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CONTACT CENTER HOLIDAY HOURS

Monday, July 4, 2005 and
Monday, September 5, 2005
7:00 a.m. to 6:00 p.m.

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

800.821.4795



PRIME PREPARES FOR MEDICARE PART D

Prime Therapeutics (Prime) continues to gear up to administer the new Medicare Part D prescription drug benefit that will go into effect January 1, 2006.

Currently, Prime administers a Medicare-approved drug discount card that was introduced in 2004. The work Prime has done to prepare for both programs has provided valuable experience in navigating the evolving rules and regulations issued by the Centers for Medicare and Medicaid Services (CMS).

Prime has been selected to administer the Medicare Part D prescription drug program for an expanded number of Blue Cross and Blue Shield (BCBS) plans. They include:

- CMS Region 19/25, including BCBS plans in Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming
- BCBS Illinois
- BCBS Minnesota, including First Plan and Minnesota Senior Health Options
- BCBS New Mexico
- BCBS Oklahoma
- BCBS Texas

Prime will also administer Medicare Part D benefits for other clients, including PrimeWest, a Medicaid managed health plan serving 10 rural counties in Minnesota, and South Country Health Alliance, a purchaser of health care services for certain enrollees of Medical Assistance, General Assistance Medical Care and MinnesotaCare.

Enrollment for Medicare Part D benefits will start in November 2005. Prime is committed to serving the needs of our clients and their Medicare populations. Watch for further communication as Prime prepares for enrollment.

REMINDER:

Please return your Prime Standard and Prime Extended Network Contract Amendments to activate your participation in our Medicare Part D Networks.

CONTRACTS FOR MEDICARE PART D NETWORKS DUE JUNE 17

Beginning January 1, 2006, the new voluntary Medicare Part D prescription drug plan will be available to anyone entitled to Medicare Part A and/or enrolled in Part B. At that time, Prime will provide prescription benefit services

Continued on page 2

through two newly created networks — the PrimeStandard Network and the PrimeExtended Network.

A contract amendment to participate in these networks was mailed to Prime contracted pharmacies in May. The amendment documents were due back to Prime by June 17. Receipt of the documents after this date may result in a pharmacy not listed as a network provider in member communication materials.

Please return your amendment documents as soon as possible. If you did not receive your contract amendment, please call the Prime Contact Center at 888.832.0060.

PRIME INTRODUCES EXTENDED SUPPLY NETWORK

Effective January 2005, Prime introduced a new network option, called the [MN] Extended Supply network. The new network is among the first of its kind in the nation and enables members to purchase a 90-day supply of their prescription drugs at retail stores.

Members who use the network are able to maintain face-to-face contact with their local pharmacists instead of being required to obtain a three-month supply of their prescription drugs via mail. In addition, members receive the same cost-savings provided by a traditional mail service program.

The [MN] Extended Network was featured in an April 15 article in *The New York Times*. Writer Milt Freudenheim called it “a quiet experiment until now that some industry specialists say could become a national model.”

Prime clients BCBS Minnesota and BCBS Illinois currently offer the extended supply network in their states. Several other clients have expressed interest in this network option.

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

We value your participation in our network and hope you find *Prime Perspective* a useful source of information. If you have questions or comments, please contact the newsletter editor, Tracey Hurajt, by email at thurajt@primetherapeutics.com or call 651.286.4040 or 800.858.0723.

MEDICARE DISCOUNT CARD SUBSIDY IS PRORATED

The PrimeScript Medicare-Approved Drug Discount Card continues to provide Medicare beneficiaries in an eight-state area with prescription discounts, and in some cases, transitional assistance from the government. The \$600 subsidy provided by the government to low-income beneficiaries will be prorated for second, third and fourth quarters of 2005. Beneficiaries who are approved for the subsidy between April 1 and June 31 receive \$450; between July 1 and September 30 receive \$300; and between October 1 and December 31 receive \$150.

PrimeScript will continue until May 15, 2006, to allow members time to choose and enroll in a Medicare Part D program. Medicare will automatically disenroll members on December 31, 2005, as they are enrolled in a Part D program, which begins January 1, 2006.

