



MyBlue
MedicareSM

2010 Drug Formulary Changes

**Medicare Plus Blue PFFSSM
Options A and B**

**Prescription Blue PDPSM
Options A and B**

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

Medicare Plus Blue PFFS / Prescription Blue PDP

PFSPDPFormChgs 0210

Notes about our Formulary

Can the Formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 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 PFFS and Prescription Blue PDP 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, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
1/1/10	Dysport	Addition	General Formulary Maintenance		Drug added to Tier 5.
1/1/10	Fibricor	Addition of Generic Drug to Formulary	Generic drug available	fenofibric acid	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1. Step Therapy Restrictions apply.
1/1/10	Metozolv	Addition	General Formulary Maintenance		Drug added to Tier 3.
1/1/10	Phenytek	Addition of Generic Drug to Formulary	Generic drug available	phenytoin sodium	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
1/1/10	Simponi	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
1/1/10	Tyvaso	Addition	General Formulary Maintenance		Drug added to Tier 4. Quantity Limit Restrictions apply.
1/16/10	Xalatan	Tier Change	General Formulary Maintenance		Drug moved from Tier 3 to Tier 2.
1/23/10	Urocit K 15	Addition	General Formulary Maintenance		Drug added to Tier 3.
6/1/10	A-B Otic	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Acetic Acid-Hydrocortisone	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Acid Jelly	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Antipyrine-Benzocaine	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Arestin	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.

continued

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

Changes updated as of January 31, 2010 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
6/1/10	Auralgan	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Aurodex Ear Drops	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Benzotic, Omedia Otic, Oticaine, Otocaine	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Bicitra	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Citolith	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Dolotic	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Endometrin	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Galzin	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	K-Phos, K-Phos Neutral	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Levsin-SL	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Magnebind 400 RX	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.

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Changes updated as of January 31, 2010 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
6/1/10	Neotic	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Oracit	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Paregoric	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Pedameth	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Polycitra, Polycitra-K, Polycitra-LC	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Pyridium	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Silver Nitrate	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Urea	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Uretron D-S	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Uro Blue	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Urogesic Blue	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Utira-C	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.

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Changes updated as of February 28, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
2/1/10	Aceon	Addition of Generic Drug to Formulary	Generic drug available	perindopril	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
2/1/10	Acular	Addition of Generic Drug to Formulary	Generic drug available	ketorolac tromethamine	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
2/1/10	Acular LS	Addition of Generic Drug to Formulary	Generic drug available	ketorolac tromethamine	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
2/1/10	Fanapt	Addition	General Formulary Maintenance		Drug added to Tier 3.
2/1/10	Optivar	Addition of Generic Drug to Formulary	Generic drug available	azelastine hcl	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
2/1/10	Prograf 5mg	Addition of Generic Drug to Formulary	Generic drug available	tacrolimus	Generics drugs is available on Tier 4. Brand drug remains on Tier 4. Prior Authorization Requirements apply.
2/1/10	Starlix	Addition of Generic Drug to Formulary	Generic drug available	nateglinide	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
2/1/10	Subutex	Addition of Generic Drug to Formulary	Generic drug available	buprenorphine	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
2/1/10	Ultram ER	Addition of Generic Drug to Formulary	Generic drug available	tramadol hydrochloride	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1. Quantity Limit Restrictions apply.
2/11/10	Trental	Temporary Tier Decrease	Generic drug Shortage		Brand drug is on Tier 2. Will move to Tier 3 once generic drug is available.
2/12/10	Arzerra	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
2/26/10	Zyprexa Relprevv	Addition	General Formulary Maintenance		Drug added to Tier 4.
6/1/10	Amidate	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.

