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Prime Contact Center

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

800.821.4795

From the Auditors Desk ...

Verify “As Directed” Sigs

Prime Therapeutics requires specific dosage directions on all prescriptions. “As Directed” sigs are not allowed without proper documentation. Pharmacy should obtain concise directions to accurately fill the prescription. Directions should be obtained through direct communication with the prescriber. In the event that the prescriber is unavailable, the pharmacy may ask the member how they were instructed to take the medication. Specific directions for use must be noted on the prescription hardcopy.

For drugs that are administered on a varying scale such as warfarin or prednisone, the pharmacy must obtain the dosage range and frequency.

Failure to obtain, verify and document specific directions will result in a chargeback during an audit.

DAW 8 Submission and Documentation

DAW 8 submissions will be verified during an audit. DAW 8 should be used only in cases where the generic is not available from ANY VENDOR. Pharmacies should retain documentation from their drug wholesaler indicating that the product was unavailable at the time of fill. This documentation will be verified during an audit. Improper DAW 8 submissions are subject to audit chargeback.

Proper Claim Submission for Insulin Products

Prime auditors report that the billing of excessive quantities of insulin are one of the most common errors identified during an audit. Pharmacies must document directions for use, and submit the appropriate quantity that falls

Continued on page 2

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**.

within the member's benefit. Note: "As Directed" is not accepted without supporting documentation on the hardcopy or electronic record specific to that claim.

For members administering insulin per a sliding scale, the pharmacy should document the minimum, maximum and frequency of use on the prescription hardcopy.

For members who administer insulin via an insulin pump, the pharmacy must document "per pump" on the prescription hardcopy and dispense the amount prescribed.

Note: For pharmacies that store prescription images electronically, Prime auditors will accept electronic dosage annotations when directly associated with the prescription number in question.

Proper Claim Submission of Packaged Kits

In general, prescription products that are packaged as a kit should be billed as a quantity of one. Prime auditors frequently identify billing errors in which the pharmacy submitted the quantity of units within the kit, and was overpaid on the claim. Overpayments identified during an audit will be recovered. For example, Brevoxyl® Acne Wash Kit is commonly over-billed as a quantity of 170 (the number of grams within the kit). In this case, the pharmacy is being paid for 170 kits, but is dispensing only one.

MAC LIST UPDATES

Prime Therapeutics MAC List Updates: January 1 to March 1, 2008

■ ADDED TO MAC LIST

- albuterol sulfate soln, 0.63 mg/3 mL (ACCUNEB)
- alclometasone dipropionate crm, 0.05% (ACLOVATE)
- alclometasone dipropionate oint, 0.05% (ACLOVATE)
- bupropion extended-release tabs, 300 mg (WELLBUTRIN XL)
- calcitonin nasal soln, 200 units/actuation (MIACALCIN)
- ciclopirox susp, 0.77% (LOPROX)
- ciclopirox soln, 8% (PENLAC)
- clindamycin phosphate vag crm, 2% (CLEOCIN)
- cyclosporine cap, 25 mg, 100 mg (SANDIMMUNE)
- cyclosporine modified cap, 25 mg, 100 mg (NEORAL)
- cyclosporine modified oral soln 100 mg/mL (NEORAL)
- fluorouracil soln, 5% (EFUDEX)
- metoprolol succinate sustained-release tabs, 25 mg, 50 mg, 100 mg (TOPROL XL)
- moexipril tab, 7.5 mg, 15 mg (UNIVASC)
- moexipril & hydrochlorothiazide tab, 7.5-12.5 mg, 15-12.5 mg, 15-25 mg (UNIRETIC)
- norethindrone & ethinyl estradiol tabs with iron (ESTROSTEP FE)
- ofloxacin otic soln, 0.3% (FLOXIN OTIC)
- ondansetron oral soln, 4 mg/5mL (ZOFRAN)
- oxazepam cap, 5 mg, 10 mg, 15 mg (SERAX)
- oxybutynin sustained-release tab, 5 mg, 10 mg, 15 mg (DITROPAN XL)
- phenytoin extended-release cap, 100 mg (DILANTIN)
- trandolapril tab, 1 mg, 2 mg, 4 mg (MAVIK)
- tranylcypromine tab, 10 mg (PARNATE)

Medicare Part D Coordination of Benefits (COB) Claims Should Be Processed Online

All Medicare Part D COB claims should be submitted electronically to Prime.

If you receive a denial for a drug not covered under the beneficiary’s Medicare Part D benefit and the beneficiary has supplemental coverage, the claim must be processed as a SECONDARY claim under their supplemental coverage. For the NCPDP-required fields, please refer to the “COB/Other Payments” segment in the Payor Specification Sheet for Supplemental to Medicare Part D. You will receive another denial if the claim is processed as a Primary payor under the supplemental coverage.

For software set-up information for the processing of Medicare Part D secondary claims online, visit

Prime’s Web site at www.primetherapeutics.com/pharmacistsindex.htm, Downloads, Payor Sheet – Medicare Part D.