Please keep in mind that Medicare requires that a PrimeScript beneficiary be informed of the difference in price between a brand-name prescription drug and a lower-priced generic equivalent, when available.

We appreciate your partnership with Prime in offering discounted prescriptions to Medicare beneficiaries. If you have questions concerning the PrimeScript program, please call the Prime Contact Center at 800.821.4795.

MAC LIST UPDATES

Prime Therapeutics MAC List Updates February 1 to May 1, 2005

■ ADDED TO MAC LIST

bupropion extended-release tabs, 150 mg (Zyban)
cilostazol tabs (Pletal)
fluoxetine soln (Prozac)
minocycline tabs (Dynacin)
nitrofurantoin monohydrate/macrocrystals caps (Macrobid)

■ DELETED FROM MAC LIST

danazol caps
fluorometholone ophthalmic susp, 0.1% (FML)
lidocaine oint, 5%
mirtazapine orally disintegrating tabs (Remeron Soltab)

MAC

NATIONAL PROVIDER IDENTIFIER WILL BE NEW STANDARD ID

The National Provider Identifier (NPI) will be the new standard identifier for health care providers. Providers began to obtain their new NPI on May 23, 2005, and have until May 23, 2007, to become compliant.

The NPI will replace all legacy identifiers such as Unique Physician Identification Number (UPIN), Medicare Provider number, Medicaid Provider number or BCBS numbers. The new identifier is a 10-digit number that will not expire, but may be deactivated and reactivated. The NPI is issued through the National Provider System being developed by CMS. A health care provider can obtain an NPI number by applying via paper or internet. Information on how and where to find an application is at www.cms.hhs.gov/hipaa/hipaa2.

A health care provider may be an individual such as a pharmacist, physician, dentist or nurse, or an organization such as a pharmacy, hospital, care facility, laboratory, HMO or group practice. Prime will work with its software vendor to tie existing National Association of Boards of Pharmacy (NABP) numbers to the new NPI numbers.

PROCEDURE TO TRACK MISSING CHECK

Pharmacies that suspect they have not received a check due to them from Prime can request a check trace through Prime's web site. To submit a check inquiry, go to www.primetherapeutics.com, click on **Pharmacists**, then on **Requests and Inquiries**, then on **Check Inquiry**. Fill out the form on-line and submit it to Prime. If the original check has not been cashed, a replacement check will be issued in two to three weeks. **Prime requires that a check be outstanding for 14 days before processing a check inquiry.**

COMING THIS FALL: PRIME'S NEW PHARMACY PROVIDER MANUAL

An updated Prime Pharmacy Provider Manual will be mailed with the September issue of *Prime Perspective*. It will include the following information:

- General benefits and benefit plan types
- Formulary
- Prior-authorization
- NCPDP reject codes
- Tips for processing claims
- Medicare Part D information and processing requirements

TEXAS NEWS

BLUE CROSS AND BLUE SHIELD OF TEXAS MOVES TO SELECT NETWORK ON JULY 1, 2005

On July 1, 2005, Blue Cross and Blue Shield of Texas (BCBSTX) will begin using the Prime Select Network for its PPO business within the state of Texas. Currently BCBSTX holds the instate contracts, and the Prime Select Network is used outside the state of Texas. Participation in the Prime Select Network will enable your Texas pharmacy to continue to provide pharmacy services to members of BCBSTX PPO beginning July 1, 2005. No changes are required to process claims.

Pharmacies that are interested in receiving a contract for the Select Network may call the Prime Contact Center at **800.821.4795** to request a contract.

Beginning August 1, 2005, the BCSTX HMO business will use the new Prime HMO-Texas network for processing claims. Prime Therapeutics is in the process of contracting this network to meet HMO requirements.

Pharmacy Participation Agreements for the new Prime HMO-Texas network were mailed in June to Texas pharmacies currently participating in the BCBSTX HMO network. Pharmacies that do not return the agreement will not be able to provide prescription services to HMO members starting August 1, 2005.

