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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

Pharmacies Required to Post Medicare Part D Notice

As a reminder, Participating Providers are required to post the “Medicare Prescription Drug Coverage and Your Rights” notice in their pharmacy. The notice should be posted in a location clearly visible to pharmacy customers.

Posting of this patient notification is mandated by the Center for Medicare and Medicaid Services (CMS).

The notice provides Medicare Part D Enrollees information on how to contact their Medicare drug plan to obtain a coverage determination or request a formulary exception.

The notice is available online at: www.MyPrime.com/pdf/MedicareCoverageAndYourRights.pdf

More information about this CMS requirement can be found online at: www.cms.hhs.gov/Pharmacy/

The Importance of Days Supply

Pharmacies are required to enter the correct days supply. A correct days supply is calculated based on specific directions for use, and includes the number of consecutive days the prescription drug will last. For example, when a drug is prescribed every other day, the “off days” should be included in the days supply.

The data generated by the pharmacy claims information is relied upon for regulation of timely refills and accurate administration of benefits. Overstating the days supply may affect future refills and apply excess copayment charges, while understating the days supply may exceed the Covered Person’s benefit and/or apply inaccurate copayment charges.

In addition, claims data is relied upon for other decision making such as case management, patient safety initiatives, and government

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 612.777.4203 or 800.858.0723.

reporting. When the claims data is incorrectly entered, there are downstream impacts that may not be apparent to the individual practitioner or pharmacist.

For these reasons, a chargeback may be assessed when pharmacy claims data is incorrectly entered into the system.

For more information about days supply, see the *Prime Provider Manual*, pages 12 and 20.

MAC LIST UPDATES

Prime Therapeutics MAC List Updates: September 1 to December 1, 2008

■ ADDED TO MAC LIST

dorzolamide ophthalmic soln, 2% (TRUSOPT)

dorzolamide-timolol ophthalmic soln, 2%-0.5%
(COSOPT)

levetiracetam tabs, 250 mg, 500 mg, 750 mg
(KEPPRA)

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

potassium citrate extended-release tabs, 5 mEq,
10 mEq (UROCIT-K)

■ DELETED FROM MAC LIST

calcitonin nasal soln, 200 units/actuation

perphenazine tabs, 2 mg, 4 mg, 8 mg, 16 mg

Long Term Care (LTC) Rebate Reporting Update

Per CMS, the LTC rebate reporting will be suspended for the rest of 2008 and 2009.

MedWatch Reporting

In order to perform ongoing safety and surveillance of medical products, the FDA relies on the voluntary reporting of serious adverse events, product quality problems, and product use errors. FDA MedWatch enables healthcare professionals and consumers to report serious problems that they suspect are associated with FDA-regulated drugs, dietary supplements, over-the-counter medications, or medical devices. It is important to submit these voluntary reports in order to keep safe and effective medications and devices available for use to consumers. Voluntary reports may prompt modification in use or design of a product, which leads to increased patient safety.

To report adverse events, product quality problems, and product use errors, healthcare professionals and consumers can contact MedWatch by:

- Calling 1.800.FDA.1088 (1.800.332.1088)
- Visiting Web site www.fda.gov/MedWatch/report.htm
- Mailing the FDA 3500 form, which can be downloaded from www.fda.gov/MedWatch/getforms.htm, to MedWatch, 5600 Fishers Lane, Rockville, MD 20852-9787
- Faxing the FDA 3500 form to 1.800.FDA.0178 (1.800.332.0178)

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

Blue Cross and Blue Shield of Florida Utilization Management Programs

Effective January 1, 2009, select populations will implement the following UM programs:

- Arcalyst, Fentanyl Oral, Relistor and Zyvox Prior Authorization
- Avandia Safety Edit
- Antidepressant Step Therapy
- ADHD, Arixtra, Insomnia Agents and Pain Management Quantity Limits

Also 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
- ADHD, Anti-influenza, Antiemetics, Bisphosphonates, Insomnia Agents, Low Molecular Weight Heparin, Nasal Inhalers, Ophthalmic Prostaglandins, Oral Inhalers, Pain Management, Triptans and Urinary Incontinence Quantity Limits
- Fentanyl Oral 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 Preferred Medication List located in the new Healthy Kids' Medication Guide, which 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. A copy of the BlueSelect Medication Guide can be obtained by visiting the BCBSF Web site, www.BCBSFL.com. Members will be encouraged to use in-network providers for maximum savings.

If you would like to participate in the BlueSelect Pharmacy Network and have not already signed a BlueSelect Agreement, please call the BCBSF Pharmacy Department at **904.905.5001**.

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**.

Blue Cross and Blue Shield of Kansas

Effective January 1, 2009, Blue Cross and Blue Shield of Kansas will no longer cover the following drugs: Allegra, Allegra-D, Clarinex, Clarinex-D, Semprex-D and Xyal. Generic fexofenadine will continue to be covered at a generic copay.

Best Available Evidence for Low-Income Subsidy (LIS) Eligibility

When situations arise that result in incorrect LIS cost-sharing or the beneficiary says they should pay less than indicated at the point of sale, Part D sponsors must comply with the “Best Available Evidence” (BAE) policy.

When a beneficiary presents BAE to the pharmacy or **requests assistance securing BAE**, the pharmacy is to contact Prime’s Contact Center. The Contact Center will work with the pharmacy to have the beneficiary record updated to reflect the subsidy. After the Contact Center has made the update on the system, the pharmacy must resubmit the claim. The resubmitted claim will process at the subsidy rate. If the beneficiary has presented BAE to the pharmacy, the Contact Center will ask that the pharmacy fax the documentation to them to assist with a permanent system update.

Prime is required to accept any of the following forms of evidence to establish the subsidy status of a full benefit dual eligible or MSP-eligible beneficiary when provided by the beneficiary or the beneficiary’s pharmacist, advocate, representative, family member or other individual acting on behalf of the beneficiary:

- A copy of the beneficiary’s Medicaid card that includes the beneficiary’s name and an eligibility date during a month after June of the previous calendar year;
- A copy of a state document that confirms active Medicaid status during a month after June of the previous calendar year;

- A print out from the State electronic enrollment file showing Medicaid status during a month after June of the previous calendar year;
- A screen print from the State’s Medicaid systems showing Medicaid status during a month after June of the previous calendar year;
- Other documentation provided by the State showing Medicaid status during a month after June of the previous calendar year; or,
- A letter from SSA showing that the individual receives SSI.

Prime is required to accept any one of the following forms of evidence from the beneficiary or the beneficiary’s pharmacist, advocate, representative, family member or other individual acting on behalf of the beneficiary to establish that a beneficiary is institutionalized and qualifies for zero cost-sharing:

- A remittance from the facility showing Medicaid payment for a full calendar month for that individual during a month after June of the previous calendar year;
- A copy of a state document that confirms Medicaid payment on behalf of the individual to the facility for a full calendar month after June of the previous calendar year; or
- A screen print from the State’s Medicaid systems showing that individual’s institutional status based on at least a full calendar month stay for Medicaid payment purposes during a month after June of the previous calendar year.

Prime is also required to assist a beneficiary who requests assistance in securing best available evidence either directly or with the cooperation of the pharmacy.

