

# Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

April 2010: Issue 43

## In This Edition

### News and Information

From the Auditor's Desk . . . . .	.1
MAC List Updates . . . . .	.1
Medicare News . . . . .	.2
Florida News . . . . .	.2
Oklahoma News . . . . .	.3
Prime News . . . . .	.3

### Formulary Updates

PrimeNational. . . . .	.4
BCBS Florida BlueSelect. . . . .	.5
BCBS Florida . . . . .	.6
BCBS Illinois. . . . .	.7
BCBS Kansas National. . . . .	.8
BCBS Kansas Select . . . . .	.9
BCBS Minnesota (FlexRx) . . . . .	.10
BCBS Minnesota (GenRx) . . . . .	.12
BCBS Montana . . . . .	.13
BCBS Nebraska . . . . .	.14
BCBS New Mexico . . . . .	.15
BCBS New Mexico BlueSalud. . . . .	.16
BCBS North Dakota . . . . .	.17
BCBS Oklahoma . . . . .	.18
BCBS Texas . . . . .	.19
BCBS Wyoming . . . . .	.20
Medicare Part D Four-Tier Ideal . . . . .	.21
Medicare Part D Four-Tier Expanded . . . . .	.22
Medicare Part D Four-Tier Custom MN MSHO SNP . . . . .	.23

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

**Obligations of Participating Pharmacy to Payor for Services**

State and Federal regulations, the Pharmacy Participation Agreement and Prime’s Provider Manual must be considered when providing pharmacy services. In general, State Board of Pharmacy requirements do not address payment for pharmacy claims. The relationship between a Participating Pharmacy and a Third Party Payor, such as Prime Therapeutics (Prime), is a contractual relationship with specific requirements outlining the Participating Pharmacy’s obligations to accurately submit claims for payment with appropriate documentation.

Participating Pharmacies must submit claims to Prime in accordance with the Pharmacy Participation Agreement (Agreement) and Prime Provider Manual (an addendum to the Agreement). In return, Prime reimburses the Participating Pharmacy for their services based on the claim submissions and contracted rate. If the Pharmacy submits claim(s) that do not comply with Prime’s requirements, Prime may recoup a full or partial amount paid for the claim(s). The Agreement, including the Prime Provider Manual, governs payments made to the Participating Pharmacy. The Prime Provider Manual is available on Prime’s Web site: <http://www.primetherapeutics.com/pdf/ProviderManual.pdf>

**Medicare Part D Claims and Documentation Requirements**

The Center for Medicare and Medicaid Services (CMS) oversees Medicare and Medicaid programs. Part of CMS’s regulatory activities includes oversight of Medicare Part D pharmacy claims. CMS monitors Benefit Sponsors and all downstream entities involved in Medicare Part D claims, including Pharmacy Benefit Managers and Participating Pharmacies.

CMS routinely audits financial transactions all the way back to the original prescription documentation at the pharmacy. During a CMS audit, Prime may request the prescription hardcopy, proof of delivery, or other related prescription documentation from the Participating Pharmacy. Participating Pharmacies must respond to audit requests within the timeframe requested by Prime, so that all entities involved in claim payment can remain compliant.

As a reminder, CMS requires that prescription documentation related to Medicare Part D claims be retained for 10 years. This applies to prescription orders, proof of delivery (including signature logs, Point-of-Sale (POS) transaction logs, delivery manifests to a Long Term Care Facility), computer system information, compound logs, and other documentation that supports claim submission and payment.

Long Term Care Pharmacies that rely upon a Long Term Care Facility to retain supporting documentation related to Medicare Part D claims should ensure that the Long Term Care Facility follows the documentation retention requirements.

**Reminder: Accurate Quantity on Claims for Diabetic Supplies**

Prime requires accurate quantity and day supply on all claim submissions. Claims for diabetic supplies must correspond with the manufacturer size for the NDC. For example, if a box contains 102 test strips, submit 102 as the quantity. Likewise, the day supply submitted must correspond with the Benefit Plan limits as communicated through the POS system. For more information regarding this issue, please see the October 2009 issue of *Prime Perspective*. Previous versions of *Prime Perspective* are available at [www.primetherapeutics.com](http://www.primetherapeutics.com) in the Pharmacists section.

