

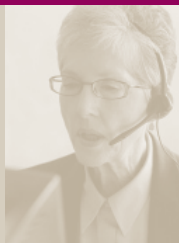
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CONTACT CENTER HOLIDAY HOURS

Memorial Day
Monday May 30,
2005

7:00 a.m. to
5:00 p.m.



On-call assistance is always available,
24 HOURS A DAY, 7 DAYS A WEEK

800.821.4795

HCSC IMPLEMENTATION UPDATE

On January 1, Prime Therapeutics (Prime) began processing pharmacy claims for members of Health Care Service Corporation's (HCSC) three divisions: Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico and Blue Cross and Blue Shield of Texas.

During January 2005, the first month after the implementation of HCSC, the Prime Contact Center experienced a significant increase in call volume. This created longer-than-normal wait times for many pharmacies.

To shorten the wait times at the Contact Center, Prime sent numerous pharmacy communications specific to HCSC processing changes. Additionally, pharmacy service agents were added to the Contact Center to handle the increased call volume. As a result, call volume has decreased and pharmacies are no longer experiencing extended hold times.

Prime looks forward to working with our network pharmacies to provide prescription drug services to HCSC members, as well as continuing to serve our current clients.

DUR PROGRAM CHANGE REMINDER

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

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

Continued

supply.” Pharmacists can override the reject with prior authorization code (00000000003).

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

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

MAC LIST UPDATES

Prime Therapeutics MAC List Updates

December 1, 2004 to February 1, 2005

■ ADDED TO MAC LIST

bupropion extended-release tabs, 200 mg (Wellbutrin SR)
felodipine extended-release tabs (Plendil)
gabapentin tabs, 100 mg, 300 mg, 400 mg (Gabarone)
gabapentin tabs, 600 mg, 800 mg (Neurontin)
mesalamine enema (Rowasa)
mirtazapine orally disintegrating tabs (Remeron Soltab)
polyethylene glycol 3350 powder for soln (Miralax)
quinapril tabs (Accupril)
sotalol AF tabs (Betapace AF)

■ DELETED FROM MAC LIST

no deletions at this time

MAC

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**.

PRIMESCRIPT NEWS

New Wrap Around Programs

Prime is ready to implement Manufacturer Wrap Around programs to allow for additional discounts when members exhaust their \$600 transitional assistance through Medicare. To administer the program, Prime has signed contracts with the following manufacturers:

PrimeScript

- Abbott – flat rate copay
- Merck – percentage-based discounts
- Novartis – percentage-based discounts
- Wyeth – percentage-based discounts

Prime will continue adding to the list of participating manufacturers as contracts are signed.

Federal Poverty Levels Announced

The 2005 Federal Poverty Levels have been released by the government. Please be aware of the following income levels when counseling beneficiaries on whether they qualify for transitional assistance.

The beneficiary’s income must be less than \$12,919 if single and less than \$17,320 if married (combined incomes). Any beneficiaries who are interested in more information about the PrimeScript program or who would like to enroll should call **888.567.6713**.

Generic Alternatives Reminder

Medicare guidelines require pharmacists to inform Medicare beneficiaries of the difference in price between a brand-name prescription drug and a lower priced generic alternative, if available.

Vioxx Recall Communicated

As required by CMS, Prime sent follow-up Vioxx recall letters on February 10 to all PrimeScript members with transitional assistance who filled a prescription for Vioxx between June 1 and September 30, 2004. The letter contained receipt information indicating the portion of the drug that was funded by transitional assistance dollars. This documentation will allow Merck to apply the appropriate refund to each PrimeScript member.

SMOKING-CESSATION INITIATIVE: SCRIPS PROGRAM AVAILABLE TO BLUE CROSS AND BLUE SHIELD OF MINNESOTA MEMBERS

Prime is introducing a new smoking assistance program available to members of Blue Cross and Blue Shield of Minnesota (BCBSMN) through retail pharmacies. The SCRIPS (Smoking-Cessation Referrals In Pharmacies) program is a new collaboration between BCBSMN, Prime and participating pharmacies.

SCRIPS incorporates the BluePrint for Health® stop-smoking program, a phone-based service that provides support and coaching to BCBSMN members who want to stop smoking. In a 2002 survey, almost 20 percent (18.4 percent) of participants were not smoking one year after starting the program. Phone counseling participants who also used quit-support medications reported even better results.

