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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: Proper Claim Submission of Packaged Kits

In general, prescription products that are packaged as a kit should be billed as a quantity of one. The most common billing errors occur when the pharmacy submits the number of units within the kit as the dispensed quantity, and as a result is overpaid on the claim. All overpayments will be recovered during an audit. Below is a list of the most common billing errors for packaged kits.

Packaged Kits — Common Billing Errors

| Product | NDC | Common Mis-Billed Quantity | Correct Quantity |
|-------------------|--------------------------------|----------------------------|------------------|
| Brevoxyl Acne Kit | 00145-2574-06 00145-2584-06 | 170.1 (# grams) | 1 (for one kit) |
| Duac CS Kit | 00145-2367-01 | 45 (# grams) | |
| Metrogel 1% Kit | 00299-3820-04 | 60 (# grams) | |
| Soriatane Kit | 00145-3800-01 00145-4300-01 | 30 (# capsules) | |

Asmanex Inhalers

Billing errors on claims for Asmanex Inhalers are common. The correct metric quantity to submit for one Asmanex 220 mcg Inhaler is 0.24 grams.

Asmanex comes in several packages, each containing a different amount of metered doses. Despite the varying quantity of actuations within the packages, all Asmanex 220 mcg Inhalers contain 0.24 grams of active ingredient. There is also a new 110 mcg strength on the market, which is

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**.

available in a 30-actuation package and contains 0.135 grams of active ingredient.

Asmanex Inhaler Package Sizes

| NDC | Number of Actuations Within Package | Correct Quantity |
|---|-------------------------------------|------------------|
| 00085-1341-04 | 14 | 0.24 grams |
| 00085-1341-03 | 30 | |
| 00085-1341-02 | 60 | |
| 00085-1341-01 | 120 | |
| 00085-1461-02 (new 110 mcg strength) | 30 | 0.135 grams |

The pharmacy should dispense the appropriate package, based on the prescriber's directions for use. For example, if the prescription is written for 1 puff twice daily, the 60-actuation package size would be the appropriate package to dispense as a 30-day supply.

Asmanex is often mis-billed as the quantity of actuations within the package. For example, the 30-actuation package is often mis-billed as a quantity of 30. All overpayments to pharmacy will be recovered during an audit.

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**

MAC LIST UPDATES

**Prime Therapeutics MAC List Updates:
June 1 to September 1, 2008**

■ ADDED TO MAC LIST

- acarbose tabs, 25 mg, 50 mg, 100 mg (PRECOSE)
- amlodipine/benazepril caps, 2.5-10 mg, 5-10 mg, 5-20 mg, 10-20 mg (LOTREL)
- cefuroxime axetil for susp, 125 mg/5 mL, 250 mg/5 mL (CEFTIN)
- cetirizine tabs, 10 mg (ZYRTEC)
- clarithromycin extended-release tabs, 500 mg (BIAXIN XL)
- clobetasol propionate foam, 0.05% (OLUX)
- divalproex sodium delayed-release tabs, 125 mg, 250 mg, 500 mg (DEPAKOTE)
- dronabinol caps, 2.5 mg, 5 mg (MARINOL)
- drospirenone-ethinyl estradiol tabs, 3-0.03 mg (YASMIN)
- lamotrigine dispersible tabs, 5 mg, 25 mg (LAMICTAL)
- lamotrigine tabs, 25 mg, 100 mg, 150 mg, 200 mg (LAMICTAL)
- paroxetine extended-release tabs, 12.5 mg, 25 mg (PAXIL CR)
- propranolol extended-release caps, 60 mg (INDERAL LA)
- risperidone tabs, 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (RISPERDAL)
- ramipril caps, 1.25 mg, 2.5 mg, 5 mg, 10 mg (ALTACE)
- ropinirole tabs, 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg (REQUIP)
- venlafaxine tabs, 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg (EFFEXOR)
- zaleplon caps, 5 mg, 10 mg (SONATA)

■ DELETED FROM MAC LIST

- cefaclor for susp, 125 mg/5 mL, 250 mg/5 mL
- cyclophosphamide tabs, 25 mg
- diethylpropion extended-release tabs, 75 mg
- gabapentin tabs, 100 mg, 400 mg
- ganciclovir caps, 250 mg, 500 mg
- mexiletine caps, 150 mg, 200 mg, 250 mg
- timolol tabs, 5 mg, 10 mg, 20 mg

835 Health Care Electronic Remittance Advice (ERA)

Prime Therapeutics offers pharmacies the ability to receive claim payment information in the 835 format. Contracted pharmacies can receive more convenient access to pharmacy claims remittance advice through Prime Therapeutics' (Prime's) HIPAA compliant 835 X12N 835 version 4010A1 Remittance Advice program.

To learn more about this program, visit our Web site to access 835 file Delivery Requirements and enrollment process at: www.MyPrime.com/remittance.htm.



Vagifem – Correct Quantity and Days Supply Entries Ensure Safe Utilization

Vagifem (estradiol vaginal tablets) are currently available in 8- and 18-tablet packages. These package sizes correspond to dosing based on the FDA label.

For patients newly initiating Vagifem, one tablet is inserted once daily for two weeks and then one tablet twice weekly for the next two weeks. This corresponds to a total of 18 tablets for the first month.

Patients on maintenance therapy receive one tablet twice weekly, or 8 tablets per month. A patient should not receive more than one package (8 or 18 tablets) of Vagifem per month. A days supply of 30 days should be entered for each package of Vagifem dispensed. If a patient is receiving 8 tablets for maintenance therapy the days supply should be 30 days.

A patient receiving three 8-tablet packs should have a days supply of 90 days. One 18-tablet pack should be considered a 30-days supply for a new initiate.

