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Prime Perspective

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ISSUE 41

QUARTERLY PHARMACY NEWSLETTER FROM PRIME THERAPEUTICS LLC

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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.

On the Web

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.

Update Your Pharmacy Information

Prime utilizes the National Council for Prescription Drug Programs (NCPDP) database to obtain addresses for its network pharmacy mailings. Keeping your pharmacy information updated with NCPDP means you will continue to receive mailings from Prime Therapeutics. To update information go to www.ncdp.org > click on NCPDP Provider ID (found on the left side) and follow the instructions provided.

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

PHARMACY FWA TRAINING

Medicare Part D Pharmacy Training and 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, must track completion of that training among pharmacies in its network. Accordingly, Prime requires pharmacies to certify that the Participating Pharmacy has complied with this CMS training requirement.

Prime provides FWA/Compliance training, so Participating Pharmacy staff can satisfy the training requirement. This certification form is available under the Medicare D tab on the pharmacist page of Prime's Web site www.primetherapeutics.com/medicare.htm. Under Important Medicare Information on the right, click the link FWA Training and Certification.

Participating Pharmacies are not required to take Prime's training. Prime offers the training and certification as a convenience. A pharmacy can opt to complete another Medicare Advantage, Part D Plan Sponsor or other CMS-approved training. However, all Participating Pharmacies or their PSAO must complete the online certification form by Dec. 31, 2009 to be in compliance.

Participating Pharmacy responsibilities:

- Require all staff that 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 internal training logs documenting staff's completion of the training.
- Complete and submit the required online certification. Only one certification form needs to be completed for each independent pharmacy and each chain or PSAO affiliation. By completing this form a Participating Pharmacy attests that everyone has completed the training.

FROM THE AUDITOR'S DESK

Proper Billing of Diabetic Testing Supplies

Self-monitoring blood glucose (SMBG) is an integral component of diabetes management. In fact, the American Diabetes Association (ADA) recommends diabetics treated with multiple insulin injections or an insulin pump conduct SMBG at least three times daily¹. The ADA also acknowledges that diabetics with less frequent injections or non-insulin-based diabetes management may still benefit from less frequent SMBG.

Glucose test strips may be submitted for pharmacy benefit coverage under select plans. When submitting a test strip claim for payment, pharmacies are required to enter the correct days supply. The correct days supply equals the consecutive days the prescription quantity will last, according to the directions for use. Participating Pharmacies must obtain and document specific directions for use prior to submitting a prescription claim. Prime Therapeutics does not accept "Use as Directed" as a valid sig to support the quantity dispensed. In the case of testing supplies, the pharmacy must obtain and document the testing frequency in order to calculate the days supply and properly respond to point-of-sale claims messaging that communicate benefit coverage information. Participating Pharmacies must dispense the quantity that falls within the Covered Person's benefit.

Submitting the incorrect days supply on claims may result in inaccurate claims processing and/or audit chargeback. Prime relies upon the data entered by the pharmacy on claims to accurately administer benefits. When the pharmacy enters the incorrect days supply that does not reflect how long the prescription quantity will actually last, the claim may not adjudicate correctly according to the Covered Person's benefit. During an audit, Prime will ensure that the correct quantity and days supply was submitted on the claim.

Diabetic patients who present a test strip prescription offer an excellent opportunity for pharmacists to counsel on appropriate diabetes treatment and management. It is important to obtain the frequency of SMBG testing from the Prescribing Provider, or if the Prescribing Provider is unavailable, the Covered Person, in order to ensure the appropriate entry of days supply.

1. American Diabetes Association. Standards of Medical Care in Diabetes-2009. Diabetes Care 2009;32(suppl 1):S13-S61.

News and Information

Compound Billing Requirements

Compound drugs are reimbursed based on the average wholesale price (AWP) of all the ingredients and the total quantity of the compound being dispensed. Preparation time is not used in the calculation of reimbursement for compound drugs. Do not inflate the submitted ingredient cost in order to bill for preparation time. Prime monitors compound claims on a daily basis and through retrospective audits. Inflated compound pricing is subject to audit chargeback and/or disciplinary action.

Observe the following requirements when billing a compound prescription:

- At least one ingredient within the compound must be a Federal Legend Drug. However, a prescription will not be considered a compound if it is reconstituted, or if only water, alcohol, or sodium chloride solutions are added to the active ingredient.
- All ingredients within the compound must have a valid NDC number.
- The Participating Pharmacy must flag the claim as a compound in the system.
- The NDC of the most expensive ingredient must be submitted on the claim.
- The quantity of the entire compound must be submitted.
- The AWP for the entire compound's combined ingredients must be submitted as the submitted ingredient cost.
- When billing a compound to Prime for Medicare Part D that includes some, but not all, Part D drug product components, only costs and quantities associated with those components that satisfy the definition of the Part D drug may be submitted.

Note that prescriptions that are subdivided into unit dose or injectable prescriptions that are drawn into syringes for injection are not considered compounds. For more information about Prime's compounding policies, please see pages 12 and 23 of the *Prime Therapeutics Pharmacy Provider Manual*.

