

# Prime Perspective

JANUARY 2010  
ISSUE 42

QUARTERLY PHARMACY NEWSLETTER FROM PRIME THERAPEUTICS LLC

## *In This Edition*

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### NEWS AND INFORMATION

From the Auditor's Desk . . . . .	1
Medicare News . . . . .	1
Florida News . . . . .	2
Illinois News . . . . .	3
Kansas News . . . . .	3
Minnesota News . . . . .	3
New Mexico News . . . . .	4
Oklahoma News . . . . .	4
Prime News . . . . .	4

---

### PROCESSING UPDATES

BCBS Florida (Medicare Part B) . . . . .	5
BCBS Florida (Medicare Part D) . . . . .	6

---

### NEW PLAN ANNOUNCEMENT

UniCare – BCBS Illinois and BCBS Texas . . . . .	7
--	---

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### FORMULARY UPDATES

PrimeNational . . . . .	8
BCBS Florida BlueSelect . . . . .	9
BCBS Florida . . . . .	10
BCBS Illinois . . . . .	12
BCBS Kansas National . . . . .	13
BCBS Kansas Select . . . . .	15
BCBS Minnesota (FlexRx) . . . . .	17
BCBS Minnesota (GenRx) . . . . .	18
BCBS Montana . . . . .	19
BCBS Nebraska . . . . .	20
BCBS New Mexico . . . . .	21
BCBS New Mexico BlueSalud . . . . .	22
BCBS North Dakota . . . . .	23
BCBS Oklahoma . . . . .	24
BCBS Texas . . . . .	25
BCBS Wyoming . . . . .	26
Medicare Part D . . . . .	28
MAC List Updates . . . . .	31

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).

#### **On the Web**

[www.primetherapeutics.com/pharmacists](http://www.primetherapeutics.com/pharmacists)

#### **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](http://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

## FROM THE AUDITOR'S DESK

### Proper Billing of Prescriber NPI

It is imperative that Participating Pharmacies provide the accurate Prescribing Provider's NPI when submitting claims. Submitting the wrong Prescribing Provider's NPI on a prescription claim, can potentially delay treatments, create inadvertent PHI disclosures, and contribute to other reporting errors. Submission of incorrect Prescribing Provider NPIs may also result in pharmacy audit chargebacks.

If the Prescribing Provider's NPI is not on the script, the Participating Pharmacy must contact the Prescribing Provider's office to obtain the NPI and note this on the prescription hard copy. It is the responsibility of the Participating Pharmacy to verify that its software system has accurate prescriber data to prevent errors on claims submissions.

A common error that Prime observes during an audit is when the Participating Pharmacy submits an incorrect Prescribing Provider's NPI. For example, submitting the NPI for Dr. John Johnson from Minnesota, when the actual prescriber was Dr. John Johnson from Iowa.

### Compounding Tamiflu® and Claim Submission

Outbreaks of the H1N1 virus have caused spot shortages of liquid Tamiflu, an antiviral used for treating the flu. As a result, both the Centers for Disease Control and Prevention (CDC) and Tamiflu's pharmaceutical manufacturer have recommended that pharmacies compound their own Tamiflu suspension using a combination of Tamiflu capsules and sweetened oral suspension. To avoid a potential overdose, consult the pharmacy compounding directions provided by the manufacturer of Tamiflu, Roche: <http://www.tamiflu.com/hcp/dosing/extprep.aspx>

In November, Prime sent a communication providing instructions for submitting claims for Tamiflu. Prime requires Participating Pharmacies to submit the compound quantity that represents the total quantity of the medication dispensed. The submitted price must be based on the average wholesale price (AWP) of all ingredients. Prime will monitor compounded Tamiflu claims for clinical and cost appropriateness of the dispensed prescriptions.

For questions regarding this process, call the Prime Contact Center at **800.821.4795**.

## MEDICARE NEWS

### Formulary Changes Announced for Medicare Part D

The Centers for Medicare & Medicaid Services (CMS) announced some changes to the Medicare Part D formularies in November 2009. A list of some of the significant changes can be found on page 28 of this issue of Prime Perspective. To view a comprehensive list of Medicare Part D formulary changes and recommended alternatives, visit [www.primetherapeutics.com](http://www.primetherapeutics.com) > Pharmacists > Medicare > Medicare Formularies.

### 2010 Call Letter Requirements

Effective January 1, 2010, the Centers for Medicare & Medicaid Services (CMS) will implement the following changes, as per the 2010 Call Letter:

- **NCPDP Field 419-DJ "Prescription Origin Code"** must be submitted for all new prescriptions. Only the following values will be accepted:

- 1 – Written
- 2 – Telephone
- 3 – Electronic
- 4 – Facsimile

You must submit one of the values listed above in the NCPDP field 419-DJ "Prescription Origin Code" or your claim will reject with NCPDP code 33 "Rx Origin Code cannot be '0' on new claim."

- **Excluded Providers.** Claims submitted for prescriptions issued by Prescribing Providers excluded from participation in the Medicare Part D program will be denied.

Claims will reject at point-of-sale (POS) with NCPDP reject code 71 "Prescriber is not covered." The Covered Person will receive a letter informing them that the Prescribing Provider has been excluded from the Medicare Part D program.

- **Prompt Payment Provisions.** Any clean claim (as defined in the Social Security Act 42 C.F.R. 422.500) will be paid within 14 days for electronic claims and within 30 days of receipt for claims submitted otherwise.

# News and Information

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- **Non-Matched NDC List.** Prescriptions submitted for drugs on the CMS Non-Matched List will no longer be covered. CMS and Food and Drug Administration (FDA) established the Non-Matched NDC List to increase transparency and clarity with respect to the regulatory status of marketed prescription drug products.

Prime will deny claims at point-of-sale (POS) for NDCs published on the CMS Non-Matched NDC List. Prime will review the FDA's NDC directory and will adjust the coverage of these NDCs as they become properly listed with the FDA.

Prime is proactively working to notify manufacturers of its findings and expected claim rejections to urge them to properly list their products with the FDA.

Participating Pharmacies should review inventory to see if any unmatched NDCs exist within their stock. Take the necessary steps to ensure that adequate supplies of covered NDCs are available for Medicare Part D patients. If a claim rejection is received at POS, dispense an alternate NDC to avoid member disruption.

Formulary exceptions will not be accepted for any NDC's on the Non-Matched NDC List.

For further information, refer to the memo released October 21, 2009 by CMS titled "CMS/FDA CY2010 Non-Matched NDC List" or visit the Web site: [www.cms.hhs.gov/PrescriptionDrugCovContra/03\\_RxContracting\\_FormularyGuidance.asp](http://www.cms.hhs.gov/PrescriptionDrugCovContra/03_RxContracting_FormularyGuidance.asp)

## Changes in MTMP Program for 2010

Effective January 1, 2010, the Centers for Medicare & Medicaid Services have announced changes in its Medication Therapy Management Program (MTMP). The four-year old program that CMS considers its "cornerstone" to the Medicare Prescription Drug benefit has established more specific enrollment, targeting intervention and outcomes-based reporting requirements.

Beginning in 2010, Part D sponsors will be required to implement MTMP to a targeted population of Covered Persons for enrollment at least quarterly each year using an opt-out enrollment process. As a result of these requirements, Prime estimates increased enrollment of 9,000 or more Part D Covered Persons for MTMP services.

The targeted population includes any Medicare Part D Covered Person who:

- Spends \$3,000 or more annually for drugs
- Uses six or more covered Part D medications
- Suffers from three or more of the eight chronic conditions:
  - Diabetes
  - High cholesterol
  - Osteoarthritis
  - Asthma/COPD
  - High blood pressure
  - Osteoporosis
  - Heart failure
  - Depression

## FLORIDA NEWS

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

Effective January 1, 2010, Blue Cross and Blue Shield of Florida will implement the following utilization management programs for select populations: prior authorization for pulmonary arterial hypertension (PAH) oral agents; step therapy for doxycycline, minocycline and fibromyalgia agents; and quantity limits for PAH oral agents, fibromyalgia agents and quinine sulfate.

Also effective January 1, 2010, the BlueSelect Product will implement the following utilization management programs for select populations: prior authorization for pulmonary arterial hypertension (PAH) oral agents; and quantity limits for PAH oral agents and quinine sulfate.

*Continued Florida News...*

## **New Prescriber ID Requirements**

Effective February 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.

## **New Plan Announcement – BlueMedicare Regional PPO (RPPO)**

Effective January 1, 2010, Prime will begin processing claims for BlueMedicare Regional PPO (RPPO) individuals enrolled with Blue Cross and Blue Shield of Florida (BCBSF). BCBSF will continue to use the Florida in-state network and Prime Therapeutics' Medicare Part D Network for pharmacies outside the state of Florida. For software setup information, visit Prime's Web site at [www.primetherapeutics.com](http://www.primetherapeutics.com) >Pharmacists >download Payer Sheet – Medicare Part D Payer Specification Sheet.

## **ILLINOIS NEWS**

### **Adderall XR Update**

Effective January 1, 2010, the Adderall XR equivalent brand product, amphetamine-dextroamphetamine SR caps, will not be covered by the Blue Cross and Blue Shield of Illinois plan benefit. Adderall XR will remain covered as a non-formulary product.

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

Effective January 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 January 1, 2010, Blue Cross and Blue Shield of Illinois will no longer cover repackager NDC numbers under Covered Persons pharmacy benefit. Participating Pharmacies submitting claims for repackager NDC numbers will receive the following reject message "Repackager not covered."

## **New Plan Announcement – CDW**

Effective January 1, 2010, Prime will begin processing commercial claims for Covered Persons for CDW (Computer Discount Warehouse). For software setup information, visit Prime's Web site at [www.primetherapeutics.com](http://www.primetherapeutics.com) >Pharmacists >download Payer Sheet – Commercial Client or Supplemental to Medicare Part D.

## **KANSAS NEWS**

### **Blue Cross and Blue Shield of Kansas Implements Step Therapy**

Effective January 1, 2010, Blue Cross and Blue Shield of Kansas will implement a step therapy program for Covered Persons who take medications for high cholesterol. The Statin Step Therapy program will approve a brand-name statin when the Covered Person's medication history indicates prior use of generic lovastatin, pravastatin, or simvastatin.

### **Blue Cross and Blue Shield of Kansas Moves Diabetic Supplies to Prescription Benefit**

Effective January 1, 2010, Blue Cross and Blue Shield of Kansas will move coverage for diabetic supplies (i.e., syringes, lancets, pen devices, pen needles, insulin pump supplies, and blood test strips) from the medical benefit to the prescription drug benefit. The change becomes effective on the Covered Person's benefit anniversary date.

