

## From the Auditors Desk ...

In an effort to help educate pharmacies and minimize claim errors, Prime’s auditors have provided the following reminders:

**Verify Prescriber’s Directions** – “AS DIRECTED” sigs, or prescription orders must be verified by contacting the prescribing provider. If the prescribing provider is unavailable, the pharmacy should ask the Covered Person how he or she was instructed to take the drug. Prime

requires that additional instruction detail be present on the prescription. Failure to verify and obtain specific directions will result in a chargeback during an audit.

**Document DAW** – Improper use of DAW codes accounts for a large percentage of errors identified in pharmacy audits. Prime requires that all DAW1 prescriptions include documentation by the physician indicating the brand drug should be dispensed. If the Pharmacist contacts the physician to verify that a brand should be dispensed, the Pharmacist should note this on the original prescription. Failure to document these will result in a 100 percent chargeback during an audit.

- **Lovenox** – The correct quantity to bill when processing a claim for Lovenox is the number of mL dispensed, **not** the number of syringes or vials.
- **Boniva** – The dosage of this medication is 1 tablet per month. A prescription for 1 tablet should process as a 30-day supply, or 3 tablets as a 90-day supply.

## National Provider Identifier (NPI)

Prime began accepting Pharmacy NPIs for electronic claims transmissions on May 20, 2007. CMS encourages health care providers that have not obtained an NPI to do so immediately and to use their NPIs in all HIPAA transactions. Currently, Prime is not rejecting claims submitted with NCPDP numbers. For a period of time, we will accept either the pharmacy NPI or the legacy NCPDP number for claims adjudication. When Prime decides to no longer accept NCPDP numbers, advance notice will be sent to pharmacies and posted on Prime’s Web site.

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## Common Drug-Quantity Errors

- **Rebif Injection** – The correct quantity to bill is the number of mL dispensed, **not** the number of syringes. One package contains twelve 0.5 mL syringes for a total of 6 mL. This drug should be billed as a quantity of 6.
- **Pegasys Kit Injection** – The Pegasys Kit includes 4 syringes per kit. The quantity for this should be billed as 1 (1 kit).

## 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**

*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**.

## Blue Cross and Blue Shield of Florida Expands Its Utilization Management (UM) Program

Effective July 1, 2007, Blue Cross and Blue Shield of Florida will expand its UM Program in order to promote appropriate utilization and cost-effective care by adding the following new programs:

- **Responsible Quantity Program** allows a maximum quantity of a drug to be filled per month for one copayment or coinsurance. This program is being expanded to include the PPIs, intranasal inhalers, and pain medications – oral fentanyl products, OxyContin and ketorolac – in addition to those drugs already covered under the program, migraine agents, antiemetics used with chemotherapy and antivirals for flu.
- **Responsible Steps Program** is being implemented for the first time and includes the COX-2 inhibitor, Celebrex. This new program requires a trial first of a prerequisite drug in order for the designated drug to be covered.

Notification of these two programs has been sent to impacted members and their physicians. Pre-identification of members who meet criteria for overrides for both programs should allow those members to continue to fill their medications without interruption. Claims for members who do not meet the criteria will be rejected and the pharmacist and/or member should contact the prescriber. Additional information and physician fax forms can be found at [www.bcbsfl.com](http://www.bcbsfl.com) or by calling 1.888.877.6323.

### Other Benefit Changes

- **OTC Drug Coverage** – At this time, one drug, Prilosec OTC, will be covered and only by prescription.

- For BCBS of Florida members with certain BlueOptions pharmacy benefits, the following drugs will no longer be covered: Aciphex, Prevacid, Prevacid Solutab, Prilosec and Zegerid.

The above changes apply to Commercial Members only with certain benefits. For additional information, members should call the number listed on the back of their member ID card.

## MAC LIST UPDATES

### Prime Therapeutics MAC List Updates: March 15 to June 1, 2007

#### ■ ADDED TO MAC LIST

zolpidem tabs, 5 mg, 10 mg (AMBIEN)

#### ■ DELETED FROM MAC LIST

acetaminophen/isometheptene/dichloralphenazone caps, 325/65/100 (MIDRIN)

oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg (OXYCONTIN)

trimethobenzamide supp, 100 mg, 200 mg (TIGAN)

## Consolidated Pharmacy Payments

Beginning July 2007, Prime Therapeutics will consolidate pharmacy payments into one check for Medicare Part D business and one check for non-Medicare Part D business.

We anticipate that this change will simplify administration and reconciliation functions for your pharmacy. Further communication will be sent to pharmacies soon.

### Enhanced Smoking-Cessation Initiative: SCRIPS Program Available to Blue Cross and Blue Shield of Minnesota Members

The Smoking-Cessation Referrals In Pharmacies (SCRIPS) program is a collaboration between Blue Cross, Prime Therapeutics and participating pharmacies that has been in place since 2005. SCRIPS compensates pharmacies \$25 for each member who agrees to be connected to the BluePrint for Health® stop-smoking program.

