

## 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.

<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>
ACCUNEB 0.63 MG/3 ML NEBULIZER SOLN	Deletion of Drug from Formulary	Generic Available	ALBUTEROL 0.63 MG/3 ML NEBULIZER SOLN	\$7	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	\$7	6/01/08
BIAXIN XL TAB 500 MG	Deletion of Drug from Formulary	Generic Available	CLARITHROMYCIN ER TAB 500 MG	\$7	6/01/08
CEFTIN SUSPENSION	Deletion of Drug from Formulary	Generic Available	CEFUROXIME SUSPENSION	\$7	6/01/08
CHORIONIC GONADOTROPIN INJ	Adding Prior Authorization	Coverage Determination	N/A	N/A	6/01/08

<sup>SM</sup> is a Service Mark of the Blue Cross and Blue Shield Association

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COLCHICINE INJ	Deletion of Drug from Formulary	Manufacturer Discontinuation	CONSULT WITH YOUR HEALTH CARE PROVIDER	N/A	6/01/08
COREG TABS	Deletion of Drug from Formulary	Generic Available	CARVEDILOL TABS	\$7	6/01/08
CORTEF TABS	Deletion of Drug from Formulary	Generic Available	HYDROCORTISONE TABS	\$7	6/01/08
DUONEB NEBULIZER SOLN	Deletion of Drug from Formulary	Generic Available	ALBUTEROL AND IPRATROPIUM NEBULIZER SOLN	\$7	6/01/08
FAMVIR TABS	Deletion of Drug from Formulary	Generic Available	FAMCICLOVIR TABS	\$7	6/01/08
FLOXIN OTIC	Deletion of Drug from Formulary	Generic Available	OFLOXACIN OTIC	\$7	6/01/08
FOSAMAX TABS	Deletion of Drug from Formulary	Generic Available	ALENDRONATE TABS	\$7	6/01/08
MAXIPIME INJ	Deletion of Drug from Formulary	Generic Available	CEFEPIME INJ	\$7	6/01/08
MEDROL TABS 16 MG, 32 MG	Deletion of Drug from Formulary	Generic Available	METHYLPREDNISOLONE TABS 16 MG, 32 MG	\$7	6/01/08
NIPENT INJ	Deletion of Drug from Formulary	Generic Available	PENTOSTATIN INJ	\$7	6/01/08
SOLU-CORTEF 100 MG INJ	Deletion of Drug from Formulary	Generic Available	HYDROCORTISONE SODIUM SUCCINATE 100MG INJ	\$7	6/01/08
SOLU-MEDROL 500 MG INJ	Deletion of Drug from Formulary	Generic Available	METHYLPREDNISOLONE SODIUM SUCCINATE 500 MG INJ	\$7	6/01/08
TOPROL XL TABS	Deletion of Drug from Formulary	Generic Available	METOPROLOL SUCCINATE ER TABS	\$7	6/01/08
TRILEPTAL TABS	Deletion of Drug from Formulary	Generic Available	OXCARBAZEPINE TABS	\$7	6/01/08
UNIPHYL TABS 400 MG, 600 MG	Deletion of Drug from Formulary	Generic Available	THEOPHYLLINE ER TABS 400 MG, 600 MG	\$7	6/01/08
VOLTAREN OPHTHALMIC DROPS	Deletion of Drug from Formulary	Generic Available	DICLOFENAC OPHTHALMIC DROPS	\$7	6/01/08

ZANTAC SYRUP	Deletion of Drug from Formulary	Generic Available	RANITIDINE SYRUP	\$7	6/01/08
ZITHROMAX 1GM POWDER PAK	Deletion of Drug from Formulary	Generic Available	AZITHROMYCIN 1GM POWDER PAK	\$7	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.