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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

Common Billing Errors Information Posted on Prime Website

Some drugs are supplied in complex packaging, and the correct billing quantity for the product may not be immediately apparent to the Pharmacy. For this reason, Prime Therapeutics has provided a listing of common billing errors on the Prime Website. The information includes drug-specific information and correct billing methods.

The Common Billing Errors Guide can be found at:

<http://www.myprime.com/pdf/CommonBillingErrors.pdf>

Or through the homepage by clicking “Pharmacists,” then “Common Billing Errors” on the right hand side.

Examples of Common Billing Errors

Many billing errors occur on claims for packaged kits. For example,

- In general, acne kits (such as Brevoxyl Acne kit, Duac CS kit, Metrogel kit, Soriatane kits, etc) are to be billed

as a quantity of 1 for one kit. These products are commonly mis-billed as the quantity of grams within the package.

- Copaxone Kits are to be billed as a quantity of 1 for one kit. These kits are commonly mis-billed as the number of injections within the package (30).

Many billing errors occur on claims for Inhalers. For example,

- Asmanex Inhalers are to be billed by the gram. The correct quantity for the 220 mcg inhaler is 0.24 grams. The correct quantity for the new 110 mcg inhaler is 0.135 grams. Billing errors occur when Asmanex quantities are entered as the number of actuations within the package.

Many billing errors occur when excess medication is dispensed. For example,

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

Continued on page 2

Prime Perspective Prepares to Go Green!

Prior to the next publication of the *Prime Perspective*, Prime will be evaluating ways to transition *Prime Perspective* to an electronic newsletter format. Producing *Prime Perspective* electronically will allow us to provide formulary updates, new Plan announcements and benefit information on a timely basis, while at the same time assisting us in being responsible stewards of the earth.

- For patients newly initiating Vagifem, one tablet is inserted once daily for two weeks, then one tablet twice weekly for the next two weeks. This corresponds to a total of 18 tablets as a 28 day supply
- Patients on maintenance therapy receive one tablet twice weekly or 8 tablets as a 28 day supply. Billing errors occur when Pharmacies dispense the larger 18-count package as a 28 day supply during maintenance therapy.
- A patient should not receive more than one package (8 or 18 tablets, depending on initial or maintenance dosing) of Vagifem for 28 days supply.

MAC LIST UPDATES

Prime Therapeutics MAC List Updates: December 1, 2008 through March 1, 2009

■ ADDED TO MAC LIST

albuterol sulfate extended-release tabs, 8 mg (VOSPIRE)
galantamine extended-release caps, 24 mg (RAZADYNE)
galantamine tabs, 4 mg, 8 mg (RAZADYNE)
leuprolide acetate inj kit, 5 mg/mL (LUPRON)
lidocaine oint, 5%
methenamine hippurate tabs, 1 g (HIPREX)
omeprazole delayed-release caps, 40 mg (PRILOSEC)
propoxyphene napsylate/apap tabs, 100-500 mg (DARVO CET-N)
stavudine caps, 20 mg, 30 mg, 40 mg (ZERIT)

■ REMOVED FROM MAC LIST

penicillin v potassium for soln 125 mg, 250 mg/5 mL
amoxicillin (trihydrate) chew tabs, 200 mg
amoxicillin (trihydrate) for susp, 125 mg/5 mL
amoxicillin & potassium clavulanate tabs, 250-125 mg
cefadroxil for susp, 500 mg/5 mL
cefazolin for inj, 1 g, 10 g
cefuroxime axetil for susp, 250 mg/5 mL
ceftazidime for inj, 2 g
ceftriaxone for inj, 2 g
erythromycin ethylsuccinate tabs, 400 mg
clarithromycin for susp, 125 mg/5 mL
tetracycline caps, 250 mg
gentamicin inj 10 mg/mL
metoprolol succinate extended-release tabs, 25, 50, 100, 200 mg
prenatal vitamins/ferrous fumarate/folic acid tabs, 27-1 mg
prenatal vitamins/doss/ferrous fumarate/
-folic acid extended-release tabs, 90-1 mg

FLORIDA NEWS

Effective April 4, 2009, select populations will implement the following UM programs: Oral Antifungal (Noxafil and Vfend) Prior Authorization; Proton Pump Inhibitor Step Therapy; Anticonvulsant, Atypical Antipsychotic and Byetta Quantity Limits.

Also effective April 4, 2009, select populations under the BlueSelect Product will implement the following UM programs: Oral Antifungal (Noxafil and Vfend) Prior Authorization; Anticonvulsant, Atypical Antipsychotic, and Byetta Quantity Limits.

MINNESOTA AUC

E3: Streamlining Health Care Transactions in Minnesota

On November 3, 2008, pursuant to Minnesota Statutes, section 62J.536, the Minnesota Administrative Uniformity Committee ("MN AUC") adopted a rule for the Minnesota Uniform Companion Guide for the Implementation of the Health Care Claim Payment Remittance Advice Electronic Transaction (ANSI ASC X12 835) (the "Guide"). Prime has interpreted the Guide to require all payors and providers in the state of Minnesota to receive remittance advices electronically. This new rule goes into effect on December 15, 2009.