The enhanced SCRIPS program no longer requires the SCRIPS consent form to be faxed; instead Prime will capture the necessary information via the online pharmacy claims system. **The pharmacy should continue to have the member fill out the form and file it with the prescription documentation.**

#### How the Program Works

Pharmacist attempts to process a claim for a smoking-cessation medication for a **Blue Cross and Blue Shield of Minnesota** member and initially receives a reject message stating:

“SCRIPS 1-800-821-4795: Enter PA to Proc:”  
Pharm Declines=10000000000 (claim processes)  
Mbr Declines=20000000000 (claim processes)  
Mbr Accept=call 1-800-821-4795 (follow steps below)

This is an opportunity for the pharmacist to inform the member about a phone-based service through Blue Cross and Blue Shield of Minnesota that provides quitting support to members – at no cost to the member.

If Member Accepts:

- Pharmacy asks member to fill out the SCRIPS consent form and keeps the form for pharmacy’s documentation

- Pharmacy then calls 1.800.821.4795 to report consent form information
- DO NOT FAX the form, file it with prescription

### Blue Cross and Blue Shield of Minnesota Makes Changes to Preferred Glucose Monitoring Systems

#### Effective April 1, 2007

Bayer Ascensia CONTOUR and Ascensia BREEZE 2 meter systems became **preferred** glucose monitoring systems.

#### Effective July 1, 2007

LifeScan OneTouch brand meters and compatible test strips will be **non-preferred** products.

Roche ACCU-CHEK Compact Plus and ACCU-CHEK Aviva meter systems have been and will continue to be **preferred** products.

In late May 2007, Blue Cross mailed a letter to members, who currently have LifeScan OneTouch brand meters, allowing them to request a glucose meter at no charge from either Bayer or Roche between June 1 and June 30, 2007. These options provided members with the most cost-effective blood glucose testing strips.

The meter packages contain everything a member needs to begin testing. As always, Blue Cross’ policy is to inform providers of formulary changes. Members were encouraged to consult with their physicians, pharmacists and/or a diabetic educator to determine which meter is best for them.

Pharmacists may assist members who need to change brands, by substituting preferred test strips for non-preferred test strips.

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

Prime continues to respond to CMS direction relating to the definition of eligibility to be a Part D drug. When a product is deemed not a Part D drug, Prime is obligated to remove that product from Part D formularies. We refer you to similar actions reported in *Prime Perspective* of March 2007.

Because many specific strengths fall into the list, it was determined that noting each unique product by strength was not necessary. Assume that all products described by the more general generic name and dosage form will be included in the formulary removal. Both brand products and generic products are included in the entry noted, unless otherwise specified.

### Products Not FDA-approved that Require an Approved Application to be in the Marketplace, (or) Products that Can Be Marketed OTC and Are Not Required to be Rx-Only

All the products covered in the following list were removed from the Medicare Part D formularies effective May 1, 2007:

1. Brompheniramine Maleate Liquid, ER Caps 24H, ER Tabs 12H generics only
2. Chlorpheniramine Maleate ER Caps, 12H and 24H
3. Dexchlorpheniramine Maleate ER Tabs
4. Triprolidine HCl Syrup
5. Pheniramine-Phenyltoloxamine-Pyrimidine Elixir
6. Chlorpheniramine-Methscopolamine ER Tabs
7. Pseudoephedrine-Methscopolamine ER Tabs
8. Brompheniramine-Phenylephrine Liquid, Syrup, ER Caps
9. Brompheniramine-Pseudoephedrine ER Caps, Tabs, Liquid, Elixir, Syrup, ER Tabs
10. Chlorpheniramine-Phenylephrine ER Tabs, Liquid, Syrup, Susp, ER Caps
11. Chlorpheniramine Polistirex-Pseudoephedrine Polistirex ER Liquid
12. Chlorpheniramine-Pseudoephedrine ER Caps 12H&24H, Tabs, Chew Tabs, Liquid, Syrup, ER Tabs
13. Dexbrompheniramine-Pseudoephedrine ER Tabs
14. Dexchlorpheniramine-Pseudoephedrine ER Tabs
15. Chlorpheniramine Polacrilex-Pseudoephedrine Polistirex Chew Tabs
16. Chlorpheniramine-Phenyltoloxamine-Phenylephrine Tabs, Liquid, ER Tabs, ER Caps
17. Chlorpheniramine-Pyrimidine-Phenylephrine Tabs, ER Tabs, Liquid
18. Chlorpheniramine-Pseudoephedrine-Methscopolamine ER Tabs
19. Chlorpheniramine-Phenylephrine-Methscopolamine ER Tabs, ER Caps
20. Dexchlorpheniramine-Pseudoephedrine-Methscopolamine ER Tabs
21. Dexchlorpheniramine-Pseudoephedrine-Acetaminophen Tabs
22. Chlorpheniramine-Pyrimidine-Phenylephrine-Acetaminophen Tabs
23. Phenylephrine-Guaifenesin ER Tabs, ER Caps
24. Pseudoephedrine-Guaifenesin ER Caps, ER Tabs
25. Theophylline-Guaifenesin Caps, Tabs, Liquid, Soln
26. Theophylline Sod Glycinate-Guaifenesin Syrup
27. Hyoscyamine Sulfate ER Tabs, ER Caps
28. Phenazopyridine-Butabarbital-Hyoscyamine Tabs
29. Hydromorphone HCl Injection, Supp
30. Hydromorphone-Sodium Chloride Inj
31. Hydromorphone Tabs (Dilaudid 2 mg, 4 mg), Oral Soln (Roxane)
32. Meperidine-Sodium Chloride Inj
33. Carbachol Opth Soln
34. Sulfuric Acid-Sulfonated Phenolics Soln
35. Benzoyl Peroxide-Sulfur Gel, Lotion
36. Sulfacetamide Sodium-Sulfur Emulsion, Susp, Cream, Gel, Lotion, Cleansing Cloth
37. Sulfacetamide Sodium Liquid, Cream, Foam, Gel
38. Lactic Acid Cream, 12% (Geritrex)
39. Lactic Acid Lotion, 10% Lotion, Cream
40. Lactic Acid-Vitamin E Cream
41. Lidocaine HCl Cream, Lotion
42. Prenatal Multivitamins & Minerals (less than 1 mg folic acid)

