

# Prime Perspective

JULY 09  
ISSUE 40

QUARTERLY PHARMACY NEWSLETTER FROM PRIME THERAPEUTICS LLC

## *In This Edition*

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### NEWS AND INFORMATION

|                                   |   |
|-----------------------------------|---|
| From the Auditor's Desk . . . . . | 1 |
| MAC List Updates . . . . .        | 2 |
| Prime Drug Alerts . . . . .       | 2 |
| Medicare Part D . . . . .         | 3 |
| Pharmacy FWA Training . . . . .   | 4 |
| Minnesota AUC . . . . .           | 5 |
| Florida News . . . . .            | 5 |
| Minnesota News . . . . .          | 5 |

---

### PLAN ANNOUNCEMENTS

|                         |   |
|-------------------------|---|
| City of Tulsa . . . . . | 6 |
|-------------------------|---|

---

### FORMULARY UPDATES

|                                     |    |
|-------------------------------------|----|
| PrimeNational . . . . .             | 7  |
| BCBS Florida BlueSelect . . . . .   | 8  |
| BCBS Florida . . . . .              | 9  |
| BCBS Illinois Drug . . . . .        | 10 |
| BCBS Kansas National . . . . .      | 11 |
| BCBS Kansas Select . . . . .        | 12 |
| BCBS Montana . . . . .              | 13 |
| BCBS Nebraska . . . . .             | 14 |
| BCBS New Mexico . . . . .           | 15 |
| BCBS New Mexico BlueSalud . . . . . | 16 |
| BCBS North Dakota . . . . .         | 17 |
| BCBS Oklahoma . . . . .             | 18 |
| BCBS Texas . . . . .                | 19 |
| BCBS Wyoming . . . . .              | 20 |
| Medicare Part D . . . . .           | 21 |
| BCBS Minnesota (GenRx) . . . . .    | 23 |
| BCBS Minnesota (FlexRx) . . . . .   | 23 |

*The Prime Perspective newsletter has a new look and feel while continuing to provide you with pharmacy news that is important to you.*

As a service to participating pharmacy providers, Prime Therapeutics publishes the *Prime Perspective* quarterly to provide formulary updates, processing instructions, process changes, new plan announcements along with other pertinent information that helps the pharmacist with claims processing. 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, by e-mail at [pharmacyops@primetherapeutics.com](mailto:pharmacyops@primetherapeutics.com) or call 612.777.4203 or 800.858.0723.*

ON THE WEB: [www.primetherapeutics.com/pharmacistsindex.htm](http://www.primetherapeutics.com/pharmacistsindex.htm)

#### **Prime Contact Center**

*For assistance 24 hours a day, 7 days a week for both commercial and Medicare Part D business, please call 800.821.4795.*

#### **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

## FROM THE AUDITOR'S DESK

### False Claims & Audit Issues Arising from Overrides & DUR

With each claim a pharmacy submits for payment, that pharmacy implicitly attests to the accuracy of the data and information submitted. Submitting a claim based on information which a pharmacy knows or should know to be untrue, triggers potential liability under Federal and state False Claims Acts and is subject to audit chargeback.

All system override capabilities must be used in full compliance with specific claim response messaging and the terms of the Prime Provider Manual. The reason for using the override, and the date, must be documented on the original prescription hardcopy. Failure to document the reason for using a system override capability may result in full chargeback during an audit.

Examples include:

- **Vacation Overrides:** Some plans allow the pharmacy to enter vacation overrides. If the pharmacy enters a vacation override into the system, the following must be documented on the back of the prescription hard copy:
  - Dates of Covered Person's vacation
  - Whether the travel is domestic or international
  - Date of the override
- **Formulary Status:** Some unique situations may exist where the pharmacy is prompted to obtain and document further information about a prescription in order to achieve coverage. For example, Actiq (Fentanyl) lozenges are only covered under Medicare Part D for specific indications. The pharmacy may be prompted to respond to specific claim messaging that instructs the pharmacy to enter an override only if the Covered Person meets specific criteria. In this instance, the pharmacy must confirm the diagnosis with the Prescribing Provider and document this on the original hardcopy prior to dispensing. Only after the diagnosis is documented and the pharmacy

confirms that the Covered Person meets the criteria required for coverage, the pharmacy may enter the override.

- **DUR Messaging:** Prime provides on-line drug utilization messaging through the on-line adjudication system. The pharmacy is responsible to review any claim where there is a DUR rejection or message from the Prime system. Pharmacists should use their professional judgment to follow-up with the Covered Persons and Prescribing Providers as appropriate to resolve DUR messaging. Any actions performed by the pharmacist to resolve a DUR message should be documented on the original hardcopy. If it is identified during an audit that a pharmacy inappropriately overrode a DUR rejection, the amount paid for that claim may be charged back.
- **Drug Allergies:** Please note that in addition to Prime's DUR program, pharmacies are required to utilize professional judgment and appropriate utilization review systems necessary to protect their Covered Persons. Such additional utilization review would include obtaining allergy information from the Covered Person to assess potential drug-allergy contraindications.

### Altering Claim Coding to Impact Claim Status

In addition to ensuring accurate responses and maintaining appropriate documentation to support overrides and DUR, a pharmacy must never manipulate claim field information, in an attempt to get a claim to pay, where accurate information results in a claim rejection or unfavorable response.

