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PRIME CONTACT CENTER HOLIDAY HOURS

Tuesday, July 4, 2006:
7:00 a.m. to 6:00 p.m.

Monday, September 4, 2006:
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

CMS TO REQUIRE PHARMACIES USE NPI ON ALL HIPAA-RELATED ELECTRONIC CLAIMS TRANSACTIONS

Beginning May 23, 2007, Center for Medicaid/Medicare Services (CMS) will require the use of 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 the services of NCPDP in obtaining their NPI so that providers will experience minimal payment disruption in transitioning from the NCPDP Provider ID to the NPI.**
- A pharmacy can apply for an NPI directly from the CMS website at <https://nppes.cms.hhs.gov> or by contacting CMS at 800.465.3203. If a pharmacy chooses to go directly to CMS 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.

HURRICANE SEASON DISASTER PREPAREDNESS

Prime Therapeutics is currently preparing for hurricane season. In the event of an emergency situation, such as an evacuation, Prime will institute the use of dynamic prior authorization (PA) numbers for Prime members in the affected regions. If this becomes necessary, Prime will communicate the dynamic PA numbers to our pharmacies via fax, phone call and web site updates.

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.

Prime Therapeutics MAC List Updates: March 15 to June 1, 2006

■ ADDED TO MAC LIST

- amoxicillin/potassium clavulanate chew tabs, 200 mg (AUGMENTIN)
- cefadroxil susp, 250 mg/5 mL, 500 mg/5 mL (DURICEF)
- cefadroxil tabs, 1 g (DURICEF)
- cefprozil susp, 125 mg/5 mL, 250 mg/5 mL (CEFZIL)
- cefprozil tabs, 250 mg, 500 mg (CEFZIL)
- cefepodoxime tabs 100 mg, 200 mg (VANTIN)
- ceftriaxone for injection, 2 g (ROCEPHIN)
- chloroquine phosphate tabs, 250 mg, 500 mg
- colistimethate sodium for injection (COLY-MYCIN)
- cyclophosphamide tabs, 25 mg, 50 mg (CYTOXAN)
- desmopressin acetate tabs, 0.2 mg (DDAVP)
- doxycycline monohydrate caps, 50 mg, 100 mg (MONODOX)
- doxycycline monohydrate tabs, 100 mg (ADOXA)
- estradiol transdermal patches, 0.025 mg, 0.075 mg (CLIMARA)
- glipizide/metformin tabs, 2.5/250, 2.5/500, 5/500 (METAGLIP)
- griseofulvin microsize susp, 125 mg/5 mL (GRIFULVIN V)
- isosorbide mononitrate tabs, 10 mg (MONOKET)
- isradipine caps, 2.5 mg, 5 mg (DYNACIRC)
- levocarnitine oral soln, 1 g/10 mL (CARNITOR)
- methadone tabs, 5 mg, 10 mg (DOLOPHINE)
- metolazone tabs, 2.5 mg, 5 mg (ZAROXOLYN)
- metronidazole caps, 375 mg (FLAGYL)
- ofloxacin ophth soln, 0.3% (OCUFLOX)
- ofloxacin tabs, 100 mg, 200 mg, 300 mg (FLOXIN)
- paromomycin caps, 250 mg (HUMATIN)
- pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)
- pyrazinamide tabs, 500 mg
- ribavirin tabs, 200 mg (COPEGUS)
- rifampin caps, 150 mg (RIFADIN)
- terconazole vag crm, 0.4%, 0.8% (TERAZOL)
- terconazole vag supp, 80 mg (TERAZOL 3)
- zidovudine tabs, 300 mg (RETROVIR)



■ DELETED FROM MAC LIST

- nadolol tabs, 20 mg, 40 mg, 80 mg, 120 mg, 160 mg
- pseudoephedrine/guaifenesin extended-release caps, 60/300

BLUE CROSS AND BLUE SHIELD OF OKLAHOMA PROCESSOR CHANGE POSTPONED

Blue Cross and Blue Shield of Oklahoma (BCBSOK) will continue to process all commercial prescription claims on their LINCS Rx System, and also continue to administer pharmacy payments and remittance for its commercial claims until further notice.

