Pharmacists can find an abundance of information by visiting Prime's web site at www.primetherapeutics.com/pharmacists. The Prime web site is user-friendly and provides information quickly and efficiently to our network pharmacies. The site will be updated as new information becomes available or as changes occur. Information and services that can be found on Prime's web site include the following:

**Contact Information** – contains information on the Prime Contact Center including phone numbers, hours of operation and holidays. There is also a link for pharmacies to contact Prime by email.

**Exception Request** – Forms for formulary exception requests are contained here in a PDF version, which physicians can print and fax to our Clinical Review Department.

**Formulary** – The PrimeNational Formulary is available in this section. Through a search option, pharmacists can type in a drug name to identify if the drug is formulary or non-formulary.

**ON THE WEB**  www.primetherapeutics.com
Prime Perspective provides you with formulary updates, new group announcements and benefit information each quarter.

We value your participation in our network and hope you find Prime Perspective a useful source of information. If you have questions or comments, please contact the newsletter editor, Julie Damman, by email at jdamman@primetherapeutics.com or call 651.286.4203 or 800.858.0723.

MAC LIST UPDATES

Prime Therapeutics MAC List Updates
August 1 to December 1, 2005

■ ADDED TO MAC LIST
anagrelide caps (Agrylin)
ceftriaxone for inj, 1 g (Rocephin)
clarithromycin tabs (Biaxin)
clobetasol gel (Temovate)
clotrimazole troches (Myclex)
fentanyl patches, 25, 50, 75, 100 mcg/hr (Duragesic)
leflunomide tabs (Arava)

■ DELETED FROM MAC LIST
pentazocine/naloxone tabs (Talwin NX)
itraconazole caps (Sporanox)
mesalamine enema (Rowasa)
hydromorphone tabs (Dilaudid)
hydroxyzine pamoate caps, 50 mg, 100 mg (Vistaril)
diclofenac delayed-release tabs, 25 mg (Voltaren)
procainamide caps, 250 mg (Pronestyl)

Medicare Part D – COB Messaging

CMS has designed a Coordination of Benefits system that incorporates multiple data exchanges and processes. Of these transactions and processes, pharmacies will benefit most from the COB response messaging and the “E1” transaction. As a Part D associated claim adjudicates, the response message will include the most up-to-date other coverage information that the member carries. This information should be used to process supplemental transactions. When in doubt prior to processing a claim, the pharmacy is encouraged to take advantage of the “E1” transaction, which will report back the most up-to-date coverage information for a Part D beneficiary without having to process a claim first. These two opportunities are designed to reduce claim rejections and promote accurate, real-time claims processing.

Additional information on E1 Transactions can be found at http://medifacd.ndchealth.com/Pharmacies/MediFacD_Pharmacies.htm.

Prime Therapeutics Relationship with NCPDP

NCPDP data overrides Prime Therapeutics data on a monthly basis

Reminder to all chain and independent pharmacies: Prime Therapeutics receives and incorporates monthly updates from NCPDP containing pharmacy address information as well as pharmacy Chain/PSAO affiliation updates.

NCPDP requires that pharmacies submit pharmacy information and address changes to them by the last Monday of each month. This ensures that the new information will be included in the next monthly update to Prime Therapeutics. Please remember that it is your responsibility to contact NCPDP when your information changes. This will ensure that accurate data is in the Prime Therapeutics database.

At this time, Prime’s system supports only one NCPDP affiliation.

You may contact NCPDP with your pharmacy updates at 480.477.1000.
**B3 TRANSACTIONS (REBILLING) NO LONGER ACCEPTED BY PRIME**

Effective January 1, 2006

Prime Therapeutics will not accept B3 Transactions, also known as Rebill Transactions, for any of its clients as of January 1, 2006. If a pharmacy submits a B3 transaction after January 1, 2006, it will receive an NCPDP Telecommunication Reject Code of 03 – M/I Transaction Code. Updated Payor Specification Sheets, which reflect this change, are available on Prime’s web site at www.primetherapeutics.com.

**MINNESOTA NEWS**

**BLUE CROSS AND BLUE SHIELD OF MN LAUNCHES OTC DRUG BENEFIT**

Effective January 1, 2006

Blue Cross is offering access to certain over-the-counter (OTC) drugs as part of their drug plan for fully insured groups and self-insured groups by election. The OTC drugs are available at either no cost to the member or at their lowest copay level, depending on their health plan. The OTC drugs that qualify for this covered benefit are:

- Loratadine and Loratadine Combinations
- Prilosec OTC

This benefit does not apply to brand-name, OTC Claritin.

To take advantage of this benefit, members need to:

- Ask their pharmacist to contact their prescriber to change their existing prescription to the over-the-counter drug that they need, or
- Obtain a prescription from their prescriber for the appropriate over-the-counter drug

If a member’s prescriber feels the over-the-counter version is not right for the member, there are other formulary prescription drugs to treat the condition that will continue to be covered by their plan. If none of these options meet the member's treatment needs, their prescriber may initiate a drug exception request on their behalf. This benefit does not impact coverage levels of other OTC products such as insulin and nicotine replacement products.

Any assistance provided by the pharmacy to clarify this benefit change to members is gratefully appreciated.

**MINNESOTA NEWS cont’d**

**BLUE CROSS AND BLUE SHIELD OF MINNESOTA OFFERS SELECT NETWORK**

Effective January 1, 2006

Blue Cross and Blue Shield of Minnesota will begin using the Prime Select Network of pharmacies for their fully insured groups on January 1, 2006, and will continue to transition self-insured groups (by election) as they renew.

Pharmacies interested in participating in the Prime Select Network may call the Prime Contact Center at 800.821.4795 to request a Pharmacy Participation Agreement. No changes are required to process claims.

**BLUE CROSS AND BLUE SHIELD OF MINNESOTA LAUNCHES SPECIALTY DRUG PROGRAM**

Effective January 1, 2006

Blue Cross and Blue Shield of Minnesota will launch a Specialty Drug Program for fully insured groups and self-insured groups by election. Most fully insured groups will automatically participate effective January 1, 2006 or on their 2006 renewal date.

The Specialty Drug Program includes selected specialty drugs that will be available for distribution through four Specialty Pharmacy Suppliers. The Specialty Drug List and Specialty Pharmacy Supplier details can be found at www.bluecrossmn.com under Healthy Living.