Correct quantity and days supply entries will help ensure appropriate and safe utilization of Vagifem.

Commercial Vaccine Administration Network

Effective October 1, 2008, Prime will make available to its health plans a vaccine administration network, which allows the plan's members additional access to the administration of vaccines at the pharmacy. While this network of pharmacies will mainly be used for flu and pneumonia vaccines, it allows our plans to cover additional vaccines in the future – based on our health plans' needs.

If you are interested in becoming a participating provider in Prime's Commercial Vaccine Administration Network, please contact us via e-mail at pharmacyops@primetherapeutics.com.

Beginning October 1, 2008, eligible Covered Persons of Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas will begin utilizing the Commercial Vaccine Administration Network for the administration of influenza and pneumonia vaccines.

To learn more about this program, visit our Web site at www.MyPrime.com/pharmacistsindex.htm.

Blue Cross and Blue Shield of Florida Utilization Management Programs

Effective October 1, 2008, select populations will implement the following UM programs: ACE/ARB, ARB/CCB and Renin Inhibitor Step Therapy, Provigil, SNRI and DPP-4 Quantity Limits.

Effective January 1, 2009, select populations under the BlueSelect Product will implement the following UM programs: Actos, Antidepressant, ARB, Byetta and Lipid Management Step Therapy, Anti-influenza, Antiemetics, Bisphosphonates, Low Molecular Weight Heparin, Ophthalmic Prostaglandins, Nasal Inhalers, Oral Inhalers, Triptans and Urinary Incontinence Quantity Limits, Oral Fentanyl products and Zyvox Prior Authorization.

Florida Healthy Kids

Effective January 1, 2009, Blue Cross and Blue Shield of Florida (BCBSF) Healthy Kids' members will utilize the new BlueSelect formulary that will be posted on www.BCBSFL.com. These members will no longer use BCBSF's commercial Preferred Medication List included in the BCBSF Medication Guide.

Blue Cross and Blue Shield of Florida BlueSelect

On January 1, 2009, Blue Cross and Blue Shield of Florida will introduce a new product, BlueSelect. BlueSelect is designed to give Floridians an affordable alternative while still providing full coverage benefits. The product will include a new BlueSelect two-tier closed formulary and pharmacy network. Formulary focus will be on generic utilization providing members incentives for use. Members will be encouraged to use in-network providers for maximum savings.

Claims submissions should be seamless for participating Pharmacies. Pharmacies will utilize existing BIN and PCN for transmitting claims:

- BIN..... 012833
- PCN FLBC

If you need assistance with claims-related issues, please call the Prime Contact Center at **888-877-6323**.

MINNESOTA NEWS

Blue Cross and Blue Shield of Minnesota Adds New Formulary

Effective October 1, 2008, Blue Cross and Blue Shield of Minnesota will offer a new formulary option called GenRx. Medicaid populations for Blue Plus and FirstPlan Blue, affiliates of Blue Cross and Blue Shield of Minnesota, will be the first to use this new formulary.

The GenRx formulary consists of almost all generics, with the exception of a few generics with safety concerns. A small number of brand-name drugs will be on the formulary to provide clinically appropriate coverage of all core therapeutic categories. For a complete list of the new GenRx formulary, visit www.MyPrime.com and click on Pharmacists.

Approximately 110,000 Medicaid members that are enrolled in Blue Advantage (PMAP, GAMC, MSC/ MSC+), MinnesotaCare, and SecureBlue (MSHO)/ CareBlue (SNBC) non Medicare members will move to new GenRx formulary. Blue Plus of Minnesota and FirstPlan Blue mailed letters to approximately 20,000 members who are affected by this change.

Blue Cross and Blue Shield of Minnesota's current formulary will now be called FlexRx formulary.

In 2009, Blue Cross and Blue Shield of Minnesota, along with FirstPlan of Minnesota, will make the new GenRx formulary available as an option for all business.

Prescription Drug Coverage for Your CareBlue Customers

CareBlue covers all the benefits of Medical Assistance and Medicare, including Part D prescription drug benefits, at no additional cost to join. To be eligible for CareBlue, members must be between ages 18 and 64, certified disabled, live in our service area, be eligible for Medical Assistance, and have Medicare Parts A and B or no Medicare.

Some CareBlue members will only have Medical Assistance coverage for prescription drugs. In that case, CareBlue members will have no copays for their Medical Assistance drugs. As listed below, CareBlue members with only Medical Assistance may have a different Processor Control Number (PCN). For CareBlue members with Medicare Part D prescription drug coverage, Part D drug copays still apply.

| CareBlue Member | PCN | BIN |
|---------------------------------|---------------|--------|
| Medical Assistance Only | PGIGN | 610455 |
| WITH Medicare Part D | MPDCB | 610455 |

Please note: If a prescription is processed using the incorrect PCN code, then the CareBlue enrollee may show as termed even though they are a current member. For this reason, please refer to the member's CareBlue ID card to verify the correct PCN. If an active CareBlue member has not yet received their member ID card, you may call Blue Plus provider service at **800.262.0820** to get the correct PCN.

In addition, we want to let you know that some of your customers who are currently enrolled in Minnesota Medical Assistance programs, and responsible for prescription drug copays, may be eligible for CareBlue. With CareBlue, members have fewer Medical Assistance copays. If a member is interested in learning more, they can contact our CareBlue enrollment specialist at **651.662.3584** or toll free at **866.477.1584**.

FirstPlan Blue

Effective January 1, 2008, Prime Therapeutics began processing claims for a new FirstPlan Blue plan called FirstPlan Blue Basic. In order to ensure that all claims process accurately, please verify that you are transmitting the correct BIN and PCN listed below. Incorrect submittal will result in a rejected claim.