## **MINNESOTA NEWS**

### **Blue Cross and Blue Shield of Minnesota Implements New Formulary**

Effective January 1, 2010, Blue Cross and Blue Shield of Minnesota will implement a Part D Formulary for Covered Persons enrolled in SecureBlue (MSHO) and CareBlue (SNBC). The change will impact approximately 104,000 Medicare Part D eligible Covered Persons.

The Part D Formulary includes most available generics, except a handful of generics with identified safety concerns. The new formulary also includes a number of brand-name drugs to provide clinically appropriate coverage of all core therapeutic categories. For a complete list of the new Part D Formulary, visit [www.primetherapeutics.com](http://www.primetherapeutics.com) and click on Pharmacists.

# News and Information

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*Continued Minnesota News...*

## **Blue Cross and Blue Shield of Minnesota Implements Step Therapy Program**

Effective January 1, 2010, Blue Cross and Blue Shield of Minnesota will implement a step therapy program for select populations using FlexRx formulary. It will impact Covered Persons using antidepressants, cholesterol lowering-statins, diabetic glucometers and strips, and proton pump inhibitors. Step therapy implementations will occur throughout 2010 to correspond with plan renewals. For more information, visit [www.bluecrossmn.com](http://www.bluecrossmn.com) and click on the Prescription Drug section.

## **New Plan Announcement – UFCW**

Effective January 1, 2010, Prime will begin processing commercial claims for Covered Persons for United Food and Commercial Workers (UFCW) Local 789. For software setup information, visit Prime's Web site at [www.primetherapeutics.com](http://www.primetherapeutics.com) >Pharmacists >download Payer Sheet – Commercial Client or Supplemental to Medicare Part D.

## **NEW MEXICO NEWS**

### **New Prescription Origin Code Requirement**

Effective January 1, 2010, NCPDP field 419-DJ "Prescription Origin Code" must be submitted for all new prescriptions for Blue Cross and Blue Shield and New Mexico Commercial and Medicaid business. Only the following values will be accepted:

- 1 – Written
- 2 – Telephone
- 3 – Electronic
- 4 – Facsimile

You must submit one of the values listed above in NCPDP field 419-DJ "Prescription Origin Code" or your claim will reject with NCPDP reject code 33 "Rx Origin Code cannot be '0' on new claim."

## **New Plan Announcement – Los Alamos National Security**

Effective January 1, 2010, Prime will begin processing commercial claims for Covered Persons for Los Alamos National Security. For software setup information, visit Prime's Web site at [www.primetherapeutics.com](http://www.primetherapeutics.com) >Pharmacists >download Payer Sheet – Commercial Client or Supplemental to Medicare Part D.

## **OKLAHOMA NEWS**

### **New Plan Announcements – OKHEEI, Global Power Equipment, and LSB Industries**

Effective January 1, 2010, Prime will begin processing commercial claims for Covered Persons for Oklahoma Higher Education Employee Insurance Group (OKHEEI), Global Power Equipment, and LSB Industries. For software setup information, visit Prime's Web site at [www.primetherapeutics.com](http://www.primetherapeutics.com) >Pharmacists >download Payer Sheet – Commercial Client or Supplemental to Medicare Part D.

## **PRIME NEWS**

### **Pharmacy Payment Cycle**

Prime Therapeutics has made modifications to its payment cycle. The frequency of payments will not change, however, Participating Pharmacies may experience some delay in payment for Non-Medicare Part D claims. This process change falls within the contractual requirements of the Payment Provisions referenced in your Pharmacy Participation Agreement with Prime.

### **Watch for updated Provider Manual**

Prime has updated its Provider Manual. Look for it on Prime's Web site in January. The new manual is effective February 1, 2010. If you don't have Web access and need a hard copy of the manual, call Prime Network Management at **800.858.0723 x4350**.

## Blue Cross and Blue Shield of Florida

EFFECTIVE JANUARY 1, 2010

### BLUE CROSS AND BLUE SHIELD OF FLORIDA

Medicare Part B Claims for MA-PD Covered Persons January 1, 2010

Prime Therapeutics LLC (Prime) will begin to process some Medicare Part B claims for Blue Cross and Blue Shield of Florida's (BCBSF) BlueMedicare HMO, PPO and PFFS products. See product list below.

#### To submit a Part B claim, follow these steps

1. Ask for Covered Person's Medicare Part D ID card.
2. Initially submit claims through the Medicare Part D BIN/PCN that is identified on the Covered Person's ID card.
3. Products that can be covered under the Part B benefit will reject with NCPDP reject code "70 Prod/Service not covered." You will receive probing questions that will be used to determine the correct claims processing method. If the claim should be processed under Part D the appropriate PA code will be provided; otherwise if determined that the claims should be processed under Part B, you will receive additional messaging instructing you to resubmit the claim using a different BIN/PCN.
4. Submit the Medicare Part B claim using the same ID number on the Covered Persons card along with the BIN/PCN provided in the rejection message on the Covered Person's card along with the BIN/PCN provided in the rejection message.

Not all Part B drugs are available at a retail pharmacy. If the drug is not on the approved retail pharmacy drug list, an online message will appear instructing the Covered Person to call BCBSF for further instructions. If you receive this message, please inform the Covered Person to call the customer service number on the back of their card and select Option 2 for assistance.

If you have questions or need assistance processing claims, please call the Prime Contact Center at **888.877.6420**.

Blue Cross and Blue Shield of Florida		Medicare Part D		Medicare Part B	
Plan Sponsor	Plan Name	BIN	PCN	BIN	PCN
BCBS of Florida	BlueMedicare HMO BlueMedicare Local and Regional PPO BlueMedicare PFFS	012833	MEDDPRIME	012833	FLBC
BCBS of Florida	BlueMedicare Group HMO BlueMedicare Group Local PPO BlueMedicare Group PFFS	012833	MEDDPRIMEG	012833	FLBC

## Blue Cross and Blue Shield of Florida

EFFECTIVE JANUARY 1, 2010

### BLUE CROSS AND BLUE SHIELD OF FLORIDA

Blue Cross and Blue Shield of Florida (BCBSF) Issues New ID Cards

Effective January 1, 2010, Blue Cross and Blue Shield of Florida (BCBSF) will issue new member ID cards to all Medicare Part D Covered Persons. These new ID cards will use the standard ID card formats and assist Participating Pharmacies by saving time and reducing input errors. Covered Persons have been instructed to present their new ID card(s) when filling a prescription.

An important new feature of the member ID card is the addition of a magnetic strip on the back of the card. The magnetic strip will contain limited information that can be read when swiped through a card reader. The magnetic strip will contain information such as Covered Person's name, birth date, ID number and group ID number—for generation of eligibility and benefit transactions. These cards adhere to the Blue Cross Blue Shield Association standards.

- **Medicare Advantage** Covered Persons will receive one card (health and prescription benefits are on the same card).
- **Medicare Supplement** Covered Persons who also have BCBSF Part D will still get two cards (a supplement card and prescription card).
- **PPO** cards now have a suitcase logo.

If you have questions, please call the Prime Contact Center at **888.877.6420**.

### Front of Covered Person ID Card



# New Plan Announcement

## UniCare – BCBS Illinois and BCBS Texas

EFFECTIVE JANUARY 1, 2010

### Prime Acquires UniCare Business

Effective January 1, 2010, Health Care Services Corporation doing business as Blue Cross and Blue Shield of Texas and Blue Cross and Blue Shield of Illinois, will acquire UniCare Covered Persons from Wellpoint. These groups will have benefits that include the current HCSC fully insured formularies and utilization management programs.

### Processing Requirements

To ensure uninterrupted service to pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2010:

BCBS Illinois	BCBS Texas
BIN – 011552	BIN – 011552
PCN – ILDR (for Illinois)	PCN – BCTX (for Texas)
Covered Person ID	Covered Person ID
Date of birth	Date of birth
Gender	Gender
U & C	U & C
Pharmacy NPI	Pharmacy NPI
Prescriber ID (NPI or DEA)	Prescriber ID (NPI or DEA)

In December, Covered Persons from UniCare 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. See below for member ID card sample(s).

### Outstanding Claims Reversal and Processing

Pharmacies can process run-out claims through Wellpoint. To minimize processing delays or disruption, please complete all claims processing and reversals to Wellpoint by close of business by December 31, 2009.

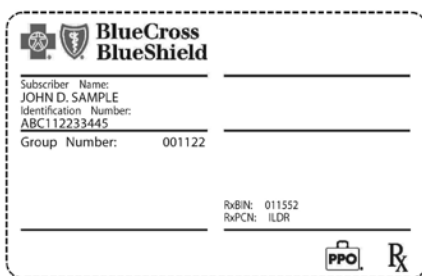
For assistance with claims that have a fill date prior to January 1, 2010, please contact Wellpoint directly at **800.962.7378**.

### For More Information

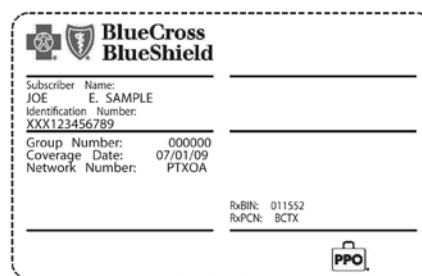
Beginning January 1, 2010, if you need assistance with claims processing on Prime's system, call the Prime Contact Center at **800.821.4795**.

