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Prime Contact Center HOLIDAY HOURS

Commercial Business

- Thursday, November 23, 2006:
CLOSED
- Friday, November 24, 2006:
7:00 a.m. to 6:00 p.m.
- Monday, December 25, 2006:
CLOSED
- Monday, January 1, 2007:
7:00 a.m. to 11:00 p.m.

Medicare Part D Business

- Thursday, November 23, 2006:
7:00 a.m. to 9:00 p.m.
- Friday, November 24, 2006:
7:00 a.m. to 9:00 p.m.
- Monday, December 25, 2006:
7:00 a.m. to 9:00 p.m.
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7:00 a.m. to 11:00 p.m.

**On-call assistance is available
24 hours a day, 7 days a week.**

800.821.4795

Blue Cross and Blue Shield of Florida Becomes Equity Partner with Prime

Prime Therapeutics is pleased to announce Blue Cross and Blue Shield of Florida (BCBSF) and its HMO affiliate, Health Options, Inc. (HOI), have signed agreements with Prime to become an equity partner and for the provision of comprehensive pharmacy benefit services for BCBSF clients and members.

Beginning January 1, 2007, Prime will provide services to over 1.4 million BCBSF members enrolled in health plans that include prescription drug coverage. The contract covers a full spectrum of pharmacy benefit services, including claims processing, formulary administration, manufacturer contracting, pharmacy network management, Medicare Part D administration, clinical programs and mail order pharmacy services.

Required Processing Information

Beginning January 1, 2007, please use the following information to set up your system to process claims for all members of BCBSF/HOI. New ID cards will **not** be issued to members.

- **BIN** 012833
- **Processor Control Number (PCN)**
Commercial FLBC
Medicare Part D MEDDPRIME

■ Processing Requirements, Effective January 1, 2007

- New BIN
- New processor control number (PCN)
- Member ID number (Starts with "H")
- Date of birth
- Gender
- DEA number (NPI after May 2007)
- U&C required

For More Information

Beginning January 1, 2007, if you need additional assistance with commercial claims processing questions, including override requests, please call the Prime Contact Center at **888.877.6323**. For Medicare Part D claims, please call **888.877.6420**.

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

A BCBSF plan announcement for both commercial and Medicare Part D business will be sent to pharmacies in December 2006.

Updated payor specification sheets for BCBSF commercial and Medicare Part D business are available at www.primetherapeutics.com/pharmacistspayorsheets.htm.

**Prime Therapeutics MAC List Updates:
June 1 to August 31, 2006**

■ **ADDED TO MAC LIST**

- alprazolam extended-release tabs, 0.5 mg, 1 mg, 2 mg, 3 mg (XANAX XR)
- anagrelide caps, 1 mg (AGRYLIN)
- azithromycin tabs, 600 mg (ZITHROMAX)
- clonazepam orally disintegrating tabs, 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg (KLONOPIN WAFERS)
- demeclocycline tabs, 150 mg, 300 mg (DECLOMYCIN)
- finasteride tabs, 5 mg (PROSCAR)
- hydromorphone tabs, 2 mg, 4 mg, 8 mg (DILAUDID)
- lamotrigine chewable dispersible tabs, 5 mg (LAMICTAL)
- meloxicam tabs, 7.5 mg, 15 mg (MOBIC)
- metronidazole lotion, 0.75% (METROLOTION)
- potassium chloride extended-release tabs, 10 mEq (KLOR-CON 10)
- simvastatin tabs, 5 mg, 10 mg, 20 mg, 40 mg, 80 mg (ZOCOR)
- sotalol tabs, 160 mg (BETAPACE AF)
- tretinoin crm, 0.05% (RENOVA)
- zidovudine caps, 100 mg (RETROVIR)

■ **DELETED FROM MAC LIST**

- methyclothiazide tabs, 5 mg
- pseudoephedrine/carbinoxamine/dextromethorphan soln, 25-2-4 mg/mL
- quinine sulfate caps, 324 mg
- triamcinolone acetonide dental paste, 0.1%
- sulfamethoxazole/trimethoprim tabs, 800/160

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 jdamman@primetherapeutics.com or call 651.286.4203 or 800.858.0723.

Blue Cross and Blue Shield of Kansas (BCBSKS)

Effective November 1, 2006 — BCBSKS will offer a new generic-only prescription benefit called Essential Blue. The member will pay 100 percent of the allowed charge at the point of sale and then submit a paper claim for reimbursement in accordance with their contractual benefits.

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

Reminder: CMS Will Require Pharmacies to Use NPI on All HIPAA-related Electronic Claims Transactions

Beginning May 23, 2007, Centers for Medicare & Medicaid 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 web site 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.

Blue Cross and Blue Shield of New Mexico Concurrent DUR Change: New Dose-Limiting Threshold

Beginning November 1, 2006, Blue Cross and Blue Shield of New Mexico will enhance its Concurrent DUR program by adding a dose-limiting threshold to the dose-check edit. Dosages that exceed the maximum daily dose for that drug will continue to be paid and will receive the standard high-dose alert message. Dosages that exceed 310 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 supply”.

A 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 claim may be resubmitted with PA code (00000000003) to override this DUR edit. The NCPDP field for prior authorization/medical certification code and number is 416-DG.