MAC LIST UPDATES

**Added to MAC List**

acetic acid 2%/aluminum acetate otic soln .....	1/1/10
acetic acid irrigation soln, 0.25% .....	1/1/10
amiloride hcl tab, 5 mg (MIDAMOR) .....	1/1/10
aminocaproic acid oral soln, 25% (AMICAR) .....	2/1/10
aminocaproic acid tab, 500 mg (AMICAR) .....	1/1/10
benzoyl peroxide pad, 6% (TRIAZ) .....	1/1/10
betaxolol tab, 20 mg (KERLONE) .....	2/1/10
budesonide inhal susp, 0.25 mg/2 mL, 0.5 mg/2 mL (PULMICORT RESPULES) .	2/1/10
calcipotriene soln, 0.005% (50 mcg/mL) (DOVONEX).....	1/1/10
calcitriol oral soln, 1 mcg/mL (ROCALTROL) .....	2/1/10
carbamazepine susp 100 mg/5 mL (TEGRETOL) .....	1/1/10
carbidopa/levodopa orally disintegrating tab, 25-100 mg (PARCOPA) .....	1/1/10
carbinoxamine tab, 4 mg (PALGIC).....	2/1/10
cefepime for inj, 100 mg/5 mL.....	1/1/10
ceftazidime for inj, 2 g (FORTAZ).....	1/1/10
ceftriaxone sodium for inj, 250 mg, 500 mg (ROCEPHIN) .....	1/1/10

# News and Information

colestipol granules, 5 g (COLESTID) . . . . .	2/1/10
danazol cap, 100 mg . . . . .	1/1/10
dantrolene sodium cap, 100 mg (DANTRIUM) . . . . .	1/1/10
desmopressin inj, 4 mcg/mL (DDAVP) . . . . .	2/1/10
dronabinol cap, 10 mg (MARINOL) . . . . .	1/1/10
ethosuximide cap, 250 mg (ZARONTIN) . . . . .	1/1/10
etidronate tab, 400 mg (DIDRONEL) . . . . .	2/1/10
felodipine ext-release tab, 2.5 mg (PLENDIL) . . . . .	1/1/10
galantamine ext-release cap, 8 mg (RAZADYNE ER) . . . . .	1/1/10
galantamine ext-release cap, 16 mg (RAZADYNE ER) . . . . .	2/1/10
galantamine tab, 12 mg (RAZADYNE) . . . . .	2/1/10
haloperidol tab, 20 mg . . . . .	1/1/10
heparin sodium (porcine) lock flush IV soln, 100 unit/mL . . . . .	1/1/10
hydrocodone-ibuprofen tab, 10-200 mg (IBUDONE) . . . . .	1/1/10
hydrocortisone butyrate crm, 0.1% (LOCOID) . . . . .	1/1/10
lithium citrate oral soln, 8 mEq/5 mL . . . . .	1/1/10
loxapine succinate cap, 5 mg . . . . .	1/1/10
medroxyprogesterone acetate IM susp, 150 mg/mL (DEPO-PROVERA) . . . . .	1/1/10
meperidine hcl inj, 50 mg/mL (DEMEROL) . . . . .	1/1/10
methylprednisolone tab, 32 mg . . . . .	1/1/10
metipranolol ophthalmic soln, 0.3% (OPTIPRANOLOL) . . . . .	1/1/10
metoprolol/hydrochlorothiazide tab, 100-25 mg (LOPRESSOR HCT) . . . . .	1/1/10
minocycline ext-release tab, 45 mg . . . . .	2/1/10
nimodipine cap, 30 mg (NIMOTOP) . . . . .	1/1/10
octreotide acetate inj, 0.05 mg/mL (SANDOSTATIN) . . . . .	1/1/10
ondansetron hcl inj, 2 mg/mL (ZOFRAN) . . . . .	1/1/10
promethazine hcl inj, 25 mg/mL (PHENERGAN) . . . . .	1/1/10
risperidone orally disintegrating tab, 1 mg, 3 mg . . . . .	2/1/10
sodium polystyrene sulfonate powder (KAYEXALATE) . . . . .	1/1/10
sulfacetamide sodium/prednisolone ophthalmic soln, 10-0.23% . . . . .	2/1/10
testosterone cypionate in oil inj, 100 mg/mL (DEPO-TESTOSTERONE) . . . . .	2/1/10
theophylline ext-release tab, 400 mg, 600 mg (UNIPHYL) . . . . .	2/1/10
tramadol ext-release tab, 100 mg, 200 mg (ULTRAM ER) . . . . .	1/1/10
trihexyphenidyl elixir, 0.4 mg/mL . . . . .	1/1/10
urea gel, 40% (CARMOL 40) . . . . .	1/1/10
zidovudine oral soln, 10 mg/mL (RETROVIR) . . . . .	1/1/10

