

## Upcoming Changes to Medicare Blue<sup>SM</sup> Formulary

Medicare Blue 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
ACCUNEB 0.63 MG/3 ML NEBULIZER SOLN	Deletion of Drug from Formulary	Generic Available	ALBUTEROL 0.63 MG/3 ML NEBULIZER SOLN	Tier 1	6/01/08
ALTACE CAPS 2.5 MG, 5 MG, 10 MG	Deletion of Drug from Formulary	Generic Available	RAMIPRIL CAPS 2.5 MG, 5 MG, 10 MG	Tier 1	6/01/08
AMOXAPINE TABS	Tier Decrease	N/A	N/A	N/A	2/01/08
BIAXIN XL TAB 500 MG	Deletion of Drug from Formulary	Generic Available	CLARITHROMYCIN ER TAB 500 MG	Tier 1	6/01/08
CHORIONIC GONADOTROPIN INJ	Adding Prior Authorization	Coverage Determination	N/A	N/A	5/01/08
CLOZAPINE TABS 200 MG	Tier Decrease	N/A	N/A	N/A	2/01/08
COREG TABS	Deletion of Drug from Formulary	Generic Available	CARVEDILOL TABS	Tier 1	6/01/08

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Order # 12114M b

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CORTEF TABS	Deletion of Drug from Formulary	Generic Available	HYDROCORTISONE TABS	Tier 1	6/01/08
DAPSONE TABS	Tier Decrease	N/A	N/A	N/A	2/01/08
DUONEB NEBULIZER SOLN	Deletion of Drug from Formulary	Generic Available	ALBUTEROL AND IPRATROPIUM NEBULIZER SOLN	Tier 1	6/01/08
FAMVIR TABS	Deletion of Drug from Formulary	Generic Available	FAMCICLOVIR TABS	Tier 1	6/01/08
FLOXIN OTIC	Deletion of Drug from Formulary	Generic Available	OFLOXACIN OTIC	Tier 1	6/01/08
FLUDARABINE PHOSPHATE INJ - 50MG/2ML SOLN	Tier Decrease	N/A	N/A	N/A	2/01/08
FUROSEMIDE SOLN 8MG/ML	Tier Decrease	N/A	N/A	N/A	2/01/08
HALOPERIDOL TABS 10 MG, 20 MG	Tier Decrease	N/A	N/A	N/A	2/01/08
LEUCOVORIN CALCIUM TABS 15 MG	Tier Decrease	N/A	N/A	N/A	2/01/08
MAXIPIME INJ	Deletion of Drug from Formulary	Generic Available	CEFEPIME INJ	Tier 1	6/01/08
MEDROL TABS 16 MG, 32 MG	Deletion of Drug from Formulary	Generic Available	METHYLPREDNISOLONE TABS 16 MG, 32 MG	Tier 1	6/01/08
NIPENT INJ	Deletion of Drug from Formulary	Generic Available	PENTOSTATIN INJ	Tier 1	6/01/08
QUINIDINE GLUCONATE CR TBCR 324 MG	Tier Decrease	N/A	N/A	N/A	2/01/08
SOLU-CORTEF 100 MG INJ	Deletion of Drug from Formulary	Generic Available	HYDROCORTISONE SODIUM SUCCINATE 100MG INJ	Tier 1	6/01/08
SOLU-MEDROL 500 MG INJ	Deletion of Drug from Formulary	Generic Available	METHYLPREDNISOLONE SODIUM SUCCINATE 500 MG INJ	Tier 1	6/01/08
SULFADIAZINE TABS 500MG	Tier Decrease	N/A	N/A	N/A	2/01/08

TOPROL XL TABS	Deletion of Drug from Formulary	Generic Available	METOPROLOL SUCCINATE ER TABS	Tier 1	6/01/08
TRILEPTAL TABS	Deletion of Drug from Formulary	Generic Available	OXCARBAZEPINE TABS	Tier 1	6/01/08
UNIPHYL TABS 400 MG, 600 MG	Deletion of Drug from Formulary	Generic Available	THEOPHYLLINE ER TABS 400 MG, 600 MG	Tier 1	6/01/08
VOLTAREN OPHTHALMIC DROPS	Deletion of Drug from Formulary	Generic Available	DICLOFENAC OPHTHALMIC DROPS	Tier 1	6/01/08
ZANTAC SYRUP	Deletion of Drug from Formulary	Generic Available	RANITIDINE SYRUP	Tier 1	6/01/08

\* 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.