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Dear Valued Member:

Effective January 1, 2007, Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc., are announcing three changes to your pharmacy benefit: (1) the copayment tier for several prescription medications are changing; (2) the quantity per dispensing (QPD) limits are being updated; and (3) prescriptions for specialty drugs will be limited to the amount of drug you can get from a retail pharmacy (typically 30-34 day supply). The QPD and tier status changes have been approved by the Blue Cross and Blue Shield of Louisiana Pharmacy and Therapeutics (P&T) Committee, a group of local doctors and pharmacists.

Throughout the year the P&T Committee regularly reviews available safety, efficacy and cost information on prescription medications. This committee recommended changing the copayment tier for several drugs. For example, in 2006, the copayment tier for the following drugs was changed from a Tier 3 copayment level to a Tier 2 (lower) copayment level: Actoplus Met®, Aldara®, Atripla®, Avandaryl®, Campral®, Dynacirc CR®, Emend®, Exjade®, Prevpac®, Prezista®, QVAR®, Requip Starter Pack®, Suboxone® and Vesicare®. If you are taking one of these medications, you've been receiving the benefit of this lower copayment status in 2006.

How does this affect you?

In addition to recommending some brand-name drugs be moved to a lower copayment tier, the P&T Committee occasionally recommends moving other medications to a higher copayment tier. The drugs that will require a Tier 3 copayment effective January 1, 2007, as well as lower Tier 2 and Tier 1 copayment alternatives are provided below:

| Pharmacy Copayment Tier Changes Effective January 1, 2007 | | |
|--|---|---|
| Tier 3 Medication (Higher Copayment) | Tier 2 Alternatives (Middle Copayment) | Tier 1 Alternatives (Lowest Copayment) |
| Famvir® | Valtrex® | acyclovir |
| Serevent®/Serevent Diskus® | Foradil® | |

If you are taking one of the medications that will require a Tier 3 copayment on January 1, 2007, please discuss these changes and the lower copayment alternative (Tier 2 and Tier 1) medications with your physician.

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The quantity per dispensing (QPD) limits are also changing for several medications. QPD is the quantity of medication you can have filled at one time. Changes to the maximum quantity allowed per copayment or 30-day supply are provided in the chart below:

| Blue Cross and Blue Shield of Louisiana Quantity per Dispensing (QPD) Limits/Allowances Changes for 2007 | | | |
|--|---------------------------------------|----------------------------------|--------------------------------|
| Covered prescriptions are available at a participating pharmacy for the day supply limitation set forth in your member contract/certificate (typically up to a 30-day supply at a retail pharmacy and up to a 90-day supply for mail-order). These limits are based on the manufacturer's recommended dosage and duration of therapy; common usage for episodic or intermittent treatment; FDA-approved recommendations and/or clinical studies; and/or as determined by Blue Cross and Blue Shield of Louisiana. QPD limits/allowances are subject to quantity limits per day supply, per dispensing event, or any combination thereof. | | | |
| The following drugs will have an updated QPD limit effective January 1, 2007. The updated limit is listed in both the "Retail QPD" and "Mail QPD" columns. The limits below are "per dispensing event" unless marked with an asterisk. | | | |
| Drug Name | Strength/Dosage Form | Retail QPD # of Units | Mail QPD # of Units |
| Abilify® | all tablet strengths | 30 | 90 |
| Abilify Discmelt® | 10 mg, 15mg tablet | 60 | 180 |
| Actoplus Met® | 15/500mg, 15/850mg tablet | 90 | 270 |
| Advicor® | 500mg/20mg tablet | 30 | 90 |
| Advicor® | 750mg/20mg, 1000mg/20mg tablet | 60 | 180 |
| Anzemet® | 50mg, 100mg tablet | 4 | 12 |
| Astelina® | 137mcg nasal spray (30ml device) | 2 devices (60ml) | 6 devices (180ml) |
| Astelina® | 137mcg nasal spray (34ml device) | 2 devices (68ml) | 6 devices (204ml) |
| atenolol | 25mg, 50mg, 100mg tablet | 60 | 180 |
| Boniva® | 2.5mg tablet | 30 | 90 |
| butorphanol | 10mg/ml nasal spray (2.5ml device) | 2 devices (5mls) | 6 devices (15mls) |
| Cardura XL® | 4mg, 8mg tablet | 30 | 90 |
| Catapres-TTS® | all patch strengths | 4 systems | 12 systems |
| Climara® | all patch strengths | 4 systems | 12 systems |
| Climara Pro® | transdermal patch | 4 systems | 12 systems |
| Enbrel® | 50mg/ml syringe | 4 | 4 |
| estradiol | 0.05, 0.1mg/day patch | 4 systems | 12 systems |
| Flovent HFA® | 44 mcg inhaler (10.6 gm device) | 2 inhalers (21.2gm) | 6 inhalers (63.6gm) |
| Flovent HFA® | 110 mcg inhaler (12gm device) | 1 inhaler (12gm) | 3 inhalers (36gm) |
| Flovent HFA® | 220 mcg inhaler (12gm device) | 3 inhalers (36gm) | 9 inhalers (108gm) |
| fluvoxamine maleate | 25mg, 50mg tablet | 90 | 270 |

