

WHAT'S INSIDE

MAC List Updates	2
Some Glyburide Tablets Now Coded as Brand Drugs . . .	2
Nebraska News	2
Medicare Part D News	2
Minnesota News	3
Kansas News	3
Florida News	4
BCBSFL BlueMedicare Group Announcement	4
Formulary Updates	
▪ PrimeNational	5
▪ BCBS Florida	5
▪ BCBS Illinois	6
▪ BCBS Kansas National	6
▪ BCBS Kansas Select	7
▪ BCBS Minnesota	7
▪ BCBS Nebraska	8
▪ BCBS New Mexico	9
▪ BCBS North Dakota	9
▪ BCBS Texas	10
▪ BCBS Wyoming	11
▪ Medicare Part D	12
Reporting Fraud, Waste and Abuse	15

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

From the Auditors Desk ...

Prime regularly conducts audits of our network pharmacies on behalf of our clients. These audits help ensure claims are processed correctly in the system, pharmacies are paid correctly and members are receiving appropriate and quality care. Audits also help identify educational opportunities and possible issues of fraud, waste and abuse.

Audit procedures are outlined in our Pharmacy Provider Manual, which is available on Prime's Web site at www.primetherapeutics.com/pharmacists.htm.

Prime is in the process of developing a new document for pharmacies that will list standard audit discrepancies and potential errors that may be identified during an audit. This document will indicate how errors are recouped and what supporting documentation can be submitted upon appeal to clarify the prescription was dispensed correctly. The document will serve as an educational tool to assist pharmacies with the proper process for claims

adjudication and help avoid an audit due to incorrect billing.

Prime will finalize this information in the coming weeks and will place it on the Prime Web site. Watch for the December 2007 issue of *Prime Perspective* for more information and the Web site link.

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.

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 e-mail at jdaman@primetherapeutics.com or call **651.414.4203** or **800.858.0723**.

MAC LIST UPDATES

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

■ ADDED TO MAC LIST

amlodipine tabs, 2.5 mg, 5 mg, 10 mg (NORVASC)
ciclopirox crm, 0.77% (LOPROX)
desonide lotn, 0.05% (DESOWEN)
econazole crm, 1%
ketoconazole shampoo, 2% (NIZORAL)
metronidazole crm, 0.75% (METROCREAM)
metronidazole gel, 0.75% (METROGEL-VAGINAL)
ondansetron tabs, 4 mg, 8 mg (ZOFRAN)
ondansetron orally disintegrating tabs, 4 mg,
8 mg (ZOFRAN ODT)
sulfacetamide sodium/sulfur emulsion, 10%/5%
(PLEXION)
terbinafine tabs, 250 mg (LAMISIL)

■ DELETED FROM MAC LIST

desoximetasone crm, 0.05%

Some Glyburide Tablets Are Now Coded as Brand Drugs

Pharmacists should be alert to a changed multisource code in the drug database impacting a widely used drug product — glyburide tablets 1.25-2.5-5 mg from Teva Pharmaceuticals with NDCs of 00093-9477, -9433, and -9364. Members may be impacted with a higher copay under the changed code.

This specific glyburide product has long been coded as a generic, but was recently identified by Medi-Span as a distributor version of DiaBeta. Because no ANDA product that references DiaBeta is available, this Teva product meets Medi-Span's definition of a brand drug.

Other pharmaceutically equivalent glyburide generics that reference Micronase continue to be available from other marketers, including Teva.

NEBRASKA NEWS

Blue Cross and Blue Shield of Nebraska to Waive Generic Drug Copays for Eligible Members

In January, February and March 2008, Blue Cross and Blue Shield of Nebraska will offer the majority of their customers free generic prescription drugs. During this period, the copay for generic drugs will be waived for eligible members and their covered dependents when a participating pharmacy is used.

Additionally, Blue Cross and Blue Shield of Nebraska will pilot this program to its own employees and their covered family members from October 1 through December 31, 2007.

Participating pharmacies will receive additional information about the **Free Generics** program in a September mailing.