REMINDER: www.MyPrime.com

Accessing Prime Therapeutics’ Web site is now easier — www.MyPrime.com; it’s simple and easy to remember. Both www.MyPrime.com and www.primetherapeutics.com will bring you to Prime’s Web site.

www.MyPrime.com

Blue Cross and Blue Shield of Minnesota Utilization Management Programs

Effective January 1, 2009, select populations will implement the following UM programs:

- Anticonvulsants, Antidepressant, Byetta, Leukotriene Modifiers, Lipid Management and RA/Psoriasis Step Therapy
- Pain Management and Celebrex Quantity Limits

Reminder: SCRIPS Program Available to Blue Cross and Blue Shield of Minnesota Members

The SCRIPS (Smoking-Cessation Referrals In Pharmacies) program is a collaboration between Blue Cross and Blue Shield of Minnesota, Prime Therapeutics and participating pharmacies that has been in place since 2005. SCRIPS is a national program that compensates pharmacies for each member who agrees to be connected to the Blue Cross and Blue Shield of Minnesota's Stop Smoking Support.

SCRIPS Tips

- **Free to members.** Stop-smoking phone counseling available through Blue Cross and Blue Shield of Minnesota
- **Doubles quit success rates.** Cessation medications along with behavior coaching can double chances of quitting
- **No commitment.** Referring Blue Cross and Blue Shield of Minnesota members to the stop-smoking program is an authorization to share their name and phone number. Members have the option to enroll or decline participation at any time
- **Referral to SCRIPS not required to obtain medications.** Enter PA to process if pharmacy or member declines

How the Program Works

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

"SCRIPS 1-800-821-4795: Enter PA to Proc:"

Pharm Declines=10000000000	(claim processes)
Mbr Declines=20000000000	(claim processes)
Mbr Accept=call 1-800-821-4795	(follow steps below)

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

If Member Accepts

- Ask the member to fill out the SCRIPS Consent Form
- Pharmacy should call 1.800.821.4795 and to submit the SCRIPS Consent Form member information
- Keep the SCRIPS Consent Form for documentation, do NOT fax the form, file it with the prescription

Blue Cross Blue Shield of North Dakota Quality Improvement Project for Isotretinoin

Effective Sept 1, 2008

Blue Cross Blue Shield of North Dakota (BCBSND) recently launched a quality improvement project supporting their medical policy “Medical Indications for Contraceptives”. The project is supported by system enhancements at Prime Therapeutics, reducing barriers for women using isotretinoin who require contraception. A member’s eligibility for coverage of qualifying contraceptives can now be determined immediately by the claims processing system.

Oral isotretinoin (Accutane®), a very effective but teratogenic medication for the treatment of acne, must **not** be taken in pregnancy because of the risk of serious fetal growth abnormalities. Females of childbearing potential are required to commit to using two forms of effective contraception simultaneously for one month before, during, and for one month after isotretinoin therapy, or rely on abstinence. iPLEDGE™ is an FDA-approved computer-based risk management program designed to eliminate fetal exposure to isotretinoin through a special restricted distribution program. The program strives to ensure that no female starts isotretinoin therapy if pregnant and no females on isotretinoin therapy become pregnant. iPLEDGE requires that all participants meet qualification criteria and monthly program requirements before receiving his or her isotretinoin prescription each month. For specific information on iPLEDGE, please visit www.ipledgeprogram.com.

When a prescription for a contraceptive is submitted to Prime Therapeutics for an eligible BCBSND member, the claims system will look back for an isotretinoin prescription. If the date of the last

isotretinoin claim occurs within 60 days of the contraceptive claim, the contraceptive prescription will be covered. If the member meets the criteria, the contraceptive will be paid according to the member’s benefit.

If a member presents prescriptions for both isotretinoin and contraceptives in the same pharmacy visit, the isotretinoin prescription must be entered and correctly processed before the contraceptive prescription. If a contraceptive claim is inadvertently entered prior to the isotretinoin claim, the contraceptive claim must be reversed and re-entered after the isotretinoin claim in order to process correctly. The system also requires the days supply be entered correctly.

BCBSND asks prescribers and pharmacies to advise qualifying BCBSND members of this Quality Improvement Project and follow the necessary procedures for improving isotretinoin safety compliance.

Blue Cross and Blue Shield of Nebraska New Groups

Effective January 1, 2009, Blue Cross and Blue Shield of Nebraska (BCBSNE) will add three new groups. Please watch for new member ID card information from:

- **First National of Nebraska, Inc.** – Three-tier BCBSNE formulary benefit design with SpecialtyRx restrictions
- **The City of Omaha** – Multiple plan designs, depending on union contract
- **Diocese of Lincoln** – Standard three-tier BCBSNE formulary benefit design



NEW PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Montana

Effective January 1, 2009

Effective January 1, 2009, Prime Therapeutics will begin processing claims for members of Blue Cross and Blue Shield of Montana (BCBSMT). Members of BCBSMT will utilize the Prime Therapeutics Select Network.

Processing Requirements

To ensure uninterrupted service to pharmacies and members, please use the following information to set up your system prior to January 1, 2009, to process claims for members of BCBSMT.

BIN 610455

PCN

Commercial HMBC

Supplemental to Medicare Part D ... HMBCS

Member ID Number

Date of birth

Gender

U&C

Pharmacy NPI

Prescriber ID (NPI or DEA)

BCBSMT members will receive new ID cards indicating that Prime is the new pharmacy benefit manager. Please ask if the member has received a new ID card. See next page for member ID card samples.

Outstanding Claims Reversal and Processing

Pharmacies can process run-out claims through Express Scripts until March 31, 2009. Please complete all claims processing and reversals to Express Scripts by close of business that day.

For More Information

For assistance with claims that have a fill date prior to January 1, 2009, please contact Express Scripts directly at **800.567.1970**.


Beginning January 1, 2009, if you need assistance with claims processing on Prime’s system, call the Prime Contact Center at **866.590.3012**.

For software setup information, please visit Prime’s Web site at www.MyPrime.com/pharmacistsindex.htm, Downloads, Payor Sheet – Commercial Client or Supplemental to Medicare Part D.

See next page for member ID card samples

Blue Cross and Blue Shield of Montana Member ID Card Samples


FRONT OF COMMERCIAL ID CARD



BlueCross BlueShield of Montana
An Independent Licensee of the Blue Cross and Blue Shield Association

<p>Subscriber's Name 0 SAMPLE MEMBER</p> <p>Health Plan ID: YDP000000000000</p>	<p>Dependent Name 0 DEPENDENT SAMPLE</p>
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Plan Code **751**
 Group No. **X00000000**
 BIN: **610455**
 PCN: **HMBC**
 Group Name

Live Smart. Live Healthy.™ 

BACK OF COMMERCIAL ID CARD



www.bcbsmt.com


Customer Service: **1-800-447-7828**
 Pharmacy Customer Service: **1-866-325-5230**
 Outside of Montana Provider Locator: **1-800-810-2583**

Claim Administrator: Blue Cross and Blue Shield of Montana provides administrative claim payment services only and does not assume any financial risk or obligation with respect to claims.

Send Claims to:
 P.O. Box 5004
 Great Falls, MT 59403
 Providers outside of Montana: Submit claims to your local Blue Cross and/or Blue Shield Plan.
 An independent licensee of the BlueCross and BlueShield Association.




FRONT OF SUPPLEMENTAL TO MEDICARE PART D ID CARD



BlueCross BlueShield of Montana
An Independent Licensee of the Blue Cross and Blue Shield Association

<p>Subscriber's Name 0 SAMPLE MEMBER</p> <p>Health Plan ID: YDB000000000000</p>	
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Plan Code **751**
 Group No. **NC0000000**
 BIN: **610455**
 PCN: **HMBCS**
 Group Name

Live Smart. Live Healthy.™ 

BACK OF SUPPLEMENTAL TO MEDICARE PART D ID CARD



www.bcbsmt.com

Customer Service: **1-800-447-7828**
 Pharmacy Customer Service: **1-866-325-5230**
 Outside of Montana Provider Locator: **1-800-810-2583**

The pharmacy discount available through this card is not insurance.