For an out-of-network supplier, claims for the selected specialty drugs will reject with a reason code of 70 “Product/Service Not Covered” along with a message stating that the claim submitted is for a specialty drug. This message will alert the pharmacist to ask the member to call the number on the back of the member’s ID card for a listing of in-network Specialty Pharmacy Suppliers. In order for the specialty drug to be covered, the member must use one of the Specialty Pharmacy Suppliers.
BLUE CROSS AND BLUE SHIELD OF MINNESOTA NEWS

MINNESOTA NEWS cont’d

BLUE CROSS AND BLUE SHIELD OF MINNESOTA NEW EMPLOYER GROUPS

Effective January 1, 2006

GMAC Residential

- Generic drugs = $10
- Formulary brand-name drugs = $20
- Non-formulary brand-name drugs = $40

Effective February 1, 2006

Merrill Corporation, Open Choice PPO Plan

- Generic drugs = $10
- Formulary brand-name drugs = $20
- Non-formulary brand-name drugs = $40

Merrill Corporation, Traditional Choice Plan

- 30 percent coinsurance after deductible is met

BLUE CROSS AND BLUE SHIELD OF MINNESOTA WILL IMPLEMENT STEP THERAPY AND UTILIZATION MANAGEMENT PROGRAMS FOR THE FOLLOWING GROUPS:

Effective January 1, 2006

- Andersen Corporation
- Cargill, Inc.
- Donaldson Company, Inc.
- Taylor Corporation
- The Schwan Food Company

Effective November 1, 2005

No changes are required to process claims for these members.

If your pharmacy is interested in participating in the Prime Select Network, please call the Prime Contact Center at 800.821.4795 to request a Pharmacy Participation Agreement.

BLUE CROSS AND BLUE SHIELD OF MINNESOTA NEW EMPLOYER GROUPS

Effective January 1, 2006

GMAC Residential

- Generic drugs = $10
- Formulary brand-name drugs = $20
- Non-formulary brand-name drugs = $40

Effective February 1, 2006

Merrill Corporation, Open Choice PPO Plan

- Generic drugs = $10
- Formulary brand-name drugs = $20
- Non-formulary brand-name drugs = $40

Merrill Corporation, Traditional Choice Plan

- 30 percent coinsurance after deductible is met

BLUE CROSS AND BLUE SHIELD OF MINNESOTA WILL IMPLEMENT STEP THERAPY AND UTILIZATION MANAGEMENT PROGRAMS FOR THE FOLLOWING GROUPS:

Effective January 1, 2006

- BCBSNE employees add Mobic to the COX-2 program
- Non-group (individual) members PPI PA program and add Mobic to the COX-2 program

BLUE CROSS AND BLUE SHIELD OF MINNESOTA NEWS

RxE_NEBRASKA SENIOR DRUG DISCOUNT PROGRAM/MEDICARE SUPPLEMENTAL PLANS MOVE TO PRIME SELECT NETWORK

Effective November 1, 2005

No changes are required to process claims for these members.

If your pharmacy is interested in participating in the Prime Select Network, please call the Prime Contact Center at 800.821.4795 to request a Pharmacy Participation Agreement.

BLUE CROSS AND BLUE SHIELD OF TEXAS NEWS

BLUE CROSS AND BLUE SHIELD OF TEXAS WILL IMPLEMENT STEP THERAPY AND UTILIZATION MANAGEMENT PROGRAMS FOR THE FOLLOWING GROUPS:

Effective January 1, 2006

- City of Richardson
- Dean Foods
- Pilgrim’s Pride

Effective February 1, 2006

- Safety Kleen
BLUE CROSS BLUE SHIELD OF NORTH DAKOTA EMPLOYER GROUP MAKES BENEFIT DESIGN CHANGE

Effective January 1, 2006

A Blue Cross Blue Shield of North Dakota (BCBSND) employer group — Marvin Windows and Doors, Integrity Windows and Doors, Tecton Products LLC, Infinity Windows, and Marvin Wood Products — is moving to a three-tier pharmacy benefit design with the BCBSND Formulary. The formulary can be accessed on the BCBSND web site at www.bcbsnd.com/pharmacy/pdf/formulary.pdf. For a PDA (Palm or Pocket PC) download or Internet access, the formulary is also available at www.epocrates.com.

Three-Tier Benefit Design

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drugs</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Generic drugs</td>
<td>$12</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Formulary brand drugs</td>
<td>$36</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Non-formulary brand drugs</td>
<td>$60</td>
</tr>
</tbody>
</table>

This plan design has been added as a way to help manage costs while allowing members and physicians to choose the most appropriate medications.

If the physician believes there is no appropriate alternative to the member’s prescription drug, the physician may request a Non-formulary Appeal Form. The form is available by calling BCBSND Provider Service at 800.368.2312 or accessing the form at www.bcbsnd.com/providers/pdf/29303535.pdf.

This group will also add certain over-the-counter (OTC) drugs to their drug plan. Coverage for these drugs will require a prescription. The drugs are available at no cost to the member. The OTC drugs that qualify for this covered benefit are:

- Prilosec OTC
- Nicotine patches, nicotine gum and nicotine lozenges

BLUE CROSS BLUE SHIELD OF NORTH DAKOTA PHARMACIES REQUIRED TO KEEP SIGNATURE LOG

Effective December 1, 2005

Pursuant to the agreement with Prime Therapeutics LLC, pharmacies are responsible for maintaining a signature log that contains the signature of the covered person or designee, indicating receipt of the prescription drug. Mailed or delivered prescriptions should be noted on the signature log with the date of delivery. An electronic transaction log may be used instead of a signature log.

PRIME PERSPECTIVE AVAILABLE ON-LINE TO PARTICIPATING PHARMACIES

Dear pharmacist, If you would like to receive an electronic copy of Prime Perspective via email, please contact jdamman@primetherapeutics.com and ask to be added to our quarterly distribution list.
MedicareBlue PPO
BCBS of MN, MT, NE, ND, WY, Wellmark BCBS of IA, and Wellmark BCBS of SD
Effective January 1, 2006

MedicareBlue PPO
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Minnesota, Montana, Nebraska, North Dakota, Wyoming, Wellmark BCBS of Iowa, and Wellmark BCBS of South Dakota. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . MPD19
Unique member ID . . . . . . . . . . . . . . 1234567800
Date of birth . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
MA-PD Region 19

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.693.6619.