MEDICARE PART D NEWS

Medicare Part D Formularies Update

Attention Pharmacists: There are significant changes to the Medicare Part D formularies in 2008 due to CMS mandates and a migration to one standard formulary for most of our plans. Member letters will be mailed in November 2007. We ask pharmacists to work with members and physicians in order to make this a smooth transition. Coverage determinations for changes can be submitted by the prescribing physician after December 17, 2007, for an effective date of January 1, 2008.

To view the changes and access a PDF of the 2008 formularies, visit Prime's Web site at www.primetherapeutics.com/pharmacists.htm the first week in December 2007.

REMINDER: NO NEED TO FAX SCRIPS CONSENT FORM – PLEASE RETAIN

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

The Smoking-Cessation Referrals In Pharmacies (SCRIPS) program, which has been in place since 2005, is a collaboration between Blue Cross, Prime Therapeutics and participating pharmacies. SCRIPS compensates pharmacies 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

Minnesota Is Going Smoke Free!

Minnesota’s Freedom to Breathe Act will go into effect October 1, 2007. The law prohibits smoking in indoor public places and indoor places of employment as defined in the Act.

This law may result in an increased number of members interested in signing up for the BluePrint® stop smoking program when they purchase tobacco cessation products at their pharmacy.

Blue Cross and Blue Shield of Kansas Pharmacy Benefit Change

Effective January 1, 2008, Blue Cross and Blue Shield of Kansas will cover generic and formulary PPI brand-name products. **Non-formulary brand PPIs will not be covered. Prior authorization does not apply.**

In the event that the generic becomes available, brand-name drugs currently on the formulary would be removed and be non-covered.

Blue Cross and Blue Shield of Florida BlueOptions Pharmacy Benefits Changes

- Effective October 1, 2007, Xolair will be removed from the self-administered drug list and will no longer be processed as a pharmacy benefit. However, Xolair will continue to be covered under members' medical benefits.
- Beginning October 1, 2007, Pegasys and PEG-Intron will require Prior Authorization for all new starts. Physicians should contact Blue Cross and Blue Shield of Florida for authorization.

PRIME PERSPECTIVE™

From Prime Therapeutics LLC



MEDICARE PART D PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Florida BlueMedicare Group

Effective July 1, 2007

BlueMedicare Group – Employer Groups

Effective July 1, 2007, Prime Therapeutics began processing claims for Employer Group members of Blue Cross and Blue Shield of Florida (BCBSF)/ Health Options, Inc. (HOI).

BCBSF will use the Florida in-state Medicare Part D network inside the state of Florida, and the Prime Medicare Rx Network outside the state of Florida for claims processing.

Processing Requirements

BIN 012833
 PCN MEDDPRIMEG*
 Member ID number (Starts with letter "H")
 Date of birth

Gender
 Prescriber ID
 U&C required

For More Information

For Medicare Part D claims, call 888.877.6420.
 For further software setup information, visit Prime's Web site for the Medicare Part D Payor Specification Sheet at www.primetherapeutics.com/pharmacists/payorsheets.

*** This PCN applies to ONLY Blue Cross and Blue Shield of Florida BlueMedicare Group members. The PCN for individual BlueMedicare Rx products, BlueMedicare HMO and BlueMedicare PPO will remain MEDDPRIME.**

PrimeNationalSM Formulary Additions

■ GENERIC PRODUCTS ADDED

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

amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)

cefdinir caps, for susp (OMNICEF)

famotidine tabs, 20 mg (PEPCID)

metronidazole vaginal gel – Vandazole

terbinafine tabs (LAMISIL)

tretinoin caps (VESANOID)

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 75 mg)

AVINZA (morphine sulfate extended-release caps, 24 hr)

BILTRICIDE (praziquantel tabs)

CYSTAGON (cysteamine caps)

ORACEA (doxycycline delayed-release caps)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

SYMBICORT (budesonide/formoterol inhalation aerosol)

TORISEL (temsirolimus inj)

VESICARE (solifenacin tabs)