MAC LIST UPDATES

Added to MAC List

alprazolam ODT, 0.25 mg, 0.5 mg, 1 mg, 2 mg (NIRAVAM)
amoxicillin/potassium clavulanate tabs, 250/125 mg (AUGMENTIN)
betamethasone dipropionate, augmented oint, 0.05% (DIPROLENE)
betaxolol tabs, 10 mg (KERLONE)
bicalutamide tabs, 50 mg (CASODEX)
carbamazepine ext-release tabs, 200 mg, 400 mg (TEGRETOL XR)
cefadroxil susp, 500 mg/5 mL (DURICEF)
cefazolin for inj, 1 g, 10 g
cefepime tabs, 100 mg, 200 mg (VANTIN)
ceftriaxone for inj, 2 g (ROCEPHIN)
chlordiazepoxide/clidinium caps, 5/2.5 mg (LIBRAX)
colchicine tabs, 0.6 mg
dexamethasone tabs, 0.5 mg (DECADRON)
dextroamphetamine ext-release caps, 5 mg, 10 mg, 15 mg (DEXEDRINE)
hyoscyamine elixir, 0.125 mg/5 mL; soln, 0.125 mg/mL (LEVSIN)
levonorgestrel tabs, 0.75 mg (PLAN B)
liothyronine tabs, 5 mcg, 25 mcg, 50 mcg (CYTOMEL)
lorazepam oral conc, 2 mg/mL (LORAZEPAM INTENSOL)
malathion lotn, 0.5% (OVIDE)
methotrexate inj, 25 mg/mL
mycophenolate caps, 250 mg (CELLCEPT)
nitroglycerin ext-release caps, 6.5 mg
pediatric multivitamins/fluoride, 0.5 mg
perphenazine tabs, 2 mg, 4 mg, 8 mg, 16 mg
potassium chloride ext-release caps, 10 mEq (MICRO-K)
potassium chloride ext-release tabs, 8 mEq
prenatal vitamins/1 mg folic acid
rifampin caps, 300 mg (RIFADIN)
risperidone ODT, 0.5 mg, 2 mg (RISPERDAL M-TAB)
risperidone soln, 1 mg/mL (RISPERDAL)
sumatriptan tabs, 25 mg, 50 mg, 100 mg (IMITREX)
tetracycline caps, 250 mg
topiramate caps, 15 mg, 25 mg (TOPAMAX SPRINKLE)
ursodiol tabs, 250 mg, 500 mg (URSO)
warfarin tabs, 1 mg (COUMADIN)

Removed from MAC List

aminophylline tabs, 100 mg, 200 mg
buspirone tabs, 7.5 mg
desonide lotn, 0.05%
diazepam inj, 5 mg/mL
erythromycin ethylsuccinate for susp, 200 mg/5 mL
flunisolide nasal soln, 29 mcg
fluocinolone acetonide crm, 0.01%
norethindrone/mestranol tabs, 1 mg/50 mcg
phenobarbital tabs, 97.2 mg
pseudoephedrine/chlorpheniramine/codeine soln, 30-2-10 mg/5 mL
ribavirin dose pak, 400 mg/600 mg
tretinoin crm, 0.05%
triamterene/hydrochlorothiazide caps, 50/25 mg

MEDICARE PART D

CMS New Prescription Origin Code Requirement

Effective Jan. 1, 2010, CMS will require that all electronic new prescription claims include the Prescription Origin Code via the National Council for Prescription Drug Programs (NCPDP) version 5.1, NCPDP field 419-DJ.

CMS Government Debarred Prescribers

Effective Jan. 1, 2010, Prime will implement point-of-sale edits to deny payment for government debarred prescribing physicians.

MINNESOTA AUC

E3: Streamlining Health Care Transactions in Minnesota

On Nov. 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 Electronic (ANSIASC 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 Dec. 15, 2009.

Prime encourages all Participating Pharmacies who currently do not receive an 835 electronic remittance advice, to contact Prime to get set up with electronic remittance. To learn more about the 835 program, visit www.primetherapeutics.com/remittance.htm. For further information regarding the new statute itself, visit the MN AUC Web site at www.health.state.mn.us/auc.

FLORIDA NEWS

Blue Cross and Blue Shield of Florida Utilization Management Programs

Effective Oct. 1, 2009, select populations will implement the following UM programs: Xenazine Prior Authorization; ACE/ARB and ARB/CCB Step Therapy; Glucose Test Strips and Lipid Management Quantity Limits.

Also, effective Oct. 1, 2009, select populations under the BlueSelect Product will implement the following UM programs: Glucose Test Strips and Lipid Management Quantity Limits.

Blue Cross and Blue Shield of Florida Prescriber ID Requirements

Effective Jan. 1, 2010, Prime will require a Prescriber's DEA or NPI number on all Blue Cross and Blue Shield of Florida electronic claims. Claims will reject at the point-of-sale if submitted without the Prescriber's DEA or NPI number in the NCPDP field 411-DB.

News and Information

ILLINOIS NEWS

Blue Cross and Blue Shield of Illinois Moves Compounded Medications to Third-Tier Coverage

Effective Jan. 1, 2010, select populations with a three-tier formulary-based benefit will have compounded medications covered in the third-tier. These were previously covered in the second-tier. Covered Persons may see an increase in out of pocket expense from second-tier copay to third-tier copay.

Blue Cross and Blue Shield of Illinois Excludes Coverage for Repackager NDCs

Effective Jan. 1, 2010, Blue Cross and Blue Shield of Illinois will no longer cover repackager NDCs under Covered Persons' pharmacy benefit. Participating Pharmacies submitting claims for repackager NDCs for Covered Persons with prescription drug coverage through BCBSIL will receive the message "Repackager Not Covered." Participating Pharmacies can submit non-repackager NDCs for claims processing.

