

## 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
5/1/2010	Optimal Med	Acular Opth Soln 0.5%	Deletion	New generic added	Ketorolac Tromethamine Opth Soln 0.5%	Generic
3/1/2010	Optimal Med	Aminess IV Soln 5.2%	Deletion	Manufacturer market withdrawal	Aminosyn-RF IV Soln 5.2%	Non-Preferred Brand
10/1/2010	Optimal Med	Arimidex	Deletion	New generic added	Anastrozole	Generic
10/1/2010	Optimal Med	Atropine Sulfate Opth Oint 1%	Deletion	Drug no longer covered under Medicare Part D	Contact your doctor for alternative medications	Not applicable
10/1/2010	Optimal Med	Atropine Sulfate Opth Soln 1%	Deletion	Drug no longer covered under Medicare Part D	Contact your doctor for alternative medications	Not applicable
6/1/2010	Optimal Med	Colchicine	Deletion	Drug no longer covered under Medicare Part D	Colcris	Non-Preferred Brand

TexanPlus® HMO is a Medicare-Approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: SelectCare Health Plans, doing business as TexasFirst Health Plans®, a member of the Universal American family of companies.

EFFECTIVE DATE	FORMULARY AFFECTED	AFFECTED DRUG	DESCRIPTION OF CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG**	TIER OF ALTERNATIVE DRUG
10/1/2010	Optimal Med	Cozaar	Deletion	New generic available	Losartan Potassium	Move to Generic Tier starting 10/1/2010
6/1/2010	Optimal Med	Flomax	Deletion	New generic added	Tamsulosin	Generic
1/1/2010	Optimal Med	HibTITER inj	Deletion	Manufacturer market withdrawal	Contact your doctor for alternative medications	Not applicable
6/1/2010	Optimal Med	Homatropine HBr Ophth Soln 5%	Deletion	Drug no longer covered under Medicare Part D	Contact your doctor for alternative medications	Not applicable
10/1/2010	Optimal Med	Hyzaar 50/12.5	Deletion	New generic available	Losartan Potassium-Hydrochlorothiazide 50/12.5	Move to Generic Tier starting 10/1/2010
7/1/2010	Optimal Med	Hyzaar 100/12.5	Deletion	New generic added	Losartan Potassium-Hydrochlorothiazide 100/12.5	Generic
10/1/2010	Optimal Med	Hyzaar 100/25	Deletion	New generic available	Losartan Potassium-Hydrochlorothiazide 100/25	Move to Generic Tier starting 10/1/2010
8/1/2010	Optimal Med	Isopto Homatropine Ophth Soln 2%	Deletion	Drug no longer covered under Medicare Part D	Contact your doctor for alternative medications	Not applicable
8/1/2010	Optimal Med	Isopto Homatropine Ophth Soln 5%	Deletion	Drug no longer covered under Medicare Part D	Contact your doctor for alternative medications	Not applicable
5/1/2010	Optimal Med	Risperdal M-TAB 1 MG	Deletion	New generic added	Risperidone Orally Disintegrating Tab 1 MG	Generic

EFFECTIVE DATE	FORMULARY AFFECTED	AFFECTED DRUG	DESCRIPTION OF CHANGE	REASON FOR CHANGE	ALTERNATIVE DRUG**	TIER OF ALTERNATIVE DRUG
6/1/2010	Optimal Med	Selenium Sulfide Lotion 2.5%	Deletion	Drug no longer covered under Medicare Part D	Contact your doctor for alternative medications	Not applicable
1/1/2010	Optimal Med	Sulf-10 Ophth Soln	Deletion	Manufacturer market withdrawal	Sulfacetamide Sodium 10% Ophth Soln	Generic

\* 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 1-800-958-2707 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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A Healthy Collaboration<sup>SM</sup>