PrimeNationalSM Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DIPROLENE (augmented betamethasone dipropionate lotn)

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

OMNICEF (cefdinir caps, for susp)

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg, 100 mg, 200 mg)

VESANOID (tretinoin caps)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

FLUMADINE (rimantadine syrup)

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

rimantadine tabs

■ DISCONTINUED GENERIC PRODUCTS REMOVED

pseudoephedrine/guaifenesin extended-release caps, 60/300 mg; extended-release tabs, 45/600 mg, 60/600 mg, 120/600 mg

Blue Cross and Blue Shield of Florida Medication List Additions

■ BRAND PRODUCTS ADDED – TIER 2

Effective August 20, 2007

TIMOLOL tabs, 10 mg

Effective August 27, 2007

LEXIVA (fosamprenavir oral susp)

Effective October 1, 2007

ACTONEL (risedronate tabs, 75 mg)

EMEND (aprepitant caps)

MALARONE (atovaquone/proguanil tabs)

PREVPAC (amoxicillin caps + clarithromycin tabs + lansoprazole delayed-release caps)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

SYMBICORT (budesonide/formoterol inhalation aerosol)

TOBI (tobramycin inhalation soln)

VESICARE (solifenacin tabs)

Blue Cross and Blue Shield of Florida Medication List Changes

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics remain

Effective July 1, 2007

NIMOTOP (nimodipine caps)

OMNICEF (cefdinir caps, for susp)

Effective August 1, 2007

DIPROLENE (augmented betamethasone dipropionate lotn)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

VESANOID (tretinoin caps)

Effective October 1, 2007

LAMISIL (terbinafine tabs)

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg, 100 mg, 200 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

Effective October 1, 2007

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

OXYTROL (oxybutynin transdermal)

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

Effective August 15, 2007

PRONESTYL (procainamide caps, 375 mg)

PRONESTYL SR (procainamide extended-release tabs, 500 mg)

TIMOLOL tabs, 10 mg

Effective October 1, 2007

ACTONEL (risedronate tabs, 75 mg)

BILTRICIDE (praziquantel tabs)

CYSTAGON (cysteamine caps)

KADIAN (morphine sulfate extended-release caps, 24 hr)

STROMEKTOL (ivermectin tabs)

SYMBICORT (budesonide/formoterol inhalation aerosol)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective September 1, 2007

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

OMNICEF (cefdinir caps, for susp)

TOPROL XL (metoprolol succinate extended-release tabs, 100 mg, 200 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

Effective October 1, 2007

ETHMOZINE (moricizine tabs)

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/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)

cefdinir caps, for susp (OMNICEF)

famotidine tabs, 20 mg (PEPCID)

metronidazole vaginal gel – Vandazole

terbinafine tabs (LAMISIL)

tretinoin caps (VESANOID)

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 75 mg)

AVINZA (morphine sulfate extended-release caps, 24 hr)

BILTRICIDE (praziquantel tabs)

CYSTAGON (cysteamine caps)

ORACEA (doxycycline delayed-release caps)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

SYMBICORT (budesonide/formoterol inhalation aerosol)

TORISEL (temsrolimus inj)

VESICARE (solifenacin tabs)

Continued

Blue Cross and Blue Shield of Kansas National Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DIPROLENE (augmented betamethasone dipropionate lotn)

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

OMNICEF (cefdinir caps, for susp)

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg, 100 mg, 200 mg)

VESANOID (tretinoin caps)

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/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)

cefadroxil caps, tabs, for susp (DURICEF)

cefdinir caps, for susp (OMNICEF)

famotidine tabs, 20 mg (PEPCID)

metronidazole vaginal gel – Vandazole

oxybutynin extended-release tabs (DITROPAN XL)

ribavirin tabs (COPEGUS)

terbinafine tabs (LAMISIL)

tretinoin caps (VESANOID)

■ BRAND PRODUCTS ADDED

AVINZA (morphine sulfate ext-release caps, 24 hr)

BILTRICIDE (praziquantel tabs)

CYSTAGON (cysteamine caps)

FAMVIR (famciclovir tabs)

