Alliance	South Country Health Alliance MSHO*	610455	MPDSM	610455	PGIGN
PrimeWest Health System	PrimeWest MSHO*	610455	MPDPW	610455	PWEST

*MSHO (Minnesota Senior Health Options)

REMINDER: CMS Will Require Pharmacies Use NPI on All HIPAA-Related Electronic Claims Transactions

Effective May 23, 2007

Beginning May 23, 2007, Centers for Medicare & Medicaid Services (CMS) will require the use of a National Provider Identification (NPI) on all HIPAA-related electronic claims transactions. In an effort to minimize disruption, pharmacies should obtain their NPI as soon as possible. There are two ways to apply for an NPI:

- The National Council for Prescription Drug Programs (NCPDP) is a CMS-certified Electronic File Interchange for obtaining and maintaining NPIs on behalf of authorizing pharmacies. NCPDP is urging pharmacies to utilize NCPDP's services to obtain their NPI so that providers will experience minimal payment disruption when transitioning from the NCPDP Provider ID to the NPI.
 - 1) Go to NCPDP's web site at **www.ncdp.org**, click on **NCPDP Provider ID**.
 - 2) Click on the second item under **Useful Links**: *I already have an NCPDP number, but need to make changes to my information or apply for an NPI*.
 - 3) Click on **Application Form** and print a hard copy.
 - 4) Check appropriate box at top of the first page and fill in your pharmacy information as necessary.
 - 5) Fax your completed form to NCPDP at **480.767.1043**.
- A pharmacy can apply for an NPI directly from the CMS web site at **http://nppes.cms.hhs.gov** or by contacting CMS at **800.465.3203**. If a pharmacy chooses to contact CMS directly to obtain an NPI, **it is extremely important to also report the assigned NPI to NCPDP**, as Prime Therapeutics interfaces with NCPDP on a monthly basis for pertinent pharmacy data.

Prime will release an NPI work plan, which includes information on implementation and testing.

Prime Contact Information

WEB SITE: www.primetherapeutics.com

MAILING ADDRESS: Prime Therapeutics LLC P.O. Box 64812 St. Paul, MN 55164-0812

PRIME CONTACT CENTER: 800.821.4795 The Prime Contact Center has dedicated staff to assist pharmacies with processing questions or problems. Beginning January 1, 2007, our representatives will be available 24 hours a day, 7 days a week.

FRAUD AND ABUSE: If you suspect fraud or abuse, please contact Prime at 800.821.4795.

Need Information?

Find it at www.primetherapeutics.com

Pharmacists can find an abundance of information by visiting Prime's web site at www.primetherapeutics.com/pharmacists. The Prime web site is user-friendly and provides information quickly and efficiently to our network pharmacies. The site is updated as new information becomes available or as changes occur. Information and services that can be found on Prime's web site include the following:

- **Contact Information** – contains information on the Prime Contact Center including phone numbers, hours of operation and holidays. There is also a link for pharmacies to contact Prime by email.
- **Exception Request** – Forms for formulary exception requests are contained here in a PDF version, which physicians can print and fax to our Clinical Review Department.
- **Formulary** – The PrimeNational Formulary is available in this section. Through a search option, pharmacists can type in a drug name to identify if the drug is formulary or non-formulary.
- **Frequently Asked Questions** – This section displays current or new program questions and answers that are helpful for pharmacists.
- **MAC Program** – Pharmacies can access the Prime MAC list after they register on-line through the link in this section and receive a secure user ID and password from Prime.
- **Operating Guidelines** – Includes the latest version of Prime's *Pharmacy Provider Manual* (September 2005) and the *Prime Pharmacy Provider Manual for Medicare Part D* (November 2005).
- **Payor Sheets** – This section includes the Prime Payor Sheets for commercial business, Medicare Part D, and Supplemental to Medicare Part D.
- **Prime Perspective Newsletter** – Current and past issues of Prime's quarterly pharmacy newsletter can be found in this section along with plan announcements for new business.
- **Requests and Inquiries** – Use this section to request a contract, inquire about a payment or lost check, or send a claim question.