BCBSOK will outsource all prescription claims processing to Prime Therapeutics LLC (Prime) sometime in 2007. A Plan Announcement, which contains processing details, will be distributed prior to the change. This is a change to the previous announcement, which stated that Prime would begin processing BCBSOK claims on July 1, 2006.

There are no changes to BIN, PCN or how you adjudicate claims on-line today.

Prescription claims to BCBSOK LINCS must be submitted using the following ID format:

Submission format for BCBSOK member ID number

Omit the first three alpha characters prior to submitting
 Example number YUPS800456789
 Submit as S800456789
 Example number YUN889123456
 Submit as 888123456

Submission format for BlueLincs member ID number

Omit the first three alpha characters prior to submitting
Omit the asterisk (*) or dash (-) if present.
 Example number YUZ12345601
 Submit as 12345601
 Example number YUZ123456*01
 Submit as 12345601

On behalf of BCBSOK, Prime will manage their in-state network Agreement beginning July 1, 2006.

If you have questions, please contact **Rx Technical Support** at 877.353.0992. This phone number is noted on the back of the member ID cards.

BLUE CROSS AND BLUE SHIELD OF MINNESOTA LAUNCHED AN OTC DRUG BENEFIT

Effective January 1, 2006

Blue Cross and Blue Shield of Minnesota began offering access to certain over-the-counter (OTC) drugs as part of their drug plan for fully insured groups and certain self-insured groups that elect to implement the OTC benefit. Select OTC drugs became available at no cost to members or at the lowest copay level, depending on their benefit plan. The OTC drugs that qualified for this covered benefit are:

- loratadine and loratadine combinations (excluding brand-name Claritin)
- Prilosec OTC

In an effort to reduce member disruption, Prior Authorizations (PAs) were put in place for prior users of the impacted non-formulary Proton Pump Inhibitors and Non-Sedating Antihistamine drugs. These PAs enabled impacted members to continue receiving their existing medication for six months from the effective date of their plans benefit change.

Beginning July 1, 2006, the first of these PAs will expire. When the member's PA expires, these non-formulary drugs will not be covered by the plan and may only be available through a formulary exception process.

Please help members understand that the OTC drugs in this program are as safe and effective as the prescription alternatives. These OTC drugs were prescription drugs that have become available over the counter within the last few years.

If the member has any questions or concerns, please direct them to call the phone number on the back of their health plan member ID card.

OTC Drug Benefit

SCRIPS

Smoking Cessation Referrals In Pharmacies to the BluePrint for Health® stop-smoking program

A collaboration of Prime Therapeutics LLC and Blue Cross and Blue Shield of Minnesota

Dear Valued Pharmacist:

Thank you for your active participation in the SCRIPS program over the past year! Almost 2,800 Blue Cross and Blue Shield of Minnesota members have been referred since our nationwide launch on April 19, 2005, and over 1,000 of those members have enrolled in the stop-smoking program as a result. That's 36 percent. Keep up the great work.

SCRIPS PA Code Changing Effective May 11, 2006

When a patient is interested in participating in the BCBS of Minnesota stop-smoking program, Prime's point-of-service messaging will prompt the pharmacy to call the Prime Contact Center to have a **unique** PA code entered. In order to obtain the \$25 referral fee, the Patient Referral Form must be faxed to 800.483.3114. The reason for this change is to assure that BCBS of Minnesota is receiving the Patient Referral Form and to reduce errors in payment of the \$25 referral fee. The PA codes that are in place for Pharmacy Decline (10000000000) and Patient Decline (20000000000) will not change.

If you would like more information about the SCRIPS program or need to obtain a Patient Referral Form, please visit Prime's web site at: www.primetherapeutics.com/pharmacists.

If you have questions, please call Rhonda Evans at 651.662.4054 or toll free at 800.382.2000, ext. 24054.

SCRIPS

NEBRASKA NEWS

NEBRASKA ASSOCIATION OF COUNTY OFFICIALS (NACO) TO CHANGE ITS DRUG BENEFIT DESIGN

Effective July 1, 2006

The NACO group, which administrates health care benefits for county officials in the state of Nebraska, will implement the following change to its drug benefit design:

Proton Pump Inhibitor Pre-authorization program

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

Nebraska

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

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

Drug Name	Formulary Status
Nexium, Prevacid, Prilosec, Zegerid	Non-formulary

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

Prime Contact Center
800.821.4795

MEDICARE PART D NEWS

ZOSTAVAX TO BE COVERED BY MEDICARE PART D ONLY

A new vaccine for the prevention of herpes zoster (shingles) outbreak in individuals 60 years of age and older has recently been approved by the FDA. This product will be covered by Medicare, but only under Part D. You may see prescriptions for Zostavax from your patients who have the Medicare Prescription Drug benefit.

