

## Upcoming Changes to MedBlue Rx<sup>SM</sup> Plus Formulary

MedBlue Rx Plus 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.

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug *</b>	<b>Alternative Drug Copay</b>	<b>Effective Date</b>
ALTABAX 1% OINTMENT	Tier Decrease	N/A	N/A	N/A	07/01/2008
ALTACE 1.25MG CAP	Deletion of Drug from Formulary	Generic Available	RAMIPRIL 1.25 MG CAP	\$8	10/01/2008
CAMPTOSAR INJ	Tier Increase	Generic Available	IRINOTECAN INJ	\$8	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
COMBIGAN OPHTHALMIC SOLUTION	Tier Decrease	N/A	N/A	N/A	07/01/2008
DECAVAC	Adding Prior Authorization	Coverage Determination	N/A	N/A	6/01/08
DOVONEX SOLUTION	Tier Increase	Generic Available	CALCIPOTRIENE SOLUTION	\$8	10/01/2008

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Order # 12094M g2

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EFUDEX 5% CREAM	Tier Increase	Generic Available	FLUOROURACIL 5% CREAM	\$8	10/01/2008
ETHYOL INJ	Tier Increase	Generic Available	AMIFOSTINE INJ	\$8	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
OPANA ER 5 MG, 10 MG, 20 MG, & 40 MG TABS	Tier Decrease	N/A	N/A	N/A	07/01/2008
OXYCODONE HCL EXTENDED RELEASE TABS	Deletion of Drug from Formulary	Manufacturer Discontinuation	OXYCONTIN TAB	\$36	Until supplies run out
PRECOSE TABS	Tier Increase	Generic Available	ACARBOSE TABS	\$8	10/01/2008
REQUIP TABS	Tier Increase	Generic Available	ROPINIROLE TABS	\$8	10/01/2008
RISPERDAL TABS & ORAL SOLUTION	Tier Increase	Generic Available	RISPERIDONE TABS & ORAL SOLUTION	\$8	10/01/2008
TEKTURNA HCT TABS	Tier Decrease	N/A	N/A	N/A	07/01/2008
TEKTURNA TABS	Tier Decrease	N/A	N/A	N/A	07/01/2008
WELLBUTRIN XL 150 MG TAB	Tier Increase	Generic Available	BUPROPION EXT-REL 150 mg	\$8	10/01/2008
YASMIN TABS	Tier Increase	Generic Available	OCELLA TABS (DROSPIRENONE & ETHINYL ESTRADIOL)	\$8	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.