FirstPlan Blue Basic

| | |
|---------------|--------|
| BIN | 610455 |
| PCN | MPDFP |

If you need assistance with claims processing, please call the Prime Contact Center at **800-821-4795**.

For additional information, visit Prime's Web site at www.MyPrime.com/pharmacistsindex.htm, Downloads, Payor Sheets – Medicare D PDP and MAPD.

REMINDER: www.MyPrime.com

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



NEW PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of New Mexico BlueSalud and BlueSCI

October 1, 2008

BlueSalud & BlueSCI

Blue Cross and Blue Shield of New Mexico will begin providing Medicaid services to eligible New Mexico recipients through its BlueSalud and BlueSCI products. BlueSalud is a state funded managed care product and BlueSCI (State Coverage Insurance) is a state-employer combined managed care product.

Prime Therapeutics LLC will begin processing claims for members of BlueSalud and BlueSCI in New Mexico effective October 1, 2008. Members of BlueSalud and BlueSCI will utilize the Prime Therapeutics New Mexico Medicaid Network.

Processing Requirements


Prior to October 1, 2008, please use the following information to set up your system to process claims for members of BlueSalud and BlueSCI.

Line of Business Medicaid
 BIN 011552
 PCN NMDR
 10 digit member ID number
 Date of birth
 Gender
 U&C
 Prescriber NPI, required

For More Information

Beginning October 1, 2008, if you need assistance with claim's processing on Prime's system, call the Prime Contact Center at 800.821.4795. For software set-up information, please visit Prime's Web site at www.MyPrime.com/pharmacistsindex.htm, Downloads, Payor Sheet – Commercial Clients.

FRONT OF MEMBER ID CARD



Subscriber Name: _____ **BlueSalud**

SARA JENNINGS


Identification No. _____

YIF849048197

| | | |
|---------------------------------------|----------------|------|
| Group Number: N72583 | Office Visit | \$5 |
| Benefit Plan Blue Salud | Emergency Room | \$15 |
| | Urgent Care | \$5 |
| | Hospital | \$25 |

PCP: DR MARIANNE FREEDMAN
505-823-1010

RxBIN: 011552
RxPCN: NMDR



BACK OF MEMBER ID CARD

www.bcbsnm.com



| | |
|---------------------------|-----------------------|
| Customer Service | 1-866-689-1523 |
| Medical/Pharmacy | 1-866-689-1523 |
| Preauth-MH/CD* | 1-888-251-7511 |
| SpecialBeginnings* | 1-800-395-2229 |
| 24/7 Nurseline | 1-800-973-6329 |
| Ride Assist* | 1-866-418-9829 |
| Reserve Transport* | 1-866-913-4342 |

*Not a BCBS Product

For care received in New Mexico: Blue Cross and Blue Shield of New Mexico Claims Dept., P.O. Box 27838 Albuquerque, NM 87125-7838. Some services must be pre-authorized. Special Beginnings Members must call within the first trimester of pregnancy to enroll in the mandatory maternity program.

BlueCross BlueShield of New Mexico, a Division of HCSC, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.

PRIME THERAPEUTICS
Pharmacy Benefits Manager

NEW MEMBER ID CARDS

Blue Cross and Blue Shield of Oklahoma BlueLincs HMO

September 1, 2008




On September 1, 2008, BlueLincs HMO will begin processing all medical claims on its new claims processing system. This change is being made to improve service to BlueLincs members, including expanded BlueLincs member online services through the Blue Access for Members feature on www.bcbsok.com. Because of this change, BlueLincs must issue new ID cards to its group health plan members. These cards each have new member ID numbers that conform to the new BlueLincs claims processing system.

Members have been instructed to present new ID card(s) at their physician's office, pharmacy and other health care providers beginning September 1, 2008.

If you have questions, please call the Prime Contact Center at 800.821.4795.

BlueLincs HMO is a subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

FRONT OF MEMBER ID CARD

| | | | | | |
|--|----------------|--|---------------------------|---|--------|
|  | | BlueLincs Blue Cross and Blue Shield of Oklahoma | |  | |
| Member Name | | BLUE CROSS PLAN CODE 344 | BLUE SHIELD PLAN CODE 844 | | |
| Joe Smith | | | | | |
| Member ID Number | Group No. | | XXXXXX | | |
| A1p888888888-01 | | | | | |
| Primary Care Physician (PCP) | PLAN | 25125 | | | |
| PCP Name | | | | | |
| PCP Effective Date | PCP Telephone | | | | |
| 01/01/07 | (800) 555-1234 | | | | |
| PCP | Specialist | Emergency | RX COPAY | MED DED | RX DED |
| \$10 | \$10 | \$15 | 12/25/30% | \$400 | \$1000 |
| PRE-AUTHORIZATION REQUIRED. SEE BACK OF CARD FOR INSTRUCTIONS. | | | | | |
| Prime Therapeutics RxBIN: 011552 RxPCN: 1215  | | | | | |

BACK OF MEMBER ID CARD

Failure to follow the instructions below may result in denial of coverage.

OUT-OF-STATE CARE: To locate urgent or emergency care providers outside of Oklahoma, call 1-800-810-BLUE or log on to www.bcbs.com

EMERGENCY CARE: In case of an injury, illness or condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a reasonable and prudent layperson could expect the absence of medical attention to result in serious impairment to bodily function, dysfunction of any body organ or part, or jeopardy to your health, go to the nearest appropriate facility. Call your Primary Care Physician (PCP) within 48 hours.

PROVIDERS: Providers other than the PCP must have a specific advance authorization from BlueLincs and/or the PCP for each service (other than emergency care) to be rendered. Submit all claims to your local Blue Cross and Blue Shield Plan, PO BOX 3283, TULSA, OKLAHOMA 74102-3283

THIS CARD IS FOR IDENTIFICATION ONLY AND IS NOT TO BE USED FOR BENEFIT ELIGIBILITY

BlueLincs HMO is a Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

® Registered Marks Blue Cross and Blue Shield Association.