For example:

- Altering a DAW code to achieve coverage for a brand-name medication is strictly prohibited when no initial directive to dispense brand is documented on the original hardcopy. DAW codes must be submitted in accordance with your agreement. Participating pharmacies are required to comply with the Drug Formulary and must use its best efforts to carry out Prime's and the Plan Sponsor's mandatory generic programs.

# News and Information

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- Altering the days supply field to achieve coverage for a greater supply than is allowed by the Plan is strictly prohibited. Pharmacies are required to submit the correct consecutive days supply, based upon directions for use, in order to avoid an audit chargeback. Pharmacies are required to dispense the quantity that falls within the benefit.

Prime monitors prescription claims for evidence of such abuses. If it is identified that a claim field was manipulated to impact the claim status, the full amount paid to the pharmacy for that claim may be charged back.

Prime Therapeutics appreciates the due diligence of its pharmacies to prevent fraud, waste, or abuse activities. Pharmacies are encouraged to report suspected fraud or abuse to Prime's Compliance Officer by calling 800.858.0723, or in writing to Prime Therapeutics LLC, P.O. Box 64182, St. Paul, MN 55164-0812.

## MAC LIST UPDATES

### Added To MAC List

bupropion extended-release tabs 24 hr, 150 mg (WELLBUTRIN XL)  
fluoxetine caps, 10 mg, 20 mg (SARAFEM)  
topiramate tabs, 25 mg, 50 mg, 100 mg, 200 mg (TOPAMAX)

### Removed From MAC List

benzocaine/antipyrine otic soln, 1.4-5.4%  
cefaclor caps, 250 mg  
cefepodoxime tabs, 100 mg, 200 mg  
chlorpheniramine tannate/carbetapentane tannate susp,  
4-30 mg/5 mL  
clidinium/chlordiazepoxide caps, 2.5-5 mg  
colchicine tabs, 0.6 mg  
cromolyn sodium inhal soln, 20 mg/2 mL  
cyanocobalamin inj, 1000 mcg/mL  
dextroamphetamine tabs, 10 mg  
fluphenazine decanoate inj, 25 mg/mL  
isosorbide mononitrate extended-release tabs 24 hr, 30 mg, 60 mg  
isosorbide mononitrate tabs, 20 mg

isotretinoin caps, 10 mg, 20 mg, 40 mg  
meperidine inj, 50 mg/mL  
morphine sulfate oral soln, 20 mg/mL  
nitroglycerin extended-release caps, 6.5 mg  
orphenadrine/aspirin/caffeine tabs, 25-385-30 mg  
oxycodone oral soln, 20 mg/mL  
oxycodone tabs, 5 mg  
papaverine hcl extended-release caps, 150 mg  
potassium chloride extended-release caps, 10 mEq  
potassium chloride extended-release tabs, 8 mEq  
pseudoephedrine/brompheniramine/dextromethorphan syrup,  
30-2-10 mg/5 mL  
sodium fluoride chew tabs, 1.1 mg, 2.2 mg  
sodium fluoride cream, 1.1%  
warfarin sodium tabs, 1 mg

## PRIME DRUG ALERTS

### Raptiva® Withdrawn From Market

April 8, 2009 – “Genentech and the Food and Drug Administration (FDA) notified health care professionals of the voluntary, phased withdrawal of Raptiva®, a medication for treatment of psoriasis, from the U.S. market due to a potential risk to Covered Persons of developing progressive multifocal leukoencephalopathy (PML). After June 8, 2009, Raptiva will no longer be available in the United States. Prescribing Providers are being asked not to initiate Raptiva treatment for any new Covered Persons. Prescribing Providers should immediately begin discussing with Covered Persons currently using Raptiva how to transition to alternative therapies. The FDA strongly recommends that Covered Persons work with their health care professional to transition to alternative therapies for psoriasis.”<sup>1</sup>

After June 8, 2009 Prime Therapeutics will not process Medicare Part D claims for Raptiva.

### References:

1 U.S. Food and Drug Administration MedWatch. Raptiva. 4/8/2009. Accessed on 4/9/2009 at: [www.fda.gov/medwatch/safety/2009/safety09.htm#Raptiva](http://www.fda.gov/medwatch/safety/2009/safety09.htm#Raptiva)

## MEDICARE PART D

### 2010 CMS Call Letter Overview

The Centers for Medicare & Medicaid Services (CMS) issued its final 2010 Call Letter in late March. CMS continues to focus on the Covered Person experience, increased efficiencies, and increased quality control. As a result, CMS' 2010 Call Letter expands regulations to support these key areas of focus. This article provides a brief overview of some of the Medicare Part D regulatory changes, which go into effect January 1, 2010, unless otherwise cited.

The Medication Therapy Management Program (MTMP) has significant changes. All qualified Covered Persons will be automatically enrolled into the program. Covered Persons choosing not to participate will need to opt-out of the program. The annual drug spend required for eligibility decreases from \$4,000 to \$3,000. In addition Prescribing Provider and Covered Person communications will increase. Targeted and comprehensive medication reviews (TMRs and CMRs respectively) and quarterly Covered Person written communications will be implemented.