PrimeNationalSM Formulary Additions

■ GENERIC PRODUCTS ADDED

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

flurbiprofen ophth soln (OCUFEN)

meloxicam tabs (MOBIC)

sertraline oral soln, tabs (ZOLOFT)

sulfacetamide sodium/sulfur crm, emulsion, susp, 10%/5% (PLEXION)

venlafaxine tabs (EFFEXOR)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary
oxybutynin extended-release (DITROPAN)

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)

CHANTIX (varenicline tabs)

DUETACT (pioglitazone/glimepiride tabs)

FENTANYL CITRATE ORAL TRANSMUCOSAL

GENOTROPIN (somatropin for inj)

PSORiatec (anthralin crm)

SOLTAMOX (tamoxifen oral soln)

VECTIBIX (panitumumab inj)

YAZ (drospirenone/ethinyl estradiol tabs)

ZOLINZA (vorinostat caps)

PrimeNationalSM Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

EFFEXOR (venlafaxine tabs)

SALAGEN (pilocarpine tabs, 7.5 mg)

ZOLOFT (sertraline oral soln, tabs)

■ BRAND PRODUCTS REMOVED

Brand marketer remains

ACTIQ (FENTANYL CITRATE ORAL TRANSMUCOSAL)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

carbinoxamine/pseudoephedrine oral soln, 1-15 mg/mL; syrup, 2-25 mg/5 mL; tabs, 4 mg/60 mg; extended-release tabs, 8 mg/120 mg

EMLA KIT (lidocaine/prilocaine kit)

esterified estrogens/methyltestosterone tabs

NATAFORT (prenatal multivitamins/folic acid 1 mg tabs)

PRED MILD (prednisolone acetate ophth susp, 0.12%)

VITAFOL-OB (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

FLUOROPLEX (fluorouracil soln, 1%)

METHOTREXATE FOR INJ, 20 mg

VIDEX (didanosine chew tabs, powder pkt)

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)

CHANTIX (varenicline tabs)

DUETACT (pioglitazone/glimepiride tabs)

EVOXAC (cevimeline caps)

GONAL-F (follitropin alfa inj)

PINDOLOL tabs

SOLTAMOX (tamoxifen oral soln)

TIMOLOL tabs, 5 mg, 20 mg

YAZ (drospirenone/ethinyl estradiol tabs)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2007

COLESTID (colestipol bulk granules)

Effective February 1, 2007

MIACALCIN (calcitonin nasal)

DITROPAN XL (oxybutynin extended-release tabs)

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

■ BRAND PRODUCTS REMOVED**Generics are not available****Effective February 1, 2007**

DEXAMETHASONE tabs, 1 mg, 2 mg
 DEXAMETHASONE INTENSOL (dexamethasone oral soln, 1 mg/mL)
 FML FORTE (fluorometholone ophth susp)
 FML S.O.P. (fluorometholone ophth oint)
 FML-S (sulfacetamide sodium/fluorometholone ophth susp)
 MIACALCIN (calcitonin inj)
 PANRETIN (alitretinoin gel)
 PRED MILD (prednisolone acetate ophth susp, 0.12%)
 RELION R (regular insulin inj)
 RELION N (isophane insulin inj)
 RELION 70/30 (isophane/regular insulin inj)
 STAVELO (carbidopa/levodopa/entacapone tabs)
 TARGRETIN (bexarotene gel)
 TOLBUTAMIDE tabs

■ DISCONTINUED BRAND PRODUCTS REMOVED**Generics are not available****Effective November 1, 2006**

FLUOROPLEX (fluorouracil soln, 1%)
 VIDEX (didanosine chew tabs, powder pkt)

