

Upcoming Changes to MedBlue RxSM Formulary

MedBlue Rx may add or remove drugs from our 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. However, 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, we will immediately remove the drug from our formulary.

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

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug * | Alternative Drug Copay | Effective Date |
|------------------------------|---------------------------------|-------------------------------|-----------------------------------|-------------------------------|-----------------------|
| ALTACE 1.25MG CAP | Deletion of Drug from Formulary | Generic Available | RAMIPRIL 1.25 MG CAP | \$7 | 10/01/2008 |
| CAMPTOSAR INJ | Deletion of Drug from Formulary | Generic Available | IRINOTECAN INJ | \$7 | 10/01/2008 |
| CHLORTHALIDONE TAB 100 MG | Deletion of Drug from Formulary | Medicare Will No Longer Cover | CONSULT YOUR HEALTH CARE PROVIDER | N/A | 10/01/2008 |
| DOVONEX SOLUTION | Deletion of Drug from Formulary | Generic Available | CALCIPOTRIENE SOLUTION | \$7 | 10/01/2008 |
| EFUDEX 5% CREAM | Deletion of Drug from Formulary | Generic Available | FLUOROURACIL 5% CREAM | \$7 | 10/01/2008 |

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| ETHYOL INJ | Deletion of Drug from Formulary | Generic Available | AMIFOSTINE INJ | \$7 | 10/01/2008 |
| NEUPRO PATCH | Deletion of Drug from Formulary | Manufacturer Discontinuation | CONSULT YOUR HEALTH CARE PROVIDER | N/A | Until supplies run out |
| NITROGLYCERIN CAP | Deletion of Drug from Formulary | Medicare Will No Longer Cover | CONSULT YOUR HEALTH CARE PROVIDER | N/A | 10/01/2008 |
| OXYCODONE HCL EXTENDED RELEASE TABS | Deletion of Drug from Formulary | Manufacturer Discontinuation | OXYCONTIN TAB | \$41 | Until supplies run out |
| PRECOSE TABS | Deletion of Drug from Formulary | Generic Available | ACARBOSE TABS | \$7 | 10/01/2008 |
| REQUIP TABS | Deletion of Drug from Formulary | Generic Available | ROPINIROLE TABS | \$7 | 10/01/2008 |
| RISPERDAL TABS & ORAL SOLUTION | Deletion of Drug from Formulary | Generic Available | RISPERIDONE TABS & ORAL SOLUTION | \$7 | 10/01/2008 |
| WELLBUTRIN XL 150 MG TAB | Deletion of Drug from Formulary | Generic Available | BUPROPION EXT-REL 150 mg | \$7 | 10/01/2008 |
| YASMIN TABS | Deletion of Drug from Formulary | Generic Available | OCELLA TABS (DROSPIRENONE & ETHINYL ESTRADIOL) | \$7 | 10/01/2008 |

* 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.