Covered Person materials will be improved to increase understanding and enable better coverage decisions or "choices." A focus on Covered Person gap coverage understanding is a targeted improvement area.

CMS has clarified immediate refills for Covered Persons located in an emergency area. Public health emergencies terminate when either the Secretary declares an emergency no longer exists, or upon expiration of a 90-day period beginning from the initial declaration, whichever occurs first.

Medicare Secondary Payer (MSP) identification will tighten. CMS is requiring increased scrutiny to ensure other primary payers are identified. Changes in coordination of benefits (COB) information through Covered Person confirmation and the ability to identify medications prescribed exclusively to treat a Workers' Compensation or other primary payer related injury will require point-of-sale (POS) payment denials.

In addition to the COB denials (cited above) CMS is requiring government debarred Prescribing Providers be identified and that POS edits be provided to deny payment. In addition to the POS denial, CMS is developing a model letter to be used for Covered Person notifications explaining why a prescription cannot be filled by a debarred Prescribing Provider.

Electronic prescribing (ePrescribe) continues to gain momentum. **CMS is requiring that the Prescription Origin Code be submitted via the National Council for Prescription Drug Programs (NCPDP) version 5.1, NCPDP field 419-DJ.** CMS is also recommending that pharmacies with ePrescribing capabilities be identified in provider directories. **As such, pending further guidance/clarification from CMS, it appears Prime will be required to begin rejecting Part D claims that do not contain Prescription Origin Code data, beginning January 1, 2010.**

This information only highlights some of the 2010 Call Letter changes; you are encouraged to review the 2010 Call Letter in detail, which is available on the CMS Web site: [www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/2010CallLetter.pdf](http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/2010CallLetter.pdf).

### Medicare Parts A & B vs. D Claims Adjudication

Medicare Part D excludes from coverage any drugs covered under Medicare Part A or Part B. Pharmacies must assure claims eligible for coverage under Medicare Part A or Medicare Part B are not adjudicated under Part D.

Long Term Care Pharmacies (LTC) are required to determine Part A eligibility by reviewing Part A eligibility information with their contracted LTC facilities.

With regard to Part B claims, Prime provides point-of-sale (POS) messaging on certain claims which may be eligible for coverage under Medicare Part B depending on the Covered Person's circumstances. Pharmacies must take appropriate steps to ensure Part B eligible claim(s) are not submitted for Part D payment.

# News and Information

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- Through POS messaging, Prime provides pharmacies with guidance to assess and properly submit Part B vs. Part D medication coverage.
- During the claim adjudication, the pharmacy is prompted through POS messages to submit a Prior Authorization (PA) code for Part D adjudication. Claims not meeting the Part D requirement should be billed to Part B.
- If the pharmacist cannot determine through the PA process whether the claim is covered under Part B or Part D, after talking with Covered Person or Prescribing Provider, then Covered Person/Prescribing Provider may submit a request for a Part D Coverage Determination.

Any claim adjudicated under the Part D benefit in error, due to Medicare Part A or Part B eligibility, shall be reversed. A pharmacy must promptly reverse the ineligible Part D claim(s) that was eligible for coverage under Part A or Part B and refund the Covered Person for any Part D cost-sharing the pharmacy may have collected from the Covered Person. Notwithstanding the pharmacy's obligation to reverse such ineligible claims, in its discretion, Prime may reverse such ineligible Part D claims.

## PHARMACY FWA TRAINING

### Medicare Part D Pharmacy Training & Certification Requirements

Regulations governing Medicare Part D require all pharmacists and pharmacy staff who provide Part D covered services to receive appropriate Fraud Waste and Abuse (FWA) and Compliance Training, initially upon hire and at least annually thereafter.

Prime Therapeutics, in conjunction with its Part D Sponsor clients, is required to appropriately track completion of the training among pharmacies in its network. Accordingly, Prime is requiring pharmacies to submit Prime's certification attesting that your pharmacy is in compliance with this CMS training requirement.

Prime is also making available to you FWA/Compliance training, which you may provide your staff to satisfy the training requirement. This certification form is available under the "Medicare D" tab on the pharmacist page on Prime's Web site: [www.primetherapeutics.com/medicare.htm](http://www.primetherapeutics.com/medicare.htm). Under "Important Medicare Information" on the right, click on the link: FWA Training and Certification.

Your Responsibilities:

- Have all staff who provide services in conjunction with Medicare Part D complete a Fraud, Waste and Abuse (FWA) training program which has been approved by Prime, CMS, or a Part D Sponsor
- Maintain your own internal training logs for staff's completion of the training
- Complete and submit the required online certification

Your Training Options:

- Provide your own training
- See CFR 422.504(b)(4)(vi)(c) or 423.504(b)(4)(vi)(c) "Effective training and education between the compliance officer and organization employees, contractors, agents, and directors"
- Complete training offered by another Medicare Advantage or Part D Plan Sponsor, or other CMS-approved training
- Complete Prime's Pharmacy Training Program

Prime's training is available along with the certification. Go to the "Medicare D" tab on the pharmacist page on Prime's Web site: [www.primetherapeutics.com/medicare.htm](http://www.primetherapeutics.com/medicare.htm). Under "Important Medicare Information" on the right, click on the link: FWA Training and Certification.