## Removal of Zelnorm and Permax/ pergolide from Medicare Part D Formularies

The FDA issued two compliance actions at the end of March 2007 resulting in the manufacturers voluntarily removing their products from the marketplace and discontinuing the approved drug applications.

Pergolide, marketed under the brand name Permax, and generics from several manufacturers are the affected products. Pergolide is used to manage symptoms of Parkinson's disease. According to FDA, the voluntary market withdrawal is because of the risk of serious damage to patients' heart valves.

Zelnorm (tegaserod maleate tablets) is a treatment for irritable bowel syndrome (IBS) with constipation and chronic constipation. According to FDA, the request to suspend U.S. marketing and sales is based on recently identified findings of an increased risk of serious cardiovascular adverse events associated with use of the drug.

The following products were removed from all Medicare Part D formularies effective May 1, 2007:

- **PERMAX** (pergolide tablets, 50 mcg, 250 mcg, 1 mg)  
Includes brand and generic versions
- **ZELNORM** (tegaserod maleate tablets, 2 mg, 6 mg)  
Only brand was marketed

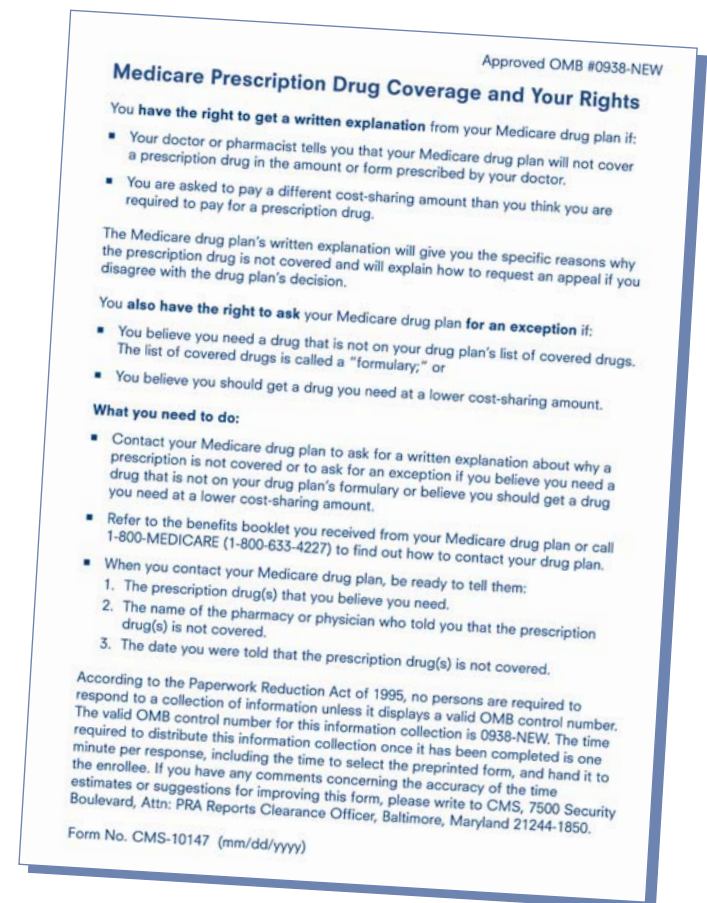
## Medicare Part D Coordination of Benefits (COB)

This is a reminder that Medicare Part D COB claims can be processed on Prime's claims processing system. For processing requirements, please refer to the Supplemental Payor Specification Sheet located on Prime's Web site at [www.primetherapeutics.com/Pharmacists/Payor Sheets](http://www.primetherapeutics.com/Pharmacists/Payor Sheets).