Member Services: 1-800-580-6202

Rx Technical Support: (877) 353-0992

www.bcbsok.com FMT 307C

PrimeNational Formulary Additions

■ GENERIC PRODUCTS ADDED

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

bupropion extended-release tabs – 24 hr, 150 mg
(WELLBUTRIN XL)

calcipotriene soln (DOVONEX)

cefepodoxime for susp, tabs (VANTIN)

cefprozil for susp, tabs (CEFZIL)

clarithromycin for susp, tabs (BIAXIN)

diphenoxylate/atropine soln, tabs (LOMOTIL)

doxycycline hyclate tabs, 20 mg (PERIOSTAT)

drospirenone/ethinyl estradiol tabs, 3/0.03 mg (YASMIN)

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

glycopyrrolate tabs (ROBINUL)

isoniazid/rifampin caps (RIFAMATE)

meclizine tabs, 12.5 mg, 25 mg (ANTIVERT)

nystatin oral tabs

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

risperidone tabs (RISPERDAL)

ropinirole tabs (REQUIP)

zaleplon caps (SONATA)

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 150 mg)

ALBENZA (albendazole tabs)

ASMANEX (mometasone powder for inhalation, 110 mcg)

EVAMIST (estradiol transdermal spray)

NOXAFIL (posaconazole susp)

PROTONIX (pantoprazole for delayed-release susp)

SUPRAX (cefixime for susp, tabs)

VFEND (voriconazole for susp, tabs)

PrimeNational Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

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

DOVONEX (calcipotriene soln)

LITHIUM CARBONATE caps, 600 mg – Roxane

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

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)

YASMIN (drospirenone/ethinyl estradiol tabs, 3/0.03 mg)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)

PANOKASE (pancrelipase tabs)

PANOKASE-16 (pancrelipase tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

oxycodone/acetaminophen tabs, 10/500 mg

chlorpheniramine/pseudoephedrine/codeine soln, 30/2/10 mg per 5 mL

Blue Cross and Blue Shield of Florida Medication List Additions

■ BRAND PRODUCTS ADDED – TIER 2

Effective August 2008

NISOLDIPINE ext-release tabs, 20 mg, 30 mg, 40 mg

Effective October 1, 2008

ACTONEL (risedronate tabs, 150 mg)

ALBENZA (albendazole tabs)

BILTRICIDE (praziquantel tabs)

FORTEO (teriparatide inj)

HEPSERA (adefovir tabs)

HUMIRA (adalimumab inj)

NEXIUM (esomeprazole for delayed-release susp)

NOXAFIL (posaconazole susp)

STROMEKTOL (ivermectin tabs)

SUPRAX (cefixime tabs)

VFEND (voriconazole for susp, tabs)

ZYVOX (linezolid for susp, 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, 2008

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

Effective October 1, 2008

DEPAKOTE (divalproex delayed-release tabs)

DOVONEX (calcipotriene soln)

LAMICTAL (lamotrigine tabs)

MARINOL (dronabinol caps)

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

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

YASMIN (drospirenone/estradiol tabs)

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

Generics are not available

Effective July 2008

AUGMENTIN (amoxicillin/potassium chew tabs, 125 mg)

PALCAPS (pancrelipase delayed-release caps)

PANOCAPS (pancrelipase delayed-release caps)

PANOCAPS MT (pancrelipase delayed-release caps)

PANOKASE (pancrelipase tabs)

PANOKASE-16 (pancrelipase tabs)

ULTRACAPS MT (pancrelipase delayed-release caps)

Effective August 2008

DOVONEX (calcipotriene oint)

ENZYCAP (pancrelipase caps)

LIPRAM CR (pancrelipase delayed-release caps)

REQUIP STARTER KIT (ropinirole tabs)

SULAR (nisoldipine extended-release tabs, 10 mg, 20 mg,
30 mg, 40 mg)

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

Effective October 1, 2008

ALBENZA (albendazole tabs)

HUMIRA (adalimumab inj)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2008

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

DOVONEX (calcipotriene soln)

PRECOSE (acarbose tabs)

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2008

PANOKASE (pancrelipase tabs)

PANOKASE-16 (pancrelipase tabs)

PROCAINAMIDE extended-release tabs, 1000 mg

PRONESTYL SR (procaïnamide extended-release tabs, 500 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

bupropion extended-release tabs – 24 hr, 150 mg
(WELLBUTRIN XL)

calcipotriene soln (DOVONEX)

cefepodoxime for susp, tabs (VANTIN)

cefprozil for susp, tabs (CEFZIL)

clarithromycin for susp, tabs (BIAXIN)

diphenoxylate/atropine soln, tabs (LOMOTIL)

doxycycline hyclate tabs, 20 mg (PERIOSTAT)

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

glycopyrrolate tabs (ROBINUL)

isoniazid/rifampin caps (RIFAMATE)

meclizine tabs, 12.5 mg, 25 mg (ANTIVERT)

nystatin oral tabs

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

risperidone tabs (RISPERDAL)

ropinirole tabs (REQUIP)

zaleplon caps (SONATA)

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 150 mg)

ALBENZA (albendazole tabs)

ASMANEX (mometasone powder for inhalation, 110 mcg)

EVAMIST (estradiol transdermal spray)

NOXAFIL (posaconazole susp)

PROTONIX (pantoprazole for delayed-release susp)

SUPRAX (cefixime for susp, tabs)

VFEND (voriconazole for susp, tabs)

Blue Cross and Blue Shield of Kansas National Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2008