Zostavax requires special handling; it must remain frozen prior to administration. Watch for more information in the next issue of *Prime Perspective*.

Zostavax

UPDATES TO PRIME'S PAYOR SPECIFICATION SHEET FOR MEDICARE PART D/PDP AND MA-PD

Prime Therapeutics now requires the following NCPDP fields to be populated for all claims including Medicare Part D.

Transaction Header Segment — Mandatory			Segment Is Required
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
202-B2	PROVIDER ID QUALIFIER	R	01 – NPI (effective May 2007) 07 – NCPDP Provider ID
201-B1	PROVIDER ID (NCPDP #)	R	Applicable value for the qualifier used in 202-B2 above

Prescriber Segment			Segment Is Required for B1 Transaction
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
466-EZ	PRESCRIBER ID QUALIFIER	R	01 – NPI (effective May 2007) 12 – DEA 13 – State issued
411-DB	PRESCRIBER ID	R	Applicable value for the qualifier used in 466-EZ above

Please visit our web site at www.primetherapeutics.com/pharmacists/payorsheets.htm to view and/or download Prime's updated Payor Specification Sheet for Medicare Part D/PDP and MA-PD.

IMPORTANT UPDATE

PRIME'S PAYOR SPECIFICATION SHEETS UPDATED

The following payor specification sheets have been updated and are available on Prime's web site:

- 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

www.primetherapeutics.com/pharmacists/payorsheets.htm

MEDICARE PART D PLAN ANNOUNCEMENT

Group MedicareBlue PPO

BCBS of MN, MT, NE, ND, WY, Wellmark BCBS of IA, and Wellmark BCBS of SD

Effective August 1, 2006

Group MedicareBlue PPO

Prime Therapeutics will begin processing claims on August 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Minnesota, Montana, Nebraska, North Dakota, Wyoming, Wellmark BCBS of Iowa, and Wellmark BCBS of South Dakota. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements

BIN 610455
 PCN MPD19
 Unique member ID 1234567800 (omit first three alpha characters)
 Date of birth MM/DD/YYYY
 Gender M/F
 DEA number AB9999991
 U&C required

Geographic Area

MA-PD Region 19 – Employer Groups

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 800.693.6619.

MA-PD Region 19 –
Employer Groups

FRONT OF MEMBER ID CARD

BlueCross BlueShield MedicareBlue™ PPO Prescription Drug Plan Included

DO NOT BILL MEDICARE
 BS PLAN CODE XXX • BC PLAN CODE XXX
 Rx BIN 610455 • RxPCN MPD19 • Issuer 80840

SAMPLE, JOHN Q
 XAA 1234567800
 Office Visit \$10
 ER \$50

MEDICARE ADVANTAGE PPO
 MedicareRx Prescription Drug Coverage
 CMS - R5566 803

BACK OF MEMBER ID CARD

Customer Service: 1-888-457-3009 or TTY users should call 1-888-457-3005
 Hours of Operation: Monday-Friday 8:00 a.m.-6:00 p.m. Central and Mountain Time

- Please present this card at the time of service and with every prescription.
- Medicare limiting charges apply.
- Submit all claims to your local Blue Cross and Blue Shield Plan.
- To locate a MedicareBlue PPO Provider: Call 1-800-810-BLUE; or Call Customer Service at 1-888-457-3009; or Access Searchable Directory at www.YourMedicareSolutions.com.
- For NURSE phone care and advice 24 hours a day, call 1-800-622-9524.

Providers: Submit all claims to your local Blue Cross and Blue Shield Plan. For admission notifications call 1-800-XXX-XXXX. Provider Service: 1-888-457-3009.

Pharmacists: Submit claims to Pharmacy Benefits Manager (PBM) Prime Therapeutics, P.O. Box 64813, St. Paul, MN 55164-0813. For assistance call 1-800-693-6619.