ORACEA (doxycycline delayed-release caps)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

STROMEKTOL (ivermectin tabs)

SYMBICORT (budesonide/formoterol inhalation aerosol)

TORISEL (temsirolimus inj)

VESICARE (solifenacin tabs)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

OMNICEF (cefdinir caps, for susp)

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg, 100 mg, 200 mg)

VESANOID (tretinoin caps)

Blue Cross and Blue Shield of Minnesota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)

cimetidine oral soln, tabs

clarithromycin tabs (BIAXIN)

famotidine tabs, 20 mg (PEPCID)

itraconazole caps (SPORANOX)

metronidazole vaginal gel – Vandazole

misoprostol tabs (CYTOTEC)

nystatin oral powder, oral tabs

oxybutynin extended-release tabs (DITROPAN XL)

terbinafine tabs (LAMISIL)

tretinoin caps (VESANOID)

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 75 mg)

AVINZA (morphine sulfate extended-release caps, 24 hr)

BILTRICIDE (praziquantel tabs)

CLARITHROMYCIN susp

CYSTAGON (cysteamine caps)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

SYMBICORT (budesonide/formoterol inhalation aerosol)

TORISEL (temsirolimus inj)

Blue Cross and Blue Shield of Minnesota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DIPROLENE (augmented betamethasone dipropionate lotn)

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

RETROVIR (zidovudine caps, 100 mg)

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg, 100 mg, 200 mg)

VESANOID (tretinoin caps)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

ACTIQ (fentanyl citrate oral transmucosal)

ETHMOZINE (moricizine tabs)

FLUMADINE (rimantadine syrup)

FUROXONE (furazolidone liq, tabs)

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

rimantadine tabs

ZANTAC EFFERDOSE (ranitidine effervescent tabs)

ZMAX (azithromycin extended-release microspheres for susp, single dose)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

DISPERMOX (amoxicillin tabs for oral susp)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

pseudoephedrine/guaifenesin extended-release caps, 60/300 mg; extended-release tabs, 45/600 mg, 60/600 mg, 120/600 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

amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)

cefdinir caps, for susp (OMNICEF)

ceftriaxone for inj, 250 mg, 500 mg, 1 g, 2 g (ROCEPHIN)

famotidine tabs, 20 mg (PEPCID)

itraconazole caps (SPORANOX)

metronidazole vaginal gel – Vandazole

terbinafine tabs (LAMISIL)

tretinoin caps (VESANOID)

■ BRAND PRODUCTS ADDED

BENICAR (olmesartan tabs)

BENICAR HCT (olmesartan/hydrochlorothiazide tabs)

BILTRICIDE (praziquantel tabs)

CYSTAGON (cysteamine caps)

KADIAN (morphine sulfate extended-release caps, 24 hr)

OXYCONTIN (oxycodone extended-release tabs)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

SOLIRIS (eculizumab inj)

STROMECTOL (ivermectin tabs)

SYMBICORT (budesonide/formoterol inhalation aerosol)

SYNAGIS (palivizumab inj)

TORISEL (temsirolimus inj)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

OMNICEF (cefdinir caps, for susp)

TOPROL XL (metoprolol succinate ext-release tabs, 50 mg, 100 mg, 200 mg)

VESANOID (tretinoin caps)

Continued

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

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AUGMENTIN XR (amoxicillin/clavulanate extended-release tabs)

COZAAR (losartan tabs)

FLUMADINE (rimantadine syrup)

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

HYZAAR (losartan/hydrochlorothiazide tabs)

rimantadine tabs

ZMAX (azithromycin extended-release microspheres for susp, single dose)

■ DISCONTINUED GENERIC PRODUCTS REMOVEDpseudoephedrine/guaifenesin ext-release caps, 60/300 mg;
ext-release tabs, 45/600 mg, 60/600 mg, 120/600 mg**Blue Cross and Blue Shield of New Mexico Pharmacy Benefit Drug List Additions****■ BRAND PRODUCTS ADDED**

PRONESTYL (procaïnamide caps, 375 mg)