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD

Customer Service: 1-888-457-3009 or TTY users should call 1-888-457-3005

Hours of Operation: Monday-Friday 8:00 a.m.-6:00 p.m. Central and Mountain Time

Your MedicareBlue PPO coverage is provided by only one of the following plans, depending on your state of residence: Wellmark Blue Cross and Blue Shield of Iowa; Blue Cross and Blue Shield of Minnesota; Blue Cross and Blue Shield of Missouri; Blue Cross and Blue Shield of Nebraska; Blue Cross Blue Shield of North Dakota; Wellmark Blue Cross and Blue Shield of South Dakota; and Blue Cross Blue Shield of Wyoming. “Independent licensees of the Blue Cross and Blue Shield Association.”
MedicareBlue Rx

Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Minnesota, Montana, Nebraska, North Dakota, Wyoming, Wellmark BCBS of Iowa, and Wellmark BCBS of South Dakota. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . PDP25
Unique member ID . . . . . . . . . . . . . . . 1234567800
Date of birth . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
PDP Region 25

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.
For assistance with claims processing, please call the Prime Contact Center at 800.693.6619.
Group MedicareBlue Rx

BCBS of MN, MT, NE, ND, WY, Wellmark BCBS of IA, and Wellmark BCBS of SD

Effective January 1, 2006

Group MedicareBlue Rx
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Minnesota, Montana, Nebraska, North Dakota, Wyoming, Wellmark BCBS of Iowa, and Wellmark BCBS of South Dakota. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN .......................... 610455
PCN .......................... PDG25
Unique member ID ................. 1234567800
Date of birth ..................... MM/DD/YYYY
Gender ......................... M/F
DEA number .................... AB9999991
U&C required

Geographic Area
PDP Region 25 – Employer Groups

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.
For assistance with claims processing, please call the Prime Contact Center at 800.693.6619.
Blue MedicareRx
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Illinois. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN ............................ 011552
PCN .......................... PDPIL
Unique member ID .......... 1234567890
Date of birth ............... MM/DD/YYYY
Gender ......................... M/F
DEA number ................. AB9999991
U&C required

Geographic Area
PDP Region 17

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.693.6704.

PDP Region 17
Blue MedicareRx – Employer Groups
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Illinois. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN ......................... 011552
PCN .......................... PGDIL
Unique member ID .......... 1234567890
Date of birth ................. MM/DD/YYYY
Gender ......................... M/F
DEA number ................. AB9999991
U&C required

Geographic Area
PDP Region 17 – Employer Groups

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.
For assistance with claims processing, please call the Prime Contact Center at 800.693.6704.

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD
Blue MedicareRx
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of New Mexico. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN .................. 011552
PCN .................. PDPNM
Unique member ID ........... 1234567890
Date of birth .............. MM/DD/YYYY
Gender .................. M/F
DEA number ............... AB9999991
U&C required

Geographic Area
PDP Region 26

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.693.7018.

Blue MedicareRx

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD
HCSC Insurance Service Corporation (HISC)
Blue Cross and Blue Shield of New Mexico – Employer Groups
Effective January 1, 2006

Blue MedicareRx – Employer Groups
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of New Mexico. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 011552
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . PDGNM
Unique member ID . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
PDP Region 26 – Employer Groups

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.693.7018.

PDP Region 26 – Employer Groups
HCSC Insurance Service Corporation (HISC)

Blue Cross and Blue Shield of Texas

Effective January 1, 2006

Blue MedicareRx
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Texas. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 011552
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . PDPTX
Unique member ID . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
PDP Region 22

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 888.229.2812.

PDP Region 22

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD

Submit claims to:
Blue MedicareRx
PO Box 64813
St Paul MN 55164-0813

Important Numbers:
Provider Line: 1-888-229-2812
Customer Service:
1-888-579-9373
TTY/TDD: 1-888-579-9375
Blue MedicareRx – Employer Groups
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Texas. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN ............................... 011552
PCN ............................... PDGTX
Unique member ID .............. 1234567890
Date of birth .................... MM/DD/YYYY
Gender .......................... M/F
DEA number .................... AB9999991
U&C required

Geographic Area
PDP Region 22 – Employer Groups

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 888.229.2812.
HCSC Insurance Service Corporation (HISC)

Blue Cross and Blue Shield of New Mexico
Effective January 1, 2006

Blue Medicare PPO
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of New Mexico, Blue Medicare PPO. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN ......................... 011552
PCN .......................... MPDNM
Unique member ID .............. 1234567890
Date of birth ........................ MM/DD/YYYY
Gender ......................... M/F
DEA number ...................... AB9999991
U&C required

Geographic Area
MA-PD Region 20 – New Mexico Counties

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.693.7018.

MA-PD Region 20 – New Mexico Counties

Coming soon.
Visit www.primetherapeutics.com for the latest information.
HCSC Insurance Service Corporation (HISC)

Blue Cross and Blue Shield of Texas

Effective January 1, 2006

Blue Medicare PPO
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Texas, Blue Medicare PPO. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
- BIN: 011552
- PCN: MPDTX
- Unique member ID: 1234567890
- Date of birth: MM/DD/YYYY
- Gender: M/F
- DEA number: AB9999991
- U&C required

Geographic Area
MA-PD Region 17, Texas Counties: El Paso, Galveston, Harris, Jefferson, Montgomery

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 888.229.2812.

MA-PD Region 17, Texas Counties

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD

Coming soon.
Visit www.primetherapeutics.com for the latest information.
Blue Cross and Blue Shield of Minnesota

Effective January 1, 2006

Secure Blue MSHO
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Minnesota, Secure Blue MSHO. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . MPDBP
Unique member ID . . . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
Minnesota Counties

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.821.4795.

Minnesota Counties

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD

Coming soon.
Visit www.primetherapeutics.com for the latest information.
Blue Cross and Blue Shield of Oklahoma

Effective January 1, 2006

Medicare Blue Rx
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Oklahoma, Medicare Blue Rx. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . PDPOK
Unique member ID . . . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
PDP Region 23

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 888.229.2978.

PDP Region 23

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD
Blue Cross and Blue Shield of Oklahoma

Employer Groups
Effective January 1, 2006

Medicare Blue Rx – Employer Groups
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Oklahoma, Medicare Blue Rx. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . PDGOK
Unique member ID . . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
PDP Region 23 – Employer Groups

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 888.229.2978.

PDP Region 23 – Employer Groups

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD

Submit claims to:
Medicare Blue Rx
P.O. Box 64813
St. Paul, MN 55164-0813

Important Numbers:
Provider Line: 1-888-229-2978
Customer Service:
1-877-838-3877
TTY/TDD: 1-800-693-3816

Blue Cross and Blue Shield of Oklahoma

Medicare Blue Rx – Employer Groups
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through Blue Cross and Blue Shield of Oklahoma, Medicare Blue Rx. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . PDGOK
Unique member ID . . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
PDP Region 23 – Employer Groups

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 888.229.2978.

PDP Region 23 – Employer Groups

FRONT OF MEMBER ID CARD

BACK OF MEMBER ID CARD

Submit claims to:
Medicare Blue Rx
P.O. Box 64813
St. Paul, MN 55164-0813

Important Numbers:
Provider Line: 1-888-229-2978
Customer Service:
1-877-838-3877
TTY/TDD: 1-800-693-3816
First Plan of Minnesota

Effective January 1, 2006

First Plan Blue MSHO
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through First Plan of Minnesota. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . MPDFH
Unique member ID . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
Minnesota Counties: Carlton, Cook, Koochiching, Lake, St. Louis

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.821.4795.