MedicareBlue PPO is a regional Medicare Advantage Plan with a Medicare contract. MedicareBlue PPO coverage is provided by only one of the following plans, depending on the state in which the policy is issued, Wellmark Blue Cross and Blue Shield of Iowa*, Blue Cross and Blue Shield of Minnesota*, Blue Cross and Blue Shield of Montana*, Blue Cross and Blue Shield of Nebraska*, Blue Cross Blue Shield of North Dakota*, Wellmark Blue Cross and Blue Shield of South Dakota*, and Blue Cross Blue Shield of Wyoming*. *Independent licensees of the Blue Cross and Blue Shield Association.

Omit the first three alpha characters when submitting

FORMULARY UPDATES

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

PrimeNationalSM Formulary Additions

■ GENERIC PRODUCTS ADDED

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

diltiazem extended-release caps, 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (TIAZAC)

fluticasone nasal spray (FLONASE)

lamotrigine chew tabs, 5 mg, 25 mg (LAMICTAL)

mitoxantrone inj (NOVANTRONE)

■ BRAND PRODUCTS ADDED

ALBUTEROL SULFATE HFA (albuterol sulfate inhalation aerosol [Ivax])

ARRANON (nelarabine inj)

CLARINEX-D 12-HOUR (desloratadine/pseudoephedrine extended-release tabs)

ONE TOUCH ULTRA 2 blood glucose monitoring kit

SUTENT (sunitinib malate caps)

PrimeNationalSM Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

FLONASE (fluticasone nasal spray)

LAMICTAL (lamotrigine chew tabs, 5 mg, 25 mg)

NORPACE CR (disopyramide extended-release caps, 150 mg)

NOVANTRONE (mitoxantrone inj)

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

BETASERON (interferon beta-1B for inj)

■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics remain if noted

ACCU-CHEK COMPLETE CARE glucose monitoring kit

ACCU-CHEK EASY test strips

ACCU-CHEK SIMPLICITY test strips

ADRIAMYCIN RDF (doxorubicin for inj, 20 mg, 50 mg), generics remain

ADRIAMYCIN RDF (doxorubicin for inj, 150 mg)

CHEMSTRIP BG test strips

COMPAZINE (prochlorperazine syrup)

DIGOXIN tabs, 0.5 mg

FORTOVASE (saquinavir caps)

HYDROCHLOROTHIAZIDE oral soln, 50 mg/5 mL

NEOSAR (cyclophosphamide for inj, 100 mg, 200 mg)

PANCREASE (amylase/lipase/protease delayed-release caps, 20000-4500-2500 units)

TESTOSTERONE inj, 100 mg/mL

TESTOSTERONE PROPIONATE inj, 100 mg/mL

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary

chlorpromazine oral soln, 100 mg/mL

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

ALBUTEROL SULFATE HFA (albuterol sulfate inhalation aerosol [Ivax])

ARANESP (darebpoetin alfa inj)

ETHMOZINE (moricizine tabs)

FREESTYLE, FREESTYLE FLASH, PRECISION QID and PRECISION XTRA blood glucose test strips, monitoring kits, and glucose control soln [Abbott]

NEULASTA (pegfilgrastim inj)

WELCHOL (colesevelam tabs)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective June 1, 2006

FLONASE (fluticasone nasal spray)

LAMICTAL (lamotrigine chew tabs, 5 mg, 25 mg)

ZITHROMAX (azithromycin inj)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective June 1, 2006

HYDROCHLOROTHIAZIDE oral soln, 50 mg/5 mL

Effective July 1, 2006

FASTAKE, ONE TOUCH, and SURESTEP blood glucose test strips and monitoring kits [Lifescan]

Continued

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

Effective October 1, 2006

BETASERON (interferon beta-1B for inj)
 CAVERJECT (alprostadil for inj)
 COZAAR (losartan tabs)
 EFFEXOR XR (venlafaxine extended-release caps)
 FUROSEMIDE oral soln, 8 mg/mL
 HYZAAR (losartan/hydrochlorothiazide tabs)
 MUSE (alprostadil urethral supp)
 PROCAINAMIDE caps, 500 mg
 QUINIDINE extended-release tabs, 300 mg
 TREXALL (methotrexate tabs)