Note that while these claims will reject for reason code 88 (DUR), you may receive other local system messages with the claim such as “non-formulary.” Local messages may not be related to the reject. Your software vendor determines the format for receiving DUR messages. Please check with your vendor for help identifying DUR messages.

This concurrent DUR enhancement will aid in detecting and correcting claims submitted with:

- Keypad-entry errors (sticking keys, misplaced decimals)
- Software incompatibility issues (received quantity differs from submitted quantity)
- Incorrectly entered NDCs (liquid dispensed, tablet submitted)
- Dispensing errors (often dosage form or strength issues)
- Incorrectly calculated days supply

Blue Cross and Blue Shield of New Mexico Launches Speciality Drug Program

On September 1, 2006, Blue Cross and Blue Shield of New Mexico launched a Specialty Drug Program. The specialty benefit will become effective as existing small group contracts are renewed. Both fully insured large groups and self-insured groups will be offered the Specialty Drug Program upon request.

The Specialty Drug Program includes selected specialty drugs that will be available for distribution through a network of Specialty Pharmacies. The Specialty Drug List and Specialty Pharmacy details may be found at www.bcbsnm.com under **Prescription Drugs**.

For an out-of-network pharmacy, claims for the selected specialty drugs will reject with a reason code of 70 “Product/Service Not Covered” along with a message stating that the claim submitted is for a specialty drug. This message will alert the pharmacist to call 800.325.8334 Option 5 for more information. In order for the specialty drug to be covered, the member must use one of the Specialty Pharmacies.

Specialty Drug Program

Transaction Fees

Beginning October 7, 2006, Prime will apply transaction fees. These fees will appear on your remittance advice dated October 14, 2006. Additional information will be included with your remittance at that time.

Nebraska Bankers Association (NBA) to Change Its Drug Benefit Design

Effective October 1, 2006

The National Bankers Association (NBA) group 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.

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

Blue Cross Blue Shield of North Dakota Minimum Reimbursement Level

Effective October 1, 2006, Blue Cross Blue Shield of North Dakota (BCBSND) will implement an \$8.00 minimum reimbursement level (MRL) for all pharmacies serving BCBSND members. The relevant provision regarding MRL is defined in Exhibit B "Rates and Terms" of your Prime Therapeutics Pharmacy Participation Agreement. Under this provision, if the pharmacy payment (AWP discount or MAC plus dispensing fee) is less than the \$8.00 MRL, the pharmacy will be paid the lesser of the pharmacy's Usual and Customary (U&C) or the \$8.00 minimum reimbursement.

Payor Specification Sheets Updated

The following Prime 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/
pharmacistspayorsheets.htm](http://www.primetherapeutics.com/pharmacistspayorsheets.htm)

Launch of Medication Therapy Management Program (MTMP) Retail Component

Medicare Part D members who enrolled in the Medication Therapy Management Program (MTMP) began participating in the retail component of the program on **September 14, 2006**.

The MTMP retail program will focus on severe, documented drug-drug interactions — those with a high risk of adverse drug events with the likelihood of causing a significant negative outcome. These interactions will be identified at the point of service (POS), and will result in an opportunity for the retail pharmacist to perform an intervention and be compensated for that service. Prescription drug claims that have one of the MTMP-identified potential drug-drug interactions will reject with a POS message to the pharmacist providing brief instructions. When the intervention is complete, the pharmacist will resubmit the claim with the appropriate

Professional Service codes and the claim will adjudicate and apply the professional service fee. Interventions that result in a change of medication, or the medication not being dispensed, can be submitted on our MTMP Fax Claim Form.

Please refer to the Medicare Part D Payor Specification Sheet for the required NCPDP fields and values. The Payor Specification Sheet, along with the MTMP Fax Claim Form, is available on Prime's web site at www.primetherapeutics.com or by calling the Prime Contact Center at **800.821.4795**.



Notification: Medicare Part D Copay Error

For a period of time, several medications may have incorrectly adjudicated at a lower copayment than intended for some members with a Medicare Part D benefit. The medications impacted include:

- Actonel with Calcium
- A-Hist
- Alpain
- Alenaze-D
- Cordron NR
- Emend 80-125 mg
- Enablex
- Imipramine 75 mg, 100 mg, 150 mg
- Lyrica 25 mg
- Symlin
- Tretin-X
- Xedec
- Zonalon Cream

All new prescriptions for these medications will process at the correct copayment level. Any Medicare Part D members who received these medications at the lower copayment tier will receive a grace period in which they will continue to receive the medications at the lower level.