## Medicare Prescription Drug Coverage and Your Rights

Per CMS requirements and Prime Therapeutics Pharmacy Participation Agreement, Prime requires pharmacies to post in a public area, or hand out with each beneficiary's prescription, a full-size copy (8.5 x 11 sheet) of the **Medicare Prescription Drug Coverage and Your Rights** document. For a printable version of this document, please visit either of the following Web sites:

- [www.cms.hhs.gov/regulations/pr](http://www.cms.hhs.gov/regulations/pr)
- [www.primetherapeutics.com/Pharmacists/Medicare Part D](http://www.primetherapeutics.com/Pharmacists/Medicare Part D)



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

### ■ GENERIC PRODUCTS ADDED

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

amlodipine tabs (NORVASC)  
 bisoprolol tabs (ZEBETA)  
 felodipine extended-release tabs (PLENDIL)  
 fosinopril tabs (MONOPRIL)  
 fosinopril/hydrochlorothiazide tabs (MONOPRIL HCT)  
 hydrocortisone tabs, 5 mg, 10 mg (CORTEF)  
 moexipril tabs (UNIVASC)  
 moexipril/hydrochlorothiazide tabs (UNIRETIC)  
 pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)  
 propranolol extended-release caps (INDERAL LA)  
 ranitidine syrup (ZANTAC)  
 tosemide tabs (DEMADEX)  
 trandolapril tabs (MAVIK)  
 zolpidem tabs (AMBIEN)

### ■ GENERIC PRODUCTS ADDED

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

anthralin crm, 1% (PSORiatec)

### ■ BRAND PRODUCTS ADDED

JANUMET (sitagliptin/metformin tabs)  
 LIALDA (mesalamine delayed-release tabs)  
 PRAMOSONE (pramoxine/hydrocortisone crm, 1-2.5%)  
 PULMICORT FLEXHALER (budesonide powder for inhalation)  
 TYKERB (lapatinib tabs)

### ■ CORRECTION: DETROL LA

The March 2007 *Prime Perspective* (page 9) incorrectly noted DETROL LA, rather than DITROPAN XL, as the non-formulary reference brand for oxybutynin extended-release tabs. DETROL LA remains on the PrimeNational formulary.

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

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

AMBIEN (zolpidem tabs)  
 CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
 NORVASC (amlodipine tabs)  
 ZANTAC (ranitidine syrup)

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

ETHMOZINE (moricizine tabs)  
 KETEK (telithromycin tabs)  
 polyethylene glycol 3350 oral powder, bulk and packet (MIRALAX)  
 PRENATAL 19 (prenatal multivitamins/docusate sodium/ferrous fumarate/folic acid 1 mg tabs)  
 RESERPINE tabs

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

PHENYTOIN SODIUM PROMPT caps  
 ZOFRAN (ondansetron tabs, 24 mg)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

**Brands are not available**

pergolide tabs (PERMAX)  
 trimethobenzamide/benzocaine supp (TIGAN)

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

### ■ BRAND PRODUCTS ADDED – TIER 2

**Effective April 1, 2007**

MEXILETINE caps  
 TYKERB (lapatinib tabs)

**Effective April 30, 2007**

AMANTADINE tabs  
 PRAMOSONE (pramoxine/hydrocortisone crm, 1-2.5%)

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

**Effective July 1, 2007**

BENICAR (olmesartan tabs)  
 BENICAR HCT (olmesartan/hydrochlorothiazide tabs)  
 ERYTHROMYCIN delayed-release caps  
 JANUMET (sitagliptin/metformin tabs)  
 LIALDA (mesalamine delayed-release tabs)  
 NEXIUM (esomeprazole delayed-release granules for susp)  
 WELCHOL (colesevelam tabs)

**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**

COLESTID (colestipol tabs)

**Effective July 1, 2007**

CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
 NORVASC (amlodipine tabs)  
 ZANTAC (ranitidine syrup)

**■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3****Generics are not available****Effective July 1, 2007**

COZAAR (losartan tabs)  
 HYZAAR (losartan/hydrochlorothiazide tabs)  
 PAXIL CR (paroxetine extended-release tabs)

**■ DISCONTINUED BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3****Generics are not available****Effective April 1, 2007**

CYTADREN (aminoglutethamide tabs)  
 ESTRATAB (esterified estrogens tabs)  
 LORABID (loracarbef for susp)  
 PHENYTOIN SODIUM PROMPT caps  
 NEGGRAM (naldixic acid tabs)

**Blue Cross and Blue Shield of Illinois Drug Formulary Additions****■ BRAND PRODUCTS ADDED**

FREESTYLE LITE BLOOD GLUCOSE MONITOR  
 FREESTYLE LITE BLOOD GLUCOSE TEST STRIPS  
 LIALDA (mesalamine delayed-release tabs)  
 PULMICORT FLEXHALER (budesonide powder for inhalation)

**Blue Cross and Blue Shield of Illinois Drug Formulary Deletions****■ BRAND PRODUCTS REMOVED****Generics remain****Effective July 1, 2007**