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

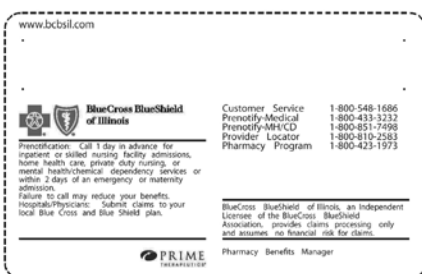
### Front of Covered Person ID Card (BCBS Illinois)



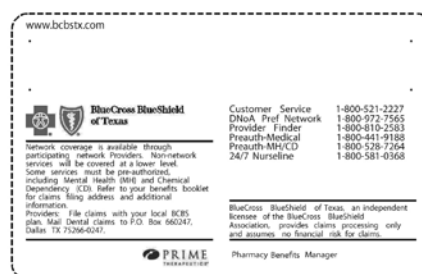
### Front of Covered Person ID Card (BCBS Texas)



### Back of Covered Person ID Card (BCBS Illinois)



### Back of Covered Person ID Card (BCBS Texas)



# Formulary Updates

## PrimeNational Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ALKERAN (melphalan for inj)	Brand	1/1/10	Removal, generics available
ALPHAGAN P 0.15% (brimonidine ophth soln)	Brand	1/1/10	Removal, generics available
amcinonide crm, 0.1%	Generic	1/1/10	Addition
amoxicillin/potassium clavulanate oral susp, 250 mg-62.5 mg/5 mL	Generic	8/13/09	Addition, generic for AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL
ASTEPRO (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL (amoxicillin/potassium clavulanate oral susp)	Brand	1/1/10	Removal, generics available
brimonidine ophth soln, 0.15%	Generic	10/12/09	Addition, generic for ALPHAGAN P ophth soln
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
ciclopirox nail lacquer soln, 8%	Generic	1/1/10	Addition, generic for PENLAC
clonidine transdermal patches	Generic	9/3/09	Addition, generic for CATAPRES-TTS
CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)	Brand	1/1/10	Addition
EFFIENT (prasugrel tabs)	Brand	1/1/10	Addition
ELOXATIN IV SOLN (oxaloplatin IV soln)	Brand	1/1/10	Removal, generics available
etidronate tabs	Generic	1/1/10	Addition, generic for DIDRONEL
lamotrigine starter kits	Generic	1/1/10	Addition, generic for LAMICTAL STARTER KITS
levonorgestrel tabs, 0.75 mg - Next Choice	Generic	7/12/09	Addition, generic for PLAN B
LIPRAM 4500 (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
melphalan for inj, 50 mg	Generic	9/13/09	Addition, generic for ALKERAN inj
MIACALCIN inj (calcitonin-salmon inj)	Brand	1/1/10	Removal
MULTAQ (dronedarone tabs)	Brand	1/1/10	Addition
nateglinide tabs	Generic	9/13/09	Addition, generic for STARLIX
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition
oxaliplatin IV soln	Generic	10/15/09	Addition, generic for ELOXATIN IV soln
PLAN B (levonorgestrel tabs, 0.75 mg - Next Choice)	Brand	1/1/10	Removal, generics available
PLAN B ONE STEP (levonorgestrel tabs, 1.5 mg)	Brand	1/1/10	Addition
PRENAFIRST (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
RISPERDAL M-TAB, 1 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
risperidone orally disintegrating tabs, 1 mg	Generic	10/18/09	Addition, generic for RISPERDAL M-TAB
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition
tacrolimus caps	Generic	8/16/09	Addition, generic for PROGRAF
temazepam caps, 7.5 mg	Generic	9/13/09	Addition, generic for RESTORIL 7.5 mg
TRIAMCINOLONE oint, 0.05%	Brand	1/1/10	Removal
VINATE AZ (prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs)	Brand	1/1/10	Removal
ZOVIRAX (acyclovir oint, 5%)	Brand	1/1/10	Removal

# Formulary Updates

## BCBS Florida BlueSelect Medication Guide Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition, Tier 2
ACULAR (ketorolac ophth soln, 0.5%)	Brand	1/1/10	Removal, Formulary to Not Covered, generics available
CHLORAL HYDRATE syrup	Brand	9/17/09	Addition, Tier 2
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition, Tier 2
POLY-VITAMIN/IRON/FLUORIDE drops (pediatric multivitamins w/fluoride-iron)	Brand	10/16/09	Addition, Tier 2
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition, Tier 2
sodium chloride dey-pak (sodium chloride neb soln, 3%, 10%)	Generic	11/3/09	Removal, Formulary to Not Covered, generics available
SUBUTEX (buprenorphine sublingual tabs)	Brand	1/1/10	Removal, Formulary to Not Covered, generics available
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition, Tier 2
TRACLEER (bosetan tabs)	Brand	1/1/10	Removal, Formulary to Not Covered, generics are not available
VOTRIENT (pazopanib tabs)	Brand	11/5/09	Addition, Tier 2

### Drugs Added to the Responsible Quantity Program-Effective January 1, 2010

Class	Drug	Responsible Quantity Monthly Amount
Pulmonary Arterial Hypertension	Adcirca	60 tablets
	Letairis	30 tablets
	Revatio	90 tablets
	Tracleer	60 tablets
Psychiatry	risperidone ODT 0.25 mg tablet	60 tablets

# Formulary Updates

## BCBS Florida Medication Guide Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ACTONEL WITH CALCIUM (risedronate-calcium carbonate tabs)	Brand	1/1/10	Addition, Tier 2
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition, Tier 2
ADDERALL XR (amphetamine-dextroamphetamine 24 hr sustained-release caps)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
ALPHAGAN P 0.15% (brimonidine ophth soln)	Brand	1/1/10	Removal, generics available
AVANDAMET (rosiglitazone-metformin tabs)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
AVANDIA (rosiglitazone tabs)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
BENZACLIN (clindamycin/benzoyl peroxide gel, 1/5%)	Brand	1/1/10	Removal, generics available
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
FOSAMAX PLUS D (alendronate sodium-cholecalciferol tabs)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
FOSAMAX soln (alendronate sodium oral soln)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
LUNESTA (eszopiclone tabs)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
MIACALCIN inj (calcitonin-salmon inj)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition, Tier 2
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
RAZADYNE soln (galantamine oral soln)	Brand	1/1/10	Removal, generics available
RISPERDAL M-TAB, 1 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition, Tier 2
STARLIX (nateglinide tabs)	Brand	1/1/10	Removal, generics available
SUBUTEX (buprenorphine sublingual tabs)	Brand	1/1/10	Removal, generics available
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition, Tier 2
TRACLEER (bosetan tabs)	Brand	1/1/10	Move, Tier 2 to Tier 3, generics are not available
VIAGRA (sildenafil tabs)	Brand	1/1/10	Addition, Tier 2
VYVANSE (lisdexamfetamine caps)	Brand	1/1/10	Addition, Tier 2

*continued*

# Formulary Updates

## BCBS Florida Medication Guide Updates –continued

### Drugs Added to the Responsible Steps Program and Qualifying Prerequisites-Effective January 1, 2010

#### Dermatology – minocycline products

Cleeravue-M, Dynacin, Minocin, Minocin PAC, minocycline ER, Solodyn

#### Prerequisites

generic minocycline capsules or tablets\*  
*\*minocycline ER is not a prerequisite*

#### Dermatology – doxycycline products

Adoxa, Adoxa CK, Adoxa TT, Alodox, Avidoxy, Avidoxy DK, Doryx, Doxycycline, single source branded products, Monodox, Oracea, Oraxyl, Periostat, Vibramycin, Vibra-Tabs

#### Prerequisites

generic doxycycline hyclate or doxycycline monohydrate capsules or tablets

#### Fibromyalgia

Lyrica

#### Prerequisites

amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol, or any drug used to treat seizures

Savella

amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline or tramadol

### Drugs Added to the Responsible Quantity Program-Effective January 1, 2010

Class	Drug	Responsible Quantity Monthly Amount
Pulmonary Arterial Hypertension	Adcirca	60 tablets
	Letairis	30 tablets
	Revatio	90 tablets
	Tracleer	60 tablets
Pain	Onsolis — all strengths	120 units
Psychiatry	risperidone ODT 0.25 mg tablet	60 tablets
	Saphris — all strengths	60 tablets
Nasal Inhalers	Astelin	2 inhalers
	Astepro	2 inhalers
	Patanase	1 inhaler

Class	Drug	Responsible Quantity Three Month Amount
Antimalarial	Qualaquin (quinine sulfate)	42 capsules

# Formulary Updates

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## BCBS Illinois Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
CASODEX (bicalutamide tabs)	Brand	1/1/10	Removal, generics available
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
CHLORAL HYDRATE supp	Brand	1/1/10	Removal, discontinued product
LAMICTAL STARTER KITS (lamotrigine tabs)	Brand	1/1/10	Removal, generics available
LIPRAM 4500, LIPRAM-PN (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
RISPERDAL M-TAB 3 mg, 4 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
TEGRETOL-XR 200 mg, 400 mg (carbamazepine extended-release tabs)	Brand	1/1/10	Removal, generics available
YASMIN (drospirenone-ethinyl estradiol)	Brand	11/1/09	Addition
ZOVIA 1/50 E (ethynodiol diacetate/ethinyl estradiol tabs)	Brand	1/1/10	Removal

### SPECIAL NOTES - Effective January 1, 2010:

\*\*Select populations with a three tier formulary-based benefit will have compounded medications covered on the third tier. These were previously covered on the second tier. Members may see an increase in out-of-pocket expense from the second tier copay to third tier copay.

\*\*Repackager NDCs will no longer be covered under the Blue Cross Blue Shield of Illinois members' pharmacy benefit. Pharmacies submitting claims for Repackager NDCs, for members with prescription drug coverage through BCBSIL, will receive the message "Repackager not covered". Pharmacies can submit non-repackager NDCs for claims processing.

# Formulary Updates

## BCBS Kansas National Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ALKERAN inj (melphalan for inj)	Brand	1/1/10	Removal, generics available
ALPHAGAN P 0.15% (brimonidine ophth soln)	Brand	1/1/10	Removal, generics available
amcinonide crm, 0.1%	Generic	1/1/10	Addition
amoxicillin/potassium clavulanate oral susp, 250 mg-62.5 mg/5 mL	Generic	8/13/09	Addition, generic for AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL
ARZERRA soln for injection (ofatumumab conc for IV infusion)	Brand	11/1/09	Addition
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL (amoxicillin/potassium clavulanate oral susp)	Brand	1/1/10	Removal, generics available
brimonidine ophth soln, 0.15%	Generic	10/12/09	Addition, generic for ALPHAGAN P 0.15%
buprenorphine sublingual tabs	Generic	10/25/09	Addition, generic for SUBUTEX
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
ciclopirox nail lacquer, 8%	Generic	1/1/10	Addition, generic for PENLAC
clonidine transdermal patches	Generic	9/3/09	Addition, generic for CATAPRES-TTS
CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)	Brand	1/1/10	Addition
EFFIENT (prasugrel tabs)	Brand	1/1/10	Addition
ELOXATIN IV SOLN (oxaliplatin IV soln)	Brand	1/1/10	Removal, generics available
etidronate tabs	Generic	1/1/10	Addition, generic for DIDRONEL
FOLOTYN inj (pralatrexate IV inj)	Brand	10/11/09	Addition
HEPARIN SODIUM inj	Brand	1/1/10	Removal
heparin sodium inj	Generic	1/1/10	Removal
heparin sodium lock flush	Generic	1/1/10	Removal
ketorolac ophth soln, 0.4%	Generic	11/8/09	Addition, generic for ACULAR LS
ketorolac ophth soln, 0.5%	Generic	11/8/09	Addition, generic for ACULAR
LAMICTAL STARTER KITS (lamotrigine tabs)	Brand	1/1/10	Removal, generics available
lamotrigine starter kits	Generic	10/1/09	Addition, generic for LAMICTAL STARTER KITS
levonorgestrel tabs, 0.75 mg - Next Choice	Generic	7/12/09	Addition, generic for Plan B
LINDANE shampoo	Brand	1/1/10	Removal
LIPRAM 4500 (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
melphalan for inj	Generic	9/13/09	Addition, generic for ALKERAN inj
METADATE ER 10 mg (methylphenidate extended-release tabs)	Brand	1/1/10	Removal, discontinued product, generics available
MIACALCIN inj (calcitonin-salmon inj)	Brand	1/1/10	Removal
MULTAQ (dronedaron tabs)	Brand	1/1/10	Addition
nateglinide tabs	Generic	9/13/09	Addition, generic for STARLIX
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition
oxalplatin IV soln	Generic	10/15/09	Addition, generic for ELOXATIN
PLAN B (levonorgestrel tabs, 0.75 mg - Next Choice)	Brand	1/1/10	Removal, generics available
PLAN B ONE STEP (levonorgestrel tabs, 1.5 mg)	Brand	1/1/10	Addition
PRENAFIRST (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available