| Drug Name | Strength/Dosage Form | Retail QPD # of Units | Mail QPD # of Units |
|---------------------|---|----------------------------------|--------------------------------|
| Fortical® | Nasal Spray 220 units (3.7ml bottle) | 1 bottle (3.7mls) | 3 bottles (11.1mls) |
| Fosamax® | 70 mg oral solution (1 box contains 4 bottles) | 4 bottles | 12 bottles |
| furosemide | 20, 40, 80 mg tablet | 90 | 270 |
| Geodon® | all capsule strengths | 60 | 180 |
| glipizide | 5mg tablet | 90 | 270 |
| glipizide | 10mg tablet | 120 | 360 |
| glipizide ER | all tablet strengths | 90 | 270 |
| glipizide XL | all tablet strengths | 90 | 270 |
| hydrochlorothiazide | all tablet and capsule strengths | 90 | 270 |
| Kytril® | oral solution (2mg/ml) | 40mls | 120mls |
| Kytril® | 1 mg tablet | 8 | 24 |
| Lioresal IT® Kit | all kit strengths | 1 kit | 1 kit |
| lisinopril/hctz | 10mg/12.5mg tablet | 60 | 180 |
| lisinopril/hctz | 20mg/12.5mg, 20mg/25mg tablet | 120 | 360 |
| Lotronex® | 0.5mg tablet | 60 | 180 |
| Maxalt® | 5mg, 10mg tablet | 9 | 27 |
| Maxalt MLT® | 5mg, 10mg tablet | 9 | 27 |
| meloxicam | all tablet strengths | 30 | 90 |
| meloxicam | oral suspension (7.5mg/5ml) | 300mls | 900mls |
| metformin | 500mg tablet | 120 | 360 |
| metformin | 850mg tablet | 90 | 270 |
| metformin | 1000mg tablet | 60 | 180 |
| metformin ER | 500mg tablet | 120 | 360 |
| metformin ER | 750mg tablet | 90 | 270 |
| metoprolol | 25mg, 50mg tablet | 90 | 270 |
| metoprolol | 100mg tablet | 120 | 360 |
| Miacalcin® | Nasal Spray 220 units (3.7ml bottle) | 1 bottle (3.7mls) | 3 bottles (11.1mls) |
| Mobic® | all tablet strengths | 30 | 90 |
| Mobic® | oral suspension (7.5mg/5ml) | 300mls | 900mls |
| omeprazole | 10mg capsule | 30 | 90 |
| Opana ER® | all strengths | 90* | 270* |
| Pexeva® | 30mg tablet | 60 | 180 |
| Pexeva® | 10mg, 20mg, 40mg tablet | 30 | 90 |
| Prilosec® | 10mg, 20mg capsule | 30 | 90 |
| Pulmicort® | all respule strengths (2mls) | 60 respules | 180 respules |
| Razadyne ER® | all tablet strengths | 30 | 90 |
| Rebif® | titration pack (1 pack contains 12 syringes) | 1 pack | 1 pack |
| Regranex® | 0.01% gel (15gm tube) | 1 tube (15gm) | 3 tubes (45gm) |