FLORIDA NEWS

Blue Cross and Blue Shield of Florida Will Implement the Following Utilization Management (UM) Programs

Effective April 1, 2008, select populations of Blue Cross and Blue Shield of Florida commercial lines of business will implement the following UM programs:

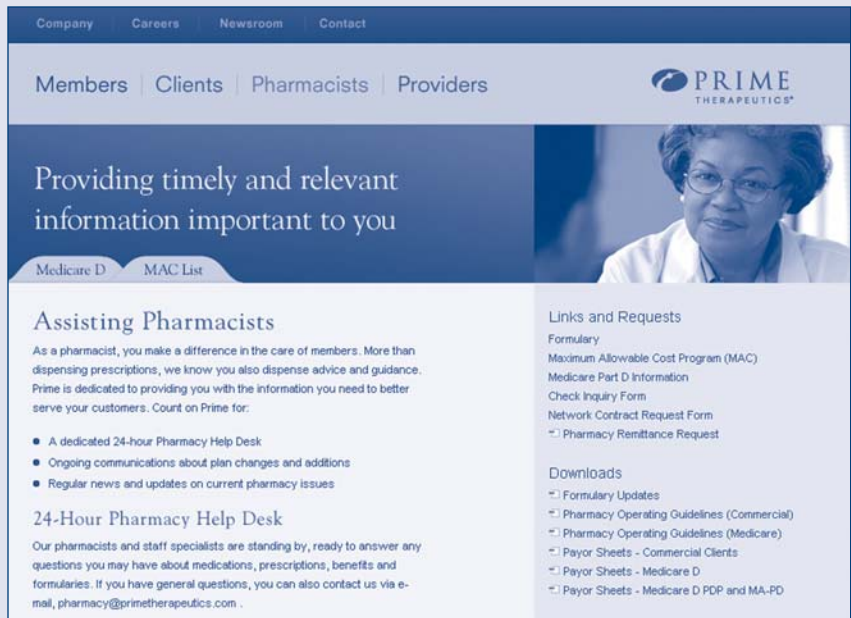
- Low Molecular Weight Heparin Quantity Limits
- Ophthalmic Prostaglandin Quantity Limits
- Atopic Dermatitis Step Therapy
- Insomnia Step Therapy

Prime Web Site Offers New Look

In an effort to enhance useability and make navigation easier, the corporate Web site for Prime (www.primetherapeutics.com) has been updated with a new look.

All the functionality and downloads for pharmacists that were available on the old site are also available on this revised version.

If you have questions or concerns, please click on the CONTACT button at the top of the Web page or send your comments directly to pbmservices@primetherapeutics.com.



New pharmacists page at www.primetherapeutics.com/pharmacistsindex.htm



Medicare Part D and the False Claims Act

All pharmacies providing services to Medicare or Medicaid customers must comply with the laws and regulations that apply to Medicare and Medicaid.

The False Claims Act states that if an individual or organization receives more money from the Government (directly or indirectly) than that to which they were entitled, the Government may impose significant civil and criminal penalties upon that individual or organization. Every prescription drug claim you process under Medicare Part D is subject to scrutiny under the False Claims Act. Potential False Claims Act liability may arise any time a claim is incorrectly submitted.

Pharmacies must ensure all information on each claim is entered correctly and in accordance with the prescription. Pharmacies must also ensure the correct Medicare or insurance ID is used, so that the claims do not process under another customer's ID.

Furthermore, pharmacies must exercise due diligence in ensuring drugs payable under Medicare Part B are not submitted to Medicare Part D, as these too could be considered "False Claims". The reach of the False Claims Act is not limited to Medicare, as over 20 states have passed their own version of the False Claims Act, which apply to all healthcare claims within those states.

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

REMINDER: Pharmacy Notice – Medicare Prescription Drug Coverage and Your Rights

All Network Pharmacies serving Medicare Part D members are required to conspicuously post or provide to members CMS's "Medicare Prescription Drug Coverage and Your Rights" notice, to instruct the members to contact their Medicare Part D plan to obtain a coverage determination or to ask for a formulary or tiering exception if the enrollee disagrees with the information provided at point of service.

The notice and instructions can be downloaded from the following CMS addresses:

■ Pharmacy Notice

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PharmacyNoticeApproved.zip>

■ Instructions for Using the Pharmacy Notice

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PharmacyNoticeInstructions.pdf>

Approved OMB #0938-NEW

Medicare Prescription Drug Coverage and Your Rights

You **have the right to get a written explanation** from your Medicare drug plan if:

- Your doctor or pharmacist tells you that your Medicare drug plan will not cover a prescription drug in the amount or form prescribed by your doctor.
- You are asked to pay a different cost-sharing amount than you think you are required to pay for a prescription drug.

The Medicare drug plan's written explanation will give you the specific reasons why the prescription drug is not covered and will explain how to request an appeal if you disagree with the drug plan's decision.

You **also have the right to ask** your Medicare drug plan **for an exception** if:

- You believe you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary," or
- You believe you should get a drug you need at a lower cost-sharing amount.

What you need to do:

- Contact your Medicare drug plan to ask for a written explanation about why a prescription is not covered or to ask for an exception if you believe you need a drug that is not on your drug plan's formulary or believe you should get a drug you need at a lower cost-sharing amount.
- Refer to the benefits booklet you received from your Medicare drug plan or call 1-800-MEDICARE (1-800-633-4227) to find out how to contact your drug plan.
- When you contact your Medicare drug plan, be ready to tell them:
 1. The prescription drug(s) that you believe you need.
 2. The name of the pharmacy or physician who told you that the prescription drug(s) is not covered.
 3. The date you were told that the prescription drug(s) is not covered.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to distribute this information collection once it has been completed is one minute per response, including the time to select the preprinted form, and hand it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form No. CMS-10147 (mm/dd/yyyy)

NEW PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Oklahoma

Effective April 1, 2008

Prime Requires All Claims to be Submitted Online

Effective April 1, 2008, Prime Therapeutics LLC (Prime) will begin processing claims for members of Blue Cross and Blue Shield Oklahoma (BCBSOK) except for Commercial Individual members. Claims with a date of service prior to April 1, 2008, will reject in Prime's system and must be processed by BCBSOK.