## Removed from MAC List

atropine sulfate ophthalmic oint, 1% . . . . .	1/1/10
cefaclor for susp, 375 mg/5 mL . . . . .	2/1/10
chlorpheniramine tannate-phenylephrine tannate oral susp, 4.5-5 mg/5 mL (RYNATAN) . . . . .	2/1/10
folic acid/pyridoxine/cyanocobalamin tab, 2.5-25-2 mg (FOLTX) . . . . .	1/1/10
hydrocortisone acetate supp, 25 mg (ANUSOL-HC) . . . . .	2/15/10
levonorgestrel tab, 0.75 mg (PLAN B, Next Choice) . . . . .	1/1/10

## MEDICARE NEWS

### 2010 Medicare Part D Formulary Change Communication

Each year Medicare Part D Plan Sponsors identify drugs removed from the Benefit Plan’s formulary or that have increased utilization management (UM). CMS requires that the Covered Person impacted by formulary changes receive advanced written notification from the Plan Sponsor after the Annual Notice of Change is sent. During November and December 2009, letters went to impacted Covered Persons informing them of the 2010 formulary changes.

Effective January 1, 2010, Covered Persons renewing a prescription for a medication that was either removed or had increased UM on the Plan Sponsors’ 2010 formulary are eligible to receive a limited transition supply. The supply allows the Covered Person time to consult with his/her Prescribing Provider.

Participating Pharmacies should call Prime’s Contact Center at 800.821.4795 to seek a prior authorization (PA) in order to process the transition supply for the Covered Person. This will also trigger a letter to the Covered Person reminding him/her to consult with his/her Prescribing Provider to identify a different medication covered by their Benefit Plan or to seek a formulary exception. Covered Persons can contact Prime’s Contact Center at 877.357.7463 for assistance.

### Reminder: Pharmacy Notice Medicare Prescription Drug Coverage and Your Rights

Participating Pharmacies that provide Medicare Part D service to Covered Persons are required to visibly post or provide to Covered Persons CMS’s “Medicare Prescription Drug Coverage and Your Rights” notice. The notice instructs the Covered Person to contact their Medicare Part D plan to obtain a coverage determination or to ask for a formulary or tiering exception, if the Covered Person disagrees with the information provided at point of service. To download both the notice and instructions go to: [www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads](http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads)

## FLORIDA NEWS

### Blue Cross and Blue Shield of Florida expands ESN wrap network

Effective March 1, 2010, Blue Cross and Blue Shield of Florida (BCBSF) has extended its current in-state Extended Supply Network (ESN) nationwide through the use of Prime’s ESN network. The expansion allows BCBSF Commercial and Medicare Covered Persons

(with a 90-day benefit) traveling or living outside of the state of Florida to obtain a 90-day supply of their medications through a participating Prime ESN network pharmacy.

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

Effective April 1, 2010, Blue Cross and Blue Shield of Florida will implement the following utilization management programs for select populations: prior authorization for Femara and Samsca; step therapy for Actos, Avandia and TZD combinations, bisphosphonates, BPH, DPP4, fibrates and glucose test strips; and quantity limits for topical NSAIDs and Samsca.

