

Medicare PLUS Blue PPOSM Prescription Blue PDPSM



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



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Drug Formulary Updates

Notes about our Formulary

Can the Formulary change?

Generally, if you are taking a drug on our 2011 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2011 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 (PA), quantity limits (QL) and/or step therapy (ST) 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.

H9572 S5584_C_Rxupdates CMS Approved 02012011

A health plan with a Medicare contract. A stand-alone prescription drug plan

Formulary ID#11275

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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 your plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by your plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by your plan.
- You can ask us 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 Formulary?

You can ask us 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, your plan limits 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 Tier 3 Non-Preferred Generic and Brand Drugs or Tier 5 Injectable Drugs, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 Preferred Brand Drugs 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, we 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.

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You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or your Medicaid office.

In general, beneficiaries must use network pharmacies to access their prescription drug benefit, except in non-routine circumstances. Quantity limitations and restrictions may apply.

For more information about the drugs covered by your plan, see the comprehensive formulary on this website or call the Member Services.

General information about your Medicare Advantage and Part D benefits

Individuals must have both Part A and Part B to enroll. Limitations, copayments and restrictions may apply.

It may cost more to get care from out-of-network providers, except in an emergency.

Members may enroll in the plan only during specific times of the year. Call Member Service for more information.

This document is available in alternative formats. Call Member Service to request other formats.

Member Service

If you have any questions about this letter or about transition supplies, please call Member Service:

Medicare Plus Blue members call 1-877-241-2583. TTY users call 1-800-579-0235.

Prescription Blue members call 1-800-565-1770. TTY users call 1-800-579-0235.

Service hours are 8 a.m. to 8 p.m., seven days a week:

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Changes updated on January 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
1/1/2011	ACCOLATE	Addition of Generic Drug	General Formulary Maintenance	zafirlukast	Generic Drug is on Tier 1, Brand Drug Remains on Tier 2.
1/1/2011	AMBIEN CR	Addition of Generic Drug	General Formulary Maintenance	zolpidem tartrate	Generic Drug is on Tier 1, Brand Drug Remains Not On Formulary. Quantity Limit Restrictions Apply.
1/1/2011	AMERGE	Addition of Generic Drug	General Formulary Maintenance	naratriptan	Generic Drug is on Tier 1, Brand Drug Remains on Tier 3. Quantity Limit and Step Therapy Restrictions apply.
1/1/2011	ARIMIDEX	Addition of Generic Drug	General Formulary Maintenance	anastrozole	Generic Drug is on Tier 1, Brand Drug Remains on Tier 3.
1/1/2011	BERINERT	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4 with Prior Authorization Requirements.
1/1/2011	CINRYZE	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4 with Prior Authorization Requirements.
1/1/2011	CUVPOSA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
1/1/2011	CYTOVENE IV	Addition of Generic Drug	General Formulary Maintenance	ganciclovir sodium	Drug is on Tier 5. Prior Authorization Requirements Apply.
1/1/2011	EMBEDA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3 with Quantity Limit Restrictions.
1/1/2011	EXALGO	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3. Quantity Limit and Prior Authorization Requirements Apply.

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

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Changes updated on January 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
1/1/2011	GLASSIA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4 with Prior Authorization Requirements.
1/1/2011	HALAVEN	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
1/1/2011	HIZENTRA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5 with Prior Authorization Requirements.
1/1/2011	JEVTANA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4 with Prior Authorization Requirements.
1/1/2011	LOVENOX	Addition of Generic Drug	General Formulary Maintenance	enoxaparin sodium	Generic Drug is on Tier 4, Brand Drug Remains on Tier 4.
1/1/2011	LOVENOX 30MG, 40MG	Addition of Generic Drug	General Formulary Maintenance	enoxaparin sodium	Generic Drug is on Tier 1, Brand Drug Remains on Tier 2.
1/1/2011	LUMIZYME	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4 with Prior Authorization Requirements.
1/1/2011	LYSTEDA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3 with Quantity Limit Restrictions.
1/1/2011	NATAZIA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
1/1/2011	ORAVIG	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3 with Quantity Limit Restrictions.
1/1/2011	PONSTEL	Addition of Generic Drug	General Formulary Maintenance	mefenamic acid	Generic Drug is on Tier 1, Brand Drug Remains on Tier 3.
1/1/2011	PROLIA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5 with Prior Authorization Requirements.