Processing Requirements

To ensure uninterrupted service to pharmacies and members, please use the following processing requirements to set up your system, prior to April 1, 2008, to process claims for members of BCBSOK.

Only these BIN/PCN combinations will be accepted on Prime's system. Please verify the information listed on the member's ID card.

■ BCBSOK Drug Card

Line of Business	HMO, Non-HMO
BIN	011552
PCN	1215
9-digit member ID number	
Date of birth	
Gender	
U&C	

■ BCBSOK Comp Card

Line of Business	Non-HMO
BIN	011552
PCN	1217
9-digit member ID number	
Date of birth	
Gender	
U&C	

Patient Relationship Code



All Commercial Group members are converting to Prime and will receive a new ID card indicating that Prime is the new

pharmacy benefit manager. Please be sure to ask if the member has received a new ID card.

All Commercial Individual members will continue to process on the BCBSOK claims processing platform. These members will not receive a new ID card and the BIN will remain 610435 and PCN 1215.

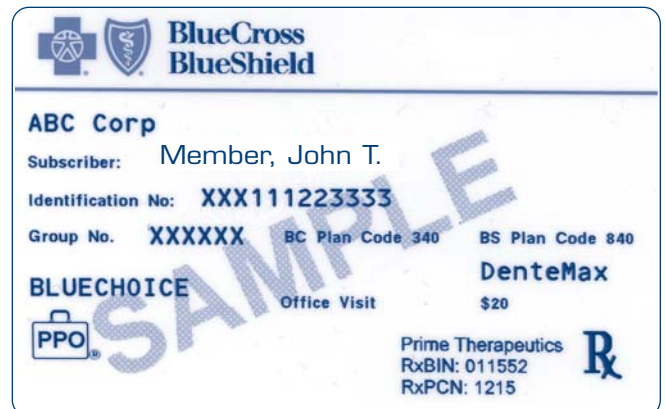
For More Information

For assistance with claims that have a date of fill prior to April 1, 2008, please contact BCBSOK at 877.353.0992 and select the prompt for BCBSOK.

Beginning April 1, 2008, if you need assistance with claim's processing on Prime' system, call the BCBSOK pharmacy help desk at 877.353.0992 and select the prompt for Prime Therapeutics.

For software set-up information, please visit Prime's Web site at www.primetherapeutics.com/pharmacistsindex.htm, Downloads, Payor Sheet – Commercial Clients.

FRONT OF MEMBER ID CARD



Prime Requires All Electronic Claims to be Submitted with the Pharmacy NPI

On February 13, 2008, Prime began requiring that all electronic claims transmissions include the pharmacy National Provider Identifier (NPI). Failure to submit the pharmacy NPI on electronic claims transmissions will result in a rejected claim.

Prescriber NPI

Prime will continue to accept the Prescriber DEA or the Prescriber NPI after May 23, 2008. However, when available, Prime prefers the Prescriber NPI as the submitted value.

To learn about NPI requirements, visit the CMS Web site at www.cms.hhs.gov/NationalProvIdentStand.

For information on NPI, please visit Prime's Web site at www.primetherapeutics.com/pharmacistsindex.htm, **NPI Requirements**.

For software set-up information visit Prime's Web site at www.primetherapeutics.com/pharmacistsindex.htm, **Downloads, Payor Sheets**.

How to Update Your Pharmacy Information with NCPDP

NCPDP requires that pharmacies submit pharmacy information changes to them by the last Monday of the month. To submit your adds, changes, deletes, current address and phone number to NCPDP, please follow these steps:

1. Go to NCPDP's Web site at www.ncpdp.org. Web site: www.ncpdp.org
2. Click on **NCPDP Provider ID**.
3. Click on the second item under **Useful Links**: *I already have an NCPDP number, but I need to make changes to my information or apply for an NPI*.
4. Click on **Application Form** and print a hard copy.
5. Check appropriate box at top of the first page and fill in your pharmacy information as necessary.
6. Fax your completed form to NCPDP at **480.767.1043**.

In November 2007, Prime converted to the NCPDP v2.1 pharmacy file. Prime receives and incorporates NCPDP's monthly updates, which include changes to your pharmacy address, phone number and pharmacy Chain/PSAO affiliation updates. Prime's system supports only one NCPDP affiliation.

It is your responsibility to contact NCPDP when your information changes. This will ensure that your correct data is in Prime's database.

Fax: 480.767.1043

PrimeNational Formulary Additions

■ GENERIC PRODUCTS ADDED

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

chlorzoxazone tabs
diclofenac sodium ophth soln (VOLTAREN)
famciclovir tabs (FAMVIR)
flunisolide nasal soln (NASAREL)
ipratropium/albuterol sulfate neb soln (DUONEB)
oxcarbazepine tabs (TRILEPTAL)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ BRAND PRODUCTS ADDED

DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion)
EXELON (rivastigmine transdermal patch)
EXFORGE (amlodipine/valsartan tabs)
INTELENCE (etravirine tabs)
ISENTRESS (raltegravir tabs)
IXEMPRA (ixabepilone for inj)
OXYCONTIN (oxycodone extended-release tabs)
STALEVO (carbidopa/levodopa/entacapone tabs)
TASIGNA (nilotinib caps)
VANTAS (histrelin implant)