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Changes updated as of February 28, 2010 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
6/1/10	Combiflex	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Durabac Forte	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Mydrin	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
6/1/10	Selenium sulfide	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
7/1/2010	Axid Solution	Brand Cost Share Increase	Generic drug available	nizatidine	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
7/1/2010	Mirapex 0.125mg, 0.25mg, 0.5mg, 1mg & 1.5mg	Brand Name Tier Increase	Generic drug available	pramipexole di-hcl	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
7/1/2010	Prevacid	Brand Cost Share Increase	Generic drug available	lansoprazole	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
7/1/2010	Prograf 0.5MG, 1MG	Brand Cost Share Increase	Generic drug available	tacrolimus anhydrous	Brand drug copay will be Tier 3. Generic drug is available on Tier 1. Prior Authorization Requirements apply .
7/1/2010	Trileptal Suspension	Brand Cost Share Increase	Generic drug available	oxcarbazepine	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
7/1/2010	Valtrex	Brand Cost Share Increase	Generic drug available	valacyclovir hcl	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.

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Changes updated as of March 31, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
3/26/2010	Aldara	Addition of Generic Drug	General Formulary Maintenance	imiquimod	Brand drug copay remains Tier 3. Generic drug is available on Tier 1.
3/26/2010	Flomax	Addition of Generic Drug	General Formulary Maintenance	tamsulosin hcl	Brand drug copay remains Tier 3. Generic drug is available on Tier 1. Quantity Limit restrictions apply.
3/26/2010	Tirosint	Addition	General Formulary Maintenance		Drug added to Tier 3.
7/1/2010	Alphagan P	Brand Cost Share Increase	Generic drug available	brimonidine tartrate	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.

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Changes updated as of April 30, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
4/1/10	Santyl	Tier Change	General Formulary Maintenance		Drug moved from Tier 3 to Tier 2.
4/1/10	Multaq	Tier Change	General Formulary Maintenance		Drug moved from Tier 3 to Tier 2.
4/15/10	Twynsta	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Restrictions and Quantity Limit Restrictions apply.
4/15/10	Valturna	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Restrictions and Quantity Limit Restrictions apply.
4/15/10	Kalbitor	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
4/15/10	Revatio IV	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
8/1/10	Isopto Homatropine	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.
8/1/10	Hydrochloric Acid	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is covered.

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Changes updated as of May 31, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
5/1/10	Prozac Weekly	PA Removal	General Formulary Maintenance		Prior Authorization Requirements no longer apply.
5/3/10	Istodax	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
5/3/10	Pennsaid	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization Requirements apply.
5/7/10	Vpriv	Addition	General Formulary Maintenance		Drug added to Tier 4
5/21/10	Clonidine hcl vial	Addition	General Formulary Maintenance		Drug added to Tier 5.
5/21/10	Trelstar LA 22.5mg	Addition	General Formulary Maintenance		Drug added to Tier 4.
5/21/10	Xifaxan	Addition	General Formulary Maintenance		Drug added to Tier 3.
5/21/10	Zirgan Gel	Addition	General Formulary Maintenance		Drug added to Tier 2.
9/1/10	Acetylcysteine Inhalation	PA Addition	General Formulary Maintenance		Prior Authorization Requirements apply to determine appropriate Medicare payment (Part B or Part D)

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Changes updated as of June 30, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
6/1/2010	Actemra	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
6/1/10	Acuvail	Addition	General Formulary Maintenance		Drug added to Tier 3.
6/1/2010	Chenodal	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
6/16/10	Differin 0.1% Gel	Addition of Generic Drug	Generic drug available	adapalene	Generic drug is available on Tier 1.
6/16/10	Evoclin	Addition of Generic Drug	Generic drug available	clindamycin phosphate	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
6/16/10	Sular tablet	Addition of Generic Drug	Generic drug available	nisoldipine	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1. Quantity Limit Restrictions apply.
6/16/10	Yaz	Addition of Generic Drug	Generic drug available	ethinyl estradiol/drospirenone	Generic drug is available on Tier 1.
6/23/10	Tarka 2-180mg, 2-240mg, 4-240mg	Addition of Generic Drug	Generic drug available	trandolapril-verapamil hcl	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
10/1/2010	Cozaar	Brand Cost Share Increase	Generic drug available	losartan potassium	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
10/1/2010	Hyzaar	Brand Cost Share Increase	Generic drug available	losartan / hydrochlorothiazide	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
10/1/2010	Prozac Weekly	Brand Cost Share Increase	Generic drug available	fluoxetine hcl	Brand drug copay will be Tier 3. Generic drug is available on Tier 1. Quantity Limit Restrictions apply.
10/1/2010	Skelaxin 800mg	Brand Cost Share Increase	Generic drug available	metaxalone	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.