Coming soon.
Visit www.primetherapeutics.com for the latest information.
PrimeWest Health System

Effective January 1, 2006

PrimeWest MSHO
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through PrimeWest Health System. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . MPDPW
Unique member ID . . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
Minnesota Counties: Big Stone, Douglas, Grant, McLeod, Meeker, Pipestone, Pope, Renville, Stevens, Traverse

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.
For assistance with claims processing, please call the Prime Contact Center at 800.821.4795.

Minnesota Counties

Coming soon.
Visit www.primetherapeutics.com for the latest information.
South Country Health Alliance AbilityCare

Effective January 1, 2006

AbilityCare
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through South Country Health Alliance, AbilityCare. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . . . MPDSA
Unique member ID . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
Minnesota Counties

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.821.4795.

Coming soon.
Visit www.primetherapeutics.com for the latest information.
South Country Health Alliance MSHO

Effective January 1, 2006

South Country Health Alliance MSHO
Prime Therapeutics will begin processing claims on January 1, 2006, for Medicare members enrolled in the Medicare Part D program through South Country Health Alliance MSHO. Medicare Part D members will utilize the Prime Medicare Rx Network for claims processing.

Processing Requirements
BIN . . . . . . . . . . . . . . . . . . . . . . . . . . 610455
PCN . . . . . . . . . . . . . . . . . . . . . . . . . . MPDSM
Unique member ID . . . . . . . . . . . . . . . . . . 1234567890
Date of birth . . . . . . . . . . . . . . . . . . . . . . MM/DD/YYYY
Gender . . . . . . . . . . . . . . . . . . . . . . . . . M/F
DEA number . . . . . . . . . . . . . . . . . . . . . . AB9999991
U&C required

Geographic Area
Minnesota Counties

For More Information
For up-to-date information, please visit our web site at www.primetherapeutics.com.

For assistance with claims processing, please call the Prime Contact Center at 800.821.4795.

**PrimeNational℠ Formulary Additions**

**GENERIC PRODUCTS ADDED**
Brand products (in parentheses) are non-formulary and listed for reference only
- Calcitonin-salmon nasal soln – Fortical
- Chorionic gonadotropin for inj – Novarel
- Dicyclomine syrup (BENTYL)
- Fexofenadine tabs (ALLEGRA)
- Glimepiride tabs (AMARYL)
- Glyburide/metformin tabs (GLUCOVANCE)
- Ketoconazole shampoo, 2% (NIZORAL)
- Leflunomide tabs (ARAVA)
- Levonorgestrel/ethinyl estradiol tabs, 0.1 mg/20 mcg – Lessina (LEVLITE)
- Misoprostol tabs (CYTOTEC)
- Nystatin topical powder (MYCOSTATIN)

**GENERIC PRODUCTS ADDED**
Brand products (in parentheses) are also on formulary
- Zidovudine oral soln, tabs (RETROVIR)

**BRAND PRODUCTS ADDED**
- Acular LS (ketorolac ophth soln, 0.4%)
- AndrogeL (testosterone transdermal gel)
- Byetta (exenatide inj)
- Carac (fluorouracil crm, 0.5%)
- Namenda (memantine oral soln)
- Travatan (travoprost ophth soln)
- Zylet (loteprednol/tobramycin ophth susp)

**PrimeNational℠ Formulary Deletions**

**BRAND PRODUCTS REMOVED**
Generics remain
- Allegra (fexofenadine tabs)
- Amaryl (glimepiride tabs)
- Arava (leflunomide tabs)
- Videx EC (didanosine delayed-release caps, 200 mg, 250 mg, 400 mg)

**ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY**
- Capitrol (chloroxine shampoo)
- Lumigan (bimatoprost ophth soln)
- Phospholine Iodide (echothiophate iodide ophth soln)
- Profasi HP (chorionic gonadotropin for inj, 5000 units)
- Thyroid tabs

**DISCONTINUED BRAND PRODUCTS**
The following discontinued brand products have been removed from formulary; generics are not available
- Canasa (mesalamine supp, 500 mg)
- Dexamethasone tabs, 0.25 mg
- Ellipse Compact Spacer
- Emla (lidocaine/prilocaine disc)
- Flovent (fluticasone propionate inhalation aerosol)
- Ovrette (norgestrel tabs)
- Promethazine tabs, 12.5 mg
- Thioridazine oral soln, 30 mg/mL; tabs, 15 mg, 150 mg, 200 mg

**DISCONTINUED GENERIC PRODUCTS**
The following discontinued generic products have been removed from formulary; brand remains if noted
- Dexamethasone tabs, dose pack, 0.75 mg
- Erythromycin ethylsuccinate for susp, 200 mg/5 mL

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

**BRAND PRODUCTS ADDED**
- Acular PF (ketorolac ophth soln, 0.5%)
- Betaxolol ophth soln, 0.5%
- Carafate (sucralfate sus)
- Chemet (succimer caps)
- Ciloxan (ciprofloxacin ophth oint)
- Cortef (hydrocortisone tabs, 5 mg, 10 mg)
- Cuprimine (penicillamine caps)
- Desoximetasone crm, 0.05%
- Ganirelix Acetate inj
- Genotropin (somatropin for inj)
- Glucagon Emergency Kit (glucagon for inj)
- Helidac (bismuth subsalicylate tabs + metronidazole tabs + tetracycline caps)
- Lotemax (loteprednol ophth susp, 0.1)
- Methergine (methylergonovine tabs)
- Plan B (levonorgestrel tabs)
- Pred Mild (prednisolone acetate ophth susp, 0.12%)
- Protopic (tacrolimus oint)
- Sensipar (cinacalcet tabs)
- Solaraze (diclofenac sodium gel)
- Sotret (isotretinoin caps, 30 mg)
- Sulfacetamide Sodium ophth oint, 10%
- Tazorac (tazarotene crm, gel)
- Triamcinolone Acetonide oint, 0.05%
- Xerac AC (aluminum chloride topical soln)
- Zovirax (acyclovir crm)
- Zylet (loteprednol/tobramycin ophth susp)
Blue Cross and Blue Shield of Illinois Drug Formulary Deletions

■ BRAND PRODUCT REMOVED
Generics remain
Effective November 1, 2005
ACLOVATE (alclometasone dipropionate crm, 0.05%)
ARAVA (leflunomide tabs)
VIDEX EC (didanosine delayed-release caps, 200 mg, 250 mg, 400 mg)
Effective January 1, 2006
ACLEGRA (fexofenadine tabs)
AMARYL (glimepiride tabs)
CLOMID (clomiphene tabs)
COUMADIN (warfarin tabs)
DILANTIN (phenytoin sodium extended caps, oral susp)
DIPROLENE AF (betamethasone dipropionate augmented crm)
EFUDEX (fluorouracil soln, 2%, 5%)
GLUCOVANCE (glyburide/metformin tabs)
MACROBID (nitrofurantoin monohydrate/macrocystals caps)
NIZORAL (ketoconazole shampoo, 2%)
PURINETHOL (mercaptopurine tabs)
RETOVIR (zidovudine oral soln, tabs)
SANDIMMUNE (cyclosporine oral soln)
ZOVIRAX (acyclovir oral susp)
Effective April 1, 2006
SYNTHROID (levothyroxine tabs)