Blue Cross and 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**

flurbiprofen ophth soln (OCUFEN)
 glimepiride tabs (AMARYL)
 meloxicam tabs (MOBIC)

sertraline oral soln, tabs (ZOLOFT)
 sulfacetamide sodium/sulfur crm, emulsion, susp, 10%/5% (PLEXION)
 venlafaxine tabs (EFFEXOR)

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)
 BAYER ASCENSIA BLOOD GLUCOSE MONITORS; BREEZE, CONTOUR, ELITE, ELITE XL
 BAYER ASCENSIA BLOOD GLUCOSE TEST STRIPS; AUTODISC, CONTOUR, ELITE
 BAYER ASCENSIA BLOOD GLUCOSE MONITOR CALIBRATION LIQUIDS
 BAYER ASCENSIA LANCET DEVICES AND LANCETS
 CHANTIX (varenicline tabs)
 DUETACT (pioglitazone/glimepiride tabs)
 FENTANYL CITRATE ORAL TRANSMUCOSAL
 GENOTROPIN (somatropin for inj)
 SOLTAMOX (tamoxifen oral soln)
 VECTIBIX (panitumumab inj)
 ZOLINZA (vorinostat caps)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND PRODUCTS REMOVED**Generics remain**

EFFEXOR (venlafaxine tabs)
 SALAGEN (pilocarpine tabs, 7.5 mg)
 ZOLOFT (sertraline oral soln, tabs)

■ BRAND PRODUCTS REMOVED**Brand marketer remains**

ACTIQ (FENTANYL CITRATE ORAL TRANSMUCOSAL)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

carbinoxamine/pseudoephedrine oral soln, 1-15 mg/mL; syrup, 2-25 mg/5 mL; tabs, 4 mg/60 mg; extended-release tabs, 8 mg/120 mg
 NATAFORT (prenatal multivitamins/folic acid 1 mg tabs)
 PRED MILD (prednisolone acetate ophth susp, 0.12%)
 VITAFOL-OB (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)

Continued

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

FLUOROPLEX (flourouracil soln, 1%)

METHOTREXATE FOR INJ, 20 mg

VIDEX (didanosine chew tabs, powder pkt)

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

flurbiprofen ophth soln (OCUFEN)

meloxicam tabs (MOBIC)

sertraline oral soln, tabs (ZOLOFT)

sulfacetamide sodium/sulfur crm, emulsion, susp, 10%/5% (PLEXION)

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)

DUETACT (pioglitazone/glimepiride tabs)

SOLTAMOX (tamoxifen oral soln)

SYNERA (lidocaine/tetracaine topical patch)

VECTIBIX (panitumumab inj)

VIVITROL (naltrexone for extended-release inj susp)

YASMIN (drospirenone/ethinyl estradiol tabs)

YAZ (drospirenone/ethinyl estradiol tabs)

ZOLINZA (vorinostat caps)

Blue Cross and Blue Shield of Minnesota Formulary Deletions**■ GENERIC PRODUCTS REMOVED****Generics from other marketers remain**

LEVOTHROID (levothyroxine sodium tabs)

■ BRAND PRODUCTS REMOVED**Generics remain**

ZOLOFT (sertraline oral soln, tabs)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

carbinoxamine/pseudoephedrine oral soln, 1-15 mg/mL; syrup, 2-25 mg/5 mL; tabs, 4 mg/60 mg; extended-release tabs, 8 mg/120 mg

esterified estrogens/methyltestosterone tabs

PRED MILD (prednisolone acetate ophth susp, 0.12%)

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

flurbiprofen ophth soln (OCUFEN)

glimepiride tabs (AMARYL)

sertraline oral soln, tabs (ZOLOFT)

sulfacetamide sodium/sulfur crm, emulsion, susp, 10%/5% (PLEXION)

venlafaxine tabs (EFFEXOR)

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)

ANDROGEL (testosterone gel)

AZOPT (brinzolamide ophth susp)

BETOPTIC S (betaxolol ophth susp)

BONIVA (ibandronate tabs)