PRONESTYL SR (procaïnamide extended-release tabs, 500 mg)

TIMOLOL tabs, 10 mg

Effective October 1, 2007

ACTONEL (risedronate tabs, 75 mg)

BILTRICIDE (praziquantel tabs)

CONCERTA (methylphenidate extended-release tabs)

CYSTAGON (cysteamine caps)

KADIAN (morphine sulfate extended-release caps, 24 hr)

MALARONE (atovaquone/proguanil tabs)

PRIMAQUINE tabs

STROMEKTOL (ivermectin tabs)

SYMBICORT (budesonide/formoterol inhalation aerosol)

Blue Cross and Blue Shield of New Mexico Pharmacy Benefit Drug List Deletions**■ BRAND PRODUCTS REMOVED****Generics remain****Effective October 1, 2007**

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

OMNICEF (cefdinir caps, for susp)

TOPROL XL (metoprolol succinate extended-release tabs, 100 mg, 200 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**

amino acid/urea cervical cream (AMINO-CERV)

amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)

terbinafine tabs (LAMISIL)

tretinoin caps (VESANOID)

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

epirubicin inj (ELLEENCE)

pentostatin for inj (NIPENT)

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 75 mg)

BILTRICIDE (praziquantel tabs)

LEXIVA (fosamprenavir oral susp)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

SYMBICORT (budesonide/formoterol inhalation aerosol)

TORISEL (temsirolimus inj)

VESICARE (solifenacin tabs)

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DIPROLENE (augmented betamethasone dipropionate lotn)

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

TOPROL XL (metoprolol succinate extended-release tabs, 50 mg, 100 mg, 200 mg)

VESANOID (tretinoin caps)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

OMNITROPE (somatropin for inj)

ranitidine caps, tabs, 150 mg

ZMAX (azithromycin extended-release microspheres for susp, single dose)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

codeine/guaifenesin liq, 10-300 mg/20 mL

trimethobenzamide/benzocaine supp

■ DISCONTINUED BRAND PRODUCTS REMOVED

PANCRELIPASE (amylase/lipase/protease caps, 20000/4000/25000 units)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

Effective August 15, 2007

PRONESTYL (procainamide caps, 375 mg)

PRONESTYL SR (procainamide extended-release tabs, 500 mg)

TIMOLOL tabs, 10 mg

Effective October 1, 2007

ACTONEL (risedronate tabs, 75 mg)

BILTRICIDE (praziquantel tabs)

CYSTAGON (cysteamine caps)

KADIAN (morphine sulfate extended-release caps, 24 hr)

STROMEKTOL (ivermectin tabs)

SYMBICORT (budesonide/formoterol inhalation aerosol)

XOPENEX HFA (levalbuterol inhalation aerosol)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

■ BRAND PRODUCTS REMOVED

Generics Remain

Effective January 1, 2008

COLESTID (colestipol granules, tabs)

CORTEF (hydrocortisone tabs, 5 mg, 10 mg)

EFUDEX (fluorouracil crm, 5 %)

INDERAL LA (propranolol extended-release caps)

LAMISIL (terbinafine tabs)

LOTREL (amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg)

METROGEL VAGINAL (metronidazole vaginal gel)

MIACALCIN (calcitonin nasal)

NORVASC (amlodipine tabs)

OMNICEF (cefdinir caps, for susp)

TOPROL XL (metoprolol succinate extended-release tabs, 25 mg, 100 mg, 200 mg)

VESANOID (tretinoin caps)

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)

ZANTAC (ranitidine syrup)