*continued*

# Formulary Updates

## BCBS Kansas National Formulary Updates – continued

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
PROVIGIL (modafinil tabs)	Brand	1/1/10	Removal
RISPERDAL M-TAB, 1 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
risperidone orally disintegrating tabs, 1 mg	Generic	10/18/09	Addition, generic for RISPERDAL M-TAB
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition
tacrolimus caps	Generic	8/16/09	Addition, generic for PROGRAF
temazepam caps, 7.5 mg	Generic	9/13/09	Addition, generic for RESTORIL 7.5 mg
TRIAMCINOLONE oint, 0.05%	Brand	1/1/10	Removal
TRINATE (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
VINATE AZ (prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
VOTRIENT (pazopanib tabs)	Brand	11/1/09	Addition
ZOVIRAX oint, 5% (acyclovir oint)	Brand	1/1/10	Removal

# Formulary Updates

## BCBS Kansas Select Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ALKERAN for inj (melphalan for inj)	Brand	1/1/10	Removal, generics available
amcinonide crm, 0.1%	Generic	1/1/10	Addition
AMINO ACID/UREA cervical crm	Brand	1/1/10	Removal, discontinued product
amoxicillin-potassium clavulanate oral susp, 250 mg-62.5 mg/5 mL	Generic	8/13/09	Addition, generic for AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL (amoxicillin/potassium clavulanate oral susp)	Brand	1/1/10	Removal, generics available
buprenorphine sublingual tabs	Generic	10/25/09	Addition, generic for SUBUTEX
ciclopirox nail lacquer soln, 8%	Generic	1/1/10	Addition, generic for PENLAC
clindamycin/benzoyl peroxide gel, 1-5%	Generic	10/30/09	Addition, generic for BENZACLIN
CRESTOR (rosuvastatin tabs)	Brand	1/1/10	Addition
econazole crm, 1%	Generic	1/1/10	Addition
EFFIENT (prasugrel tabs)	Brand	1/1/10	Addition
ELOXATIN IV soln (oxaloplatin IV soln)	Brand	1/1/10	Removal, generics available
EMLA/TEGADERM kit (lidocaine/prilocaine)	Brand	1/1/10	Removal
etidronate tabs, 200 mg, 400 mg	Generic	1/1/10	Addition, generic for DIDRONEL
hyoscamine extended-release caps, 0.375 mg	Generic	1/1/10	Removal, discontinued product
LAMICTAL STARTER KITS	Brand	1/1/10	Removal, generics available
lamotrigine starter kits	Generic	10/15/09	Addition, generic for LAMICTAL STARTER KITS
levonorgestrel tabs, 0.75 mg - Next Choice	Generic	7/12/09	Addition, generic for PLAN B
LIPITOR (atorvastatin tabs)	Brand	1/1/10	Removal
LIPRAM 4500, LIPRAM-CR, LIPRAM-PN (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
METADATE ER 10 mg (methylphenidate extended-release tabs)	Brand	1/1/10	Removal, discontinued product, generics available
MIACALCIN inj (calcitonin-salmon inj)	Brand	1/1/10	Removal
mometasone crm, 0.1%	Generic	1/1/10	Addition
MULTAQ (dronedaron tabs)	Brand	1/1/10	Addition
nateglinide tabs, 60 mg, 120 mg	Generic	1/1/10	Addition, generic for STARLIX
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition
oxaloplatin IV soln	Generic	10/15/09	Addition, generic for ELOXATIN IV soln
PATANOL (olopatadine ophth soln)	Brand	1/1/10	Addition
PLAN B (levonorgestrel, 0.75 mg - Next Choice)	Removal	1/1/10	Removal, generics available
PLAN B ONE STEP (levonorgestrel, 1.5 mg)	Brand	1/1/10	Addition
PLARETASE (pancrelipase tabs)	Brand	1/1/10	Removal, discontinued product
PRENAPRIST (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
RISPERDAL M-TAB, 1 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
risperidone orally disintegrating tabs, 1 mg	Generic	10/18/09	Addition, generic for RISPERDAL M-TAB, 1 mg
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
SUBUTEX (buprenorphine sublingual tabs)	Brand	1/1/10	Removal, generics available

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# Formulary Updates

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## BCBS Kansas Select Formulary Updates –continued

<b>TRADE NAME (generic name)</b>	<b>Brand/Generic Product</b>	<b>Effective Date</b>	<b>Description of Change</b>
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition
tacrolimus caps	Generic	8/16/09	Addition, generic for PROGRAF
temazepam caps, 7.5 mg	Generic	9/13/09	Addition, generic for RESTORIL 7.5 mg
TRIAMCINOLONE oint, 0.05%	Brand	1/1/10	Removal
TRINATE (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand/Generic	1/1/10	Removal, all versions
VENTOLIN HFA (albuterol oral inhaler)	Brand	1/1/10	Addition
VINATE AZ (prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
VYTORIN (simvastatin-ezetimibe tabs)	Brand	1/1/10	Removal
XOPENEX HFA (levalbuterol inhaler)	Brand	1/1/10	Removal
ZOVIRAX oint, 5% (acyclovir)	Brand	1/1/10	Removal

### **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

## BCBS Minnesota FlexRx Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Description of Change
ASACOL HD (mesalamine delayed-release tabs)	Brand	Addition
bicalutamide tabs	Generic	Addition, generic for CASODEX
brompheniramine/pseudoephedrine extended-release caps, 12/120 mg	Generic	Removal, discontinued product
calcitonin-salmon nasal soln	Generic	Addition, generic for MIACALCIN
carbamazepine extended-release tabs, 200 mg, 400 mg	Generic	Addition, generic for TEGRETOL-XR
CASODEX (bicalutamide tabs)	Brand	Removal, generics available
CELLCEPT (mycophenolate caps, tabs)	Brand	Removal, generics available
CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)	Brand	Addition
FIRMAPON (degarelix for inj)	Brand	Addition
LAMICTAL STARTER KITS (lamotrigine tabs)	Brand	Removal, generics available
lorazepam concentrate	Generic	Addition, generic for LORAZEPAM INTENSOL
LORAZEPAM INTENSOL (lorazepam concentrate)	Brand	Removal, generics available
malathion lotion, 0.5%	Generic	Addition, generic for OVIDE
METADATE ER 10 mg (methylphenidate extended-release tabs)	Brand	Removal, discontinued product, generics available
MIACALCIN (calcitonin-salmon nasal soln)	Brand	Removal, generics available
mycophenolate caps, tabs	Generic	Addition, generic for CELLCEPT
OVIDE (malathion lotion)	Brand	Removal, generics available
PEG 3350/KCl/Na Bicarb/NaCl/Na Sulfate for soln, 236 gm - Gavilyte-G	Generic	Addition, generic for GOLYTELY
PROTONIX (pantoprazole delayed-release tabs)	Brand	Removal, generics available
RISPERDAL M-TAB 3 mg, 4 mg (risperidone orally disintegrating tabs)	Brand	Removal, generics available
risperidone orally disintegrating tabs, 3 mg, 4 mg	Generic	Addition, generic for RISPERDAL M-TAB
SPS (sodium polystyrene sulfonate oral susp)	Brand	Removal, generics available
sulfasalazine delayed-release tabs	Generic	Addition, generic for AZULFIDINE EN-TABS
SUPRAX suspension (cefixime suspension)	Brand	Removal
TEGRETOL-XR 200 mg, 400 mg (carbamazepine extended-release tabs)	Brand	Removal, generics available
TOBRADEX (tobramycin/dexamethasone ophth susp)	Brand	Removal, generics available
tobramycin/dexamethasone ophth susp	Generic	Addition, generic for TOBRADEX
VFEND (voriconazole for susp, tabs)	Brand	Addition
ZERIT (stavudine oral soln)	Brand	Removal, generics available

### 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

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## BCBS Minnesota GenRx Formulary Updates

<b>TRADE NAME (generic name)</b>	<b>Brand/Generic Product</b>	<b>Description of Change</b>
CASODEX (bicalutamide tabs)	Brand	Removal, generics available
CELLCEPT (mycophenolate caps, tabs)	Brand	Removal, generics available
CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)	Brand	Addition
RISPERDAL M-TAB 3 mg, 4 mg (risperidone orally disintegrating tabs)	Brand	Removal, generics available
SUPRAX tablets (cefixime tabs)	Brand	Addition
TEGRETOL-XR 200 mg, 400 mg (carbamazepine extended-release tabs)	Brand	Removal, generics available
VFEND (voriconazole for susp, tabs)	Brand	Addition
ZERIT (stavudine oral soln)	Brand	Removal, generics available