ACTIVELLA (estradiol/norethindrone tabs, 1/0.5 mg)
 DOVONEX (calcipotriene soln)
 LITHIUM CARBONATE caps, 600 mg – Roxane
 PAXIL CR (paroxetine extended-release tabs, 12.5 mg, 25 mg)
 REQUIP (ropinirole tabs)
 RISPERDAL (risperidone tabs)
 WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)
 YASMIN (drospirenone/ethinyl estradiol tabs, 3/0.03 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

Effective January 1, 2009

AMANTADINE tabs
 MORPHINE SULFATE soluble tabs for inj

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

AGENERASE (amprenavir caps, oral susp)
 AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)
 CAL-NATE (prenatal multivitamins/iron carbonyl/ferrous gluconate/folic acid 1 mg tabs)
 DUAC (clindamycin/benzoyl peroxide gel) –
 Note: DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion) remains on formulary
 PALTRASE V8 (pancrelipase tabs)
 PANOKASE (pancrelipase tabs)
 PANOKASE-16 (pancrelipase tabs)
 THEOCAP (theophylline extended-release caps)
 VIADUR (leuprolide implant)
 VIVELLE (estradiol patch)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

Effective January 1, 2009

chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 mg per 5 mL
 oxycodone/acetaminophen tabs, 10/500 mg

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

bupropion extended-release tabs – 24 hr, 150 mg (WELLBUTRIN XL)
 calcipotriene soln (DOVONEX)
 cefpodoxime for susp, tabs (VANTIN)
 cefprozil for susp, tabs (CEFZIL)
 clarithromycin for susp, tabs (BIAXIN)
 diphenoxylate/atropine soln, tabs (LOMOTIL)
 doxycycline hyclate tabs, 20 mg (PERIOSTAT)
 estradiol/norethindrone acetate tabs, 1/0.5 mg (ACTIVELLA)
 glycopyrrolate tabs (ROBINUL)
 isoniazid/rifampin caps (RIFAMATE)
 meclizine tabs, 12.5 mg, 25 mg (ANTIVERT)
 nystatin oral tabs
 paroxetine extended-release tabs, 12.5 mg, 25 mg (PAXIL CR)
 risperidone tabs (RISPERDAL)
 ropinirole tabs (REQUIP)
 zaleplon caps (SONATA)

■ BRAND PRODUCTS ADDED

ALBENZA (albendazole tabs)
 ASMANEX (mometasone powder for inhalation, 110 mcg)
 HUMIRA (adalimumab inj)
 NOXAFIL (posaconazole susp)
 PROTONIX (pantoprazole for delayed-release susp)
 SUPRAX (cefixime for susp, tabs)
 VFEND (voriconazole for susp, tabs)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ACTIVEVELLA (estradiol/norethindrone tabs, 1/0.5 mg)
DOVONEX (calcipotriene soln)
LITHIUM CARBONATE caps, 600 mg – Roxane
PAXIL CR (paroxetine extended-release tabs, 12.5 mg, 25 mg)
REQUIP (ropinirole tabs)
RISPERDAL (risperidone tabs)
WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

Effective January 1, 2009

AMANTADINE tabs
MORPHINE SULFATE soluble tabs for inj

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

AGENERASE (amprenavir caps, oral susp)
AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)
CAL-NATE (prenatal multivitamins/iron carbonyl/ferrous gluconate/folic acid 1 mg tabs)
DUAC (clindamycin/benzoyl peroxide gel) –
Note: DUAC CS (clindamycin/benzoyl peroxide gel + cleanser lotion) remains on formulary
PALTRASE V8 (pancrelipase tabs)
PANOKASE (pancrelipase tabs)
PANOKASE-16 (pancrelipase tabs)
SULFACETAMIDE SODIUM ophth oint
THEOCAP (theophylline extended-release caps)
VIADUR (leuprolide implant)
VIVELLE (estradiol patch)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

Effective January 1, 2009

chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 mg per 5 mL
oxycodone/acetaminophen tabs, 10/500 mg

Blue Cross and Blue Shield of Minnesota (FlexRx) Formulary Additions

■ GENERIC PRODUCTS ADDED

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

balsalazide caps (COLAZAL)
bethanechol tabs (URECHOLINE)
bupropion extended-release tabs – 24 hr, 150 mg (WELLBUTRIN XL)
calcipotriene soln (DOVONEX)
cefpodoxime for susp, tabs (VANTIN)
ciprofloxacin tabs, 100 mg
ciprofloxacin extended-release tabs (CIPRO XR)
divalproex delayed-release tabs (DEPAKOTE)
doxycycline hyclate tabs, 20 mg (PERIOSTAT)
doxycycline monohydrate caps (MONODOX)
doxycycline monohydrate tabs (ADOXIA)
dronabinol caps (MARINOL)
drospirenone/ethinyl estradiol tabs, 3/0.03 mg (YASMIN)
famciclovir tabs (FAMVIR)
glipizide/metormin tabs (METAGLIP)
granisetron tabs (KYTRIL)
hyoscyamine orally disintegrating tabs
hyoscyamine tabs (CYSTOSPAZ)
isoniazid/rifampin caps (RIFAMATE)
lamotrigine tabs (LAMICTAL)
meclizine tabs, 12.5 mg, 25 mg (ANTIVERT)
meclizine tabs, 32 mg
methenamine hippurate tabs (HIPREX)
methenamine mandelate/sodium biphosphate tabs (UROQID-ACID No. 2)
methscopolamine tabs (PAMINE)
metronidazole caps, 375 mg (FLAGYL)
nizatidine caps (AXID)
ofloxacin tabs
paregoric tincture
paromomycin caps
paroxetine extended-release tabs, 12.5 mg, 25 mg (PAXIL CR)
ribavirin tabs, 400 mg, 600 mg
risperidone tabs (RISPERDAL)
ropinirole tabs (REQUIP)
scopolamine tabs (SCOPACE)
terconazole vag crm, supp (TERAZOL)
zaleplon caps (SONATA)