DISCONTINUED BRAND PRODUCTS

Generics are not available

Effective June 1, 2006

ACCU-CHEK COMPLETE CARE glucose monitoring kit
 ACCU-CHEK EASY test strips
 ACCU-CHEK SIMPLICITY test strips
 CHEMSTRIP BG test strips
 FORTOVASE (saquinavir caps)

Effective October 1, 2006

HYDROCHLOROTHIAZIDE tabs, 100 mg

Blue Cross Blue Shield of Kansas National Formulary Changes

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

Blue Cross and Blue Shield of Kansas Select Formulary Additions

GENERIC PRODUCTS ADDED

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

diltiazem extended-release caps, 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (TIAZAC)
 fluticasone nasal spray (FLONASE)
 lamotrigine chew tabs, 5 mg, 25 mg (LAMICTAL)
 mitoxantrone inj (NOVANTRONE)
 quinapril tabs (ACCUPRIL)

BRAND PRODUCTS ADDED

ALBUTEROL SULFATE HFA (albuterol sulfate inhalation aerosol [Ivax])
 ARRANON (nelarabine inj)
 SUTENT (sunitinib malate caps)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

BRAND PRODUCTS REMOVED

Generics remain

FLONASE (fluticasone nasal spray)
 LAMICTAL (lamotrigine chew tabs, 5 mg, 25 mg)
 NORPACE CR (disopyramide extended-release caps, 150 mg)
 NOVANTRONE (mitoxantrone inj)

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

BETASERON (interferon beta-1B for inj)

DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics remain if noted

ACCU-CHEK COMPLETE CARE glucose monitoring kit
 ACCU-CHEK EASY test strips
 ACCU-CHEK SIMPLICITY test strips
 ADRIAMYCIN RDF (doxorubicin for inj, 20 mg, 50 mg), generics remain
 ADRIAMYCIN RDF (doxorubicin for inj, 150 mg)
 CHEMSTRIP BG test strips
 DIGOXIN tabs, 0.5 mg
 FORTOVASE (saquinavir caps)
 HYDROCHLOROTHIAZIDE oral soln, 50 mg/5 mL
 NEOSAR (cyclophosphamide for inj, 100 mg, 200 mg)
 PANCREASE (amylase/lipase/protease delayed-release caps, 20000-4500-2500 units)
 TESTOSTERONE inj, 100 mg/mL
 TESTOSTERONE PROPIONATE inj, 100 mg/mL

DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary

chlorpromazine oral soln, 100 mg/mL

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

Blue Cross and Blue Shield of Minnesota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

fluticasone nasal spray (FLONASE)
lamotrigine chew tabs, 5 mg, 25 mg (LAMICTAL)
mitoxantrone inj (NOVANTRONE)
quinapril tabs (ACCUPRIL)
quinapril/hydrochlorothiazide tabs (ACCURETIC)

■ BRAND PRODUCTS ADDED

AGGRENOX (aspirin/extended-release dipyridamole caps)
ALBUTEROL SULFATE HFA (albuterol sulfate inhalation aerosol [Ivax])
ARANESP (darbepoetin alfa inj)
ARRANON (nelarabine inj)
GENOTROPIN (somatotropin for inj)
ONE TOUCH ULTRA 2 blood glucose monitoring kit
PSORiatec (anthralin crm)
SUTENT (sunitinib malate caps)

Blue Cross and Blue Shield of Minnesota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

FLONASE (fluticasone nasal spray)
LAMICTAL (lamotrigine chew tabs, 5 mg, 25 mg)
NORPACE CR (disopyramide extended-release caps, 150 mg)
NOVANTRONE (mitoxantrone inj)

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

BETASERON (interferon beta-1B for inj)

■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics remain if noted

ACCU-CHEK COMPLETE CARE glucose monitoring kit
ACCU-CHEK EASY test strips
ACCU-CHEK SIMPLICITY test strips
ADRIAMYCIN RDF (doxorubicin for inj, 20 mg, 50 mg),
generics remain
ADRIAMYCIN RDF (doxorubicin for inj, 150 mg)