Everyone must complete their training, and **must complete the certification form** by December 31, 2009 to be in compliance.

## 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 pharmacy providers who currently do not receive an 835 electronic remittance advice to contact us to get set up with electronic remittance. To learn more about the 835 program, visit our Web site at: [www.primetherapeutics.com/remittance.htm](http://www.primetherapeutics.com/remittance.htm).

For further information regarding the new statute please visit the MN AUC Web site at: [www.health.state.mn.us/auc](http://www.health.state.mn.us/auc) or the Minnesota Department of Health’s Web site at: [www.health.state.mn.us/asa/](http://www.health.state.mn.us/asa/).

## FLORIDA NEWS

### **Blue Cross and Blue Shield of Florida Utilization Management Programs**

Effective July 1, 2009, select populations will implement the following UM programs: Antifungal; Provigil and Nuvigil–(upon availability); and Xyrem Prior Authorizations.

Also effective July 1, 2009, select populations under the BlueSelect Product will implement the following UM program: Antifungal Prior Authorizations.

## MINNESOTA NEWS

### **Blue Cross and Blue Shield of Minnesota Rolls-out GenRx Formulary**

Blue Cross and Blue Shield of Minnesota employees, retirees, their spouses and dependents will switch to the GenRx formulary for prescriptions written or filled beginning July 1, 2009. Additionally, groups of 2 to 50 Covered Persons will begin using the GenRx formulary upon their renewal date. The first groups will switch beginning on July 1, 2009.

Introduced in 2008, the GenRx formulary is an option for all Blue Cross and Blue Shield of Minnesota business as well as all FirstPlan of Minnesota and CCStpa business. The formulary provides Covered Persons with a high-quality, lower-cost pharmaceutical solution by promoting the use of generic drugs whenever possible.

For the complete listing of the GenRx formulary, please visit [www.primetherapeutics.com](http://www.primetherapeutics.com) and click on Pharmacists.

# Plan Announcements

## CITY OF TULSA

Effective July 1, 2009

Effective July 1, 2009, Prime Therapeutics will begin processing claims for Covered Persons of City of Tulsa.

### Processing Requirements

To process claims and ensure uninterrupted service to City of Tulsa Covered Persons and pharmacies, please use the following information to set up your system prior to July 1, 2009:

BIN ..... 011552

PCN ..... 1215

Covered Person's ID

Date of birth

Gender

U&C

Pharmacy NPI

Prescribing Provider ID (NPI or DEA)

City of Tulsa Covered Persons will receive new ID cards indicating that Prime is the new pharmacy benefit manager. Please ask if the Covered Person has received a new ID card.

### Outstanding Claims Reversal and Processing

Pharmacies can process run-out claims through Community Care until June 30, 2009. Please complete all claims processing and reversals to Community Care by close of business that day.

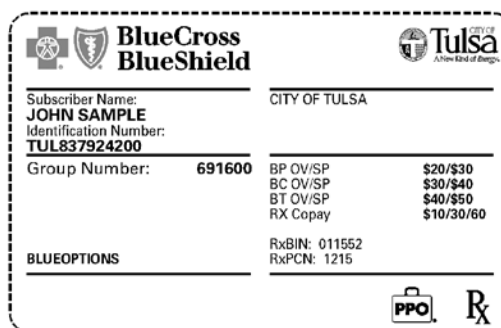
† For assistance with claims that have a fill date prior to July 1, 2009, please contact Community Care directly at 918.594.5327.

### For More Information

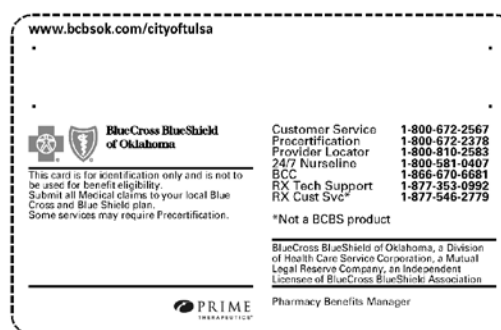
Beginning July 1, 2009, if you need assistance with claims processing on Prime's system, call the BCBSOK pharmacy help desk at 877.353.0992 and select the prompt for Prime Therapeutics.

For software setup information, please visit Prime's Web site at [www.primetherapeutics.com/pharmacistsindex.htm](http://www.primetherapeutics.com/pharmacistsindex.htm), Downloads, Payor Sheet – Commercial Client or Supplemental to Medicare Part D.

