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From the Auditors Desk: Compounding Guidelines and Billing Requirements

Prime Auditors would like to remind Participating Pharmacies of the following compounding guidelines:

- “Compound Prescription” requires that at least one ingredient is a Federal Legend drug. All legend products contained in the compound must have a valid NDC number. The end product must not be available in an equivalent commercial form.
- The prescription will not be considered a compound prescription if it is reconstituted or if only water, alcohol, or sodium chloride solutions are added to the active ingredient.
- Sustained-release, delayed-release and extended-release compounds are not covered.

Compound drugs are reimbursed based on the AWP of all the ingredients and the total quantity of the compound being dispensed. Preparation time is not used in the calculation of reimbursement for

Compound Drugs. The submitted ingredient cost should not be inflated in order to bill for preparation time. Prime monitors compound claims on a daily basis. Inflated compound pricing is subject to audit chargeback and/or disciplinary action.

Please observe the following requirements when billing a compounded prescription:

- The pharmacy must flag the claim as a compound in the system.
- The NDC of the most expensive legend ingredient must be submitted on the claim.
- The quantity of the entire compound should be submitted.
- The AWP for the entire compound’s combined ingredients should be submitted.

When billing a compound to Prime for Medicare Part D that includes some, but not all, Part D drug

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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

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**.

product components, only costs associated with those components that satisfy the definition of a Part D drug are allowable costs under the program. In these situations, only the NDCs, quantities and costs associated with the Part D legend drugs should be submitted.

For more information about Prime's compounding policies, see pages 12 and 23 of the Prime Pharmacy Provider Manual.

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**.

MAC LIST UPDATES

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

ADDED TO MAC LIST

- albuterol sulfate-ipratropium bromide soln, 3-0.5 mg/3 mL (DUONEB)
- albuterol sulfate soln, 1.25 mg/3 mL (ACCUNEb)
- albuterol sulfate extended-release tabs, 4 mg (VOSPIRE ER)
- alendronate sodium tabs, 5 mg, 10 mg, 35 mg, 70 mg (FOSAMAX)
- balsalazide caps, 750 mg (COLAZAL)
- clarithromycin for susp, 125 mg/5 mL, 250 mg/5 mL (BIAXIN)
- diclofenac sodium ophth soln, 1% (VOLTAREN)
- ethambutol tabs, 400 mg (MYAMBUTOL)
- famciclovir tabs, 125 mg, 250 mg, 500 mg (FAMVIR)
- flunisolide nasal soln, 29 mcg/actuation (NASAREL)
- granisetron tabs, 1 mg (KYTRIL)
- mupirocin oint, 2% (BACTROBAN)
- oxcarbazepine tabs, 150 mg, 300 mg, 600 mg (TRILEPTAL)
- phenytoin susp, 125 mg/5 mL (DILANTIN)
- propranolol extended-release caps, 80 mg, 120 mg, 160 mg (INDERAL LA)
- terbutaline sulfate tabs, 2.5 mg (BRETHINE)

DELETED FROM MAC LIST

- dexamethasone elix, 0.5 mg/5 mL
- diclofenac sodium delayed-release tabs, 25 mg

FLORIDA NEWS

Blue Cross and Blue Shield of Florida

Effective July 1, 2008, select populations will implement the following UM programs:

- COX-2 Quantity Limits
- Lipid Management Step Therapy

Accessing information from Prime Therapeutics just became easier. We are transitioning our URL to **www.MyPrime.com**; it's simple and easy to remember.

www.MyPrime.com

Please note: Both **www.primetherapeutics.com** and **www.MyPrime.com** will bring you to Prime's Web site.

MEDICARE PART D NEWS

Medicare Part D Specialized Fraud Waste and Abuse Training Requirement

By rules and regulations of the Centers for Medicare and Medicaid Services (CMS), all entities and their employees engaged in the Medicare Part D program are required to receive compliance and Fraud Waste and Abuse (FWA) training, particularly on issues posing compliance risks specific to their job function. This includes pharmacists and their staff.

Medicare Part D Sponsors will be obligated to confirm pharmacies and their employees have received the appropriate Medicare Part D Fraud Waste and Abuse Training. Prime will strive to work with you to obtain this confirmation in such a way that will be least burdensome to you.