Also starting April 1, 2010, the BlueSelect Product will implement the following utilization management programs for select populations: prior authorization for Femara; and step therapy for Actos, Avandia and TZD combinations, DPP4 and glucose test strips.

**Fibrate Substitutions**

Blue Cross and Blue Shield of Florida will add branded fibrates to its Responsible Steps program. The addition is effective April 1, 2010 for new Covered Persons and July 1, 2010 for existing Covered Persons. To help with the transition, the chart below provides one option for substitution. The final substituted product and dose should be determined by the Prescribing Provider.

<b>Brand-Name Drug</b>	<b>Substitution Option</b>
ANTARA 130 mg .....	fenofib micronized 134 mg
ANTARA 43 mg .....	fenofib micronized 67 mg
FENOFIB ACID 105 mg .....	fenofibrate 160 mg
FENOFIB ACID 35 mg .....	fenofibrate 54 mg
FENOGLIDE 120 mg .....	fenofibrate 160 mg
FENOGLIDE 40 mg .....	fenofibrate 54 mg
LIPOFEN 150 mg .....	fenofibrate 160 mg
LIPOFEN 50 mg .....	fenofibrate 54 mg
LOFIBRA 134 mg .....	fenofib micronized 134 mg
LOFIBRA 160 mg .....	fenofib micronized 200 mg
LOFIBRA 200 mg .....	fenofib micronized 200 mg
LOFIBRA 54 mg .....	fenofib micronized 67 mg
TRICOR 145 mg .....	fenofibrate 160 mg
TRICOR 48 mg .....	fenofibrate 54 mg
TRIGLIDE 160 mg .....	fenofibrate 160 mg
TRIGLIDE 50 mg .....	fenofibrate 54 mg
TRILIPIX 135 mg .....	fenofibrate 160 mg
TRILIPIX 45 mg .....	fenofibrate 54 mg

**OKLAHOMA NEWS**

**Vaccine Administration**

Effective February 1, 2010, eligible Covered Persons of Blue Cross and Blue Shield of Oklahoma will begin using the Commercial Vaccine Administration Network for administering influenza, pneumonia and Zostavax vaccines.

**PRIME NEWS**

**Prime Web Site Gets Facelift**

Prime has updated its Web site. The new site features a clean look designed to help the busy pharmacist to quickly find pertinent information. Make sure to bookmark: [www.primetherapeutics.com/pharmacistsindex.html](http://www.primetherapeutics.com/pharmacistsindex.html). This page serves as a portal to everything from updated Payer Sheets, Plan Announcements and Formularies to Medicare Part D resources and the Prime Provider Manual.