CHEMSTRIP BG test strips
COMPAZINE (prochlorperazine syrup, 5 mg/5 mL)
DIGOXIN tabs, 0.5 mg
FORTOVASE (saquinavir caps)
HYDROCHLOROTHIAZIDE oral soln, 50 mg/5 mL
NEOSAR (cyclophosphamide for inj, 100 mg, 200 mg)
PANCREASE (amylase/lipase/protease delayed-release caps, 20000-4500-2500 units)
TESTOSTERONE inj, 100 mg/mL
TESTOSTERONE PROPIONATE inj, 100 mg/mL

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary

chlorpromazine oral soln, 100 mg/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

diltiazem extended-release caps, 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (TIAZAC)
fluticasone nasal spray (FLONASE)
lamotrigine chew tabs, 5 mg, 25 mg (LAMICTAL)
mitoxantrone inj (NOVANTRONE)
quinapril tabs (ACCUPRIL)

■ BRAND PRODUCTS ADDED

ALBUTEROL SULFATE HFA (albuterol sulfate inhalation aerosol [Ivax])
ARRANON (nelarabine inj)
SUTENT (sunitinib malate caps)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

FLONASE (fluticasone nasal spray)
LAMICTAL (lamotrigine chew tabs, 5 mg, 25 mg)
NORPACE CR (disopyramide extended-release caps, 150 mg)
NOVANTRONE (mitoxantrone inj)

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

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

BETASERON (interferon beta-1B for inj)
CAVERJECT (alprostadil inj)
REBIF (interferon beta-1A inj)

■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics remain if noted

ACCU-CHEK COMPLETE CARE glucose monitoring kit
ACCU-CHEK EASY test strips
ACCU-CHEK SIMPLICITY test strips
ADRIAMYCIN RDF (doxorubicin for inj, 20 mg, 50 mg), generics remain
ADRIAMYCIN RDF (doxorubicin for inj, 150 mg)
CHEMSTRIP BG test strips
DIGOXIN tabs, 0.5 mg
FORTOVASE (saquinavir caps)
HYDROCHLOROTHIAZIDE oral soln, 50 mg/5 mL
NEOSAR (cyclophosphamide for inj, 100 mg, 200 mg)
PANCREASE (amylase/lipase/protease delayed-release caps, 20000-4500-2500 units)
TESTOSTERONE inj, 100 mg/mL
TESTOSTERONE PROPIONATE inj, 100 mg/mL

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary; generics remain if noted

chlorpromazine oral soln, 100 mg/mL

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

■ BRAND PRODUCTS ADDED

ALBUTEROL SULFATE HFA (albuterol sulfate inhalation aerosol [Ivax])
ETHMOZINE (morcizine tabs)
NIASPAN (niacin extended-release tabs)
PROPRANOLOL oral soln, 20 mg/5 mL, 40 mg/ 5 mL
WELCHOL (colesevelam tabs)

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2006

CEFZIL (cefprozil oral susp, tabs)
FLONASE (fluticasone nasal spray)
LAMICTAL (lamotrigine chew tabs, 5 mg, 25 mg)
NEPHRO-VITE RX (B-complex/C/folic acid 1 mg)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2006

COZAAR (losartan tabs)
EFFEXOR XR (venlafaxine extended-release tabs)
GALZIN (zinc acetate caps)
HEPARIN SODIUM (bovine) inj, 10,000 units/mL
HEPARIN SODIUM (porcine) inj, 2000 units/mL, 20,000 units/mL, 25,000 units/mL
HYZAAR (losartan/hydrochlorothiazide tabs)
MICRO-K 8 mEq (potassium chloride extended-release caps)
PAXIL (paroxetine oral susp)
RIDAURA (auranofin caps)

■ DISCONTINUED BRAND PRODUCTS

Generics are not available

Effective May 1, 2006

ACCU-CHEK EASY test strips
ACCU-CHEK SIMPLICITY test strips
CHEMSTRIP BG test strips
FORTOVASE (saquinavir caps)
PANCREASE (amylase/lipase/protease delayed-release caps, 20000-4500-2500 units)

Effective October 1, 2006

COMPAZINE (prochlorperazine syrup)

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

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

fosinopril tabs (MONOPRIL)
 fosinopril/hydrochlorothiazide tabs (MONOPRIL HCT)
 isotretinoin caps, 30 mg (SOTRET)
 mephobarbital (MEBARAL)
 metronidazole vaginal gel – Vandazole
 mitoxantrone inj (NOVANTRONE)
 pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)
 quinapril tabs (ACCUPRIL)