For additional information, please call the Prime Contact Center.

800.821.4795

BLUE CROSS AND BLUE SHIELD OF OKLAHOMA – INCLUDE PHYSICIAN ID TO EXPEDITE PROCESSING

When processing pharmacy claims for Blue Cross and Blue Shield (BCBS) Oklahoma and BlueLincs HMO members, remember to include the physician ID number.

- For BCBS Oklahoma members in the BlueChoice and BlueTraditional networks, use the physician's Drug Enforcement Administration (DEA) number as the ID number.
- For BlueLincs HMO members, use the Oklahoma Medicaid number as the ID number.

If you have questions, please call the Pharmacy Helpdesk, Monday through Friday from 8 a.m. to 5 p.m., at 800.722.3218.

NEW PRESCRIPTION DRUG OPTIONS ANNOUNCED FOR OKLAHOMA GROUPS

BCBS Oklahoma announced new prescription drug options for its group health plans.

- BlueChoice and BluePreferred network groups with 50 or more members may now choose a prescription drug card option with a \$300 up-front deductible.
- BlueOptions groups can now select a 50/50 prescription drug card (members pay 50 percent of the allowable charge) at the group's renewal. The new card, which has a separate \$20,000 stop-loss limit, will allow members to pay only the 50 percent copay at the pharmacy. Previously, members paid the full cost at the pharmacy and were reimbursed 50 percent.

"These prescription drug options offer employer groups new choices that can help hold down employee benefit costs," said Lisa Putt, Vice President of Marketing at BCBS Oklahoma.



PRE-AUTHORIZATION CHANGES MADE FOR NEBRASKA GROUPS

Effective September 1, the Educators Health Alliance (EHA) group of Blue Cross and Blue Shield (BCBS) Nebraska, which administers health care benefits for teachers and administrators in Nebraska, will implement changes to its drug benefit design.

- The COX-2 Inhibitor Pre-authorization (PA) program will include the drug Mobic.
- A Leukotriene Modifier PA program and a Proton Pump Inhibitor PA program will be added. They are designed to promote cost-effective care for EHA membership.

In addition, the Nebraska Association of County Officials (NACO) and the Nebraska Bankers Association (NBA) will include Mobic as a part of its COX-2 Inhibitor PA program, but will not add the other PA programs. The change will be effective June 15 for NBA, and July 1 for NACO.

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

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

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

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

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

Nebraska



MINNESOTA NEWS

PHARMACIES MAY EARN COMPENSATION FOR REFERRING SMOKERS

On April 19, 2005, Blue Cross and Blue Shield of Minnesota along with Prime Therapeutics implemented a new pharmacy-based referral program called SCRIPS (Smoking Cessation Referrals in PharmacieS). The goal of this program is to connect Blue Cross members who are receiving tobacco treatment medications to the BluePrint for Health® stop smoking phone-counseling program. The SCRIPS program provides participating pharmacies with a unique opportunity to be compensated \$25 for each referral for their role in helping people quit smoking.

When processing a claim for a smoking cessation medication for a Blue Cross and Blue Shield of Minnesota member, you will receive a reject message stating: "MD PA NOT REQD. SCRIPS 1.800.821.4795" and "PRIOR AUTH REQD"

A prior authorization from a physician is NOT required for a member to participate in this program. Member participation in the SCRIPS program is NOT required to obtain medications. Copays and deductibles do apply.

To process a smoking cessation claim, please use one of the PA numbers below:

NCPDP Field	PA Type Code (461-EU)	PA Number (462-EV)
Pharmacy Not Interested	PA Type = 1	PA Code = 1000000000
<ul style="list-style-type: none"> Pharmacy not interested in offering the stop-smoking program to the member 		
Patient Declined	PA Type = 1	PA Code = 2000000000
<ul style="list-style-type: none"> Member not interested in participating in the stop-smoking program Member is already participating in the stop-smoking program Member presents multiple cessation medication prescriptions at one time Member is refilling a prescription for a cessation medication 		
Patient Accepted (fax required)	PA Type = 1	PA Code = 3000000000
<ul style="list-style-type: none"> Member interested in participating in the stop-smoking program Use for first-time prescriptions only Pharmacist is required to complete a SCRIPS referral from and fax it to 800.483.3114 within 24 hours. Referral fee is paid only for faxes that are received In order to be HIPPA compliant, the cover sheet must be included with the referral form 		

Minnesota

For additional SCRIPS processing information, please call the Prime Contact Center at 800.821.4795. For printable forms and materials, please visit the Prime web site at www.primetherapeutics.com/pharmacists.