WE'VE MOVED

CORPORATE ADDRESS
 1305 Corporate Center Drive
 Eagan, MN 55121-1204

PHONE
 800.858.0723
 651.286.4000

WEB SITE
www.primetherapeutics.com

Prime Therapeutics LLC has a new logo



Prime Perspective has a new look

PRIME PERSPECTIVE™
 Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

ISSUE 29

PRIME
THERAPEUTICS™

SEPTEMBER 2006

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- BIN 012833
- Processor Control Number (PCN)
Commercial FLBC
Medicare Part D MEENPRIME

FORMULARY UPDATES

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

PrimeNational™ Formulary Additions

- **GENERIC PRODUCTS ADDED**
Brand products (in parentheses) are non-formulary and listed for reference only
sustained release (PROSCAR)
isotretinoin caps, 30 mg
- **DISCONTINUED BRAND PRODUCTS**
The following discontinued brand products have been removed from formulary; generics remain if noted
METROGEL (metronidazole gel, 0.75%)
- **DISCONTINUED GENERIC PRODUCTS**
The following discontinued generic products have been removed from formulary
anthralin oint, 1%

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

- **BRAND PRODUCTS ADDED**
AMLODIBE tabs
ATRIPLA (zidovudine/zalcitabine/tenofovir tabs)
BAGACLOLIDE (baclofen oral soln, tabs)
CIPROFLOXACIN tabs, 100 mg
DAPSONE tabs
DIOXONE oral soln
EMEND (aprepitant caps, 40 mg)
ENOXIVA (conjugated estrogens, synthetic B, tabs)
GANCICLOVIR caps
GRIFEXVAN V (griseofulvin microsize tabs)
INCELEXX (mecamylamine HCl)
LINDANE shampoo
PREZISTA (darunavir tabs)
DURNINE SULFATE caps, 200 mg
- The June 2006 issue of Prime Perspective listed EFFEXOR XR (venlafaxine extended-release caps) as being removed from the formulary effective October 1, 2006. EFFEXOR XR will remain on the formulary.

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

- **BRAND PRODUCTS REMOVED**
Generics remain
Effective October 1, 2006
COLESTID (colestipol 5g/packet)
RETROVIR (zidovudine caps, 100 mg)

Continued
7

ON THE WEB: www.primetherapeutics.com

PrimeNationalSM Formulary Additions

■ GENERIC PRODUCTS ADDED

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

finasteride tabs (PROSCAR)

isotretinoin caps, 30 mg

ketotifen ophth soln (ZADITOR)

metronidazole lotn, 0.75% (METROLOTION)

potassium citrate extended-release tabs (UROCIT-K)

simvastatin tabs (ZOCOR)

tranlycypromine tabs (PARNATE)

■ BRAND PRODUCTS ADDED

ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)

DACOGEN (decitabine for inj)

DILAUDID (hydromorphone oral soln)

EMEND (aprepitant caps, 40 mg)

INCRELEX (mecasermin inj)

PREZISTA (darunavir tabs)

SPRYCEL (dasatinib tabs)

PrimeNationalSM Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

METROLOTION (metronidazole lotn, 0.75%)

PARNATE (tranlycypromine tabs)

PROSCAR (finasteride tabs)

RETROVIR (zidovudine caps, 100 mg)

UROCIT-K (potassium citrate extended-release tabs)

VICODIN HP (hydrocodone/acetaminophen tabs, 10/660 mg)

ZADITOR (ketotifen ophth soln)

ZITHROMAX (azithromycin susp)

ZOCOR (simvastatin tabs)

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

CIPROFLOXACIN tabs, 100 mg

■ DISCONTINUED BRAND PRODUCTS

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

METROGEL (metronidazole gel, 0.75%)

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary

anthralin crm, 1%

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

AMILORIDE tabs

ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)

BARACLUDE (entecavir oral soln, tabs)

CIPROFLOXACIN tabs, 100 mg

DAPSONE tabs

DIGOXIN oral soln

EMEND (aprepitant caps, 40 mg)

ENJUVIA (conjugated estrogens, synthetic B, tabs)

GANCICLOVIR caps

GRIFULVIN V (griseofulvin microsize tabs)

INCRELEX (mescasermin inj)

LINDANE shampoo

PREZISTA (darunavir tabs)

QUININE SULFATE caps, 200 mg

■ The June 2006 issue of *Prime Perspective* listed EFFEXOR XR (venlafaxine extended-release caps) as being removed from the formulary effective October 1, 2006. EFFEXOR XR will remain on the formulary.

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2006

COLESTID (colestipol pkt)

RETROVIR (zidovudine caps, 100 mg)

PROSCAR (finasteride tabs)

Continued

Effective November 1, 2006

EFFEXOR (venlafaxine tabs)

ZITHROMAX (azithromycin susp)

ZOLOFT (sertraline oral soln, tabs)

Effective January 1, 2007

DILANTIN (phenytoin susp)

ZADITOR (ketotifen ophth soln)

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

AUGMENTIN XR (amoxicillin/clavulanate extended-release tabs)

DARAPRIM (pyrimethamine tabs)

FEMRING (estradiol vaginal ring)

HELIDAC (tetracycline caps + metronidazole tabs + bismuth subsalicylate chew tabs)

HUMIRA (adalimumab inj)

KETEK (telithromycin tabs)

KRISTALOSE (lactulose for soln)

MEPRON (atovaquone susp)

MINTEZOL (thiabendazole chew tabs, susp)

OXYTROL (oxybutynin transdermal patches)

RIFATER (isoniazid/pyrazinamide/riampin tabs)

VEFEND (voriconazole for susp, tabs)

- The June 2006 issue of *Prime Perspective* listed COZAAR (losartan tabs) and HYZAAR (losartan/hydrochlorothiazide tabs) as being removed from the formulary effective October 1, 2006. The correct removal date is January 1, 2007.