### Front of Covered Person ID Card



### Back of Covered Person ID Card



## PrimeNational Formulary Additions

### + GENERIC PRODUCTS ADDED

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

divalproex delayed-release caps (DEPAKOTE SPRINKLES)  
divalproex extended-release tabs (DEPAKOTE ER)  
liothyronine tabs (CYTOMEL)  
risperidone orally disintegrating tabs, 0.5 mg, 2 mg (RISPERDAL M-TAB)  
risperidone oral soln (RISPERDAL)  
stavudine oral soln (ZERIT)  
sumatriptan inj, 6 mg/0.5 mL per vial; tabs (IMITREX)  
topiramate caps (TOPAMAX SPRINKLE)  
topiramate tabs (TOPAMAX)

### + BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)  
DEGARELIX (degarelix for inj)

## PrimeNational Formulary Deletions

### - BRAND PRODUCTS REMOVED

**Generics remain**

CYTOMEL (liothyronine tabs)  
DEPAKOTE ER (divalproex extended-release tabs)  
DEPAKOTE SPRINKLES (divalproex delayed-release caps)  
IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)  
RISPERDAL (risperidone oral soln)  
RISPERDAL M-TAB, 0.5 mg, 2 mg (risperidone orally disintegrating tabs)  
TOPAMAX (topiramate tabs)  
TOPAMAX SPRINKLE (topiramate caps)

### - ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

heparin sodium inj  
HEPARIN SODIUM inj  
heparin sodium lock flush

### - DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

AMINO ACID/UREA cervical crm  
LIPRAM 4500, LIPRAM-CR, LIPRAM-PN (pancrelipase delayed-release caps)  
PLARETASE (pancrelipase tabs)

### - DISCONTINUED GENERIC PRODUCTS REMOVED

hyoscyamine extended-release caps, 0.375 mg

# Formulary Updates

Formulary Agents in Gray. Non-Formulary Agents in Blue.

## Blue Cross and Blue Shield of Florida BlueSelect Medication List Additions

### + BRAND PRODUCTS ADDED

**Effective May 1, 2009**

AFINITOR (everolimus tabs)

## Blue Cross and Blue Shield of Florida BlueSelect Medication List Changes

### - GENERIC PRODUCTS: FORMULARY TO NOT COVERED

**Effective July 1, 2009**

CARISOPRODOL tabs, 350 mg

CARISOPRODOL/ASPIRIN tabs

CARISOPRODOL/ASPIRIN/CODEINE tabs

MEPROBAMATE tabs, 200 mg, 400 mg

SELEGILINE tabs

### - BRAND PRODUCTS: FORMULARY TO NOT COVERED

**Generics remain**

**Effective July 1, 2009**

CYTOMEL (liothyronine tabs)

PHOSLO (calcium acetate caps)

RISPERDAL (risperidone oral soln)

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

ZERIT (stavudine oral soln)

### - DISCONTINUED BRAND PRODUCTS: FORMULARY TO NOT COVERED

**Generics are not available**

**Effective May 1, 2009**

CHLORAL HYDRATE supp

LIPRAM 4500, LIPRAM-PN (pancrelipase  
delayed-release caps)

## Blue Cross and Blue Shield of Florida Medication List Additions

### ⊕ BRAND PRODUCTS ADDED – TIER 2

**Effective May 1, 2009**

AFINITOR (everolimus tabs)

**Effective July 1, 2009**

VENTOLIN HFA (albuterol sulfate inhalation aerosol)

## Blue Cross and Blue Shield of Florida Medication List Changes

### ⊖ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

**Generics remain**

**Effective July 1, 2009**

CYTOMEL (liothyronine tabs)

PHOSLO (calcium acetate caps)

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

ZERIT (stavudine oral soln)

### ⊖ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

**Generics are not available**

**Effective April 10, 2009**

LUPRON-DEPOT (leuprolide acetate for inj)

LUPRON-DEPOT PED (leuprolide acetate for inj)

**Effective July 1, 2009**

CADUET (amlodipine/atorvastatin tabs)

PROVIGIL (modafinil tabs)

RELPAK (eletriptan tabs)

XOPENEX HFA (levalbuterol inhalation aerosol)

### ⊖ DISCONTINUED BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

**Generics are not available**

**Effective May 1, 2009**

LIPRAM 4500, LIPRAM-PN (pancrelipase  
delayed-release caps)

# Formulary Updates

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Formulary Agents in Gray. Non-Formulary Agents in Blue.

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

### + BRAND PRODUCTS ADDED

**Effective July 1, 2009**

AFINITOR (everolimus tabs)

TRILIPIX (choline fenofibrate delayed-release caps)

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

### - BRAND PRODUCTS REMOVED

**Generics remain**

**Effective July 1, 2009**

TOPAMAX (topiramate tabs)

### - 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)

**Effective October 1, 2009**

XOPENEX HFA (levalbuterol inhalation aerosol)

## 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**

divalproex delayed-release caps (DEPAKOTE SPRINKLES)

divalproex extended-release tabs (DEPAKOTE ER)

liothyronine tabs (CYTOMEL)

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

risperidone oral soln (RISPERDAL)

stavudine oral soln (ZERIT)

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

topiramate caps (TOPAMAX SPRINKLE)

topiramate tabs (TOPAMAX)

### + BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)

DEGARELIX (degarelix for inj)

## Blue Cross and Blue Shield of Kansas National Formulary Deletions

### - BRAND PRODUCTS REMOVED

**Generics remain**

CYTOMEL (liothyronine tabs)

DEPAKOTE ER (divalproex extended-release tabs)

DEPAKOTE SPRINKLES (divalproex delayed-release caps)

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

RISPERDAL (risperidone oral soln)

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

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

# Formulary Updates

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Formulary Agents in Gray. Non-Formulary Agents in Blue.