AMBIEN (zolpidem tabs)  
 CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
 NORVASC (amlodipine tabs)

**Effective October 1, 2007**

ZANTAC (ranitidine syrup)

**■ ALL VERSIONS, BRAND AND/OR GENERIC REMOVED****Effective October 1, 2007**

CADUET (amlodipine/atorvastatin tabs)  
 LIPITOR (amlodipine tabs)  
 METROGEL (metronidazole gel, 1%)

**■ CORRECTION: CADUET and LIPITOR**

The March 2007 issue of *Prime Perspective* listed CADUET (amlodipine/atorvastatin tabs) and LIPITOR (atorvastatin tabs) as being removed from the formulary effective July 1, 2007. CADUET and LIPITOR will remain on Tier 2 of the formulary until October 1, 2007.

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

### ■ GENERIC PRODUCTS ADDED

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

amlodipine tabs (NORVASC)  
 bisoprolol tabs (ZEBETA)  
 felodipine extended-release tabs (PLENDIL)  
 fosinopril tabs (MONOPRIL)  
 fosinopril/hydrochlorothiazide tabs (MONOPRIL HCT)  
 hydrocortisone tabs, 5 mg, 10 mg (CORTEF)  
 moexipril tabs (UNIVASC)  
 moexipril/hydrochlorothiazide tabs (UNIRETIC)  
 pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)  
 propranolol extended-release caps (INDERAL LA)  
 ranitidine syrup (ZANTAC)  
 torsemide tabs (DEMADEX)  
 trandolapril tabs (MAVIK)  
 zolpidem tabs (AMBIEN)

### ■ GENERIC PRODUCTS ADDED

**Brand products (in parentheses) are also on formulary**  
 anthralin crm, 1% (PSORiatec)

### ■ BRAND PRODUCTS ADDED

JANUMET (sitagliptin/metformin tabs)  
 LIALDA (mesalamine delayed-release tabs)  
 PRAMOSONE (pramoxine/hydrocortisone crm, 1-2.5%)  
 PULMICORT FLEXHALER (budesonide powder for inhalation)  
 TYKERB (lapatinib tabs)

## Blue Cross and Blue Shield of Kansas National Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

AMBIEN (zolpidem tabs)  
 CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
 NORVASC (amlodipine tabs)  
 ZANTAC (ranitidine syrup)

## 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**

amlodipine tabs (NORVASC)  
 bisoprolol tabs (ZEBETA)  
 felodipine extended-release tabs (PLENDIL)  
 fosinopril tabs (MONOPRIL)  
 fosinopril/hydrochlorothiazide tabs (MONOPRIL HCT)  
 hydrocortisone tabs, 5 mg, 10 mg (CORTEF)  
 moexipril tabs (UNIVASC)  
 moexipril/hydrochlorothiazide tabs (UNIRETIC)  
 pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)  
 propranolol extended-release caps (INDERAL LA)  
 ranitidine syrup (ZANTAC)  
 torsemide tabs (DEMADEX)  
 trandolapril tabs (MAVIK)  
 zolpidem tabs (AMBIEN)

### ■ BRAND PRODUCTS ADDED

JANUMET (sitagliptin/metformin tabs)  
 JANUVIA (sitagliptin tabs)  
 LIALDA (mesalamine delayed-release tabs)  
 NIASPAN (niacin extended-release tabs)  
 TRICOR (fenofibrate tabs)  
 TYKERB (lapatinib tabs)

## Blue Cross and Blue Shield of Kansas Select Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

AMBIEN (zolpidem tabs)  
 CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
 NORVASC (amlodipine tabs)  
 ZANTAC (ranitidine syrup)

## Blue Cross and Blue Shield of Minnesota Formulary Additions

### ■ GENERIC PRODUCTS ADDED

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

acebutolol caps (SECTRAL)  
 amlodipine tabs (NORVASC)  
 bisoprolol tabs (ZEBETA)  
 cefdinir caps, susp (OMNICEF)  
 chlorothiazide tabs  
 colestipol tabs (COLESTID)  
 diltiazem tabs (CARDIZEM)  
 felodipine extended-release tabs (PLENDIL)  
 fosinopril tabs (MONOPRIL)  
 fosinopril/hydrochlorothiazide tabs (MONOPRIL HCT)  
 hydrocortisone tabs, 5 mg, 10 mg (CORTEF)  
 moexipril tabs (UNIVASC)  
 moexipril/hydrochlorothiazide tabs (UNIRETIC)  
 propranolol extended-release caps (INDERAL LA)  
 ranitidine syrup (ZANTAC)  
 torsemide tabs (DEMADEX)  
 trandolapril tabs (MAVIK)  
 verapamil tabs (CALAN)  
 zolpidem tabs (AMBIEN)

### ■ GENERIC PRODUCTS ADDED

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

anthralin crm, 1% (PSORiatec)