■ BRAND PRODUCTS REMOVED
Generics are not available
Effective January 1, 2006
PAXIL CR (paroxetine extended-release tabs)
Effective February 1, 2006
ALOMIDE (lodoxamine ophth soln)
AZOPT (brinzolamide ophth susp)
BETIMOL (timolol hemihydrate ophth soln)
CYTADREN (aminogluthethimide tabs)
LAMISIL (terbinafine topical spray)
OXISTAT (oxiconazole crm, lotn)
PRED-G (prednisolone acetate/gentamicin ophth susp)
PRED-G S.O.P. (prednisolone acetate/gentamicin ophth oint)
SYNAREL (nafarelin nasal soln)
TESTIM (testosterone transdermal gel)
VIADUR (leuprolide acetate implant)

■ DISCONTINUED BRAND PRODUCT
Generics are not available
Effective November 1, 2005
ELLIPSE COMPACT SPACER
THIORIDAZINE tabs, 15 mg, 150 mg, 200 mg

Effective January 1, 2006
CEFTIN (cefoxime axetil tabs, 125 mg)
DEXAMETHASONE tabs, 0.25 mg
FLOVENT (fluticasone propionate inhalation aerosol)
NUTROPIN DEPOT (somatropin for inj)
SEREVENT (salmeterol inhalation aerosol)
Effective February 1, 2006
ILETIN II LENTE (insulin zinc, pork)
ILETIN II NPH (insulin isophane, pork)
ILETIN II REGULAR (insulin regular, pork)
HUMULIN L (insulin zinc, human)
HUMULIN U (insulin zinc extended, human)
MYLOCEL (hydroxyurea tabs, 1000 mg)
VELOSULIN BR (insulin buffered regular, human)

Blue Cross Blue Shield of Kansas National Formulary Changes

Blue Cross and Blue Shield of Kansas uses the PrimeNational Formulary. Please refer to PrimeNational Additions and Deletions for updates

Blue Cross and Blue Shield of Kansas Select Formulary Additions

■ GENERIC PRODUCTS ADDED
Brand products (in parentheses) are non-formulary and listed for reference only
calcitonin-salmon nasal soln – Fortical
chorionic gonadotropin for inj – Novarel
dicyclomine syrup (BENTYL)
glyburide/metformin tabs (GLUCOVANCE)
ketoconazole shampoo, 2% (NIZORAL)
leflunomide tabs (ARAVA)
levonorgestrel/ethinyl estradiol tabs, 0.1 mg/20 mcg – Lessina (LEVITE)
metformin extended-release tabs (GLUCOPHAGE XR)
misoprostol tabs (CYTOTEC)
nystatin topical powder (Mycostatin)

■ GENERIC PRODUCTS ADDED
Brand products (in parentheses) are also on formulary
zidovudine oral soln, tabs (RETOVIR)

■ BRAND PRODUCTS ADDED
ACULAR LS (ketorolac ophth soln, 0.4%)
CARAC (fluorouracil crm, 0.5%)
NAMENDA (memantine oral soln)
ZYLET (loteprednol/tobramycin ophth susp)

Continued
Blue Cross and Blue Shield of Kansas Select Formulary Deletions

**BRAND PRODUCTS REMOVED**
Generics remain
- ARAVA (leflunomide tabs)
- VIDEX EC (didanosine delayed-release caps, 200 mg, 250 mg, 400 mg)

**ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY**
- PROFASI HP (chorionic gonadotropin for inj, 5000 units)
- thyroid tabs

**DISCONTINUED BRAND PRODUCTS**
The following discontinued brand products have been removed from formulary; generics are not available
- CANASA (mesalamine supp, 500 mg)
- DEXAMETHASONE tabs, 0.25 mg
- EMLA (lidocaine/prilocaine disc)
- FLOVENT (fluticasone propionate inhalation aerosol)
- PROMETHAZINE tabs, 12.5 mg
- THIORIDAZINE oral soln, 30 mg/mL; tabs, 15 mg, 150 mg, 200 mg

**DISCONTINUED GENERIC PRODUCTS**
The following discontinued generic products have been removed from formulary; brand remains if noted
- dexamethasone tabs, dose pack, 0.75 mg
- erythromycin ethylsuccinate for susp, 200 mg/5 mL

Blue Cross and Blue Shield of Minnesota Formulary Deletions

**BRAND PRODUCTS REMOVED**
Generics remain
- ALLEGRA (fexofenadine tabs)
- AMARYL (glimepiride tabs)
- ARAVA (leflunomide tabs)
- VIDEX EC (didanosine delayed-release caps, 200 mg, 250 mg, 400 mg)

**ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY**
- CAPITROL (chloroxine shampoo)
- LUMIGAN (bimatoprost ophth soln)
- PHOSPHOLINE IODIDE (echothiophate iodide ophth soln)
- PROFASI HP (chorionic gonadotropin for inj, 5000 units)
- TESTIM (testosterone transdermal gel)
- thyroid tabs

**DISCONTINUED BRAND PRODUCTS**
The following discontinued brand products have been removed from formulary; generics are not available
- CANASA (mesalamine supp, 500 mg)
- DEXAMETHASONE tabs, 0.25 mg
- EMLA (lidocaine/prilocaine disc)
- FLOVENT (fluticasone propionate inhalation aerosol)
- NUTROPIN DEPOT (somatropin for inj)
- OVRETTE (norgestrel tabs)
- PROMETHAZINE tabs, 12.5 mg
- THIORIDAZINE oral soln, 30 mg/mL; tabs, 15 mg, 150 mg, 200 mg

Blue Cross and Blue Shield of Minnesota Formulary Additions

**GENERIC PRODUCTS ADDED**
Brand products (in parentheses) are non-formulary and listed for reference only
- calcitonin-salmon nasal soln – Fortical
- chlormadinone acetate (AUSTEN)
- dicyclomine syrup (BENTYL)
- fexofenadine tabs (ALLEGRA)
- glimepiride tabs (AMARYL)
- glyburide/metformin tabs (GLUCOVANCE)
- glycopyrrolate tabs (ROBINUL)
- ketoconazole shampoo, 2% (NIZORAL)
- leflunomide tabs (ARAVA)

**GENERIC PRODUCTS ADDED**
Brand products (in parentheses) are also on formulary
- zidovudine oral soln (RETROVIR)
DISCONTINUED GENERIC PRODUCTS
The following discontinued generic products have been removed from formulary; brand remains if noted
- dexamethasone tabs, dose pack, 0.75 mg
- erythromycin ethylsuccinate for susp, 200 mg/5 mL