CELEBREX (celecoxib caps)

CIPRODEX (ciprofloxacin/dexamethasone otic susp)

DUETACT (pioglitazone/glimepiride tabs)

EVOXAC (cevimeline caps)

EXELON (rivastigmine caps, oral soln)

FENTANYL CITRATE ORAL TRANSMUCOSAL

GENOTROPIN (somatropin for inj)

LEXAPRO (escitalopram oral soln, tabs)

LIDODERM (lidocaine transdermal patch)

METADATE CD (methylphenidate extended-release caps)

NIASPAN (niacin extended-release tabs)

PATANOL (olopatadine ophth soln)

PROVIGIL (modafinil tabs)

PSORiatec (anthralin crm, 1%)

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

SOLTAMOX (tamoxifen oral soln)
 TRAVATAN (travoprost ophth soln)
 TRICOR (fenofibrate tabs)
 VECTIBIX (panitumumab inj)
 VIGAMOX (moxifloxacin ophth soln)
 ZOLINZA (vorinostat caps)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

EFFEXOR (venlafaxine tabs)
 ZOLOFT (sertraline oral soln, tabs)

■ BRAND PRODUCTS REMOVED

Brand marketer remains

ACTIQ (FENTANYL CITRATE ORAL TRANSMUCOSAL)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

carbinoxamine/pseudoephedrine oral soln, 1-15 mg/mL; syrup, 2-25 mg/5 mL; tabs, 4 mg/60 mg; extended-release tabs, 8 mg/120 mg
 EMLA KIT (lidocaine/prilocaine kit)
 NATAFORT (prenatal multivitamins/folic acid 1 mg tabs)
 PAXIL CR (paroxetine extended-release tabs)
 PRED MILD (prednisolone acetate ophth susp, 0.12%)
 VITAFOL-OB (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

METHOTREXATE FOR INJ, 20 mg
 VIDEX (didanosine chew tabs, powder pkt)

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

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)
 CHANTIX (varenicline tabs)
 DUETACT (pioglitazone/glimepiride tabs)
 OPTIVAR (azelastine ophth soln)
 PINDOLOL tabs
 TIMOLOL tabs, 5 mg, 20 mg
 YAZ (drospirenone/ethinyl estradiol tabs)

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2007

COLESTID (colestipol bulk granules)
 DILANTIN (phenytoin susp)
 EFFEXOR (venlafaxine tabs)
 GRIFULVIN-V (griseofulvin microsize susp)
 MIACALCIN (calcitonin nasal)
 MYAMBUTOL (ethambutol tabs)
 NYSTATIN (nystatin oral powder)
 PROSCAR (finasteride tabs)
 RETROVIR (zidovudine caps)
 ZADITOR (ketotifen ophth soln)
 ZITHROMAX (azithromycin susp)
 ZOLOFT (sertraline oral soln, tabs)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2007

DEXAMETHASONE tabs, 1 mg, 2 mg
 ESTRING (estradiol vaginal ring)
 FEMRING (estradiol acetate vaginal ring)
 FURADANTIN (nitrofurantoin susp)

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

HELIDAC (metronidazole tabs + tetracycline caps + bismuth subsalicylate tabs)
 KETEK (telithromycin tabs)
 MACRODANTIN (nitrofurantoin macrocrystals caps, 25 mg)
 MEPRON (atovaquone susp)
 METROGEL (metronidazole gel, 1%)
 NEBUPENT (pentamidine for neb soln)
 OXYTROL (oxybutynin transdermal patch)
 PRED MILD (prednisolone acetate ophth susp, 0.12%)
 TOBEX (tobramycin ophth oint)
 TOLBUTAMIDE tabs
 VISICOL (monobasic sodium phosphate/dibasic sodium phosphate tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2007

FLUOROPLEX (fluorouracil soln, 1%)
 SULFISOXAZOLE tabs
 VIDEX (didanosine chew tabs, powder pkt)

