

Generations Healthcare HMO

Medicare Advantage Health Plans

2010 Optimal Med 3/1/2010 Addendum

FORMULARY ADDITIONS

DRUG NAME	TIER	REQUIREMENTS	EFFECTIVE DATE
<i>acetic acid irrig soln</i>	G		1/1/2010
ADCIRCA	SP	QL, PA	1/1/2010
ALVESCO	NPB	QL	1/1/2010
<i>amantadine hcl syrup</i>	G		1/1/2010
ANTARA	NPB	QL	1/1/2010
<i>apraclonidine hcl ophth soln</i>	G		1/1/2010
<i>atropine sulfate ophth soln, oint</i>	G		1/1/2010
AZELASTINE OPHTH SOLN	PB	QL	1/1/2010
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	PB	QL	1/1/2010
CERVARIX	NPB		3/1/2010
<i>choline and mag trisalicylate</i>	G		1/1/2010
COARTEM	PB	QL	1/1/2010
CREON 5, 10, 20 CAP	PB		1/1/2010
E.E.S. GRANULES ORAL SUSP	PB		1/1/2010
EXTAVIA	SP	QL, PA, ST	1/1/2010
FANAPT	NPB	QL, ST	3/1/2010
<i>galantamine hydrobromide soln</i>	G	QL	1/1/2010
<i>gavilyte-c, gavilyte-n</i>	G		2/1/2010
INVEGA SUSTENNA 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	SP	QL, PA	1/1/2010
INVEGA SUSTENNA 39 MG/0.25ML, 78 MG/0.5ML	NPB	QL, PA	1/1/2010
ISOPTO HOMATROPINE OPHTH SOLN	PB		1/1/2010
<i>ketorolac tromethamine ophth soln</i>	G	QL	1/1/2010

Generations Healthcare HMO is a Medicare-approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: GlobalHealth, Inc., a member of the Universal American family of companies.

MAXALT	PB	QL	1/1/2010
MAXALT-MLT	PB	QL	1/1/2010
<i>morphine sulfate soln, rectal supp</i>	G	QL	1/1/2010
MOZOBIL	SP	QL, PA	1/1/2010
MULTAQ	PB	QL	3/1/2010
<i>nateglinide</i>	G	QL	1/1/2010
NUTROPIN AQ NUSPIN 5 SC SOLN 5 MG/2ML	SP	QL, PA	2/1/2010
ONGLYZA	PB	QL	1/1/2010
OPANA ER	NPB	QL	1/1/2010
<i>oxcarbazepine susp 300 mg/5ml</i>	G	QL, ST	2/1/2010
<i>oxyCODONE hcl 5 mg cap, conc 20 mg/ml, soln 5 mg/5ml</i>	G	QL	1/1/2010
<i>pilocarpine hcl ophth soln</i>	G		1/1/2010
<i>piperacillin sodium-tazobactam sodium for inj</i>	G		1/1/2010
<i>polyethylene glycol 3350 packet, powder</i>	G		1/1/2010
<i>pot bicarb-pot chloride effervescent 25 meq tab</i>	G		1/1/2010
<i>potassium bicarbonate effervescent 25 meq tab</i>	G		1/1/2010
<i>potassium chloride liquid, packet 20 meq</i>	G		1/1/2010
RENACIDIN IRRIG SOLN	NPB		1/1/2010
REVELA 0.8 GM PACKET	PB	QL	1/1/2010
REVELA 2.4 GM PACKET	PB		1/1/2010
SABRIL	SP	QL, PA, LA	2/1/2010
<i>salsalate</i>	G		1/1/2010
SAMSCA	SP	QL, PA	2/1/2010
SAPHRIS	NPB	QL, ST	2/1/2010
SORIATANE 10 MG	NPB	ST	2/1/2010
SORIATANE 25 MG	SP	ST	2/1/2010
SORIATANE 17.5 MG, 22.5 MG	SP	ST	3/1/2010
SUMATRIPTAN NASAL SOLN 20 MG/ACT	PB	QL	1/1/2010
SUMATRIPTAN SUCCINATE SC KIT 4 MG/0.5ML, 6 MG/0.5ML	PB	QL	1/1/2010
SURMONTIL 25 MG, 50 MG CAP	NPB		1/1/2010
TREXIMET	PB	QL	1/1/2010
<i>valacyclovir tab</i>	G	QL	1/1/2010
VALTURNA	PB	QL, ST	1/1/2010
VOTRIENT	SP	QL, PA	3/1/2010
ZEMAIRA	SP	PA, LA	1/1/2010
ZENPEP	PB		3/1/2010

REQUIREMENT CHANGES

DRUG NAME	TIER	REQUIREMENTS	EFFECTIVE DATE
<i>amlodipine 2.5 mg</i>	G	QL increased to 45 tablets per 30 days	1/1/2010
AZASITE	PB	QL removed	2/1/2010
BARACLUDE TAB, SOLN	PB	PA removed	1/1/2010
CUBICIN	SP	PA removed	1/1/2010
EPIVIR HBV TAB, SOLN	PB	PA removed	1/1/2010
HEPSERA	SP	PA removed	1/1/2010
SYNERCID	SP	PA removed	1/1/2010
TYGACIL	SP	PA removed	1/1/2010
TYZEKA	NPB	PA removed	1/1/2010
VFEND SUSP	SP	QL increased to 450 mL per 30 days	1/1/2010
ZORBTIVE 8.8 MG	SP	QL increased to 28 vials per 28 days	3/1/2010

TIER CHANGES

DRUG NAME	TIER*	EFFECTIVE DATE
ACTOS	PB	1/1/2010
ACTOPLUS MET	PB	1/1/2010
BARACLUDE TABS	PB	1/1/2010
CREON	PB	1/1/2010
DUETACT	PB	1/1/2010
<i>malathion external lotion</i>	G	1/1/2010
PRANDIN	PB	1/1/2010
<i>risperidone m-tab 1 mg</i>	G	1/1/2010

* Lower cost sharing tier

DELETIONS

DRUG NAME	TIER	REQUIREMENTS	EFFECTIVE DATE
AMINESS IV SOLN 5.2%	NPB		3/1/2010
HIBTITER	PB		1/1/2010
INTAL INHALER	NPB	QL	1/1/2010
<i>sulf-10 ophth soln</i>	G		1/1/2010



Generations Healthcare

1-866-547-3060

(TTY users call 1-800-958-2692)

8:00 a.m. to 8:00 p.m. in your local time zone, every day

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