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Changes updated on January 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
1/1/2011	SULAR	Addition of Generic Drug	General Formulary Maintenance	nisoldipine	Generic Drug is on Tier 1, Brand Drug Remains on Tier 3. Quantity Limit Restrictions Apply.
1/1/2011	SUPREP	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
1/1/2011	VANCOMYCIN IV	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5 with Prior Authorization Requirements.
1/1/2011	XYZAL TABLET	Addition of Generic Drug	General Formulary Maintenance	levocetirizine	Generic Drug is on Tier 1, Brand Drug Remains Not On Formulary. Quantity Limit Restrictions Apply.
1/1/2011	ZORTRESS 0.25MG, 0.5MG	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3 with Prior Authorization Requirements.
1/1/2011	ZORTRESS 0.75MG	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4 with Prior Authorization Requirements.
1/1/2011	ZYMAXID	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
1/15/2011	CYMBALTA	PA Removal	General Formulary Maintenance		Brand Drug Remains on Tier 3, Prior Authorization No Longer Applies.

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Changes updated on January 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
1/21/2011	LOTREL 5/40MG, 10/40MG	Addition of Generic Drug	General Formulary Maintenance	amlodipine/ benazepril hydrochloride	Generic Drug is on Tier 1, Brand Drug Remains on Tier 2.
1/21/2011	NARDIL 15MG	Addition of Generic Drug	General Formulary Maintenance	phenelzine	Generic Drug is on Tier 1, Brand Drug Remains on Tier 2.
1/21/2011	QUIXIN	Addition of Generic Drug	General Formulary Maintenance	levofloxacin	Generic Drug is on Tier 1, Brand Drug Remains on Tier 3.
1/21/2011	RYTHMOL SR	Addition of Generic Drug	General Formulary Maintenance	propafenone hydrochloride	Generic Drug is on Tier 1, Brand Drug Remains on Tier 3.
1/21/2011	SAFYRAL	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
1/21/2011	SUBOXONE SL FILM	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 2 with Prior Authorization Requirements.

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Changes updated on February 28, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
2/1/2011	DIFFERIN 0.1% LOTION	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
2/1/2011	LASTACAFT	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
2/1/2011	LATUDA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
2/7/2011	ALLEGRA-D 24	Addition of Generic Drug	General Formulary Maintenance	fexofenadine/ pseudoephedrine	Generic Drug is on Tier 1, Brand Drug Remains on Tier 2. Quantity Limit Restrictions Apply.
6/1/2011	AVANDIA	Tier Increase	Preferred Formulary Options Available on Lower Tiers		Drug is on Tier 3. This change will not affect members who are receiving Avandia therapy prior to 06/01/2011.

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Changes updated on March 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
3/1/2011	ARICEPT 23MG	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3 with Quantity Limit Restrictions.
3/1/2011	XODOL	Addition of Generic Drug	General Formulary Maintenance	hydrocodone-acetaminophen	Generic drug is available on Tier 1.
3/7/2011	NITROMIST	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 2.
3/7/2011	VFEND	Addition of Generic Drug	General Formulary Maintenance	voriconazole	Generic drug is available on Tier 1.
3/14/2011	FEMHRT	Addition of Generic Drug	General Formulary Maintenance	ethinyl estradiol/norethindrone	Generic drug is available on Tier 1.
3/14/2011	NITROLINGUAL	Addition of Generic Drug	General Formulary Maintenance	nitroglycerin spray	Generic drug is available on Tier 1.
3/16/2011	TAXOTERE	Addition of Generic Drug	General Formulary Maintenance	docetaxel	Generic drug is available on Tier 4.
3/18/2011	BEYAZ	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
3/18/2011	BROMDAY	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
3/18/2011	FORTESTA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
3/18/2011	KRYSTEXXA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
3/18/2011	MOXEZA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
3/18/2011	PRADAXA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 2.