Send claims to:
 P.O. Box 5004
 Great Falls, MT 59403
 Providers outside of Montana: Submit claims to your local Blue Cross and/or Blue Shield Plan.





NEW PLAN ANNOUNCEMENT

South Country Health Alliance (SCHA) Medicaid

Effective January 1, 2009

Prime Requires All Claims Submitted Online

Effective January 1, 2009, Prime Therapeutics LLC (Prime) will begin processing claims for all South Country Health Alliance (SCHA) Medicaid members. SCHA's Medicaid business includes the following:

- Prepaid Medical Assistance Program (PMAP)
Prepaid General Assistance Medical Care (PGAMC)
MinnesotaCare (MNCare)
Minnesota Senior Care Plus (MSC+), a Medicaid Wrap-Only benefit plan for Medicare eligible beneficiaries

SCHA member ID numbers will follow the format G(PMI number)01. All members will receive a new ID card. See next page for member ID card samples.

Processing Requirements

To ensure uninterrupted service to pharmacies and members, please use the following information to set up your systems prior to January 1, 2009, to process claims for members of SCHA.

Line of Business – Medicaid, PMAP, PGAMC, and MNCare

BIN 610455
PCN SHMCD
10 digit member ID number
Date of birth
Gender
U&C
Prescriber NPI

Line of Business – MSC+

BIN 610455
PCN SHMSC
10 digit member ID number
Date of birth
Gender
U&C
Prescriber NPI

Geographic Area

Minnesota Counties – Brown, Cass, Crow Wing, Dodge, Freeborn, Goodhue, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena, and Waseca.

For More Information


Beginning January 1, 2009, if you need assistance with claims processing on Prime's system, call the Prime Contact Center at 866.325.5233.

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

See next page for member ID card samples



South Country Health Alliance (SCHA) Medicaid Member ID Card Samples

FRONT OF PMAP MEMBER ID CARD

 **PMAP**

Name: SAMPLE, JOSEPH Q Effective Date: 01/01/2007
 ID: G0123456701 PMI#: 01234567
 DOB: 02/10/1981 Svc Type: Medical/Rx
 Group: SCHA Care Type: SCHA MA
 PCC: CLINIC LOCATION Phone: (555)555-5555

Office Visit Copay: \$ Non-Emergency ER: \$ Eye Glasses: \$


 Administered by 

BACK OF PMAP MEMBER ID CARD

Prior to non-emergency services, contact the clinic on this card. In an emergency contact the clinic as soon as possible after receiving care.
Medical: Members may call SCHA Member Services toll free at 1-866-567-7242 or 1-877-824-5611 (TTY) for information on eligibility, benefits, reporting complaints, and general information. **Providers** call toll free at 1-800-995-4543.
Dental: Members call 1-800-516-2940 or TTY 1-800-466-7566.
Providers call 1-800-341-8478.
Pharmacy: To locate a participating pharmacy call 1-800-509-0545. Pharmacy Help Desk 1-866-325-5233.
Ask Mayo Clinic 24-hour nurse line call 1-800-504-3451 or TTY 1-877-728-3311.
Submit medical claims to: MMSI, PO Box 4014, Rochester, MN 55903
Submit dental claims to: Doral Dental Service of MN, LLC, 12121 North Corporate Parkway, Mequon, WI 53092
Written appeals: Appeals Office, DHS, PO 64249, St Paul, MN 55164
 Call with appeal or grievance: DHS State Ombudsman, (651)431-2660 or 1-800-657-3729.



www.mnscha.org

FRONT OF PGAMC MEMBER ID CARD

 **GAMC**

Name: SAMPLE, JOSEPH Q Effective Date: 01/01/2007
 ID: G0123456701 PMI#: 01234567
 DOB: 02/10/1981 Svc Type: Medical/Rx
 Group: SCHA Care Type: SCHA GA
 PCC: CLINIC LOCATION Phone: (555)555-5555

Office Visit Copay: \$ Non-Emergency ER: \$ Eye Glasses: \$


 Administered by 

BACK OF PGAMC MEMBER ID CARD

Prior to non-emergency services, contact the clinic on this card. In an emergency contact the clinic as soon as possible after receiving care.
Medical: Members may call SCHA Member Services toll free at 1-866-567-7242 or 1-877-824-5611 (TTY) for information on eligibility, benefits, reporting complaints, and general information. **Providers** call toll free at 1-800-995-4543.
Dental: Members call 1-800-516-2940 or TTY 1-800-466-7566.
Providers call 1-800-341-8478.
Pharmacy: To locate a participating pharmacy call 1-800-509-0545. Pharmacy Help Desk 1-866-325-5233.
Ask Mayo Clinic 24-hour nurse line call 1-800-504-3451 or TTY 1-877-728-3311.
Submit medical claims to: MMSI, PO Box 4014, Rochester, MN 55903
Submit dental claims to: Doral Dental Service of MN, LLC, 12121 North Corporate Parkway, Mequon, WI 53092
Written appeals: Appeals Office, DHS, PO 64249, St Paul, MN 55164
 Call with appeal or grievance: DHS State Ombudsman, (651)431-2660 or 1-800-657-3729.



www.mnscha.org

FRONT OF MNCARE MEMBER ID CARD

 **MNCare**

Name: SAMPLE, JOSEPH Q Effective Date: 01/01/2007
 ID: G0123456701 PMI#: 01234567
 DOB: 02/10/1981 Svc Type: Medical
 Group: SCHA Care Type: SCHA MN
 PCC: CLINIC LOCATION Phone: (555)555-5555

Office Visit Copay: \$ Non-Emergency ER: \$ Eye Glasses: \$


 Administered by 

BACK OF MNCARE MEMBER ID CARD

Prior to non-emergency services, contact the clinic on this card. In an emergency contact the clinic as soon as possible after receiving care.
Medical: Members may call SCHA Member Services toll free at 1-866-567-7242 or 1-877-824-5611 (TTY) for information on eligibility, benefits, reporting complaints, and general information. **Providers** call toll free at 1-800-995-4543.
Dental: Members call 1-800-516-2940 or TTY 1-800-466-7566.
Providers call 1-800-341-8478.
Pharmacy: To locate a participating pharmacy call 1-800-509-0545. Pharmacy Help Desk 1-866-325-5233.
Ask Mayo Clinic 24-hour nurse line call 1-800-504-3451 or TTY 1-877-728-3311.
Submit medical claims to: MMSI, PO Box 4014, Rochester, MN 55903
Submit dental claims to: Doral Dental Service of MN, LLC, 12121 North Corporate Parkway, Mequon, WI 53092
Written appeals: Appeals Office, DHS, PO 64249, St Paul, MN 55164
 Call with appeal or grievance: DHS State Ombudsman, (651)431-2660 or 1-800-657-3729.



www.mnscha.org

FRONT OF MSC+ MEMBER ID CARD

 **MSC+**
Minnesota Senior Care Plus

Name: SAMPLE, JOSEPH Q Effective Date: 01/01/2007
 ID: G0123456701 PMI#: 01234567
 DOB: 02/10/1981 Svc Type: Medical
 Group: MSCP Care Type: SCHA MA
 PCC: CLINIC LOCATION Phone: (555)555-5555