SCRIPS is a unique opportunity for participating pharmacies to be compensated (\$25 for each referral) for their role in helping people to quit smoking.

To assist pharmacists with phone-counseling referrals, Prime developed a systematic approach to identifying patients filling prescriptions for smoking-cessation products. Beginning April 2005, Prime's claim processing system will prompt pharmacists when processing a claim for a smoking-cessation product, cueing the phone counseling referral. Participation is optional for both pharmacies and members.



How the Program Works

- Pharmacist attempts to process a claim for a smoking-cessation medication and initially receives an NCPDP reject message stating "Patient Elig for SCRIPS 800.821.4795."

- Pharmacist completes the next two steps in order to process a claim. For BCBSMN patients filling a cessation medication, a "1" must be entered in field 461-EU (Prior Authorization Type Code) **AND** one of the following prior authorization codes will need to be entered into the NCPDP field number 462-EV (Prior Authorization Number Submitted) to process the claim and receive a \$25 referral fee:

- Pharmacy Not Interested PA Code = 1000000000
- Patient Decline PA Code = 2000000000
- Patient Accept (Fax Req.) PA Code = 3000000000*

*Pharmacy will receive \$25 only for a "Patient Accept" prior authorization

- Pharmacist completes the SCRIPS form, including the patient's signature, and faxes the form with a cover sheet to **800.483.3114**.

Questions?

Additional SCRIPS program details were sent to pharmacies in early March. If you have questions or need additional materials, please contact the Blue Cross and Blue Shield of Minnesota Center for Tobacco Reduction and Health Improvement at **651.662.4054** or **800.382.2000, ext. 24054**.

BLUE CROSS AND BLUE SHIELD OF NEBRASKA LAUNCHES SELECT NETWORK, RENAMES DRUG FORMULARY

Effective April 1, 2005, Blue Cross and Blue Shield of Nebraska (BCBSNE) will implement the **Prime Therapeutics Select Pharmacy Network** for its entire book of business. Pharmacies that are interested in contracting with the Select network should call Prime's Contact Center at **800.821.4795** to request a contract.

BCBSNE is also changing the name of its most commonly used formulary. On April 1, 2005, the Blue Cross and Blue Shield of Nebraska Selective Formulary will be called the **Blue Cross and Blue Shield of Nebraska Drug Formulary**. This change is being made to simplify communications for all affected parties.

A limited number of BCBSNE groups will continue to use their current Standard Drug Formulary before transitioning to the Blue Cross and Blue Shield of Nebraska Drug Formulary on January 1, 2006.

GROUP CHANGES NETWORK

Production Sheet Metal Workers will change to the Prime Therapeutics Select Network.

BIN610455
Processor control number.....PGIGN
Effective date of change.....March 1, 2005



Updates

ON THE WEB www.primetherapeutics.com



BLUE CROSS BLUE SHIELD OF NORTH DAKOTA OFFERS MEMBER REBATE ACCOUNTS

Starting April 2005, Blue Cross Blue Shield of North Dakota (BCBSND) will introduce a new program that will uniquely benefit members. The program passes a portion of the rebates received from drug manufacturers directly to the consumer.

Rebates are retrospectively paid by the manufacturer, approximately 12 to 15 months after members have purchased medications. Because members share in the cost of their prescription medications, BCBSND wants to ensure members receive their appropriate share of the manufacturer rebate.

To distribute these dollars, BCBSND has established Member Rebate Accounts (MRAs) for each member. On October 1, 2003, members began accumulating dollars in their MRAs for every brand prescription processed that included a manufacturer rebate. Dollar amounts applied to each member's MRA are determined based on the medication purchased and the out-of-pocket expense, less any copayments the member paid. These dollars are saved in accounts that will automatically lower members' out-of-pocket expense at the point of sale.

Members are eligible to use accumulated dollars in their MRAs for prescription drug purchases as of April 2005. Members will not receive checks in the mail. Rather, the next time they purchase prescription drugs, their out-of-pocket expense will automatically be reduced by the dollars in the MRA.