# Formulary Updates

## BCBS Montana Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ACULAR PF (ketorolac ophth soln, 0.5%)	Brand	1/1/10	Removal
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ALOCRIAL (nedocromil ophth soln)	Brand	1/1/10	Removal
ALOMIDE (lodoxamide ophth soln)	Brand	1/1/10	Removal
ANDROGEL (testosterone TD gel, 1%)	Brand	1/1/10	Addition
ANDROID (methyltestosterone caps)	Brand	1/1/10	Removal
ANDROXY (fluoxymesterone tabs)	Brand	1/1/10	Removal
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
CHLORAL HYDRATE syrup	Brand	9/17/09	Addition
CILOXAN (ciprofloxacin ophth oint)	Brand	1/1/10	Removal
DRITHO-SCALP (anthralin crm, 0.5%)	Brand	1/1/10	Removal
DUETACT (pioglitazone-glimepiride tabs)	Brand	1/1/10	Addition
EFFIENT (prasugrel tabs)	Brand	1/1/10	Addition
EMADINE (emedastine ophth soln)	Brand	1/1/10	Removal
FINACEA (azelaic acid gel, 15%)	Brand	1/1/10	Addition
ISOPTO HOMATROPINE (homatropine ophth soln, 2%)	Brand	1/1/10	Removal
KENALOG (triamcinolone acetone aerosol spray)	Brand	1/1/10	Removal
METHITEST (methyltestosterone tabs)	Brand	1/1/10	Removal
MULTAQ (dronedaron tabs)	Brand	1/1/10	Addition
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition
PATANOL (olopatadine ophth soln)	Brand	1/1/10	Removal
PLAN B (levonorgestrel tabs, 0.75 mg - Next Choice)	Brand	1/1/10	Removal, generics available
PLAN B ONE STEP (levonorgestrel tabs, 1.5 mg)	Brand	1/1/10	Addition
PRAMOSONE 2.5% (hydrocortisone-pramoxine crm, lotion, oint)	Brand	1/1/10	Removal
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
STARLIX (nateglinide tabs)	Brand	1/1/10	Removal, generics available
TESTIM (testosterone TD gel, 1%)	Brand	1/1/10	Addition
TESTRED (methyltestosterone caps)	Brand	1/1/10	Removal
TRIAMCINOLONE oint, 0.05%	Brand	1/1/10	Removal
URSO 250 (ursodiol tabs, 250 mg)	Brand	1/1/10	Removal, generics available
URSO FORTE (ursodiol tabs, 500 mg)	Brand	1/1/10	Removal, generics available
VIGAMOX (moxifloxacin ophth soln)	Brand	1/1/10	Addition
YASMIN (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	1/1/10	Addition
ZOVIRAX (acyclovir oint, 5%)	Brand	1/1/10	Removal

# Formulary Updates

## BCBS Nebraska Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ALKERAN (melphalan for inj)	Brand	1/1/10	Removal, generics available
amcinonide crm, 0.1%	Generic	1/1/10	Addition
amoxicillin/potassium clavulanate oral susp, 250 mg-62.5 mg/5 mL	Generic	8/13/09	Addition, generic for AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL (amoxicillin/potassium clavulanate oral susp)	Brand	1/1/10	Removal, generics available
brimonidine ophth soln, 0.15%	Generic	10/11/09	Addition, generic for ALPHAGAN P 0.15%
buprenorphine sublingual tabs	Generic	10/25/09	Addition, generic for SUBUTEX
clindamycin/benzoyl peroxide gel, 1/5%	Generic	10/30/09	Addition, generic for BENZACLIN
ELOXATIN IV SOLN (oxalaplatin IV soln)	Brand	1/1/10	Removal, generics available
etidronate tabs	Generic	1/1/10	Addition, generic for DIDRONEL
lamotrigine starter kits	Generic	10/1/09	Addition, generic for LAMICTAL STARTER KITS
lansoprazole delayed-release caps	Generic	11/18/09	Addition, generic for PREVACID
levonorgestrel tabs, 0.75 mg - Next Choice	Generic	7/12/09	Addition, generic for PLAN B
LIPRAM 4500 (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
melphalan for inj, 50 mg	Generic	9/13/09	Addition, generic for ALKERAN inj
MIACALCIN inj (calcitonin-salmon inj)	Brand	1/1/10	Removal
MULTAQ (dronedaron tabs)	Brand	1/1/10	Addition
nateglinide tabs	Generic	1/1/10	Addition, generic for STARLIX
OCELLA (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	1/1/10	Removal
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition
oxaliplatin IV soln	Generic	10/15/09	Addition, generic for ELOXATIN IV soln
PLAN B (levonorgestrel tabs, 0.75 mg - Next Choice)	Brand	1/1/10	Removal, generics available
PLAN B ONE STEP (levonorgestrel tabs, 1.5 mg)	Brand	1/1/10	Addition
PRENAFIRST (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
PROVIGIL (modafinil tabs)	Brand	1/1/10	Removal
RELENZA DISKHALER (zanamivir aero powder)	Brand	10/2/09	Addition
RISPERDAL M-TAB, 1 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
risperidone orally disintegrating tabs, 1 mg	Generic	10/18/09	Addition, generic for RISPERDAL M-TAB
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
SUBUTEX (buprenorphine sublingual tabs)	Brand	1/1/10	Removal, generics available
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition
tacrolimus caps	Generic	8/16/09	Addition, generic for PROGRAF
temazepam caps, 7.5 mg	Generic	9/13/09	Addition, generic for RESTORIL 7.5 mg
TRIAMCINOLONE oint, 0.05%	Brand	1/1/10	Removal
VINATE AZ (prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
VOTRIENT (pazopanib tabs)	Brand	11/1/09	Addition
YASMIN (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	1/1/10	Addition

# Formulary Updates

## BCBS New Mexico Formulary Updates

<b>TRADE NAME (generic name)</b>	<b>Brand/Generic Product</b>	<b>Effective Date</b>	<b>Description of Change</b>
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
XOPENEX HFA (levalbuterol tartrate inhalation aerosol)	Brand	11/1/09	Removal
YASMIN (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	11/1/09	Addition
ZOMIG (zolmitriptan nasal soln, tabs)	Brand	11/1/09	Removal
ZOMIG ZMT (zolmitriptan orally disintegrating tabs)	Brand	11/1/09	Removal

# Formulary Updates

## BCBS New Mexico BlueSalud Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ACULAR (ketorolac ophth soln, 0.5%)	Brand	4/1/10	Removal, generics available
ALPHAGAN P 0.15% (brimonidine ophth soln, 0.15%)	Brand	4/1/10	Removal, generics available
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
AVANDIA (rosiglitazone tabs)	Brand	10/1/10	Removal
CASODEX (bicalutamide tabs)	Brand	10/1/09	Removal, generics available
LAMICTAL STARTER KITS (lamotrigine tabs)	Brand	4/1/10	Removal, generics available
LINDANE shampoo	Brand	4/1/10	Removal
PLAN B (levonorgestrel tabs, 0.75 mg - Next Choice)	Brand	4/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	10/1/09	Removal, generics available
RELENZA DISKHALER (zanamivir powder)	Brand	3/31/10	Removal
SUBUTEX (buprenorphine sublingual tabs)	Brand	4/1/10	Removal, generics available
TAMIFLU (oseltamivir caps, susp)	Brand	3/31/10	Removal
YASMIN (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	11/1/09	Addition
ZOMIG (zolmitriptan nasal soln, tabs)	Brand	11/20/09	Removal
ZOMIG ZMT (zolmitriptan orally disintegrating tabs)	Brand	11/20/09	Removal
ZOVIRAX (acyclovir oint, 5%)	Brand	4/1/10	Removal

# Formulary Updates

## BCBS North Dakota Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ALPHAGAN P 0.15% (brimonidine ophth soln, 0.15%)	Brand	1/1/10	Removal, generics available
amcinonide crm, 0.1%	Generic	1/1/10	Addition
amoxicillin/potassium clavulanate oral susp, 250 mg-62.5 mg/5 mL	Generic	8/13/09	Addition, generic for AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL
AMPHETAMINE/DEXTROAMPHETAMINE MIXED SALTS ext-release	Brand	1/1/10	see <b>SPECIAL NOTE</b> below
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL (amoxicillin/potassium clavulanate oral susp)	Brand	1/1/10	Removal, generics available
brimonidine ophth soln, 0.15%	Generic	10/12/09	Addition, generic for ALPHAGAN P 0.15% ophth soln
buprenorphine sublingual tabs	Generic	10/25/09	Addition, generic for SUBUTEX
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
clonidine transdermal patches	Generic	9/3/09	Addition, generic for CATAPRES-TTS
dipivefrin ophth soln, 0.1%	Generic	1/1/10	Removal, discontinued product
EFFIENT (prasugrel tabs)	Brand	1/1/10	Addition
ELOXATIN IV SOLN (oxaloplatin IV soln)	Brand	1/1/10	Removal, generics available
etidronate tabs	Generic	1/1/10	Addition, generic for DIDRONEL
lamotrigine starter kits	Generic	10/1/09	Addition, generic for LAMICTAL STARTER KITS
lansoprazole delayed-release caps	Generic	12/2/09	Addition, generic for PREVACID
levonorgestrel tabs, 0.75 mg - Next Choice	Generic	7/12/09	Addition, generic for PLAN B
LIPRAM 4500 (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
melphalan for inj, 50 mg	Generic	9/13/09	Addition, generic for ALKERAN inj
MULTAQ (dronedarone tabs)	Brand	1/1/10	Addition
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition
oxaliplatin IV soln	Generic	10/15/09	Addition, generic for ELOXATIN IV soln
PLAN B (levonorgestrel tabs, 0.75 mg - Next Choice)	Brand	1/1/10	Removal, generics available
PLAN B ONE STEP (levonorgestrel tabs, 1.5 mg)	Brand	1/1/10	Addition
PRENAFIRST (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
SUBUTEX (buprenorphine sublingual tabs)	Brand	1/1/10	Removal, generics available
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition
tacrolimus caps	Generic	8/16/09	Addition, generic for PROGRAF
temazepam caps, 7.5 mg	Generic	9/13/09	Addition, generic for RESTORIL 7.5 mg
TRIAMCINOLONE oint, 0.05%	Brand	1/1/10	Removal
tri-lo-sprintec (norgestimate-ethinyl estradiol tabs)	Generic	1/1/10	Addition, generic for ORTHO TRI-CYCLEN LO
VINATE AZ (prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
VOTRIENT (pazopanib tabs)	Brand	11/1/09	Addition

### SPECIAL NOTE: AMPHETAMINE/DEXTROAMPHETAMINE MIXED SALTS ext-release

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 Formulary 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 is coded as a brand product. As of January 1, 2010, this new brand product (AMPHETAMINE/DEXTROAMPHETAMINE MIXED SALTS ext-release) will not be covered unless approval is obtained through BCBSND. The innovator product, Adderall XR, will remain on the BCBSND Formulary.

