

Upcoming Changes to Care Improvement Plus' Formulary

Care Improvement Plus 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 and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, 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, in which case we will immediately remove the drug from our formulary.

The table below outlines upcoming changes to our formulary that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay	Effective Date
LOPROX 1% SHAMPOO	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CICLOPIROX 1% SHAMPOO	TIER 1	09/01/2010
MIRAPEX 0.125 MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRAMIPEXOLE 0.125 MG	TIER 1	09/01/2010
MIRAPEX 0.25 MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRAMIPEXOLE 0.25 MG	TIER 1	09/01/2010
MIRAPEX 1 MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRAMIPEXOLE 1 MG	TIER 1	09/01/2010
MIRAPEX 1.5 MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRAMIPEXOLE 1.5 MG	TIER 1	09/01/2010
MIRAPEX 0.5 MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRAMIPEXOLE 0.5 MG	TIER 1	09/01/2010
PULMICORT 0.25 MG/2ML AMPUL FOR NEBULIZATION (ML)	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUDESONIDE 0.125 MG/ML INHALANT SOLUTION	TIER 1, B/D QL (120/25)	09/01/2010
PULMICORT 0.5 MG/2ML AMPUL FOR NEBULIZATION (ML)	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUDESONIDE 0.25 MG/ML INHALANT SOLUTION	TIER 1, B/D QL (120/25)	09/01/2010

ALDARA 5% CREAM	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	IMIQUIMOD 5% CREAM	TIER 1	10/01/2010
FLOMAX 0.4 MG CAPSULE	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	TAMSULOSIN HCL 0.4 MG CAPSULE	TIER 1	10/01/2010

* Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you.