

Upcoming Changes to GemCare Health Plan's Formulary

GemCare Health Plan may add or remove drugs from our formulary during the year. 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 will notify you of the change at least 60 days before the date that the change becomes effective; unless 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, in which case we will immediately remove the drug from our formulary.

Name of Affected Drug	Description of Change	Date of Change	Alternative Drug*	Alternative Drug Tier
Trileptal	Removal of brand from formulary due to new generic	6/1/2008	Oxcarbazepine	Tier 1
Coreg	Removal of brand from formulary due to new generic	6/1/2008	Carvedilol	Tier 1
Estrostep FE	Removal of brand from formulary due to new generic	6/1/2008	Ethinyl Estradiol and ferrous fumarate and norethindrone acetate	Tier 1
Floxin	Removal of brand from formulary due to new generic	6/1/2008	Ofloxacin Otic	Tier 1
Fosamax	Removal of brand from formulary due to new generic	6/1/2008	Alendronate	Tier 1
Protonix	Removal of brand from formulary due to new generic	6/1/2008	Pantoprazole Sodium Sesquihydrate	Tier 1

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug.

Members may request an updated coverage determination or formulary exception by following the procedure specified in their Evidence of Coverage, or by contacting the plan sponsor for more information.

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