Fraud Waste and Abuse training is becoming readily available through several avenues. Certain pharmacies and pharmacy chains have developed their own compliance training programs. Training programs have been developed by organizations and vendors to help pharmacies meet their Medicare Part D Fraud Waste and Abuse training needs; vendors and associations that have helped to create and/or sponsor FWA training include the National Association of Chain Drug Stores at www.nacdsfoundation.org, learnsomething.com, and several states' pharmacy associations.

If you have not done so already, you should begin formulating your plan for ensuring you and your staff receive Medicare Part D Fraud Waste and Abuse training.

CMS Requires Generic Drug Processing for Any Drug Holding an Approved Abbreviated New Drug Application (ANDA) - UPDATE

CMS has provided new guidance with regard to the treatment of ANDA-generic drugs. Based on this guidance, specific products are treated as generics for purposes of member cost-sharing only.

Pharmacies have the option to reprocess claims that were originally processed prior to June 11, 2008. However, reprocessing the claim could affect the member's copay or co-insurance as well as the members TrOOP and drug spend. This could have member impact by changing the cost sharing from what the member paid on the original claim.

PrimeNational Formulary Additions

■ GENERIC PRODUCTS ADDED

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

alendronate tabs (FOSAMAX)
 amifostine for inj (ETHYOL)
 cefuroxime for susp (CEFTIN)
 fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)
 fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (LOFIBRA)
 irinotecan inj (CAMPTOSAR)

■ BRAND PRODUCTS ADDED

LAMISIL ORAL GRANULES (terbinafine granules)
 RENVELA (sevelamer carbonate tabs)
 TREANDA (bendamustine for inj)

PrimeNational Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps)
 CAMPTOSAR (irinotecan inj)
 CEFTIN (cefuroxime for susp)
 ETHYOL (amifostine for inj)
 FOSAMAX (alendronate tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AGENERASE (amprenavir caps, oral susp)
 DUAC (clindamycin/benzoyl peroxide gel) – Note: DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion) remains on formulary
 VIVELLE (estradiol patch)

Blue Cross and Blue Shield of Florida Medication List Additions

■ BRAND PRODUCTS ADDED – TIER 2

Effective March 2008

MORPHINE SULFATE supp, 30 mg
 PROTONIX (pantoprazole for delayed-release susp)
 SELEGILINE tabs, 5 mg

Effective May 2008

CYCLOPHOSPHAMIDE tabs

Effective July 1, 2008

CRESTOR (rosuvastatin tabs)
 KUVAN (sapropterin soluble tabs)
 LAMISIL ORAL GRANULES (terbinafine granules)
 RENVELA (sevelamer carbonate tabs)

Blue Cross and Blue Shield of Florida Medication List Changes

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics remain

Effective May 2008

ALTACE (ramipril caps)

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

Effective July 1, 2008

ELIDEL (pimecrolimus crm)
 LIPITOR (atorvastatin tabs)
 VYTORIN (ezetimibe/simvastatin tabs)

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

Generics are not available

Effective March 2008

ETHMOZINE (moricizine tabs)

Effective May 2008

SULFACETAMIDE SODIUM ophth oint

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

Effective April 2008

MORPHINE SULFATE supp, 30 mg

PROTONIX (pantoprazole for delayed-release susp)

Effective June 2008

CYCLOPHOSPHAMIDE tabs

Effective July 1, 2008

LAMISIL ORAL GRANULES (terbinafine granules)

RENVELA (sevelamer carbonate tabs)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective July 1, 2008

ALTACE (ramipril caps)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 2008

PROCAINAMIDE extended-release tabs, 750 mg

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

alendronate tabs (FOSAMAX)

amifostine for inj (ETHYOL)

cefuroxime for susp (CEFTIN)

fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)

fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (LOFIBRA)

irinotecan inj (CAMPTOSAR)

■ BRAND PRODUCTS ADDED

LAMISIL ORAL GRANULES (terbinafine granules)

RENVELA (sevelamer carbonate tabs)

TREANDA (bendamustine for inj)

Blue Cross and Blue Shield of Kansas National Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps)

CAMPTOSAR (irinotecan inj)

CEFTIN (cefuroxime for susp)

ETHYOL (amifostine for inj)