Not all BCBSND groups will elect to participate in this new program. However, for those groups who do participate, prescription claims will process the same as they do today; you do not need to change your adjudication process. Prime and BCBSND want you to be aware that a member's out-of-pocket expense will be lowered by the amount available in his or her MRA account.

As always, generic drugs are the most cost effective alternative. Please work with the member and his or her doctor to determine the most appropriate medication.

If members have questions about the MRA program, please refer them to the Member Services number listed on the back of their BCBSND identification card.

*Member
Rebate Accounts*

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

cilostazol tabs (PLETAL)
clindamycin vaginal crm (CLEOCIN)
gabapentin tabs, 100 mg, 300 mg, 400 mg (GABARONE)
lidocaine lotn, 3% (LIDAMANTLE)
methylprednisolone tabs dose pack, 4 mg (MEDROL DOSEPAK)
prednisolone sodium phosphate oral soln, 15 mg/5 mL (ORAPRED)
quinapril tabs (ACCUPRIL)

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

APOKYN (apomorphine inj)
CIPRO (ciprofloxacin oral susp)
CLOLAR (clofarabine inj)
LEVAQUIN (levofloxacin oral soln)
PARCOPA (carbidopa/levodopa orally disintegrating tabs)
TARCEVA (erlotinib tabs)
TRICOR, 48 mg, 145 mg (fenofibrate tabs)

PrimeNationalSM Formulary Deletions

BRAND-NAME PRODUCTS REMOVED

Generics remain

ACCUPRIL (quinapril tabs)
CELEXA (citalopram oral soln)
CLEOCIN (clindamycin vaginal crm)
ELOCON (mometasone crm)
GLUCOPHAGE XR, 750 mg (metformin extended-release tabs)
LOPROX (ciclopirox crm)
NEURONTIN tabs (gabapentin tabs)
ORAPRED, 15 mg/5 mL (prednisolone sodium phosphate oral soln)
PARAPLATIN (carboplatin inj & carboplatin for inj)
PARLODEL, 2.5 mg (bromocriptine tabs)
PLETAL (cilostazol tabs)
WELLBUTRIN SR, 200 mg (bupropion extended-release tabs)

ALL VERSIONS, BRAND-NAME AND GENERIC, IF AVAILABLE, REMOVED FROM FORMULARY

AKINETON (biperiden tabs)
carbinoxamine/pseudoephedrine, 2/15 per mL liq, 2/17.5 per 5 mL liq, 2/25 per mL soln, 2/15 per 5 mL syrup and 4/60 per 5 mL syrup
flurazepam caps
MEBARAL (mephobarbital tabs)
pemoline chew tabs, tabs

DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name product has been removed from the formulary

STILPHOSTROL (diethylstilbestrol inj)

DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from the formulary

azelaic acid crm – Finevin
theophylline elixir
theophylline oral soln

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

BRAND-NAME PRODUCTS ADDED

ANTABUSE (disulfiram tabs)
APOKYN (apomorphine inj)
ELIXOPHYLLIN (theophylline elixir)
LEVAQUIN (levofloxacin oral soln)
RILUTEK (riluzole tabs)
TARCEVA (erlotinib tabs)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

BRAND-NAME PRODUCTS REMOVED

Generics remain

ACCUPRIL (quinapril tabs)
ACLOVATE (alclometasone dipropionate oint)
AUGMENTIN ES-600 (amoxicillin/clavulanate for oral susp, 600 mg/42.9 mg per 5 mL)
CELEXA (citalopram oral soln, tabs)
CLEOCIN (clindamycin vaginal crm)
DIFLUCAN (fluconazole for oral susp, tabs)
DURAGESIC (fentanyl transdermal patches)
ELOCON (mometasone crm)
GLUCOPHAGE XR (metformin extended-release tabs)

FORMULARY UPDATES continued

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

LOPROX (ciclopirox crm, lotn)
METROCREAM (metronidazole crm, 0.75%)
MIRCETTE (desogestel/ethinyl estradiol tabs)
NEURONTIN (gabapentin caps, tabs)
NORDETTE (levonorgestrel/ethinyl estradiol tabs)
OCUFLOX (ofloxacin ophth soln)
OXYCONTIN, 80 mg (oxycodone extended-release tabs)
REMERON SOLTAB, 45 mg (mirtazapine orally disintegrating tabs)
ROWASA (mesalamine enema)
TERAZOL 3 & 7 (terconazole vaginal crm)
ULTRAVATE (halobetasol crm, oint)
WELLBUTRIN SR, 200 mg (bupropion extended-release tabs)