PrimeNational Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

CYTOXAN (cyclophosphamide for inj, 500 mg, 1 g, 2 g)
DUONEB (ipratropium/albuterol sulfate inhalation soln)
FAMVIR (famciclovir tabs)
TRILEPTAL (oxcarbazepine tabs)
UNIPHYL (theophylline extended-release tabs, 400 mg, 600 mg)
VOLTAREN (diclofenac sodium ophth soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AMANTADINE tabs
CAL-NATE (prenatal multivitamins/iron carbonyl/ferrous gluconate/folic acid 1 mg tabs)
morphine sulfate soluble tabs for inj

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PALTRASE V8 (amylase/lipase/protease tabs, 30,000/8000/30,000 units)
THEOCAP (theophylline extended-release caps)
VIADUR (leuprolide implant)

■ OTHER REMOVALS

Zyrtec and Zyrtec-D will no longer be available as prescription products; they are now available over-the-counter
ZYRTEC (cetirizine chew tabs, syrup, tabs)
ZYRTEC-D (cetirizine/pseudoephedrine extended-release tabs)

Blue Cross and Blue Shield of Florida Medication List Additions

■ BRAND PRODUCTS ADDED – TIER 2

TASIGNA (nilotinib caps)
Effective January 2008
DICLOFENAC SODIUM delayed-release tabs, 25 mg
Effective February 2008
AMOXICILLIN chewable tabs, 400 mg
AMPICILLIN susp
DEXAMETHASONE tabs, 0.5 mg, 0.75 mg
FLUOCINOLONE crm, oint, 0.025%; soln, 0.01%
ORPHENADRINE/ASPIRIN/CAFFEINE tabs, 50 mg/770 mg/60 mg
Effective April 1, 2008
EXELON (rivastigmine transdermal patch)
EXFORGE (amlodipine/valsartan tabs)
INTELENCE (etravirine tabs)
LUNESTA (eszopiclone tabs)
OXYCONTIN (oxycodone extended-release tabs)
SUBOXONE (buprenorphine/naloxone sublingual tabs)
SUBUTEX (buprenorphine sublingual tabs)

Blue Cross and Blue Shield of Florida Medication List Changes

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics remain

Effective February 2008

CEFTIN (cefuroxime susp)

Effective April 1, 2008

COLAZAL (balsalazide caps)

DUONEB (ipratropium/albuterol sulfate inhalation soln)

FLOXIN OTIC (ofloxacin otic soln)

FOSAMAX (alendronate tabs)

VOLTAREN (diclofenac sodium ophth soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC TIER CHANGE – TIER 2 TO TIER 3

Effective April 1, 2008

ROZEREM (ramelteon tabs)

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

Generics are not available

Effective December 2007

PALTRASE V8 (amylase/lipase/protease tabs, 30,000/8000/30,000 units)

Effective January 2008

GEOCILLIN (carbenicillin tabs)

PALIPASE (amylase/lipase/protease delayed-release caps, 20,000/4500/25,000 units)

PALIPASE MT (amylase/lipase/protease delayed-release caps, 48,000/16,000/48,000 units, 56,000/20,000/44,000 units)

THEOCAP (theophylline extended-release caps)

Effective February 2008

AGENERASE (amprenavir caps, oral soln)

DUAC (clindamycin/benzoyl peroxide gel)

VIVELLE (estradiol transdermal patch)

■ OTHER CHANGES

Effective February 2008

Zyrtec and Zyrtec-D will no longer be available as prescription products; they are now available over-the-counter

ZYRTEC (cetirizine chew tabs, syrup, tabs)

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

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

Effective January 22, 2008

DICLOFENAC SODIUM delayed-release tabs, 25 mg

Effective February 15, 2008

INTELENCE (etravirine tabs)

Effective April 1, 2008

AMPICILLIN for susp

DEXAMETHASONE tabs, 0.5 mg

EXELON (rivastigmine transdermal patch)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2008

DUONEB (ipratropium/albuterol sulfate inhalation soln)

VOLTAREN (diclofenac sodium ophth soln)

Effective July 1, 2008

FOSAMAX (alendronate tabs)

■ ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

Effective July 1, 2008

METADATE CD (methylphenidate extended-release caps)

SOLTAMOX (tamoxifen oral soln)

VIVELLE (estradiol transdermal patch)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2008

AGENERASE (amprenavir caps, oral soln)

PALIPASE (amylase/lipase/protease delayed-release caps, 20,000/4500/25,000 units)

PALIPASE MT (amylase/lipase/protease delayed-release caps, 48,000/16,000/48,000 units, 56,000/20,000/44,000 units)

PALPEON DR (amylase/lipase/protease delayed-release caps, 33,200/10,000/37,500 units; 66,400/20,000/75,000 units)

PALPEON MT (amylase/lipase/protease delayed-release caps, 65,000/20,000/65,000 units)

PALTRASE V8 (amylase/lipase/protease tabs,
30,000/8000/30,000 units)

■ CORRECTION: INHALER ASSIST DEVICES

The December 2007 issue of Prime Perspective listed Inhaler Assist Devices, excluding BREATHERITE, as being removed from the formulary effective April 1, 2008. The date of removal is now July 1, 2008.

BREATHERITE inhaler devices remain on Tier 2 of the formulary.

