

Upcoming Changes to Medicare BlueSM Plus Formulary

Medicare Blue 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.

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	Tier Increase	Generic Available	ALBUTEROL 0.63 MG/3 ML NEBULIZER SOLN	\$8	6/01/08
ALTACE CAPS 2.5 MG, 5 MG, 10 MG	Tier Increase	Generic Available	RAMIPRIL CAPS	\$8	6/01/08
CEFTIN SUSPENSION	Tier Increase	Generic Available	CEFUROXIME SUSPENSION	\$8	6/01/08
CHORIONIC GONADOTROPIN INJ	Adding Prior Authorization	Coverage Determination	N/A	N/A	5/01/08
COLCHICINE INJ	Deletion of Drug from Formulary	Manufacturer Discontinuation	CONSULT WITH YOUR HEALTH CARE PROVIDER	N/A	6/01/08
COREG TABS	Tier Increase	Generic Available	CARVEDILOL TABS	\$8	6/01/08
CORTEF TABS	Tier Increase	Generic Available	HYDROCORTISONE TABS	\$8	6/01/08

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DUONEB NEBULIZER SOLN	Tier Increase	Generic Available	ALBUTEROL AND IPRATROPIUM NEBULIZER SOLN	\$8	6/01/08
EXUBERA	Deletion of Drug from Formulary	Manufacturer Discontinuation	AVAILABLE UNTIL STOCK RUNS OUT - CONSULT WITH YOUR HEALTH CARE PROVIDER	N/A	N/A
FAMVIR TABS	Tier Increase	Generic Available	FAMCICLOVIR TABS	\$8	6/01/08
FLOXIN OTIC	Tier Increase	Generic Available	OFLOXACIN OTIC	\$8	6/01/08
FOSAMAX TABS	Tier Increase	Generic Available	ALENDRONATE TABS	\$8	6/01/08
MAXIPIME INJ	Tier Increase	Generic Available	CEFEPIME INJ	\$8	6/01/08
MEDROL TABS 16 MG, 32 MG	Tier Increase	Generic Available	METHYLPREDNISOLONE TABS 16 MG, 32 MG	\$8	6/01/08
NAGLAZYME INJ	Tier Increase	High Cost Drug	N/A	N/A	6/01/08
NIPENT INJ	Tier Increase	Generic Available	PENTOSTATIN INJ	\$8	6/01/08
NOVAREL INJ	Adding Prior Authorization	Coverage Determination	N/A	N/A	5/01/08
OXANDRIN / OXANDROLONE TABS	Adding Prior Authorization	Ensure Appropriate Use	N/A	N/A	6/01/08
PREGNYL INJ	Adding Prior Authorization	Coverage Determination	N/A	N/A	5/01/08
RITUXAN INJ	Tier Increase	High Cost Drug	N/A	N/A	6/01/08
SOLU-CORTEF 100 MG INJ	Tier Increase	Generic Available	HYDROCORTISONE SODIUM SUCCINATE 100MG INJ	\$8	06/01/2008
SOLU-MEDROL 500 MG INJ	Tier Increase	Generic Available	METHYLPREDNISOLONE SODIUM SUCCINATE 500 MG INJ	\$8	6/01/08
TOPROL XL TABS	Tier Increase	Generic Available	METOPROLOL SUCCINATE ER TABS	\$8	6/01/08
TRILEPTAL TABS	Tier Increase	Generic Available	OXCARBAZEPINE TABS	\$8	6/01/08
UNIPHYL TABS 400 MG, 600 MG	Tier Increase	Generic Available	THEOPHYLLINE ER TABS 400 MG, 600 MG	\$8	6/01/08
VENTAVIS	Tier Increase	High Cost Drug	N/A	N/A	6/01/08

VOLTAREN OPHTHALMIC DROPS	Tier Increase	Generic Available	DICLOFENAC OPHTHALMIC DROPS	\$8	6/01/08
ZANTAC SYRUP	Tier Increase	Generic Available	RANITIDINE SYRUP	\$8	6/01/08
ZITHROMAX 1GM POWDER PAK	Tier Increase	Generic Available	AZITHROMYCIN 1GM POWDER PAK	\$8	6/01/08
ZYRTEC / ZYRTEC-D	Deletion of Drug from Formulary	Medication Available as OTC	AVAILABLE UNTIL PRESCRIPTION STOCK RUNS OUT; FEXOFEN- ADINE AVAILABLE AS ALTERNATIVE	\$8	N/A

* 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.