■ BRAND-NAME PRODUCTS REMOVED

No generics available

ACCOLATE (zafirlukast tabs)
DEPEN (penicillamine tabs)
RHINOCORT AQUA (budesonide nasal spray)

■ DISCONTINUED BRAND-NAME PRODUCTS REMOVED

FLOVENT ROTADISK (fluticasone powder for inhalation)
PREVEN EMERGENCY CONTRACEPTIVE (levonorgestrel/ethinyl estradiol tabs)
PROTROPIN (somatrem inj)

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

cilostazol tabs (PLETAL)
clindamycin vaginal crm (CLEOCIN)
gabapentin tabs, 100 mg, 300 mg, 400 mg (GABARONE)
lidocaine lotn, 3% (LIDAMANTLE)
lithium carbonate extended-release tabs, 300 mg (LITHOBID)
methylprednisolone tabs dose pack, 4 mg (MEDROL DOSEPAK)
prednisolone sodium phosphate oral soln, 15 mg/5 mL (ORAPRED)

■ 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

APOKYN (apomorphine inj)
CIPRO (ciprofloxacin oral susp)
CLOLAR (clofarabine inj)
LEVAQUIN (levofloxacin oral soln)
PARCOPA (carbidopa/levodopa orally disintegrating tabs)
TARCEVA (erlotinib tabs)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

CELEXA (citalopram oral soln)
CLEOCIN (clindamycin vaginal crm)
NEURONTIN tabs (gabapentin tabs)
ORAPRED, 15 mg/5 mL (prednisolone sodium phosphate oral soln)
PARAPLATIN (carboplatin inj & carboplatin for inj)
PARLODEL, 2.5 mg (bromocriptine tabs)
PLETAL (cilostazol tabs)
WELLBUTRIN SR, 200 mg (bupropion extended-release tabs)

■ ALL VERSIONS, BRAND-NAME AND GENERIC, IF AVAILABLE, REMOVED FROM FORMULARY

carbinoxamine/pseudoephedrine, 2/15 per mL liq, 2/17.5 per 5 mL liq, 2/25 per mL soln, 2/15 per 5 mL syrup and 4/60 per 5 mL syrup
flurazepam caps

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name product has been removed from the formulary

STILPHOSTROL (diethylstilbestrol inj)

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from the formulary

azelaic acid crm – Finevin
theophylline elixir
theophylline oral soln

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

cilostazol tabs (PLETAL)
 clindamycin vaginal crm (CLEOCIN)
 ergotamine/caffeine tabs (CAFERGOT)
 fentanyl transdermal patches (DURAGESIC)
 gabapentin tabs, 100 mg, 300 mg, 400 mg (GABARONE)
 minocycline tabs (DYNACIN tabs)

■ 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 IV susp)
 APOKYN (apomorphine inj)
 CIPRO (ciprofloxacin oral susp)
 CLOLAR (clofarabine inj)
 ELIXOPHYLLIN (theophylline elixir)
 LEVAQUIN (levofloxacin oral soln)
 MERIDIA (silbutramine caps) (effective 1/1/2005)
 PARCOPA (carbidopa/levodopa orally disintegrating tabs)
 TARCEVA (erlotinib tabs)
 TRICOR, 48 mg, 145 mg (fenofibrate tabs)
 XENICAL (orlistat caps) (effective 1/1/2005)
 ZYBAN (bupropion extended-release tabs)

Blue Cross and Blue Shield of Minnesota Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

CAFERGOT (ergotamine/caffeine tabs)
 CELEXA (citalopram oral soln)
 CLEOCIN (clindamycin vaginal crm)
 DURAGESIC (fentanyl transdermal patches)
 ELOCON (mometasone crm)
 GLUCOPHAGE XR, 750 mg (metformin extended-release tabs)
 LOPROX (ciclopirox crm)
 NEURONTIN tabs (gabapentin tabs)
 PARLODEL, 2.5 mg (bromocriptine tabs)

PLETAL (cilostazol tabs)
 SYNTHROID (levothyroxine tabs)
 WELLBUTRIN SR, 200 mg (bupropion extended-release tabs)

■ ALL VERSIONS, BRAND-NAME AND GENERIC, IF AVAILABLE, REMOVED FROM FORMULARY

AKINETON (biperiden tabs)
 carbinoxamine/pseudoephedrine, 2/15 per mL liq, 2/17.5 per 5 mL liq, 2/25 per mL soln, 2/15 per 5 mL syrup and 4/60 per 5 mL syrup
 flurazepam caps
 MEBARAL (mephobarbital tabs)
 pemoline chew tabs, tabs

■ DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name product has been removed from the formulary

STILPHOSTROL (diethylstilbestrol inj)

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from the formulary

azelaic acid crm – Finevin
 theophylline elixir
 theophylline oral soln

Blue Cross and Blue Shield of Nebraska Standard Formulary Changes

Blue Cross and Blue Shield of Nebraska uses the PrimeNational Formulary

Please refer to PrimeNational Additions and Deletions for updates

Blue Cross and Blue Shield of Nebraska Selective 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)
 gabapentin tabs, 100 mg, 300 mg, 400 mg (GABARONE)
 lidocaine lotn, 3% (LIDAMANTLE)
 lithium carbonate extended-release tabs, 300 mg (LITHOBID)
 methylprednisolone tabs dose pack, 4 mg (MEDROL DOSEPAK)
 prednisolone sodium phosphate oral soln, 15 mg/5 mL (ORAPRED)

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

APOKYN (apomorphine inj)
 CIPRO (ciprofloxacin oral susp)
 CLOLAR (clofarabine inj)
 LEVAQUIN (levofloxacin oral soln)
 PARCOPA (carbidopa/levodopa orally disintegrating tabs)
 TARCEVA (erlotinib tabs)

Blue Cross and Blue Shield of Nebraska Selective Formulary Deletions

BRAND-NAME PRODUCTS REMOVED

Generics remain

CELEXA (citalopram oral soln)
 CLEOCIN (clindamycin vaginal crm)
 NEURONTIN tabs (gabapentin tabs)
 ORAPRED, 15 mg/5 mL (prednisolone sodium phosphate oral soln)
 PARAPLATIN (carboplatin inj & carboplatin for inj)
 PARLODEL, 2.5 mg (bromocriptine tabs)
 PLETAL (cilostazol tabs)
 WELLBUTRIN SR, 200 mg (bupropion extended-release tabs)

ALL VERSIONS, BRAND-NAME AND GENERIC, IF AVAILABLE, REMOVED FROM FORMULARY

carbinoxamine/pseudoephedrine, 2/15 per mL liq, 2/17.5 per 5 mL liq, 2/25 per mL soln, 2/15 per 5 mL syrup and 4/60 per 5 mL syrup
 flurazepam caps

DISCONTINUED BRAND-NAME PRODUCTS

The following discontinued brand-name product has been removed from the formulary

STILPHOSTROL (diethylstilbestrol inj)

DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from the formulary

azelaic acid crm – Finevin
 theophylline elixir
 theophylline oral soln

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

BRAND-NAME PRODUCTS ADDED

APOKYN (apomorphine inj)
 COMTAN (entacapone tabs)
 DIASTAT (diazepam rectal gel)
 KEPPRA (levetiracetam oral soln, tabs)
 LEVAQUIN (levofloxacin oral soln)
 MIGRANAL (dihydroergotamine nasal)
 PULMOZYME (dornase alfa inhalation soln)
 RILUTEK (riluzole tabs)