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

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

Effective January 1, 2008

ANANA (bromelains tabs)
 ANANA FORTE (bromelains tabs)
 BACTROBAN (mupirocin crm)
 BACTROBAN NASAL (mupirocin oint)
 BENZACLIN (clindamycin/benzoyl peroxide gel)
 BRAVELLE (urofollitropin for inj)
 DEXAMETHASONE tabs, 1 mg, 2 mg
 ETHMOZINE (moricizine tabs)
 GLEEVEC (imatinib tabs)
 HALOPERIDOL tabs, 20 mg
 HEXALEN (altretamine caps)
 INTROL (glycerin oral soln)
 ISOPTO CARBACHOL (carbachol ophth soln, 1.5%)
 LEUKINE (sargramostim inj)
 LYSODREN (mitotane tabs)
 MATULANE (procarbazine caps)
 NEUMEGA (oprelvekin for inj)
 ORFADIN (nitisinone caps)
 OVIDREL (choriogonadotropin alfa inj)
 PANRETIN (alitretinoin gel)
 PHISOHEX (hexachlorophene liq)
 PRED MILD (prednisolone acetate ophth susp, 0.12%)
 SANDOSTATIN LAR DEPOT (octreotide for inj)
 TARCEVA (erlotinib tabs)
 TARGRETIN (bexarotene caps, gel)
 TEMODAR (temozolomide caps)
 THALOMID (thalidomide caps)
 TOLBUTAMIDE tabs
 XELODA (capecitabine tabs)

■ **Effective January 1, 2008:** Brand single-source prescription prenatal vitamins with 1 mg folic acid will be removed from the Blue Cross and Blue Shield Texas Preferred Drug Guide. Generic prescription prenatal vitamins with 1 mg folic acid remain.

■ **DISCONTINUED BRAND PRODUCTS REMOVED**

Generics are not available

Effective January 1, 2008

CODEINE PHOSPHATE oral soln
 FACTREL (gonadorelin hcl for inj)
 FLUOROPLEX (fluorouracil soln, 1%)
 HIVID (zalcitabine tabs)
 ISMOTIC (isosorbide oral soln)
 ISOPTO CARBACHOL (carbachol ophth soln, 1.5%)
 LUTREPULSE (gonadorelin acetate for inj)
 PERPHENAZINE oral soln
 QUININE SULFATE caps, 200 mg
 REGENECARE WOUND (lidocaine/collagen/aloe vera/vitamin E gel)
 UCEPHAN (sodium benzoate/sodium phenylacetate oral soln)
 VIDEX (didanosine chew tabs, powder pkt)
 ZOFRAN (ondansetron tabs, 24 mg)

Blue Cross Blue Shield of Wyoming Formulary Changes

All PrimeNational Additions and Deletions apply, in addition to the following:

■ **BRAND PRODUCTS REMOVED**

Generics Remain

PRAVACHOL (pravastatin tabs, 80 mg)

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

cefaclor caps; for susp 375 mg/5 mL
 CEFACLOR for susp, 125 mg/5 mL, 250 mg/5 mL

■ **DISCONTINUED BRAND PRODUCTS REMOVED**

CEFACLOR for susp, 187 mg/5 mL
 CEFACLOR extended-release tabs

Medicare Part D

ATTENTION PHARMACISTS: There are significant changes to the Medicare Part D formularies in 2008 due to CMS mandates and a migration to one standard formulary for most of our plans.

Member letters will be mailed in November 2007. We ask pharmacists to work with members and physicians in order to make this a smooth transition.

Coverage determinations for changes can be submitted by the prescribing physician after December 17, 2007, for an effective date of January 1, 2008.

To view the Medicare Part D formulary changes and access a PDF of the 2008 formularies, visit Prime's Web site at www.primetherapeutics.com/pharmacists.htm the first week in December 2007.

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

chlorpheniramine/phenylephrine/methscopolamine tabs, 4/10/1.25 mg (DALLERGY)

desoximetasone crm, 0.05% (TOPICORT LP)

dexmethylphenidate tabs, 2.5 mg, 5 mg, 10 mg (FOCALIN)

doxycycline monohydrate tabs, 150 mg (ADOXA)

haloperidol lactate inj, 5 mg/mL (HALDOL)

lindane lotn, 1%

methylprednisolone tabs, 16 mg, 32 mg (MEDROL)

nimodipine caps, 30 mg (NIMOTOP)

potassium citrate/sodium citrate/citric acid soln, 550/500/334 mg/5 mL (POLYCITRA-LC)

pravastatin tabs, 80 mg (PRAVACHOL)

theophylline extended-release tabs (24 hr), 400 mg, 600 mg (UNIPHYL)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)

cefdinir caps, 300 mg; for susp, 125 mg/5 mL, 250 mg/5 mL (OMNICEF)

metoprolol succinate extended-release tabs (24 hr), 50 mg, 100 mg, 200 mg (TOPROL XL)

terbinafine tabs, 250 mg (LAMISIL)