# Formulary Updates

## PrimeNational 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
ACULAR LS (ketorolac ophth soln, 0.4%)	Brand	4/1/10	Removal, generics available
ALLEGRA-D 12 hr (fexofenadine/pseudoephedrine ext-release – 12 hr tabs, 60-120 mg)	Brand	4/1/10	Removal
ALLEGRA-D 24 hr (fexofenadine/pseudoephedrine ext-release – 24 hr tabs, 180-240 mg)	Brand	4/1/10	Removal
azelastine ophth soln, 0.05%	Generic	12/6/09	Addition, generic for OPTIVAR
budesonide inhal susp, 0.25 mg/2 mL, 0.5 mg/2 mL	Generic	12/28/09	Addition, generic for PULMICORT RESPULES, 0.25 mg/2 mL, 0.5 mg/2 mL
buprenorphine sublingual tabs	Generic	10/25/09	Addition, generic for SUBUTEX
ciclopirox shampoo, 1%	Generic	12/6/09	Addition, generic for LOPROX shampoo
clindamycin/benzoyl peroxide gel, 1-5%	Generic	10/30/09	Addition, generic for BENZACLIN
CONCERTA (methylphenidate ext-release tabs)	Brand	4/1/10	Removal
FEXOFENADINE/PSEUDOEPHEDRINE ext-release – 12 hr tabs, 60-120 mg	Brand	11/13/09	Addition, generic for ALLEGRA-D 12 hr
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
lansoprazole delayed-release caps	Generic	4/1/10	Addition, generic for PREVACID
LOPROX shampoo (ciclopirox shampoo, 1%)	Brand	4/1/10	Removal, generics available
naltrexone tabs	Generic	4/1/10	Addition, generic for REVIA
OFORTA (fludarabine tabs)	Brand	12/20/09	Addition
oxcarbazepine susp, 300 mg/5 mL	Generic	12/20/09	Addition, generic for TRILEPTAL susp
PULMICORT RESPULES (budesonide inhal susp, 0.25 mg/2 mL, 0.5 mg/2 mL)	Brand	4/1/10	Removal, generics available
SUBUTEX (buprenorphine sublingual tabs)	Brand	4/1/10	Removal, generics available
TRILEPTAL susp (oxcarbazepine susp, 300 mg/5 mL)	Brand	4/1/10	Removal, generics available
valacyclovir tabs	Generic	12/6/09	Addition, generic for VALTREX
VALTREX (valacyclovir tabs)	Brand	4/1/10	Removal, generics available
VENTOLIN HFA (albuterol inhal aerosol)	Brand	4/1/10	Addition
VOTRIENT (pazopanib tabs)	Brand	11/1/09	Addition
XOPENEX HFA (levalbuterol inhal aerosol)	Brand	4/1/10	Removal

## BCBS Florida BlueSelect Medication Guide Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ACTIQ (fentanyl citrate lollipop)	Brand	4/1/10	Removal, Formulary to Not Covered, generics available
CREON (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)	Brand	4/1/10	Addition, Tier 2
FORADIL (formoterol fumarate inhalation cap)	Brand	4/1/10	Addition, Tier 2
MIRAPEX 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg (pramipexole tabs)	Brand	2/18/10	Removal, Formulary to Not Covered, generics available
OFORTA (fludarabine tabs)	Brand	12/20/09	Addition, Tier 2
OMNITROPE (somatropin inj, for inj)	Brand	4/1/10	Removal, Formulary to Not Covered
PULMICORT RESPULES, 0.25 mg/2 mL, 0.5 mg/2 mL (budesonide inhalation soln)	Brand	2/18/10	Removal, Formulary to Not Covered, generics available
VALCYTE (valganciclovir for soln, 50 mg/mL)	Brand	2/18/10	Addition, Tier 2
VALTREX (valacyclovir tabs)	Brand	1/1/10	Removal, Formulary to Not Covered, generics available
VOTRIENT (pazopanib tabs)	Brand	11/5/09	Addition, Tier 2
WELCHOL pak (colesevelam packet for susp, 3.75 gm)	Brand	1/4/10	Addition, Tier 2
WILATE for inj (antihemophilic factor/VWF – human)	Brand	2/18/10	Addition, Tier 2