Blue Cross and Blue Shield of Nebraska Formulary Additions

GENERIC PRODUCTS ADDED
Brand products (in parentheses) are non-formulary and listed for reference only
- calcitonin-salmon nasal soln – Fortical
- chiorionic gonadotropin for inj – Novarel
- dicyclomine syrup (BENTYL)
- glyburide/metformin tabs (GLUCOVANCE)
- ketoconazole shampoo, 2% (NIZORAL)
- leflunomide tabs (ARAVA)
- leonorgestrel/ethinyl estradiol tabs, 0.1 mg/20 mcg – Lessina (LEVLITE)
- metformin extended-release tabs (GLUCOPHAGE XR)
- misoprostol tabs (CYTOTEC)
- nystatin topical powder (MYCOSTATIN)

GENERIC PRODUCTS ADDED
Brand products (in parentheses) are also on formulary
- zidovudine oral soln, tabs (RETROVIR)

BRAND PRODUCTS ADDED
- CARAC (fluorouracil crm, 0.5%)
- DENAVIR (penciclovir crm)
- NAMENDA (memantine oral soln)
- QVAR (beclomethasone inhalation aerosol)
- ZYLET (loteprednol/tobramycin ophth susp)

Blue Cross and Blue Shield of Nebraska Formulary Deletions

BRAND PRODUCTS REMOVED
Generics remain
- ARAVA (leflunomide tabs)
- PRED FORTE (prednisolone acetate ophth susp, 1%)
- SALAGEN (pilocarpine tabs, 5 mg)
- VIDEX EC (didanosine delayed-release caps, 200 mg, 250 mg, 400 mg)

ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY
- ACULAR (ketorolac ophth soln, 0.5%)
- ALREX (loteprednol ophth susp, 0.2%)
- FLUOROPLEX (fluorouracil cream, ophth susp, 1%)
- PROFASI HP (chorionic gonadotropin for inj, 5000 units)
- SALAGEN (pilocarpine tabs, 7.5 mg)
- STIMATE (desmopression nasal soln, 1.5 mg/mL)
- SYPRINE (tiotropine caps)
- thyroid tabs
- ZOVIRAX (acyclovir oint)

DISCONTINUED BRAND PRODUCTS
The following discontinued brand products have been removed from formulary; generics are not available
- CANASA (mesalamine supp, 500 mg)
- DEXAMETHASONE tabs, 0.25 mg
- ELLIPSE COMPACT SPACER
- EMLA (lidocaine/prilocaine disc)
- FLOVENT (fluticasone propionate inhalation aerosol)
- PROMETHAZINE tabs, 12.5 mg
- THIODIZINE oral soln, 30 mg/mL; tabs, 15 mg, 150 mg, 200 mg

DISCONTINUED GENERIC PRODUCTS
The following discontinued generic products have been removed from formulary; brand remains if noted
- dexamethasone tabs, dose pack, 0.75 mg
- erythromycin ethylsuccinate for susp, 200 mg/5 mL

Blue Cross and Blue Shield of Nebraska Standard Formulary Changes

Blue Cross and Blue Shield of Nebraska Standard uses the PrimeNational Formulary. Please refer to PrimeNational Additions and Deletions for updates.

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

**BRAND PRODUCTS ADDED** – **effective January 1, 2006**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACULAR (ketorolac ophth soln, 0.5%)</td>
<td></td>
</tr>
<tr>
<td>ACULAR LS (ketorolac ophth soln, 0.4%)</td>
<td></td>
</tr>
<tr>
<td>ACULAR PF (ketorolac ophth soln, 0.5%)</td>
<td></td>
</tr>
<tr>
<td>ANDROXY (fluoxymesterone tabs)</td>
<td></td>
</tr>
<tr>
<td>BETAXOLOL ophth soln, 0.5%</td>
<td></td>
</tr>
<tr>
<td>CHEMET (succimer caps)</td>
<td></td>
</tr>
<tr>
<td>CIPRO HC OTIC (ciprofloxacin/hydrocortisone otic susp)</td>
<td></td>
</tr>
<tr>
<td>CIPRODEX (ciprofloxacin/dexamethasone otic susp)</td>
<td></td>
</tr>
<tr>
<td>DESOXIMETASONE crm, 0.05%</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE oral soln, 0.5 mg/5 mL</td>
<td></td>
</tr>
<tr>
<td>DIFFERIN (adapalene crm, gel, pads, soln)</td>
<td></td>
</tr>
<tr>
<td>FLOXIN OTIC (ofloxacin otic soln)</td>
<td></td>
</tr>
<tr>
<td>LOTE MAX (loteprednol ophth susp, 0.5%)</td>
<td></td>
</tr>
<tr>
<td>PLAN B (levonorgestrel tabs)</td>
<td></td>
</tr>
<tr>
<td>PRANDIN (repaglinide tabs)</td>
<td></td>
</tr>
<tr>
<td>PREVPAC (lansoprazole delayed-release caps + amoxicillin caps + clarithromycin tabs)</td>
<td></td>
</tr>
<tr>
<td>SENSIPAR (cinacalcet tabs)</td>
<td></td>
</tr>
<tr>
<td>SOLARAZE (ciclofenac gel)</td>
<td></td>
</tr>
<tr>
<td>SULFACETAMIDE SODIUM ophth oint, 10%</td>
<td></td>
</tr>
<tr>
<td>TAZORAC (tazarotene crm, gel)</td>
<td></td>
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<tr>
<td>TESTIM (testosterone transdermal gel)</td>
<td></td>
</tr>
<tr>
<td>TRIAMCINOLONE ACETONIDE oint, 0.05%</td>
<td></td>
</tr>
<tr>
<td>TRUSOPT (dorzolamide ophth soln)</td>
<td></td>
</tr>
<tr>
<td>VIDEX EC (didanosine delayed-release caps, 125 mg)</td>
<td></td>
</tr>
<tr>
<td>XERAC AC (aluminum chloride topical soln)</td>
<td></td>
</tr>
<tr>
<td>ZYLET (loteprednol/tobramycin ophth susp)</td>
<td></td>
</tr>
</tbody>
</table>

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

**BRAND PRODUCTS REMOVED** – **effective April 1, 2006**

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLOVATE (alclometasone dipropionate crm, 0.05%)</td>
<td></td>
</tr>
<tr>
<td>AMARYL (glimepiride tabs)</td>
<td></td>
</tr>
<tr>
<td>ARAVA (leflunomide tabs)</td>
<td></td>
</tr>
<tr>
<td>ARMAOUR THYROID (throid tabs)</td>
<td></td>
</tr>
<tr>
<td>BENTYL (dicyclomine syrup)</td>
<td></td>
</tr>
<tr>
<td>CILOXAN (ciprofloxacin ophth soln)</td>
<td></td>
</tr>
<tr>
<td>DEPO-PROVERA (medroxyprogesterone inj, 150 mg/mL)</td>
<td></td>
</tr>
<tr>
<td>DDAVP (desmopressin nasal soln, spray)</td>
<td></td>
</tr>
<tr>
<td>ISOPTO CARBACHOL (carbachol ophth soln, 3%)</td>
<td></td>
</tr>
</tbody>
</table>

