

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

<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
COMBIGAN OPTHALMIC SOLUTION	Tier Decrease	N/A	N/A	N/A	07/01/2008
DECAVAC	Adding Prior Authorization	Coverage Determination	N/A	N/A	06/01/2008
DOVONEX SOLUTION	Tier Increase	Generic Available	CALCIPOTRIENE SOLUTION	\$8	10/01/2008

H4209\_MB28201 f (07/2008)

1

Order # 12115M f

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

This product is offered by BlueCross BlueShield of South Carolina,  
an independent licensee of the Blue Cross and Blue Shield Association,  
an association of independent Blue Cross and Blue Shield Plans

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
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
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

\* 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.