### ■ BRAND PRODUCTS ADDED

JANUMET (sitagliptin/metformin tabs)  
 LIALDA (mesalamine delayed-release tabs)  
 PINDOLOL tabs  
 PRAMOSONE (pramoxine/hydrocortisone crm, 1-2.5%)  
 REVATIO (sildenafil tabs)  
 TYKERB (lapatinib tabs)  
 VESICARE (solifenacin tabs)

## Blue Cross and Blue Shield of Minnesota Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

AMBIEN (zolpidem tabs)  
 COLESTID (colestipol tabs)  
 CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
 INDERAL LA (propranolol extended-release caps)  
 NORVASC (amlodipine tabs)  
 OMNICEF (cefdinir caps, susp)  
 ZANTAC (ranitidine syrup)

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

KETEK (telithromycin tabs)  
 polyethylene glycol 3350 oral powder, bulk and packet (MIRALAX)  
 PRENATAL 19 (prenatal multivitamins/docusate sodium/ferrous fumarate/folic acid 1 mg tabs)  
 RESERPINE tabs

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

PHENYTOIN SODIUM PROMPT caps  
 ZELNORM (tegaserod tabs)  
 ZOFRAN (ondansetron tabs, 24 mg)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

pergolide tabs (PERMAX)  
 trimethobenzamide/benzocaine supp (TIGAN)

### ■ DIABETIC SUPPLY CHANGES

All blood glucose meters, strips and meter calibration solutions from Lifescan are removed from the Blue Cross and Blue Shield of Minnesota formulary. Products include:

ONE TOUCH FASTTAKE  
 ONE TOUCH II/BASIC/PROFILE  
 ONE TOUCH SURESTEP  
 ONE TOUCH ULTRA/ULTRA 2/ULTRA MINI  
 ONE TOUCH ULTRASMART

## Blue Cross and Blue Shield of Nebraska Formulary Additions

### ■ GENERIC PRODUCTS ADDED

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

acebutolol caps (SECTRAL)  
 amlodipine tabs (NORVASC)  
 bisoprolol tabs (ZEBETA)  
 felodipine extended-release tabs (PLENDIL)  
 fosinopril tabs (MONOPRIL)  
 fosinopril/hydrochlorothiazide tabs (MONOPRIL HCT)  
 hydrocortisone tabs, 5 mg, 10 mg (CORTEF)  
 methazolamide tabs  
 minoxidil tabs  
 moexipril tabs (UNIVASC)  
 moexipril/hydrochlorothiazide tabs (UNIRETIC)  
 pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL)  
 propranolol extended-release caps (INDERAL LA)  
 ranitidine syrup (ZANTAC)  
 tosemide tabs (DEMADEX)  
 trandolapril tabs (MAVIK)  
 zolpidem tabs (AMBIEN)

### ■ GENERIC PRODUCTS ADDED

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

anthralin crm, 1% (PSORiatec)

### ■ BRAND PRODUCTS ADDED

JANUMET (sitagliptin/metformin tabs)  
 JANUVIA (sitagliptin tabs)  
 LIALDA (mesalamine delayed-release tabs)  
 TYKERB (lapatinib tabs)  
 YASMIN (drospirenone/ethinyl estradiol tabs)  
 YAZ (drospirenone/ethinyl estradiol tabs)

## Blue Cross and Blue Shield of Nebraska Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

**Generics remain**

AMBIEN (zolpidem tabs)  
 CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
 NORVASC (amlodipine tabs)  
 ZANTAC (ranitidine syrup)

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

ETHMOZINE (moricizine tabs)  
 polyethylene glycol 3350 oral powder, bulk and packet (MIRALAX)  
 ORTHO EVRA (norelgestromin/ethinyl estradiol transdermal patches)  
 ORTHO TRI-CYCLEN LO (norgestimate/ethinyl estradiol tabs)  
 PRENATAL 19 (prenatal multivitamins/docusate sodium/ferrous fumarate/folic acid 1 mg tabs)  
 RESERPINE tabs

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

PHENYTOIN SODIUM PROMPT caps  
 ZOFRAN (ondansetron tabs, 24 mg)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

**Brands are not available**

pergolide tabs (PERMAX)  
 trimethobenzamide/benzocaine supp (TIGAN)

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

### ■ BRAND PRODUCTS ADDED

FREESTYLE LITE BLOOD GLUCOSE TEST STRIPS  
LIALDA (mesalamine delayed-release tabs)  
NEXIUM (esomeprazole delayed-release granules for susp)  
PROCAINAMIDE extended-release tabs, 750 mg, 1000 mg  
PULMICORT FLEXHALER (budesonide powder for inhalation)

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

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

Effective October 1, 2007

CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
NORVASC (amlodipine tabs)  
ZANTAC (ranitidine syrup)

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

Effective October 1, 2007

ETHMOZINE (moricizine tabs)