■ DISCONTINUED BRAND PRODUCTS**Generics remain if noted****Effective October 1, 2006**

METROGEL (metronidazole gel, 0.75%)

SULFISOXAZOLE tabs

Blue Cross Blue Shield of Kansas National Formulary Changes

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

Blue Cross and Blue Shield of Kansas Select Formulary Additions**■ GENERIC PRODUCTS ADDED**

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

finasteride tabs (PROSCAR)

isotretinoin caps, 30 mg

ketotifen ophth soln (ZADITOR)

metronidazole lotn, 0.75% (METROLOTION)

potassium citrate extended-release tabs (UROCIT-K)

simvastatin tabs (ZOCOR)

■ BRAND PRODUCTS ADDED

ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)

DACOGEN (decitabine for inj)

DILAUDID (hydromorphone oral soln)

EMEND (aprepitant caps, 40 mg)

INCRELEX (mecasermin inj)

LAMISIL (terbinafine tabs)

PREZISTA (darunavir tabs)

SPRYCEL (dasatinib tabs)

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

METROLOTION (metronidazole lotn, 0.75%)

PROSCAR (finasteride tabs)

RETROVIR (zidovudine caps, 100 mg)

UROCIT-K (potassium citrate extended-release tabs)

VICODIN HP (hydrocodone/acetaminophen tabs, 10/660 mg)

ZADITOR (ketotifen ophth soln)

ZITHROMAX (azithromycin susp)

ZOCOR (simvastatin tabs)

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

CIPROFLOXACIN tabs, 100 mg

■ **DISCONTINUED BRAND PRODUCTS**

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

METROGEL (metronidazole gel, 0.75%)

■ **DISCONTINUED GENERIC PRODUCTS**

The following discontinued generic products have been removed from formulary

anthralin crm, 1%

Blue Cross and Blue Shield of Minnesota Formulary Additions

■ **GENERIC PRODUCTS ADDED**

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

finasteride tabs (PROSCAR)

isotretinoin caps, 30 mg

ketotifen ophth soln (ZADITOR)

metronidazole lotn, 0.75% (METROLOTION)

phenazopyridine tabs (PYRIDIUM)

potassium citrate extended-release tabs (UROKIT-K)

simvastatin tabs (ZOCOR)

tranylcypromine tabs (PARNATE)

venlafaxine (EFFEXOR)

■ **BRAND PRODUCTS ADDED**

ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)

CHANTIX (varenicline tabs)

DACOGEN (decitabine for inj)

DILAUDID (hydromorphone oral soln)

EMEND (aprepitant caps, 40 mg)

INCRELEX (mecasermin inj)

PREZISTA (darunavir tabs)

SPRYCEL (dasatinib tabs)

ZANTAC EFFERDOSE (ranitidine effervescent tabs)

Blue Cross and Blue Shield of Minnesota Formulary Deletions

■ **BRAND PRODUCTS REMOVED**

Generics remain

EFFEXOR (venlafaxine tabs)

METROLOTION (metronidazole lotn, 0.75%)

PARNATE (tranylcypromine tabs)

PROSCAR (finasteride tabs)

UROKIT-K (potassium citrate extended-release tabs)

VICODIN HP (hydrocodone/acetaminophen tabs, 10/660 mg)

ZADITOR (ketotifen ophth soln)

ZITHROMAX (azithromycin susp)

ZOCOR (simvastatin tabs)

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

CIMETIDINE oral soln, tabs

CIPROFLOXACIN tabs, 100 mg

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

■ **DISCONTINUED BRAND PRODUCTS**

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

METROGEL (metronidazole gel, 0.75%)

■ **DISCONTINUED GENERIC PRODUCTS**

The following discontinued generic products have been removed from formulary

anthralin crm, 1%

Blue Cross and Blue Shield of Nebraska Formulary Additions

■ **GENERIC PRODUCTS ADDED**

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

finasteride tabs (PROSCAR)

isotretinoin caps, 30 mg

ketotifen ophth soln (ZADITOR)

meloxicam tabs (MOBIC)

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

metronidazole lotn, 0.75% (METROLOTION)
 potassium citrate extended-release tabs (UROCIT-K)
 simvastatin tabs (ZOCOR)

■ BRAND PRODUCTS ADDED

ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)
 BARACLUDE (entecavir oral soln, tabs)
 BAYER ASCENSIA BLOOD GLUCOSE MONITORS;
 BREEZE, ELITE, ELITE XL
 BAYER ASCENSIA BLOOD GLUCOSE TEST STRIPS;
 AUTODISC, CONTOUR, ELITE
 BAYER ASCENSIA BLOOD GLUCOSE MONITOR
 CALIBRATION LIQUIDS
 BAYER ASCENSIA LANCET DEVICES AND LANCETS
 CHANTIX (varenicline tabs)
 DACOGEN (decitabine for inj)
 EMEND (aprepitant caps, 40 mg)
 INCRELEX (mecasermin inj)
 LAMISIL (terbinafine tabs)
 PREZISTA (darunavir tabs)
 SPRYCEL (dasatinib tabs)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