■ BRAND PRODUCTS ADDED

AVANDARYL (rosiglitazone/glimepride tabs)
 DACOGEN (decitabine for inj)
 EXJADE (deferasirox tabs for oral susp)
 FOLLISTIM AQ (follitropin beta inj, 75 units/0.5 mL, 150 units/0.5 mL)
 OMACOR (omega-3-acid ethyl esters caps)

■ OTHER ADDITIONS

GENOTROPIN (somatropin for inj) – Prior Approval Required

■ NOTICE: REGARDING BLOOD GLUCOSE STRIPS AND INSULIN PRODUCTS

A previous notice listed a change in blood glucose strips and insulin products effective August 1, 2006.

Update: All blood glucose test strips and insulin products will remain on the Blue Cross and Blue Shield of North Dakota formulary.

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

FLONASE (fluticasone nasal spray)
 LAMICTAL (lamotrigine chew tabs, 5 mg, 25 mg)
 MEBARAL (mephobarbital tabs)
 METROLOTION (metronidazole lotn)
 SOTRET 30 mg (isotretinoin caps)

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

DIABETISWEET (acesulfame potassium-isomalt powder)
 TEQUIN (gatifloxacin tabs)

■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products have been removed from formulary; generics remain if noted

ACCU-CHEK EASY test strips
 ACCU-CHEK SIMPLICITY test strips
 ADRIAMYCIN RDF (doxorubicin for inj, 20 mg, 50 mg), generics remain
 ADRIAMYCIN RDF (doxorubicin for inj, 150 mg)
 AQUA-MEPHYTON (phytonadione inj, 1 mg/0.5 mL)
 CHEMSTRIP BG test strips
 DIGOXIN tabs, 0.5 mg
 FORTOVASE (saquinavir caps)
 HYDROCHLOROTHIAZIDE oral soln, 50 mg/5 mL
 NEOSAR (cyclophosphamide for inj, 100 mg, 200 mg)
 PANCREASE (amylase/lipase/protease delayed-release caps, 20000-4500-2500 units)
 TESTOSTERONE inj, 100 mg/mL
 TESTOSTERONE PROPIONATE inj, 100 mg/mL

■ DISCONTINUED BRAND PRODUCTS

The following discontinued brand products has been removed from formulary; the noted brand remains

AQUA-MEPHYTON (PHYTONADIONE inj, 10 mg/mL)

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

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

ALBUTEROL SULFATE HFA (albuterol sulfate inhalation aerosol [Ivax])
 BENICAR (olmesartan tabs)
 BENICAR HCT (olmesartan/hydrochlorothiazide tabs)
 ETHMOZINE (morcizine tabs)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

■ DISCONTINUED BRAND PRODUCTS

Generics are not available

Effective May 1, 2006

ACCU-CHEK COMPLETE CARE glucose monitoring kit
 ACCU-CHEK EASY test strips
 ACCU-CHEK SIMPLICITY test strips
 CHEMSTRIP BG test strips
 HYDROCHLOROTHIAZIDE oral soln, 50 mg/5 mL

Blue Cross Blue Shield of Wyoming Formulary Changes

All PrimeNational Formulary updates apply, with the exception of the following:

Additions: pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)

Removals: PRAVACHOL (pravastatin tabs, 10 mg, 20 mg, 40 mg); PRAVACHOL 80 mg tabs remain on formulary

Do Not Add: CLARINEX-D 12-HOUR (desloratadine/pseudoephedrine extended-release tabs)

Medicare Part D – Two-Tier Formulary Changes

■ GENERIC PRODUCTS ADDED

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

butalbital/acetaminophen/caffeine/codeine caps (FIORICET with CODEINE)
 butalbital/aspirin/caffeine/codeine caps (FIORINAL with CODEINE)
 ceftriaxone for inj, 500 mg, 1 g, 2 g (ROCEPHIN)
 clordiazepoxide/amitriptyline tabs, 5/12.5 (LIMBITROL)
 clordiazepoxide/amitriptyline tabs, 10/25 (LIMBITROL DS)
 chlorpromazine inj, 25 mg/mL
 diphenhydramine tannate/phenylephrine tannate chew tabs, 25/10 (DYTAN-D)
 hyoscyamine sulfate orally disintegrating tabs, 0.25 mg (MAR-SPAS)
 leucovorin calcium for inj, 100 mg, 200 mg, 350 mg; inj, 10 mg/mL
 phenazopyridine/butabarbital/hyoscyamine tabs, 150/15/0.3 (PYRIDIDIUM PLUS)
 phenylephrine/guaifenesin extended-release tabs, 25/600 (GILPHEX TR)
 ribavirin tabs, 400 mg, 600 mg; 1000 mg – dose pack
 terconazole vaginal supp, 80 mg (TERAZOL 3)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary
 fluticasone nasal spray (FLONASE)