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Changes updated as of July 31, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
7/1/2010	Actoplus Met XR	Addition	General Formulary Maintenance		Drug added to Tier 2. Prior Authorization Requirements apply.
7/1/2010	Desoxyn	Addition of Generic Drug	Generic drug available	methamphetamine hcl	Brand and generic drug copay will be Tier 3.
7/1/2010	Norvir 100mg tablet	Addition	General Formulary Maintenance		Drug added to Tier 4.
7/1/2010	Venlafaxine ER tablet	ST Removal	General Formulary Maintenance	venlafaxine hcl	Generic drug is available on Tier 1. Step Therapy Requirements no longer apply.
7/5/2010	Arimidex	Addition of Generic Drug	Generic drug available	anastrozole	Generic drug is available on Tier 1.
7/5/2010	Astelin	Addition of Generic Drug	Generic drug available	azelastine hcl	Generic drug is available on Tier 1.
7/9/2010	Pancreaze	Addition	General Formulary Maintenance		Drug added to Tier 3.
7/12/10	Exelon	Addition of Generic Drug	Generic drug available	rivastigmine tartrate	Generic drug is available on Tier 1.
7/12/10	Tretin-x	Addition	General Formulary Maintenance		Drug added to Tier 3.
7/15/2010	Amerge	Addition of Generic Drug	Generic drug available	naratriptan hcl	Brand drug copay will be Tier 3. Generic drug is available on Tier 1. Step Therapy and Quantity Limit Restrictions apply.
7/15/2010	Livalo	Addition	General Formulary Maintenance		Drug added to Tier 3. Step Therapy Requirements and Quantity Limit Restrictions apply.
7/19/2010	Cleocin suspension	Addition of Generic Drug	Generic drug available	clindamycin palmitate hcl	Generic drug is available on Tier 1.
7/19/2010	Cosmegen	Addition of Generic Drug	Generic drug available	dactinomycin	Generic drug is available on Tier 4.
7/26/2010	Differin cream	Addition of Generic Drug	Generic drug available	adapalene	Generic drug is available on Tier 1.

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Changes updated as of August 31, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
8/2/2010	Lovenox	Addition of Generic Drug	Generic drug available	enoxaparin sodium	Brand and Generic drug available on Tier 4.
8/2/2010	Lovenox 30mg, 40mg	Addition of Generic Drug	Generic drug available	enoxaparin sodium	Brand drug copay will remain Tier 2. Generic drug is available on Tier 1.
8/2/2010	Methylin Oral Solution	Addition of Generic Drug	Generic drug available	methylphenidate hcl	Brand drug copay will remain Tier 3. Generic drug is available on Tier 1.
8/9/2010	Effexor XR Capsule	Addition of Generic Drug, ST Removal	General Formulary Maintenance	venlafaxine hcl er capsule	Brand drug copay will remain Tier 2. Generic drug is available on Tier 1. Step Therapy Requirements no longer apply.
8/15/10	Berinerit	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
8/23/2010	Fluor-a-day 0.25mg	Addition	General Formulary Maintenance		Drug added to Tier 3.
8/23/2010	Fluor-a-day 0.50mg, 1mg	Addition	General Formulary Maintenance	sodium fluoride/xylitol	Drug added to Tier 1.
8/23/2010	Sanctura	Addition of Generic Drug	Generic drug available	tropium chloride	Brand drug copay will be Tier 3. Generic drug is available on Tier 1.
12/1/2010	Atreza	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
12/1/2010	Atropine Sulfate 1 mg/ml ampul, 0.4 mg/ml vial, 0.4mg/.5ml ampul	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
12/1/2010	Drithocrema hp	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
12/1/2010	Dritho-scalp	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.