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Changes updated on March 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
3/18/2011	XGEVA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
3/24/2011	XALATAN	Addition of Generic Drug	General Formulary Maintenance	latanoprost	Generic drug is available on Tier 1.
3/25/2011	CINRYZE	PA Removal	General Formulary Maintenance		Prior Authorization Requirements No Longer Apply.
3/25/2011	TEFLARO	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
3/25/2011	XEOMIN	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
3/30/2011	FEMCON FE	Addition of Generic Drug	General Formulary Maintenance	noreth-ethinyl estradiol/ iron	Generic drug is available on Tier 1.
3/31/2011	TARKA 1/240MG	Addition of Generic Drug	General Formulary Maintenance	trandolapril/ verapamil hydrochloride	Generic Drug is on Tier 1, Brand Drug Remains On Tier 3. Quantity Limit Restrictions Apply.

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Changes updated on April 30, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
4/1/2011	NEURONTIN ORAL SOLUTION	Addition of Generic Drug	General Formulary Maintenance	gabapentin oral solution	Generic drug is available on Tier 1.
4/1/2011	POTASSIUM CHLORIDE /DEXTROSE /NS	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
4/1/2011	VOLTAREN	PA Removal	General Formulary Maintenance		Prior Authorization Requirements No Longer Apply.
4/8/2011	BANZEL	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 2.
4/14/2011	ATELVIA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3. Step Therapy requirements and Quantity Limit Restrictions Apply.
4/14/2011	KOMBIGLYZE XR	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3. Quantity Limit Restrictions Apply.
4/15/2011	TAXOTERE	Addition of Generic Drug	General Formulary Maintenance	docetaxel	Generic Drug Is Available On Tier 1.
4/15/2011	AREDIA	PA Addition	General Formulary Maintenance	pamidronate	Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	BONIVA	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.

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Changes updated on April 30, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
4/15/2011	CALCIJEX	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	CALCITRIOL	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	CALCIUM GLUCONATE	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	CARNITOR	PA Addition	General Formulary Maintenance	levocarnitine	Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	CARNITOR SF	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	CUBICIN	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	DEFERAL	PA Addition	General Formulary Maintenance	deferoxamine	Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	HECTOROL	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.

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Changes updated on April 30, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
4/15/2011	MIACALCIN INJECTION	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	REFLUDAN	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	VANCOMYCIN HCL	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	ZEMPLAR	PA Addition	General Formulary Maintenance		Part B vs Part D Determination. Prior Authorization Requirements May Apply.
4/15/2011	INCRELEX	PA Removal	General Formulary Maintenance		Prior Authorization Requirements No Longer Apply.
4/15/2011	SANDOSTATIN	PA Removal	General Formulary Maintenance	octreotide	Prior Authorization Requirements No Longer Apply.
4/15/2011	SANDOSTATIN LAR DEPOT	PA Removal	General Formulary Maintenance	octreotide	Prior Authorization Requirements No Longer Apply.

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Changes updated on April 30, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
4/22/2011	AXIRON	Addition to Formulary	General Formulary Maintenance		Drug Is On Tier 3.
4/22/2011	GAMMAPLEX	Addition to Formulary	General Formulary Maintenance		Drug Is On Tier 4. Prior Authorization Requirements Apply.
4/28/2011	AROMASIN	Addition of Generic Drug	General Formulary Maintenance	exemestane	Generic Drug Is Available On Tier 1.
4/29/2011	FEMARA	Addition of Generic Drug	General Formulary Maintenance	letrozole	Generic Drug Is Available On Tier 1.

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Changes updated on May 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
5/1/2011	ATACAND	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	ATACAND HCT	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	AVALIDE	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	AVAPRO	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	BENICAR	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	BENICAR HCT	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	DIOVAN	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	DIOVAN HCT	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	MICARDIS	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	MICARDIS-HCT	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	TEVETEN	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/1/2011	TEVETEN HCT	ST Removal	General Formulary Maintenance		Step Therapy Requirements No Longer Apply.
5/6/2011	ELESTAT	Addition of Generic Drug	General Formulary Maintenance	epinastine hydrochloride	Generic drug is available on Tier 1.
5/6/2011	GENERESS FE	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.