# Formulary Updates

## BCBS Florida Medication Guide Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
ACTIQ (fentanyl citrate lollipop)	Brand	4/1/10	Move, Tier 2 to Tier 3
ACULAR (ketorolac ophth soln, 0.5%)	Brand	4/1/10	Removal, generics available
ACULAR LS (ketorolac ophth soln, 0.4%)	Brand	4/1/10	Removal, generics available
ALLEGRA-D 12 hr (fexofenadine/pseudoephedrine ext-release – 12 hr tabs, 60-120 mg)	Brand	4/1/10	Move, Tier 2 to Tier 3
ALLEGRA-D 24 hr (fexofenadine/pseudoephedrine ext-release – 24 hr tabs, 180-240 mg)	Brand	4/1/10	Move, Tier 2 to Tier 3
FEXOFENADINE/PSEUDOEPHEDRINE ext-release – 12 hr tabs, 60-120 mg	Brand	4/1/10	Move, Tier 2 to Tier 3
FORADIL (formoterol fumarate inhalation cap)	Brand	4/1/10	Addition, Tier 2
LOESTRIN 24 FE (norethindrone-ethinyl estradiol-iron tab)	Brand	4/1/10	Move, Tier 2 to Tier 3
MIRAPEX 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg (pramipexole tabs)	Brand	4/1/10	Removal, generics available
OFORTA (fludarabine tabs)	Brand	12/20/09	Addition, Tier 2
OGESTREL (norgestrel-ethinyl estradiol tab)	Brand	4/1/10	Move, Tier 2 to Tier 3
OMNITROPE (somatropin inj, for inj)	Brand	4/1/10	Move, Tier 2 to Tier 3
ORTHO EVRA (norelgestromin-ethinyl estradiol patch)	Brand	4/1/10	Move, Tier 2 to Tier 3
ORTHO TRI-CYCLEN LO (norgestimate-ethinyl estradiol tab)	Brand	4/1/10	Move, Tier 2 to Tier 3
PULMICORT RESPULES 0.25 mg/2 mL, 0.5 mg/2 mL (budesonide inhalation soln)	Brand	4/1/10	Removal, generics available
RETIN-A MICRO (tretinoin gel microsphere, 0.04%, 0.1%)	Brand	4/1/10	Move, Tier 2 to Tier 3
SEREVENT DISKUS (salmeterol powder for inhalation)	Brand	4/1/10	Move, Tier 2 to Tier 3
SORIATANE (acitretin caps)	Brand	1/27/10	Addition, Tier 2
TRICOR (fenofibrate tabs)	Brand	4/1/10	Move, Tier 2 to Tier 3
TRILEPTAL susp (oxcarbazepine 300 mg/5 mL)	Brand	4/1/10	Removal, generics available
VALCYTE (valganciclovir for soln, 50 mg/mL)	Brand	4/1/10	Addition, Tier 2
VALTRESX (valacyclovir tabs)	Brand	4/1/10	Removal, generics available
VOTRIENT (pazopanib tabs)	Brand	11/5/09	Addition, Tier 2
WELCHOL pak (colesevelam packet for susp, 3.75 gm)	Brand	1/4/10	Addition, Tier 2

## BCBS Illinois Formulary Updates

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
CONCERTA (methylphenidate ext-release tabs)	Brand	7/1/10	Removal
IMITREX inj kits (sumatriptan succinate inj kit, 4 mg/0.5 mL, 6 mg/0.5 mL)	Brand	7/1/10	Removal
IMITREX nasal spray (sumatriptan 5 mg/act, 20 mg/act)	Brand	7/1/10	Removal
LOPROX shampoo (ciclopirox shampoo, 1%)	Brand	4/1/10	Removal, generics available
LYRICA (pregabalin caps)	Brand	4/1/10	Addition
MULTAQ (dronedarone tabs)	Brand	4/1/10	Addition
OPTIVAR (azelastine ophth soln, 0.05%)	Brand	4/1/10	Removal, generics available
PULMICORT RESPULES (budesonide inhal susp, 0.25 mg/2 mL, 0.5 mg/2 mL)	Brand	4/1/10	Removal, generics available
SORIATANE (acitretin caps)	Brand	1/27/10	Addition
TRILEPTAL (oxcarbazepine susp, 300 mg/5 mL)	Brand	4/1/10	Removal, generics available
VALCYTE (valganciclovir for soln, 50 mg/mL)	Brand	2/28/10	Addition
VALTREX (valacyclovir tabs)	Brand	4/1/10	Removal, generics available
VYVANSE (lisdexamfetamine caps)	Brand	4/1/10	Addition
WELCHOL pak (colesevelam packet for susp, 3.75 gm)	Brand	1/4/10	Addition