**BRAND PRODUCTS REMOVED** – **effective April 1, 2006**

- Generics are not available

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALOMIDE (lodoxamide ophth soln)</td>
<td></td>
</tr>
<tr>
<td>ANALPRAM-HC (hydrocortisone acetate/pramoxine crm, lotn)</td>
<td></td>
</tr>
<tr>
<td>AZOPT (brinzolamide ophth susp)</td>
<td></td>
</tr>
<tr>
<td>BACTROBAN (mupirocin topical crm)</td>
<td></td>
</tr>
<tr>
<td>BENZAMIC (benzyol peroxide/erythromycin gel, single-unit packets)</td>
<td></td>
</tr>
<tr>
<td>BETIMOL (timolol hemihydrate ophth soln)</td>
<td></td>
</tr>
<tr>
<td>BREVOXIL (benzyol peroxide gel, wash)</td>
<td></td>
</tr>
<tr>
<td>CAPITROL (chloroxine shampoo)</td>
<td></td>
</tr>
<tr>
<td>CONDYLOX (podofilox gel)</td>
<td></td>
</tr>
<tr>
<td>CORTISPORIN-TC (neomycin/colistin/hydrocortisone ophth susp)</td>
<td></td>
</tr>
<tr>
<td>CYCLOGYL (cyclopentolate ophth soln, 0.5%, 2%)</td>
<td></td>
</tr>
<tr>
<td>DIPROLENE (betamethasone dipropionate augmented lotn)</td>
<td></td>
</tr>
<tr>
<td>EURAX (crotamiton crm, lotn)</td>
<td></td>
</tr>
<tr>
<td>FML FORTE (fluorometholone ophth susp, 0.25%)</td>
<td></td>
</tr>
<tr>
<td>FML S.O.P. (fluorometholone ophth oint)</td>
<td></td>
</tr>
<tr>
<td>FML-S (fluorometholone/sulfacetamide ophth susp)</td>
<td></td>
</tr>
<tr>
<td>GLUCAGEN DIAGNOSTIC KIT (glucagon for inj)</td>
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</tr>
<tr>
<td>INFLAMASE MILD (prednisolone sodium phosphate ophth soln, 0.125%)</td>
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<tr>
<td>IOPIDINE (apraclonidine ophth soln, 0.5%)</td>
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<tr>
<td>ISOPTO CARBACHOL (carbachol ophth soln, 1.5%)</td>
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<tr>
<td>ISOPTO HOMATROPINE (homatropine ophth soln, 2%)</td>
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<tr>
<td>ISOPTO HYOSCINE (scopolamine ophth soln)</td>
<td></td>
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<tr>
<td>KLARON (sulfacetamide lotn, 10%)</td>
<td></td>
</tr>
<tr>
<td>MAXIDEX (dexamethasone ophth susp)</td>
<td></td>
</tr>
<tr>
<td>MEDROL (methylprednisolone tabs, 2 mg, 16 mg, 32 mg)</td>
<td></td>
</tr>
<tr>
<td>OVIDE (malathion lotn)</td>
<td></td>
</tr>
<tr>
<td>OXISTAT (oxiconazole crm, lotn)</td>
<td></td>
</tr>
<tr>
<td>PHOSPHOLINE IODIDE (echothiophate iodide ophth soln)</td>
<td></td>
</tr>
<tr>
<td>PILOPINE HS (pilocarpine ophth gel)</td>
<td></td>
</tr>
<tr>
<td>PRED-G (prednisolone acetate/gentamicin ophth susp)</td>
<td></td>
</tr>
<tr>
<td>PRED-G S.O.P. (prednisolone acetate/gentamicin ophth oint)</td>
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</tr>
<tr>
<td>PROCTOFOAM-HC (hydrocortisone acetate/pramoxine foam)</td>
<td></td>
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<tr>
<td>RETIN-A (tretinoin liquid)</td>
<td></td>
</tr>
<tr>
<td>RETIN-A MICRO (tretinoin microsphere gel)</td>
<td></td>
</tr>
<tr>
<td>SALAGEN (pilocarpine tabs, 7.5 mg)</td>
<td></td>
</tr>
</tbody>
</table>

**DISCONTINUED BRAND PRODUCTS** – **effective April 1, 2006**

- Generics are not available

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANASA (mesalamine supp, 500 mg)</td>
<td></td>
</tr>
<tr>
<td>DEXAMETHASONE tabs, 0.25 mg</td>
<td></td>
</tr>
<tr>
<td>EMLA (lidocaine/prilocaine disc)</td>
<td></td>
</tr>
</tbody>
</table>
**FORMULARY UPDATES continued**

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

- **FLOVENT** (fluticasone propionate inhalation aerosol)
- **HMS LIQUIFILM** (medrysone ophth susp)
- **HUMULIN L** (insulin zinc, human)
- **HUMULIN U** (insulin zinc extended, human)
- **METHIMAZOLE** tabs, 20 mg
- **MYLOCEL** (hydroxyurea tabs, 1000 mg)

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**Blue Cross Blue Shield of North Dakota Formulary Additions**

- **GENERIC PRODUCTS ADDED**
  - Brand products (in parentheses) are non-formulary and listed for reference only
  - Bupropion extended-release tabs (ZYBAN)
  - Desmopressin acetate tabs (DDAVP)
  - Dicyclomine syrup (BENTYL)
  - Glimepiride tabs (AMARYL)
  - Metformin extended-release tabs (GLUCOPHAGE XR)
  - Mometasone lotn (ELOCON)
  - PEG 3350/KCl/Na Bicarb/NaCl for soln, 420 g – Trilyte (NULYTELY)
  - Zidovudine oral soln, tabs (RETROVIR)