NEW MEXICO NEWS

New Prescription Origin Code Requirement

Effective Jan. 1, 2010, Prime will require that all electronic new prescription claims for Blue Cross and Blue Shield of New Mexico include the Prescription Origin Code via the National Council for Prescription Drug Programs (NCPDP) version 5.1, NCPDP field 419-DJ.

OKLAHOMA NEWS

Blue Cross Blue Shield of Oklahoma Launches Select Network

Effective Sept. 1, 2009, Blue Cross and Blue Shield of Oklahoma (BCBSOK) began using the Prime Therapeutics Select Network in Oklahoma. Covered Persons will continue to use current ID cards and there will be no change to the processing requirements.

New Step Therapy Program for Cholesterol Medications

Beginning Aug. 1, 2009, a new step therapy program for cholesterol-lowering medications was launched for fully-insured and certain ASO groups that have adopted Blue Cross and Blue Shield of Oklahoma's utilization management practices.

With step therapy, Covered Persons will receive benefits for drugs subject to step therapy only after trying safe, cost-effective alternative medications. This means a Covered Person will need to first try a generic cholesterol-lowering drug before progressing to a brand drug treatment, if necessary. If the Covered Person already tried a first-line generic drug, the prescription drug benefit will cover the second-line drug Crestor. Only after the Covered Person has a prescription history for both the first-line and second-line drugs will coverage be provided for a non-preferred brand name cholesterol-lowering drug.

BCBSOK will grandfather Covered Persons currently taking a brand name cholesterol-lowering medication until Jan. 1, 2010. After this date, all grandfathered Covered Persons who still take a non-preferred cholesterol-lowering medication will be notified and then required to meet the criteria outlined above for continued coverage of a non-preferred cholesterol medication.

In cases where alternative drugs may not be considered appropriate for the Covered Person's use, the Prescribing Provider can request an exception to the step therapy program by submitting a prior authorization request to BCBSOK. To obtain the appropriate prior authorization form, call the customer service phone number on the back of the Covered Person's BCBSOK ID card.

PRIME NEWS

Coming Soon: Updated Pharmacy Manual

Prime is currently updating its Pharmacy Manual. Look for a new version on Prime's Web site in January 2010.

PrimeNational Formulary Additions

+ GENERIC PRODUCTS ADDED

Brand products (if available, are shown in parentheses) are non-formulary and listed for reference only

bicalutamide tabs (CASODEX)

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

clarithromycin extended-release tabs (BIAXIN XL)

lorazepam concentrate (LORAZEPAM INTENSOL)

malathion lotion, 0.5% (OVIDE)

mycophenolate caps, tabs (CELLCEPT)

paromomycin caps

PEG 3350/KCl/ Na Bicarb/NaCl/Na Sulfate for soln, 236 gm – Gavilyte-G (GOLYTELY)

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

sulfasalazine delayed-release tabs (AZULFIDINE EN-TABS)

terconazole vaginal cream, supp (TERAZOL)

+ BRAND PRODUCTS ADDED

ASACOL HD (mesalamine delayed-release tabs)

COARTEM (artemether/lumefantrine tabs)

EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs)

TRILIPIX (choline fenofibrate delayed-release caps)

ULESFIA (benzyl alcohol lotion)

PrimeNational Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LAMICTAL STARTER KITS (lamotrigine tabs)

LORAZEPAM INTENSOL (lorazepam concentrate)

OVIDE (malathion lotion)

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

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

ZERIT (stavudine oral soln)

- BRAND PRODUCTS REMOVED

Generics are not available

LINDANE shampoo

PROVIGIL (modafinil)

- ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

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

- DISCONTINUED BRAND PRODUCTS REMOVED

Generics remain

METADATE ER 10 mg (methylphenidate extended-release tabs)

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

Blue Cross and Blue Shield of Florida BlueSelect Medication List Additions

+ BRAND PRODUCTS ADDED – TIER 2

Effective May 24, 2009

PREZISTA (darunavir, 150 mg)

Effective June 16, 2009

RISPERIDONE orally disintegrating tabs, 0.25 mg

Effective July 21, 2009

ETOPOSIDE caps, 50 mg

MEBENDAZOLE tabs

Effective August 24, 2009

BUSPIRONE tabs, 7.5 mg

Effective October 1, 2009

ASACOL HD (mesalamine delayed-release tabs)

SIMPONI (golimumab inj)

ULESFIA (benzyl alcohol lotion)

Blue Cross and Blue Shield of Florida BlueSelect Medication List Changes

- BRAND PRODUCTS: FORMULARY TO NOT COVERED

Generics remain

Effective October 1, 2009

AUGMENTIN oral susp 250 mg-62.5 mg/5 mL
(amoxicillin/potassium clavulanate)

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LAMICTAL STARTER KITS (lamotrigine tabs)

PLAN B 0.75 mg (levonorgestrel-Next Choice)

- BRAND PRODUCTS: FORMULARY TO NOT COVERED

Generics are not available

Effective October 1, 2009

LINDANE shampoo

PENTASA (mesalamine extended-release caps)

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

+ DRUGS ADDED TO SELF-ADMINISTERED SPECIALTY LIST

Effective October 1, 2009

CIMZIA PRE-FILLED SYRINGE (certolizumab for inj)

SIMPONI (golimumab inj)

+ DRUGS ADDED TO PROVIDER-ADMINISTERED SPECIALTY LIST

Effective October 1, 2009

CINRYZE (C1 esterase inhibitor for IV inj)

DEGARILEX (degarilex for inj)

FIRMAGON (degarilex for inj)