Prime is encouraging all providers who currently do not receive an 835 electronic remittance advice to contact us to get setup with electronic remittance. To learn more about the 835 program, visit our website at: <http://www.myprime.com/remittance.htm>

For further information regarding the new statute please visit the MN AUC website at: <http://www.health.state.mn.us/auc> or the Minnesota Department of Health's website at: <http://www.health.state.mn.us/asa/>

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

PRIME DRUG ALERTS

Reglan® (metoclopramide) Box Warning

“The Food and Drug Administration (FDA) notified healthcare professionals that manufacturers of metoclopramide, a drug used to treat gastrointestinal disorders, must add a boxed warning to their drug labels about the risk of its long-term or high-dose use. Chronic use of metoclopramide has been linked to tardive dyskinesia, which may include involuntary and repetitive movements of the body, even after the drugs are no longer taken. These symptoms are rarely reversible and there is no known treatment. Metoclopramide is available in a variety of formulations including tablets, syrups and injections. Names of metoclopramide-containing products include Reglan Tablets, Reglan Oral Disintegrating Tablets, Metoclopramide Oral Solution, and Reglan Injection. Manufacturers will be required to implement a risk evaluation and mitigation strategy [REMS] to ensure patients are provided with a medication guide that discusses this risk. Current product labeling warns of the risk of tardive dyskinesia with chronic metoclopramide treatment.”¹

“Recently published analyses suggest that metoclopramide is the most common cause of drug-induced movement disorders. Another analysis of study data by the FDA showed that about 20 percent of patients in that study who used metoclopramide took it for longer than three months. The FDA has also become aware of continued spontaneous reports of tardive dyskinesia in patients who used metoclopramide, the majority of whom had taken the drug for more than three months.”²

References:

1. U.S. Food and Drug Administration MedWatch. Metoclopramide. 2/26/2009. Accessed on 3/4/2009 at: <http://www.fda.gov/medwatch/safety/2009/safety09.htm#Metoclopramide>
2. U.S. Food and Drug Administration News. 2/26/2009. Accessed on 3/4/2009 at: <http://www.fda.gov/bbs/topics/NEWS/2009/NEW01963.html>

PHARMACY FWA TRAINING

Compliance Training for First Tier, Downstream and Related Entities

As you likely are aware, federal regulations established in late 2007 at 42 CFR Parts 422 and 423 require, in part, that Part D Sponsors must attest that they will:

- Develop an effective compliance plan and compliance training that incorporates measures to detect, prevent, and correct fraud, waste and abuse,
- Establish effective lines of communication between the compliance officer, members of the compliance committee, and the Sponsor’s employees, managers, and directors, and
- **Apply these education, training and communication requirements to all entities with which they partner to provide benefits or services (first tier, downstream, and related entities).** This includes pharmacies in the Part D network.

As an entity that contracts to provide health, prescription or administrative services on behalf our Medicare enrollees, your organization must meet new education and training requirements related to the compliance program requirements of these Part D programs.

Training is and will be available through multiple sources, including through entities such as Learnsomething.com (<http://www.learnsomething.com/Solutions/preventing-fraud-waste-and-abuse.htm>). Prime’s Part D Sponsor clients are also building training modules, one of which is currently posted on the Prime website and another which will be posted on or before July 2009. Blue Cross Blue Shield of Florida’s training is currently available on Prime’s website at: <http://www.myprime.com/pdf/CMSMandatedFraudWasteandAbuseTraining.pdf> Prime does not require you to use any one specific organization’s training module, so long as the training module you use meets the CMS requirements.

The Centers for Medicare and Medicaid Services (CMS) will be requiring Part D Sponsors to produce, upon request, copies of training logs and attestations from their first tier, downstream and related entities to evidence compliance with these requirements. In the months ahead, Prime will be establishing on the “pharmacists” page of our website a link to an attestation form for you to complete online and submit to Prime electronically, indicating that all of the employees in your organization have satisfied their training requirements for Prime’s Part D Sponsor clients. We anticipate having this paperless attestation process in place by July 1, 2009. Please look for additional information to come in the next *Prime Perspective*.

NEW PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Oklahoma

Effective May 1, 2009

Prime Requires All Claims to be Submitted Online

Effective May 1, 2009, Prime Therapeutics will begin processing claims for Blue Cross and Blue Shield Oklahoma (BCBSOK) Commercial Individual members. Claims with a date of service prior to May 1, 2009, will reject in Prime’s system and must be processed by BCBSOK.

Processing Requirements

To ensure uninterrupted service to pharmacies and members, please use the following processing requirements to set up your system, prior to May 1, 2009, to process claims for members of BCBSOK.

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

■ **BCBSOK Drug Card**

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

■ **BCBSOK Comp Card**

Line of Business Individual
 BIN 011552
 PCN 1217
 9-digit member ID number
 Date of birth
 Gender
 U&C
 Patient Relationship Code



All Commercial Individual members are converting to Prime and will receive a new ID card indicating that Prime is the new pharmacy benefit manager. **Please be sure to ask if the member has received a new ID card.**

For More Information

For assistance with claims that have a date of fill prior to May 1, 2009, please contact BCBSOK at **877.353.0992** and select the prompt for BCBSOK.

Beginning May 1, 2009, if you need assistance with claim’s processing on Prime’ system, call the BCBSOK pharmacy help desk at **877.353.0992** and select the prompt for Prime Therapeutics.

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

FRONT OF MEMBER ID CARD

 BlueCross BlueShield of Oklahoma			
Member Name		_____	
LastName, FirstName		_____	
Member ID		_____	
YUPS900000842		_____	
Group No.	Y69HB3	Plan	Blue Transitions
BIN	011552		
Rx PCN	1215		
Plan Code	BC 340 BS 840		
Effective Date	00/00/00		
Expiration Date	00/00/00		
		Rx	

NEW PLAN ANNOUNCEMENT

Twin City Sprinkler Fitters

Effective April 1, 2009

Effective April 1, 2009, Prime Therapeutics will begin processing claims for members of Twin City Sprinkler Fitters, under the Prime Therapeutics Select Network.

Processing Requirements

To process claims and ensure uninterrupted service to Twin City Sprinkler Fitters members and pharmacies, please use the following information to set up your system prior to April 1, 2009:

BIN 610455
 PCN PGIGN
 Member ID
 Date of birth
 Gender
 U&C
 Pharmacy NPI
 Prescriber ID (NPI or DEA)

Twin City Sprinkler Fitters 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 below for member ID card samples.