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Changes updated on May 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
5/13/2011	XIBROM	Addition of Generic Drug	General Formulary Maintenance	bromfenac sodium	Generic drug is available on Tier 1.
5/13/2011	OCTREOTIDE 50MCG/ML	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 2.
5/13/2011	VIRAMUNE XR	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 2.
5/20/2011	NEEVO	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
5/27/2011	EDARBI	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
5/27/2011	SYLATRON	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
5/27/2011	VANDETANIB	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
5/27/2011	YERVOY	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
9/1/2011	ACCOLATE	Brand Name Removal	Generic Drug Available	zafirlukast	Generic drug is available on Tier 1.
9/1/2011	AMERGE	Brand Name Removal	Generic Drug Available	naratriptan	Generic drug is available on Tier 1.
9/1/2011	ARICEPT 5MG, 10MG	Brand Name Removal	Generic Drug Available	donepezil hcl	Generic drug is available on Tier 1.
9/1/2011	ARICEPT ODT	Brand Name Removal	Generic Drug Available	donepezil	Generic drug is available on Tier 1.
9/1/2011	ARIMIDEX	Brand Name Removal	Generic Drug Available	anastrozole	Generic drug is available on Tier 1.

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Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
9/1/2011	EFFEXOR XR	Brand Name Removal	Generic Drug Available	venlafaxine hcl	Generic drug is available on Tier 1.
9/1/2011	EXELON	Brand Name Removal	Generic Drug Available	rivastigmine tartrate	Generic drug is available on Tier 1.
9/1/2011	LOTREL 5/40, 10/40	Brand Name Removal	Generic Drug Available	amlodipine besylate; benazepril hcl	Generic drug is available on Tier 1.
9/1/2011	LOVENOX 30MG, 40MG	Brand Name Removal	Generic Drug Available	enoxaparin sodium	Generic drug is available on Tier 1.
9/1/2011	MIRAPEX 0.75MG	Brand Name Removal	Generic Drug Available	pramipexole dihydrochloride	Generic drug is available on Tier 1.
9/1/2011	OPANA	Brand Name Removal	Generic Drug Available	oxymorphone	Generic drug is available on Tier 1.
9/1/2011	PEPCID ORAL SUSPENSION	Brand Name Removal	Generic Drug Available	famotidine	Generic drug is available on Tier 1.
9/1/2011	PONSTEL	Brand Name Removal	Generic Drug Available	mefenamic acid	Generic drug is available on Tier 1.
9/1/2011	PREVACID SOLUTAB	Brand Name Removal	Generic Drug Available	lansoprazole	Generic drug is available on Tier 1.

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Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
9/1/2011	RYTHMOL SR	Brand Name Removal	Generic Drug Available	propafenone hydrochloride	Generic drug is available on Tier 1.
9/1/2011	SANCTURA	Brand Name Removal	Generic Drug Available	tropium chloride	Generic drug is available on Tier 1.
9/1/2011	TARKA 1/240MG	Brand Name Removal	Generic Drug Available	trandolapril/verapamil hydrochloride	Generic drug is available on Tier 1.
9/1/2011	YAZ	Brand Name Removal	Generic Drug Available	drosiprenone/ethinyl estradiol	Generic drug is available on Tier 1.
10/1/2011	FEMHRT 1/5	Brand Name Removal	Generic Drug Available	ethinyl estradiol/norethindrone	Generic drug is available on Tier 1.
10/1/2011	NARDIL	Brand Name Removal	Generic Drug Available	phenelzine	Generic drug is available on Tier 1.
10/1/2011	NEURONTIN ORAL SOLUTION	Brand Name Removal	Generic Drug Available	gabapentin oral solution	Generic drug is available on Tier 1.
10/1/2011	QUIXIN	Brand Name Removal	Generic Drug Available	levofloxacin	Generic drug is available on Tier 1.
10/1/2011	SULAR 8.5MG, 17MG, 25.5MG, 34MG	Brand Name Removal	Generic Drug Available	nisoldipine	Generic drug is available on Tier 1.