Office Visit Copay: \$ Non-Emergency ER: \$ Eye Glasses: \$

 Administered by 

BACK OF MSC+ MEMBER ID CARD

Prior to non-emergency services, contact the clinic on this card. In an emergency contact the clinic as soon as possible after receiving care.
Medical: Members may call SCHA Member Services toll free at 1-866-567-7242 or 1-877-824-5611 (TTY) for information on eligibility, benefits, reporting complaints, and general information. **Providers** call toll free at 1-800-995-4543.
Dental: Members call 1-800-516-2940 or TTY 1-800-466-7566.
Providers call 1-800-341-8478.
Pharmacy: To locate a participating pharmacy call 1-800-509-0545. Pharmacy Help Desk 1-866-325-5233.
Ask Mayo Clinic 24-hour nurse line call 1-800-504-3451 or TTY 1-877-728-3311.
Submit medical claims to: MMSI, PO Box 4014, Rochester, MN 55903
Submit dental claims to: Doral Dental Service of MN, LLC, 12121 North Corporate Parkway, Mequon, WI 53092
Written appeals: Appeals Office, DHS, PO 64249, St Paul, MN 55164
 Call with appeal or grievance: DHS State Ombudsman, (651)431-2660 or 1-800-657-3729.

www.mnscha.org

PROCESSING UPDATES

South Country Health Alliance (SCHA)

Processing Medicare Part B Claims for Medicare Part D MN Dual Eligible Beneficiaries – Part B BIN/PCN Combination Change

Effective January 1, 2009

Prime Therapeutics LLC (Prime) processes Medicare Part B claims for some Medicare Part D dual eligible beneficiaries. See client list below.

To submit a Part B claim, follow these steps

- Ask for beneficiary’s member ID card
- Initially, submit claims through the Medicare Part D BIN/PCN that is identified on the beneficiary’s ID card
- Products covered under the Medicare Part B program will reject with NCPDP Reject code 70 Prod/Service not covered. You will receive additional messaging

instructing you to reprocess the claim using a different BIN/PCN

- Submit the Medicare Part B claim using the same ID number on the beneficiary’s ID card along with the BIN/PCN provided in the rejection message
- Please keep in mind that the Medicare Part B unique processing requirements outlined are for only the Medicare Part D MSHO* and SNBC** beneficiaries.

If you have questions or need assistance processing claims, please call the Prime Contact Center at 800.821.4795.

Part B BIN/PCN combination change for South Country Health Alliance. All others remain the same.

Prime’s MN Dual Eligible Clients		Medicare Part D		Medicare Part B	
Plan Sponsor	Plan Name	BIN	PCN	BIN	PCN
South Country Health Alliance	AbilityCare (SNBC)**	610455	MPDSA	610455	SHMCD
South Country Health Alliance	SeniorCare Complete (MSHO)*	610455	MPDSM	610455	SHMCD
BCBS of Minnesota	Secure Blue (MSHO)*	610455	MPDBP	610455	PGIGN
BCBS of Minnesota	CareBlue (SNBC)*	610455	MPDCB	610455	PGIGN
FirstPlan Blue	FirstPlan Blue (MSHO)*	610455	MPDFH	610455	PGIGN
FirstPlan Blue	FirstPlan Blue Basic (SNBC)**	610455	MPDFP	610455	PGIGN
PrimeWest Health	PrimeWest Health MSHO*	610455	MPDPW	610455	PWEST
PrimeWest Health	PrimeWest Health SNBC**	610455	MPDPH	610455	PWEST

*MSHO (Minnesota Senior Health Options)

**SNBC (Special Needs BasicCare)

PRIOR AUTHORIZATION ANNOUNCEMENT

Blue Cross and Blue Shield of Florida Prior Authorization Number for Vacation Overrides

Effective November 3, 2008

Effective November 3, 2008, Prime Therapeutics allows pharmacies to submit a Prior Authorization Number for vacation override requests for members of Blue Cross and Blue Shield of Florida. By allowing the pharmacy to override online rejections for vacation medication supplies, this automated process will eliminate the need for the pharmacy to call the Prime Contact Center.

Prior Authorization Code

The following Prior Authorization number can be used for BCBSFL Commercial and Medicare Part D lines of business. This number may only be used by the pharmacy to allow a one-time override for a vacation supply of medication. At the Point of Service, Pharmacy will receive the reject message '79 - Refill Too Soon, Use Prior Auth #11111 only for 30 day vac o/r.' This Prior Authorization number is allowed only one time per member per year for a 30-day-supply vacation override.

Pharmacy Audit Requirements

For auditing purposes, the Prior Authorization number must be tracked by the pharmacy each time it is used. Prime Therapeutics requires the following information to be documented on the hard copy prescription for the medication being dispensed:

- Date the Prior Authorization code was used
- Reason for use of the Prior Authorization code

Processing Information

BIN	012833
Processor Control Number (PCN)	
Commercial	FLBC
Medicare Part D	MEDDPRIME
Medicare Part D Group	MEDDPRIMEG
Prior Authorization code for	
Vacation Override Request	11111

For More Information

If you need assistance with claim processing, please call Prime's Contact Center at:

- Commercial Claims: 888.877.6323
- Medicare Part D Claims: 888.877.6420

For software set-up information, please visit Prime's Web site at: <http://www.MyPrime.com/pharmacistsindex.htm>, Downloads, Payor Sheets



NEW MEMBER ID CARDS

**Health Care Service Corporation (HCSC)
Issues New ID Cards**

Blue Cross and Blue Shield of Illinois, New Mexico, Oklahoma and Texas

Beginning December 2008

HCSC is in the process of issuing new ID cards to its members. These new ID cards will standardize ID card formats and assist pharmacies by saving time and reducing input errors.

Members have been instructed to present their new ID card(s) when filling a prescription.

To ensure a smooth conversion process for members and pharmacies, HCSC has adopted a phased-in approach. Some members will receive new ID cards, while others may still present the old ID card. Both versions will be valid until January 1, 2011.

An important new feature of the member ID card is the addition of a magnetic stripe to the back. The magnetic stripe will contain limited member information that can be read when “swiped” through a card reader. The magnetic stripe will contain information such as subscriber name, birth date, ID number and group ID number – for generation of eligibility and benefit transactions.

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

FRONT OF MEMBER ID CARD

Subscriber Name: _____
 Identification Number: _____
 Group Number: _____
 Coverage Date: _____
 Network Number: _____
 TDI
 FAMILY
 RxBIN: _____
 RxPCN: _____

BACK OF MEMBER ID CARD

Customer Service 1-XXX-XXX-XXXX
 Provider Finder 1-XXX-XXX-XXXX
 Preauth-Medical 1-XXX-XXX-XXXX
 Preauth-MH/CD 1-XXX-XXX-XXXX
 Provider Service 1-XXX-XXX-XXXX
 Network coverage is available through participating network Providers. Non-network services will be covered at a lower level. Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD). Refer to your online benefits for claims filing address and additional information. File claims with your local BCBS plan.
 BlueCross BlueShield of _____ a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross BlueShield Association.
 Pharmacy Benefits Manager

PrimeNational Formulary Additions

■ GENERIC PRODUCTS ADDED

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

acarbose tabs (PRECOSE)
 alclometasone crm, oint (ACLOVATE)
 bacitracin ophth oint
 carbidopa/levodopa orally disintegrating tabs (PARCOPA)
 ciclopirox gel (LOPROX)
 clobetasol foam (OLUX)
 divalproex delayed-release tabs (DEPAKOTE)
 fluticasone propionate crm, oint (CUTIVATE)
 glyburide micronized tabs (GLYNASE)
 halobetasol crm, oint (ULTRAVATE)
 lamotrigine tabs (LAMICTAL)