# Formulary Updates

## BCBS Kansas National 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
ACULAR LS (ketorolac ophth soln, 0.4%)	Brand	4/1/10	Removal, generics available
ALLEGRA-D 12 hr (fexofenadine/pseudoephedrine ext-release - 12 hr tabs, 60-120 mg)	Brand	4/1/10	Removal
ALLEGRA-D 24 hr (fexofenadine/pseudoephedrine ext-release - 24 hr tabs, 180-240 mg)	Brand	4/1/10	Removal
azelastine ophth soln, 0.05%	Generic	12/6/09	Addition, generic for OPTIVAR
budesonide inhal susp, 0.25 mg/2 mL, 0.5 mg/2 mL	Generic	1/1/10	Addition, generic for PULMICORT RESPULES, 0.25 mg/2 mL, 0.5 mg/2 mL
ciclopirox shampoo, 1%	Generic	12/13/09	Addition, generic for LOPROX
clindamycin/benzoyl peroxide gel, 1/5%	Generic	10/30/09	Addition for BENZACLIN
CONCERTA (methylphenidate ext-release tabs)	Brand	4/1/10	Removal
lansoprazole delayed-release caps	Generic	4/1/10	Addition, generic for PREVACID
LOPROX shampoo (ciclopirox shampoo, 1%)	Brand	4/1/10	Removal, generics available
naltrexone tabs	Generic	4/1/10	Addition, generic for REVIA
OFORTA (fludarabine tabs)	Brand	12/20/09	Addition
oxcarbazepine susp, 300 mg/5 mL	Generic	12/20/09	Addition, generic for TRILEPTAL susp
pramipexole tabs, 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg	Generic	1/4/10	Addition, generic for MIRAPEX
PULMICORT RESPULES inhal susp, 0.25 mg/2 mL, 0.5 mg/2 mL (budesonide inhalation susp)	Brand	4/1/10	Removal, generics available
SORIATANE (acitretin caps)	Brand	1/27/10	Addition
SUBUTEX (buprenorphine sublingual tabs)	Brand	4/1/10	Removal, generics available
TRILEPTAL (oxcarbazepine susp, 300 mg/5 mL)	Brand	4/1/10	Removal, generics available
valacyclovir tabs	Generic	12/6/09	Addition, generic for VALTREX
VALTREX (valacyclovir tabs)	Brand	4/1/10	Removal, generics available
VENTOLIN HFA (albuterol inhal aerosol)	Brand	4/1/10	Addition
VOTRIENT (pazopanib tabs)	Brand	11/1/09	Addition
WELCHOL pak (colesevelam packet for susp, 3.75 gm)	Brand	1/4/10	Addition
XOPENEX HFA (levalbuterol inhal aerosol)	Brand	4/1/10	Removal

## BCBS Kansas Select 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
ACULAR LS (ketorolac ophth soln, 0.4%)	Brand	4/1/10	Removal, generics available
budesonide inhalation susp, 0.25 mg/2 mL, 0.5 mg/2 mL	Generic	1/1/10	Addition, generic for PULMICORT RESPULES inhalation susp, 0.25 mg/2 mL, 0.5 mg/2 mL
clonidine transdermal patches	Generic	4/1/10	Addition, generic for CATAPRES-TTS
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
lansoprazole delayed-release caps	Generic	1/1/10	Addition, generic for PREVACID
naltrexone tabs	Generic	4/1/10	Addition, generic for REVIA
OFORTA (fludarabine tabs)	Brand	12/20/09	Addition
oxcarbazepine susp, 300 mg/5 mL	Generic	12/20/09	Addition, generic for TRILEPTAL
pramipexole tabs, 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg	Generic	1/4/10	Addition, generics for MIRAPEX 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg
PRENATAL-U (prenatal vitamin/ferrous fumarate/folic acid 1 mg caps)	Brand	4/1/10	Removal, generics available
PULMICORT RESPULES inhal susp, 0.25 mg/2 mL, 0.5 mg/2 mL	Brand	4/1/10	Removal, generics available
SORIATANE (acitretin caps)	Brand	1/27/10	Addition
valacyclovir tabs	Generic	12/6/09	Addition, generic for VALTREX
VALTREX (valacyclovir tabs)	Brand	4/1/10	Removal, generics available
WELCHOL pak (colesevelam packet for susp, 3.75 gm)	Brand	1/4/10	Addition
VOTRIENT (pazopanib tabs)	Brand	11/1/09	Addition





