METROLOTION (metronidazole lotn, 0.75%)
 PROSCAR (finasteride tabs)
 RETROVIR (zidovudine caps, 100 mg)
 UROCIT-K (potassium citrate extended-release tabs)
 VICODIN HP (hydrocodone/acetaminophen tabs,
 10/660 mg)
 ZADITOR (ketotifen ophth soln)
 ZITHROMAX (azithromycin susp)
 ZOCOR (simvastatin tabs)

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

CIPROFLOXACIN tabs, 100 mg
 LIFESCAN ONE TOUCH LANCET DEVICES AND LANCETS
 ROFERON-A (interferon alfa-2a)

■ DISCONTINUED BRAND PRODUCTS

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

METROGEL (metronidazole gel, 0.75%)

■ DISCONTINUED GENERIC PRODUCTS

The following discontinued generic products have been removed from formulary

anthralin crm, 1%

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

■ BRAND PRODUCTS ADDED

AMILORIDE tabs
 ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)
 BARACLUDE (entecavir oral soln, tabs)
 CIPROFLOXACIN tabs, 100 mg
 DIGOXIN oral soln
 EMEND (aprepitant caps, 40 mg)
 ENJUVIA (conjugated estrogens, synthetic B, tabs)
 GANCICLOVIR caps
 HEPSERA (adefovir tabs)
 ISONIAZID syrup
 LINDANE shampoo
 PREZISTA (darunavir tabs)
 QUININE SULFATE caps, 200 mg
 K-PHOS (potassium phosphate monobasic tabs)

■ The June 2006 issue of *Prime Perspective* listed EFFEXOR XR (venlafaxine extended-release caps) as being removed from the Drug List effective October 1, 2006. EFFEXOR XR will remain on the Drug List.

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2006

METROLOTION (metronidazole lotn, 0.075%)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2006

METROGEL (metronidazole gel, 0.75%)

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

finasteride tabs (PROSCAR)

itraconazole caps (SPORANOX)

ketotifen ophth soln (ZADITOR)

metronidazole lotn, 0.75% (METROLOTION)

potassium citrate extended-release tabs (UROCIT-K)

simvastatin tabs (ZOCOR)

tranylcypromine tabs (PARNATE)

venlafaxine tabs (EFFEXOR)

■ BRAND PRODUCTS ADDED

AMITIZA (lubiprostone caps)

APIDRA (insulin glulisine inj)

ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)

DILAUDID (hydromorphone oral soln)

EMEND (aprepitant caps, 40 mg)

LEVEMIR (insulin detemir inj)

PREZISTA (darunavir tabs)

SPRYCEL (dasatinib tabs) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

EFFEXOR (venlafaxine tabs)

PARNATE (tranylcypromine tabs)

PROSCAR (finasteride tabs)

RETROVIR (zidovudine caps, 100 mg)

UROCIT-K (potassium citrate extended-release tabs)

VICODIN HP (hydrocodone/acetaminophen tabs, 10/660 mg)

ZADITOR (ketotifen ophth soln)

ZITHROMAX (azithromycin susp)

ZOCOR (simvastatin tabs)

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

CIPROFLOXACIN tabs, 100 mg

KETEK (telithromycin tabs)

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

■ DISCONTINUED BRAND PRODUCTS

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

METROGEL (metronidazole gel, 0.75%)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

AMILORIDE tabs

ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)

BARACLUDE (entecavir oral soln, tabs)

CIPROFLOXACIN tabs, 100 mg

DIGOXIN oral soln

EMEND (aprepitant caps, 40 mg)

ENJUVIA (conjugated estrogens, synthetic B, tabs)

GANCICLOVIR caps

INCRELEX (mescasermin inj)

LINDANE shampoo

PREZISTA (darunavir tabs)

Continued

■ DIABETIC SUPPLIES ADDED**Effective January 1, 2007**BAYER ASCENSIA BLOOD GLUCOSE MONITORS;
BREEZE, ELITE, ELITE XLBAYER ASCENSIA BLOOD GLUCOSE TEST STRIPS;
AUTODISC, CONTOUR, ELITEBAYER ASCENSIA BLOOD GLUCOSE MONITOR
CALIBRATION LIQUIDS**Blue Cross and Blue Shield of Texas
Preferred Drug Guide Deletions****■ BRAND PRODUCTS REMOVED****Generics remain****Effective January 1, 2007**

ACCUZYME (papain/urea oint, topical spray)

AMARYL (glimepiride tabs)

ARMOUR THYROID (thyroid tabs)

BROVEX CT (brompheniramine tannate chew tabs)

CEFZIL (cefprozil for susp, tabs)

COLESTID (colestipol pkt)

DILANTIN (phenytoin sodium extended caps, 100 mg)

DILANTIN (phenytoin susp)

EFFEXOR (venlafaxine tabs)

ESTRATEST/ESTRATEST HS (esterified estrogens/
methyltestosterone tabs)

FLONASE (fluticasone nasal spray)

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

NEORAL (cyclosporine modified, caps, oral soln)

OTICIN HC (neomycin/polymyxin B/hydrocortisone otic
soln, susp)

PANAFIL (papain/urea/chlorophyllin topical spray)

PARNATE (tranylcypromine tabs)