SCRIPS program

Minnesota News continued on page 6



BLUE CROSS AND BLUE SHIELD OF MINNESOTA TO CHANGE FORMULARY STATUS OF CERTAIN INSULIN PRODUCTS

- Beginning July 5, 2005, all Novo insulin products will be formulary.
- As of September 1, 2005, Lilly insulin products will become non-formulary items with the exception of the following products, which will remain formulary:
 - Humulin L
 - Humulin U
 - Humulin R 500 u/mL
 - Humulin 50/50

Insulin

Members currently using Lilly insulins will be notified of these changes via mail and will be able to receive continued formulary coverage of select Lilly insulin products for a short time. Additional information will be forthcoming.

FORMULARY UPDATES

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

PrimeNationalSM Formulary Additions

■ **GENERIC PRODUCTS ADDED**

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

- anagrelide caps (AGRYLIN)
- dantrolene caps (DANTRIUM)
- fentanyl transdermal patches, 25, 50, 75, 100 mcg/hr (DURAGESIC)
- griseofulvin microsize oral susp (GRIFULVIN V)
- itraconazole caps (SPORANOX)
- minocycline tabs (DYNACIN)
- potassium bicarbonate & potassium chloride effervescent tabs, 25 mEq (K-LYTE/CL)

■ **GENERIC PRODUCT ADDED**

Brand-name product (in parentheses) is also on formulary

- octreotide acetate inj, 0.05, 0.1, 0.5 mg/mL (SANDOSTATIN)

■ **BRAND-NAME PRODUCTS ADDED**

- ABRAXANE (paclitaxel for IV susp)
- ALLEGRA-D 24 hr (fexofenadine/pseudoephedrine extended-release tabs)
- CLARINEX (desloratadine syrup)
- DURAGESIC (fentanyl transdermal patches, 12.5 mcg/hr)
- FLOVENT HFA (fluticasone inhalation aerosol)
- HECTOROL (doxercalciferol caps)
- NOVOLIN 70/30 (insulin isophane & regular human inj)
- NOVOLIN N (insulin isophane human inj)
- NOVOLIN R (insulin regular human inj)

PrimeNationalSM Formulary Deletions

■ **BRAND-NAME PRODUCTS REMOVED**

Generics remain

- AGRYLIN (anagrelide caps)
- DANTRIUM (dantrolene caps)
- DURAGESIC (fentanyl transdermal patches, 25, 50, 75, 100 mcg/hr)
- GRIFULVIN V (griseofulvin microsize oral susp)
- LANOXIN (digoxin elixir)
- METHADONE INTENSOL (methadone oral concentrate, 10 mg/mL)
- PARLODEL (bromocriptine caps, 5 mg)
- SPORANOX (itraconazole caps)
- ZINECARD (dexrazoxane for inj)

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

- alprostadil inj (EDEX)
- chlorthalidone tabs, 100 mg
- diltiazem ext-release 12 hr caps (CARDIZEM SR)
- furosemide oral soln, 8 mg/mL
- guanabenz tabs
- isosorbide dinitrate sublingual tabs
- isoxsuprine tabs (VASODILAN)
- potassium bicarbonate effervescent tabs, 25 mEq (K-LYTE)
- procainamide caps
- procainamide ext-release tabs

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

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products have been removed from formulary