Outstanding Claims Reversal and Processing
 Pharmacies can process run-out claims through Caremark until March 31, 2009. Please complete all claims processing and reversals to Caremark by close of business that day.

For More Information

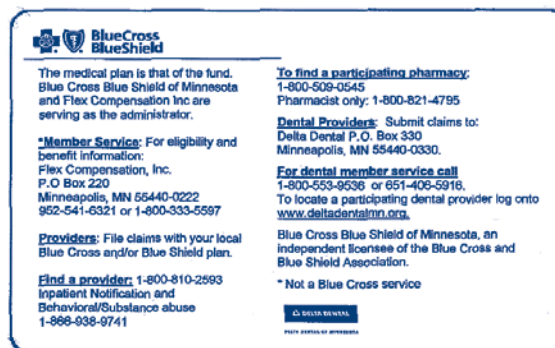
Beginning April 1, 2009, if you need assistance with claims processing on Prime's system, call the Prime Contact Center at 866.590.3012.

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.

FRONT OF MEMBER ID CARD



BACK OF MEMBER ID CARD



FORMULARY UPDATES

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

PrimeNational Formulary Additions

■ GENERIC PRODUCTS ADDED

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

acetazolamide extended-release caps (DIAMOX SEQUELS)

balsalazide caps (COLAZAL)

calcitonin-salmon nasal soln (MIACALCIN)

didanosine delayed-release caps, 125 mg (VIDEX EC)

dorzolamide ophth soln (TRUSOPT)

dorzolamide/timolol maleate ophth soln (COSOPT)

hydrocodone/ibuprofen tabs, 5/200 mg (REPREXAIN)

hydrocodone/ibuprofen tabs, 7.5/200 mg (VICOPROFEN)

hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)

levetiracetam soln, tabs (KEPPRA)

stavudine caps (ZERIT)

tobramycin/dexamethasone ophth susp (TOBRADEX)

tramadol/acetaminophen tabs (ULTRACET)

■ BRAND PRODUCTS ADDED

ASTEPRO (azelastine nasal soln)

AZILECT (rasagiline tabs)

BANZEL (rufinamide tabs)

HUMIRA (adalimumab inj)

TOPROL XL (metoprolol succinate extended-release tabs) –
Temporary, during generic shortage

VYVANSE (lisdexamfetamine caps)

XENAZINE (tetrabenazine tabs)

PrimeNational Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COSOPT (dorzolamide/timolol maleate ophth soln)

DIAMOX SEQUELS (acetazolamide extended-release caps)

KEPPRA (levetiracetam soln, tabs)

MIACALCIN (calcitonin-salmon nasal soln)

PROTONIX (pantoprazole delayed-release tabs)

SPS (sodium polystyrene sulfonate oral susp)

TOBRADEX (tobramycin/dexamethasone ophth susp)

TRUSOPT (dorzolamide ophth soln)

VIDEX EC (didanosine delayed-release caps, 125 mg)

ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

DEXTROAMPHETAMINE tabs, 10 mg

METADATE CD (methylphenidate extended-release caps)

SELEGILINE tabs

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ALBUTEROL inhalation aerosol

PULMICORT TURBUHALER (budesonide powder for inhalation)

TESLAC (testolactone tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

brompheniramine/pseudoephedrine extended-release caps, 12/120 mg

Blue Cross and Blue Shield of Florida Medication List Additions

■ BRAND PRODUCTS ADDED – TIER 2

Effective January 22, 2009

TOPROL XL (metoprolol succinate extended-release tabs) –
Temporary, during generic shortage

Effective February 8, 2009

PREZISTA (darunavir tabs, 75 mg)

Effective April 1, 2009

AZILECT (rasagiline tabs)

DIASTAT (diazepam rectal gel)

VENLAFAXINE ER extended-release tabs

Blue Cross and Blue Shield of Florida Medication List Changes

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics remain

Effective April 1, 2009

DEPAKOTE ER (divalproex extended-release tabs)

DEPAKOTE SPRINKLES (divalproex delayed-release caps)

IMITREX (sumatriptan tabs; inj, 6 mg/0.5 mL per vial)

KEPPRA (levetiracetam soln, tabs)

MIACALCIN (calcitonin-salmon nasal soln)

RISPERDAL (risperidone oral soln)

RISPERDAL M-Tab (risperidone orally disintegrating tabs, 0.5 mg, 2 mg)

TOBRADEX (tobramycin/dexamethasone ophth susp)

VIDEX EC (didanosine delayed-release caps, 125 mg)

ZERIT (stavudine caps)

■ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics are not available

Effective April 1, 2009

CYMBALTA (duloxetine delayed-release caps)

RENAGEL (sevelamer hcl tabs)

SELEGILINE tabs

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

Generics are not available

ALUPENT (metaproterenol powder for inhalation)

DYGASE (pancrelipase caps)

LAPASE (pancrelipase caps)

PLARETASE (pancrelipase tabs)

TESLAC (testolactone tabs)

Blue Cross and Blue Shield of Florida BlueSelect Medication List Additions

■ BRAND PRODUCTS ADDED

Effective January 20, 2009

TOPROL XL (metoprolol succinate extended-release tabs) –
Temporary, during generic shortage

Effective February 8, 2009

PREZISTA (darunavir tabs, 75 mg)

Effective April 1, 2009

RENVELA (sevelamer carbonate tabs)

Blue Cross and Blue Shield of Florida BlueSelect Medication List Changes

■ BRAND PRODUCTS: FORMULARY TO NOT COVERED

Generics remain

Effective April 1, 2009

DEPAKOTE ER (divalproex extended-release tabs)

DEPAKOTE SPRINKLES (divalproex delayed-release caps)

IMITREX (sumatriptan tabs; inj, 6 mg/0.5 mL per vial)