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

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 150 mg)
 ALBENZA (albendazole tabs)
 NOVOSEVEN RT (coagulation factor VIII)
 NOXAFIL (posaconazole susp)
 PROTONIX (pantoprazole for delayed-release susp)
 SUPRAX (cefixime for susp, tabs)
 XYNTHA (antihemophilic factor – recombinant)

Blue Cross and Blue Shield of Minnesota (FlexRx) Formulary Deletions**■ BRAND PRODUCTS REMOVED****Generics remain**

ACTIVEVELLA (estradiol/norethindrone tabs, 1/0.5 mg)
 DEPAKOTE (divalproex delayed-release tabs)
 DOVONEX (calcipotriene soln)
 LAMICTAL (lamotrigine tabs)
 LITHIUM CARBONATE caps, 600 mg – Roxane
 PAXIL CR (paroxetine extended-release tabs, 12.5 mg, 25 mg)
 REQUIP (ropinirole tabs)
 RISPERDAL (risperidone tabs)
 WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)
 YASMIN (drospirenone/ethinyl estradiol tabs, 3/0.03 mg)

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

AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)
 DOVONEX (calcipotriene oint)
 PANOKASE (pancrelipase tabs)
 PANOKASE-16 (pancrelipase tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED**Generics are not available**

chlorpheniramine/pseudoephedrine/codeine soln, 30/2/10 mg per 5 mL
 oxycodone/acetaminophen tabs, 10/500 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**

bupropion extended-release tabs – 24 hr, 150 mg (WELLBUTRIN XL)
 calcipotriene soln (DOVONEX)
 cefpodoxime for susp, tabs (VANTIN)
 cefprozil for susp, tabs (CEFZIL)
 clarithromycin for susp, tabs (BIAXIN)
 diphenoxylate/atropine soln, tabs (LOMOTIL)
 doxycycline hyclate tabs, 20 mg (PERIOSTAT)
 drospirenone/ethinyl estradiol tabs, 3/0.03 mg (YASMIN)
 estradiol/norethindrone acetate tabs, 1/0.5 mg (ACTIVEVELLA)
 glycopyrrolate tabs (ROBINUL)
 isoniazid/rifampin caps (RIFAMATE)
 meclizine tabs, 12.5 mg, 25 mg (ANTIVERT)
 nystatin oral tabs
 risperidone tabs (RISPERDAL)
 ropinirole tabs (REQUIP)
 zaleplon caps (SONATA)

■ BRAND PRODUCTS ADDED

ALBENZA (albendazole tabs)
 ASMANEX (mometasone powder for inhalation, 110 mcg)
 HUMIRA (adalimumab inj)
 NOXAFIL (posaconazole susp)
 PROTONIX (pantoprazole for delayed-release susp)
 REBIF (interferon beta-1a inj)
 VANCOCIN (vancomycin caps)
 VFEND (voriconazole for susp, tabs)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ACTIVELLA (estradiol/norethindrone tabs, 1/0.5 mg)

DOVONEX (calcipotriene soln)

LITHIUM CARBONATE caps, 600 mg – Roxane

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)

YASMIN (drospirenone/ethinyl estradiol tabs, 3/0.03 mg)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)

PANOKASE (pancrelipase tabs)

PANOKASE-16 (pancrelipase tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

Generics are not available

chlorpheniramine/pseudoephedrine/codeine soln, 30/2/10 mg per 5 mL

oxycodone/acetaminophen tabs, 10/500 mg

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

■ BRAND PRODUCTS ADDED

Effective October 1, 2008

ALBENZA (albendazole tabs)

■ SPECIALTY DRUG LIST CHANGES

Effective October 1, 2008

ENBREL and HUMIRA are Preferred

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2008

ALTACE (ramipril caps)

PRECOSE (acarbose tabs)

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective July 2008

KU-ZYME-HP (pancrelipase caps)

KUTRASE (pancrelipase caps)

Effective October 1, 2008

KU-ZYME (pancrelipase caps)

PALCAPS (pancrelipase delayed-release caps)

PANOCAPS (pancrelipase delayed-release caps)

PANOCAPS MT (pancrelipase delayed-release caps)

PANOKASE (pancrelipase tabs)

PANOKASE-16 (pancrelipase tabs)

PROCAINAMIDE extended-release tabs, 1000 mg

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

ULTRACAPS MT (pancrelipase delayed-release caps)

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

balsalazide caps (COLAZAL)

bupropion extended-release tabs – 24 hr, 150 mg (WELLBUTRIN XL)

calcipotriene soln (DOVONEX)

cefepodoxime for susp, tabs (VANTIN)

clarithromycin for susp, tabs (BIAXIN)

demeclocycline tabs (DECLOMYCIN)

divalproex delayed-release tabs (DEPAKOTE)

doxycycline hyclate tabs, 20 mg (PERIOSTAT)

drospirenone/ethinyl estradiol tabs, 3/0.03 mg (YASMIN)

glycopyrrolate tabs (ROBINUL)

isoniazid/rifampin caps (RIFAMATE)

lamotrigine tabs (LAMICTAL)

nystatin oral tabs

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

risperidone tabs (RISPERDAL)

ropinirole tabs (REQUIP)

zaleplon caps (SONATA)

■ BRAND PRODUCTS ADDED

ALBENZA (albendazole tabs)

ASMANEX (mometasone powder for inhalation, 110 mcg)

SUPRAX (cefixime for susp, tabs)

VANCOCIN (vancomycin caps)