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## 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**

liothyronine tabs (CYTOMEL)

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

stavudine oral soln (ZERIT)

topiramate caps (TOPAMAX SPRINKLE)

topiramate tabs (TOPAMAX)

### + BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)

DEGARELIX (degarelix for inj)

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## Blue Cross and Blue Shield of Kansas Select Formulary Deletions

### - BRAND PRODUCTS REMOVED

**Generics remain**

CYTOMEL (liothyronine tabs)

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

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

## Blue Cross and Blue Shield of Montana Formulary Additions

### + BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)  
CRESTOR (rosuvastatin tabs)  
DEGARELIX (degarelix for inj)  
NITRO-BID (nitroglycerin oint)  
OMNITROPE (somatropin for inj)  
REVATIO (sildenafil tabs)

## Blue Cross and Blue Shield of Montana Formulary Deletions

### - BRAND PRODUCTS REMOVED

#### Generics remain

CYTOMEL (liothyronine tabs)  
IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)  
RISPERDAL (risperidone oral soln)  
TOPAMAX (topiramate tabs)  
TOPAMAX SPRINKLE (topiramate caps)  
ZERIT (stavudine oral soln)

### - BRAND PRODUCTS REMOVED

#### Generics are not available

FRAGMIN (dalteparin sodium inj)  
HECTORAL (doxercalciferol inj)  
HUMATROPE (somatropin for inj)  
LETAIRIS (ambrisentan tabs)  
LEUKINE (sargramostim for inj)  
NASCOBAL (cyanocobalamin nasal soln)  
NUTROPIN (somatropin for inj)  
NUTROPIN AQ (somatropin inj)  
VYTORIN (ezetimibe/simvastatin tabs)

### - DISCONTINUED BRAND PRODUCTS REMOVED

#### Generics are not available

LIPRAM 4500, LIPRAM-PN (pancrelipase  
delayed-release caps)

# Formulary Updates

Formulary Agents in Gray. Non-Formulary Agents in Blue.

## Blue Cross and Blue Shield of Nebraska Formulary Additions

### + GENERIC PRODUCTS ADDED

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

liothyronine tabs (CYTOMEL)

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

stavudine oral soln (ZERIT)

topiramate caps (TOPAMAX SPRINKLE)

topiramate tabs (TOPAMAX)

### + BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)

DEGARELIX (degarelix for inj)

OMNITROPE (somatropin inj)

TRILIPIX (choline fenofibrate delayed-release caps)

## Blue Cross and Blue Shield of Nebraska Formulary Deletions

### - BRAND PRODUCTS REMOVED

**Generics remain**

CYTOMEL (liothyronine tabs)

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

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

### - BRAND PRODUCTS REMOVED

**Generics are not available**

GENOTROPIN (somatropin for inj)

NUTROPIN (somatropin for inj)

NUTROPIN AQ (somatropin inj)

### - DISCONTINUED GENERIC PRODUCTS REMOVED

hyoscyamine extended-release caps, 0.375 mg

### - DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

LIPRAM 4500, LIPRAM-CR, LIPRAM-PN (pancrelipase delayed-release caps)

PLARETASE (pancrelipase tabs)

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

### + BRAND PRODUCTS ADDED

**Effective April 30, 2009**

AFINITOR (everolimus tabs)

**Effective July 1, 2009**

TRILIPIX (choline fenofibrate delayed-release caps)

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

### - DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

**Effective April 1, 2009**

PLARETASE (pancrelipase tabs)

# Formulary Updates

Formulary Agents in Gray. Non-Formulary Agents in Blue.

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

### + BRAND PRODUCTS ADDED

**Effective April 1, 2009**

CHANTIX (varenicline tabs)

NICOTROL INHALER (nicotine inhaler system)

NICOTROL NS (nicotine nasal spray)

**Effective April 30, 2009**

AFINITOR (everolimus tabs)

### + GENERIC PRODUCTS ADDED

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

bupropion SR 12 hr 150 mg tabs (ZYBAN)

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

### - ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

**Effective July 1, 2009**

heparin sodium inj

heparin sodium lock flush

### - DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

**Effective April 1, 2009**

PLARETASE (pancrelipase tabs)

## Blue Cross Blue Shield of North Dakota Formulary Additions

### Special Note: Intrauterine Devices, Mirena and Paragard

As of June 1, 2009, if contraceptives are covered as part of the plan's pharmacy benefit, then Mirena and Paragard IUD may be processed as a pharmacy benefit, and will process at the formulary level. Contraceptives may be excluded from coverage under the plan benefit. In all cases, plan inclusions/exclusions determine specific coverage.