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

■ DISCONTINUED GENERIC PRODUCT

The following discontinued generic product has been removed from formulary

- ciprofloxacin oral susp

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND-NAME PRODUCTS ADDED

- DIBENZYLINE (phenoxybenzamine caps)
- ALLEGRA-D 24 hr (fexofenadine/pseudoephedrine extended-release tabs)
- FLOVENT HFA (fluticasone inhalation aerosol)
- HECTOROL (doxercalciferol caps)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

- AGRYLIN (anagrelide caps)
- NITRO-DUR (nitroglycerin transdermal patches, 0.1, 0.2, 0.4, 0.6 mg/24 hr)

■ BRAND-NAME PRODUCTS REMOVED

No generics available

- NIMOTOP (nimodipine caps)
- NITRO-DUR (nitroglycerin transdermal patches, 0.3, 0.8 mg/24 hr)
- NORPACE CR (disopyramide extended-release caps, 100 mg)
- DIAMOX SEQUELS (acetazolamide extended-release caps)
- AGGRENOX (aspirin/extended-release dipyridamole caps)

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products have been removed from formulary

- LIVOSTIN (levocabastine ophthalmic susp)
- CERUMENEX (triethanolamine otic soln)
- NOVOLIN L (insulin zinc human inj)
- TRICOR (fenofibrate tabs, 54, 160 mg)

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary

- terazosin tabs

Blue Cross Blue Shield of Kansas National Formulary Changes

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

Blue Cross and Blue Shield of Kansas Select Formulary Additions

■ GENERIC PRODUCTS ADDED

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

- anagrelide caps (AGRYLIN)
- dantrolene caps (DANTRIUM)
- fentanyl transdermal patches, 25, 50, 75, 100 mcg/hr (DURAGESIC)
- griseofulvin microsize oral susp (GRIFULVIN V)
- minocycline tabs (DYNACIN)
- potassium bicarbonate & potassium chloride effervescent tabs, 25 mEq (K-LYTE/CL)

■ GENERIC PRODUCT ADDED

Brand-name product (in parentheses) is also on formulary

- octreotide acetate inj, 0.05, 0.1, 0.5 mg/mL (SANDOSTATIN)

■ BRAND-NAME PRODUCTS ADDED

- ABRAXANE (paclitaxel for IV susp)
- DURAGESIC (fentanyl transdermal patches, 12.5 mcg/hr)
- FLOVENT HFA (fluticasone inhalation aerosol)
- HECTOROL (doxercalciferol caps)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

- AGRYLIN (anagrelide caps)
- DANTRIUM (dantrolene caps)
- DURAGESIC (fentanyl transdermal patches, 25, 50, 75, 100 mcg/hr)
- GRIFULVIN V (griseofulvin microsize oral susp)
- LANOXIN (digoxin elixir)

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

METHADONE INTENSOL (methadone oral concentrate, 10 mg/mL)
 PARLODEL (bromocriptine caps, 5 mg)
 ZINECARD (dexrazoxane for inj)

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

chlorthalidone tabs, 100 mg
 diltiazem ext-release 12 hr caps (CARDIZEM SR)
 furosemide oral soln, 8 mg/mL
 guanabenz tabs
 isosorbide dinitrate sublingual tabs
 isoxsuprine tabs (VASODILAN)
 potassium bicarbonate effervescent tabs, 25 mEq (K-LYTE)
 procainamide caps
 procainamide ext-release tabs

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products have been removed from formulary

LIVOSTIN (levocabastine ophthalmic susp)
 PROPRANOLOL INTENSOL (propranolol oral concentrate, 80 mg/mL)

■ DISCONTINUED GENERIC PRODUCT

The following discontinued generic product has been removed from formulary

ciprofloxacin oral susp

Blue Cross and Blue Shield of Minnesota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

anagrelide caps (AGRYLIN)
 dantrolene caps (DANTRIUM)
 griseofulvin microsize oral susp (GRIFULVIN V)
 potassium bicarbonate & potassium chloride effervescent tabs, 25 mEq (K-LYTE/CL)

■ GENERIC PRODUCT ADDED

Brand-name product (in parentheses) is also on formulary
 octreotide acetate inj, 0.05, 0.1, 0.5 mg/mL (SANDOSTATIN)

