

Notification of our Medicare Formulary Changes

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug* | Alternative Drug Copay | Effective Date |
|--------------------------------------|---------------------------------|--------------------------|---------------------------------|-------------------------------|-----------------------|
| ALDARA Cream | Deletion of drug from Formulary | Generic Available | IMIQUIMOD cream | Tier 1 | 8/1/2010 |
| ALPHAGAN P 0.15% ophthalmic solution | Deletion of drug from Formulary | Generic Available | BRIMONIDINE ophthalmic solution | Tier 1 | 8/1/2010 |
| FLOMAX | Deletion of drug from Formulary | