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## Prime Contact Center

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

# 800.821.4795

## Effective May 23, 2007, Prime Therapeutics Will Accept Only the Pharmacy NPI for Electronic Claim Transmissions

Beginning May 23, 2007, Centers for Medicare & Medicaid Services (CMS) will require the use of a National Provider Identifier (NPI) on all HIPAA-related electronic claims transactions. NPIs include both pharmacy provider and prescriber codes.

To minimize member and provider disruption, pharmacies should obtain their NPI and report it to the National Council for Prescription Drug Programs (NCPDP) as soon as possible. Prime interfaces with NCPDP on a monthly basis and will receive all pharmacy NPIs through NCPDP.

To learn about Prime's plans for complying with the NPI regulation, please refer to the Frequently Asked Questions on pages 3 and 4 of this issue. For the most current NPI information, visit Prime's web site on a regular basis at [www.primetherapeutics.com/pharmacistsnpi.htm](http://www.primetherapeutics.com/pharmacistsnpi.htm).

Email your NPI-related questions to [npi@primetherapeutics.com](mailto:npi@primetherapeutics.com).

## New Point-of-Service Messages for Medicare Part D

Beginning this month, you can expect to see enhancements to point-of-service (POS) messages related to a beneficiary's TrOOP and drug-spend accumulations on Medicare Part D claims. The new POS messaging will help explain where a beneficiary is in his or her accumulation amounts and how that liability was calculated.

Look for additional details in the June 2007 issue of *Prime Perspective*.

*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](mailto:jdaman@primetherapeutics.com) or call 651.286.4203 or 800.858.0723.

**BluePride and ChamberBlue Groups to Change Drug Benefit Design**

**Effective April 1, 2007**

Blue Cross and Blue Shield of Nebraska groups that are part of the BluePride or ChamberBlue products will implement a change to their drug benefit design. This process will occur throughout the coming 12 months as participating groups renew their policy.

**Proton Pump Inhibitor and COX-2 Inhibitor Pre-authorization Programs**

The Proton Pump Inhibitor (PPI) and COX-2 Inhibitor Pre-authorization (PA) programs will be added on April 1. The Proton Pump Inhibitor and COX-2 Inhibitor PA programs are designed to promote cost-effective care when prescribing the PPI and COX-2 drug classes.

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 clinical criteria will automatically receive coverage of the appropriate drug at the pharmacy. Members who do not meet 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 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](http://www.bcbsneprovider.com) under **Pharmacy Resources**. Pre-authorization forms can also be obtained via facsimile by calling the Prime Therapeutics 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.

<b>Drug Name</b>	<b>Formulary Status</b>
omeprazole	Formulary
Aciphex, Protonix	Formulary
Nexium, Prevacid, Prilosec, Zegerid	Non-formulary
Celebrex	Formulary

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

800.821.4795

**MAC LIST UPDATES**

**Prime Therapeutics MAC List Updates: January 1 to March 15, 2007**

**■ ADDED TO MAC LIST**

- azithromycin susp, 100 mg/5 mL, 200 mg/5 mL (ZITHROMAX)
- fluticasone propionate nasal spray (FLONASE)
- midodrine tabs, 2.5 mg, 5 mg, 10 mg (PROAMATINE)
- sertraline tabs, 25 mg, 50 mg, 100 mg (ZOLOFT)

**■ DELETED FROM MAC LIST**

- cyclophosphamide tabs, 50 mg
- erythromycin/sulfisoxazole susp, 200 – 600 mg/5 mL
- nifedipine caps, 10 mg, 20 mg
- oxycodone extended-release tabs, 80 mg
- pindolol tabs, 5 mg, 10 mg
- pyrizinamide tabs, 500 mg

# National Provider Identifier (NPI) FREQUENTLY ASKED QUESTIONS



March 29, 2007

**Q: What date will Prime begin accepting Pharmacy NPIs?**

A: Prime will accept Pharmacy NPIs for claims transmissions beginning March 28, 2007.

**Q: Will Prime be able to accept both the Pharmacy NPI and the legacy NCPDP number until May 22, 2007?**

A: Yes. Between March 28, 2007 and May 22, 2007, Prime will accept either the Pharmacy NPI or NCPDP number for claim adjudication.

Note: When submitting NPI claims, the required value for Service Provider ID Qualifier field (202-B2) is 01 – NPI. Claims submitted with the incorrect Service Provider ID Qualifier will be rejected.

**Q: Is Prime implementing a cut-off date when only Pharmacy NPIs will be accepted for claims adjudication?**

A: Yes. Based on current CMS guidance, beginning May 23, 2007, only the Pharmacy NPI will be accepted on electronic claim transmissions.

**Q: If a claim is submitted with a Pharmacy NPI, which number will identify the pharmacy on the electronic 835 and paper remittance advice?**

A: The value that is submitted on the claim transmission (NPI or NCPDP) will be returned on the electronic 835 and paper remittance advice.

**Q: In which segment will the Pharmacy NPI appear on the 835 electronic remittance advice?**

A: The NPI will be reported back in the Provider Summary Loop 2000, TS301.

**Q: If a claim is paid using an NCPDP number prior to May 23, 2007, and reversed after May 23, 2007, will the reversal require the Pharmacy NPI or NCPDP number?**

A: You will be notified of the answer to this question in a later communication.

**Q: Will Prime require a Prescriber NPI on a claim submittal?**

A: Prime will require the population of the Prescriber ID Qualifier field (466-EZ) and Prescriber ID field (411-DB) on claims. Prime will reject Medicare Part D claims if the prescriber ID field is not submitted.

Accepted values for Prescriber ID Qualifier (466-EZ):

- 01 – NPI (preferred value)
- 12 – DEA
- 13 – State Issued

**Q: Will the Prescriber DEA number be a required value for the Prescriber ID field for controlled substance prescriptions?**

A: No. NPI can be the submitted prescriber identifier for all claims, including controlled substance claims.

**Q: Do I need to submit my Pharmacy NPI to Prime?**

A: No. All pharmacies should report their Pharmacy NPIs directly to NCPDP. Prime interfaces with NCPDP monthly to obtain this information.

To avoid disruption, your Pharmacy NPI should be reported to NCPDP. Due to high volume, allow three to six weeks for NCPDP processing. This will ensure that your Pharmacy NPI will appear on the May 1, 2007, NCPDP file that Prime receives from NCPDP.

To find out if your NPI has been entered into the NCPDP database, see instructions on page 4 .

## National Provider Identifier (NPI)

### FREQUENTLY ASKED QUESTIONS continued



March 29, 2007

**Q: Are there any small health plans for which Prime processes claims that will not require NPI until May 23, 2008?**

A: No. The Pharmacy NPI will be required for all electronic claims submitted to Prime beginning on May 23, 2007.

**Q: Will NPI testing be available to my pharmacy?**

A: Yes. Testing scenarios will be available on our web site in April 2007. [www.primetherapeutics.com/pharmacistsnpi.htm](http://www.primetherapeutics.com/pharmacistsnpi.htm)

**Q: When will Prime publish revised Payor Specification Sheets indicating the requirements for NPI and its usage?**

A: Payor Specification Sheets have been revised and are available on our web site at [www.primetherapeutics.com/pharmacistspayorsheets.htm](http://www.primetherapeutics.com/pharmacistspayorsheets.htm).

**Q: How do I obtain an NPI?**

A: As of February 1, 2007. NCPDP is no longer enumerating pharmacies. To apply for an NPI, visit the CMS web site at <http://nppes.cms.hhs.gov> or call CMS at **800.465.3203**.

Note: If a pharmacy obtains their NPI directly from CMS, it is extremely important to also report the assigned Pharmacy NPI to NCPDP, as Prime Therapeutics interfaces with NCPDP on a monthly basis for pertinent pharmacy data.

**Q: If my pharmacy already has an NPI, what do I need to do to ensure my NPI is loaded into Prime's system?**

A: 1. Go to NCPDP's web site at [www.ncdp.org](http://www.ncdp.org)

- Click on NCPDP Provider ID.
- Click on Application Form

Download the Application form, fill it out and attach a copy of your NPI notification from the Enumerator with your pharmacy NPI. Fax all five pages to **480.767.1043**.

2. If you have already completed Step 1 above, allow NCPDP three to six weeks to process, due to high volume. Please do not send in another application or call NCPDP, as this will only delay your processing.

3. Register your NPI with your respective switching and/or software vendor.

**Q: How can I verify that my NPI has been loaded into the NCPDP database?**

A. NCPDP has created an "NPI Checker" tool that is available on their web site at [www.ncdp.org/npi](http://www.ncdp.org/npi).

To learn more about NPI requirements, visit the CMS web site at [www.cms.hhs.gov/NationalProvidentStand](http://www.cms.hhs.gov/NationalProvidentStand).

For general information about NPI, visit the NCPDP web site at [www.ncdp.org/frame\\_news\\_npi-info.htm](http://www.ncdp.org/frame_news_npi-info.htm).

Please email NPI-related questions to [npi@primetherapeutics.com](mailto:npi@primetherapeutics.com).

**REMINDER:** Each pharmacy **must** register their NPI with their respective switching and/or software vendor.

## NEW PLAN ANNOUNCEMENT

# Noridian Mutual Insurance Company

**May 1, 2007**

Effective May 1, 2007, Prime Therapeutics LLC will begin processing Commercial pharmacy claims for members of Noridian Mutual Insurance Company (NMIC). NMIC will use the following Prime Therapeutics pharmacy networks:

- **Prime National** in the state of North Dakota and the surrounding contiguous counties. The contiguous counties consist of the following:
  - **Minnesota:** Clay, Kittson, Marshall, Norman, Polk, Traverse and Wilkin
  - **Montana:** Fallon, Richland, Roosevelt, Sheridan and Wilbaur
  - **South Dakota:** Brown, Campbell, Corson, Harding, Marshall, McPherson, Perkins and Roberts
- **Prime Select** for pharmacies outside the state of North Dakota and contiguous counties

NMIC members reside primarily in the state of Minnesota. Members will receive new ID cards to show the NEW BIN and PCN.

Claims with a Date of Fill prior to May 1, 2007, will reject in Prime's system.

To minimize pharmacy and member disruption, please set up your software to reflect the following processing requirements prior to May 1, 2007.

### Processing Requirements for Commercial Claims

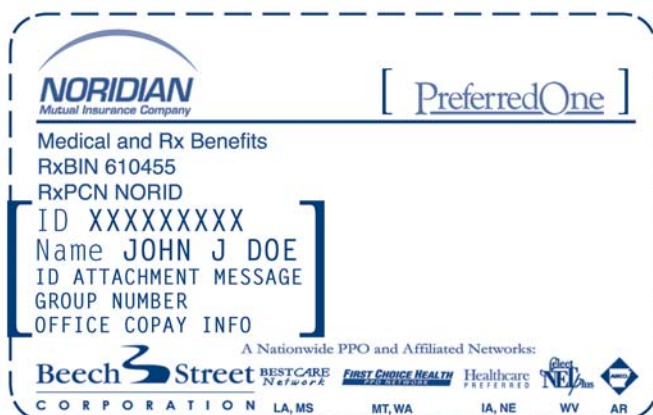
Prime requires that claims submitted at point of service are in the NCPDP 5.1 format.

BIN .....	<b>610455</b>
Processor control number (PCN) .....	<b>NORID</b>
Member ID .....	See ID cards
Date of Birth .....	Required
Gender .....	Required
U&C .....	Required

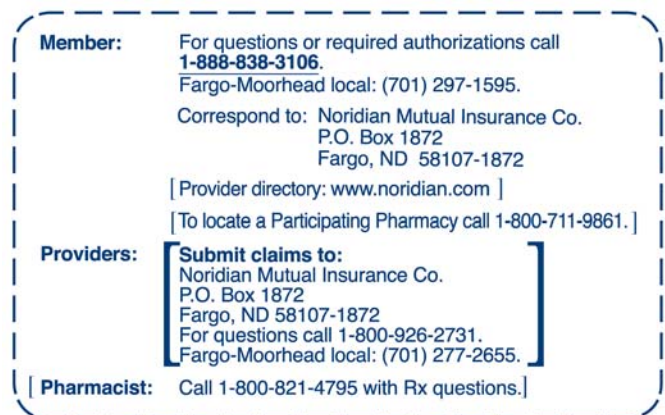
For further software set up information, please visit Prime's web site at [www.primetherapeutics.com/ pharmacists](http://www.primetherapeutics.com/pharmacists) **payorsheets** to view or print Prime's Commercial Payor Specification Sheet.

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

### FRONT OF MEMBER ID CARD



### BACK OF MEMBER ID CARD



## Quinine Sulfate Marketing and Part D Formulary Changes

The FDA is continuing to take action against unapproved drugs (specific products not reviewed and approved by the FDA) in the market. The most recent action concerns quinine products. Rx-only quinine sulfate products have been historically marketed as pre-1938 products (also called grandfathered drugs) without FDA review and approval. Then in August 2005, quinine sulfate capsules 324 mg (Qalakin-of Mutual Pharmaceuticals) gained the first quinine approval by FDA. With an approved product available, FDA is now directing that all manufacturers of unapproved products stop manufacturing no later than February 13, 2007. All interstate shipping must stop no later than June 13, 2007. As a practical comment, manufacturers of all but one currently unapproved quinine products have already chosen to stop manufacturing and marketing.

The other aspect of the quinine decision, including the rapid removal of unapproved products, is related to FDA cautioning consumers against taking quinine for the “off-label” use to treat leg cramps. The approved quinine product is labeled for the single indication of treating certain types of malaria. However, quinine has been used for years to prevent and treat nocturnal leg cramps. The FDA-approved labeling of Qalakin warns that the use of quinine has been associated with serious adverse events as well as potentially serious interactions with other drugs. Labeling reflects the fact that the risks associated with quinine for treatment of leg cramps outweigh the potential benefits. The same information does not appear in labeling of the unapproved products.

With the above considerations, CMS has directed that all unapproved quinine sulfate products should

be removed from Medicare Part D formularies. Prime Therapeutics did remove the applicable NDCs for these formularies on December 19, 2006. Even though some unapproved quinine products may still remain available, claims for these products will reject when processed. Qalakin, the approved quinine product, remains on the Medicare Part D formularies.

## Rx-to-OTC Switches and Part D Formulary Implications

New direction and refinement is coming from CMS regarding Part D formularies and definition of a Part D eligible drug. **THE INFORMATION IN THIS STATEMENT IS PRELIMINARY AND NOT ALL VARIABLES HAVE BEEN ADDRESSED BY CMS, INCLUDING A PRECISE TIMETABLE FOR TAKING AND COMMUNICATING FORMULARY ACTIONS. HOWEVER, WE ARE SHARING SOME RECENT CMS GENERAL DIRECTION WITH YOU AT THIS TIME. WE WILL ATTEMPT TO KEEP YOU UPDATED VIA PRIME PERSPECTIVE.**

A fundamental principle of drugs eligible to be considered for a Part D formulary is that the drug product is the subject of an FDA-approved prescription drug application. There are also circumstances where unapproved drug products can be a Part D drug; these are within the drugs we refer to as pre-62 or pre-38 drug products. Also, OTC drug products do not meet the definition of a Part D drug. If a drug product does not meet the definition of a Part D drug, it cannot be covered in a Medicare Part D formulary.

In the case of approved prescription drugs that undergo a so-called Rx-to-OTC switch, that drug application changes from approved for prescription marketing to OTC marketing. Thus, the approved application no

longer meets the basic definition of a Part D drug and steps must be taken to remove the product from Part D formularies. Even if the Rx product remains available in the marketplace and the OTC version is not yet available, that prescription drug product cannot be maintained on the Part D formularies. Appeals cannot be considered, and exceptions cannot be approved.

Current examples of Rx-to-OTC switches include Zaditor™ and MiraLax™. As such, Prime Therapeutics is now taking action to remove these products from Part D formularies maintained by Prime because these products are no longer the subject of an approved prescription drug application.

In the examples of Zaditor and MiraLax, there are other companies that hold approved prescription ANDA drug applications for the same products. These products, typically currently classified as generics, remain Rx only and are not a part of the Rx-to-OTC switch. As such, these products can remain on Part D formularies and become a viable option as a Part D covered drug for members who might have been getting Zaditor or MiraLax.

### Other Actions Because a Drug Product Is No Longer Eligible for Part D Formularies

Other drug products are being removed from Medicare Part D formularies as a part of direction and refinement of the definition of eligibility to be a Part D drug. Building on some of the discussion of the above Rx-to-OTC switches, other products we are now removing from Part D formularies include:

- **Pseudoephedrine and Guaifenesin Extended-release, 60/600 mg and 120/1200 mg.** The removal of all generics (no brands present)

is based upon approved drug applications for OTC marketing for these two strengths. We are aware that only the 60/600 mg product is marketed OTC. The Rx products that remain marketed are examples of combination products without an approved drug application when a product is available under an approved application. CMS has noted these specific strengths no longer meet the definition of a Part D drug.

- **Desyrel Tablets, all strengths.** This brand product is no longer marketed and the approved NDAs have been discontinued. Therefore, the product is no longer eligible as a Part D drug.
- **Pramoxine-hydrocortisone-chloroxylonol Otic Solution and Lotion, 1%-1%-0.1%.** CMS notes that drugs with this formulation have been determined to be DESI – less than fully effective. As such, they are not eligible as a Part D drug.
- **Conex Liquid** is a DESI – less-than-effective – drug product and as such is not a Part D eligible drug.
- **Digoxin Tablets, 0.5 mg.** This product is not a Part D eligible drug because it is not the subject of an FDA-approved drug application.
- **Dilor Tablets, 200 mg, 400 mg,** have a discontinued new drug application and as such are not a Part D eligible drug.
- **Dylix Elixir, 100 mg/15 mL** is not a Part D eligible drug because it is not the subject of an FDA-approved drug application.
- **Dyphylline-Guaifenesin Capsules, Tablets, Liquid, Elixir, Syrup, all strengths,** are combination drug products that are marketed without an FDA-approved drug application and as such are not Part D eligible drugs.

- **Lidocaine-Hydrocortisone Acetate Rectal Cream, Cream and Lotion, 3%/0.5%, 2.8%/0.55%, 3%/1%** are combination drug products that are marketed without an FDA-approved drug application and as such are not Part D eligible drugs.
- **Stannous Fluoride Gel 0.4%** is a drug product that does not require Rx only and as such is not a Part D eligible drug.

We anticipate more activity to delete drugs for reasons of not meeting the definition of a Part D drug. Members will be informed that the product is no longer eligible for their Medicare benefit, but this notification may not always be prior to the member attempting to fill or refill a prescription. CMS requires that we take action to update the formulary when non-Part D drugs are identified, and it may not be possible to inform impacted members in this short timeframe.

### Updates to Prime’s Payor Specification Sheet for Medicare Part D/PDP and MA-PD

Prime Therapeutics requires the following NCPDP fields to be populated for all claims including Medicare Part D. Beginning May 23, 2007, Prime will require network pharmacies to populate the qualifier of “01” and the NPI value for Medicare Part D claims. See NPI Frequently Asked Questions on page 3.

Transaction Header Segment — Mandatory			Segment Is Required
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01 – NPI (beginning May 23, 2007) 07 – NCPDP ID
201-B1	SERVICE PROVIDER ID	M	Applicable value for the qualifier used in 202-B2 above

Prescriber Segment			Segment Is Required B1 Transaction
NCPDP Field	Field Name	Mandatory, Required, or Situational	Comments/Values
466-EZ	PRESCRIBER ID QUALIFIER	R	Accepted values 01 – NPI (preferred value after May, 23, 2007) 12 – DEA 13 – State issued
411-DB	PRESCRIBER ID	R	Applicable value for the qualifier used in 466-EZ above

Visit Prime’s web site at [www.primetherapeutics.com/pharmacists/payorsheets.htm](http://www.primetherapeutics.com/pharmacists/payorsheets.htm) to view and/or download Prime’s updated Payor Specification Sheet for Medicare Part D/PDP and MAP-PD.

## PrimeNational<sup>SM</sup> Formulary Additions

### ■ GENERIC PRODUCTS ADDED

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

bupropion extended-release tabs (24 hr), 300 mg  
(WELLBUTRIN XL)

fluorouracil crm, 5% (EFUDEX)

metoprolol succinate extended-release tabs, 25 mg  
(TOPROL XL)

metronidazole vaginal gel (METROGEL VAGINAL)

ondansetron inj, oral soln, tabs (ZOFRAN)

ondansetron orally disintegrating tabs (ZOFRAN ODT)

oxybutynin extended-release tabs (DETROL LA)

paroxetine oral susp (PAXIL)

### ■ BRAND PRODUCTS ADDED

ASMANEX (mometasone powder for inhalation)

JANUVIA (sitagliptin tabs)

TRAVATAN Z (travoprost ophth soln)

XOPENEX HFA (levalbuterol inhalation aerosol)

## PrimeNational<sup>SM</sup> Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

DITROPAN XL (oxybutynin extended-release tabs)

DURAGESIC-12 (fentanyl transdermal patch, 12.5 mcg/hr)

EFUDEX (fluorouracil crm, 5%)

METROGEL VAGINAL (metronidazole vaginal gel)

PAXIL (paroxetine oral susp)

SYNTHROID (levothyroxine tabs, 137 mcg)

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

WELLBUTRIN XL (bupropion extended-release tabs (24 hr),  
300 mg)

ZOFRAN (ondansetron inj, oral soln, tabs)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AZMACORT (triamcinolone inhalation aerosol)

CLARINEX (desloratadine syrup, tabs)

CLARINEX REDITABS (desloratadine orally disintegrating  
tabs)

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

diazepam inj

dihydroergotamine inj

ketotifen ophth soln

pentazocine/naloxone tabs

propoxyphene HCl caps

PROVENTIL HFA (albuterol sulfate inhalation aerosol)

RHINOCORT AQUA (budesonide nasal susp)

thioridazine oral conc, tabs

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

CLOZAPINE tabs, 12.5 mg

HIVID (zalcitabine tabs)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

**Brand remains if noted**

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

## Blue Cross and Blue Shield of Florida Medication List Additions

### ■ BRAND PRODUCTS ADDED – TIER 2

**Effective December 1, 2006**

CHANTIX (varenicline tabs)

**Effective January 1, 2007**

ZOLINZA (vorinostat caps)

**Effective February 1, 2007**

ADVAIR HFA (fluticasone/salmeterol inhalation aerosol)

YAZ (drospirenone/ethinyl estradiol tabs)

**Effective April 1, 2007**

CADUET (amlodipine/atorvastatin tabs)

DETROL (tolterodine tabs)

JANUVIA (sitagliptin tabs)

ONDANSETRON tabs, 24 mg

PROTONIX (pantoprazole delayed-release tabs)  
 PROVIGIL (modafinil tabs)  
 TRAVATAN (travoprost ophth soln)  
 TRAVATAN Z (travoprost ophth soln)  
 XOPENEX HFA (levalbuterol inhalation aerosol)\*

\* Xopenex neb soln is Tier 3 on the Preferred Medication List

## Blue Cross and Blue Shield of Florida Medication List Changes

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

#### Generics remain

#### Effective April 1, 2007

ALCORTIN (iodoquinol/hydrocortisone gel)  
 BIAXIN XL (clarithromycin extended-release tabs)  
 DITROPAN XL (oxybutynin extended-release tabs)  
 DURAGESIC-12 (fentanyl transdermal patch, 12.5 mcg/hr)  
 EFUDEX (fluorouracil crm, 5%)  
 PAXIL (paroxetine oral susp)  
 TOPROL XL (metoprolol succinate extended-release tabs, 25 mg)  
 WELLBUTRIN XL (bupropion extended-release tabs (24 hr), 300 mg)  
 ZOFRAN (ondansetron inj, oral soln, tabs)  
 ZOFRAN ODT (ondansetron orally disintegrating tabs)

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

#### Generics are not available

#### Effective April 1, 2007

ACIPHEX (rabeprazole delayed-release tabs)  
 PRAVACHOL (pravastatin tabs, 80 mg)  
 PROVENTIL HFA (albuterol sulfate inhalation aerosol)  
 ZYPREXA (olanzapine tabs)  
 ZYPREXA ZYDIS (olanzapine orally disintegrating tabs)

### ■ DISCONTINUED BRAND PRODUCTS TIER CHANGE: TIER 2 TO TIER 3

#### Generics are not available

#### Effective January 1, 2007

HIVID (zalcitabine tabs)

## Blue Cross and Blue Shield of Illinois Drug Formulary Additions

### ■ BRAND PRODUCTS ADDED

DILAUDID-5 (hydromorphone oral soln)  
 DROXIA (hydroxyurea caps)  
 IRESSA (gefitinib tabs)  
 MESNEX (mesna tabs)  
 MEXILETINE caps  
 SPIRIVA HANDIHALER (tiotropium powder for inhalation)  
 TREXALL (methotrexate tabs)  
 TRAVATAN Z (travoprost ophth soln)  
 XOPENEX HFA (levalbuterol inhalation aerosol)  
 VESICARE (solifenacin tabs)

## Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

#### Effective April 1, 2007

EFUDEX (fluorouracil crm, 5%)  
 METROGEL VAGINAL (metronidazole vaginal gel)  
 TOPROL XL (metoprolol succinate extended-release tabs, 25 mg)  
 WELLBUTRIN XL (bupropion extended-release tabs (24 hr), 300 mg)  
 ZOFRAN (ondansetron inj, oral soln, tabs)  
 ZOFRAN ODT (ondansetron orally disintegrating tabs)

#### Effective July 1, 2007

COLESTID (colestipol tabs)  
 INDERAL LA (propranolol extended-release caps)

### ■ BRAND PRODUCTS REMOVED

#### Generics are not available

#### Effective May 1, 2007

ALPRAZOLAM INTENSOL (alprazolam oral soln, 1 mg/mL)  
 GLEEVEC (imatinib tabs)  
 HALOPERIDOL tabs, 20 mg  
 HEXALEN (altretamine caps)  
 LORAZEPAM INTENSOL (lorazepam oral soln, 2 mg/mL)  
 LYSODREN (mitotane tabs)

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

MATULANE (procarbazine caps)

TARCEVA (erlotinib tabs)

TARGRETIN (bexarotene caps)

TEMODAR (temozolomide caps)

THALOMID (thalidomide caps)

VESANOID (tretinoin caps)

XELODA (capecitabine tabs)

**Effective July 1, 2007**

CADUET (amlodipine/atorvastatin tabs)

LIPITOR (atorvastatin tabs)

PROVENTIL HFA (albuterol sulfate inhalation aerosol)

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

CODEINE PHOSPHATE oral soln, 15 mg/5 mL

HIVID (zalcitabine tabs)

QUININE SULFATE caps, 200 mg

**Effective May 1, 2007**

ZOFRAN (ondansetron tabs, 24 mg)

**Blue Cross and Blue Shield of Kansas National Formulary Changes**

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

**Blue Cross and Blue Shield of Kansas Select Formulary Additions****■ GENERIC PRODUCTS ADDED****Brand products (in parentheses) are non-formulary and listed for reference only**bupropion extended-release tabs (24 hr), 300 mg  
(WELLBUTRIN XL)

fluorouracil crm, 5% (EFUDEX)

ipratropium nasal soln (ATROVENT)

metoprolol succinate extended-release tabs, 25 mg  
(TOPROL XL)

metronidazole vaginal gel (METROGEL VAGINAL)

ondansetron inj, oral soln, tabs (ZOFRAN)

ondansetron orally disintegrating tabs (ZOFRAN ODT)

paroxetine oral susp (PAXIL)

**■ BRAND PRODUCTS ADDED**

ASMANEX (mometasone powder for inhalation)

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

DURAGESIC-12 (fentanyl transdermal patch, 12.5 mcg/hr)

EFUDEX (fluorouracil crm, 5%)

METROGEL VAGINAL (metronidazole vaginal gel)

PAXIL (paroxetine oral susp)

SYNTHROID (levothyroxine tabs, 137 mcg)

TOPROL XL (metoprolol succinate extended-release tabs, 25 mg)

WELLBUTRIN XL (bupropion extended-release tabs (24 hr), 300 mg)

ZOFRAN (ondansetron inj, oral soln, tabs)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

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

diazepam inj

ketotifen ophth soln

pentazocine/naloxone tabs

propoxyphene HCl caps

thioridazine oral conc, tabs

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

CLOZAPINE tabs, 12.5 mg

HIVID (zalcitabine tabs)

**■ DISCONTINUED GENERIC PRODUCTS REMOVED****Brand remains if noted**

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

## Blue Cross and Blue Shield of Minnesota Formulary Additions

### ■ GENERIC PRODUCTS ADDED

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

bupropion extended-release tabs (24 hr), 300 mg  
(WELLBUTRIN XL)

fluorouracil crm, 5% (EFUDEX)

indomethacin extended-release caps (INDOCIN SR)

metoprolol succinate extended-release tabs, 25 mg  
(TOPROL XL)

metronidazole vaginal gel (METROGEL VAGINAL)

ondansetron inj, oral soln, tabs (ZOFRAN)

ondansetron orally disintegrating tabs (ZOFRAN ODT)

paroxetine oral susp (PAXIL)

sulfacetamide sodium lotn (KLARON)

### ■ GENERIC PRODUCTS ADDED

**Brand products (in parentheses) are also on formulary**

colestipol tabs (COLESTID)

nicotine lozenges (COMMIT) – OTC

propranolol extended-release caps (INDERAL LA)

### ■ BRAND PRODUCTS ADDED

ASMANEX (mometasone powder for inhalation)

BAYER ASCENSIA BLOOD GLUCOSE MONITORS;  
BREEZE, BREEZE 2, CONTOUR, ELITE, ELITE XL

BAYER ASCENSIA BLOOD GLUCOSE TEST STRIPS;  
AUTODISC, BREEZE 2, CONTOUR, ELITE

BAYER ASCENSIA BLOOD GLUCOSE MONITOR  
CALIBRATION LIQUIDS

BAYER ASCENSIA LANCET DEVICES

JANUVIA (sitagliptin tabs)

LEVEMIR (insulin detemir inj)

PANCRECARB MS (pancrelipase delayed-release caps)

TRAVATAN Z (travoprost ophth soln)

XOPENEX HFA (levalbuterol inhalation aerosol)

## Blue Cross and Blue Shield of Minnesota Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

DEPO-TESTOSTERONE (testosterone cypionate inj,  
100 mg/mL)

DURAGESIC-12 (fentanyl transdermal patch, 12.5 mcg/hr)

EFUDEX (fluorouracil crm, 5%)

KLARON (sulfacetamide sodium lotn)

METROGEL VAGINAL (metronidazole vaginal gel)

PAXIL (paroxetine oral susp)

SALAGEN (pilocarpine tabs, 7.5 mg)

SYNTHROID (levothyroxine tabs, 137 mcg)

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

WELLBUTRIN XL (bupropion extended-release tabs (24 hr),  
300 mg)

ZOFRAN (ondansetron inj, oral soln, tabs)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

BENZAMYCIN PAK (erythromycin/benzoyl peroxide gel –  
unit of use)

diazepam inj

dihydroergotamine inj

ketotifen ophth soln

meperidine inj

NATAFORT (prenatal multivitamins/folic acid 1 mg tabs)

pentazocine/naloxone tabs

propoxyphene HCl caps

PROVENTIL HFA (albuterol sulfate inhalation aerosol)

thioridazine oral conc, tabs

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

CLOZAPINE tabs, 12.5 mg

FLUOROPLEX (fluorouracil soln, 1%)

HIVID (zalcitabine tabs)

METHOTREXATE FOR INJ, 20 mg

VIDEX (didanosine chew tabs, powder pkt)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

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

## Blue Cross and Blue Shield of Nebraska Formulary Additions

### ■ GENERIC PRODUCTS ADDED

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

bupropion extended-release tabs (24 hr), 300 mg  
(WELLBUTRIN XL)

fluorouracil crm, 5% (EFUDEX)

ipratropium nasal soln (ATROVENT)

metoprolol succinate extended-release tabs, 25 mg  
(TOPROL XL)

metronidazole vaginal gel (METROGEL VAGINAL)

ondansetron inj, oral soln, tabs (ZOFRAN)

ondansetron orally disintegrating tabs (ZOFRAN ODT)

paroxetine oral susp (PAXIL)

pergolide tabs (PERMAX)

tranylcypromine tabs (PARNATE)

### ■ BRAND PRODUCTS ADDED

ASMANEX (mometasone powder for inhalation)

TRAVATAN Z (travoprost ophth soln)

VESICARE (solifenacin tabs)

XOPENEX HFA (levalbuterol inhalation aerosol)

## Blue Cross and Blue Shield of Nebraska Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

DURAGESIC-12 (fentanyl transdermal patch, 12.5 mcg/hr)

EFUDEX (fluorouracil crm, 5%)

METROGEL VAGINAL (metronidazole vaginal gel)

PAXIL (paroxetine oral susp)

SYNTHROID (levothyroxine tabs, 137 mcg)

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

WELLBUTRIN XL (bupropion extended-release tabs (24 hr),  
300 mg)

ZOFRAN (ondansetron inj, oral soln, tabs)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

diazepam inj

ketotifen ophth soln

pentazocine/naloxone tabs

propoxyphene HCl caps

PROVENTIL HFA (albuterol sulfate inhalation aerosol)

thioridazine oral conc, tabs

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

CLOZAPINE tabs, 12.5 mg

HIVID (zalcitabine tabs)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

**Brand remains if noted**

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

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

### ■ BRAND PRODUCTS ADDED

CEENU (lomustine caps)

DILAUDID-5 (hydromorphone oral soln)

DROXIA (hydroxyurea caps)

IRESSA (gefitinib tabs)

MESNEX (mesna tabs)

MEXILETINE caps

SPIRIVA HANDIHALER (tiotropium powder for inhalation)

TREXALL (methotrexate tabs)

TRAVATAN Z (travoprost ophth soln)

TRILEPTAL (oxcarbazine oral susp, tabs)

XOPENEX HFA (levalbuterol inhalation aerosol)

VESICARE (solifenacin tabs)

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

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

#### Effective April 1, 2007

EFUDEX (fluorouracil crm, 5%)

METROGEL VAGINAL (metronidazole vaginal gel)

TOPROL XL (metoprolol succinate extended-release tabs, 25 mg)

ZOFRAN (ondansetron oral soln, tabs)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

#### Effective October 1, 2007

COLESTID (colestipol tabs)

INDERAL LA (propranolol extended-release caps)

### ■ BRAND PRODUCTS REMOVED

#### Generics are not available

#### Effective April 1, 2007

CADUET (amlodipine/atorvastatin tabs)

LESCOL (fluvastatin caps)

LESCOL XL (fluvastatin extended-release tabs)

LIPITOR (atorvastatin tabs)

#### Effective October 1, 2007

HEXALEN (altretamine caps)

LYSODREN (mitotane tabs)

MATULANE (procarbazine caps)

TARGRETIN (bexarotene caps)

TEMODAR (temozolomide caps)

THALOMID (thalidomide caps)

VESANOID (tretinoin caps)

XELODA (capecitabine tabs)

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

#### Generics are not available

#### Effective April 1, 2007

CODEINE PHOSPHATE oral soln, 15 mg/5 mL

HIVID (zalcitabine tabs)

QUININE SULFATE caps, 200 mg

ZOFRAN (ondansetron tabs, 24 mg)

## Blue Cross Blue Shield of North Dakota Formulary Additions

### ■ GENERIC PRODUCTS ADDED

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

albuterol sulfate extended-release tabs (VOSPIRE ER)

bupropion extended-release tabs (24 hr), 300 mg (WELLBUTRIN XL)

colestipol tabs (COLESTID)

fluorouracil crm, 5% (EFUDEX)

metoprolol succinate extended-release tabs, 25 mg (TOPROL XL)

metronidazole vaginal gel (METROGEL VAGINAL)

ondansetron inj, oral soln, tabs (ZOFRAN)

ondansetron orally disintegrating tabs (ZOFRAN ODT)

paroxetine oral susp (PAXIL)

propranolol extended-release caps (INDERAL LA)

### ■ GENERIC PRODUCTS ADDED

**Brand products (in parentheses) are also on formulary**  
nicotine lozenges (COMMIT) – OTC

### ■ BRAND PRODUCTS ADDED

ASMANEX (mometasone powder for inhalation)

JANUVIA (sitagliptin tabs)

TRAVATAN Z (travoprost ophth soln)

XOPENEX HFA (levalbuterol inhalation aerosol)

### ■ OTHER ADDITIONS

NOXAFIL (posaconazole oral susp) – Prior Approval Required

## Blue Cross Blue Shield of North Dakota Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

COLESTID (colestipol tabs)

DITROPAN XL (oxybutynin extended-release tabs)

DURAGESIC-12 (fentanyl transdermal patch, 12.5 mcg/hr)

EFUDEX (fluorouracil crm, 5%)

INDERAL LA (propranolol extended-release caps)

METROGEL VAGINAL (metronidazole vaginal gel)

PAXIL (paroxetine oral susp)

SYNTHROID (levothyroxine tabs, 137 mcg)

TOPROL XL (metoprolol succinate extended-release tabs, 25 mg)

VOSPIRE ER (albuterol sulfate extended-release tabs)

WELLBUTRIN XL (bupropion extended-release tabs (24 hr), 300 mg)

ZOFRAN (ondansetron oral soln, tabs)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

### ■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AZMACORT (triamcinolone inhalation aerosol)

BETASERON (interferon beta-1b inj)

ketotifen ophth soln

mephobarbital tabs

PAXIL CR (paroxetine extended-release tabs)

pentazocine/naloxone tabs

polyethylene glycol 3350 oral powder

PRENATAL 19 (prenatal multivitamins/folic acid 1 mg tabs)

PROVENTIL HFA (albuterol sulfate inhalation aerosol)

thioridazine oral conc, tabs

VENTOLIN HFA (albuterol sulfate inhalation aerosol)

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

#### Generics are not available

CLOZAPINE tabs, 12.5 mg

HIVID (zalcitabine tabs)

PHENYTOIN SODIUM PROMPT caps

ZOFRAN (ondansetron tabs, 24 mg)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

#### Brand remains if noted

acetaminophen/codeine elixir, 120/12 per 5 mL

## Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

### ■ BRAND PRODUCTS ADDED

DILAUDID-5 (hydromorphone oral soln)

MEXILETINE caps

SPIRIVA HANDIHALER (tiotropium powder for inhalation)

TRAVATAN Z (travoprost ophth soln)

TREXALL (methotrexate tabs)

VESICARE (solifenacin tabs)

## Blue Cross Blue Shield of Wyoming Formulary Changes

### All PrimeNational Additions and Deletions apply with the exception of the following:

All versions, brand and/or generic of CLARINEX, CLARINEX ODT and CLARINEX-D were not removed, since those products were not on the Blue Cross Blue Shield of Wyoming formulary.

### ■ GENERIC PRODUCT ADDED

#### Brand product (in parentheses) is non-formulary and listed for reference only

fexofenadine tabs (ALLEGRA)

### ■ BRAND PRODUCTS ADDED

ALLEGRA-D 12 HOUR (fexofenadine/pseudoephedrine extended-release tabs)

ALLEGRA-D 24 HOUR (fexofenadine/pseudoephedrine extended-release tabs)

ZYRTEC (cetirizine chew tabs, syrup, tabs)

ZYRTEC-D 12 HOUR (cetirizine/pseudoephedrine extended-release tabs)

## Medicare Part D

Pharmacists are encouraged to check the Medicare Part D formulary shown on our web site, [www.primetherapeutics.com/pharmacists.htm](http://www.primetherapeutics.com/pharmacists.htm), for the formulary and changes to the formulary. A small number of removals and changes to a higher tier can be expected to be effective on July 1, 2007. Please check our web site, as these changes should be posted prior to May 1.

## Medicare Part D – Three-Tier Standard Formulary Changes

### ■ GENERIC PRODUCTS ADDED – TIER 1

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

benzoyl peroxide pads, 3%, 6%, 9% (TRIAZ)  
 chlorpheniramine tannate susp, 8 mg/5 mL (PEDIATAN)  
 chlorpheniramine tannate/phenylephrine tannate susp,  
 8-10 mg/5 mL (PEDIATAN D)  
 fluorouracil crm, 5% (EFUDEX)  
 hydrocortisone acetate gel, 2% (NUZON)  
 methscopolamine tabs (PAMINE, PAMINE FORTE)  
 oxandrolone tabs (OXANDRIN)  
 phenylephrine/guaifenesin extended-release tabs,  
 30/1100 mg (LUSONEX)  
 sulfacetamide sodium pads, 10% (ROSULA NS)

### ■ GENERIC PRODUCTS ADDED – TIER 1

**Brand products (in parentheses) are also on formulary**

ondansetron oral soln, tabs (ZOFRAN)  
 ondansetron orally disintegrating tabs (ZOFRAN ODT)

### ■ BRAND PRODUCTS ADDED – TIER 2

ASMANEX (mometasone powder for inhalation)  
 CELEBREX (celecoxib caps, 50 mg)  
 JANUVIA (sitagliptin tabs)  
 ONDANSETRON tabs, 24 mg  
 TRAVATAN Z (travoprost ophth soln)  
 XOPENEX HFA (levalbuterol inhalation aerosol)

### ■ BRAND PRODUCTS ADDED – TIER 3

ELAPRASE (idursulfase inj)

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

MIRALAX (polyethylene glycol 3350 oral powder)

### ■ GENERIC PRODUCTS REMOVED

dyphylline tabs  
 dyphylline/guaifenesin elixir, liquid, syrup, tabs  
 lidocaine/hydrocortisone acetate crm, lotn, rectal crm  
 pramoxine/hydrocortisone/chloroxylenol otic soln  
 pseudoephedrine/guaifenesin extended-release tabs,  
 60/600 mg, 120/1200 mg  
 stannous fluoride gel

## Medicare Part D – Four-Tier Standard Formulary Changes (Blue Cross and Blue Shield of Florida only)

### ■ GENERIC PRODUCTS ADDED – TIER 1

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

benzoyl peroxide pads, 3%, 6%, 9% (TRIAZ)  
 chlorpheniramine tannate susp, 8 mg/5 mL (PEDIATAN)  
 chlorpheniramine tannate/phenylephrine tannate susp,  
 8-10 mg/5 mL (PEDIATAN D)  
 fluorouracil crm, 5% (EFUDEX)  
 hydrocortisone acetate gel, 2% (NUZON)  
 methscopolamine tabs (PAMINE, PAMINE FORTE)  
 oxandrolone tabs (OXANDRIN)  
 phenylephrine/guaifenesin extended-release tabs,  
 30/1100 mg (LUSONEX)  
 sulfacetamide sodium pads, 10% (ROSULA NS)

### ■ GENERIC PRODUCTS ADDED – TIER 1

**Brand products (in parentheses) are also on formulary**

ondansetron oral soln, tabs (ZOFRAN)  
 ondansetron orally disintegrating tabs (ZOFRAN ODT)

KEY: BLUE TYPE = FORMULARY AGENTS

RED TYPE = NON-FORMULARY AGENTS

**■ BRAND PRODUCTS ADDED – TIER 2**

ASMANEX (mometasone powder for inhalation)

CELEBREX (celecoxib caps, 50 mg)

JANUVIA (sitagliptin tabs)

ONDANSETRON tabs, 24 mg

TRAVATAN Z (travoprost ophth soln)

XOPENEX HFA (levalbuterol inhalation aerosol)

**■ BRAND PRODUCTS ADDED – TIER 4**

ELAPRASE (idursulfase inj)

**■ TIER CHANGE: TIER 3 TO TIER 2**

CASODEX (bicalutamide tabs)

LEUKERAN (chlorambucil tabs)

**■ BRAND PRODUCTS REMOVED****Generics remain**

MIRALAX (polyethylene glycol 3350 oral powder)

**■ GENERIC PRODUCTS REMOVED**

dyphylline tabs

dyphylline/guaifenesin elixir, liquid, syrup, tabs

lidocaine/hydrocortisone acetate crm, lotn, rectal crm

pramoxine/hydrocortisone/chloroxylenol otic soln

pseudoephedrine/guaifenesin extended-release tabs,  
60/600 mg, 120/1200 mg

stannous fluoride gel

**Medicare Part D – Four-Tier  
Expanded Formulary Changes****■ GENERIC PRODUCTS ADDED – TIER 1****Brand products (in parentheses) are non-formulary and listed for reference only**

chlorpheniramine tannate susp, 8 mg/5 mL (PEDIATAN)

chlorpheniramine tannate/phenylephrine tannate susp,  
8-10 mg/5 mL (PEDIATAN D)**■ GENERIC PRODUCTS ADDED – TIER 1****Brand products (in parentheses) are also on formulary**

benzoyl peroxide pads, 3%, 6%, 9% (TRIAZ)

fluorouracil crm, 5% (EFUDEX)

hydrocortisone acetate gel, 2% (NUZON)

methscopolamine tabs (PAMINE, PAMINE FORTE)

ondansetron oral soln, tabs (ZOFRAN)

ondansetron orally disintegrating tabs (ZOFRAN ODT)

oxandrolone tabs (OXANDRIN)

phenylephrine/guaifenesin extended-release tabs,  
30/1100 mg (LUSONEX)

sulfacetamide sodium pads, 10% (ROSULA NS)

**■ BRAND PRODUCTS ADDED – TIER 2**

CELEBREX (celecoxib caps, 50 mg)

JANUVIA (sitagliptin tabs)

ONDANSETRON tabs, 24 mg

TRAVATAN Z (travoprost ophth soln)

**■ BRAND PRODUCTS ADDED – TIER 3**

ALLEGRA (fexofenadine susp)

**■ BRAND PRODUCTS ADDED – TIER 4**

ELAPRASE (idursulfase inj)

**■ TIER CHANGE: TIER 3 TO TIER 2**

ASMANEX (mometasone powder for inhalation)

CASODEX (bicalutamide tabs)

LEUKERAN (chlorambucil tabs)

XOPENEX HFA (levalbuterol inhalation aerosol)

**■ BRAND PRODUCTS REMOVED****Generics remain**

DESYREL (trazadone tabs)

MIRALAX (polyethylene glycol 3350 oral powder)

ZADITOR (ketotifen ophth soln)

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

ANAMANTLE HC (lidocaine/hydrocortisone acetate  
rectal crm, 3-0.5%)

ANAMANTLE HC FORTE (lidocaine/hydrocortisone acetate  
rectal crm)

BRONDIL (dyphylline/guaifenesin liquid)

CONEX (pseudoephedrine/phenylephrine/guaifenesin liquid)

CORTANE-B (pramoxine/hydrocortisone/chloroxylenol lotn,  
otic soln)

DIFIL-G (dyphylline/guaifenesin tabs)

DIGOXIN tabs, 0.5 mg

DILEX-G (dyphylline/guaifenesin syrup, tabs)

DYLIX (dyphylline elixir)

LIDAMANTLE HC (lidocaine/hydrocortisone acetate crm,  
lotn)

LUFYLLIN-GG (dyphylline/guaifenesin elixir, tabs)

OMNII GEL (stannous fluoride gel)

OMNII MED DENTAL (stannous fluoride gel)

OTICIN HC (pramoxine/hydrocortisone/chloroxylenol  
otic soln)

PANFIL-G (dyphylline/guaifenesin caps, syrup)

RECTAGEL HC (lidocaine/hydrocortisone acetate rectal gel)

**■ GENERIC PRODUCTS REMOVED**

dyphylline tabs

dyphylline/guaifenesin elixir, liquid, syrup, tabs

lidocaine/hydrocortisone acetate crm, lotn, rectal crm

pramoxine/hydrocortisone/chloroxylenol otic soln

pseudoephedrine/guaifenesin extended-release tabs,  
60/600 mg, 120/1200 mg

stannous fluoride gel

## **Reporting Fraud, Waste and Abuse**

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

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

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



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