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

chlorzoxazone tabs

diclofenac sodium ophth soln (VOLTAREN)

famciclovir tabs (FAMVIR)

flunisolide nasal soln (NASAREL)

ipratropium/albuterol sulfate neb soln (DUONEB)

oxcarbazepine tabs (TRILEPTAL)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ BRAND PRODUCTS ADDED

DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion)

EXELON (rivastigmine transdermal patch)

EXFORGE (amlodipine/valsartan tabs)

INTELENCE (etravirine tabs)

ISENTRESS (raltegravir tabs)

IXEMPRA (ixabepilone for inj)

OXYCONTIN (oxycodone extended-release tabs)

STALEVO (carbidopa/levodopa/entacapone tabs)

TASIGNA (nilotinib caps)

VANTAS (histrelin implant)

Blue Cross and Blue Shield of Kansas National Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

CYTOXAN (cyclophosphamide for inj, 500 mg, 1 g, 2 g)

DUONEB (ipratropium/albuterol sulfate inhalation soln)

FAMVIR (famciclovir tabs)

TRILEPTAL (oxcarbazepine tabs)

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

VOLTAREN (diclofenac sodium ophth soln)

■ OTHER REMOVALS

Zyrtec and Zyrtec-D will no longer be available as prescription products; they are now available over-the-counter

ZYRTEC (cetirizine chew tabs, syrup, tabs)

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

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

chlorzoxazone tabs

famciclovir tabs (FAMVIR)

flunisolide nasal soln (NASAREL)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ BRAND PRODUCTS ADDED

DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion)

INTELENCE (etravirine tabs)

ISENTRESS (raltegravir tabs)

IXEMPRA (ixabepilone for inj)

OXYCONTIN (oxycodone extended-release tabs)

STALEVO (carbidopa/levodopa/entacapone tabs)

TASIGNA (nilotinib caps)

VANTAS (histrelin implant)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

CYTOXAN (cyclophosphamide for inj, 500 mg, 1 g, 2 g)

FAMVIR (famciclovir tabs)

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

Blue Cross and Blue Shield of Minnesota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

alendronate tabs (FOSAMAX)

chlorzoxazone tabs

diclofenac sodium ophth soln (VOLTAREN)

flunisolide nasal soln (NASAREL)

ipratropium/albuterol sulfate neb soln (DUONEB)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ BRAND PRODUCTS ADDED

DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion)

EXELON (rivastigmine transdermal patch)

HUMALOG (insulin lispro inj)

HUMALOG MIX 50/50 (insulin lispro protamine susp/insulin lispro inj)

HUMALOG MIX 75/25 (insulin lispro protamine susp/insulin lispro inj)

HUMULIN N (insulin isophane susp)

HUMULIN R (insulin inj)

HUMULIN 70/30 (insulin isophane susp/insulin inj)

INTELENCE (etravirine tabs)

STALEVO (carbidopa/levodopa/entacapone tabs)

TASIGNA (nilotinib caps)

VANTAS (histrelin implant)

Blue Cross and Blue Shield of Minnesota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DUONEB (ipratropium/albuterol sulfate inhalation soln)

FOSAMAX (alendronate tabs)

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

VOLTAREN (diclofenac sodium ophth soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AMANTADINE tabs

CAL-NATE (prenatal multivitamins/iron carbonyl/ferrous gluconate/folic acid 1 mg tabs)

morphine sulfate soluble tabs for inj

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PALTRASE V8 (amylase/lipase/protease tabs, 30,000/8000/30,000 units)

THEOCAP (theophylline extended-release caps)

VIADUR (leuprolide implant)

■ OTHER REMOVALS

Zyrtec will no longer be available as a prescription product; it is now available over-the-counter

ZYRTEC (cetirizine chew tabs, syrup)

Blue Cross and Blue Shield of Nebraska Formulary Additions

■ GENERIC PRODUCTS ADDED

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

chlorzoxazone tabs

desogestrel/ethinyl estradiol tabs – Cesia, Velivet (CYCLESSA)

estazolam tabs (PROSOM)

flunisolide nasal soln (NASAREL)

levonorgestrel/ethinyl estradiol tabs – Jolessa, Quasense (SEASONALE)

norethindrone/ethinyl estradiol tabs – Balziva, Zenchent (OVCON 35)

norethindrone/ethinyl estradiol tabs – Aranelle, Leena
(TRI-NORINYL)

oxcarbazepine tabs (TRILEPTAL)

oxybutynin extended-release tabs (DITROPAN XL)

tizanidine tabs

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ BRAND PRODUCTS ADDED

EXELON (rivastigmine transdermal patch)

FABRAZYME (agalsidase for inj)

INTELENCE (etravirine tabs)

ISENTRESS (raltegravir tabs)

IXEMPRA (ixabepilone for inj)

NUVARING (etonogestrel/ethinyl estradiol vaginal ring)

STALEVO (carbidopa/levodopa/entacapone tabs)

TASIGNA (nilotinib caps)

VANTAS (histrelin implant)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

CYTOXAN (cyclophosphamide for inj, 500 mg, 1 g, 2 g)

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

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

AMANTADINE tabs

AVANDAMET (rosiglitazone/metformin tabs)

AVANDIA (rosiglitazone tabs)

CAL-NATE (prenatal multivitamins/iron carbonyl/
ferrous gluconate/folic acid 1 mg tabs)

morphine sulfate soluble tabs for inj

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PALTRASE V8 (amylase/lipase/protease tabs,
30,000/8000/30,000 units)

THEOCAP (theophylline extended-release caps)

VIADUR (leuprolide implant)