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

BRAND-NAME PRODUCTS REMOVED

Generics remain

ACCUPRIL (quinapril tabs)
 ACLOVATE (alclometasome dipropionate oint)
 AUGMENTIN ES-600 (amoxicillin/potassium clavulante for oral susp, 600 mg/42.9 mg per 5 mL)
 CAFERGOT (ergotamine/cafeine supp, tabs)
 CELEXA (citalopram oral soln, tabs)
 DIFLUCAN (fluconazole for oral susp, tabs)
 LOPROX (ciclopirox crm, lotn)
 METROCREAM (metronidazole crm, 0.75%)
 MIRTAZAPINE, 7.5 mg (mirtazapine tabs)
 MYCELEX (clotrimazole troche)
 NEURONTIN (gabapentin caps, tabs)
 OCUFLOX (ofloxacin ophth soln)
 ORAPRED (prednisolone sodium phosphate oral soln, 15 mg/5 mL)
 OXYCONTIN, 80 mg (oxycodone extended-release tabs)
 PARLODEL, 2.5 mg (bromocriptine tabs)
 REMERON SOLTAB, 45 mg (mirtazapine orally disintegrating tabs)
 ROWASA (mesalamine enema)
 TEGRETOL (carbamazepine chew tabs, oral susp, tabs)
 TERAZOL 7 (terconazole vaginal crm)
 UNIPHYL (theophylline extended-release tabs)
 ZARONTIN (ethosuximide caps, oral soln)

■ BRAND-NAME PRODUCTS REMOVED

No generics available

ACCOLATE (zafirlukast tabs)
 AMOXAPINE (amoxapine tabs)
 FELBATOL (felbamate oral susp, tabs)
 FREESTYLE blood glucose meter and test strips
 MEBARAL (mephobarbital tabs)
 PAXIL CR (paroxetine hcl extended-release tabs)
 PRILOSEC, 40 mg (omeprazole delayed-release caps)
 RHINOCORT AQUA (budesonide nasal spray)
 TASMAR (tolcapone tabs)
 THEO-24 (theophylline extended-release caps)
 TOFRANIL-PM (imipramine pamoate caps)

■ DISCONTINUED BRAND-NAME PRODUCTS REMOVED

FLOVENT ROTADISK (fluticasone powder for inhalation)
 THORAZINE (chlorpromazine supp, syrup)

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

albuterol sulfate neb soln, 1.25 mg/3 mL (ACCUNEB)
 amoxicillin/clavulanate for oral susp, 600 mg/42.9 mg per 5 mL (AUGMENTIN ES-600)
 citalopram tabs (CELEXA)
 cortisone acetate tabs
 gabapentin caps (NEURONTIN)
 hydrocortisone acetate/pramoxine crm, 2.5%/1% (PRAMOSONE)
 norethindrone/ethinyl estradiol tabs – Aranelle (TRI-NORINYL)
 mesalamine enema (ROWASA)
 prednisolone sodium phosphate oral soln, 15 mg/5 mL (ORAPRED)

■ GENERIC PRODUCTS ADDED

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

cyclosporine oral soln (SANDIMMUNE)
 medroxyprogesterone acetate inj, 150 mg/mL (DEPO-PROVERA)

■ BRAND-NAME PRODUCTS ADDED

ALINIA (nitazoxanide for oral susp)
 CLIMARA PRO (estradiol/levonorgestrel transdermal patches)
 ESTROGEL (estradiol transdermal gel)
 FINACEA (azelaic acid gel, 15%)
 MYFORTIC (mycophenolic acid delayed-release tabs)

OPTIVAR (azelastine ophth soln)
 OVIDE (malathion lotn)
 SPIRIVA HANDIHALER (tiotropium bromide caps for inhalation)
 VIDAZA (azacitidine for inj)

■ OTHER ADDITIONS

SENSIPAR (cinacalcet tabs) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND-NAME PRODUCTS REMOVED

Generics remain

AUGMENTIN ES-600 (amoxicillin/clavulanate for oral susp, 600 mg/42.9 mg per 5 mL)
 CELEXA (citalopram tabs)
 NEURONTIN caps (gabapentin caps)
 ORAPRED, 15 mg/5 mL (prednisolone sodium phosphate oral soln)
 PRAMOSONE, 2.5%/1% (hydrocortisone acetate/pramoxine crm)
 ROWASA (mesalamine enema)
 SYNTHROID (levothyroxine tabs)
 TRI-NORINYL (norethindrone/ethinyl estradiol tabs)

■ ALL VERSIONS, BRAND-NAME AND GENERIC, IF AVAILABLE, REMOVED FROM FORMULARY

AZELEX (azelaic acid crm, 20%)
 ESTROSTEP FE (norethindrone acetate/ethinyl estradiol/iron tabs)
 OVCON-35, OVCON-50 (norethindrone/ethinyl estradiol tabs)
 SANTYL (collagenase oint)