+ DRUGS ADDED TO THE RESPONSIBLE QUANTITY PROGRAM

Effective October 1, 2009

Class	Drug	Responsible Quantity Monthly Amount
Cholesterol Lowering	Crestor 5, 10, 20 mg	45 tabs
	Crestor 40 mg	30 tabs
	Mevacor (lovastatin)-all strengths	60 tabs
	Pravachol (pravastatin) 10, 20, 40 mg	45 tabs
	Pravachol (pravastatin) 80 mg	30 tabs
	Zocor (simvastatin) 5, 10, 40 mg	45 tabs
	Zocor (simvastatin) 20 mg	60 tabs
	Zocor (simvastatin) 80 mg	30 tabs
		Monthly Amount
Diabetes	Diabetic Test strips (all products)	204 strips

Formulary Updates

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

Blue Cross and Blue Shield of Florida Medication List Additions

+ BRAND PRODUCTS ADDED – TIER 2

Effective May 24, 2009

PREZISTA (darunavir tabs, 150 mg)

Effective June 12, 2009

RISPERIDONE orally disintegrating tabs, 0.25 mg

Effective July 19, 2009

HECTOROL (doxercalciferol caps, 1 mcg)

Effective July 21, 2009

ETOPOSIDE caps, 50 mg

MEBENDAZOLE tabs

Effective August 24, 2009

BUSPIRONE tabs, 7.5 mg

Effective October 1, 2009

ASACOL HD (mesalamine delayed-release tabs)

COARTEM (artemether/lumefantrine tabs)

EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs)

SIMPONI (golimumab inj)

ULESFIA (benzyl alcohol lotion)

Blue Cross and Blue Shield of Florida Medication List Changes

▶ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics remain

Effective October 1, 2009

AUGMENTIN 250 mg-62.5 mg/5 mL susp
(amoxicillin/potassium clavulanate)

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LAMICTAL STARTER KITS (lamotrigine tabs)

LORAZEPAM INTENSOL (lorazepam concentrate)

PLAN B 0.75 mg (levonorgestrel-Next Choice)

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

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

▶ BRAND PRODUCTS TIER CHANGE – TIER 2 TO TIER 3

Generics are not available

Effective October 1, 2009

PENTASA (mesalamine extended-release caps)

▶ BRAND PRODUCTS TIER CHANGE – NOT COVERED TO TIER 3

Generics are not available

Effective October 1, 2009

KAPIDEX (dexlansoprazole caps)

▶ GENERIC PRODUCTS: FORMULARY TO NOT COVERED

Generics are not available

Effective October 1, 2009

phenazopyridine/butabarbital/hyoscyamine tabs

Blue Cross and Blue Shield of Florida Specialty Medication List Changes

+ DRUGS ADDED TO SELF-ADMINISTERED SPECIALTY LIST

Effective October 1, 2009

CIMZIA PRE-FILLED SYRINGE (certolizumab for inj)
SIMPONI (golimumab inj)

+ DRUGS ADDED TO PROVIDER-ADMINISTERED SPECIALTY LIST

Effective October 1, 2009

CINRYZE (C1 esterase inhibitor for IV inj)
DEGARELIX (degarelix for inj)
FIRMAGON (degarelix for inj)

+ DRUGS ADDED TO THE RESPONSIBLE STEPS PROGRAM

Effective October 1, 2009

New prescriptions for brand ACEI, ACEI combinations, ARBs and ARB combination agents will be subject to the step edit as of October 1, 2009. Current users of the targeted ARBs and ARB combination drugs will not be affected by this step program.

ACE inhibitors and Preferred ARBs

Accupril, Accuretic, Aceon, Altace, Benicar, Benicar HCT, Capoten, Capozide, Diovan, Diovan HCT, Exforge, Exforge HCT, Lexxel, Lotensin, Lotensin HCT, Lotrel, Mavik, Micardis, Micardis HCT, Monopril, Monopril HCT, Prinivil, Prinzide, Tarka, Uniretic, Univasc, Vaseretic, Vasotec, Zestoretic, Zestril

Prerequisites

Previous use of any of the following generic drugs either alone or as a component of a combination product:

benazepril, captopril, enalapril, fosinopril, lisinopril, moexepiril, quinapril, ramipril, or trandolapril

Non-Preferred ARBs

Atacand, Atacand HCT, Avapro, Avalide, Azor, Cozaar, Hyzaar, Teveten, Teveten HCT

Prerequisites

Previous use of any of the following generic drugs either alone or as a component of a combination product:

benazepril, captopril, enalapril, fosinopril, lisinopril, moexepiril, quinapril, ramipril, or trandolapril

AND, in addition, previous use of any of the following drugs:

Benicar, Benicar HCT, Diovan, Diovan HCT, Micardis, Micardis HCT, Exforge, Exforge HCT