KEPPRA (levetiracetam soln, tabs)

MIACALCIN (calcitonin-salmon nasal soln)

TOBRADEX (tobramycin/dexamethasone ophth susp)

VIDEX EC (didanosine delayed-release caps, 125 mg)

ZERIT (stavudine caps)

■ BRAND PRODUCTS: FORMULARY TO NOT COVERED

Generics are not available

Effective April 1, 2009

ABILIFY (aripiprazole soln, tabs)

CYMBALTA (duloxetine delayed-release caps)

RENAGEL (sevelamer hcl tabs)

Effective July 1, 2009

SELEGILINE tabs

■ DISCONTINUED BRAND PRODUCTS: FORMULARY TO NOT COVERED

Generics are not available

DYGASE (pancrelipase caps)

LAPASE (pancrelipase caps)

PLARETASE (pancrelipase tabs)

REQUIP Starter Kit (ropinirole tabs)

TESLAC (testolactone tabs)

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

■ BRAND PRODUCTS ADDED

Effective April 1, 2009

ASTEPRO (azelastine nasal soln)

AZILECT (rasagiline tabs)

PREZISTA (darunavir tabs, 75 mg)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. On April 1, 2009, an additional marketer of the brand drug Adderall XR will be launched. It is likely that this product will be listed as its chemical name but, due to the nature of the FDA filing, it will process as a brand product.

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

■ EFFECTIVE APRIL 1, 2009

DEPAKOTE ER (divalproex extended-release tabs)

DEPAKOTE SPRINKLES (divalproex delayed-release caps)

IMITREX (sumatriptan tabs; inj, 6 mg/0.5 mL per vial)

KEPPRA (levetiracetam soln, tabs)

RISPERDAL (risperidone oral soln)

RISPERDAL M-Tab (risperidone orally disintegrating tabs, 0.5 mg, 2 mg)

TOBRADEX (tobramycin/dexamethasone ophth susp)

TRUSOPT (dorzolamide ophth soln)

VIDEX EC (didanosine delayed-release caps, 125 mg)

ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective July 1, 2009

BETOPTIC-S (betaxolol ophth susp)

RENAGEL (sevelamer hcl tabs)

VYTORIN (ezetimibe/simvastatin tabs)

ZETIA (ezetimibe tabs)

■ CORRECTION: BETOPTIC-S AND RENAGEL

The December 2008 issue of *Prime Perspective* listed BETOPTIC-S (betaxolol ophth susp) and RENAGEL (sevelamer hcl tabs) as being removed from the formulary effective April 1, 2009. BETOPTIC-S and RENAGEL will remain on the formulary until July 1, 2009.

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

DYGASE (pancrelipase caps)

LAPASE (pancrelipase caps)

PLARETASE (pancrelipase tabs)

PRONESTYL (procainamide caps, 375 mg)

PULMICORT TURBUHALER (budesonide powder for inhalation)

TESLAC (testolactone tabs)

Blue Cross and Blue Shield of Kansas National Formulary Additions

■ GENERIC PRODUCTS ADDED

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

acetazolamide extended-release caps (DIAMOX SEQUELS)
 balsalazide caps (COLAZAL)
 calcitonin-salmon nasal soln (MIACALCIN)
 didanosine delayed-release caps, 125 mg (VIDEX EC)
 dorzolamide ophth soln (TRUSOPT)
 dorzolamide/timolol maleate ophth soln (COSOPT)
 hydrocodone/ibuprofen tabs, 5/200 mg (REPREXAIN)
 hydrocodone/ibuprofen tabs, 7.5/200 mg (VICOPROFEN)
 hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 levetiracetam soln, tabs (KEPPRA)
 stavudine caps (ZERIT)
 tobramycin/dexamethasone ophth susp (TOBRADEX)
 tramadol/acetaminophen tabs (ULTRACET)

■ BRAND PRODUCTS ADDED

ASTEPRO (azelastine nasal soln)
 AZILECT (rasagiline tabs)
 BANZEL (rufinamide tabs)
 HUMIRA (adalimumab inj)
 TOPROL XL (metoprolol succinate extended-release tabs) –
 Temporary, during generic shortage
 VYVANSE (lisdexamfetamine caps)
 XENAZINE (tetrabenazine tabs)

Blue Cross and Blue Shield of Kansas National Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COSOPT (dorzolamide/timolol maleate ophth soln)
 DIAMOX SEQUELS (acetazolamide extended-release caps)
 KEPPRA (levetiracetam soln, tabs)
 MIACALCIN (calcitonin-salmon nasal soln)
 PROTONIX (pantoprazole delayed-release tabs)
 SPS (sodium polystyrene sulfonate oral susp)
 TOBRADEX (tobramycin/dexamethasone ophth susp)
 TRUSOPT (dorzolamide ophth soln)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ALBUTEROL 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

acetazolamide extended-release caps (DIAMOX SEQUELS)
 balsalazide caps (COLAZAL)
 calcitonin-salmon nasal soln (MIACALCIN)
 didanosine delayed-release caps, 125 mg (VIDEX EC)
 divalproex delayed-release caps (DEPAKOTE SPRINKLES)
 divalproex extended-release tabs (DEPAKOTE ER)
 dorzolamide ophth soln (TRUSOPT)
 dorzolamide/timolol maleate ophth soln (COSOPT)
 estazolam tabs
 hydrocodone/ibuprofen tabs, 5/200 mg (REPREXAIN)
 hydrocodone/ibuprofen tabs, 7.5/200 mg (VICOPROFEN)
 hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 ipratropium/albuterol sulfate inhalation soln (DUONEB)
 levetiracetam soln, tabs (KEPPRA)
 oxcarbazepine tabs (TRILEPTAL)
 risperidone soln (RISPERDAL)
 stavudine caps (ZERIT)
 sumatriptan inj, 6 mg/0.5 mL per vial; tabs (IMITREX)
 tizanidine tabs (ZANAFLEX)
 tobramycin/dexamethasone ophth susp (TOBRADEX)
 tramadol/acetaminophen tabs (ULTRACET)
 tranlycypromine tabs (PARNATE)

■ SPECIAL NOTE: ADDERALL XR

Adderall XR is currently on the formulary. A product referred to as an "authorized generic" of Adderall XR is expected to be available in early April, 2009, but will be coded in the prescription claims processing system as a brand non-formulary product. Therefore, for Blue Cross and Blue Shield of Kansas members on a three-tier benefit, Adderall XR will have a formulary brand copay (tier 2) and the "authorized generic" product will have a higher, non-formulary brand copay (tier 3).