FOSAMAX (alendronate 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

acebutolol (SECTRAL)

alendronate tabs (FOSAMAX)

amifostine for inj (ETHYOL)

cefuroxime for susp (CEFTIN)

diltiazem extended-release (12 hr) caps

estradiol/norethindrone acetate tabs, 1/0.5 mg (ACTIVEVELLA)

fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)

fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (LOFIBRA)

irinotecan inj (CAMPTOSAR)

methazolamide tabs

minoxidil tabs

verapamil extended-release caps (VERELAN PM)

■ BRAND PRODUCTS ADDED

EXFORGE (amlodipine/valsartan tabs)

LAMISIL ORAL GRANULES (terbinafine granules)

RENVELA (sevelamer carbonate tabs)

TREANDA (bendamustine for inj)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps)

CAMPTOSAR (irinotecan inj)

CEFTIN (cefuroxime for susp)

ETHYOL (amifostine for inj)

FOSAMAX (alendronate tabs)

Blue Cross and Blue Shield of Minnesota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

amifostine for inj (ETHYOL)
 cefuroxime for susp (CEFTIN)
 diltiazem extended-release (12 hr) caps
 epoprostenol for inj (FLOLAN)
 fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)
 fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (LOFIBRA)
 metoprolol tartrate/hydrochlorothiazide tabs (LOPRESSOR HCT)
 irinotecan inj (CAMPTOSAR)
 verapamil extended-release caps (VERELAN PM)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary
 estradiol/norethindrone acetate tabs, 1/0.5 mg (ACTIVEVELLA)

■ BRAND PRODUCTS ADDED

RENVELA (sevelamer carbonate tabs)
 TREANDA (bendamustine for inj)

Blue Cross and Blue Shield of Minnesota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps)
 CAMPTOSAR (irinotecan inj)
 CEFTIN (cefuroxime for susp)
 ETHYOL (amifostine for inj)
 FLOLAN (epoprostenol for inj)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AGENERASE (amprenavir caps, oral susp)
 DUAC (clindamycin/benzoyl peroxide gel) – Note: DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion) remains on formulary
 SULFACETAMIDE SODIUM ophth oint
 VIVELLE (estradiol patch)

Blue Cross and Blue Shield of Nebraska Formulary Additions

■ GENERIC PRODUCTS ADDED

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

alendronate tabs (FOSAMAX)
 amifostine for inj (ETHYOL)
 cefuroxime for susp (CEFTIN)
 fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)
 fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (LOFIBRA)
 irinotecan inj (CAMPTOSAR)

■ BRAND PRODUCTS ADDED

LAMISIL ORAL GRANULES (terbinafine granules)
 RENVELA (sevelamer carbonate tabs)
 TREANDA (bendamustine for inj)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps)
 CAMPTOSAR (irinotecan inj)
 CEFTIN (cefuroxime for susp)
 ETHYOL (amifostine for inj)
 FOSAMAX (alendronate tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AGENERASE (amprenavir caps, oral soln)
 VIVELLE (estradiol transdermal patch)

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

■ BRAND PRODUCTS ADDED

Effective April 2008

MORPHINE SULFATE supp, 30 mg

PROTONIX (pantoprazole for delayed-release susp)

Effective June 2008

CYCLOPHOSPHAMIDE tabs

Effective July 1, 2008

LAMISIL ORAL GRANULES (terbinafine granules)

REVELA (sevelamer carbonate tabs)

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

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 2008

PROCAINAMIDE extended-release tabs, 750 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

fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)

fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (LOFIBRA)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

amifostine for inj (ETHYOL)

irinotecan inj (CAMPTOSAR)

■ BRAND PRODUCTS ADDED

DIBENZYLIN (phenoxybenzamine caps)

EMEND (fosaprepitant for inj)

LAMISIL ORAL GRANULES (terbinafine granules)

REVELA (sevelamer carbonate tabs)

TOTECT (dexrazoxane for inj)

TREANDA (bendamustine for inj)

■ OTHER ADDITIONS

KUVAN (sapropterin soluble tabs) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

FOSAMAX PLUS D (alendronate/cholecalciferol tabs)

VYTORIN (ezetimibe/simvastatin tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

SULFACETAMIDE SODIUM ophth oint

VIVELLE (estradiol patch)