■ OTHER ADDITIONS

ARCALYST (rilonacept for inj) – Prior Approval Required

OMNITROPE (somatropin for inj, somatropin inj) – Prior Approval Required

RELISTOR (methyl naltrexone inj) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE (divalproex delayed-release tabs)

DOVONEX (calcipotriene soln)

LAMICTAL (lamotrigine tabs)

LITHIUM CARBONATE caps, 600 mg – Roxane

PROTONIX (pantoprazole delayed-release tabs)

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)

YASMIN (drospirenone/ethinyl estradiol tabs, 3/0.03 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

ACIPHEX (rabeprazole delayed-release tabs)

ACTONEL (risedronate tabs)

ACTONEL WITH CALCIUM (risedronate tabs + calcium carbonate tabs)

AMITIZA (lubiprostone caps, 24 mcg)

AVODART (dutasteride caps)

CLINDESSE (clindamycin phosphate vaginal crm)

ESTRACE (estradiol vaginal crm)

ESTRADERM (estradiol transdermal patch)

ESTROGEL (estradiol transdermal gel)

GENOTROPIN (somatropin for inj)

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

NUTROPIN (somatropin for inj)

NUTROPIN AQ (somatropin inj)

PEG-INTRON (peginterferon alfa-2b for inj)

PROTONIX (pantoprazole for delayed-release susp)

PYLERA (bismuth subcitrate/metronidazole/tetracycline caps)

ZETIA (ezetimibe tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)

DOVONEX (calcipotriene oint)

PANOKASE (pancrelipase tabs)

PANOKASE-16 (pancrelipase tabs)

REQUIP STARTER KIT (ropinirole tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

oxycodone/acetaminophen tabs, 10/500 mg

Blue Cross Blue Shield of Oklahoma Formulary Additions

■ BRAND PRODUCTS ADDED

Effective October 1, 2008

ALBENZA (albendazole tabs)

MAXALT (rizatriptan tabs)

MAXALT-MLT (rizatriptan orally disintegrating tabs)

■ SPECIALTY DRUG LIST CHANGES

Effective October 1, 2008

ENBREL and HUMIRA are Preferred

Blue Cross Blue Shield of Oklahoma Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2008

PRECOSE (acarbose tabs)

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2008

VYTORIN (ezetimibe/simvastatin tabs)

ZETIA (ezetimibe tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2008

AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)

PANOKASE (pancrelipase tabs)

PANOKASE-16 (pancrelipase tabs)

PROCAINAMIDE extended-release tabs, 1000 mg

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

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

Effective October 1, 2008

ALBENZA (albendazole tabs)

HUMIRA (adalimumab inj)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2009

ACTIVELLA (estradiol/norethindrone tabs, 1/0.5 mg)

ALTACE (ramipril caps)

COREG (carvedilol tabs)

DOVONEX (calcipotriene soln)

DUONEB (ipratropium/albuterol sulfate inhal soln)

FLOXIN OTIC (ofloxacin otic soln)

PRECOSE (acarbose tabs)

PROTONIX (pantoprazole delayed-release tabs)

REQUIP (ropinirole tabs)

RISPERDAL (risperidone tabs)

TRILEPTAL (oxcarbazepine tabs)

VOLTAREN (diclofenac sodium ophth soln)

WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)

YASMIN (drospirenone/ethinyl estradiol tabs, 3/0.03 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

Effective January 1, 2009

BIO-THROID (thyroid (pork) caps)

BLEPHAMIDE (sulfacetamide sodium/prednisolone ophth susp)

BLEPHAMIDE S.O.P. (sulfacetamide sodium/prednisolone ophth oint)

COSOPT (dorzolamide/timolol ophth soln)

GLUCAGEN HYPOKIT (glucagon for inj)

METADATE CD (methylphenidate extended-release caps)

ORTHO EVRA (norelgestromin/ethinyl estradiol transdermal patch)

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

PROTONIX (pantoprazole for delayed-release susp)
 PROVIGIL (modafinil tabs)
 SOMAVERT (pegvisomant for inj)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

AGENERASE (amprenavir caps, oral soln)
 KU-ZYME (pancrelipase caps)
 PROCAINAMIDE extended-release tabs, 750 mg
 PRONESTYL SR (procainamide extended-release tabs, 500 mg)
 VIVELLE (estradiol transdermal patch)

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

bupropion extended-release tabs – 24 hr, 150 mg (WELLBUTRIN XL)
 calcipotriene soln (DOVONEX)
 cefpodoxime for susp, tabs (VANTIN)
 cefprozil for susp, tabs (CEFZIL)
 clarithromycin for susp, tabs (BIAXIN)
 diphenoxylate/atropine soln, tabs (LOMOTIL)
 doxycycline hyclate tabs, 20 mg (PERIOSTAT)
 drospirenone/ethinyl estradiol tabs, 3/0.03 mg (YASMIN)
 estradiol/norethindrone acetate tabs, 1/0.5 mg (ACTIVEVILLA)
 glycopyrrolate tabs (ROBINUL)
 isoniazid/rifampin caps (RIFAMATE)
 meclizine tabs, 12.5 mg, 25 mg (ANTIVERT)
 nystatin oral tabs
 paroxetine extended-release tabs, 12.5 mg, 25 mg (PAXIL CR)
 risperidone tabs (RISPERDAL)
 ropinirole tabs (REQUIP)
 zaleplon caps (SONATA)

■ BRAND PRODUCTS ADDED

ACTONEL (risedronate tabs, 150 mg)
 ALBENZA (albendazole tabs)

ASMANEX (mometasone powder for inhalation, 110 mcg)
 PROTONIX (pantoprazole for delayed-release susp)
 SUPRAX (cefixime for susp, tabs)