■ GENERIC PRODUCTS ADDED

Brand products are also on formulary

calcium acetate caps (PHOSLO)

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)
 AZASITE (azithromycin ophth soln)
 FUSILEV (levoleucovorin calcium for inj)
 HYCAMTIN (topotecan caps)
 VENLAFAXINE extended-release tabs

PrimeNational Formulary Deletions

■ GENERIC PRODUCTS REMOVED

lidocaine 3% crm, lotn (LIDAMANTLE)

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE (divalproex delayed-release tabs)
 LAMICTAL (lamotrigine tabs)
 LOPROX (ciclopirox gel)
 PARCOPA (carbidopa/levodopa orally disintegrating tabs)
 PRED FORTE (prednisolone acetate ophth susp)

■ BRAND PRODUCTS REMOVED

Generics are not available

BENZAMYCIN GEL PAK (benzoyl peroxide/erythromycin gel)
 BETOPTIC-S (betaxolol ophth susp)
 GLYSET (miglitol tabs)
 NORTHYX (methimazole tabs, 15 mg, 20 mg)
 OXSORALEN (methoxsalen lotn)
 PRUET DHA (prenatal vitamins/omega-3/folic acid)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

DOVONEX (calcipotriene oint)
 PREDNISOLONE tabs
 REQUIP Starter Kit (ropinirole tabs)
 SULFACETAMIDE SODIUM ophth oint
 TILADE (nedocromil inhalation aerosol)

Blue Cross and Blue Shield of Florida Medication List Additions

■ BRAND PRODUCTS ADDED – TIER 2

Effective October 2008

APTIVUS (tipranavir oral soln)

HYCAMTIN (topotecan caps)

SUPRAX (cefixime tabs)

Effective January 1, 2009

OMNITROPE (somatropin inj)

QVAR (beclomethasone inhalation aerosol)

■ OTHER PRODUCTS ADDED – TIER 2

Effective January 1, 2009

BAYER ASCENSIA BLOOD GLUCOSE METERS AND TEST STRIPS

Blue Cross and Blue Shield of Florida Medication List Changes

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics remain

Effective January 1, 2009

PROTONIX (pantoprazole delayed-release tabs)

RAZADYNE (galantamine tabs)

RAZADYNE ER (galantamine extended-release caps)

TRUSOPT (dorzolamide ophth soln)

VIBRAMYCIN (doxycycline for susp)

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics are not available

Effective January 1, 2009

AZMACORT (triamcinolone inhalation aerosol)

BETOPTIC-S (betaxolol ophth susp)

GENOTROPIN (somatropin for inj)

NUTROPIN (somatropin for inj)

NUTROPIN AQ (somatropin inj)

OXSORALEN (methoxsalen lotn)

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

Generics are not available

Effective October 2008

PREDNISOLONE tabs

TILADE (nedocromil inhalation aerosol)

■ OTHER PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Effective January 1, 2009

ROCHE DIAGNOSTICS ACCU-CHEK BLOOD GLUCOSE METERS AND TEST STRIPS

Blue Cross and Blue Shield of Florida BlueSelect Medication List Additions

■ BRAND PRODUCTS ADDED

Effective November 2008

APTIVUS (tipranavir oral soln)

DILANTIN (phenytoin sodium extended caps, 100 mg)

HYCAMTIN (topotecan caps)

SYNTHROID (levothyroxine tabs)

Blue Cross and Blue Shield of Florida BlueSelect Medication List Changes

■ BRAND PRODUCTS: FORMULARY TO NOT COVERED

Generics remain

Effective January 1, 2009

TRUSOPT (dorzolamide ophth soln)

■ BRAND PRODUCTS: FORMULARY TO NOT COVERED

Generics are not available

Effective January 1, 2009

ANDROGEL (testosterone gel)

HUMALOG (insulin lispro inj)

HUMULIN N (insulin isophane susp)

HUMULIN R (insulin inj)

HUMULIN 50/50 (insulin isophane susp/insulin inj)

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

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

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

**DISCONTINUED BRAND PRODUCTS:
FORMULARY TO NOT COVERED**

Generics are not available

DOVONEX (calcipotriene oint)

**Blue Cross and Blue Shield of
Illinois Drug Formulary Additions**

BRAND PRODUCTS ADDED

Effective October 1, 2008

ACTONEL (risedronate tabs, 150 mg)

Effective January 1, 2009

APTIVUS (tipranavir oral soln)

NOXAFIL (posaconazole susp)

OMNITROPE (somatropin inj)

STIMATE (desmopressin nasal soln)

VFEND (voriconazole for susp, tabs)

**Blue Cross and Blue Shield of
Illinois Drug Formulary Deletions**

BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2009

DEPAKOTE (divalproex delayed-release tabs)

LAMICTAL (lamotrigine tabs)

LOPROX (ciclopirox gel)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PROTONIX (pantoprazole delayed-release tabs)

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

BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

GENOTROPIN (somatropin for inj)

NUTROPIN (somatropin for inj)

NUTROPIN AQ (somatropin inj)

ORTHO EVRA (norelgestromin/ethinyl estradiol transdermal
patch)

PROTONIX (pantoprazole for delayed-release susp)

PROVIGIL (modafinil tabs)

Effective April 1, 2009

BETOPTIC-S (betaxolol ophth susp)

RENAGEL (sevelamer tabs)

DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

DOVONEX (calcipotriene oint)

ENZYCAP (pancrelipase caps)

LIPRAM-CR (pancrelipase delayed-release caps)

REQUIP Starter Kit (ropinirole tabs)

SULFACETAMIDE SODIUM ophth oint

TILADE (nedocromil inhalation aerosol)

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

acarbose tabs (PRECOSE)

alclometasone crm, oint (ACLOVATE)

bacitracin ophth oint

carbidopa/levodopa orally disintegrating tabs (PARCOPA)

ciclopirox gel (LOPROX)

clobetasol foam (OLUX)

divalproex delayed-release tabs (DEPAKOTE)

fluticasone propionate crm, oint (CUTIVATE)

glyburide micronized tabs (GLYNASE)

halobetasol crm, oint (ULTRAVATE)

lamotrigine tabs (LAMICTAL)

■ GENERIC PRODUCTS ADDED

Brand products are also on formulary

calcium acetate caps (PHOSLO)

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)

AZASITE (azithromycin ophth soln)

FUSILEV (levoleucovorin calcium for inj)

HYCAMTIN (topotecan caps)

VENLAFAXINE extended-release tabs

Blue Cross and Blue Shield of Kansas National Formulary Deletions

■ GENERIC PRODUCTS REMOVED

lidocaine 3% crm, lotn (LIDAMANTLE)

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE (divalproex delayed-release tabs)

LAMICTAL (lamotrigine tabs)

LOPROX (ciclopirox gel)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PRED FORTE (prednisolone acetate ophth susp)

■ BRAND PRODUCTS REMOVED

Generics are not available

BENZAMYCIN GEL PAK (benzoyl peroxide/erythromycin gel)

BETOPTIC-S (betaxolol ophth susp)

GLYSET (miglitol tabs)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

OXSORALEN (methoxsalen lotn)

PRUET DHA (prenatal vitamins/omega-3/folic acid)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