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Changes updated on May 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
10/1/2011	XALATAN	Brand Name Removal	Generic Drug Available	latanoprost	Generic drug is available on Tier 1.
10/1/2011	XODOL	Brand Name Removal	Generic Drug Available	acetaminophen/ hydrocodone bitartrate	Generic drug is available on Tier 1.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on June 30 , 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
1/1/2011	DENAVIR	Formulary Deletion	Drug Manufacturer Not Part D Covered		
1/1/2011	UROCIT-K	Brand Name Removal	No longer covered by Medicare Part D.	potassium citrate	
2/22/2011	OCTAGAM	Formulary Deletion	No longer covered by Medicare Part D.		
3/14/2011	ALLEGRA	Removal From Formulary	No longer covered by Medicare Part D.		Medication now available over-the-counter (OTC).
3/14/2011	ALLEGRA ODT	Removal From Formulary	No longer covered by Medicare Part D.		Medication now available over-the-counter (OTC).
3/14/2011	ALLEGRA-D 12 HOUR	Removal From Formulary	No longer covered by Medicare Part D.		Medication now available over-the-counter (OTC).
3/14/2011	ALLEGRA-D 24 HOUR	Removal From Formulary	No longer covered by Medicare Part D.		Medication now available over-the-counter (OTC).
6/2/2011	ADOXA 150MG CAPSULE	Addition of Generic Drug	Generic Drug Available	doxycycline monohydrate	Generic drug is available on Tier 1.
6/3/2011	DALIRESP	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
6/7/2011	TRIANEX OINTMENT	Addition to Formulary	General Formulary Maintenance	triamcinolone acetonide	Generic drug is available on Tier 1.
6/13/2011	ACTIVELLA 0.5 MG/0.1 MG	Addition of Generic Drug	Generic Drug Available	estradiol/norethindrone acetate	Generic drug is available on Tier 1.
6/14/2011	METHERGINE	Addition of Generic Drug	Generic Drug Available	methylergonovine	Generic drug is available on Tier 1.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on June 30 , 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
6/14/2011	LYBREL	Addition of Generic Drug	Generic Drug Available	ethinyl estradiol/ levonorgestrel	Generic drug is available on Tier 1.
6/16/2011	NASACORT AQ	Addition of Generic Drug	Generic Drug Available	triamcinolone	Generic drug is available on Tier 1. Step Therapy Requirements Apply.
6/17/2011	EFFIENT	Tier Decrease	General Formulary Maintenance		Drug is on Tier 2.
6/17/2011	MOXEZA	Tier Decrease	General Formulary Maintenance	moxifloxacin	Drug is on Tier 2.
6/20/2011	EGRIFTA	Addition to Formulary	General Formulary Maintenance	tesamorelin acetate	Drug is on Tier 4. Quantity Limit Restrictions Apply.
6/20/2011	CYCLOSET	Addition to Formulary	General Formulary Maintenance	bromocriptine	Drug is on Tier 3. Quantity Limit Restrictions Apply.
6/22/2011	LUPRON DEPOT 45MG	Addition to Formulary	General Formulary Maintenance	leuprolide	Drug is on Tier 4.
6/23/2011	LEVAQUIN	Addition of Generic Drug	Generic Drug Available	levofloxacin	Generic drug is available on Tier 1.
6/24/2011	DOCEFREZ	Addition to Formulary	General Formulary Maintenance	docetaxel	Drug is on Tier 4.
6/24/2011	CARBATROL	Addition of Generic Drug	Generic Drug Available	carbamazepine	Generic drug is available on Tier 1.
6/24/2011	COLOCORT	Addition to Formulary	General Formulary Maintenance	hydrocortisone	Drug is on Tier 1.
6/24/2011	MAKENA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on July 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
7/1/2011	AEROBID-M	Removal From Formulary	Product has been withdrawn from market		
7/1/2011	AEROBID	Removal From Formulary	Product has been withdrawn from market		
7/1/2011	AZILECT	Tier Decrease	General Formulary Maintenance		Drug is on Tier 2.
7/1/2011	ENJUWIA	Tier Decrease	General Formulary Maintenance		Drug is on Tier 2.
7/8/2011	ZYTIGA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
7/15/2011	ABSTRAL	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4. Prior Authorization Requirements and Quantity Limit Restrictions Apply.
7/15/2011	GILENYA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4. Prior Authorization Requirements and Quantity Limit Restrictions Apply.