# Formulary Updates

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## BCBS Oklahoma Formulary Updates

<b>TRADE NAME (generic name)</b>	<b>Brand/Generic Product</b>	<b>Effective Date</b>	<b>Description of Change</b>
ALPHAGAN P 0.15% (brimonidine ophth soln, 0.15%)	Brand	1/1/10	Removal, generics available
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
CYTOMEL (liothyronine tabs)	Brand	1/1/10	Removal, generics available
LAMICTAL STARTER KITS (lamotrigine tabs)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
RISPERDAL M-TAB 1 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
SUBUTEX (buprenorphine sublingual tabs)	Brand	1/1/10	Removal, generics available
YASMIN (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	11/1/09	Addition

# Formulary Updates

## BCBS Texas Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
BETOPTIC-S (betaxolol ophth susp, 0.25%)	Brand	1/1/10	Removal
CASODEX (bicalutamide tabs)	Brand	1/1/10	Removal, generics available
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
CELLCEPT (mycophenolate caps, tabs)	Brand	1/1/10	Removal, generics available
CYTOMEL (liothyronine tabs)	Brand	1/1/10	Removal, generics available
DEPAKOTE ER (divalproex extended-release tabs)	Brand	1/1/10	Removal, generics available
DEPAKOTE SPRINKLES (divalproex delayed-release caps)	Brand	1/1/10	Removal, generics available
DOVONEX (calcipotriene ointment)	Brand	1/1/10	Removal, discontinued product
ENZYPAN (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
IMITREX (sumatriptan inj, 6 mg/0.5 mL per vial; tabs)	Brand	1/1/10	Removal, generics available
KEPPRA (levetiracetam oral soln, tabs)	Brand	1/1/10	Removal, generics available
LAMICTAL STARTER KITS (lamotrigine tabs)	Brand	1/1/10	Removal, generics available
LOPROX (ciclopirox gel, 0.77%)	Brand	1/1/10	Removal, generics available
PALIPASE MT 16, MT 20 (pancrelipase delayed-release caps)	Brand	1/1/10	Removal, discontinued product
PARCOPA (carbidopa/levodopa orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
PLAN B (levonorgestrol tabs, 0.75 mg - Next Choice)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
PULMICORT TURBUHALER (budesonide powder for inhalation)	Brand	1/1/10	Removal, discontinued product
RENAGEL (sevelamer tabs)	Brand	1/1/10	Removal
REQUIP KIT (ropinirole tabs)	Brand	1/1/10	Removal, discontinued product
RISPERDAL (risperidone oral soln, 1 mg/mL)	Brand	1/1/10	Removal, generics available
RISPERDAL M-TAB 0.5 mg, 2 mg, 3 mg, 4 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
TEGRETOL-XR 200 mg, 400 mg (carbamazepine extended-release tabs)	Brand	1/1/10	Removal, generics available
TOBRADEX (tobramycin/dexamethasone ophth susp)	Brand	1/1/10	Removal, generics available
TOPAMAX (topiramate tabs)	Brand	1/1/10	Removal, generics available
TOPAMAX SPRINKLE (topiramate caps)	Brand	1/1/10	Removal, generics available
TRUSOPT (dorzolamide ophth soln)	Brand	1/1/10	Removal, generics available
VIDEX EC (didanosine delayed-release caps)	Brand	1/1/10	Removal, generics available
XOPENEX HFA (levalbuterol tartrate inhalation aerosol)	Brand	1/1/10	Removal
YASMIN (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	11/1/09	Addition
ZERIT (stavudine caps, oral soln)	Brand	1/1/10	Removal, generics available
ZOMIG (zolmitriptan nasal soln, tabs)	Brand	1/1/10	Removal
ZOMIG ZMT (zolmitriptan orally disintegrating tabs)	Brand	1/1/10	Removal

# Formulary Updates

## BCBS Wyoming Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil tabs)	Brand	1/1/10	Addition
ALKERAN (melphalan for inj)	Brand	1/1/10	Removal, generics available
ALPHAGAN P 0.15% (brimonidine ophth soln, 0.15%)	Brand	1/1/10	Removal, generics available
amcinonide crm, 0.1%	Generic	1/1/10	Addition
amoxicillin/potassium clavulanate oral susp, 250 mg-62.5 mg/5 mL	Generic	8/13/09	Addition, generic for AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL
ASTEPRO 205.5 mcg/spray (azelastine nasal soln, 0.15%)	Brand	1/1/10	Addition
AUGMENTIN oral susp, 250 mg-62.5 mg/5 mL (amoxicillin/potassium clavulanate oral susp)	Brand	1/1/10	Removal, generics available
brimonidine ophth soln, 0.15%	Generic	10/12/09	Addition, generic for ALPHAGAN P 0.15% ophth soln
buprenorphine sublingual tabs	Generic	10/25/09	Addition, generic for SUBUTEX
CATAPRES-TTS (clonidine transdermal patches)	Brand	1/1/10	Removal, generics available
ciclopirox nail lacquer, 8%	Generic	1/1/10	Addition, generic for PENLAC
clonidine transdermal patches	Generic	9/3/09	Addition, generic for CATAPRES-TTS
EFFIENT (prasugrel tabs)	Brand	1/1/10	Addition
ELOXATIN IV SOLN (oxaloplatin IV soln)	Brand	1/1/10	Removal, generics available
etidronate tabs	Generic	1/1/10	Addition
FOLOTYN inj (pralatrexate IV inj)	Brand	10/11/09	Addition
lamotrigine starter kits	Generic	10/1/09	Addition, generic for LAMICTAL STARTER KITS
levonorgestrel tabs, 0.75 mg - Next Choice	Generic	7/12/09	Addition, generic for PLAN B
melphalan for inj, 50 mg	Generic	9/13/09	Addition, generic for ALKERAN inj
MIACALCIN inj (calcitonin-salmon inj)	Brand	1/1/10	Removal
MULTAQ (dronedaronate tabs)	Brand	1/1/10	Addition
nateglinide tabs	Generic	9/13/09	Addition, generic for STARLIX
NUTROPIN (somatropin for inj)	Brand	1/1/10	Addition
NUTROPIN AQ (somatropin inj)	Brand	1/1/10	Addition
OCELLA (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	1/1/10	Removal
ONGLYZA (saxagliptin tabs)	Brand	1/1/10	Addition
oxaliplatin IV soln	Generic	10/15/09	Addition, generic for ELOXATIN IV soln
PLAN B (levonorgestrel tabs, 0.75 mg - Next Choice)	Brand	1/1/10	Removal, generics available
PLAN B ONE STEP (levonorgestrel tabs, 1.5 mg)	Brand	1/1/10	Addition
PRENAFIRST (prenatal multivitamins/ferrous fumarate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
PROGRAF (tacrolimus caps)	Brand	1/1/10	Removal, generics available
RISPERDAL M-TAB, 1 mg (risperidone orally disintegrating tabs)	Brand	1/1/10	Removal, generics available
risperidone orally disintegrating tabs, 1 mg	Generic	10/18/09	Addition, generic for RISPERDAL M-TAB
SABRIL (vigabatrin powder pack, tabs)	Brand	1/1/10	Addition
SUBUTEX (buprenorphine sublingual tabs)	Brand	1/1/10	Removal, generics available
SYNAREL (nafarelin nasal soln)	Brand	1/1/10	Addition

*continued*

# Formulary Updates

## BCBS Wyoming Formulary Updates – continued

<b>TRADE NAME (generic name)</b>	<b>Brand/Generic Product</b>	<b>Effective Date</b>	<b>Description of Change</b>
tacrolimus caps	Generic	8/16/09	Addition, generic for PROGRAF
temazepam caps, 7.5 mg	Generic	9/13/09	Addition, generic for RESTORIL 7.5 mg
TOPROL XL (metoprolol succinate extended-release tabs)	Brand	1/1/10	Removal, generics available
TRIAMCINOLONE oint, 0.05%	Brand	1/1/10	Removal
tri-lo-sprintec (norgestimate-ethinyl estradiol tabs)	Generic	1/1/10	Addition, generic for ORTHO TRI-CYCLEN LO
VINATE AZ (prenatal multivitamins/ferrous bisglycinate chelate/folic acid 1 mg tabs)	Brand	1/1/10	Removal, generics available
YASMIN (drospirenone-ethinyl estradiol tabs, 3-0.03 mg)	Brand	1/1/10	Addition

# Formulary Updates

## Updates to the 2010 Medicare Part D Formularies

The 2010 Medicare Part D formularies are dynamic. A large number of changes have occurred since the 2010 Medicare Part D printed formularies were published. The changes, i.e., formulary additions, are noted below.

To view a full list of updates to the Medicare Part D formularies at any time, visit Prime's Web site at [www.MyPrime.com/pharmacistsindex.htm](http://www.MyPrime.com/pharmacistsindex.htm). The updates, along with PDF of the 2010 formularies on the Web site, provide complete and current Medicare Part D formulary information.

## Medicare Part D Four-Tier Ideal Formulary Updates

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

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil) tabs, 20 mg	Brand	1/1/10	Addition, Tier 4. Prior Authorization applies.
ARZERRA (ofatumumab) IV inj, 100 mg/5 mL	Brand	1/1/10	Addition, Tier 4. New antineoplastic.
ASTEPRO (azelastine) nasal, 0.15% (205.5 mcg/spray)	Brand	1/1/10	Addition, Tier 2. Quantity Limits apply.
brimonidine ophthalmic soln, 0.15%	Generic	1/1/10	Addition, Tier 1. First generic for Alphagan P
buprenorphine SL tabs, 2 mg, 8 mg	Generic	1/1/10	Addition, Tier 1. First generics for Subutex.
COLCRYS (colchicine) tabs, 0.6 mg	Brand	1/1/10	Addition, Tier 3
dexamethasone tabs, 1.5 mg taper pack 10 day, 13 day	Generic	1/1/10	Addition, Tier 1. First generics for Dexpak.
EFFIENT (prasugrel) tabs, 5 mg, 10 mg	Brand	1/1/10	Addition, Tier 2.
FOLOTYN (pralatrexate) inj, 20 mg/mL	Brand	1/1/10	Addition, Tier 4. New antineoplastic
HIBERIX (haemophilus B polysaccharide conjugate vaccine) for inj, 10-25 mcg	Brand	1/1/10	Addition, Tier 3. Additional vaccine.
hydrocortisone/acetic acid otic soln, 1-2%	Generic	1/1/10	Addition, Tier 1
Invega (paliperidone) tabs, 1.5 mg	Brand	1/1/10	Addition, Tier 3. Additional strength. Step Therapy and Quantity Limits apply.
INVEGA SUSTENNA (paliperidone) extended-release inj, 39 mg/0.25 mL	Brand	1/1/10	Addition, Tier 3. Step Therapy and Quantity Limits apply.
ketorolac ophth soln, 0.4%	Generic	1/1/10	Addition, Tier 1. First generic for Acular LS.
ketorolac ophth soln, 0.5%	Generic	1/1/10	Addition, Tier 1. First generic for Acular.
lamotrigine starter kit-not taking carbamazepine, tabs, 25 mg (42); 100 mg (7)	Generic	1/1/10	Addition, Tier 1. First generics for Lamictal Starter Kit-not taking carbamazepine.
lamotrigine starter kit-taking carbamazepine/not taking valproate, tabs, 25 mg (84); 100 mg (14)	Generic	1/1/10	Addition, Tier 1. First generics for Lamictal Starter Kit-taking carbamazepine/not taking valproate.
lamotrigine starter kit-taking valproate, tabs, 25 mg (35)	Generic	1/1/10	Addition, Tier 1. First generic for Lamictal Starter Kit-taking valproate.
lansoprazole delayed-release caps, 15 mg, 30 mg	Generic	1/1/10	Addition, Tier 1. First generics for Prevacid. Quantity Limits apply.
melphalan for inj, 50 mg	Generic	1/1/10	Addition, Tier 4. First generic for Alkeran.
MULTAQ (dronedarone) tabs, 400 mg	Brand	1/1/10	Addition, Tier 2.
nateglinide tabs, 60 mg, 120 mg	Generic	1/1/10	Addition, Tier 1. First generics for Starlix.
ONGLYZA (saxagliptin) tabs, 2.5 mg, 5 mg	Brand	1/1/10	Addition, Tier 2. Quantity Limits apply.
oxaliplatin inj, 5 mg/mL	Generic	1/1/10	Addition, Tier 4. First generics for Eloxatin.
phenytoin sodium extended caps, 200 mg, 300 mg	Generic	1/1/10	Addition, Tier 1. First generics for Phenytek.
piperacillin-tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g	Generic	1/1/10	Addition, Tier 1. First generics for Zosyn.
PROLASTIN-C (proteinase inhibitor human) for inj, 1000 mg	Brand	1/1/10	Addition, Tier 4. New formulation.
SABRIL (vigabatrin) tabs, 500 mg; powder pack, 500 mg	Brand	1/1/10	Addition, Tier 3.
SAPHRIS (asenapine) SL tabs, 5 mg, 10 mg	Brand	1/1/10	Addition, Tier 3. Step Therapy and Quantity Limits apply.
valacyclovir tabs, 500 mg, 1000 mg	Generic	1/1/10	Addition, Tier 1. First generics for Valtrex.