Formulary Updates

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

+ DRUGS ADDED TO THE RESPONSIBLE QUANTITY PROGRAM

Effective October 1, 2009

Class	Drug	Responsible Quantity Monthly Amount
Cholesterol Lowering	Advicor 500/20, 750/20, 1000/20 mg	60 tabs
	Advicor 1000/40 mg	30 tabs
	Altoprev-all strengths	30 tabs
	Crestor 5, 10, 20 mg	45 tabs
	Crestor 40 mg	30 tabs
	Lescol-all strengths	60 caps
	Lescol XL 80 mg	30 tabs
	Lipitor 10, 20, 40 mg	45 tabs
	Lipitor 80 mg	30 tabs
	Mevacor (lovastatin)-all strengths	60 tabs
	Pravachol (pravastatin) 10, 20, 40 mg	45 tabs
	Pravachol (pravastatin) 80 mg	30 tabs
	Simcor-all strengths	60 tabs
	Vytorin 10/10, 10/20, 10/40 mg	45 tabs
	Vytorin 10/80 mg	30 tabs
	Zetia	30 tabs
	Zocor 5, 10, 40 mg	45 tabs
	Zocor 20 mg	60 tabs
Zocor 80 mg	30 tabs	
Diabetes	Diabetic Test strips (all products)	204 strips
	Onglyza-all strengths	30 tabs
Pain	Nucynta	180 tabs
	Embeda 100/4	120 caps
	Embeda-all other strengths	60 caps
Migraine Prophylaxis	Sumavel DosePro	12 injections
	Sumatriptan vial 4 mg/0.5 mL	12 doses (6 mL)
Fibromyalgia	Savella	60 tabs
	Savella Dosepack	1 pack
Urinary Incontinence	Gelnique	30 sachets

Blue Cross and Blue Shield of Illinois Drug Formulary Additions

+ BRAND PRODUCTS ADDED

Effective October 1, 2009

ASACOL HD (mesalamine delayed-release tabs)

MEBENDAZOLE tabs

SUPRAX (cefixime tabs)

Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2009

CYTOMEL (liothyronine tabs)

PLAN B (levonorgestrel tab, 0.75 mg – Next Choice)

TOPAMAX SPRINKLE (topiramate sprinkle caps)

Effective January 1, 2010

LAMICTAL STARTER KITS (lamotrigine tabs)

- BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2009

XOPENEX HFA (levalbuterol inhalation aerosol)

ZOMIG (zolmitriptan nasal soln, tabs)

ZOMIG ZMT (zolmitriptan orally disintegrating tabs)

Effective January 1, 2010

ZOVIA 1/50 E (ethynodiol diacetate/ethinyl estradiol tabs)

- DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2010

CHLORAL HYDRATE supp

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 Kansas National Formulary Additions

+ GENERIC PRODUCTS ADDED

Brand products (that are shown in parentheses, if available) are non-formulary and listed for reference only

bicalutamide tabs (CASODEX)

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

clarithromycin extended-release tabs (BIAXIN XL)

lorazepam concentrate (LORAZEPAM INTENSOL)

malathion lotion, 0.5% (OVIDE)

mycophenolate caps, tabs (CELLCEPT)

paromomycin caps

PEG 3350/KCl/ Na Bicarb/NaCl/Na Sulfate for soln, 236 gm – Gavilyte-G (GOLYTELY)

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

sulfasalazine delayed-release tabs (AZULFIDINE EN-TABS)

terconazole vaginal cream, supp (TERAZOL)

+ BRAND PRODUCTS ADDED

ASACOL HD (mesalamine delayed-release tabs)

COARTEM (artemether/lumefantrine tabs)

EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs)

TRILIPIX (choline fenofibrate delayed-release caps)

ULESFIA (benzyl alcohol lotion)

Blue Cross and Blue Shield of Kansas National Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2009

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LORAZEPAM INTENSOL (lorazepam concentrate)

OVIDE (malathion lotion)

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

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

ZERIT (stavudine oral soln)

Effective January 1, 2010

LAMICTAL STARTER KITS (lamotrigine tabs)

- BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2009

GENOTROPIN (somatropin for inj)

NUTROPIN (somatropin for inj)

NUTROPIN AQ (somatropin inj)

Effective January 1, 2010

LINDANE shampoo

PROVIGIL (modafinil)

- ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

Effective January 1, 2010

heparin sodium inj

HEPARIN SODIUM inj

heparin sodium lock flush

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

Blue Cross and Blue Shield of Kansas National Formulary Deletions – Continued

⊖ DISCONTINUED BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2010

METADATE ER 10 mg

(methylphenidate extended-release tabs)

⊖ DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective July 1, 2009

AMINO ACID/UREA cervical crm

Special Note: Generic Co-Packaged Prenatal Vitamins

Effective January 1, 2010

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 Kansas Select Formulary Additions

+ GENERIC PRODUCTS ADDED

Brand products (that are shown in parentheses, if available) are non-formulary and listed for reference only

bicalutamide tabs (CASODEX)

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

clarithromycin extended-release tabs (BIAXIN XL)

itraconazole caps, 100 mg (SPORANOX)

lorazepam concentrate (LORAZEPAM INTENSOL)

malathion lotion, 0.5% (OVIDE)

mycophenolate caps, tabs (CELLCEPT)

paromomycin caps

PEG 3350/KCl/ Na Bicarb/NaCl/Na Sulfate for soln, 236 gm – Gavilyte-G (GOLYTELY)

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

sulfasalazine delayed-release tabs (AZULFIDINE EN-TABS)

terconazole vaginal cream, supp (TERAZOL)

+ BRAND PRODUCTS ADDED

ASACOL HD (mesalamine delayed-release tabs)

COARTEM (artemether/lumefantrine tabs)

CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)

EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs)

FIRMAGON (degarelix for inj)

TRILIPIX (choline fenofibrate delayed-release caps)

ULESFIA (benzyl alcohol lotion)

VANCOCIN (vancomycin caps)

Blue Cross and Blue Shield of Kansas Select Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LORAZEPAM INTENSOL (lorazepam concentrate)

OVIDE (malathion lotion)

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

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

- DISCONTINUED BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2010

AMINO ACID/UREA cervical crm

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

PLARETASE (pancrelipase tabs)

