

Drug Formulary Changes

Medicare Plus BlueSM Options A, B, C and D

Prescription BlueSM Options A and B

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Prescription Blue is a prescription drug plan with a Medicare contract. Medicare Plus Blue is a private fee-for-service plan with a Medicare contract. Medicare Plus Blue and Prescription Blue are issued by Blue Cross Blue Shield of Michigan, a non-profit corporation and an independent licensee of the Blue Cross and Blue Shield Association.

Medicare PLUS BlueSM



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Prescription BlueSM



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association



Blue Cross Blue Shield of Michigan
www.bcbsm.com/medicare

Notes about our Formulary

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. 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 and provide notice to members who take the drug.

What if my drug is not on the Formulary?

If your drug is not included on our formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Medicare Plus Blue or Prescription Blue does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Medicare Plus Blue and Prescription Blue. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Medicare Plus Blue and Prescription Blue.
- You can ask Medicare Plus Blue and Prescription Blue to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue and Prescription Blue Formulary?

You can ask Medicare Plus Blue and Prescription Blue to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Medicare Plus Blue and Prescription Blue limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Drug Tier subject to the tiering exception process tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Tier subject to the tiering exceptions process Tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 4 Specialty Drugs.

Generally, Medicare Plus Blue and Prescription Blue will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

To get updated information about the drugs covered by Medicare Plus Blue and Prescription Blue, please visit our Web site at www.bcbsm.com/medicare or call Medicare Plus Blue Member services at 1-877-241-2583, 7 days a week from 8:00 a.m. – 8:00 p.m. Eastern. (TTY/TDD Users should call 1-800-579-0235.) For Prescription Blue call Member Services at 1-800-565-1770, 7 days a week from 8:00 a.m. – 8:00 p.m. Eastern. (TTY/TDD Users should call 1-800-579-0235.)

Formulary Change Notification

Changes updated as of January 31, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
1/1/09	Emend Vial	Addition	General Formulary Maintenance		Drug added to Tier 4.
1/1/09	Moxatag	Addition	General Formulary Maintenance		Drug added to Tier 3.
1/1/09	Relistor	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
1/16/09	Apriso	Addition	General Formulary Maintenance		Drug added to Tier 3.
1/16/09	Nitro-Time	Removal	Not a Covered Medicare Part D Benefit	Nitro-Dur Patch	CMS does not consider drug to be eligible for Part D coverage.
1/31/09	Banzel	Addition	General Formulary Maintenance		Drug added to Tier 3.
1/31/09	Cimzia	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
1/31/09	Cleviprex	Addition	General Formulary Maintenance		Drug added to Tier 4.
1/31/09	Durezol	Addition	General Formulary Maintenance		Drug added to Tier 3.
1/31/09	Fusilev	Addition	General Formulary Maintenance		Drug added to Tier 4.
3/1/09	Mintezol	Removal	Drug is obsolete in the Marketplace.		CMS does not consider drug to be eligible for Part D coverage.
5/1/09	Cortef 5mg & 10mg	Brand Cost Share Increase	Generic drug available	hydrocortisone	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Cosopt	Brand Cost Share Increase	Generic drug available	timolol maleate/ dozalam hcl	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Keppra	Brand Cost Share Increase	Generic drug available	levetiracetam	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

