

**Claims Processing Update for Blue Cross® and Blue Shield® of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas\***

**June 25, 2014**

Dear Valued Provider,

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas Covered Persons may be experiencing higher co-pay or coinsurance costs with prescription claims for certain medications which are listed with a generic name. These generically named medications will cause the Covered Person's co-pay or coinsurance to be greater than normal because they are considered branded products and will process at a brand rate.

**Processing Information**

If a Participating Pharmacy processes an NDC from the list below, the claim will adjudicate as a brand causing the Covered Person to have a higher co-pay or coinsurance at point-of-sale (POS).

| <b>Drug Name</b>                                      | <b>NDC</b>  |
|-------------------------------------------------------|-------------|
| FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)            | 24208034425 |
| VENLAFAXINE HCL TAB SR 24HR 37.5 MG (BASE EQUIVALENT) | 65580030103 |
| VENLAFAXINE HCL TAB SR 24HR 37.5 MG (BASE EQUIVALENT) | 65580030109 |
| VENLAFAXINE HCL TAB SR 24HR 37.5 MG (BASE EQUIVALENT) | 00131326532 |
| VENLAFAXINE HCL TAB SR 24HR 37.5 MG (BASE EQUIVALENT) | 00131326546 |
| VENLAFAXINE HCL TAB SR 24HR 75 MG (BASE EQUIVALENT)   | 65580030203 |
| VENLAFAXINE HCL TAB SR 24HR 75 MG (BASE EQUIVALENT)   | 65580030209 |
| VENLAFAXINE HCL TAB SR 24HR 75 MG (BASE EQUIVALENT)   | 00131326632 |
| VENLAFAXINE HCL TAB SR 24HR 75 MG (BASE EQUIVALENT)   | 00131326646 |
| VENLAFAXINE HCL TAB SR 24HR 150 MG (BASE EQUIVALENT)  | 65580030303 |
| VENLAFAXINE HCL TAB SR 24HR 150 MG (BASE EQUIVALENT)  | 65580030309 |
| VENLAFAXINE HCL TAB SR 24HR 150 MG (BASE EQUIVALENT)  | 00131326732 |
| VENLAFAXINE HCL TAB SR 24HR 150 MG (BASE EQUIVALENT)  | 00131326746 |
| LITHIUM CARBONATE CAP 150 MG                          | 00054252625 |
| LITHIUM CARBONATE CAP 150 MG                          | 00054852625 |
| LITHIUM CARBONATE CAP 600 MG                          | 00054253125 |
| LITHIUM CARBONATE CAP 600 MG                          | 00054853125 |
| DIETHYLPROPION HCL TAB 25 MG                          | 00591078301 |
| METHADONE HCL SOLN 5 MG/5ML                           | 00054355563 |
| METHADONE HCL SOLN 10 MG/5ML                          | 00054355663 |
| OXYCODONE HCL CONC 20 MG/ML                           | 68462034737 |
| OXYCODONE HCL SOLN 5 MG/5ML                           | 66689040101 |
| OXYCODONE HCL SOLN 5 MG/5ML                           | 66689040150 |
| OXYCODONE HCL SOLN 5 MG/5ML                           | 66689040316 |

\*Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

***See next page for processing instructions.***

In order for a Covered Person's prescription to adjudicate at the generic level for an equivalent prescription product, the Participating Pharmacy must submit and dispense an NDC from the following list below.

| <b>Drug Name</b>                                      | <b>Generic NDC</b> |
|-------------------------------------------------------|--------------------|
| FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)            | 64980051025        |
| VENLAFAXINE HCL TAB SR 24HR 37.5 MG (BASE EQUIVALENT) | 41616076081        |
| VENLAFAXINE HCL TAB SR 24HR 37.5 MG (BASE EQUIVALENT) | 41616076083        |
| VENLAFAXINE HCL TAB SR 24HR 75 MG (BASE EQUIVALENT)   | 41616075981        |
| VENLAFAXINE HCL TAB SR 24HR 75 MG (BASE EQUIVALENT)   | 41616075983        |
| VENLAFAXINE HCL TAB SR 24HR 150 MG (BASE EQUIVALENT)  | 41616075881        |
| VENLAFAXINE HCL TAB SR 24HR 150 MG (BASE EQUIVALENT)  | 41616075883        |
| LITHIUM CARBONATE CAP 150 MG                          | 00143318801        |
| LITHIUM CARBONATE CAP 150 MG                          | 00904620560        |
| LITHIUM CARBONATE CAP 150 MG                          | 31722054401        |
| LITHIUM CARBONATE CAP 150 MG                          | 68462022001        |
| LITHIUM CARBONATE CAP 600 MG                          | 00143319001        |
| LITHIUM CARBONATE CAP 600 MG                          | 31722054601        |
| LITHIUM CARBONATE CAP 600 MG                          | 68462022201        |
| DIETHYLPROPION HCL TAB 25 MG                          | 00527147501        |
| DIETHYLPROPION HCL TAB 25 MG                          | 10702004401        |
| DIETHYLPROPION HCL TAB 25 MG                          | 10702004406        |
| DIETHYLPROPION HCL TAB 25 MG                          | 64720020810        |
| METHADONE HCL SOLN 5 MG/5ML                           | 66689071116        |
| METHADONE HCL SOLN 10 MG/5ML                          | 66689071216        |
| OXYCODONE HCL CONC 20 MG/ML                           | 00054052244        |
| OXYCODONE HCL CONC 20 MG/ML                           | 00527142635        |
| OXYCODONE HCL CONC 20 MG/ML                           | 00527142636        |
| OXYCODONE HCL CONC 20 MG/ML                           | 66689002530        |
| OXYCODONE HCL SOLN 5 MG/5ML                           | 00005405234        |
| OXYCODONE HCL SOLN 5 MG/5ML                           | 00005405236        |
| OXYCODONE HCL SOLN 5 MG/5ML                           | 06495003545        |

For software set up information, please refer to Prime's payer specification sheets at:  
[www.primetherapeutics.com](http://www.primetherapeutics.com) > Pharmacists > Payer Sheets > Commercial

Please note that list is subject to change and may not be all-inclusive of these generically named drugs. If you have any questions regarding claims processing, please call the Prime Contact Center at 800.821.4795.

Sincerely,

Pharmacy Network Management  
 Prime Therapeutics