- DISCONTINUED BRAND PRODUCTS REMOVED

Generics remain

Effective January 1, 2010

METADATE ER 10mg (methylphenidate extended-release tabs)

- DISCONTINUED GENERIC PRODUCTS REMOVED

Effective January 1, 2010

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

Blue Cross and Blue Shield of Montana Formulary Additions

+ BRAND PRODUCTS ADDED

ASACOL HD (mesalamine delayed-release tabs)
BUSPIRONE tabs, 7.5 mg
COARTEM (artemether/lumefantrine tabs)
CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)
EMEND (aprepitant caps)
RIASTAP (fibrinogen conc inj)
SUPRAX (cefixime tabs)
TOBI (tobramycin neb soln)
ULESFIA (benzyl alcohol lotion)
VESICARE (solifenacin tabs)
VFEND (voriconazole susp, tabs)

Blue Cross and Blue Shield of Montana Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

CASODEX (bicalutamide tabs)
CELLCEPT (mycophenolate caps, tabs)
GOLYTELY (PEG 3350/KCl/ Na Bicarb/NaCl/Na Sulfate for soln)
LAMICTAL STARTER KITS (lamotrigine tabs)
TEGRETOL XR 200 mg, 400 mg
(carbamazepine extended-release tabs)

- BRAND PRODUCTS REMOVED

Generics are not available

ALINIA (nitazoxanide susp, tabs)
AVELOX (moxifloxacin tabs)
CRINONE (progesterone vaginal gel)
DARAPRIM (pyrimethamine tabs)
GANTRISIN PEDIATRIC (sulfisoxazole susp)
LINDANE shampoo
MONUROL (fosfomycin powder pack)
NEO-FRADIN (neomycin sulfate oral soln)
PEG-INTRON (peginterferon alfa-2B kit)
TYZEKA (telbivudine tabs)

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 (if available, are shown in parentheses) are non-formulary and listed for reference only

bicalutamide (CASODEX)

butalbital/acetaminophen/caffeine caps, 50/500/40 mg (ESGIC-PLUS)

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

cefadroxil caps, susp, tabs

clarithromycin extended-release tabs (BIAXIN XL)

famciclovir tabs (FAMVIR)

lorazepam concentrate (LORAZEPAM INTENSOL)

malathion lotion, 0.5% (OVIDE)

mycophenolate caps, tabs (CELLCEPT)

paromomycin caps

PEG 3350/KCl/ Na Bicarb/NaCl/Na Sulfate for soln, 236 gm – Gavilyte-G (GOLYTELY)

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

sulfasalazine delayed-release tabs (AZULFIDINE EN-TABS)

terconazole vaginal cream, supp (TERAZOL)

+ BRAND PRODUCTS ADDED

ASACOL HD (mesalamine delayed-release tabs)

AZASITE (azithromycin oph soln)

COARTEM (artemether/lumefantrine tabs)

CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)

EXFORGE (amlodipine/valsartan tabs)

EXFORGE HCT
(amlodipine/valsartan/hydrochlorothiazide tabs)

FIRMAGON (degarelix for inj)

SUPRAX (cefixime tabs)

TRILIPIX (choline fenofibrate delayed-release caps)

ULESFIA (benzyl alcohol lotion)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LORAZEPAM INTENSOL (lorazepam concentrate)

OVIDE (malathion lotion)

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

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

ZERIT (stavudine oral soln)

- BRAND PRODUCTS REMOVED

Generics are not available

LINDANE shampoo

- BRAND PRODUCTS REMOVED

Generics remain

LAMICTAL STARTER KITS (lamotrigine tabs)

- ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

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

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

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

+ BRAND PRODUCTS ADDED

Effective October 1, 2009

AEROCHAMBER

ASACOL HD (mesalamine delayed-release tabs)

CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)

MEBENDAZOLE tabs

SUPRAX (cefixime tabs)

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

- BRAND PRODUCTS REMOVED

Generics remain

CELLCEPT (mycophenolate caps, tabs)

CYTOMEL (liothyronine tabs)

PLAN B (levonorgestrel tab, 0.75 mg – Next Choice)

RISPERDAL (risperidone oral soln)

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

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

TOPAMAX (topiramate tabs)

TOPAMAX SPRINKLE (topiramate caps)

ZERIT (stavudine oral soln)

Effective April 1, 2010

LAMICTAL STARTER KITS (lamotrigine tabs)

- BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2009

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

CHLORAL HYDRATE supp

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 New Mexico BlueSalud Pharmacy Benefit Drug List Additions

+ BRAND PRODUCTS ADDED

Effective September 1, 2009

PLAN B ONE STEP (levonorgestrel, 1.5 mg)

Effective October 1, 2009

AEROCHAMBER spacer/aerosol-holding chamber device

ASACOL HD (mesalamine delayed-release tabs)

CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)

MEBENDAZOLE tabs

SUPRAX (cefixime tabs)

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

- BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2009

CELLCEPT (mycophenolate caps, tabs)

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

ZERIT (stavudine oral soln)

Effective April 1, 2010

LAMICTAL STARTER KITS (lamotrigine tabs)

- BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2009

ZOMIG (zolmitriptan nasal soln, tabs)

ZOMIG ZMT (zolmitriptan orally disintegrating tabs)