■ BRAND-NAME PRODUCTS ADDED

ABRAXANE (paclitaxel for IV susp)
 ALLEGRA-D 24 hr (fexofenadine/pseudoephedrine extended-release tabs)
 CAMPRAL (acamprosate delayed-release tabs)
 DURAGESIC (fentanyl transdermal patches, 12.5 mcg/hr)
 FLOVENT HFA (fluticasone inhalation aerosol)
 HECTOROL (doxercalciferol caps)

NOVOLIN 70/30 (insulin isophane & regular human inj)
 NOVOLIN N (insulin isophane human inj)
 NOVOLIN R (insulin regular human inj)

Blue Cross and Blue Shield of Minnesota Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

AGRYLIN (anagrelide caps)
 DANTRIUM (dantrolene caps)
 GRIFULVIN V (griseofulvin microsize oral susp)
 LANOXIN (digoxin elixir)
 METHADONE INTENSOL (methadone oral concentrate, 10 mg/mL)
 PARLODEL (bromocriptine caps, 5 mg)
 ZINECARD (dexrazoxane for inj)

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

alprostadil inj (EDEX)
 chlorthalidone tabs, 100 mg
 diltiazem ext-release 12 hr caps (CARDIZEM SR)
 furosemide oral soln, 8 mg/mL
 guanabenz tabs
 insulin isophane human inj (HUMULIN N) – effective September 1, 2005
 insulin isophane & regular human inj (HUMULIN 70/30) – effective September 1, 2005
 insulin lispro inj (HUMALOG) – effective September 1, 2005
 insulin lispro & lispro protamine inj (HUMALOG MIX 75/25) – effective September 1, 2005
 insulin regular human inj, 100 u/mL (HUMULIN R) – effective September 1, 2005
 isosorbide dinitrate sublingual tabs
 isoxsuprine tabs (VASODILAN)
 potassium bicarbonate effervescent tabs, 25 mEq (K-LYTE)
 procainamide caps
 procainamide ext-release tabs

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products have been removed from formulary

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

■ DISCONTINUED GENERIC PRODUCT

The following discontinued generic product has been removed from formulary

ciprofloxacin oral susp

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

Blue Cross and Blue Shield of Nebraska Formulary Additions

■ GENERIC PRODUCTS ADDED

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

anagrelide caps (AGRYLIN)
 dantrolene caps (DANTRIUM)
 fentanyl transdermal patches, 25, 50, 75, 100 mcg/hr (DURAGESIC)
 griseofulvin microsize oral susp (GRIFULVIN V)
 minocycline tabs (DYNACIN)
 potassium bicarbonate & potassium chloride effervescent tabs, 25 mEq (K-LYTE/CL)

■ GENERIC PRODUCT ADDED

Brand-name product (in parentheses) is also on formulary
 octreotide acetate inj, 0.05, 0.1, 0.5 mg/mL (SANDOSTATIN)

■ BRAND-NAME PRODUCTS ADDED

ABRAXANE (paclitaxel for IV susp)
 DURAGESIC (fentanyl transdermal patches, 12.5 mcg/hr)
 FLOVENT HFA (fluticasone inhalation aerosol)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

AGRYLIN (anagrelide caps)
 DANTRIUM (dantrolene caps)
 DURAGESIC (fentanyl transdermal patches, 25, 50, 75, 100 mcg/hr)
 GRIFULVIN V (griseofulvin microsize oral susp)
 LANOXIN (digoxin elixir)
 METHADONE INTENSOL (methadone oral concentrate, 10 mg/mL)
 PARLODEL (bromocriptine caps, 5 mg)
 ZINECARD (dexrazoxane for inj)

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

chlorthalidone tabs, 100 mg
 diltiazem ext-release 12 hr caps (CARDIZEM SR)
 furosemide oral soln, 8 mg/mL
 guanabenz tabs
 isosorbide dinitrate sublingual tabs
 isoxsuprine tabs (VASODILAN)
 potassium bicarbonate effervescent tabs, 25 mEq (K-LYTE)
 procainamide caps
 procainamide ext-release tabs