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

■ BRAND PRODUCTS ADDED

Effective January 22, 2008

DICLOFENAC SODIUM delayed-release tabs, 25 mg

Effective April 1, 2008

AMPICILLIN for susp

CELEBREX (celecoxib caps)

DEXAMETHASONE tabs, 0.5 mg

EXELON (rivastigmine transdermal patch)

INTELENCE (etravirine tabs)

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2008

DUONEB (ipratropium/albuterol sulfate inhalation soln)

VOLTAREN (diclofenac sodium ophth soln)

Effective October 1, 2008

FOSAMAX (alendronate tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2008

AGENERASE (amprenavir caps, oral soln)

PALIPASE (amylase/lipase/protease delayed-release caps,
20,000/4500/25,000 units)

PALIPASE MT (amylase/lipase/protease delayed-release
caps, 48,000/16,000/48,000 units, 56,000/20,000/
44,000 units)

PALPEON DR (amylase/lipase/protease delayed-release
caps, 33,200/10,000/37,500 units, 66,400/20,000/75,000)

PALPEON MT (amylase/lipase/protease delayed-release
caps, 65,000/20,000/65,000 units)

PALTRASE V8 (amylase/lipase/protease tabs,
30,000/8000/30,000 units)

Effective October 1, 2008

VIVELLE (estradiol transdermal patch)

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

alendronate tabs (FOSAMAX)
 cefuroxime susp (CEFTIN)
 chlorzoxazone tabs
 diclofenac sodium ophth soln (VOLTAREN)
 flunisolide nasal soln (NASAREL)
 loxapine caps (LOXITANE)
 nambumetone tabs
 norethindrone acetate/ethinyl estradiol/iron tabs – Tilia Fe, Tri-Legest Fe (ESTROSTEP FE)

■ BRAND PRODUCTS ADDED

INTELENCE (etravirine tabs)
 OXYCONTIN (oxycodone extended-release tabs)
 STALEVO (carbidopa/levodopa/entacapone tabs)
 VANTAS (histrelin implant)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

pantoprazole delayed-release tabs (PROTONIX)
 ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ OTHER ADDITIONS

TASIGNA (nilotinib caps) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

CEFTIN (cefuroxime susp)
 DUONEB (ipratopium/albuterol sulfate neb soln)
 FOSAMAX (alendronate tabs)
 UNIPHYL (theophylline extended-release tabs, 400 mg, 600 mg)
 VOLTAREN (diclofenac sodium ophth soln)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

CAL-NATE (prenatal multivitamins/iron carbonyl/ferrous gluconate/folic acid 1 mg tabs)
 morphine sulfate soluble tabs for inj

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AGENERASE (amprenavir caps, oral soln)
 PALTRASE V8 (amylase/lipase/protease tabs, 30,000/8000/30,000 units)
 PROVENTIL (albuterol inhalation aerosol)
 THEOCAP (theophylline extended-release caps)
 VIADUR (leuprolide implant)

Blue Cross Blue Shield of Oklahoma Formulary Additions

■ BRAND PRODUCTS ADDED

Effective April 1, 2008

APTIVUS (tipranavir caps)
 ATRIPLA (efavirenz/emtricitabine/tenofovir tabs)
 CELEBREX (celecoxib caps)
 CHANTIX (varenicline tabs)
 COMBIVIR (lamivudine/zidovudine tabs)
 CRIXIVAN (indinavir caps)
 DICLOFENAC delayed-release tabs, 25 mg
 DROXIA (hydroxyurea caps)
 EMTRIVA (emtricitabine caps, oral soln)
 EPIVIR (lamivudine oral soln, tabs)
 EPZICOM (abacavir/lamivudine tabs)
 EXELON (rivastigmine transdermal patch)
 GANCICLOVIR caps
 INTELENCE (etravirine tabs)
 INVIRASE (saquinavir caps, tabs)
 ISENTRESS (raltegravir tabs)
 KALETRA (lopinavir/ritonavir caps, oral soln, tabs)
 LEXIVA (fosamprenavir susp, tabs)
 NORVIR (ritonavir caps, oral soln)
 PRIZISTA (darunavir tabs)
 RESCRIPTOR (delavirdine tabs)
 REYATAZ (atazanavir caps)

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

SELZENTRY (maraviroc tabs)
 SUSTIVA (efavirenz caps, tabs)
 TRIZIVIR (abacavir/lamivudine/zidovudine tabs)
 TRUVADA (emtricitabine/tenofovir tabs)
 VALCYTE (valganciclovir tabs)
 VIDEX (didanosine for oral soln)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 VIRACEPT (nelfinavir oral powder, tabs)
 VIREAD (tenofovir tabs)
 VIRAMUNE (nevirapine susp, tabs)
 ZERIT (stavudine caps, for oral soln)
 ZIAGEN (abacavir oral soln, tabs)

Blue Cross Blue Shield of Oklahoma Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2008

DUONEB (ipratropium/albuterol sulfate inhalation soln)
 VOLTAREN (diclofenac sodium ophth soln)

Effective July 1, 2008

FOSAMAX (alendronate tabs)

Effective October 1, 2008

ALTACE (ramipril caps, 2.5 mg, 5 mg, 10 mg)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2008

PALTRASE V8 (amylase/lipase/protease tabs, 30,000/8000/30,000 units)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

Effective June 1, 2008

ACIPHEX (rabeprazole delayed-release tabs)

Effective July 1, 2008

ADDERALL XR (amphetamine/dextroamphetamine mixed salts extended-release caps)

