

Upcoming Changes to GEMCare Health Plan MA-PD's Formulary

GEMCare Health Plan MA-PD may add or remove drugs from our formulary during the year. If we remove drugs from our formulary 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 and provide retrospective notice.

Name of Affected Drug	Description of Change	Date of Change	Alternative Drug*	Alternative Drug Tier
Femhrt 1/5	Removal of brand due to addition of generic	8/1/2011	Jinteli	3
Xalatan	Removal of brand due to addition of generic	8/1/2011	latanoprost	2
Vfend tablets	Removal of brand due to addition of generic	9/1/2011	voriconazole	6
Aromasin	Removal of brand due to addition of generic	10/1/2011	exemestane	3
Femara	Removal of brand due to addition of generic	10/1/2011	letrozole	2
Nardil	Removal of brand due to addition of generic	10/1/2011	phenelzine	2
Quixin	Removal of brand due to addition of generic	10/1/2011	levofloxacin solution	3

*Alternative drugs or other possible drugs are drugs that are generic or therapeutic alternatives in the same therapeutic category/class as the affected drug used to treat your medical condition. Only your physician can determine if the alternate listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is an appropriate drug for you. **The amount you will pay for these drugs depends on which coverage period you are in. Call our customer service number to find out how much you will pay for these drugs.**

Changes to GEMCare Health Plan MA-PD's Formulary

GEMCare Health Plan MA-PD informed you of upcoming changes to our formulary. Below is a list of drugs that have either been removed or added to the formulary or there has been a change in its preferred or tiered cost-sharing status. As of the date listed below please use the alternative drug listed. If you have any questions about this change, please call customer service.

Name of Affected Drug	Description of Change	Date of Change	Alternative Drug*	Alternative Drug Tier
propoxyphene containing products	Removal due to FDA withdrawal from market	11/19/2010	ibuprofen	1
Accolate	Removal of brand due to addition of generic	5/1/2011	zafirlukast	2
Ambien CR 6.25mg	Removal of brand due to addition of generic	5/1/2011	zolpidem er	2

Amerge	Removal of brand due to addition of generic	5/1/2011	naratriptan	2
Arimidex	Removal of brand due to addition of generic	5/1/2011	anastrozole	2
Astelin	Removal of brand due to addition of generic	5/1/2011	azelastine	2
Differin cream and gel	Removal of brand due to addition of generic	5/1/2011	adapalene	2
Exelon capsules	Removal of brand due to addition of generic	5/1/2011	rivastigmine	2
Mirapex 0.75mg	Removal of brand due to addition of generic	5/1/2011	pramipexole	2
Ambien CR 12.5mg	Removal of brand due to addition of generic	6/1/2011	zolpidem er	2
Aricept	Removal of brand due to addition of generic	6/1/2011	donepezil	3

*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.

Last Updated 7/1/2011

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