DOVONEX (calcipotriene oint)

PREDNISOLONE tabs

REQUIP Starter Kit (ropinirole tabs)

SULFACETAMIDE SODIUM ophth oint

TILADE (nedocromil inhalation aerosol)

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

acarbose tabs (PRECOSE)

alclometasone crm, oint (ACLOVATE)

bacitracin ophth oint

carbidopa/levodopa orally disintegrating tabs (PARCOPA)

ciclopirox gel (LOPROX)

clobetasol foam (OLUX)

divalproex delayed-release tabs (DEPAKOTE)

fluticasone propionate crm, oint (CUTIVATE)

glyburide micronized tabs (GLYNASE)

halobetasol crm, oint (ULTRAVATE)

lamotrigine tabs (LAMICTAL)

■ GENERIC PRODUCTS ADDED

Brand products are also on formulary

calcium acetate caps (PHOSLO)

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)

AZASITE (azithromycin ophth soln)

FUSILEV (levoleucovorin calcium for inj)

HYCAMTIN (topotecan caps)

OMNITROPE (somatropin for inj)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ GENERIC PRODUCTS REMOVED

lidocaine 3% crm, lotn (LIDAMANTLE)

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE (divalproex delayed-release tabs)

LAMICTAL (lamotrigine tabs)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PRED FORTE (prednisolone acetate ophth susp)

■ BRAND PRODUCTS REMOVED

Generics are not available

BENZAMYCIN GEL PAK (benzoyl peroxide/erythromycin gel)

GENOTROPIN (somatropin for inj)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

NUTROPIN (somatropin for inj)

NUTROPIN AQ (somatropin inj)

OXSORALEN (methoxsalen lotn)

PRUET DHA (prenatal vitamins/omega-3/folic acid)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

DOVONEX (calcipotriene oint)

PREDNISOLONE tabs

REQUIP Starter Kit (ropinirole tabs)

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

acarbose tabs (PRECOSE)

carbidopa/levodopa orally disintegrating tabs (PARCOPA)

ciclopirox gel (LOPROX)

clobetasol foam (OLUX)

■ GENERIC PRODUCTS ADDED

Brand products are also on formulary

calcium acetate caps (PHOSLO)

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)

AZASITE (azithromycin ophth soln)

FUSILEV (levoleucovorin calcium for inj)

HUMIRA (adalimumab inj)

HYCAMTIN (topotecan caps)

VENLAFAXINE extended-release tabs

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

■ GENERIC PRODUCTS REMOVED

lidocaine 3% crm, lotn (LIDAMANTLE)

■ BRAND PRODUCTS REMOVED

Generics remain

LOPROX (ciclopirox gel)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PRED FORTE (prednisolone acetate ophth susp)

■ BRAND PRODUCTS REMOVED

Generics are not available

BETOPTIC-S (betaxolol ophth susp)

GLYSET (miglitol tabs)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

OXSORALEN (methoxsalen lotn)

PRUET DHA (prenatal vitamins/omega-3/folic acid)

RENAGEL (sevelamer tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PREDNISOLONE tabs

REQUIP Starter Kit (ropinirole tabs)

TILADE (nedocromil inhalation aerosol)

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

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)

HYCAMTIN (topotecan caps)

STIMATE (desmopressin nasal soln)

Blue Cross and Blue Shield of Nebraska Formulary Additions

■ GENERIC PRODUCTS ADDED

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

acarbose tabs (PRECOSE)
 alclometasone crm, oint (ACLOVATE)
 bacitracin ophth oint
 carbidopa/levodopa orally disintegrating tabs (PARCOPA)
 ciclopirox gel (LOPROX)
 clobetasol foam (OLUX)
 diclofenac sodium ophth soln (VOLTAREN)
 divalproex delayed-release tabs (DEPAKOTE)
 fluticasone propionate crm, oint (CUTIVATE)
 glyburide micronized tabs (GLYNASE)
 halobetasol crm, oint (ULTRAVATE)
 lamotrigine tabs (LAMICTAL)

■ GENERIC PRODUCTS ADDED

Brand products are also on formulary

calcium acetate caps (PHOSLO)

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)
 FUSILEV (levoleucovorin calcium for inj)
 Hycamtin (topotecan caps)
 OPTIVAR (azelastine ophth soln)
 VYVANSE (lisdexamfetamine caps)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ GENERIC PRODUCTS REMOVED

lidocaine 3% crm, lotn (LIDAMANTLE)

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE (divalproex delayed-release tabs)
 LAMICTAL (lamotrigine tabs)
 PARCOPA (carbidopa/levodopa orally disintegrating tabs)
 PROTONIX (pantoprazole delayed-release tabs)

■ BRAND PRODUCTS REMOVED

Generics are not available

BENZAMYCIN GEL PAK (benzoyl peroxide/erythromycin gel)
 BETOPTIC-S (betaxolol ophth susp)
 NORTHYX (methimazole tabs, 15 mg, 20 mg)
 OXSORALEN (methoxsalen lotn)
 PROTONIX (pantoprazole for delayed-release susp)
 PRUET DHA (prenatal vitamins/omega-3/folic acid)
 RENAGEL (sevelamer tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

DOVONEX (calcipotriene oint)
 PREDNISOLONE tabs
 REQUIP Starter Kit (ropinirole tabs)
 SULFACETAMIDE SODIUM ophth oint

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

■ BRAND PRODUCTS ADDED

Effective October 1, 2008

ACTONEL (risedronate tabs, 150 mg)

Effective January 1, 2009

APTIVUS (tipranavir oral soln)

NOXAFIL (posaconazole susp)

STIMATE (desmopressin nasal soln)

VFEND (voriconazole for susp, tabs)

■ SPECIALTY DRUG LIST CHANGES

Effective January 1, 2009

OMNITROPE and PEGASYS are Preferred

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2009

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

DEPAKOTE (divalproex delayed-release tabs)

DOVONEX (calcipotriene soln)

LAMICTAL (lamotrigine tabs)

LOPROX (ciclopirox gel)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PROTONIX (pantoprazole delayed-release tabs)

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

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

BETOPTIC-S (betaxolol ophth susp)

ORTHO EVRA (norelgestromin/ethinyl estradiol transdermal patch)

PROTONIX (pantoprazole for delayed-release susp)

RENAGEL (sevelamer tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

DOVONEX (calcipotriene oint)

ENZYCAP (pancrelipase caps)

LIPRAM-CR (pancrelipase delayed-release caps)

REQUIP Starter Kit (ropinirole tabs)

SULFACETAMIDE SODIUM ophth oint

TILADE (nedocromil inhalation aerosol)

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

■ BRAND PRODUCTS ADDED

Effective January 1, 2009

NOXAFIL (posaconazole susp)

STIMATE (desmopressin nasal soln)

VFEND (voriconazole for susp, tabs)

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2009

DEPAKOTE (divalproex delayed-release tabs)

LAMICTAL (lamotrigine tabs)

PROTONIX (pantoprazole delayed-release tabs)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

BETOPTIC-S (betaxolol ophth susp)

PROTONIX (pantoprazole for delayed-release susp)

RENAGEL (sevelamer tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

DOVONEX (calcipotriene oint)

ENZYCAP (pancrelipase caps)