Effective April 1, 2010

LINDANE shampoo

Blue Cross Blue Shield of North Dakota Formulary Additions

+ GENERIC PRODUCTS ADDED

Brand products (if available, are shown in parentheses) are non-formulary and listed for reference only

bicalutamide tabs (CASODEX)

clarithromycin extended-release tabs (BIAXIN XL)

famciclovir tabs (FAMVIR)

malathion lotion, 0.5% (OVIDE)

paromomycin caps

PEG 3350/KCl/ Na Bicarb/NaCl/Na Sulfate for soln,
236 gm – Gavilyte-G (GOLYTELY)

terconazole vaginal cream, supp (TERAZOL)

+ BRAND PRODUCTS ADDED

ASACOL HD (mesalamine delayed-release tabs)

COARTEM (artemether/lumefantrine tabs)

CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)

EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs)

ULESFIA (benzyl alcohol lotion)

+ BRAND PRODUCTS ADDED

Effective September 3, 2009– Prior Approval Required

ZYVOX (linezolid susp, tabs)

Special Note: Initial therapy of 14 doses will be covered to ensure that therapy is not delayed while the prior approval request is being reviewed.

Blue Cross Blue Shield of North Dakota Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

CASODEX (bicalutamide tabs)

LAMICTAL STARTER KITS (lamotrigine tabs)

OVIDE (malathion lotion)

- BRAND PRODUCTS REMOVED

Generics are not available

PROVIGIL (modafinil tabs)

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 19, 2009

HECTOROL (doxercalciferol caps, 1 mcg)

Effective October 1, 2009

ASACOL HD (mesalamine delayed-release tabs)

CREON 5, 10, 20 (pancrelipase caps)

MEBENDAZOLE tabs

SUPRAX (cefixime tabs)

Blue Cross and Blue Shield of Oklahoma Drug Formulary Deletions

- BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2009

CASODEX (bicalutamide tabs)

PLAN B (levonorgestrel 0.75 mg – Next Choice)

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

TOPAMAX SPRINKLE (topiramate caps)

Effective January 1, 2010

LAMICTAL STARTER KITS (lamotrigine tabs)

- BRAND PRODUCTS REMOVED

Generics are not available

Effective October 1, 2009

XOPENEX HFA (levalbuterol tartrate inhalation aerosol)

ZOMIG (zolmitriptan nasal soln, tabs)

ZOMIG ZMT (zolmitriptan orally disintegrating tabs)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

+ BRAND PRODUCTS ADDED

Effective October 1, 2009

ASACOL HD (mesalamine delayed-release tabs)

CREON 5, 10, 20 (pancrelipase caps)

MEBENDAZOLE tabs

SUPRAX (cefixime tabs)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

- BRAND PRODUCTS REMOVED

Generics remain

Effective October 1, 2009

PLAN B (levonorgestrel tabs, 0.75 mg – Next Choice)

Effective January 1, 2010

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LAMICTAL STARTER KITS (lamotrigine tabs)

PHOSLO (calcium acetate caps)

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

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

ZERIT (stavudine oral soln)

- BRAND PRODUCTS REMOVED

Generics are not available

Effective January 1, 2010

XOPENEX HFA (levalbuterol inhalation aerosol)

ZOMIG (zolmitriptan nasal soln, tabs)

ZOMIG ZMT (zolmitriptan orally disintegrating tabs)

Formulary Updates

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

Blue Cross Blue Shield of Wyoming Preferred Drug List Additions

Special Note:

As of October 1, 2009, only medications (generic or brand) on the BCBSWY formulary will be covered for Kid Care CHIP. Non-formulary medications will be NOT COVERED. If, in consultation with their physician, a member continues therapy with a non-formulary medication, the member will be responsible for the full cost of the medication.

+ GENERIC PRODUCTS ADDED

Brand products (if available, are shown in parentheses) are non-formulary and listed for reference only

bicalutamide tabs (CASODEX)

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

clarithromycin extended-release tabs (BIAXIN XL)

lorazepam concentrate (LORAZEPAM INTENSOL)

malathion lotion, 0.5% (OVIDE)

mycophenolate caps, tabs (CELLCEPT)

paromomycin caps

PEG 3350/KCl/ Na Bicarb/NaCl/Na Sulfate for soln, 236 gm – Gavilyte-G (GOLYTELY)

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

sulfasalazine delayed-release tabs (AZULFIDINE EN-TABS)

terconazole vaginal cream, supp (TERAZOL)

+ BRAND PRODUCTS ADDED

ASACOL HD (mesalamine delayed-release tabs)

COARTEM (artemether/lumefantrine tabs)

CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)

EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs)

FIRMAGON (degarelix for inj)

RELENZA DISKHALER (zanamivir aerosol)

ULESFIA (benzyl alcohol lotion)

Blue Cross Blue Shield of Wyoming Preferred Drug List Deletions

– BRAND PRODUCTS REMOVED

Generics remain

CASODEX (bicalutamide tabs)

CELLCEPT (mycophenolate caps, tabs)

LAMICTAL STARTER KITS (lamotrigine tabs)

LORAZEPAM INTENSOL (lorazepam concentrate)

OVIDE (malathion lotion)

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

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

– BRAND PRODUCTS REMOVED

Generics are not available

LINDANE shampoo

– ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

heparin sodium inj

HEPARIN SODIUM inj

heparin sodium lock flush

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

– DISCONTINUED BRAND PRODUCTS REMOVED

Generics remain

METADATE ER 10 mg (methylphenidate extended-release tabs)

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

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 November 21, 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

bicalutamide tabs, 50 mg (CASODEX)
galantamine oral soln, 4 mg/mL (RAZADYNE)
polyethylene glycol 3350 and electrolytes powder for oral soln (GOLYTELY)