Blue Cross Blue Shield of Oklahoma Formulary Additions

■ BRAND PRODUCTS ADDED

Effective April 2008

AMPICILLIN for susp

DEXAMETHASONE tabs, 0.5 mg

MORPHINE SULFATE supp, 30 mg

PROTONIX (pantoprazole for delayed-release susp)

Effective June 2008

CYCLOPHOSPHAMIDE tabs

Effective July 1, 2008

LAMISIL ORAL GRANULES (terbinafine granules)

REVELA (sevelamer carbonate tabs)

Blue Cross Blue Shield of Oklahoma Formulary Deletions

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 2008

PROCAINAMIDE extended-release tabs, 750 mg

Effective July 1, 2008

VIVELLE (estradiol patch)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

Effective April 2008

MORPHINE SULFATE supp, 30 mg

PROTONIX (pantoprazole for delayed-release susp)

Effective June 2008

CYCLOPHOSPHAMIDE tabs

Effective July 1, 2008

LAMISIL ORAL GRANULES (terbinafine granules)

REVELA (sevelamer carbonate tabs)

Blue Cross Blue Shield of Wyoming Preferred Drug List Additions

■ GENERIC PRODUCTS ADDED

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

alendronate tabs (FOSAMAX)

amifostine for inj (ETHYOL)

cefuroxime for susp (CEFTIN)

fenofibrate tabs, 54 mg, 160 mg (LOFIBRA)

fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (LOFIBRA)

irinotecan inj (CAMPTOSAR)

■ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

estradiol/norethindrone acetate tabs, 1/0.5 mg (ACTIVEVELLA)

■ BRAND PRODUCTS ADDED

LAMISIL ORAL GRANULES (terbinafine granules)

REVELA (sevelamer carbonate tabs)

TREANDA (bendamustine for inj)

Blue Cross Blue Shield of Wyoming Preferred Drug List Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ALTACE (ramipril caps)

CAMPTOSAR (irinotecan inj)

CEFTIN (cefuroxime for susp)

ETHYOL (amifostine for inj)

FOSAMAX (alendronate tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AGENERASE (amprenavir caps, oral susp)

DUAC (clindamycin/benzoyl peroxide gel) – Note: DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion) remains on the Preferred Drug List

SULFACETAMIDE SODIUM ophth oint

VIVELLE (estradiol patch)

Medicare Part D

Pharmacists are encouraged to check the Web site, <http://www.primetherapeutics.com/pharmacistsindex.htm>, for the most current 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 June 22, July 22, and 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

hydrocodone/ibuprofen tabs 5-200 mg (REPREXAIN)

prenatal vitamins (without vitamin A) with ferrous fumarate/polysaccharide iron complex/folic acid caps, 162 mg-115.2 mg-1 mg (TANDEM OB)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

acarbose tabs, 25 mg, 50 mg, 100 mg (PRECOSE)

calcipotriene soln, 0.005% (DOVONEX)

ciprofloxacin in D5W inj, 200 mg, 400 mg (CIPRO I.V.)

paroxetine extended-release tabs, 12.5 mg, 25 mg (PAXIL CR)

ramipril caps, 1.25 mg (ALTACE)

ropinirole tabs, 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (REQUIP)

■ GENERIC PRODUCTS ADDED – TIER 4

Brand products (in parentheses) are also on formulary

amifostine for inj, 500 mg (ETHYOL)

irinotecan inj, 20 mg/mL (CAMPTOSAR)

■ BRAND PRODUCTS ADDED – TIER 2

LANOXIN (digoxin tabs, 0.125 mg, 0.25 mg)

PROTONIX (pantoprazole for delayed-release susp, 40 mg)

REVELA (sevelamer carbonate tabs, 800 mg)

TEKTURN HCT (aliskiren/hydrochlorothiazide tabs 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg)

ZYFLO CR (zileuton extended-release tabs, 600 mg)

■ BRAND PRODUCTS ADDED – TIER 3

PAROXETINE extended-release tabs, 37.5 mg

PREZISTA (darunavir tabs, 600 mg)

SULAR (nisoldipine extended-release tabs, 8.5 mg, 17 mg, 25.5 mg, 34 mg)

■ BRAND PRODUCTS ADDED – TIER 4

TREANDA (bendamustine for inj, 100 mg)

■ TIER CHANGE – TIER 3 TO TIER 1

ampicillin sodium for inj, 10 g

carbinoxamine maleate oral soln, 4 mg/5 mL

meprobamate tabs, 200 mg, 400 mg

The following changes will be effective June 22, 2008.