■ GENERIC PRODUCTS ADDED – TIER 3

Brand products (in parentheses) are also on formulary

cefepime for inj, 1 g, 2 g (MAXIPIME)

epirubicin inj, 2 mg/mL (ELLENCÉ)

tretinoin caps, 10 mg (VESANOID)

■ BRAND PRODUCTS ADDED – TIER 2

ACTONEL (risedronate tabs, 75 mg)

LANTUS SOLOSTAR (insulin glargine inj, 100 units/mL)

LOVAZA (omega-3-acid-ethyl esters caps, 1 g)
[new name – previously OMACOR]

OPANA (oxymorphone inj, 1 mg/mL)

RISPERDAL CONSTA (risperidone for inj, 12.5 mg)

SYMBICORT (budesonide/formoterol inhalation aerosol, 80/4.5 mcg/act, 160/4.5 mcg/act)

■ BRAND PRODUCTS ADDED – TIER 3

IFOSFAMIDE inj, 50 mg/mL

TORISEL (temsirolimus for iv infusion, 25 mg/mL)

■ TIER CHANGE – TIER 2 TO TIER 1

cyclophosphamide for inj, 500 mg, 1 g

danazol caps, 50 mg, 100 mg

lindane shampoo, 1%

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

chlorpheniramine/phenylephrine/methscopolamine tabs, 4/10/1.25 mg (DALLERGY)
 desoximetasone crm, 0.05% (TOPICORT LP)
 dexmethylphenidate tabs, 2.5 mg, 5 mg, 10 mg (FOCALIN)
 doxycycline monohydrate tabs, 150 mg (ADOXA)
 haloperidol lactate inj, 5 mg/mL (HALDOL)
 lindane lotn, 1%
 methylprednisolone tabs, 16 mg, 32 mg (MEDROL)
 nimodipine caps, 30 mg (NIMOTOP)
 potassium citrate/sodium citrate/citric acid soln, 550/500/334 mg/5 mL (POLYCITRA-LC)
 pravastatin tabs, 80 mg (PRAVACHOL)
 theophylline extended-release tabs (24 hr), 400 mg, 600 mg (UNIPHYL)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)
 cefdinir caps, 300 mg; for susp, 125 mg/5 mL, 250 mg/5 mL (OMNICEF)
 metoprolol succinate extended-release tabs (24 hr), 50 mg, 100 mg, 200 mg (TOPROL XL)
 terbinafine tabs, 250 mg (LAMISIL)

■ GENERIC PRODUCTS ADDED – TIER 4

Brand products (in parentheses) are also on formulary

cefepime for inj, 1 g, 2 g (MAXIPIME)
 epirubicin inj, 2 mg/mL (ELLENCÉ)
 tretinoin caps, 10 mg (VESANOID)

■ BRAND PRODUCTS ADDED – TIER 2

ACTONEL (risedronate tabs, 75 mg)
 LANTUS SOLOSTAR (insulin glargine inj, 100 units/mL)
 LOVAZA (omega-3-acid-ethyl esters caps, 1 g)
 [new name – previously OMACOR]

RISPERDAL CONSTA (risperidone for inj, 12.5 mg)
 SYMBICORT (budesonide/formoterol inhalation aerosol, 80/4.5 mcg/act, 160/4.5 mcg/act)

■ BRAND PRODUCTS ADDED – TIER 3

OPANA (oxymorphone inj, 1 mg/mL)

■ BRAND PRODUCTS ADDED – TIER 4

IFOSFAMIDE inj, 50 mg/mL
 TORISEL (temsirolimus for iv infusion, 25 mg/mL)