7/21/2011	ARIXTRA 2.5MG/0.5ML	Addition of Generic Drug	General Formulary Maintenance	fondaparinux Sodium	Generic Drug is on Tier 5.
7/21/2011	ARIXTRA	Addition of Generic Drug	General Formulary Maintenance	fondaparinux Sodium	Generic Drug is on Tier 4.
7/29/2011	ENTOCORT EC	Addition of Generic Drug	Generic Drug Available	budesonide	Generic drug is available on Tier 1.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on July 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
7/29/2011	PHOSLYRA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
8/1/2011	XIBROM	Brand Name Removal	Manufacturer Discontinued	bromfenac	Generic drug is available on Tier 1.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on August 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
8/1/2011	HORIZANT	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3. Step Therapy Requirements Apply.
8/1/2011	NUDEXTA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 2. Prior Authorization Requirements and Quantity Limit Restrictions Apply.
8/1/2011	TARKA (all strengths)	Addition to Formulary	General Formulary Maintenance		Generic drug removed from coverage. Brand drug is on Tier 3. Quantity Limit Restrictions Apply.
8/1/2011	UROXATRAL	Addition of Generic Drug	General Formulary Maintenance	alfuzosin hcl	Generic drug is available on Tier 1. Quantity Limit Restrictions Apply.
8/1/2011	VIIBRYD	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3. Step Therapy Requirements Apply.
8/16/2011	HALOPERIDOL DECANOATE	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
8/16/2011	LEVOFLOXACIN	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
8/19/2011	EDURANT	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
8/19/2011	FONDAPARINUX SODIUM	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on August 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
8/19/2011	OPANA	Addition of Generic Drug	General Formulary Maintenance	oxymorphone hcl	Generic drug is available on Tier 1.
8/19/2011	NEXTERONE	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
8/19/2011	CAPRELSA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
8/30/2011	EXTINA	Addition of Generic Drug	General Formulary Maintenance	ketoconazole	Generic drug is available on Tier 1.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on September 30, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
9/2/2011	CEFTAZIDIME PENTAHYDRATE/ D5W	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
9/9/2011	NULOJIX	Addition to Formulary	General Formulary Maintenance		Drug Is On Tier 4. Part B vs. Part D Determination Prior Authorization Requirements May Apply.
9/9/2011	NAROPIN	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 5.
9/15/2011	FELBATOL TABLET	Addition of Generic Drug	General Formulary Maintenance	felbamate	Generic drug is available on Tier 1.
9/16/2011	COMPLERA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
9/23/2011	LUPRON PED DEPOT 11.25MG (3 MONTH)	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
9/23/2011	LUPRON PED DEPOT 30MG	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4.
9/29/2011	TRADJENTA	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.

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Medicare Plus Blue PPO VitalitySM and Signature and Prescription Blue PDP Option ASM

Changes updated on October 31, 2011					
Effective Date of Change	Drug Name	Type of Change	Reason for Change	Alternative Drug*	Information You Should Know
10/1/2011	DIFICID	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 4. Quantity Limit Restrictions Apply.
10/14/2011	KEPPRA XR	Addition of Generic Drug	Generic Drug Available	levetiracetam	Generic drug is available on Tier 1.
10/19/2011	FORTAMET	Addition of Generic Drug	Generic Drug Available	metformin hcl er	Generic drug is available on Tier 1. Quantity Limit Restrictions Apply.
10/28/2011	ROSADAN	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.
10/28/2011	VELTIN	Addition to Formulary	General Formulary Maintenance		Drug is on Tier 3.

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