■ BRAND PRODUCTS ADDED

ASTEPRO (azelastine nasal soln)
 AZILECT (rasagiline tabs)
 BANZEL (rufinamide tabs)
 TOPROL XL (metoprolol succinate extended-release tabs) –
 Temporary, during generic shortage
 XENAZINE (tetrabenazine tabs)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COSOPT (dorzolamide/timolol maleate ophth soln)
 DEPAKOTE ER (divalproex extended-release tabs)
 DEPAKOTE SPRINKLES (divalproex delayed-release caps)
 DIAMOX SEQUELS (acetazolamide extended-release caps)
 IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)
 KEPPRA (levetiracetam soln, tabs)
 MIACALCIN (calcitonin-salmon nasal soln)
 PROTONIX (pantoprazole delayed-release tabs)
 RISPERDAL (risperidone soln)
 SPS (sodium polystyrene sulfonate oral susp)
 TOBRADEX (tobramycin/dexamethasone ophth susp)
 TRUSOPT (dorzolamide ophth soln)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ALBUTEROL inhalation aerosol

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

acetazolamide extended-release caps (DIAMOX SEQUELS)
 didanosine delayed-release caps, 125 mg (VIDEX EC)
 dorzolamide ophth soln (TRUSOPT)
 dorzolamide/timolol maleate ophth soln (COSOPT)
 hydrocodone/ibuprofen tabs, 5/200 mg (REPREXAIN)
 hydrocodone/ibuprofen tabs, 7.5/200 mg (VICOPROFEN)
 hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 levetiracetam tabs, 250 mg, 500 mg, 750 mg (KEPPRA)
 stavudine caps (ZERIT)
 sumatriptan inj, 6 mg/0.5 mL per vial; tabs (IMITREX)
 tramadol/acetaminophen tabs (ULTRACET)

■ BRAND PRODUCTS ADDED

ASTEPRO (azelastine nasal soln)
 BANZEL (rufinamide tabs)
 CRESTOR (rosuvastatin tabs)
 OMNITROPE (somatropin inj)
 VENTOLIN HFA (albuterol sulfate inhalation aerosol)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. In such cases, benefits may be limited to only one of the brand equivalents available. On April 1, 2009, an additional marketer of the formulary brand drug Adderall XR will be launched. It is likely that this new product will be listed as its chemical name but, due to the nature of the FDA filing, it will be coded as a brand product. Adderall XR will remain on formulary and the new product will not be covered by the plan benefit.

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

■ BRAND PRODUCTS REMOVED

Generics remain

COSOPT (dorzolamide/timolol maleate ophth soln)
 DIAMOX SEQUELS (acetazolamide extended-release caps)
 KEPPRA (levetiracetam tabs, 250 mg, 500 mg, 750 mg)
 TRUSOPT (dorzolamide ophth soln)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

DEXTROAMPHETAMINE tabs, 10 mg
 GENOTROPIN (somatropin for inj)
 LIPITOR (atorvastatin tabs)
 NUTROPIN (somatropin for inj)
 NUTROPIN AQ (somatropin inj)
 SELEGILINE tabs
 VYTORIN (ezetimibe/simvastatin tabs)
 XOPENEX HFA (levalbuterol tartrate inhalation aerosol)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ALBUTEROL inhalation aerosol
 TESLAC (testolactone tabs)

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

■ BRAND PRODUCTS REMOVED

Generics remain

KEPPRA (levetiracetam tabs, 250 mg, 500 mg, 750 mg)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

TESLAC (testolactone tabs)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. In such cases, benefits may be limited to only one of the brand equivalents available. On April 1, 2009, an additional marketer of the formulary brand drug Adderall XR will be launched. It is likely that this new product will be listed as its chemical name but, due to the nature of the FDA filing, it will be coded as a brand product. Adderall XR is not on the GenRx formulary and the new product will not be covered by the plan benefit.

Blue Cross and Blue Shield of Montana Formulary Additions

■ BRAND PRODUCTS ADDED

ASMANEX (mometasone powder for inhalation)
 ASTEPRO (azelastine nasal soln)
 BANZEL (rufinamide tabs)
 PREZISTA (darunavir tabs, 75 mg)
 SEROQUEL XR (quetiapine extended-release tabs)
 VYVANSE (lisdexamfetamine caps)
 XENAZINE (tetrabenazine tabs)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. In such cases, benefits may be limited to only one of the brand equivalents available. On April 1, 2009, an additional marketer of the formulary brand drug Adderall XR will be launched. It is likely that this new product will be listed as its chemical name but, due to the nature of the FDA filing, it will be coded as a brand product. **This new brand product will not be covered unless approval is obtained through BCBSMT.** The innovator product, Adderall XR, will remain on formulary.