+ GENERIC PRODUCTS ADDED – TIER 1

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

clonidine transdermal 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr (CATAPRES-TTS)
famciclovir tabs, 125 mg, 250 mg, 500 mg (FAMVIR)
Tri-Lo-Sprintec tabs (ORTHO TRI-CYCLEN LO)

+ GENERIC PRODUCTS ADDED – TIER 4

Brand products (in parentheses) are also on formulary

tacrolimus caps 0.5 mg, 1 mg, 5 mg (PROGRAF)

+ BRAND PRODUCTS ADDED – TIER 2

ASACOL HD (mesalamine delayed-release tabs, 800 mg)
ASTEPRO (azelastine nasal, 137 mcg/spray)
EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs, 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg)
HECTOROL (doxercalciferol caps, 1 mcg)
REVELA (sevelamer carbonate powder packets, 0.8 g, 2.4 g)
TRILIPIX (choline fenofibrate delayed-release caps, 45 mg, 135 mg)

+ BRAND PRODUCTS ADDED – TIER 3

COARTEM (artemether/lumefantrine tabs, 20-120 mg)
COLCRYS (colchicine tabs, 0.6 mg)
HIBERIX (haemophilus B polysaccharide conjugate vaccine for inj, 10-25 mcg)
RISPERIDONE orally disintegrating tabs, 0.25 mg
SURMONTIL (trimipramine caps, 25 mg, 50 mg)
ULESFIA (benzyl alcohol lotion, 5%)

The following change will be effective November 21, 2009.

- GENERIC PRODUCTS REMOVED

colchicine tabs, 0.6 mg

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

bicalutamide tabs, 50 mg (CASODEX)

clonidine transdermal 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr (CATAPRES-TTS)

famciclovir tabs, 125 mg, 500 mg (FAMVIR)

galantamine oral soln, 4 mg/mL (RAZADYNE)

polyethylene glycol 3350 and electrolytes powder for oral soln (GOLYTELY)

+ GENERIC PRODUCTS ADDED – TIER 1

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

Tri-Lo-Sprintec tabs ([ORTHO TRI-CYCLEN LO](#))

+ GENERIC PRODUCTS ADDED – TIER 4

Brand products (in parentheses) are also on formulary

tacrolimus caps 0.5 mg, 1 mg, 5 mg (PROGRAF)

+ BRAND PRODUCTS ADDED – TIER 2

ASACOL HD (mesalamine delayed-release tabs, 800 mg)

ASTEPRO (azelastine nasal, 137 mcg/spray)

EXFORGE HCT (amlodipine/valsartan/hydrochlorothiazide tabs, 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg)

HECTOROL (doxercalciferol caps, 1 mcg)

RENVELA (sevelamer carbonate powder packets, 0.8 g, 2.4 g)

TRILIPIX (choline fenofibrate delayed-release caps, 45 mg, 135 mg)

+ BRAND PRODUCTS ADDED – TIER 3

COARTEM (artemether/lumefantrine tabs, 20-120 mg)

COLCRYS (colchicine tabs, 0.6 mg)

FAMVIR (famciclovir tabs, 125 mg, 250 mg, 500 mg)

HIBERIX (haemophilus B polysaccharide conjugate vaccine for inj, 10-25 mcg)

RISPERIDONE orally disintegrating tabs, 0.25 mg

ULESFIA (benzyl alcohol lotion, 5%)

The following change will be effective November 21, 2009.

- GENERIC PRODUCTS REMOVED

[colchicine tabs, 0.6 mg](#)

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

+ GENERIC PRODUCTS ADDED

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

divalproex delayed-release caps (DEPAKOTE SPRINKLES)

divalproex extended-release tabs (DEPAKOTE ER)

levetiracetam soln, tabs (KEPPRA)

liothyronine tabs (CYTOMEL)

risperidone oral soln (RISPERDAL)

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

topiramate caps (TOPAMAX SPRINKLE)

topiramate tabs (TOPAMAX)

+ GENERIC PRODUCTS ADDED

Brand products (in parentheses) are also on formulary

stavudine oral soln (ZERIT)

+ BRAND PRODUCTS ADDED

AFINITOR (everolimus tabs)

FIRMAGON (degarelix for inj)

GENARC (antihemophilic factor for inj)

TRILIPIX (choline fenofibrate delayed-release caps)

Blue Cross and Blue Shield of Minnesota (FlexRx) 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)

KEPPRA (levetiracetam soln, tabs)

RISPERDAL (risperidone oral soln)

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

THROMBATE III (antithrombin III for inj)

- ALL VERSIONS, BRAND AND/OR GENERIC REMOVED

heparin sodium inj

HEPARIN SODIUM inj

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

- 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 Minnesota (GenRx) Formulary Additions

+ BRAND PRODUCTS ADDED

- AFINITOR (everolimus tabs)
- FIRMAGON (degarelix for inj)
- GENARC (antihemophilic factor for inj)

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

▶ GENERIC PRODUCTS MOVED TO NON-FORMULARY STATUS

- carisoprodol tabs
- carisoprodol-aspirin tabs
- carisoprodol-aspirin-codeine tabs

⊖ BRAND PRODUCTS REMOVED

Generics remain

- DEPAKOTE SPRINKLES (divalproex delayed-release caps)
- HEPARIN SODIUM inj
- IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)
- KEPPRA (levetiracetam soln, tabs)
- RISPERDAL (risperidone oral soln)
- 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

- THROMBATE III (antithrombin III for inj)