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

flurbiprofen ophth soln (OCUFEN)
 levonorgestrel/ethinyl estradiol tabs – Jolessa, Quasense (SEASONALE)
 meloxicam tabs (MOBIC)
 neomycin/polymyxin B/bacitracin ophth oint
 neomycin/polymyxin B/gramicidin ophth soln (NEOSPORIN)
 oxybutynin extended-release tabs (DITROPAN XL)
 sertraline oral soln, tabs (ZOLOFT)
 sulfacetamide sodium/sulfur crm, emulsion, susp, 10%/5% (PLEXION)

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)
 CHANTIX (varenicline tabs)
 DUETACT (pioglitazone/glimepiride tabs)
 FENTANYL CITRATE ORAL TRANSMUCOSAL

SOLTAMOX (tamoxifen oral soln)
 SYNERA (lidocaine/tetracaine topical patch)
 VECTIBIX (panitumumab inj)
 YAZ (drospirenone/ethinyl estradiol tabs)

■ OTHER ADDITIONS

ZOLINZA (vorinostat caps) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

SALAGEN (pilocarpine tabs, 7.5 mg)
 TIAZAC (diltiazem extended-release caps, 420 mg)
 ZOLOFT (sertraline oral soln, tabs)

■ BRAND PRODUCTS REMOVED

Brand marketer remains

ACTIQ (FENTANYL CITRATE ORAL TRANSMUCOSAL)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

NATAFORT (prenatal multivitamins/folic acid 1 mg tabs)
 PRED MILD (prednisolone acetate ophth susp, 0.12%)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ADRIAMYCIN PFS (doxorubicin inj)
 FLUOROPLEX (fluorouracil soln, 1%)
 METHOTREXATE FOR INJ, 20 mg
 NEOSAR (cyclophosphamide for inj)
 VIDEX (didanosine chew tabs, powder pkt)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)
 CHANTIX (varenicline tabs)
 DUETACT (pioglitazone/glimepiride tabs)

PINDOLOL tabs
 TIMOLOL tabs, 5 mg, 20 mg
 YAZ (drospirenone/ethinyl estradiol tabs)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

■ BRAND PRODUCTS REMOVED

Generics remain for the following prescription prenatal vitamins with 1 mg of folic acid

Effective January 1, 2007

CENOGEN ULTRA
 CITRACAL PRENATAL RX
 DUET tabs
 EMBREX 600
 ENFAMIL NATALINS RX
 LACTOCAL-F
 MATERNA
 MYNATAL
 NATACHEW
 NESTABS CBF
 NESTABS FA
 NESTABS RX
 NOVANATAL
 NOVASTART
 OBTREX
 PRENATE GT
 STUARTNATAL PLUS 3

Blue Cross Blue Shield of Wyoming Formulary Changes

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

■ BRAND PRODUCTS REMOVED

LUMIGAN (bimatoprost ophth soln)
 RELION N (isophane insulin inj)
 RELION R (regular insulin inj)
 RELION 70/30 (isophane/regular insulin inj)

Medicare Part D – Two-Tier Formulary Changes

There are no tier changes to report for this formulary

Medicare Part D – Three-Tier Formulary Changes

The following tier changes apply only to new starts. For current users of these products, the tiers will remain as is through the rest of 2006.

■ TIER CHANGE: TIER 2 TO TIER 3

LYRICA (pregabalin caps, 25 mg)

■ TIER CHANGE: TIER 1 TO TIER 3

ACTONEL PLUS CALCIUM (risedronate tabs and calcium carbonate tabs)

AHIST (chlorpheniramine tannate tabs)

SYMLIN (pramlintide inj)

2007 Medicare Part D Formulary Changes

The calendar year of 2007 brings a new plan year for Medicare Part D. The 2007 formularies will remain largely the same as the 2006 formularies. There will be a number of additions, removals and copay-level changes in 2007. The biggest change will be the addition of a specialty drug tier to each of the formularies. The specialty tier is used to better manage high-cost drugs (e.g., many injectable antibiotics, biotech drugs and chemotherapeutic agents), while continuing to provide member access to these products.