Blue Cross and Blue Shield of Montana Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE ER (divalproex extended-release tabs)
 DEPAKOTE SPRINKLES (divalproex delayed-release caps)
 DIAMOX SEQUELS (acetazolamide extended-release caps)
 KEPBRA (levetiracetam soln; tabs, 1000 mg)
 TOBRADEX (tobramycin/dexamethasone ophth susp)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

BETASERON (interferon beta-1b for inj)
 CLINDAGEL (clindamycin gel)
 METADATE CD (methylphenidate extended-release caps)
 NORITATE (metronidazole crm)
 XYREM (sodium oxybate soln)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ALUPENT (metaproterenol powder for inhalation)
 KEMADRIN (procyclidine tabs)
 RICOBID-H (chlorpheniramine tannate susp, 4 mg/5 mL)
 TESLAC (testolactone tabs)

Blue Cross and Blue Shield of Nebraska Formulary Additions

■ GENERIC PRODUCTS ADDED

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

acetazolamide extended-release caps (DIAMOX SEQUELS)
 alprazolam orally disintegrating tabs (NIRAVAM)
 balsalazide caps (COLAZAL)
 calcitonin-salmon nasal soln (MIACALCIN)
 didanosine delayed-release caps, 125 mg (VIDEX EC)
 divalproex delayed-release caps (DEPAKOTE SPRINKLES)
 divalproex extended-release tabs (DEPAKOTE ER)
 dorzolamide ophth soln (TRUSOPT)
 dorzolamide/timolol maleate ophth soln (COSOPT)
 hydrocodone/ibuprofen tabs, 5/200 mg (REPREXAIN)
 hydrocodone/ibuprofen tabs, 7.5/200 mg (VICOPROFEN)
 hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 ipratropium/albuterol sulfate inhalation soln (DUONEB)
 levetiracetam soln, tabs (KEPPRA)
 risperidone soln (RISPERDAL)
 stavudine caps (ZERIT)
 sumatriptan inj, 6 mg/0.5 mL per vial; tabs (IMITREX)
 tobramycin/dexamethasone ophth susp (TOBRADEX)
 tramadol/acetaminophen tabs (ULTRACET)

■ BRAND PRODUCTS ADDED

ASTEPRO (azelastine nasal soln)
 AZILECT (rasagiline tabs)
 BANZEL (rufinamide tabs)
 MAXALT (rizatriptan tabs)
 MAXALT MLT (rizatriptan orally disintegrating tabs)
 MILLIPRED (prednisolone tabs)
 TOPROL XL (metoprolol succinate extended-release tabs) –
 Temporary, during generic shortage
 VENTOLIN HFA (albuterol sulfate inhalation aerosol)
 XENAZINE (tetrabenazine tabs)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COSOPT (dorzolamide/timolol maleate ophth soln)
 DEPAKOTE ER (divalproex extended-release tabs)
 DEPAKOTE SPRINKLES (divalproex delayed-release caps)
 DIAMOX SEQUELS (acetazolamide extended-release caps)
 IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)
 KEPPRA (levetiracetam soln, tabs)
 METADATE ER (methylphenidate extended-release tabs, 10 mg)
 MIACALCIN (calcitonin-salmon nasal soln)
 RISPERDAL (risperidone oral soln)
 SPS (sodium polystyrene sulfonate oral susp)
 TOBRADEX (tobramycin/dexamethasone ophth susp)
 TRUSOPT (dorzolamide ophth soln)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

IMITREX (sumatriptan inj kits, nasal soln)
 METADATE CD (methylphenidate extended-release caps)
 XOPENEX HFA (levalbuterol tartrate inhalation aerosol)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ALBUTEROL inhalation aerosol
 AMINO ACID/UREA cervical crm
 TESLAC (testolactone tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

brompheniramine/pseudoephedrine extended-release caps, 12/120 mg

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

■ BRAND PRODUCTS ADDED

Effective April 1, 2009

ASTEPRO (azelastine nasal soln)

AZILECT (rasagiline tabs)

PREZISTA (darunavir tabs, 75 mg)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. In such cases, benefits may be limited to only one of the brand equivalents available. On April 1, 2009, an additional marketer of the brand drug Adderall XR will be launched. It is likely that this product will be listed as its chemical name but, due to the nature of the FDA filing, it will process as a brand product.

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2009

DEPAKOTE ER (divalproex extended-release tabs)

DEPAKOTE SPRINKLES (divalproex delayed-release caps)

KEPPRA (levetiracetam soln, tabs)

TOBRADEX (tobramycin/dexamethasone ophth susp)

TRUSOPT (dorzolamide ophth soln)

VIDEX EC (didanosine delayed-release caps, 125 mg)

ZERIT (stavudine caps)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

DYGASE (pancrelipase caps)

LAPASE (pancrelipase caps)

PRONESTYL (procainamide caps, 375 mg)

PULMICORT TURBUHALER (budesonide powder for inhalation)

TESLAC (testolactone tabs)

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

■ BRAND PRODUCTS ADDED

Effective April 1, 2009

ASTEPRO (azelastine nasal soln)

AZILECT (rasagiline tabs)

PREZISTA (darunavir tabs, 75 mg)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. In such cases, benefits may be limited to only one of the brand equivalents available. On April 1, 2009, an additional marketer of the brand drug Adderall XR will be launched. It is likely that this product will be listed as its chemical name but, due to the nature of the FDA filing, it will process as a brand product.