PLEXION (sulfacetamide sodium/sulfur cleansing cloth)

PROSCAR (finasteride tabs)

RETROVIR (zidovudine caps, oral soln, tabs)

RIFAMATE (isoniazid/rifampin caps)

SANDIMMUNE (cyclosporine caps, oral soln)

UROCIT-K (potassium citrate extended-release tabs)

ZADITOR (ketotifen ophth soln)

ZITHROMAX (azithromycin for susp, tabs)

ZOLOFT (sertraline oral soln, tabs)

ZONEGRAN (zonisamide)

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

ACTIQ (fentanyl citrate oral transmucosal)

ALA-QUIN (clioquinol/hydrocortisone crm)

ALOMIDE (lodoxamide ophth soln)

ALREX (loteprednol ophth susp)

ANADROL-50 (oxymetholone tabs)

ANDRODERM (testosterone transdermal patches)

ANDROID (methyltestosterone caps)

AUGMENTIN XR (amoxicillin/clavulanate extended-release
tabs)

AVINZA (morphine sulfate extended-release caps)

BENSAL HP (salicylic acid/benzoic acid oint)

BETASERON (interferon beta-1b)

BETIMOL (timolol ophth soln)

CADUET (amlodipine/atorvastatin tabs)

CALCITRIOL inj, 2 mcg/mL

CAPEX (fluocinolone acetonide shampoo)

CAPITAL with CODEINE (acetaminophen/codeine susp)

CARBATROL (carbamazepine extended-release caps)

CAVERJECT (alprostadil for inj)

CETROTIDE (cetorelix for inj)

CHLORTHALIDONE tabs, 100 mg

CLIMARA PRO (estradiol/levonorgestrel transdermal
patches)

CLOBEX (clobetasol lotn, shampoo, spray)

CLODERM (clocortolone crm)

COLY-MYCIN-S (neomycin/colistin/hydrocortisone otic susp)

CORTISPORIN (neomycin/polymyxin B/hydrocortisone crm)

CORTISPORIN (bacitracin/polymyxin B/neomycin/
hydrocortisone oint)

COZAAR (losartan tabs)

CYTADREN (aminoglutethimide tabs)

DEBACTEROL (sulfuric acid/sulfonated phenolics soln)

DERMA-SMOOTH/FS (fluocinolone acetonide oil)

DRITHO-SCALP (anthralin crm)

DITROPAN XL (oxybutynin extended-release tabs)

DURAGESIC-12 (fentanyl transdermal patches)

ED CHLORPED (chlorpheniramine tannate susp)

ELESTAT (epinastine ophth soln)

ELIGARD (leuprolide acetate for inj)

ELIXOPHYLLIN (theophylline elixir)

EPIFOAM (hydrocortisone acetate/pramoxine foam)