# Formulary Updates

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

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil) tabs, 20 mg	Brand	1/1/10	Addition, Tier 4. Prior Authorization applies.
ARZERRA (ofatumumab) IV inj, 100 mg/5 mL	Brand	1/1/10	Addition, Tier 4. New antineoplastic.
ASTEPRO (azelastine) nasal, 0.15% (205.5 mcg/spray)	Brand	1/1/10	Addition, Tier 2. Quantity Limits apply.
brimonidine ophthalmic soln, 0.15%	Generic	1/1/10	Addition, Tier 1. First generic for Alphagan P
buprenorphine SL tabs, 2 mg, 8 mg	Generic	1/1/10	Addition, Tier 1. First generics for Subutex.
COLCRYS (colchicine) tabs, 0.6 mg	Brand	1/1/10	Addition, Tier 3
dexamethasone tabs, 1.5 mg taper pack 10 day, 13 day	Generic	1/1/10	Addition, Tier 1. First generics for Dexpak.
EFFIENT (prasugrel) tabs, 5 mg, 10 mg	Brand	1/1/10	Addition, Tier 2
FEXOFENADINE-PSEUDOEPHEDRINE extended-release 12 hr tabs, 60 mg-120 mg	Brand	1/1/10	Addition, Tier 3. Brand distributor version of a formulary brand product (Allegra D 12 hr). Step Therapy applies.
FOLOTYN (pralatrexate) inj, 20 mg/mL	Brand	1/1/10	Addition, Tier 4. New antineoplastic
HIBERIX (haemophilus B polysaccharide conjugate vaccine) for inj, 10-25 mcg	Brand	1/1/10	Addition, Tier 3. Additional vaccine.
hydrocortisone/acetic acid otic soln, 1-2%	Generic	1/1/10	Addition, Tier 1
INVEGA (paliperidone) tabs, 1.5 mg	Brand	1/1/10	Addition, Tier 3. Additional strength. Step Therapy and Quantity Limits apply.
INVEGA SUSTENNA (paliperidone) extended-release inj, 39 mg/0.25 mL	Brand	1/1/10	Addition, Tier 3. Step Therapy and Quantity Limits apply.
ketorolac ophth soln, 0.4%	Generic	1/1/10	Addition, Tier 1. First generic for Acular LS.
ketorolac ophth soln, 0.5%	Generic	1/1/10	Addition, Tier 1. First generic for Acular.
lamotrigine starter kit-not taking carbamazepine, tabs, 25 mg (42); 100 mg (7)	Generic	1/1/10	Addition, Tier 1. First generics for Lamictal Starter Kit-not taking carbamazepine
lamotrigine starter kit-taking carbamazepine/not taking valproate, tabs, 25 mg (84); 100 mg (14)	Generic	1/1/10	Addition, Tier 1. First generics for Lamictal Starter Kit-taking carbamazepine/not taking valproate.
lamotrigine starter kit-taking valproate, tabs, 25 mg (35)	Generic	1/1/10	Addition, Tier 1. First generic for Lamictal Starter Kit-taking valproate.
lansoprazole delayed-release caps, 15 mg, 30 mg	Generic	1/1/10	Addition, Tier 1. First generics for Prevacid. Quantity Limits apply.
melphalan for inj, 50 mg	Generic	1/1/10	Addition, Tier 4. First generic for Alkeran.
MULTAQ (dronedaron) tabs, 400 mg	Brand	1/1/10	Addition, Tier 2.
nateglinide tabs, 60 mg, 120 mg	Generic	1/1/10	Addition, Tier 1. First generics for Starlix.
ONGLYZA (saxagliptin) tabs, 2.5 mg, 5 mg	Brand	1/1/10	Addition, Tier 2. Quantity Limits apply.
oxaliplatin inj, 5 mg/mL	Generic	1/1/10	Addition, Tier 4. First generics for Eloxatin.
phenytoin sodium extended caps, 200 mg, 300 mg	Generic	1/1/10	Addition, Tier 1. First generics for Phenytek.
piperacillin-tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g	Generic	1/1/10	Addition, Tier 1. First generics for Zosyn.
PROLASTIN-C (proteinase inhibitor human) for inj, 1000 mg	Brand	1/1/10	Addition, Tier 4. New formulation.
SABRIL (vigabatrin) tabs, 500 mg; powder pack, 500 mg	Brand	1/1/10	Addition, Tier 3
SAPHRIS (asenapine) SL tabs, 5 mg, 10 mg	Brand	1/1/10	Addition, Tier 3. Step Therapy and Quantity Limits apply.
valacyclovir tabs, 500 mg, 1000 mg	Generic	1/1/10	Addition, Tier 1. First generics for Valtrex.

# Formulary Updates

## Medicare Part D Four-Tier Custom MN MSHO SNP Formulary Updates

Minnesota CareBlue HMO and SecureBlue HMO

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ADCIRCA (tadalafil) tabs, 20 mg	Brand	1/1/10	Addition, Tier 4. Prior Authorization applies.
ARZERRA (ofatumumab) IV inj, 100 mg/5 mL	Brand	1/1/10	Addition, Tier 4. New antineoplastic.
brimonidine ophthalmic soln, 0.15%	Generic	1/1/10	Addition, Tier 1. First generic for Alphagan P
buprenorphine SL tabs, 2 mg, 8 mg	Generic	1/1/10	Addition, Tier 1. First generics for Subutex.
COLCRYS (colchicine) tabs, 0.6 mg	Brand	1/1/10	Addition, Tier 3
dexamethasone tabs, 1.5 mg taper pack 10 day, 13 day	Generic	1/1/10	Addition, Tier 1. First generics for Dexpak.
EFFIENT (prasugrel) tabs, 5 mg, 10 mg	Brand	1/1/10	Addition, Tier 2.
FOLOTYN (pralatrexate) inj, 20 mg/mL	Brand	1/1/10	Addition, Tier 4. New antineoplastic
HIBERIX (haemophilus B polysaccharide conjugate vaccine) for inj, 10-25 mcg	Brand	1/1/10	Addition, Tier 3. Additional vaccine.
hydrocortisone/acetic acid otic soln, 1-2%	Generic	1/1/10	Addition, Tier 1
Invega (paliperidone) tabs, 1.5 mg	Brand	1/1/10	Addition, Tier 3. Additional strength. Step Therapy and Quantity Limits apply.
INVEGA SUSTENNA (paliperidone) extended-release inj, 39 mg/0.25 mL	Brand	1/1/10	Addition, Tier 3. Prior Authorization and Quantity Limits apply.
ketorolac ophth soln, 0.4%	Generic	1/1/10	Addition, Tier 1. First generic for Acular LS.
ketorolac ophth soln, 0.5%	Generic	1/1/10	Addition, Tier 1. First generic for Acular.
lamotrigine starter kit-not taking carbamazepine, tabs, 25 mg (42); 100 mg (7)	Generic	1/1/10	Addition, Tier 1. First generics for Lamictal Starter Kit-not taking carbamazepine.
lamotrigine starter kit-taking carbamazepine/not taking valproate, tabs, 25 mg (84); 100 mg (14)	Generic	1/1/10	Addition, Tier 1. First generics for Lamictal Starter Kit-taking carbamazepine/not taking valproate.
lamotrigine starter kit-taking valproate, tabs, 25 mg (35)	Generic	1/1/10	Addition, Tier 1. First generic for Lamictal Starter Kit-taking valproate
lansoprazole delayed-release caps, 15 mg, 30 mg	Generic	1/1/10	Addition, Tier 1. First generics for Prevacid. Quantity Limits apply.
melphalan for inj, 50 mg	Generic	1/1/10	Addition, Tier 4. First generic for Alkeran.
MULTAQ (dronedarone) tabs, 400 mg	Brand	1/1/10	Addition, Tier 2.
nateglinide tabs, 60 mg, 120 mg	Generic	1/1/10	Addition, Tier 1. First generics for Starlix.
ONGLYZA (saxagliptin) tabs, 2.5 mg, 5 mg	Brand	1/1/10	Addition, Tier 2. Quantity Limits apply.
oxaliplatin inj, 5 mg/mL	Generic	1/1/10	Addition, Tier 4. First generics for Eloxatin.
phenytoin sodium extended caps, 200 mg, 300 mg	Generic	1/1/10	Addition, Tier 1. First generics for Phenytek.
piperacillin-tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g	Generic	1/1/10	Addition, Tier 1. First generics for Zosyn.
PROLASTIN-C (proteinase inhibitor human) for inj, 1000 mg	Brand	1/1/10	Addition, Tier 4. New formulation.
SABRIL (vigabatrin) tabs, 500 mg; powder pack, 500 mg	Brand	1/1/10	Addition, Tier 3.
SAPHRIS (asenapine) SL tabs, 5 mg, 10 mg	Brand	1/1/10	Addition, Tier 3. Prior Authorization and Quantity Limits apply.
valacyclovir tabs, 500 mg, 1000 mg	Generic	1/1/10	Addition, Tier 1. First generics for Valtrex.