■ OTHER REMOVALS

Effective April 1, 2008

Zyrtec and Zyrtec-D will no longer be available as prescription products; they are now available over-the-counter

ZYRTEC (cetirizine chew tabs, syrup, tabs)

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

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

Effective January 22, 2008

DICLOFENAC SODIUM delayed-release tabs, 25 mg

Effective April 1, 2008

AMPICILLIN for susp
 DEXAMETHASONE tabs, 0.5 mg
 EXELON (rivastigmine transdermal patch)
 INTELENCE (etravirine tabs)
 ISENTRESS (raltegravir tabs)
 NUVARING (etonogestrel/ethinyl estradiol vaginal ring)

Blue Cross Blue Shield of Wyoming Preferred Drug List Changes

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

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PREVACID (lansoprazole delayed-release granules)

Medicare Part D

Pharmacists are encouraged to check the Web site, <http://www.primetherapeutics.com/pharmacistsindex.htm>, for the latest Medicare Part D formulary and changes to the formulary. A small number of removals and changes to a higher tier are anticipated to be effective on August 1, 2008.

Medicare Part D – Four-Tier Ideal Formulary Changes for FirstPlan Blue, PrimeWest Health, South Country Health Alliance and the following Blue Cross and Blue Shield Plans: Florida (Standard Benefit), Illinois, Iowa, Minnesota, Montana, Nebraska, New Mexico, Oklahoma, Texas and Wyoming

■ GENERIC PRODUCTS ADDED – TIER 1

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

acetaminophen/caffeine/dihydrocodeine caps, 356.4-30-16 mg (PANLOR DC)

cefuroxime axetil for susp, 125 mg/5 mL, 250 mg/5 mL (CEFTIN)

clarithromycin for susp, 125 mg/5 mL, 250 mg/5 mL (BIAXIN)

flunisolide nasal soln, 29 mcg/act (NASAREL)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

alendronate tabs, 5 mg, 10 mg, 35 mg, 40 mg, 70 mg (FOSAMAX)

carvedilol tabs, 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (COREG)

ciclopirox soln, 8% (PENLAC NAIL LACQUER)

ofloxacin otic soln, 0.3% (FLOXIN OTIC)

oxcarbazepine tabs, 150 mg, 300 mg, 600 mg (TRILEPTAL)

pantoprazole delayed-release tabs, 20 mg, 40 mg (PROTONIX)

ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ GENERIC PRODUCTS ADDED – TIER 4

Brand products (in parentheses) are also on formulary

fomepizole inj, 1 g/mL (ANTIZOL)

■ BRAND PRODUCTS ADDED – TIER 2

COMBIGAN (brimonidine/timolol maleate ophth soln, 0.2-0.5%)

DIVIGEL (estradiol gel, 0.25 mg, 0.5 mg, 1 mg)

EXELON (rivastigmine transdermal patch, 4.6 mg/24 hr, 9.5 mg/24 hr)

EXFORGE (amlodipine/valsartan tabs, 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)

METHERGINE (methylergonovine tabs, 0.2 mg)

NEUPRO (rotigotine transdermal patch, 2 mg/24 hr, 4 mg/24 hr, 6 mg/24 hr)

ORACEA (doxycycline delayed-release caps, 40 mg)

PATANOL (olopatadine ophth soln, 0.1%)

SANTYL (collagenase oint, 250 units/g)

SEROQUEL XR (quetiapine extended-release tabs, 200 mg, 300 mg, 400 mg)

STALEVO (carbidopa/levodopa/entacapone tabs, 12.5-50-200 mg, 25-100-200 mg, 37.5-150-200 mg, 50-200-200 mg)

TEKTURNA (aliskiren tabs, 150 mg, 300 mg)

■ BRAND PRODUCTS ADDED – TIER 3

BONIVA (ibandronate inj, 3 mg/3 mL)

INTELENCE (etravirine tabs, 100 mg)

ISENTRESS (raltegravir tabs, 400 mg)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

OVIDE (malathion lotn, 0.5%)

PENTAM 300 (pentamidine for inj, 300mg)

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

SELZENTRY (maraviroc tabs, 150 mg, 300 mg)

SORIATANE CK KIT (acitretin caps, 10 mg, 25 mg + moisturizer)

■ BRAND PRODUCTS ADDED – TIER 4

IXEMPRA (ixabepilone for inj, 15 mg, 45 mg)

TASIGNA (nilotinib caps, 200 mg)

TYKERB (lapatinib tabs, 250 mg)

■ TIER CHANGE – TIER 3 TO TIER 1

haloperidol tabs, 20 mg

The following changes will be effective August 1, 2008.

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps, 2.5 mg, 5 mg, 10 mg)

CEREBYX (fosphenytoin sodium inj, 75 mg/mL)

Continued

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

COREG (carvedilol tabs, 3.125 mg, 6.25 mg, 12.5 mg, 25 mg)
FLOXIN OTIC, FLOXIN OTIC SINGLES (ofloxacin otic soln, 0.3%)
FOSAMAX (alendronate tabs, 5 mg, 10 mg, 35 mg, 40 mg, 70 mg)
PENLAC NAIL LACQUER (ciclopirox soln, 8%)
TOPROL XL (metoprolol succinate extended-release tabs, 50 mg, 100 mg, 200 mg)
TRILEPTAL (oxcarbazepine tabs, 150 mg, 300 mg, 600 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

The following changes apply only to new starts. The status of these products will remain as is through the rest of 2008 for current users.