FORMULARY UPDATES continued

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

<p>ESTRING (estradiol vaginal ring)</p> <p>ETHEZYME (papain/urea oint)</p> <p>FELBATOL (felbamate susp, tabs)</p> <p>FERTINEX (urofollitropin for inj)</p> <p>FLUMADINE (rimantadine syrup)</p> <p>FURADANTIN (nitrofurantoin susp)</p> <p>FUROSEMIDE oral soln, 8 mg/mL</p> <p>GALZIN (zinc acetate caps)</p> <p>GELCLAIR (povidone/hyaluronate/glycyrrhetic acid gel)</p> <p>GLUTOFAC-MX (multiple minerals/FA/B12/C/DSS tabs)</p> <p>GLYSET (miglitol tabs)</p> <p>GORDOFILM (salicylic/lactic acids soln)</p> <p>GUANABENZ tabs</p> <p>HELIDAC (tetracycline caps + metronidazole tabs + bismuth subsalicylate chew tabs)</p> <p>HEPARIN SODIUM inj</p> <p>HUMIRA (adalimumab inj)</p> <p>HYCET (hydrocodone/acetaminophen oral soln)</p> <p>HYDRALAZINE/HYDROCHLOROTHIAZIDE caps</p> <p>HYZAAR (losartan/hydrochlorothiazide tabs)</p> <p>ISOPTO HYOSCINE (scopolamine ophth soln)</p> <p>KADIAN (morphine sulfate extended-release caps)</p> <p>KETEK (telithromycin tabs)</p> <p>KLARON (sulfacetamide sodium lotn)</p> <p>LACRISERT (hydroxypropyl cellulose ophth insert)</p> <p>LESCOL (fluvastatin caps)</p> <p>LESCOL XL (fluvastatin extended-release tabs)</p> <p>LIPITOR (atorvastatin tabs)</p> <p>LITHIUM CARBONATE tabs, 300 mg</p> <p>LODRANE 24 (brompheniramine maleate extended-release caps)</p> <p>LUMIGAN (bimatoprost ophth soln)</p> <p>METHADONE oral soln, 5 mg/5 mL, 10 mg/5 mL</p> <p>METHITEST (methyltestosterone tabs)</p> <p>MOBAN (molindone tabs)</p> <p>MORPHINE SULFATE soluble tabs, 10 mg</p> <p>MUSE (alprostadil urethral supp)</p> <p>NAMENDA (memantine oral soln, tabs)</p> <p>NAVANE (thiothixine caps, 20 mg)</p> <p>ORASEP (benzocaine/menthol/cetylpyridium/tannic acid soln)</p> <p>OTILAM (urea/antipyrine/benzocaine otic soln)</p> <p>OTIX (pramoxine/acetic acid otic soln)</p> <p>OVIDE (malathion lotn)</p>	<p>OXANDRIN (oxandrolone tabs)</p> <p>PAXIL (paroxetine hcl susp)</p> <p>PEGANONE (ethotoin tabs)</p> <p>PHENTERMINE caps, 18.75 mg; tabs, 8 mg</p> <p>PHENYLEPHRINE ophth soln, 2.5%</p> <p>PILOPINE HS (pilocarpine ophth gel)</p> <p>PIMA (potassium iodide syrup)</p> <p>PRED-G (gentamicin/prednisolone acetate ophth susp)</p> <p>PRED-G S.O.P. (gentamicin/prednisolone acetate ophth oint)</p> <p>PREFEST (estradiol/norgestimate)</p> <p>PROCAINAMIDE caps, 500 mg</p> <p>PROCHIEVE (progesterone vaginal gel)</p> <p>PROCTOFOAM-HC (hydrocortisone acetate/pramoxine 1%/1% foam)</p> <p>PROVENTIL HFA (albuterol sulfate inhalation aerosol)</p> <p>QUINIDINE SULFATE extended-release tabs</p> <p>RAPTIVA (efalizumab for inj)</p> <p>RELAGARD (acetic acid/oxyquinoline vaginal gel)</p> <p>RESERPINE tabs</p> <p>RESTASIS (cyclosporine ophth emulsion)</p> <p>RICOBID-D (phenylephrine tannate susp)</p> <p>RIDAURA (auranofin caps)</p> <p>RIFATER (isoniazid/pyrazinamide/rifampin tabs)</p> <p>RIOMET (metformin oral soln)</p> <p>RITALIN LA (methylphenidate extended-release caps)</p> <p>ROXICET (oxycodone/acetaminophen oral soln)</p> <p>SALAGEN (pilocarpine hcl tabs, 7.5 mg)</p> <p>SONATA (zaleplon caps)</p> <p>SSKI (potassium iodide soln)</p> <p>STARLIX (nateglinide tabs)</p> <p>STIMATE (desmopressin acetate nasal soln)</p> <p>STRIANT (testosterone buccal)</p> <p>SULFISOXAZOLE tabs</p> <p>SYNAREL (nafarelin nasal soln)</p> <p>SYPRINE (trientine caps)</p> <p>TESTIM (testosterone transdermal gel)</p> <p>TESTRED (methyltestosterone caps)</p> <p>THYROLAR (liotrix tabs)</p> <p>TRIACETIN (triacetin liq)</p> <p>VAZOL (brompheniramine maleate oral soln)</p> <p>VENTOLIN HFA (albuterol sulfate inhalation aerosol)</p> <p>VFEND (voriconazole for susp, tabs)</p> <p>VOSPIRE ER (albuterol sulfate extended-release tabs)</p>
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WINSTROL (stanozolol tabs)
 ZAVESCA (miglustat caps)
 ZOLADEX (goserelin acetate implant)
 ZYPREXA (olanzapine tabs)
 ZYPREXA ZYDIS (olanzapine orally disintegrating tabs)

■ DIABETIC SUPPLIES REMOVED

Effective January 1, 2007

LIFESCAN BLOOD GLUCOSE MONITORS, BLOOD
 GLUCOSE TEST STRIPS, METER CALIBRATION
 LIQUIDS; ONE TOUCH, FASTTAKE, SURESTEP

■ DISCONTINUED BRAND PRODUCTS REMOVED

Effective January 1, 2007

Generics are not available

ACCU-CHEK COMPLETE CARE BLOOD GLUCOSE
 MONITOR
 CLOZAPINE tabs, 12.5 mg
 DHT (dihydrotestosterone tabs)
 DHT INTENSOL (dihydrotestosterone oral soln)
 FOLLISTIM (follitropin beta for inj)
 FORTOVASE (saquinavir caps)
 HALOTESTIN (fluoxymesterone tabs)
 HUMULIN L (insulin zinc inj)
 HUMULIN U (insulin zinc extended inj)
 HYDROCHLOROTHIAZIDE tabs, 100 mg
 HYDROCORTISONE ACETATE rectal crm, 2.5%
 INFLAMASE MILD (prednisolone sodium phosphate ophth
 soln, 0.125%)
 NUMORPHAN (oxycodone supp)
 PANAFIL-WHITE (papain/urea oint)
 PANCREASE (pancrelipase delayed-release caps)
 PHENURONE (phenacetamide tabs)
 PSORCON E (diflorasone diacetate emollient oint)
 TESTODERM (testosterone transdermal patches)

Blue Cross Blue Shield of Wyoming Formulary Changes

All PrimeNational Additions and Deletions apply.
 In addition, generic simvastatin (ZOCOR) was added to
 the formulary.