### + GENERIC PRODUCTS ADDED

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

carbamazepine extended-release tabs, 200 mg, 400 mg  
(TEGRETOL XR)

liothyronine tabs (CYTOMEL)

lorazepam concentrate (LORAZEPAM INTENSOL)

mycophenolate caps, tabs (CELLCEPT)

stavudine oral soln (ZERIT)

topiramate caps (TOPAMAX SPRINKLE)

topiramate tabs (TOPAMAX)

### + BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)

DEGARELIX (degarelix for inj)

DEXTROAMPHETAMINE tabs, 10 mg

## Blue Cross Blue Shield of North Dakota Formulary Deletions

### - BRAND PRODUCTS REMOVED

**Generics remain**

CELLCEPT (mycophenolate caps, tabs)

CYTOMEL (liothyronine tabs)

LORAZEPAM INTENSOL (lorazepam concentrate)

PHOSLO (calcium acetate caps)

TEGRETOL XR 200 mg, 400 mg  
(carbamazepine extended-release tabs)

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

ZERIT (stavudine oral soln)

### - ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

TRINATE (prenatal multivitamins/ferrous fumarate/  
folic acid 1 mg tabs)

### - DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

CHLORAL HYDRATE supp

LIPRAM 4500, LIPRAM-CR, LIPRAM-PN  
(pancrelipase delayed-release caps)

METADATE ER (methylphenidate extended-release tabs, 10 mg)

PLARETASE (pancrelipase tabs)

### - DISCONTINUED GENERIC PRODUCTS REMOVED

hyoscyamine extended-release caps, 0.375 mg

### Special Note: Generic Co-Packaged Prenatal Vitamins

Generic prenatal vitamins with 1 mg folic acid co-packaged with a supplement, ie., DHA, Omega-3 fatty acids, have been removed from formulary. Trade names are: Complete Natal DHA, Pruet DHA, Pruet DHAEC, Renate DHA, Renate DHA EXTRA, Seton ET-EC, Setonet, Trust Natal DHA

# Formulary Updates

Formulary Agents in Gray. Non-Formulary Agents in Blue.

## Blue Cross and Blue Shield of Oklahoma Drug Formulary Additions

### + BRAND PRODUCTS ADDED

**Effective July 1, 2009**

AFINITOR (everolimus tabs)

TRILIPIX (choline fenofibrate delayed-release caps)

## Blue Cross and Blue Shield of Oklahoma Drug Formulary Deletions

### - BRAND PRODUCTS REMOVED

**Generics remain**

**Effective April 1, 2009**

RISPERDAL (risperidone oral soln)

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

**Effective July 1, 2009**

CELLCEPT (mycophenolate caps, tabs)

TEGRETOL XR 200 mg, 400 mg  
(carbamazepine extended-release tabs)

TOPAMAX (topiramate tabs)

ZERIT (stavudine oral soln)

### - DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

**Effective April 1, 2009**

PLARETASE (pancrelipase tabs)

**Effective July 1, 2009**

CHLORAL HYDRATE supp

LIPRAM 4500, LIPRAM-PN (pancrelipase  
delayed-release caps)

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## Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

### ⊕ BRAND PRODUCTS ADDED

**Effective July 1, 2009**

AFINITOR (everolimus tabs)

DEGARELIX (degarelix for inj)

TRILIPIX (choline fenofibrate delayed-release caps)

# Formulary Updates

Formulary Agents in Gray. Non-Formulary Agents in Blue.

## Blue Cross Blue Shield of Wyoming Preferred Drug List Additions

### 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. As of March 26, 2009, an additional marketer of the Preferred Drug List brand drug Adderall XR was launched. This new product is listed as its chemical name but, due to the nature of the FDA filing, it will be coded as a brand product. As of April 16, 2009, this new brand product will not be covered unless approval is obtained through BCBSWY. The innovator product, Adderall XR, will remain on the Preferred Drug List.

### + GENERIC PRODUCTS ADDED

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

liothyronine tabs (CYTOMEL)

risperidone oral soln (RISPERDAL)

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

stavudine oral soln (ZERIT)

topiramate caps (TOPAMAX SPRINKLE)

topiramate tabs (TOPAMAX)

### + BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)

DEGARELIX (degarelix for inj)

VENTOLIN HFA (albuterol sulfate inhalation aerosol)

## Blue Cross Blue Shield of Wyoming Preferred Drug List Deletions

### - BRAND PRODUCTS REMOVED

**Generics remain**

CYTOMEL (liothyronine tabs)

PHOSLO (calcium acetate caps)

RISPERDAL (risperidone oral soln)

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

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

ZERIT (stavudine oral soln)

### - ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

heparin sodium inj

HEPARIN SODIUM inj

### - BRAND PRODUCTS REMOVED

**Generics are not available**

XOPENEX HFA (levalbuterol tartrate inhalation aerosol)

MAXAIR AUTOHALER (pirbuterol acetate inhalation aerosol)

### - DISCONTINUED BRAND PRODUCTS REMOVED

**Generics are not available**

LIPRAM 4500, LIPRAM-CR, LIPRAM-PN  
(pancrelipase delayed-release caps)

PLARETASE (pancrelipase tabs)

### - DISCONTINUED GENERIC PRODUCTS REMOVED

hyoscyamine extended-release caps, 0.375 mg

## Medicare Part D

Pharmacists are encouraged to check the web site, [www.primetherapeutics.com/pharmacistsindex.htm](http://www.primetherapeutics.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 June 9, 2009 and July 1, 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 also on formulary**