# MAC List Updates

generic name (TRADE NAME) or generic name	Effective Date	Description of Change
acetazolamide ext-release caps, 500 mg (DIAMOX SEQUELS)	11/1/09	Addition
benzphetamine tab, 50 mg (DIDREX)	12/15/09	Addition
calcitonin (salmon) nasal soln, 200 i.u./actuation (MIACALCIN)	11/1/09	Addition
calcium acetate caps, 667 mg (PHOSLO)	11/1/09	Addition
cefaclor caps, 250 mg	12/1/09	Addition
clarithromycin for susp, 125 mg/5 mL (BIAXIN)	12/1/09	Addition
clotrimazole soln, 1%	12/15/09	Addition
colestipol tabs, 1 g (COLESTID)	12/15/09	Addition
desoximetasone crm, gel, 0.05%; oint, 0.25% (TOPICORT)	12/15/09	Addition
dexamethasone tab, 0.75 mg	12/15/09	Addition
dexmethylphenidate tabs, 2.5 mg, 5 mg (FOCALIN)	12/15/09	Addition
dexmethylphenidate tabs, 10 mg (FOCALIN)	11/1/09	Addition
diethylpropion tab, 25 mg	12/15/09	Addition
divalproex ext-release tabs, 250 mg, 500 mg (DEPAKOTE ER)	11/1/09	Addition
divalproex sprinkle caps, 125 mg (DEPAKOTE SPRINKLES)	12/15/09	Addition
eplerenone tabs, 25 mg, 50 mg (INSPRA)	11/1/09	Addition
erythromycin topical pads, 2%	12/15/09	Addition
estradiol transdermal patch, 0.0375 mg/24 hr, 0.06 mg/24 hr (CLIMARA)	12/15/09	Addition
estradiol/norethindrone acetate tab, 1-0.5 mg (ACTIVEVILLA)	11/1/09	Addition
felodipine ext-release tab, 5 mg (PLENDIL)	11/1/09	Addition
gentamicin for inj, 10 mg/mL	12/1/09	Addition
heparin sodium (porcine) inj, 10,000 units/mL	12/1/09	Addition
hydrocodone/homatropine syrup, 5-1.5 mg/5 mL (HYCODAN)	12/15/09	Addition
hyoscyamine ext-release tabs, 0.375 mg (LEVVID)	12/1/09	Addition
hyoscyamine SL tabs, 0.125 mg (LEVSIN)	12/1/09	Addition
ketorolac ophthalmic soln, 0.4% (ACULAR LS)	12/1/09	Addition
ketorolac ophthalmic soln, 0.5% (ACULAR)	12/1/09	Addition
lansoprazole del-release caps, 15 mg, 30 mg (PREVACID)	12/1/09	Addition
levetiracetam oral soln, 100 mg/mL (KEPPRA)	12/1/09	Addition
levetiracetam tab, 1000 mg (KEPPRA)	11/1/09	Addition
lidocaine topical soln, 4% (XYLOCAINE)	12/15/09	Addition
meperidine inj, 100 mg/mL (DEMEROL)	12/15/09	Addition
methadone oral conc, 10 mg/mL	12/15/09	Addition
methscopolamine tabs, 2.5 mg (PAMINE)	12/15/09	Addition
methylprednisolone tab, 8 mg (MEDROL)	12/15/09	Addition
mycophenolate mofetil tabs, 500 mg (CELLCEPT)	11/16/09	Addition
nateglinide tabs, 60 mg, 120 mg (STARLIX)	11/1/09	Addition
nortriptyline soln, 10 mg/5 mL (PAMELOR)	12/15/09	Addition
ondansetron oral soln, 4 mg/5 mL (ZOFTRAN)	11/1/09	Addition
oxycodone tab, 5 mg	12/1/09	Addition
perindopril tabs, 2 mg, 4 mg, 8 mg (ACEON)	12/1/09	Addition

*continued*

# MAC List Updates

## Continued

generic name (TRADE NAME) or generic name	Effective Date	Description of Change
promethazine inj, 50 mg/mL (PHENERGAN)	12/15/09	Addition
protriptyline tab, 5 mg, 10 mg (VIVACTIL)	12/15/09	Addition
pseudoephedrine-brompheniramine-dextromethorphan syrup, 30-2-10 mg/5 mL (BROMFED DM)	12/1/09	Addition
risperidone orally disintegrating tabs, 4 mg (RISPERDAL M-TAB)	12/15/09	Addition
sodium fluoride crm, 1.1% (PREVIDENT)	12/1/09	Addition
sumatriptan inj, 12 mg/mL (IMITREX)	11/1/09	Addition
tacrolimus caps, 0.5 mg, 1 mg, 5 mg (PROGRAF)	12/1/09	Addition
temazepam caps, 7.5 mg, 22.5 mg (RESTORIL)	12/1/09	Addition
testosterone cypionate in oil inj, 200 mg/mL (DEPO-TESTOSTERONE)	12/15/09	Addition
theophylline ext-release tabs, 100 mg	12/15/09	Addition
thioridazine tabs, 10 mg	12/15/09	Addition
timolol maleate ophthalmic gel-forming soln, 0.25% (TIMOPTIC-XE)	12/15/09	Addition
tobramycin/dexamethasone ophthalmic susp, 0.3-0.1% (TOBRADEX)	11/1/09	Addition
tretinoin cap, 10 mg (VESANOID)	11/1/09	Addition
acetaminophen ext-release tabs, 650 mg (TYLENOL ARTHRITIS)	12/15/09	Removal
acetaminophen susp, 160 mg/5 mL (TYLENOL CHILDRENS)	12/15/09	Removal
acetone (urine) test strips (CHEMSTRIP K, KETOSTIX)	11/1/09	Removal
atropine sulfate inj, 1 mg/mL	12/15/09	Removal
BACITRACIN OPHTHALMIC oint, 500 units/g	10/1/09	Removal
bacteriostatic sodium chloride inj, 0.9%	12/15/09	Removal
CHLORAL HYDRATE syrup, 500 mg/5 mL	12/1/09	Removal
chlordiazepoxide-amitriptyline tabs, 10-25 mg (LIMBITROL DS)	11/1/09	Removal
chlorothiazide tabs, 250 mg	11/16/09	Removal
cimetidine inj, 150 mg/mL	11/1/09	Removal
colchicine tabs, 0.6 mg	11/1/09	Removal
CONDOMS, LATEX, LUBRICATED	11/1/09	Removal
desmopressin nasal soln, 0.01% (DDAVP)	12/15/09	Removal
dihydroergotamine mesylate inj, 1 mg/mL (D.H.E. 45)	12/15/09	Removal
diphenhydramine hcl elixir, 12.5 mg/5 mL	12/15/09	Removal
diphenhydramine tannate-phenylephrine tannate chew tabs, 25-10 mg (DYTAN-D)	9/15/09	Removal
disopyramide ext-release caps, 150 mg (NORPACE CR)	11/1/09	Removal
docusate sodium liquid, 150 mg/15 mL (COLACE)	12/15/09	Removal
drosiprenone-ethinyl estradiol tabs, 3-0.03 mg (YASMIN)	10/15/09	Removal
edetate disodium inj, 150 mg/mL (ENDRATE)	10/1/09	Removal
erythromycin ophthalmic oint, 5 mg/g	9/1/09	Removal
erythromycin stearate tabs, 250 mg, 500 mg (ERYTHROCIN)	9/1/09	Removal
ethynodiol diacetate-ethinyl estradiol tabs, 1 mg/50 mcg (ZOVIA 1/50)	9/15/09	Removal
ferrous gluconate tabs, 324 mg	11/1/09	Removal
ferrous sulfate soln, 75 mg/0.6 mL	12/15/09	Removal
FLUPHENAZINE HCL elixir, 2.5 mg/5 mL	10/1/09	Removal
gabapentin tabs, 300 mg	9/1/09	Removal
hydrocortisone valerate oint, 0.2%, 60 g (WESTCORT)	11/16/09	Removal
ibuprofen susp, 40 mg/mL (CHILDREN'S MOTRIN)	12/15/09	Removal

*continued*

# MAC List Updates

Continued

generic name (TRADE NAME) or generic name	Effective Date	Description of Change
isotretinoin caps, 30 mg	9/1/09	Removal
ISRADIPINE caps, 2.5 mg	9/1/09	Removal
LIDOCAINE HCL inj, 10 mg/mL	10/1/09	Removal
MEBENDAZOLE chew tab, 100 mg	9/1/09	Removal
methotrexate tabs, 2.5 mg (antirheumatic) (RHEUMATREX)	9/1/09	Removal
methylprednisolone sodium succinate for inj, 40 mg (SOLU-MEDROL)	12/15/09	Removal
metronidazole in NAACL 0.79% IV soln, 500 mg/100 mL	12/15/09	Removal
MITOMYCIN for inj, 40 mg	11/1/09	Removal
nalbuphine inj, 20 mg/mL	12/15/09	Removal
naproxen sodium ext-release tabs, 500 mg	9/1/09	Removal
naproxen sodium tabs, 220 mg (ALEVE)	12/15/09	Removal
NEFAZODONE tabs, 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	9/1/09	Removal
nicotine transdermal patch, 14 mg/24 hr, 21 mg/24 hr (NICODERM CQ)	12/15/09	Removal
pediatric multiple vitamins/fl/fe drops, 0.5-10 mg/mL (POLY-VIT/FE/FL 0.5)	11/1/09	Removal
peg 3350-KCL-NA bicarb-NAACL-NA sulfate for soln, 240 g (COLYTE)	12/15/09	Removal
phenobarbital tabs, 30 mg	11/1/09	Removal
phenobarbital/belladonna alkaloids elixir, 16 mg/5 mL (DONNATAL)	10/1/09	Removal
pilocarpine ophthalmic soln, 3% (PILOPTIC-3)	12/1/09	Removal
potassium chloride 0.15% in D5W/LACTATED RINGERS' inj	10/1/09	Removal
potassium chloride ext-release caps, 10 mEq	11/1/09	Removal
prednisone tabs, 5 mg	11/16/09	Removal
pseudoephedrine-guaifenesin ext-release tabs, 120-1200 mg (MUCINEX D)	9/15/09	Removal
pseudophedrine tannate-dexchlorpheniramine tannate-dextromethorphan susp, 75-2.5-25 mg/5 mL (TANAFED DMX)	10/1/09	Removal
pseudophedrine-chlorpheniramine-dihydrocodeine syrup, 15-2-7.5 mg/5 mL	10/1/09	Removal
sodium chloride inhal soln, 0.9%	12/15/09	Removal
sodium chloride inj, 4 mEq/mL	12/15/09	Removal
terconazole vaginal supp, 80 mg (TERAZOL 3)	12/1/09	Removal
urine glucose-ketones test strips (CHEMSTRIP, KETO-DIASTIX)	11/1/09	Removal



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