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products have been removed from formulary

LIVOSTIN (levocabastine ophthalmic susp)
 PROPRANOLOL INTENSOL (propranolol oral concentrate, 80 mg/mL)

■ DISCONTINUED GENERIC PRODUCT

The following discontinued generic product has been removed from formulary

ciprofloxacin oral susp

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

■ BRAND-NAME PRODUCTS ADDED

DIBENZYLIN (phenoxybenzamide caps)
 FLOVENT HFA (fluticasone inhalation aerosol)
 HECTOROL (doxercalciferol caps)
 TRICOR (fenofibrate tabs, 48, 145 mg)

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

■ BRAND-NAME PRODUCTS REMOVED – effective October 1, 2005

Generics remain

AGRYLIN (anagrelide caps)
 CLEOCIN (clindamycin vaginal crm)
 COUMADIN (warfarin tabs)
 DANTRIUM (dantrolene caps)
 LANOXIN (digoxin elixir, tabs)
 NITROSTAT (nitroglycerin sublingual tabs)
 NORPACE CR (disopyramide extended-release caps, 150 mg)
 PACERONE (amiodarone tabs, 400 mg)
 PARLODEL (bromocriptine caps, 5 mg)
 PRONESTYL (procainamide caps, 250, 375 mg)
 RONDEC (brompheniramine/pseudoephedrine syrup, 4/45 per 5 mL)
 RONDEC (carbinoxamine/pseudoephedrine drops, 1/15 per mL, tabs, 4/60)
 RONDEC DM (carbinoxamine/pseudoephedrine/dextromethorphan drops, 1/15/4 per mL)
 RONDEC DM (brompheniramine/pseudoephedrine/dextromethorphan syrup, 4/45/15 per 5 mL)
 RONDEC-TR (carbinoxamine/pseudoephedrine extended-release tabs, 8/120)

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

■ BRAND-NAME PRODUCTS REMOVED – effective October 1, 2005

No generics available

- ALDACTAZIDE 50/50 (spironolactone/hydrochlorothiazide tabs)
- BROMFED (brompheniramine/pseudoephedrine tabs, 4/60)
- DIAMOX SEQUELS (acetazolamide extended-release caps)
- NIMOTOP (nimodipine caps)
- NORPACE CR (disopyramide extended-release caps, 100 mg)
- PACERONE (amiodarone tabs, 100, 300 mg)
- PROMETHAZINE VC WITH CODEINE (promethazine/phenylephrine/codeine syrup)
- PROMETHAZINE VC (promethazine/phenylephrine syrup)
- PRONESTYL (procainamide tabs)
- TRINALIN REPETABS (azatadine/pseudoephedrine extended-release tabs)

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products will be removed effective October 1, 2005

- DECADRON (dexamethasone sodium phosphate ophthalmic oint)
- LIVOSTIN (levocabastine ophthalmic susp)

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

- cilostazol tabs (PLETAL)
- clindamycin vaginal crm (CLEOCIN)
- fentanyl transdermal patches (DURAGESIC)
- gabapentin tabs, 100, 300, 400 mg (GABARONE)
- methylprednisolone tabs dose pack, 4 mg (MEDROL DOSEPAK)
- minocycline tabs (DYNACIN)

■ GENERIC PRODUCTS ADDED

Brand-name products (in parentheses) are also on formulary

- didanosine delayed-release caps (VIDEX EC)
- pilocarpine tabs, 5 mg (SALAGEN)

■ BRAND-NAME PRODUCTS ADDED

- ABRAXANE (paclitaxel for IV susp)
- AMARYL (glimepiride tabs)
- CIPRO (ciprofloxacin oral susp)
- CLOLAR (clofarabine inj)
- KETEK (telithromycin tabs)
- LEVAQUIN (levofloxacin oral soln)
- PARCOPA (carbidopa/levodopa orally disintegrating tabs)
- TARCEVA (erlotinib tabs)
- TRICOR (fenofibrate tabs, 48, 145 mg)