- carbamazepine extended-release tabs, 200 mg, 400 mg (TEGRETOL XR)
- liothyronine tabs, 5 mcg, 25 mcg, 50 mcg (CYTOMEL)
- malathion lotion, 0.5% (OVIDE)
- mycophenolate mofetil caps, 250 mg (CELLCEPT)
- risperidone orally disintegrating tabs, 0.5 mg, 2 mg (RISPERDAL M-TAB)
- stavudine for oral soln, 1 mg/mL (ZERIT)
- topiramate caps, 15 mg, 25 mg (TOPAMAX SPRINKLE)
- topiramate tabs, 25 mg, 50 mg, 100 mg, 200 mg (TOPAMAX)

### + GENERIC PRODUCTS ADDED – TIER 1

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

- cycloserine caps, 250 mg (SEROMYCIN)

### + GENERIC PRODUCTS ADDED – TIER 4

**Brand products (in parentheses) are also on formulary**

- mycophenolate mofetil tabs, 500 mg (CELLCEPT)

### + BRAND PRODUCTS ADDED – TIER 3

- DEGARELIX for inj, 80 mg, 120 mg
- PREZISTA (darunavir tabs, 150 mg)
- RISPERIDONE orally disintegrating tabs, 1 mg
- RISPERIDONE orally disintegrating tabs, 3 mg, 4 mg, effective March 8, 2009 through June 6, 2009. See Tier Change section.
- VIMPAT (lacosamide inj, 200 mg/20 mL; tabs, 50 mg, 100 mg, 150 mg, 200 mg)

### + BRAND PRODUCTS ADDED – TIER 4

- AFINITOR (everolimus tabs, 5 mg, 10 mg)
- TEMODAR (temozolomide for inj, 100 mg)
- XENAZINE (tetrabenazine tabs, 12.5 mg, 25 mg)

### ▶ TIER CHANGE – TIER 4 TO TIER 1

**Brand products (in parentheses) remain on Tier 4**

- ribavirin caps, 200 mg; tabs, 200 mg, 400 mg, 600 mg (COPEGUS, REBETOL)

The following change will be effective June 7, 2009.

### ▶ TIER CHANGE – TIER 3 TO TIER 1

**Brand products (in parentheses) remain on Tier 3**

- risperidone orally disintegrating tabs, 3 mg, 4 mg (RISPERDAL M-TAB)

The following change will be effective June 9, 2009.

- ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED  
RAPTIVA (efalizumab for inj, 125 mg)

The following change will be effective July 1, 2009.

- ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED  
polyethylene glycol powder for oral soln, 17 g/scoopful

# Formulary Updates

Formulary Agents in Gray. [Non-Formulary Agents in Blue.](#)

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

### + GENERIC PRODUCTS ADDED – TIER 1

**Brand products (in parentheses) are also on formulary**

carbamazepine extended-release tabs, 200 mg, 400 mg (TEGRETOL XR)

liothyronine tabs, 5 mcg, 25 mcg, 50 mcg (CYTOMEL)

malathion lotion, 0.5% (OVIDE)

mycophenolate mofetil caps, 250 mg (CELLCEPT)

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

stavudine for oral soln, 1 mg/mL (ZERIT)

topiramate caps, 15 mg, 25 mg (TOPAMAX SPRINKLE)

topiramate tabs, 25 mg, 50 mg, 100 mg, 200 mg (TOPAMAX)

### + GENERIC PRODUCTS ADDED – TIER 1

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

cycloserine caps, 250 mg (SEROMYCIN)

### + GENERIC PRODUCTS ADDED – TIER 4

**Brand products (in parentheses) are also on formulary**

mycophenolate mofetil tabs, 500 mg (CELLCEPT)

### + BRAND PRODUCTS ADDED – TIER 3

DEGARELIX for inj, 80 mg, 120 mg

PREZISTA (darunavir tabs, 150 mg)

RISPERIDONE orally disintegrating tabs, 1 mg

RISPERIDONE orally disintegrating tabs, 3 mg, 4 mg, effective March 8, 2009 through June 6, 2009. See Tier Change section.

VIMPAT (lacosamide inj, 200 mg/20 mL; tabs, 50 mg, 100 mg, 150 mg, 200 mg)

### + BRAND PRODUCTS ADDED – TIER 4

AFINITOR (everolimus tabs, 5 mg, 10 mg)

TEMODAR (temozolomide for inj, 100 mg)

XENAZINE (tetrabenazine tabs, 12.5 mg, 25 mg)

### ▶ TIER CHANGE – TIER 4 TO TIER 1

**Brand products (in parentheses) remain on Tier 4**

ribavirin caps, 200 mg; tabs, 200 mg, 400 mg, 600 mg (COPEGUS, REBETOL)

**The following change will be effective June 7, 2009.**

### ▶ TIER CHANGE – TIER 3 TO TIER 1

**Brand products (in parentheses) remain on Tier 3**

risperidone orally disintegrating tabs, 3 mg, 4 mg (RISPERDAL M-TAB)

**The following change will be effective June 9, 2009.**

- ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED  
[RAPTIVA](#) (efalizumab for inj, 125 mg)

**The following change will be effective July 1, 2009.**

- ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED  
[polyethylene glycol powder for oral soln, 17 g/scoopful](#)

# Formulary Updates

Formulary Agents in Gray. Non-Formulary Agents in Blue.

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

▶ NO UPDATES

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

▶ NO UPDATES

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

▶ NO UPDATES

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

▶ NO UPDATES







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