- **BRAND PRODUCTS ADDED**
  - ACTONEL WITH CALCIUM (risedronate tabs + calcium carbonate tabs)
  - ALDARA (imiquimod crm)
  - APTIVUS (tipranavir caps)
  - ATROVENT HFA (ipratropium bromide inhaler)
  - BARACLUDE (entacavir oral soln, tabs)
  - BYETTA (exenatide inj)
  - CADUET (amlodipine/atorvastatin tabs)
  - CARAC (fluorouracil crm, 0.5%)
  - CLINDESSE (clindamycin vaginal crm, single dose)
  - COMMIT (nicotine lozenges) – OTC
  - CORTEF (hydrocortisone tabs, 5 mg)
  - DURAGESIC (fentanyl transdermal patches, 12.5 mcg/hr)
  - ENTOCORT EC (budesonide extended-release caps)
  - FOSAMAX PLUS D (alendronate/cholecalciferol tabs)
  - LITHOBID (lithium carbonate extended-release tabs)
  - LUVERIS (lutosin alfa for inj)
  - MENOPUR (menotropins for inj)
  - NAMENDA (memantine oral soln)
  - NIASPA (niacin extended-release tabs)
  - NUVARING (etonogestrel/ethinyl estradiol vaginal ring)
  - SYMLIN (pramlintide inj)
  - TARGETRETIN (bexarotene gel)
  - TRAVATAN (travoprost ophth soln)
  - UNIPHYL (theophylline extended-release tabs)
  - VYTORIN (ezetimibe/simvastatin tabs)
  - ZMAX (azithromycin extended-release microspheres for oral susp, single dose)
  - ZYLET (loteprednol/tobramycin ophth susp)

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**Blue Cross Blue Shield of North Dakota Formulary Deletions**

- **BRAND PRODUCTS REMOVED**
  - AMARYL (glimepiride tabs)
  - COLYTE (PEG 3350/KCl/Na Bicarb/NaCl/Na Sulfate for soln, 240 g)
  - DDAVP (desmopressin acetate tabs)
  - ELOCON (mometasone lotn)
  - OXYCONTIN (oxycodone extended-release tabs, 10 mg, 20 mg, 40 mg)
  - RETROVIR (zidovudine oral soln, tabs)
  - VIDEX EC (didanosine delayed-release caps, 200 mg, 250 mg, 400 mg)

- **ALL VERSIONS, BRAND AND/OR GENERIC, REMOVED FROM FORMULARY**
  - CAPITROL (chloroxine shampoo)
  - LUMIGAN (bimatoprost ophth soln)
  - PRAVACHOL (pravastatin tabs)
  - GANTRISIN PEDIATRIC (sulfisoxazole acetyl susp)

- **DISCONTINUED BRAND PRODUCTS**
  - The following discontinued brand products have been removed from formulary; generics remain
  - VEPESID (etoposide inj)

- **DISCONTINUED BRAND PRODUCTS**
  - The following discontinued brand products have been removed from formulary; generics are not available
  - ATROVENT (ipratropium bromide inhalation aerosol)
  - CANASA (mesalamine rectal supp, 500 mg)
  - DEXAMETHASONE tabs, 0.25 mg
  - ELLIPSE COMPACT SPACER
  - EMLA (lidocaine/prilocaine disc)
  - FERTINEX (urofollitropin for inj)
  - FLOVENT (fluticasone propionate inhalation aerosol)
  - HUMULIN L (insulin zinc, human)
  - HUMULIN U (insulin zinc extended, human)
  - ILETIN II LENTE (insulin zinc, pork)
  - ILETIN II NPH (insulin isophane, pork)
  - ILETIN II REGULAR (insulin regular, pork)
  - MITHRACIN (plicamycin for inj)
  - OVRETTE (norgestrel tabs)
  - PROCHLORPERAZINE rectal supp, 2.5 mg, 5 mg
  - PROMETHAZINE tabs, 12.5 mg

**Continued**
REBETRON (ribavirin caps + interferon alfa-2b inj)
THIORIDAZINE oral soln, 30 mg/mL; tabs, 15 mg, 150 mg, 200 mg
VELOSULIN BR (insulin buffered regular, human)

**DISCONTINUED GENERIC PRODUCTS**
The following discontinued generic product has been removed from formulary
dexamethasone tabs, dose pack, 0.75 mg
erthyromycin ethylsuccinate for susp, 200 mg/5 mL

Blue Cross and Blue Shield of Texas Preferred Drug Guide Additions

**BRAND PRODUCTS ADDED – effective January 1, 2006**
BETAXOLOL ophth soln, 0.5%
CORTEF (hydrocortisone tabs, 5 mg)
GENOTROPIN (somatropin for inj)
LOPROX (ciclopirox gel, shampoo)
ZYLET (loteprednol/tobramycin ophth susp)

Blue Cross and Blue Shield of Texas Preferred Drug Guide Deletions

**BRAND PRODUCTS REMOVED – effective January 1, 2006**
Generics remain
ALLEGRA (fexofenadine tabs)
ARAVA (leflunomide tabs)
CARNITOR (levocarnitine oral soln, tabs)
CORTANE-B (pramoxine/hydrocortisone/chloroxylenol otic soln)
DEXTROSTAT (dextroamphetamine tabs, 10 mg)
GRANULEX (trypsin/castor oil/peruvian balsam spray)
GRIFULVIN V (griseofulvin microsize oral susp)
ISOPTO ATROPINE (atropine ophth soln, 1%)
ISOPTO CARBACHOL (carbachol ophth soln, 0.5%, 3%)
ISOPTO HOMATROPINE (homatropine ophth soln, 2%, 5%)
LODRANE 12 HOUR (brompheniramine maleate extended-release tabs)
MANDELAMINE (methenamine mandelate tabs)
ORAMORPH SR (morphine sulfate extended-release tabs)
PANAFIL (papain/urea/chlorophyllin oint)
PLEXION CLEANSER (sulfacetamide/sulfur emulsion)
PLEXION SCT (sulfacetamide/sulfur crm)
PLEXION TS (sulfacetamide/sulfur susp)
PRAMOTIC (pramoxine/hydrocortisone/ephedrine susps)
PRELU-2 TR (phendimetrazine extended-release caps)
PROCTOCORT (hydrocortisone acetate supp, 30 mg)
PSORCON E (diflorasone emollient crm)
PSORIATEC (anthralin crm)

**DISCONTINUED BRAND PRODUCTS – effective January 1, 2006**
Generics remain
ACETOHEXAMIDE tabs
DEXAMETHASONE tabs, 0.25 mg
FLOVENT (fluticasone propionate inhalation aerosol)
HMS LIQUIFILM (medrysone ophth susp)
ISOPTO CARBACHOL (carbachol ophth soln, 0.75%, 3%)
LIVOSTIN (levocabastine ophth susp)
NUTROPIN DEPOT (somatropin for inj)
THIORIDAZINE tabs, 15 mg, 150 mg, 200 mg
URIMAX (methenamine/sodium bisphosphonate/phenyl salicylate/methylene blue/hydrocortisone sulfate tabs)

**VITAMINS, MULTIVITAMINS, AND MULTIVITAMINS WITH MINERALS OR OTHER INGREDIENTS REMOVED – effective January 1, 2006**
All brand vitamin and multivitamin products, with or without additional ingredients, will be removed. Generic versions remain available at the generic copayment. An exception is prenatal vitamins with 1 mg folic acid. All brand and generic prenatas are preferred.

Blue Cross Blue Shield of Wyoming Formulary Changes

All PrimeNational formulary updates apply, with the exception of the following:
LUMIGAN (bimatoprost ophth soln) remains formulary