| Drug Name | Strength/Dosage Form | Retail QPD # of Units | Mail QPD # of Units |
|---------------------------------|--|----------------------------------|--------------------------------|
| Relenza® | 5mg diskhaler (containing 20 blisters) | 1 device | 1 device |
| Ribapak® | all Dose Pack strengths (56 tablets per pack) | 1 pack (56 tablets) | 1 pack (56 tablets) |
| Ribasphere® | 400mg tablet | 90 | 90 |
| Ribasphere® | 600mg tablet | 60 | 60 |
| Ribatab® | 400mg tablet | 90 | 90 |
| Ribatab® | 600mg tablet | 60 | 60 |
| Ribatab® | all Dose Pack strengths (56 tablets per pack) | 1 pack (56 tablets) | 1 pack (56 tablets) |
| Seroquel® | 25mg, 50mg, 100mg, 200mg tablet | 90 | 270 |
| Seroquel® | 300mg, 400mg tablet | 60 | 180 |
| Symlin® | 0.6mg/ml (5 ml vial) | 4 vials | 12 vials |
| Tobi® | 300mg/5ml ampules (28 ampules per package) | 2 packs (56 ampules) | 6 packs (168 ampules) |
| triamterene/hydrochlorothiazide | all tablet and capsule strengths | 60 | 180 |
| Wellbutrin XL® | 150mg tablet | 90 | 270 |
| Wellbutrin XL® | 300mg tablet | 30 | 90 |
| Zegerid® | all packet strengths | 30 | 90 |
| Zegerid® | 40mg capsule | 30 | 90 |
| Zofran® | oral solution 4mg/5ml (50ml bottles) | 120mls | 360mls |
| Zofran® | 4mg, 8mg tablet | 12 | 36 |
| Zofran ODT® | 4mg, 8mg tablet | 12 | 36 |
| Zofran® | 24mg tablet | 4 | 12 |
| Zyprexa® | all tablet strengths | 30 | 90 |
| Zyprexa Zydis® | all tablet strengths | 30 | 90 |

*Limits are per 30-day supply for retail and per 90-day supply for mail-order.

Also effective January 1, 2007, prescriptions for specialty drugs will be limited to the retail day supply limitation (typically 30-34 days). Specialty drugs are biotechnology drugs or other drug products that may require special ordering, handling and/or customer service. Examples of specialty drugs include, but are not limited to: chemotherapeutic agents, biotechnology agents, interferons and growth hormones. Sometimes a member fills a 90-day supply of a specialty medication, but does not continue the same therapy for 90 days due to a change in condition, an adverse reaction or change in dosage. Since specialty medications typically cost thousands of dollars per prescription, limiting each fill to your retail day supply helps decrease waste and keep premiums affordable.

How do I know which copayment tier or quantity per dispensing limits apply to other medications I am taking?

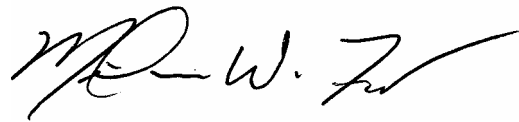
We have worked with Express Scripts, Inc.* to create tools to help you access copayment requirements and quantity limits for the most commonly prescribed drugs.

- Go to www.bcbsla.com/pharmacy. To check on copayment changes, simply click on the link called “2007 Drug Guide.” To check on quantity limits, click on the link called “Quantity Per Dispensing (QPD) Level Limits/Allowances.” The electronic documents will be available for downloading by December 1, 2006.
- Alternatively, you may ask that a copy of the 2007 “Blue Selections Member Guide” or “Quantity Per Dispensing (QPD) Level Limits/Allowances” be sent to you by calling Express Scripts Customer Service Department toll-free at 1-866-781-7533, which is listed on the back of your ID card.

More Questions?

If you have any questions about this information, or your prescription benefits or options, please call Express Scripts Customer Service Department at 1-866-781-7533.

Sincerely,

A handwritten signature in black ink, appearing to read "Milam W. Ford". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Milam W. Ford, RPH, MBA, MPH
Pharmacy Director