■ OTHER ADDITIONS

NOXAFIL (posaconazole susp) – Prior Approval Required
 VFEND (voriconazole for susp, tabs) – Prior Approval Required

Blue Cross Blue Shield of Wyoming Preferred Drug List Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

ACTIVEVILLA (estradiol/norethindrone tabs, 1/0.5 mg)
 DOVONEX (calcipotriene soln)
 LITHIUM CARBONATE caps, 600 mg – Roxane
 PAXIL CR (paroxetine extended-release tabs, 12.5 mg, 25 mg)
 REQUIP (ropinirole tabs)
 RISPERDAL (risperidone tabs)
 WELLBUTRIN XL (bupropion extended-release tabs – 24 hr, 150 mg)
 YASMIN (drospirenone/ethinyl estradiol tabs, 3/0.03 mg)

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

PEG-INTRON (peginterferon alfa-2b for inj)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AUGMENTIN (amoxicillin/potassium clavulanate chew tabs, 125 mg)
 PANOKASE (pancrelipase tabs)
 PANOKASE-16 (pancrelipase tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

chlorpheniramine/pseudoephedrine/codeine soln, 30/2/10 mg per 5 mL
 oxycodone/acetaminophen tabs, 10/500 mg

Medicare Part D

Pharmacists are encouraged to check the Web site, <http://www.MyPrime.com/pharmacistsindex.htm>, for the most current Medicare Part D formulary and changes to the formulary. A small number of removals are anticipated to be effective on August 21, September 21, and October 22, 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 Health 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

omeprazole delayed-release caps, 40 mg (PRILOSEC)
prenatal vitamins with ferrous bisglycinate chelate/folic acid tabs, 28/1 mg (NATELLE C)
zaleplon caps, 5 mg, 10 mg (SONATA)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

bupropion extended-release tabs (24 hour), 150 mg (WELLBUTRIN XL)
divalproex delayed-release tabs, 125 mg, 250 mg, 500 mg (DEPAKOTE)
drospirenone/ethinyl estradiol tabs, 3/0.03 mg (YASMIN)
lamotrigine tabs, 25 mg, 100 mg, 150 mg, 200 mg (LAMICTAL)
lithium carbonate caps, 600 mg
risperidone tabs, 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (RISPERDAL)

■ BRAND PRODUCTS ADDED – TIER 2

ACTONEL (risedronate) tabs, 150 mg
NEXIUM (esomeprazole) delayed-release granules, 10 mg
RISPERIDONE oral soln, 1 mg/mL

■ BRAND PRODUCTS ADDED – TIER 3

KINRIX (diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus virus vaccine for inj)
PENTACEL (diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and haemophilus b conjugate (tetanus toxoid conjugate) vaccine for inj)
SUPRAX (cefixime tabs, 400 mg)

■ TIER CHANGE – TIER 2 TO TIER 1

ondansetron tabs, 24 mg

■ TIER CHANGE – TIER 3 TO TIER 1

carbinoxamine maleate tabs, 4 mg

The following changes will be effective August 21, 2008.

■ BRAND PRODUCTS REMOVED

BEXXAR (tositumomab for inj, 14 mg/mL)

The following changes will be effective September 21, 2008.

■ BRAND PRODUCTS REMOVED

SULAR 10 mg, 20 mg, 30 mg, 40 mg (nisoldipine extended-release tabs) (8.5 mg, 17 mg, 25.5 mg, 34 mg remain)

The following changes will be effective October 22, 2008.

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

phenazopyridine tabs, 200 mg

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

- bupropion extended-release tabs (24 hour), 150 mg (WELLBUTRIN XL)
- divalproex delayed-release tabs, 125 mg, 250 mg, 500 mg (DEPAKOTE)
- drospirenone/ethinyl estradiol tabs, 3/0.03 mg (YASMIN)
- lamotrigine tabs, 25 mg, 100 mg, 150 mg, 200 mg (LAMICTAL)
- lithium carbonate caps, 600 mg
- omeprazole delayed-release caps, 40 mg (PRILOSEC)
- prenatal vitamins with ferrous bisglycinate chelate/folic acid tabs, 28/1 mg (NATELLE C)
- risperidone tabs, 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (RISPERDAL)
- zaleplon caps, 5 mg, 10 mg (SONATA)

■ BRAND PRODUCTS ADDED – TIER 2

- ACTONEL (risedronate) tabs, 150 mg
- NEXIUM (esomeprazole) delayed-release granules, 10 mg
- RISPERIDONE oral soln, 1 mg/mL

■ BRAND PRODUCTS ADDED – TIER 3

- AMITIZA (lubiprostone) caps, 8 mcg
- KINRIX (diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus virus vaccine for inj)
- NATELLE C (prenatal vitamins with ferrous bisglycinate chelate/folic acid tabs, 28/1 mg)
- PENTACEL (diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and haemophilus b conjugate (tetanus toxoid conjugate) vaccine for inj)
- SONATA (zaleplon caps, 5 mg, 10 mg)
- SUPRAX (cefixime tabs, 400 mg)

■ TIER CHANGE – TIER 2 TO TIER 1

- ondansetron tabs, 24 mg

■ TIER CHANGE – TIER 3 TO TIER 1

- carbinoxamine maleate tabs, 4 mg

The following changes will be effective August 21, 2008.

■ BRAND PRODUCTS REMOVED

- BEXXAR (tositumomab for inj, 14 mg/mL)

The following changes will be effective September 21, 2008.

■ BRAND PRODUCTS REMOVED

- SULAR 10 mg, 20 mg, 30 mg, 40 mg (nisoldipine extended-release tabs) (8.5 mg, 17 mg, 25.5 mg, 34 mg remain)

The following changes will be effective October 22, 2008.

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

- phenazopyridine tabs, 200 mg (PYRIDIUM)



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