■ OTHER ADDITIONS

- APOKYN (apomorphine inj) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

- CELEXA (citalopram oral soln)
- CLEOCIN (clindamycin vaginal crm)
- DURAGESIC (fentanyl transdermal patches)
- ELOCON (mometasone crm)
- LOPROX (ciclopirox crm)
- NEURONTIN (gabapentin tabs, 600, 800 mg)
- PARLODEL (bromocriptine tabs, 2.5 mg)
- PLETAL (cilostazol tabs)
- WELLBUTRIN SR (bupropion extended-release tabs, 200 mg)

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

- ELIXOPHYLLIN (theophylline elixir)
- flurazepam caps

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products have been removed from formulary

- MSIR (morphine sulfate caps)
- STILPHOSTROL (diethylstilbestrol inj)

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary

- azelaic acid crm – Finevin
- theophylline elixir
- theophylline oral soln

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

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND-NAME PRODUCTS ADDED

ALLEGRA-D 24 hr (fexofenadine/pseudoephedrine extended-release tabs)
 DIBENZYLIN (phenoxybenzamine caps)
 FLOVENT HFA (fluticasone inhalation aerosol)
 HECTOROL (doxercalciferol caps)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

■ BRAND-NAME PRODUCTS REMOVED – effective January 1, 2006

Generics remain

AGRYLIN (anagrelide caps)
 COUMADIN (warfarin tabs)
 DANTRIUM (dantrolene caps)
 LANOXIN (digoxin elixir, tabs)
 NITROSTAT (nitroglycerin sublingual tabs)
 PACERONE (amiodarone tabs, 400 mg)
 K-LOR (potassium chloride powder, 20 mEq)
 K-LYTE (potassium bicarbonate effervescent tabs, 25 mEq)
 K-LYTE/CL (potassium bicarbonate & potassium chloride effervescent tabs, 25 mEq)
 K-TABS (potassium chloride extended-release tabs, 10 mEq)
 VASODILAN (isoxsuprine tabs)
 YOCON (yohimbine tabs)

■ BRAND-NAME PRODUCTS REMOVED – effective January 1, 2006

AGGRENEX (aspirin/extended-release dipyridamole caps)
 CLORPRES (clonidine/chlorthalidone tabs)
 EDECRIN (ethacrynic acid tabs)
 EDEX (alprostadil inj)
 ILETIN II LENTE (insulin zinc purified pork inj)
 ILETIN II NPH (insulin isophane purified pork inj)
 ILETIN II REGULAR (insulin regular purified pork inj)
 KAON-CL SF (potassium chloride liq, 20%)
 KLOR-CON M15 (potassium chloride extended-release tabs, 15 mEq)
 LANOXICAPS (digoxin caps)
 NIMOTOP (nimodipine caps)
 NITROGARD (nitroglycerin buccal extended-release tabs)
 NITROLINGUAL PUMPSPRAY (nitroglycerin lingual spray)
 PACERONE (amiodarone tabs, 100, 300 mg)
 RELION R (insulin regular human inj)
 RELION N (insulin isophane human inj)
 RELION 70/30 (insulin isophane & regular human inj)
 TRI-K (potassium acetate & potassium bicarbonate & potassium citrate soln)
 UNIRETIC (moexipril/hydrochlorothiazide tabs)
 VELOSULIN BR (insulin regular human buffered inj)

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name products will be removed effective January 1, 2006

DECADRON (dexamethasone sodium phosphate ophthalmic oint)
 LIVOSTIN (levocabastine ophthalmic susp)
 NOVOLIN L (insulin zinc human inj)
 PROPRANOLOL INTENSOL (propranolol oral concentrate, 80 mg/mL)
 TRICOR (fenofibrate tabs, 54, 160 mg)

■ OTHER REMOVALS – effective January 1, 2006

All brand (Tier 2) sedating antihistamine/decongestant combination products and products containing an expectorant and/or cough suppressant will be non-preferred. Many of the products have generic (Tier 1) alternatives.

Blue Cross Blue Shield of Wyoming Formulary Changes

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



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