continued

Changes updated as of January 31, 2009 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
5/1/09	Kytril Oral Solution	Brand Cost Share Increase	Generic drug available	granisetron hcl	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Miacalcin	Brand Cost Share Increase	Generic drug available	calcitonin	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Razadyne	Brand Cost Share Increase	Generic drug available	galantamine hydrobromide	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Razadyne ER	Brand Cost Share Increase	Generic drug available	galantamine hydrobromide	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Tobradex	Brand Cost Share Increase	Generic drug available	tobramycin sulfate/ dexameth	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Trusopt	Brand Cost Share Increase	Generic drug available	dorzolamide hcl	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Uniphyll	Brand Cost Share Increase	Generic drug available	theophylline anhydrous	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Videx EC 125	Brand Cost Share Increase	Generic drug available	didanosine	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Vivactil	Brand Cost Share Increase	Generic drug available	protriptyline hydrochloride	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
5/1/09	Zerit	Brand Cost Share Increase	Generic drug available	stavudine	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/09	Depakote Tablet	Brand Cost Share Increase	Generic drug available	divalproex sodium	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of February 28, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
2/5/2009	Toprol XL	Brand Cost Share Decrease	Marketplace Shortage of Generic Drug		Brand drug copay will be Tier 2 and Reference Based Pricing has been removed.
2/14/2009	Imdur	Brand Cost Share Decrease	Marketplace Shortage of Generic Drug		Brand drug copay will be Tier 2 and Reference Based Pricing has been removed.
2/28/2009	Nplate	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
2/28/2009	Prandimet	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization Requirements apply.
2/28/2009	Sancuso	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements and Quantity Limit Restrictions apply.
2/28/2009	Xenazine	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
6/1/2009	Depakote ER	Brand Cost Share Increase	Generic drug available	divalproex sodium	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Depakote Sprinkle	Brand Cost Share Increase	Generic drug available	divalproex sodium	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Imitrex Tablet	Brand Cost Share Increase	Generic drug available	sumatriptan	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Imitrex Vial	Brand Cost Share Increase	Generic drug available	sumatriptan	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Inspira	Brand Cost Share Increase	Generic drug available	eplerenone	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Keppra 1000mg	Brand Cost Share Increase	Generic drug available	levetiracetam	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

continued

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of February 28, 2009 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
6/1/2009	Keppra Solution	Brand Cost Share Increase	Generic drug available	levetiracetam	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Phoslo	Brand Cost Share Increase	Generic drug available	calcium acetate	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Risperdal Solution	Brand Cost Share Increase	Generic drug available	risperidone	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Sular 20mg, 30mg & 40mg	Brand Cost Share Increase	Generic drug available	nisoldipine	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
6/1/2009	Topicort	Brand Cost Share Increase	Generic drug available	desoximetasone	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of March 31, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
3/7/2009	Procentra	Addition	General Formulary Maintenance		Drug added to Tier 3.
3/21/2009	Actos	Removal of Step Therapy Requirement	General Formulary Maintenance		Drug remains on Tier 2.
3/21/2009	Aplenzin	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Requirements apply.
3/21/2009	Avandia	Removal of Step Therapy Requirement	General Formulary Maintenance		Drug remains on Tier 2.
3/21/2009	Detrol LA	Removal of Quantity Limit Restrictions	General Formulary Maintenance		Drug remains on Tier 2.
3/25/2009	Depakene	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Depakote	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Dilantin	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Lamictal	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Mysoline	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Neurontin	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Tegretol	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.