LIPRAM-CR (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

acarbose tabs (PRECOSE)

alclometasone crm, oint (ACLOVATE)

bacitracin ophth oint

bacitracin/polymyxin B/neomycin/hydrocortisone ophth oint

carbidopa/levodopa orally disintegrating tabs (PARCOPA)

ciclopirox gel (LOPROX)

clobetasol foam (OLUX)

cyclopentolate ophth soln, 1% (CYCLOGYL)

dorzolamide ophth soln (TRUSOPT)

dorzolamide/timolol ophth soln (COSOPT)

fluticasone propionate crm, oint (CUTIVATE)

glyburide micronized tabs (GLYNASE)

halobetasol crm, oint (ULTRAVATE)

homatropine ophth soln, 5% (ISOPTO HOMATROPINE)

levetiracetam tabs (KEPPRA)

■ GENERIC PRODUCTS ADDED

Brand products are also on formulary

calcium acetate caps (PHOSLO)

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)

FUSILEV (levoleucovorin calcium for inj)

NPLATE (romiplastim for inj)

VENLAFAXINE extended-release tabs

■ OTHER BRAND PRODUCTS ADDED

HYCAMTIN (topotecan caps) – Prior Approval Required

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ GENERIC PRODUCTS REMOVED

albuterol inhalation aerosol

Note: Albuterol inhalers containing ozone-depleting CFCs cannot be sold after December 31, 2008.

■ BRAND PRODUCTS REMOVED

Generics remain

COSOPT (dorzolamide/timolol ophth soln)

LOPROX (ciclopirox gel)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PRED FORTE (prednisolone acetate ophth susp)

TRUSOPT (dorzolamide ophth soln)

■ BRAND PRODUCTS REMOVED

Generics are not available

GLYSET (miglitol tabs)

NASACORT AQ (triamcinolone nasal soln)

NASONEX (mometasone nasal susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

PRUET DHA (prenatal vitamins/omega-3/folic acid)

RENAGEL (sevelamer tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

PREDNISOLONE tabs

SULFACETAMIDE SODIUM ophth oint

TESLAC (tesolactone tabs)

TILADE (nedocromil inhalation aerosol)

■ OTHER BRAND PRODUCTS REMOVED

Generics are not available

KINERET (anakinra inj) – Prior Approval Required

RAPTIVA (efalizumab inj) – Prior Approval Required

Blue Cross Blue Shield of Oklahoma Formulary Additions

■ BRAND PRODUCTS ADDED

Effective October 1, 2008

ACTONEL (risedronate tabs, 150 mg)

Effective January 1, 2009

APTIVUS (tipranavir oral soln)

NOXAFIL (posaconazole susp)

STIMATE (desmopressin nasal soln)

VFEND (voriconazole for susp, tabs)

■ OTHER PRODUCTS ADDED

Effective January 1, 2009

ACCU-CHEK ACTIVE, AVIVA, COMFORT CURVE, COMPACT, and INSTANT BLOOD GLUCOSE TEST STRIPS

ACCU-CHEK LANCETS

■ SPECIALTY DRUG LIST CHANGES

Effective January 1, 2009

OMNITROPE and PEGASYS are Preferred

Blue Cross Blue Shield of Oklahoma Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2009

ALTACE (ramipril caps, 1.25 mg)

DEPAKOTE (divalproex delayed-release tabs)

LAMICTAL (lamotrigine tabs)

LOPROX (ciclopirox gel)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PROTONIX (pantoprazole delayed-release tabs)

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

Effective April 1, 2009

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

DOVONEX (calcipotriene soln)

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

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

BETOPTIC-S (betaxolol ophth susp)

ORTHO EVRA (norelgestromin/ethinyl estradiol transdermal patch)

PROTONIX (pantoprazole for delayed-release susp)

RENAGEL (sevelamer tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

DOVONEX (calcipotriene oint)

LIPRAM-CR (pancrelipase delayed-release caps)

REQUIP Starter Kit (ropinirole tabs)

TILADE (nedocromil inhalation aerosol)

■ OTHER REMOVALS

Effective January 1, 2009

ONE TOUCH II/BASIC/PROFILE, FASTTAKE, SURESTEP, and ULTRA BLOOD GLUCOSE TEST STRIPS

ONE TOUCH and LIFESCAN LANCETS

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

Effective October 1, 2008

ACTONEL (risedronate tabs, 150 mg)

Effective January 1, 2009

APTIVUS (tipranavir oral soln)

NOXAFIL (posaconazole susp)

STIMATE (desmopressin nasal soln)

VFEND (voriconazole for susp, tabs)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2009

DEPAKOTE (divalproex delayed-release tabs)

LAMICTAL (lamotrigine tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2009

LIPRAM-CR (pancrelipase delayed-release caps)

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

acarbose tabs (PRECOSE)

alclometasone crm, oint (ACLOVATE)

bacitracin ophth oint

carbidopa/levodopa orally disintegrating tabs (PARCOPA)

ciclopirox gel (LOPROX)

clobetasol foam (OLUX)

divalproex delayed-release tabs (DEPAKOTE)

fluticasone propionate crm, oint (CUTIVATE)

glyburide micronized tabs (GLYNASE)

halobetasol crm, oint (ULTRAVATE)

lamotrigine tabs (LAMICTAL)

norethindrone acetate/ethinyl estradiol/Fe –Tilia FE, Tri-Legest FE (ESTROSTEP FE)

omeprazole delayed-release caps (PRILOSEC)

■ GENERIC PRODUCTS ADDED

Brand products are also on formulary

calcium acetate caps (PHOSLO)

■ BRAND PRODUCTS ADDED

APTIVUS (tipranavir oral soln)

FUSILEV (levoleucovorin calcium for inj)

HYCAMTIN (topotecan caps)

OMNITROPE (somatropin for inj)

VENLAFAXINE extended-release tabs

Blue Cross Blue Shield of Wyoming Preferred Drug List Deletions

■ GENERIC PRODUCTS REMOVED

lidocaine 3% crm, lotn (LIDAMANTLE)

pantoprazole delayed-release tabs (PROTONIX)

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE (divalproex delayed-release tabs)

LAMICTAL (lamotrigine tabs)

LOPROX (ciclopirox gel)

PARCOPA (carbidopa/levodopa orally disintegrating tabs)

PRED FORTE (prednisolone acetate ophth susp)

■ BRAND PRODUCTS REMOVED

Generics are not available

BETOPTIC-S (betaxolol ophth susp)

GENOTROPIN (somatropin for inj)

GLYSET (miglitol tabs)

NASACORT AQ (triamcinolone nasal soln)

NASONEX (mometasone nasal susp)

NORTHYX (methimazole tabs, 15 mg, 20 mg)

NUTROPIN (somatropin for inj)

NUTROPIN AQ (somatropin inj)

OXSORALEN (methoxsalen lotn)

PROTONIX (pantoprazole for delayed-release susp, tabs)

PRUET DHA (prenatal vitamins/omega-3/folic acid)

RENAGEL (sevelamer tabs)

VYTORIN (ezetimibe/simvastatin tabs)

ZETIA (ezetimibe tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

DOVONEX (calcipotriene oint)

PREDNISOLONE tabs

REQUIP Starter Kit (ropinirole tabs)

SULFACETAMIDE SODIUM ophth oint

TILADE (nedocromil inhalation aerosol)

2009 Medicare Part D Formulary Changes

There are a few changes to the Medicare Part D formularies in 2009, mostly due to CMS mandates for most of our plans.

Pharmacists may anticipate receiving additional questions from members, as letters were sent to the impacted members in November 2008 explaining the formulary changes.

Coverage determinations for changes can be submitted by the prescribing physician after December 1, 2008, for an effective date of January 1, 2009.