■ BRAND PRODUCTS ADDED

CELLCEPT (mycophenolate mofetil caps, oral susp, tabs)
 FAZACLO (clozapine orally disintegrating tabs)
 LEUCOVORIN CALCIUM for inj, 50 mg, 500 mg
 LEVAQUIN (levofloxacin oral soln, tabs)
 RETROVIR (zidovudine inj)
 TARGRETIN GEL (bexarotene)

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

Medicare Part D – Three-Tier Formulary Changes

■ GENERIC PRODUCTS ADDED – TIER 1

butalbital/acetaminophen/caffeine/codeine caps, 50/325/40/30
 butalbital/aspirin/caffeine/codeine caps, 50/325/40/30
 ceftriaxone for inj, 500 mg, 1 g, 2 g
 chlordiazepoxide/amitriptyline tabs, 5 /12.5, 10/25
 chlorpromazine inj, 25 mg/mL
 diphenhydramine tannate chew tabs, 25 mg
 diphenhydramine tannate/phenylephrine tannate chew tabs, 25/10
 fluticasone nasal spray
 hyoscyamine sulfate orally disintegrating tabs, 0.25 mg
 leucovorin calcium for inj, 100 mg, 200 mg, 350 mg; inj, 10 mg/mL
 phenazopyridine/butabarbital/hyoscyamine tabs, 150/15/0.3
 phenylephrine/guaifenesin extended-release tabs, 25/600
 terconazole vaginal supp, 80 mg

■ BRAND PRODUCTS ADDED – TIER 3

AQUATAB D (phenylephrine/guaifenesin extended-release tabs)
 CLARINEX-D 12-HOUR (desloratadine/pseudoephedrine extended-release tabs)
 COLYTROL (atropine/hyoscyamine/scopolamine tabs)
 FIORICET with CODEINE
 (butalbital/acetaminophen/caffeine/codeine caps)
 FIORINAL with CODEINE (butalbital/aspirin/caffeine/codeine caps)
 LEUCOVORIN CALCIUM for inj, 50 mg, 500 mg; inj, 10 mg/mL
 LEVAQUIN (levofloxacin tabs)
 LIMBITROL (chlordiazepoxide/amitriptyline tabs)
 LIMBITROL DS (chlordiazepoxide/amitriptyline tabs)
 LOESTRIN 24 FE (norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs)
 NOREL EX (phenylephrine/guaifenesin extended-release tabs)
 OPTASE (trypsin/castor oil/peruvian balsam gel)
 PYRIDIUM PLUS (phenazopyridine/butabarbital/hyoscyamine tabs)
 RETROVIR (zidovudine inj)
 TIME-HIST QD
 (chlorpheniramine/pseudoephedrine/methscopolamine extended-release tabs)

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 available 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 determine 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.
- **Medicare Part D** – Effective January 1, 2006, Prime began providing prescription benefit services for beneficiaries enrolled in Medicare Part D through one of Prime's Plan sponsors. Processing information including BIN/PCN codes can be found in this section. The *Prime Pharmacy Provider Manual for Medicare Part D* is included in a printable version. For Medicare Part D formulary information visit www.MyRxAssistant.com.
- **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.



HOW TO UPDATE YOUR PHARMACY INFORMATION WITH NCPDP

NCPDP requires pharmacies to submit pharmacy information changes to them by the last Monday of the month. To submit adds, changes, deletes, current address and phone number to NCPDP:

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 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**.

Prime Therapeutics 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.

Please remember that it is your responsibility to contact NCPDP when your information changes. **This will ensure that accurate data is in the Prime Therapeutics database.**

NCPDP

Web site: www.ncdp.org

Fax: 480.767.1043



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