continued

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of March 31, 2009 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
3/25/2009	Trileptal	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Zarontin	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
3/25/2009	Zonegran	Removal of Reference Based Pricing	General Formulary Maintenance		Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
6/8/2009	Raptiva	Removal	Product Withdrawn from Market		Speak with your doctor to discuss switching to an appropriate drug that is available.
7/1/2009	Diamox Sequels	Brand Cost Share Increase	Generic drug available	acetazolamide	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
7/1/2009	Lofibra	Brand Cost Share Increase	Generic drug available	fenofibrate, micronized	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
7/1/2009	Risperdal M-Tab	Brand Cost Share Increase	Generic drug available	risperidone	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
7/1/2009	Videx EC 200mg, 250mg and 400mg	Brand Cost Share Increase	Generic drug available	didanosine	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of April 30, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
4/18/2009	Banzel	Cost Share Decrease	General Formulary Maintenance		Drug moved to Tier 2.
4/18/2009	Degarelix	Addition	General Formulary Maintenance		Drug added to Tier 3.
4/18/2009	Rapaflo	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
4/18/2009	Toviaz	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
4/18/2009	Vectical	Addition	General Formulary Maintenance		Drug added to Tier 3.
4/18/2009	Vimpat Oral	Addition	General Formulary Maintenance		Drug added to Tier 3.
4/25/2009	Ryzolt	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
8/1/2009	Imitrex Nasal Spray	Brand Cost Share Increase	Generic drug available	sumatriptan	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
8/1/2009	Rheumatrex	Brand Cost Share Increase	Generic drug available	methotrexate	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
8/1/2009	Topamax	Brand Cost Share Increase	Generic drug available	topiramate	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of May 31, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
5/2/09	Cinryze	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
5/2/09	Gelnique	Addition	General Formulary Maintenance		Drug added to Tier 3.
5/2/09	Kapidex	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Requirements and Quantity Limit Restrictions apply.
5/2/09	Mozobil	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
5/2/09	Promacta	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements and Quantity Limit Restrictions apply .
5/2/09	Trilipix	Addition	General Formulary Maintenance		Drug added to Tier 4. Step Therapy Requirements and Quantity Limit Restrictions apply.
5/9/09	Vimpat Injection	Addition	General Formulary Maintenance		Drug added to Tier 4.
9/1/09	Cellcept 250mg	Brand Cost Share Increase	Generic drug available	mycophenolate mofetil	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
9/1/09	Cortef 5mg & 10mg	Brand Cost Share Increase	Generic drug available	hydrocortisone	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
9/1/09	Depakote	Brand Cost Share Increase	Generic drug available	divalproex sodium	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
9/1/09	Hydrocortisone/ Pramoxine	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
9/1/09	Kytril Oral Solution	Brand Cost Share Increase	Generic drug available	granisetron hcl	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