Medicare Part D – Two-Tier Formulary Changes

■ GENERIC PRODUCTS ADDED

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

chlorpheniramine tannate/phenylephrine tannate/
 methscopolamine susp, 2-10-1.5 mg/5 mL (AH-CHEW)
 daunorubicin for inj (CERUBIDINE)
 diphenhydramine caps, 50 mg
 fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)
 isoniazid inj (NYDRAZID)
 isoniazid/rifampin caps (RIFAMATE)
 metronidazole vaginal gel (METROGEL VAGINAL)
 pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

lamotrigine chew tabs, 5 mg, 25 mg (LAMICTAL)
 metronidazole lotn (METROLOTION)

■ BRAND PRODUCTS ADDED

DIBENZYLINE (phenoxybenzamine caps)
 EMEND (aprepitant caps, therapy pack)
 EPIVIR HBV (lamivudine oral soln; tabs)
 INCRELEX (mecasermin inj)
 LEVAQUIN (levofloxacin oral soln, tabs)
 RITUXAN (rituximab for inj)
 SUBOXONE (buprenorphine/naloxone sublingual tabs)
 SUBUTEX (buprenorphine sublingual tabs)

■ TIER CHANGE: TIER 2 TO TIER 1

codeine sulfate tabs, 30 mg, 60 mg

■ GENERIC PRODUCTS REMOVED

hydrocortisone acetate/pramoxine crm, 2.5-1%

■ BRAND PRODUCTS REMOVED

Generics remain

ARAVA (leflunomide tabs)
 COPEGUS (ribavirin tabs)
 MAXIFED-G (pseudoephedrine/guaifenesin extended-
 release tabs)

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

RETROVIR (zidovudine syrup, tabs)
 TEGRETOL (carbamazepine chew tabs, tabs)
 ZITHROMAX (azithromycin tabs)
 ZONEGRAN (zonisamide caps)

■ BRAND PRODUCTS REMOVED

HC PRAMOXINE (hydrocortisone acetate/pramoxine rectal crm)

**Medicare Part D –
 Three-Tier Formulary Changes**

■ GENERIC PRODUCTS ADDED – TIER 1

chlorpheniramine tannate/phenylephrine tannate/
 methscopolamine susp, 2-10-1.5 mg/5 mL
 daunorubicin for inj
 diphenhydramine caps, 50 mg
 fenofibrate tabs, 54 mg, 160 mg
 isoniazid inj
 isoniazid/rifampin caps
 isradipine caps
 lamotrigine chew tabs, 5 mg, 25 mg
 metronidazole lotn
 metronidazole vaginal gel
 pravastatin tabs, 10 mg, 20 mg, 40 mg

■ BRAND PRODUCTS ADDED – TIER 3

ALLERTAN (chlorpheniramine tannate/pyrilamine tannate/
 phenylephrine tannate susp)
 ASMANEX (mometasone furoate inhalation powder)
 AVANDARYL (rosiglitazone/glimepiride tabs)
 CYTOXAN (cyclophosphamide for inj)
 DERMOTIC (fluocinolone acetonide otic oil)
 DICEL (chlorpheniramine tannate/pseudoephedrine
 tannate susp)
 EMEND (aprepitant caps, therapy pack)
 EXJADE (deferasirox tabs for susp)
 INCRELEX (mecasermin inj)
 LYNOX (oxycodone/acetaminophen tabs)
 ORENCIA (abatacept for inj)
 P-TEX (brompheniramine tannate susp)
 PERLOXX (oxycodone/acetaminophen tabs)

PROQUIN XR (ciprofloxacin extended-release tabs)
 RANEXA (ranolazine extended-release tabs)
 RITUXAN (rituximab for inj)
 SELECT-OB (prenatal vitamins/polysaccharide-iron complex/
 folic acid chew tabs)
 ULTRALYTIC 2 (urea/ammonium lactate crm, foam)
 ULTRAM ER (tramadol extended-release tabs)
 XODOL (hydrocodone/acetaminophen tabs)
 XOPENEX HFA (levalbuterol tartrate inhalation aerosol)

■ TIER CHANGE: TIER 2 TO TIER 1

codeine sulfate tabs, 30 mg, 60 mg

■ TIER CHANGE: TIER 3 TO TIER 2

DIBENZYLINE (phenoxybenzamine caps)
 EPIVIR HBV (lamivudine oral soln; tabs)
 LEVAQUIN (levofloxacin oral soln, tabs)
 SUBOXONE (buprenorphine/naloxone sublingual tabs)
 SUBUTEX (buprenorphine sublingual tabs)

■ TIER CHANGE: TIER 2 TO TIER 3

COPEGUS (ribavirin tabs)
 RETROVIR (zidovudine syrup, tabs)
 ZITHROMAX (azithromycin tabs)
 ZONEGRAN (zonisamide caps)

■ GENERIC PRODUCTS REMOVED

hydrocortisone acetate/pramoxine crm, 2.5-1%

■ BRAND PRODUCTS REMOVED

ANALPRAM-HC (hydrocortisone acetate/pramoxine
 rectal crm; lotn)
 EPIFOAM (hydrocortisone acetate/pramoxine foam)
 HC PRAMOXINE (hydrocortisone acetate/pramoxine
 rectal crm)
 LIPEX (policosanol tabs)
 PROCTOFOAM HC (hydrocortisone acetate/pramoxine
 rectal foam)



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