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

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2009

DEPAKOTE ER (divalproex extended-release tabs)

DEPAKOTE SPRINKLES (divalproex delayed-release caps)

KEPPRA (levetiracetam soln, tabs)

TOBRADEX (tobramycin/dexamethasone ophth susp)

TRUSOPT (dorzolamide ophth soln)

VIDEX EC (didanosine delayed-release caps, 125 mg)

ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

BETOPTIC-S (betaxolol ophth susp)

RENAGEL (sevelamer hcl tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

DYGASE (pancrelipase caps)

LAPASE (pancrelipase caps)

PULMICORT TURBUHALER (budesonide powder for inhalation)

TESLAC (testolactone tabs)

Blue Cross Blue Shield of North Dakota Formulary Additions

■ GENERIC PRODUCTS ADDED

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

acetazolamide extended-release caps (DIAMOX SEQUELS)
 didanosine delayed-release caps, 125 mg (VIDEX EC)
 divalproex delayed-release caps (DEPAKOTE SPRINKLES)
 divalproex extended-release tabs (DEPAKOTE ER)
 galantamine extended-release caps (RAZADYNE ER)
 galantamine tabs (RAZADYNE)
 hydrocodone/ibuprofen tabs, 5/200 mg (REPREXAIN)
 hydrocodone/ibuprofen tabs, 7.5/200 mg (VICOPROFEN)
 hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 ipatropium nasal soln (ATROVENT)
 leflunomide tabs (ARAVA)
 levetiracetam soln, tabs (KEPPRA)
 risperidone soln (RISPERDAL)
 sumatriptan inj, 6 mg/0.5 mL per vial; tabs (IMITREX)
 stavudine caps (ZERIT)
 tobramycin/dexamethasone ophth susp (TOBRADEX)

■ BRAND PRODUCTS ADDED

ASTEPRO (azelastine nasal soln)
 BANZEL (rufinamide tabs)
 MAXALT (rizatriptan tabs)
 MAXALT MLT (rizatriptan orally disintegrating tabs)
 PROMACTA (eltrombopag tabs)
 TOPROL XL (metoprolol succinate extended-release tabs) –
 Temporary, during generic shortage
 VENTOLIN HFA (albuterol sulfate inhalation aerosol)
 VYVANSE (lisdexamfetamine caps)
 XENAZINE (tetrabenazine tabs)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. On April 1, 2009, an additional marketer of the brand drug Adderall XR will be launched. It is likely that this product will be listed as its chemical name but, due to the nature of the FDA filing, it will process as a brand product.

Blue Cross Blue Shield of North Dakota Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

DEPAKOTE ER (divalproex extended-release tabs)
 DEPAKOTE SPRINKLES (divalproex delayed-release caps)
 DIAMOX SEQUELS (acetazolamide extended-release caps)
 IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)
 KEPPRA (levetiracetam soln, tabs)
 RISPERDAL (risperidone oral soln)
 SPS (sodium polystyrene sulfonate oral susp)
 TOBRADEX (tobramycin/dexamethasone ophth susp)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

BENZAMYCIN GEL PAK (benzoyl peroxide/erythromycin)
 DEXTROAMPHETAMINE tabs, 10 mg
 METADATE CD (methylphenidate extended-release caps)
 XOPENEX HFA (levalbuterol tartrate inhalation aerosol)
 ZOMIG (zolmitriptan nasal soln, tabs)
 ZOMIG ZMT (zolmitriptan orally disintegrating tabs)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

AMINO ACID/UREA cervical crm

Blue Cross and Blue Shield of Oklahoma Drug Formulary Additions

■ BRAND PRODUCTS ADDED

Effective April 1, 2009

ASTEPRO (azelastine nasal soln)

AZILECT (rasagiline tabs)

PREZISTA (darunavir tabs, 75 mg)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. In such cases, benefits may be limited to only one of the brand equivalents available. On April 1, 2009, an additional marketer of the brand drug Adderall XR will be launched. It is likely that this product will be listed as its chemical name but, due to the nature of the FDA filing, it will process as a brand product.

Blue Cross and Blue Shield of Oklahoma Drug Formulary Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

Effective April 1, 2009

DEPAKOTE ER (divalproex extended-release tabs)

DEPAKOTE SPRINKLES (divalproex delayed-release caps)

IMITREX (sumatriptan tabs)

KEPPRA (levetiracetam soln, tabs)

TOBRADEX (tobramycin/dexamethasone ophth susp)

TRUSOPT (dorzolamide ophth soln)

VIDEX EC (didanosine delayed-release caps, 125 mg)

ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

IMITREX (sumatriptan nasal soln)

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective April 1, 2009

PRONESTYL (procainamide caps, 375 mg)

PULMICORT TURBUHALER (budesonide powder for inhalation)

TESLAC (testolactone tabs)

Blue Cross and Blue shield of Texas Preferred Drug Guide Additions

■ BRAND PRODUCTS ADDED

Effective April 1, 2009

ASTEPRO (azelastine nasal soln)

AZILECT (rasagiline tabs)

PREZISTA (darunavir tabs, 75 mg)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand names. On April 1, 2009, an additional marketer of the brand drug Adderall XR will be launched. It is likely that this product will be listed as its chemical name but, due to the nature of the FDA filing, it will process as a brand product.

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

acetazolamide extended-release caps (DIAMOX SEQUELS)
 balsalazide caps (COLAZAL)
 calcitonin-salmon nasal soln (MIACALCIN)
 didanosine delayed-release caps, 125 mg (VIDEX EC)
 divalproex delayed-release caps (DEPAKOTE SPRINKLES)
 divalproex extended-release tabs (DEPAKOTE ER)
 dorzolamide ophth soln (TRUSOPT)
 dorzolamide/timolol maleate ophth soln (COSOPT)
 galantamine extended-release caps (RAZADYNE ER)
 galantamine tabs (RAZADYNE)
 hydrocodone/ibuprofen tabs, 5/200 mg (REPREXAIN)
 hydrocodone/ibuprofen tabs, 7.5/200 mg (VICOPROFEN)
 hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 levetiracetam soln, tabs (KEPPRA)
 stavudine caps (ZERIT)
 sumatriptan inj, 6 mg/0.5 mL per vial; tabs (IMITREX)
 tobramycin/dexamethasone ophth susp (TOBRADEX)
 tramadol/acetaminophen tabs (ULTRACET)

■ BRAND PRODUCTS ADDED

ASTEPRO (azelastine nasal soln)
 AZILECT (rasagiline tabs)
 TOPROL XL (metoprolol succinate extended-release tabs) –
 Temporary, during generic shortage
 VYVANSE (lisdexamfetamine caps)
 XENAZINE (tetrabenazine tabs)

■ SPECIAL NOTE: ADDERALL XR

Some equivalent drugs are marketed under multiple brand-names. On April 1, 2009, an additional marketer of the brand drug Adderall XR will be launched. It is likely that this product will be listed as its chemical name but, due to the nature of the FDA filing, it will process as a brand product.

