

Upcoming Changes to the MedBlue RxSM (PDP) Formulary

MedBlue Rx may add or remove drugs from the formulary during the year. If we remove drugs from our formulary; or add prior authorization, quantity limits and/or step therapy restrictions on a drug; and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, however, we will immediately remove the drug from our formulary.

This table outlines upcoming changes to our formulary that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug *	Alternative Drug Copayment/ Coinsurance	Effective Date
ANTABUSE 250 MG TAB	Deletion of Drug from Formulary	Generic Available	DISULFIRAM 250 MG TAB	\$9	10/01/11
AROMASIN	Deletion of Drug from Formulary	Generic Available	EXEMESTANE	\$9	10/01/11
CARBATROL	Deletion of Drug from Formulary	Generic Available	CARBAMAZEPINE SR CAPS	\$9	10/01/11
COSMEGEN INJ	Deletion of Drug from Formulary	Generic Available	DACTINOMYCIN INJ	\$9	10/01/11
FEMARA	Deletion of Drug from Formulary	Generic Available	LETROZOLE	\$9	10/01/11
FEMHRT 1/5	Deletion of Drug from Formulary	Generic Available	JINTELI	\$9	10/01/11
FURADANTIN SUSP	Deletion of Drug from Formulary	Generic Available	NITROFURANTOIN SUSP	\$9	10/01/11

* Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you.

GEMZAR INJ	Deletion of Drug from Formulary	Generic Available	GEMCITABINE INJ	\$9	10/01/11
NARDIL	Deletion of Drug from Formulary	Generic Available	PHENELZINE	\$9	10/01/11
NASACORT AQ	Deletion of Drug from Formulary	Generic Available	TRIAMCINOLONE NASAL SPRAY	\$9	10/01/11
NEURONTIN SOLN	Deletion of Drug from Formulary	Generic Available	GABAPENTIN SOLN	\$9	10/01/11
QUIXIN SOLN	Deletion of Drug from Formulary	Generic Available	LEVOFLOXACIN OPHTH SOLN 0.5%	\$9	10/01/11
TRANDOLAPRIL-VERAPAMIL ER	Deletion of Drug from Formulary	Manufacturer Discontinuation	CONSULT YOUR HEALTH CARE PROVIDER	N/A	UNTIL SUPPLIES RUN OUT
VFEND TABS	Deletion of Drug from Formulary	Generic Available	VORICONAZOLE TABS	33%	10/01/11
XALATAN	Deletion of Drug from Formulary	Generic Available	LATANOPROST	\$9	10/01/11
XIBROM	Deletion of Drug from Formulary	Manufacturer Discontinuation	BROMFENAC SODIUM	\$9	UNTIL SUPPLIES RUN OUT

What to Do if You Disagree with a Coverage Decision

If we deny your request for a drug that you haven't received, or deny your request to pay you back for a drug that you have received, we will send you a letter explaining our decision. If you disagree with our decision, you can request an appeal within 60 calendar days from the date of our first decision. You can request a "standard" or "fast" (expedited) appeal. We will automatically give you a fast appeal if your physician tells us that waiting for a standard decision may seriously jeopardize your life or health.

You can request an appeal by calling 1-800-645-6025 Monday - Friday, 8 a.m. – 8 p.m. Eastern Time (TTY/TDD users should call 1-888-645-6023).

Your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition if you or your doctor believe that:

- You need a drug that isn't on our list of covered drugs (formulary)
- The Plan should waive a coverage rule or limit on a drug that you need
- You can't take any of the drugs on our preferred tier for your condition, and you would like us to cover a non-preferred drug at the preferred cost-sharing amount

Your doctor can mail the statement to Medicare Advantage, P.O. Box 100191, Columbia, SC, 29202 or fax it to 1-803-264-9581.