

UPCOMING CHANGES TO THE FORMULARY

During the plan year, drugs may be added to or removed from the formulary. If we remove drugs from the formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, and/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. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe, or if the drug's manufacturer removes the drug from the market, we will immediately remove the drug from the formulary.

The table below outlines upcoming change(s) to our formulary that may impact you.

EFFECTIVE DATE	FORMULARY AFFECTED	AFFECTED DRUG	DESCRIPTION OF CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG**	TIER OF ALTERNATIVE DRUG
3/1/2010	Optimal Med	Aminess® IV Soln 5.2%	Deletion	No longer available from manufacturer	Aminosyn-RF® IV Soln 5.2%	Non-Preferred Brand
5/1/2010	Optimal Med	Acular® Ophth Soln 0.5%	Deletion	New generic added	Ketorolac Tromethamine Ophth Soln 0.5%	Generic
5/1/2010	Optimal Med	Cozaar®	Deletion	New generic added	Losartan Potassium	Generic
5/1/2010	Optimal Med	Flomax®	Deletion	New generic added	Tamsulosin	Generic
5/1/2010	Optimal Med	Hyzaar®	Deletion	New generic added	Losartan Potassium-Hydrochlorothiazide	Generic
5/1/2010	Optimal Med	Risperdal® M-TAB 1 MG	Deletion	New generic added	Risperidone Orally Disintegrating Tab 1 MG	Generic

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.

* This change will not affect your coverage for this drug for the remainder of the plan year if you are currently taking this drug.

**Please consult with your physician as to whether this is an appropriate drug for you, as he or she must decide to prescribe it for you if appropriate. If none of the alternative drugs listed above are right for you due to your medical condition, you may request an exception to our formulary. To file a request, you must have a supporting statement from your physician. If your physician has demonstrated the need for a drug not on our formulary, we will grant a drug exception. For more information, you can call us at 1-866-547-3060 from 8:00 a.m. to 8:00 p.m., every day. TTY/TDD users should call 1-800-958-2692.

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