AMANTADINE tabs (generic amantadine caps and syrup remain)

pentazocine/acetaminophen tabs

Medicare Part D – Four-Tier Expanded Formulary Changes for Blue Cross and Blue Shield of Florida (Basic and Enhanced Benefits)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

acetaminophen/caffeine/dihydrocodeine caps, 356.4-30-16 mg (PANLOR DC)
 alendronate tabs, 5 mg, 10 mg, 35 mg, 40 mg, 70 mg (FOSAMAX)
 carvedilol tabs, 3.125 mg, 6.25 mg, 12.5 mg, 25 mg (COREG)
 cefuroxime axetil for susp, 125 mg/5 mL, 250 mg/5 mL (CEFTIN)
 ciclopirox soln, 8% (PENLAC NAIL LACQUER)
 clarithromycin for susp, 125 mg/5 mL, 250 mg/5 mL (BIAXIN)
 flunisolide nasal soln, 29 mcg/act (NASAREL)
 ofloxacin otic soln, 0.3% (FLOXIN OTIC)
 oxcarbazepine tabs, 150 mg, 300 mg, 600 mg (TRILEPTAL)
 pantoprazole delayed-release tabs, 20 mg, 40 mg (PROTONIX)
 ramipril caps, 2.5 mg, 5 mg, 10 mg (ALTACE)

■ GENERIC PRODUCTS ADDED – TIER 4

Brand products (in parentheses) are also on formulary
 fomepizole inj, 1 g/mL (ANTIZOL)

■ BRAND PRODUCTS ADDED – TIER 2

COMBIGAN (brimonidine/timolol maleate ophth soln, 0.2-0.5%)
DIVIGEL (estradiol gel, 0.25 mg, 0.5 mg, 1 mg)
EXELON (rivastigmine transdermal patch, 4.6 mg/24 hr, 9.5 mg/24 hr)
EXFORGE (amlodipine/valsartan tabs, 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)
METHERGINE (methylergonovine tabs, 0.2 mg)
NEUPRO (rotigotine transdermal patch, 2 mg/24 hr, 4 mg/24 hr, 6 mg/24 hr)
ORACEA (doxycycline delayed-release caps, 40 mg)
SANTYL (collagenase oint, 250 units/g)
SEROQUEL XR (quetiapine extended-release tabs, 200 mg, 300 mg, 400 mg)
TEKTURNA (aliskiren tabs, 150 mg, 300 mg)

■ BRAND PRODUCTS ADDED – TIER 3

ACIPHEX (rabeprazole delayed-release tabs, 20 mg)
BIAXIN (clarithromycin for susp, 125 mg/5 mL, 250 mg/5 mL)
BONIVA (ibandronate inj, 3 mg/3 mL)
CEFTIN (cefuroxime axetil for susp, 125 mg/5 mL, 250 mg/5 mL)
CORTENEMA (hydrocortisone enema, 100 mg/60 mL)
INTELENCE (etravirine tabs, 100 mg)
ISENTRESS (raltegravir tabs, 400 mg)
LEXAPRO (escitalopram tabs, 5 mg, 10 mg, 20 mg; soln, 5 mg/5 mL)
NASAREL (flunisolide nasal soln, 29 mcg/act)
NORTHYX (methimazole tabs, 15 mg, 20 mg)
OMNIPRED (prednisolone acetate ophth susp, 1%) (change of Trade Name for Econopred Plus)
OVIDE (malathion lotn, 0.5%)
PANLOR DC (acetaminophen/caffeine/dihydrocodeine caps, 356.4-30-16 mg)
PREVACID, PREVACID SOLUTAB (lansoprazole delayed-release caps, 15 mg, 30 mg; delayed-release orally disintegrating tabs, 15 mg, 30 mg; for delayed-release susp, 15 mg, 30 mg)
PRONESTYL SR (procainamide extended-release tabs, 500 mg)
SELZENTRY (maraviroc tabs, 150 mg, 300 mg)
SORIATANE CK KIT (acitretin caps, 10 mg, 25 mg + moisturizer)
LYTORIN (ezetimibe/simvastatin tabs, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)
WELCHOL (colesevelam tabs, 625 mg)

Continued

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

■ **BRAND PRODUCTS ADDED – TIER 4**

XEMPRA (ixabepilone for inj, 15 mg, 45 mg)

TASIGNA (nilotinib caps, 200 mg)

TYKERB (lapatinib tabs, 250 mg)

■ **TIER CHANGE – TIER 3 TO TIER 1**

haloperidol tabs, 20 mg

■ **TIER CHANGE – TIER 3 TO TIER 2**

PATANOL (olopatadine ophth soln, 0.1%)

STALEVO (carbidopa/levodopa/entacapone tabs,
12.5-50-200 mg, 25-100-200 mg, 37.5-150-200 mg,
50-200-200 mg)

The following changes will be effective August 1, 2008.

■ **TIER CHANGE – TIER 2 TO TIER 3**

ALTACE (ramipril caps, 2.5 mg, 5 mg, 10 mg)

FLOXIN OTIC, FLOXIN OTIC SINGLES (ofloxacin otic soln,
0.3%)

FOSAMAX (alendronate tabs, 5 mg, 10 mg, 35 mg, 40 mg,
70 mg)

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

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

The following changes apply only to new starts. The status of these products will remain as is through the rest of 2008 for current users.

AMANTADINE tabs (generic amantadine caps and syrup remain)

pentazocine/acetaminophen tabs

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