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

phenazopyridine tabs, 100 mg (200 mg tabs remain)

SPORANOX KIT (itraconazole for inj, 250 mg)

ZYFLO (zileuton tabs, 600 mg) (ZYFLO CR remains)

The following changes will be effective July 22, 2008.

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

ETHMOZINE (moricizine tabs, 200 mg, 250 mg, 300 mg)

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

■ GENERIC PRODUCTS REMOVED

Brand remains

oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg, 80 mg (OXYCONTIN remains)

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)
 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 non-formulary and listed for reference only

hydrocodone/ibuprofen tabs 5-200 mg (REPRESXAIN)

■ **GENERIC PRODUCTS ADDED – TIER 1**

Brand products (in parentheses) are also on formulary

acarbose tabs, 25 mg, 50 mg, 100 mg (PRECOSE)
 calcipotriene soln, 0.005% (DOVONEX)
 ciprofloxacin in D5W inj, 200 mg, 400 mg (CIPRO I.V.)
 paroxetine extended-release tabs, 12.5 mg, 25 mg (PAXIL CR)
 prenatal vitamins (without vitamin A) with ferrous fumarate/polysaccharide iron complex/folic acid caps, 162 mg-115.2 mg-1 mg (TANDEM OB)
 ramipril caps, 1.25 mg (ALTACE)
 ropinirole tabs, 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (REQUIP)

■ **GENERIC PRODUCTS ADDED – TIER 4**

Brand products (in parentheses) are also on formulary

amifostine for inj, 500 mg (ETHYOL)
 irinotecan inj, 20 mg/mL (CAMPTOSAR)

■ **BRAND PRODUCTS ADDED – TIER 2**

PROTONIX (pantoprazole for delayed-release susp, 40 mg)
 RENVELA (sevelamer carbonate tabs, 800 mg)
 TEKTURN HCT (aliskiren/hydrochlorothiazide tabs 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg)
 ZYFLO CR (zileuton extended-release tabs, 600 mg)

■ **BRAND PRODUCTS ADDED – TIER 3**

PAROXETINE extended-release tabs, 37.5 mg
 PREZISTA (darunavir tabs, 600 mg)
 SULAR (nisoldipine extended-release tabs, 8.5 mg, 17 mg, 25.5 mg, 34 mg)
 TANDEM OB (prenatal vitamins (without vitamin A) with ferrous fumarate/polysaccharide iron complex/folic acid caps, 162 mg-115.2 mg-1 mg)

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

■ BRAND PRODUCTS ADDED – TIER 4

TREANDA (bendamustine for inj, 100 mg)

■ TIER CHANGE – TIER 3 TO TIER 1

ampicillin sodium for inj, 10 g

carbinoxamine maleate oral soln, 4 mg/5 mL

meprobamate tabs, 200 mg, 400 mg

■ TIER CHANGE – TIER 3 TO TIER 2

LANOXIN (digoxin tabs, 0.125 mg, 0.25 mg)

The following changes will be effective June 22, 2008.**■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED**

phenazopyridine tabs, 100 mg (200 mg tabs remain)

SPORANOX KIT (itraconazole for inj, 250 mg)

ZYFLO (zileuton tabs, 600 mg) (ZYFLO CR remains)

The following changes will be effective July 22, 2008.**■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED**

ETHMOZINE (moricizine tabs, 200 mg, 250 mg, 300 mg)

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

■ GENERIC PRODUCTS REMOVED**Brand remains**

oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg, 80 mg (OXYCONTIN remains)

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)

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

LORTAB (generic hydrocodone/acetaminophen elixir, 7.5-500 mg/15 mL; tabs, 2.5-500 mg, 5-500 mg, 7.5-500 mg, 10-500 mg remain)

PERCOCET (generic oxycodone/acetaminophen tabs, 5-325 mg, 7.5-325 mg, 7.5-500 mg, 10-325 mg, 10-650 mg remain)

VICODIN, VICODIN ES (generic hydrocodone/acetaminophen tabs, 5-500 mg, 7.5-750 mg remain)

■ 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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