■ TIER CHANGE – TIER 3 TO TIER 1

cyclophosphamide for inj, 500 mg, 1 g
 danazol caps, 50 mg, 100 mg
 lindane shampoo, 1%

Medicare Part D – Four-Tier Expanded Formulary Changes

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

amlodipine/benazepril caps, 2.5/10 mg, 5/10 mg, 5/20 mg, 10/20 mg (LOTREL)
 cefdinir caps, 300 mg; for susp, 125 mg/5 mL, 250 mg/5 mL (OMNICEF)
 chlorpheniramine/phenylephrine/methscopolamine tabs, 4/10/1.25 mg (DALLERGY)
 dexmethylphenidate tabs, 2.5 mg, 5 mg, 10 mg (FOCALIN)
 doxycycline monohydrate tabs, 150 mg (ADOXA)
 haloperidol lactate inj, 5 mg/mL (HALDOL)
 methenamine mandelate/sodium bisphosphate tabs, 500/500 mg (UROQID #2)
 methylprednisolone tabs, 16 mg, 32 mg (MEDROL)
 metoprolol succinate extended-release tabs (24 hr), 50 mg, 100 mg, 200 mg (TOPROL XL)
 nimodipine caps, 30 mg (NIMOTOP)
 potassium citrate/sodium citrate/citric acid soln, 550/500/334 mg/5 mL (POLYCITRA-LC)
 pravastatin tabs, 80 mg (PRAVACHOL)
 terbinafine tabs, 250 mg (LAMISIL)
 theophylline extended-release tabs (24 hr), 400 mg, 600 mg (UNIPHYL)

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

■ GENERIC PRODUCTS ADDED – TIER 4**Brand products (in parentheses) are also on formulary**

cefepime for inj, 1 g, 2 g (MAXIPIME)

epirubicin inj, 2 mg/mL (ELLENCÉ)

tretinoin caps, 10 mg (VESANOID)

■ BRAND PRODUCTS ADDED – TIER 2

ACTONEL (risedronate tabs, 75 mg)

LANTUS SOLOSTAR (insulin glargine inj, 100 units/mL)

LOVAZA (omega-3-acid-ethyl esters caps, 1 g)

[new name – previously OMACOR]

RISPERDAL CONSTA (risperidone for inj, 12.5 mg)

SYMBICORT (budesonide/formoterol inhalation aerosol,
80/4.5 mcg/act, 160/4.5 mcg/act)**■ BRAND PRODUCTS ADDED – TIER 3**ACTIVELLA (estradiol/norethindrone acetate tabs,
0.5/0.1 mg)

AVANDARYL (rosiglitazone/glimepiride tabs, 8/2 mg, 8/4 mg)

CARBINOXAMINE MALEATE tabs, 4 mg

DIFFERIN (adapalene gel, 0.3%)

FOSAMAX PLUS D (alendronate sodium/cholecalciferol
tabs, 70 mg/5,600 units)

HALDOL (haloperidol lactate inj, 5 mg/mL)

OPANA (oxymorphone inj, 1 mg/mL)

SUPRAX (cefixime for susp, 200 mg/5 mL)

SYMBYAX (olanzapine/fluoxetine 3/25 mg)

■ BRAND PRODUCTS ADDED – TIER 4

IFOSFAMIDE inj, 50 mg/mL

TORISEL (temsirolimus for iv infusion, 25 mg/mL)

■ TIER CHANGE – TIER 3 TO TIER 1

cyclophosphamide for inj, 500 mg, 1 g

danazol caps, 50 mg, 100 mg

desoximetasone crm, 0.05%

lindane lotn, 1%; shampoo, 1%

■ BRAND PRODUCTS REMOVED**Generics are not available**CODEINE PHOSPHATE SOLUBLE TABS, 30 mg, 60 mg
(non-formulary effective October 22, 2007)MORPHINE SULFATE SOLUBLE TABS, 10 mg, 15 mg, 30 mg
(non-formulary effective September 22, 2007)

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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