Following is a list of top drugs impacted by the changes to the Medicare Part D formularies for 2009.

To view the comprehensive list of Medicare Part D formulary changes with formulary alternatives suggested and to access a PDF of the 2009 formularies, visit Prime's Web site at www.MyPrime.com/pharmacistsindex.htm, select Medicare D tab, go to list of **Important Medicare Information** on right side of the screen, and click on the **2009 Medicare Formularies** link.

2009 Medicare Part D Book of Business Top Drug Change List

Drug Name	2008 Tier	2009 Tier	Description of Change
ACTONEL tab 5 mg, 30 mg, 35 mg, 75 mg, 150 mg	2	3	On formulary, higher cost tier
ADVICOR tab 500-20 mg, 750-20 mg, 1000-20 mg, 1000-40 mg	3	Not on formulary	Not on 2009 Formulary
ALBUTEROL AER 90 mcg	1	Not on formulary	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
ATROPINE SULFATE OPTH oint 1%; OPTH soln 1%	1	Not on formulary	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
COSOPT OPTH soln 2-0.5%	2	3	On formulary, higher cost tier, generic available
DEPAKOTE SPRINKLE cap 125 MG; DR tab 125 mg, 250 mg, 500 mg	2	3	On formulary, higher cost tier
EFFEXOR XR cap 37.5 mg, 75 mg, 150 mg	2	3	On formulary, higher cost tier
FLUOCINOLONE ACETONIDE crm 0.025%, oint 0.025%, soln 0.01%	1	Not on formulary	Not on 2009 formulary
FOSAMAX PLUS D tab 70-2800 unit, 70 mg-5600 unit	3	Not on formulary	Not on 2009 Formulary
HALFLYTELY BOWEL-PREP KIT	2	Not on formulary	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
IMITREX INJ, spray, tab	2	3	On formulary, higher cost tier
KLOR-CON POW 20 meq	1	Not on formulary	Not on formulary because does not meet the definition of a Part D drug under CMS regulations

FORMULARY UPDATES continued

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

Drug Name	2008 Tier	2009 Tier	Description of Change
LAMICTAL tab 25 mg, 100 mg, 150 mg, 200 mg	2	Not on formulary	Not on formulary, generic(s) available
LANOXIN tab 0.125 mg, 0.25 mg	2	Not on formulary	Not on formulary, generic(s) available
LOTREL cap 5-40 mg, 10-40 mg	2	Not on formulary	Not on formulary, generic(s) available
LOVENOX inj 60 mg, 80 mg, 100 mg, 120 mg, 150 mg, 300 mg	3	4	On formulary, higher cost tier
MIRAPEX tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	3	On formulary, higher cost tier
OXYCODONE cap 5 mg; conc 20/mL; soln 5 mg/5 mL	1	Not on formulary	Not on formulary because does not meet the definition of a Part D drug under CMS regulations
PANTOPRAZOLE tab 20 mg, 40 mg	1	Not on formulary	Not on 2009 formulary
PAXIL CR tab 12.5 mg, 25 mg	3	Not on formulary	Not on formulary, generic(s) available
REQUIP tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	3	Not on formulary, generic(s) available
RISPERDAL inj 12.5 mg, 25 mg, 37.5 mg, 50 mg; RISPERDAL M tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg; soln 1 mg/mL	2	3	On formulary, higher cost tier
RISPERDAL tab 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	Not on formulary	Not on formulary, generic(s) available
VANCOGIN HCL cap 125 mg, 250 mg	2	4	On formulary, higher cost tier
WELLBUTRIN tab XL 150 mg	2	Not on formulary	Not on formulary, generic(s) available

Updates to the 2009 Medicare Part D Formularies

The 2009 Medicare Part D formularies are dynamic. A large number of changes have occurred since the 2009 Medicare Part D printed formularies were published. The changes, i.e., tier changes and additions, are noted below.

To view a full list of updates to the Medicare Part D formularies at any time, visit Prime's Web site at www.MyPrime.com/pharmacistsindex.htm.

The updates, along with the PDF of the 2009 formularies on the Web site, provide complete and current Medicare Part D formulary information.

The following changes apply to all 2009 Medicare Part D formularies:

TRADE NAME (generic name) or generic name	Nature of Change	Description of Change
APTIVUS (tipranavir) soln, 100 mg/mL	Addition	Tier 3
calcium acetate caps, 667 mg	Addition	First generic for PhosLo, Tier 1
ciclopirox gel, 0.77%	Addition	First generic for Loprox, Tier 1

Continued

FORMULARY UPDATES continued

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

TRADE NAME (generic name) or generic name	Nature of Change	Description of Change
DETROL (tolterodine) tabs, 1 mg, 2 mg	Cost Share Reduction	Change to Tier 2 (was 3), Quantity Limits continue to apply
diclofenac sodium ophth soln, 0.1%	Addition	Generic for Voltaren, Tier 1
dorzolamide ophth soln, 2%	Addition	First generic for Trusopt, Tier 1
dorzolamide/timolol ophth soln, 2-0.5%	Addition	First generic for Cosopt, Tier 1
galantamine ER caps, 8 mg, 16 mg, 24 mg	Addition	First generic for Razadyne ER, Tier 1
HYCAMTIN (topotecan) caps, 0.25 mg, 1 mg	Addition	Tier 4
levetiracetam tabs, 250 mg, 500 mg, 750 mg	Addition	First generic for Keppra, Tier 1
NEVANAC (nepafenac) ophth susp, 0.1%	Addition	Tier 3
NOXAFIL (posaconazole) susp, 40 mg/mL	Addition	Tier 4, Prior Authorization applies
PHOSLO (calcium acetate) caps, 667 mg	Cost Share Reduction	Change to Tier 2 (was 3)
PREZISTA (darunavir) tabs, 400 mg	Addition	Tier 3
PRISTIQ (desvenlafaxine) ER tabs, 50 mg, 100 mg	Addition	Tier 3, Step Therapy applies
STALEVO (carbidopa/levodopa/entacapone) tabs, 18.75-75-200 mg, 31.25-125-200 mg	Addition	Tier 2
STIMATE (desmopressin) nasal spray, 1.5 mg/mL	Addition	Tier 3
SUMATRIPTAN SUCCINATE inj, 6 mg/0.5 mL; inj kit, 4 mg/0.5 mL, 6 mg/0.5 mL	Addition	Brand distributor version of Imitrex, Tier 3, Quantity Limits apply
TOBRAMYCIN/DEXAMETHASONE ophth susp, 0.3-0.1%	Addition	Brand distributor version of Tobradex, Tier 2
VENLAFAXINE ER tabs, 37.5 mg, 75 mg, 150 mg, 225 mg	Addition	Tier 2, Step Therapy applies
VFEND (voriconazole) for susp, 40 mg/mL; tabs, 50 mg, 200 mg	Addition	Tier 4, Prior Authorization applies
ZETIA (ezetimibe) tabs, 10 mg	Cost Share Reduction	Change to Tier 2 (was 3), Step therapy continues to apply

The following changes apply to **only** the 2009 Medicare Part D formulary for Blue Cross and Blue Shield of Florida (Basic and Enhanced Benefits):

TRADE NAME (generic name) or generic name	Nature of Change	Description of Change
DILAUDID (hydromorphone) tabs, 2 mg, 4 mg	Addition	Tier 3
LOPROX (ciclopirox) gel, 0.77%	Addition	Tier 3
VOLTAREN (diclofenac sodium) ophth soln, 0.1%	Addition	Tier 3



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