



An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 1460
Little Rock, Arkansas 72203

November 30, 2006

Dear BlueAdvantage Administrators of Arkansas Member:

Medications assigned to the second-and third-tier copayment levels are reviewed each year by a committee of prescribing physicians and pharmacists who provide guidance and recommendations for preferred drug and copayment tier status, and sometimes changes are required. We attempt to hold these changes to a minimum. Members who receive drugs on the third-tier are required to pay a higher copayment for these prescriptions.

The following medications will move to the third tier on Jan.1, 2007, and will have a higher copayment thereafter. If taking one of these medications, you may choose to pay the higher copayment, or you may prefer to ask your physician or pharmacist for a comparable medication in the first or second copayment tier. A list of the preferred or second-tier medications can be found on our Web site at www.BlueAdvantage.com.

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|-------------|---------|----------|
| Alex | Elidel | Prefest |
| Caduet | FemHRT | QVAR |
| Carbatrol | Kytril | Trusopt |
| Celontin | Lipitor | Univasc |
| Detrol | Lotemax | Uroxitol |
| Detrol LA | Lumigan | Valtrex |
| Dibenzyline | Precose | |

If you have any questions concerning this correspondence or your pharmacy coverage, please call our pharmacy member service number at 1-888-293-3748.

Sincerely,

A handwritten signature in black ink, appearing to read 'Trey Gardner', written in a cursive style.

Trey Gardner, Pharm D
Enterprise Pharmacy Programs