## Blue Cross Blue Shield of North Dakota Formulary Additions

### ■ GENERIC PRODUCTS ADDED

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

amlodipine tabs (NORVASC)  
bisoprolol tabs (ZEBETA)  
cefdinir caps, susp (OMNICEF)  
chlorothiazide tabs  
felodipine extended-release tabs (PLENDIL)  
hydrocortisone tabs, 5 mg, 10 mg (CORTEF)

minoxidil tabs  
moexipril tabs (UNIVASC)  
moexipril/hydrochlorothiazide tabs (UNIRETIC)  
ranitidine syrup (ZANTAC)  
torsemide tabs (DEMADEX)  
trandolapril tabs (MAVIK)  
zolpidem tabs (AMBIEN)

### ■ BRAND PRODUCTS ADDED

JANUMET (sitagliptin/metformin tabs)  
LIALDA (mesalamine delayed-release tabs)  
PRAMOSONE (pramoxine/hydrocortisone crm, 1-2.5%)

### ■ OTHER ADDITIONS

OMNITROPE (somatropin for inj) – Prior Approval Required  
TYKERB (lapatinib tabs) – Prior Approval Required

## Blue Cross Blue Shield of North Dakota Formulary Deletions

### ■ BRAND PRODUCTS REMOVED

#### Generics remain

AMBIEN (zolpidem tabs)  
CORTEF (hydrocortisone tabs, 5 mg, 10 mg)  
NORVASC (amlodipine tabs)  
OMNICEF (cefdinir caps, susp)  
ZANTAC (ranitidine syrup)

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

RESERPINE tabs

### ■ DISCONTINUED BRAND PRODUCTS REMOVED

#### Generics remain, if noted

MUTAMYCIN (mitomycin for inj)  
PROFASI HP (chorionic gonadotropin for inj)

### ■ DISCONTINUED GENERIC PRODUCTS REMOVED

#### Brands are not available

pergolide tabs (PERMAX)

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

### ■ BRAND PRODUCTS ADDED

LIALDA (mesalamine delayed-release tabs)

NEXIUM (esomeprazole delayed-release granules for susp)

PULMICORT FLEXHALER (budesonide powder for inhalation)

## Blue Cross Blue Shield of Wyoming Formulary Changes

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

Pravastatin tabs, 10 mg, 20 mg, 40 mg (PRAVACHOL) were already on formulary.

## Medicare Part D

Pharmacists are encouraged to check Prime's Web site, [www.primetherapeutics.com/pharmacists.htm](http://www.primetherapeutics.com/pharmacists.htm), for the latest Medicare Part D formulary and changes to the formulary. A small number of removals and changes to a higher tier can be expected to be effective on August 1, 2007.

A number of products were removed from the Medicare Part D formularies effective May 1, 2007. Please refer to the Medicare Part D News section on pages 4 and 5 of this issue for a list of the products and information regarding their removal.

## 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**

albuterol sulfate extended-release tabs (VOSPIRE ER)

benzoyl peroxide gel, 2.75%, 5.25%; liquid, 5.25% (BENZIQ)

benzoyl peroxide pads, 4.5%, 6.5%, 8.5% (ZODERM)

cefepodoxime for susp (VANTIN)

ciprofloxacin/ciprofloxacin hcl extended-release tabs (CIPRO XR)

colestipol tabs (COLESTID)

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

moexipril/hydrochlorothiazide tabs (UNIRETIC)

phenyltoloxamine/acetaminophen tabs, 55/500 mg (STAFLEX)

prednicarbate oint, 0.1% (DERMATOP)

prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs (NATELLE)

prenatal multivitamins/iron carbonyl/folic acid 1.25 mg tabs (OB COMPLETE)

propranolol extended-release caps (INDERAL LA)

trandolapril tabs (MAVIK)

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

**■ GENERIC PRODUCTS ADDED – TIER 1****Brand products (in parentheses) are also on formulary**

amlodipine tabs (NORVASC)

hydrocortisone tabs, 5 mg, 10 mg (CORTEF)

ranitidine syrup (ZANTAC)

zolpidem tabs (AMBIEN)

**■ BRAND PRODUCTS ADDED – TIER 2**

JANUMET (sitagliptin/metformin tabs)

LIALDA (mesalamine delayed-release tabs)

NEXIUM (esomeprazole delayed-release granules for susp)

OXYCONTIN (oxycodone extended-release tabs)

**■ BRAND PRODUCTS ADDED – TIER 3**

TEMODAR (temozolomide tabs, 140 mg, 180 mg)

THALOMID (thalidomide caps, 150 mg)

**■ TIER CHANGE – TIER 2 TO TIER 1**

polymyxin B inj, 500,000 units

**The following changes are effective August 1, 2007, and apply only to new starts. The status of these products will remain as is through the rest of 2007 for current users.****■ BRAND PRODUCTS REMOVED****Generics remain**

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

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 oral soln; tabs, 4 mg, 8 mg)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