Blue Cross Blue Shield of Wyoming Preferred Drug List Deletions

■ BRAND PRODUCTS REMOVED

Generics remain

COSOPT (dorzolamide/timolol maleate ophth soln)
 DEPAKOTE ER (divalproex extended-release tabs)
 DEPAKOTE SPRINKLES (divalproex delayed-release caps)
 DIAMOX SEQUELS (acetazolamide extended-release caps)
 IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)
 KEPPRA (levetiracetam soln, tabs)
 MIACALCIN (calcitonin-salmon nasal soln)
 SPS (sodium polystyrene sulfonate oral susp)
 TOBRADEX (tobramycin/dexamethasone ophth susp)
 TRUSOPT (dorzolamide ophth soln)
 VIDEX EC (didanosine delayed-release caps, 125 mg)
 ZERIT (stavudine caps)

■ BRAND PRODUCTS REMOVED

Generics are not available

BENZAMYCIN GEL PAK (benzoyl peroxide/erythromycin)
 DEXTROAMPHETAMINE tabs, 10 mg
 METADATE CD (methylphenidate extended-release caps)
 SELEGILINE tabs

■ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

ALBUTEROL inhalation aerosol
 AMINO ACID/UREA cervical crm
 PULMICORT TURBUHALER (budesonide powder for inhalation)
 TESLAC (testolactone tabs)

■ DISCONTINUED GENERIC PRODUCTS REMOVED

brompheniramine/pseudoephedrine extended-release caps, 12/120 mg

Prime Perspective list of formulary changes

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 will be effective on May 23, 2009.

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, North Dakota, New Mexico, Oklahoma, South Dakota, Texas and Wyoming

■ GENERIC PRODUCTS ADDED – TIER 1

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

balsalazide caps, 750 mg (COLAZAL)
 hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 oxycodone/acetaminophen tabs, 2.5/325 mg (PERCOCET)
 prenatal vitamins with polysaccharide iron complex/folic acid tabs, 29/1 mg (SELECT-OB)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

didanosine delayed-release caps, 125 mg (VIDEX EC)
 divalproex delayed-release pellets in caps, 125 mg; extended-release tabs, 250 mg, 500 mg (DEPAKOTE SPRINKLES, DEPAKOTE ER)
 levetiracetam oral soln, 100 mg/mL; tabs, 1000 mg (KEPPRA)
 stavudine caps, 15 mg, 20 mg, 30 mg, 40 mg (ZERIT)
 sumatriptan succinate tabs, 25 mg, 50 mg, 100 mg (IMITREX)

■ BRAND PRODUCTS ADDED – TIER 3

BANZEL (rufinamide tabs, 200 mg, 400 mg)
 PATANASE (olopatadine nasal soln, 0.6%)
 TOPROL XL (metoprolol succinate extended-release tabs, 25 mg, 50 mg, 100 mg, 200 mg)

■ TIER CHANGE – TIER 2 TO TIER 1

tobramycin/dexamethasone ophth susp, 0.3/0.1%

■ TIER CHANGE – TIER 3 TO TIER 1

risperidone oral soln, 1 mg/mL
 sumatriptan succinate inj (vials), 6 mg/0.5 mL

The following changes will be effective May 23, 2009.

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

nicotine transdermal patch, 7 mg/24 hr, 14 mg/24 hr, 21 mg/24 hr

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

■ GENERIC PRODUCTS ADDED – TIER 1

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

hydrocodone/ibuprofen tabs, 10/200 mg (IBUDONE)
 oxycodone/acetaminophen tabs, 2.5/325 mg (PERCOCET)

■ GENERIC PRODUCTS ADDED – TIER 1

Brand products (in parentheses) are also on formulary

balsalazide caps, 750 mg (COLAZAL)
 didanosine delayed-release caps, 125 mg (VIDEX EC)
 divalproex delayed-release pellets in caps, 125 mg; extended-release tabs, 250 mg, 500 mg (DEPAKOTE SPRINKLES, DEPAKOTE ER)
 levetiracetam oral soln, 100 mg/mL; tabs, 1000 mg (KEPPRA)
 prenatal vitamins with polysaccharide iron complex/folic acid tabs, 29/1 mg (SELECT-OB)
 stavudine caps, 15 mg, 20 mg, 30 mg, 40 mg (ZERIT)
 sumatriptan succinate tabs, 25 mg, 50 mg, 100 mg (IMITREX)

■ BRAND PRODUCTS ADDED – TIER 3

BANZEL (rufinamide tabs, 200 mg, 400 mg)
 COLAZAL (balsalazide caps, 750 mg)
 PATANASE (olopatadine nasal soln, 0.6%)
 SELECT-OB (prenatal vitamins with polysaccharide iron complex/folic acid tabs, 29/1 mg)
 SFROWASA (mesalamine enema, 4 g)

FORMULARY UPDATES

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

■ TIER CHANGE – TIER 2 TO TIER 1

tobramycin/dexamethasone ophth susp, 0.3/0.1%

■ TIER CHANGE – TIER 3 TO TIER 1

risperidone oral soln, 1 mg/mL

sumatriptan succinate inj (vials), 6 mg/0.5 mL

The following changes will be effective May 23, 2009.

■ ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED

nicotine transdermal patch, 7 mg/24 hr, 14 mg/24 hr, 21 mg/24 hr



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