■ DISCONTINUED BRAND-NAME PRODUCTS

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

FLOVENT ROTADISK (fluticasone powder for inhalation)
 FOLLISTIM (follitropin beta for inj)
 ILETIN I LENTE (insulin zinc inj)
 ILENTIN I NPH (insulin isophane inj)
 ILENTIN I REG (insulin regular inj)
 NOVOLIN L (human insulin zinc inj)
 PERGONAL (menotropins inj)
 PREVEN EMERGENCY CONTRACEPTIVE (levonorgestrel/ethinyl estradiol tabs)
 PROTROPIN (somatrem inj)
 ROZEX (metronidazole topical emulsion)
 TESTODERM (testosterone transdermal patches)
 VIOXX (rofecoxib oral susp, tabs)

DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from the formulary

hydrocortisone acetate/pramoxine lotn, 2.5%/1% – Zone-A Forte
 sulfacetamide sodium/prednisolone acetate ophth susp, 10%/0.5%
 – AK-Cide

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

BRAND-NAME PRODUCTS ADDED

ACCUZYME (papain/urea spray)
 APOKYN (apomorphine inj)
 CIPRO HC (ciprofloxacin/hydrocortisone otic susp)
 DDAVP (desmopressin tabs)
 DUONEB (albuterol/ipratropium neb soln)
 EPZICOM (abacavir/lamivudine tabs)
 LEVAQUIN (levofloxacin oral soln)
 PLEXION (sulfacetamide/sulfur cleansing cloth)
 TARCEVA (erlotinib tabs)
 TRUVADA (emtricitabine/tenofovir tabs)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

BRAND-NAME PRODUCTS REMOVED – effective January 1, 2006

Generics remain

ACCUPRIL (quinapril tabs)
 AUGMENTIN ES-600 (amoxicillin/potassium clavulanate for oral susp, 600 mg/42.9 mg per 5 mL)
 CELEXA (citalopram oral soln, tabs)
 CLEOCIN (clindamycin vaginal crm)
 COLCHICINE (colchicine tabs)
 DURAGESIC (fentanyl transdermal patches)
 GLUCOPHAGE XR, 750 mg (metformin extended-release tabs)
 LOBAC (acetaminophen/salicylamide/phenyltoloxamine caps)
 LUFYLLIN (dyphylline elixir, tabs)
 MIDRIN (acetaminophen/isometheptene/dichloralphenazone caps)
 MIRALAX POWDER PACKET (polyethylene glycol 3350 for soln)
 NEURONTIN (gabapentin caps, tabs)
 ORAPRED, 15 mg/5 mL (prednisolone sodium phosphate oral soln)
 PHENERGAN (promethazine supp, tabs)
 PLETAL (cilostazol tabs)
 ROWASA (mesalamine enema)

SYNTHROID (levothyroxine tabs)
 TEGRETOL (carbamazepine chew tabs, oral susp, tabs)
 TERAZOL 7 (terconazole vaginal crm)
 THORAZINE (chlorpromazine tabs)
 ULTRAVATE (halobetasol crm, oint)

BRAND-NAME PRODUCTS REMOVED – effective January 1, 2006

No generics available

AMOXAPINE (amoxapine tabs)
 CAFKIT (caffeine citrate oral soln)
 DEPEN (penicillamine tabs)
 DURABAC (acetaminophen/salicylamide/phenyltoloxamine/caffeine caps)
 FLEXTRA (acetaminophen/phenyltoloxamine/caffeine caps)
 FRENADOL (acetaminophen/salicylamide tabs)
 MAPROTILINE (maprotiline tabs)
 PEXEVA (paroxetine mesylate tabs)
 PHENYTOIN SODIUM PROMPT (prompt phenytoin sodium caps)
 RHINOCORT AQUA (budesonide nasal spray)
 SULFINPYRAZONE (sulfonpyrazone tabs)
 SYMBYAX (olanzapine/fluoxetine caps)
 THEO-24 (theophylline extended-release caps)
 XOLAIR (omalizumab for inj)

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

PROTROPIN (somatrem inj)
 THEOPHYLLINE oral soln (theophylline oral soln)

Blue Cross Blue Shield of Wyoming Formulary Changes

Please refer to PrimeNational Additions and Deletions for updates



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