The tables on page 18 list selected highly-utilized products that will be excluded from coverage as of January 1, 2007. Brand products are noted in uppercase (i.e., ACTIVELLA); generic products are noted in lowercase (i.e., ticlopidine). A brand reference is noted with generic entries.

For the most complete and current 2007 Medicare Part D formulary information, refer to our web site at www.primetherapeutics.com/pharmacists.

Continued

2007 Medicare Part D Three-Tier Formulary Deletions

Product Name	Notes
ACTIVEVELLA (estradiol/norethindrone tabs)	Formulary Alternatives = PREMPHASE (conjugated estrogens/medroxyprogesterone tabs), PREMPRO (conjugated estrogens/medroxyprogesterone tabs)
ALPHAGAN P (brimonidine ophth soln, 0.1%)	Formulary Alternative = brimonidine, 0.2 %
BETOPTIC-S (betaxolol ophth susp)	Formulary Alternatives = BETAXOLOL soln 0.5%, carteolol, levobunolol, metipranolol, timolol maleate gel-forming soln, timolol maleate soln
CAMPRAL (acamprosate delayed-release tabs)	Formulary Alternative = ANTABUSE (disulfiram tabs)
DIPENTUM (olsalazine caps)	Formulary Alternatives = ASACOL (mesalamine delayed-release tabs), PENTASA (mesalamine extended-release caps), sulfasalazine delayed-release tabs, sulfasalazine tabs
MUSE (alprostadil urethral supp)	Mandatory Medicare Part D exclusion beginning 1/1/07
VIAGRA (sildenafil tabs)	Mandatory Medicare Part D exclusion beginning 1/1/07
ticlopidine tabs (TICLID)	Formulary Alternative = PLAVIX (clopidogrel tabs)
yohimbine tabs (YOCON)	Mandatory Medicare Part D exclusion beginning 1/1/07

2007 Medicare Part D Four-Tier Formulary Deletions

Product Name	Notes
CAVERJECT (alprostadil for inj)	Mandatory Medicare Part D exclusion beginning 1/1/07
CIALIS (tadalafil tabs)	Mandatory Medicare Part D exclusion beginning 1/1/07
EDEX (alprostadil for inj)	Mandatory Medicare Part D exclusion beginning 1/1/07
HUMIRA (adalimumab inj)	Formulary Alternative = ENBREL (etanercept inj)
KINERET (anakinra inj)	Formulary Alternative = ENBREL (etanercept inj)
LEVITRA (vardenafil tabs)	Mandatory Medicare Part D exclusion beginning 1/1/07
LUMIGAN (bimatoprost ophth soln)	Formulary Alternatives = TRAVATAN (travoprost), XALATAN (latanoprost)
MUSE (alprostadil urethral supp)	Mandatory Medicare Part D exclusion beginning 1/1/07
PREVACID NAPRAPAC (lansoprazole delayed-release caps + naproxen tabs)	Formulary Alternatives = ibuprofen, meloxicam, naproxen, or naproxen sodium + omeprazole delayed-release caps
REBIF (interferon beta-1A inj)	Formulary Alternatives = AVONEX (interferon beta-1A inj), BETASERON (interferon beta-1B for inj)
TICLID (ticlopidine tabs)	Formulary Alternative = PLAVIX (clopidogrel tabs)
ticlopidine tabs (TICLID)	Formulary Alternative = PLAVIX (clopidogrel tabs)
VIAGRA (sildenafil tabs)	Mandatory Medicare Part D exclusion beginning 1/1/07
YOCON (yohimbine tabs)	Mandatory Medicare Part D exclusion beginning 1/1/07
yohimbine tabs (YOCON)	Mandatory Medicare Part D exclusion beginning 1/1/07



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