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

Changes updated as of August 31, 2010 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
12/1/2010	Physostigmine Salicylate	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
12/1/2010	Psoriatec	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
12/1/2010	Riastap	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
12/1/2010	Sal-tropine 0.4 mg	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.
12/1/2010	Vaprisol	Removal	Not a Part D benefit		Speak with your doctor to discuss switching to an appropriate drug that is available.

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Changes updated as of September 30, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
9/1/2010	Afinitor	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization and Quantity Limit Restrictions apply.
9/1/2010	Ampyra	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization and Quantity Limit Restrictions apply.
9/1/2010	Cambia	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
9/1/2010	Cayston	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization and Quantity Limit Restrictions apply.
9/1/2010	Hizentra	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Restrictions apply.
9/1/2010	Lysteda	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
9/1/2010	Mirapex ER	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization and Quantity Limit Restrictions apply.
9/1/2010	Oravig	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
9/1/2010	Victoza	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization and Quantity Limit Restrictions apply.
9/1/2010	Xiaflex	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization and Quantity Limit Restrictions apply.
9/1/2010	Zortress 0.25mg, 0.50mg	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization Restrictions apply.
9/1/2010	Zortress 0.75mg	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Restrictions apply.
9/1/2010	Zyclara	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
9/3/2010	Ketocon Plus	Addition	General Formulary Maintenance		Drug added to Tier 3.

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Changes updated as of September 30, 2010 *continued*

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
9/7/2010	Cocet Plus	Addition	General Formulary Maintenance		Drug added to Tier 3.
9/7/2010	Tobradex ST	Addition	General Formulary Maintenance		Drug added to Tier 3.
9/10/10	Tarka 1-240mg	Addition of Generic Drug	Generic drug available	trandolapril/verapamil hcl	Generic drug is available on Tier 1. Quantity Limit Restrictions apply.
9/27/10	Monodox	Addition of Generic Drug	Generic drug available	doxycycline monohydrate	Generic drug is available on Tier 1.
9/27/10	Suprep	Addition	General Formulary Maintenance		Drug added to Tier 3.
10/1/10	Dovonex ointment	Addition of Generic Drug	Generic drug available	calcipotriene	Generic drug is available on Tier 1.
10/1/10	Oleptro	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization and Quantity Limit Restrictions apply.

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Changes updated as of October 31, 2010

Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
10/22/2010	Dulera	Addition	General Formulary Maintenance		Drug added to Tier 3. Quantity Limit Restrictions apply.
10/22/2010	Iprivask	Addition	General Formulary Maintenance		Drug added to Tier 4.
10/22/2010	Xerese	Addition	General Formulary Maintenance		Drug added to Tier 3.
10/25/10	Prevacid tablet	Addition of Generic Drug	Generic drug available	lansoprazole	Brand name drug copay for tablet will remain Tier 2. Generic drug is available on Tier 1.
10/29/2010	Glassia	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
10/29/2010	Mirapex 0.75mg	Addition of Generic Drug	Generic drug available	pramipexole dihydrochloride	Brand name drug copay for 0.75mg will remain Tier 2. Generic drug is available on Tier 1.
10/29/10	Rybix ODT	Addition	General Formulary Maintenance		Drug added to Tier 3.
11/1/2010	Jevtana	Addition	General Formulary Maintenance		Drug added to Tier 4. Prior Authorization Requirements apply.
11/1/2010	Prolia	Addition	General Formulary Maintenance		Drug added to Tier 5. Prior Authorization Requirements apply.
11/1/2010	Silenor	Addition	General Formulary Maintenance		Drug added to Tier 3. Prior Authorization and Quantity Limit Restrictions apply.

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

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.

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.

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.

Medicare PLUS **Blue** PFFSSM



**Blue Cross
Blue Shield**
of Michigan

Prescription **Blue** PDPSM



**Blue Cross
Blue Shield**
of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association.

Medicare Plus Blue PFFS is a health plan with a Medicare contract.

Prescription Blue PDP is a stand-alone prescription drug plan with a Medicare contract.

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