continued

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of May 31, 2009 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
9/1/09	Razadyne	Brand Cost Share Increase	Generic drug available	galantamine hydrobromide	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
9/1/09	Tegretol XR	Brand Cost Share Increase	Generic drug available	cabamazepine	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
9/1/09	Uniphyl	Brand Cost Share Increase	Generic drug available	theophylline anhydrous	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
9/1/09	Zerit Solution	Brand Cost Share Increase	Generic drug available	stavudine	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of June 30, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
5/23/09	Lamictal ODT	Addition	General Formulary Maintenance		Drug added to Tier 3.
6/13/09	Asacol HD	Addition	General Formulary Maintenance		Drug added to Tier 2.
10/1/09	Cytomel	Brand Cost Share Increase	Generic drug available	liothyronine sodium	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
10/1/09	Eletone	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
10/1/09	Micro K 8	Brand Cost Share Increase	Generic drug available	potassium chloride	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
10/1/09	Sandostatin	Brand Cost Share Increase	Generic drug available	octreotide	Brand drug copay will be Tier 4 and Reference Based Pricing may apply. Generic drug is available on Tier 4.
10/1/09	Seromycin	Brand Cost Share Increase	Generic drug available	cycloserine	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
10/1/09	Urso	Brand Cost Share Increase	Generic drug available	ursodiol	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.
10/1/09	Urso Forte	Brand Cost Share Increase	Generic drug available	ursodiol	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of July 31, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
7/11/09	Afinitor	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements and Quantity Limit Restrictions apply.
7/17/09	Besivance	Addition	General Formulary Maintenance		Drug added to Tier 3.
7/17/09	Cetraxal	Addition	General Formulary Maintenance		Drug added to Tier 3.
7/17/09	Vimpat Injection	Tier Change	General Formulary Maintenance		Drug moved from Tier 4 to Tier 5.
7/24/09	Savella	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization Requirements and Quantity Limit Restrictions apply.
11/1/09	Casodex	Brand Cost Share Increase	Generic drug available	bicalutamide	Brand drug copay will be Tier 3 and Reference Based Pricing may apply. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of August 31, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
7/18/09	Coartem	Addition	General Formulary Maintenance		Drug added to Tier 3.
7/18/09	Lamictal XR	Addition	General Formulary Maintenance		Drug added to Tier 3.
7/18/09	Samsca	Addition	General Formulary Maintenance		Drug added to Tier 4.
7/18/09	Ulesfia	Addition	General Formulary Maintenance		Drug added to Tier 3.
8/1/09	Nuvigil	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
8/8/09	Caldolor	Addition	General Formulary Maintenance		Drug added to Tier 5.
8/15/09	Adcirca	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements and Quantity Limit Restrictions apply.
8/15/09	Augmentin 250/62.5mg Suspension	Addition of Generic Drug	Generic drug available	amox tr/potassium clavulanate	Brand drug copay remains Tier 2. Generic drug is available on Tier 1.
8/15/09	Celestone Injection	Addition of Generic Drug	Generic drug available	betamethasone	Brand drug copay remains Tier 5. Generic drug is available on Tier 5.
8/15/09	Edluar	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization Requirements and Quantity Limit Restrictions apply.
8/15/09	Exforge HCT	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Requirements apply.
8/15/09	Uloric	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Requirements and Quantity Limit Restrictions apply.
8/15/09	Zipsor	Addition	General Formulary Maintenance		Drug added to Tier 3.
8/22/09	Colcrys	Addition	General Formulary Maintenance		Drug added to Tier 3.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of August 31, 2009 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
8/22/09	Eloxatin	Addition	Generic drug available	oxaliplatin	Brand drug copay remains Tier 4. Generic drug is available on Tier 4.
8/22/09	Invega Sustenna	Addition	General Formulary Maintenance		Drug strengths 39mg and 78mg are on Tier 5. All other strengths are on Tier 4.
8/22/09	Prograf	Addition	Generic drug available	tacrolimus anhydrous	Brand drug copay remains Tier 4. Generic drug is available on Tier 4.
8/29/09	Catapres TTS	Addition	Generic drug available	clonidine hcl	Brand drug copay remains Tier 2. Generic drug is available on Tier 1.
8/29/09	Fibricor	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Requirements and Quantity Limit Restrictions apply.
8/29/09	Razadyne Solution	Addition	Generic drug available	galantamine hydrobromide	Brand drug copay remains Tier 2. Generic drug is available on Tier 1.
8/29/09	Singulair	Removal of Step Therapy Requirement	General Formulary Maintenance		Step Therapy requirement removed. Drug remains on Tier 2.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Changes updated as of September 30, 2009

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
9/5/09	Fexofenadine Tablet	Removal of Step Therapy Requirement	General Formulary Maintenance		Brand Name Allegra still requires Step Therapy.
9/12/09	Extavia	Addition	General Formulary Maintenance		Drug added to Tier 4.
9/26/09	Prograf 0.5 mg and 1 mg	Tier Change	General Formulary Maintenance		Brand drug copay changed from Tier 4 to Tier 2. Generic drug is available on Tier 1.
9/26/09	Starlix	Addition of Generic Drug	General Formulary Maintenance	nateglinide	Brand drug copay remains Tier 2. Generic drug is available on Tier 1.

* Plan to confirm the correct Medicare program is billed. Some drugs are covered under Medicare Part B and Part D.

** For select Group members, an additional cost share may be required in addition to your copay should the brand drug be selected.

Prospective Member Service:

1-800-485-4415

(TTY/TDD Users should call 1-800-481-8704.)

7 days a week from 8:00 a.m. – 8:00 p.m. Eastern

Current Member Service for Medicare Plus Blue:

1-877-241-2583

(TTY/TDD Users should call 1-800-579-0235.)

7 days a week from 8:00 a.m. – 8:00 p.m. Eastern

Current Member Service for Prescription Blue:

1-800-565-1770

(TTY/TDD Users should call 1-800-579-0235.)

7 days a week from 8:00 a.m. – 8:00 p.m. Eastern

www.bcbsm.com/medicare

Medicare **PLUS Blue**SM



Prescription **Blue**SM