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

meperidine syrup, tabs

pentazocine/naloxone tabs

**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**

albuterol sulfate extended-release tabs (VOSPIRE ER)

benzoyl peroxide gel, 2.75%, 5.25%; liquid, 5.25% (BENZIQU)

benzoyl peroxide pads, 4.5%, 6.5%, 8.5% (ZODERM)

cefepodoxime for susp (VANTIN)

ciprofloxacin/ciprofloxacin hcl extended-release tabs (CIPRO XR)

colestipol tabs (COLESTID)

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

moexipril/hydrochlorothiazide tabs (UNIRETIC)

phenyltoloxamine/acetaminophen tabs, 55/500 mg (STAFLEX)

prednicarbate oint, 0.1% (DERMATOP)

prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs (NATELLE)

prenatal multivitamins/iron carbonyl/folic acid 1.25 mg tabs (OB COMPLETE)

propranolol extended-release caps (INDERAL LA)

trandolapril tabs (MAVIK)

**■ GENERIC PRODUCTS ADDED – TIER 1****Brand products (in parentheses) are also on formulary**

amlodipine tabs (NORVASC)

hydrocortisone tabs, 5 mg, 10 mg (CORTEF)

ranitidine syrup (ZANTAC)

zolpidem tabs (AMBIEN)

**■ BRAND PRODUCTS ADDED – TIER 2**

JANUMET (sitagliptin/metformin tabs)

LIALDA (mesalamine delayed-release tabs)

NEXIUM (esomeprazole delayed-release granules for susp)

OXYCONTIN (oxycodone extended-release tabs)

**■ BRAND PRODUCTS ADDED – TIER 4**

TEMODAR (temozolomide tabs, 140 mg, 180 mg)

THALOMID (thalidomide caps, 150 mg)

**■ TIER CHANGE – TIER 3 TO TIER 1**

polymyxin B inj, 500,000 units

Continued

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

The following changes are effective August 1, 2007, and apply only to new starts. The status of these products will remain as is through the rest of 2007 for current users.

#### ■ BRAND PRODUCTS REMOVED

##### Generics remain

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

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 oral soln; tabs, 4 mg, 8 mg)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

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

meperidine syrup, tabs

pentazocine/naloxone tabs

## 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

prenatal multivitamins/iron carbonyl/folic acid 1.25 mg tabs (OB COMPLETE)

#### ■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

albuterol sulfate extended-release tabs (VOSPIRE ER)

amlodipine tabs (NORVASC)

benzoyl peroxide gel, 2.75%, 5.25%; liquid, 5.25% (BENZIQ)

benzoyl peroxide pads, 4.5%, 6.5%, 8.5% (ZODERM)

cefepodoxime for susp (VANTIN)

ciprofloxacin/ciprofloxacin hcl extended-release tabs (CIPRO XR)

colestipol tabs (COLESTID)

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

hydrocortisone tabs, 5 mg, 10 mg (CORTEF)

moexipril/hydrochlorothiazide tabs (UNIRETIC)

phenyltoloxamine/acetaminophen tabs, 55/500 mg (STAFLEX)

prednicarbate oint, 0.1% (DERMATOP)

prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs (NATELLE)

propranolol extended-release caps (INDERAL LA)

ranitidine syrup (ZANTAC)

trandolapril tabs (MAVIK)

zolpidem tabs (AMBIEN)

#### ■ BRAND PRODUCTS ADDED – TIER 2

JANUMET (sitagliptin/metformin tabs)

LIALDA (mesalamine delayed-release tabs)

NEXIUM (esomeprazole delayed-release granules for susp)

#### ■ BRAND PRODUCTS ADDED – TIER 3

CEFTRIAXONE SODIUM for inj, 100 g

FEXMID (cyclobenzaprine tabs, 7.5 mg)

KADIAN (morphine sulfate extended-release caps, 200 mg)

MONODOX (doxycycline monohydrate caps, 75 mg)

OLUX-E (clobetasol emulsion foam, 0.05%)

PULMICORT FLEXHALER (budesonide powder for inhalation)

#### ■ BRAND PRODUCTS ADDED – TIER 4

TEMODAR (temozolomide tabs, 140 mg, 180 mg)

THALOMID (thalidomide caps, 150 mg)

#### ■ TIER CHANGE – TIER 3 TO TIER 1

polymyxin B inj, 500,000 units

#### ■ TIER CHANGE – TIER 3 TO TIER 2

OXYCONTIN (oxycodone extended-release tabs)

The following changes are effective August 1, 2007, and apply only to new starts. The status of these products will remain as is through the rest of 2007 for current users.

■ TIER CHANGE – TIER 2 TO TIER 3

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

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

ZOFRAN (ondansetron oral soln; tabs, 4 mg, 8 mg)

ZOFRAN ODT (ondansetron orally disintegrating tabs)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

DEMEROL (meperidine syrup, tabs)

TALWIN NX (pentazocine/naloxone tabs)

## 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**



1305 Corporate Center Drive Eagan, MN 55121-1204  
P.O. Box 64812 St. Paul, MN 55164-0812

**tel** 651.286.4000, 800.858.0723

**fax** 651.286.4263

**web** [www.primetherapeutics.com](http://www.primetherapeutics.com)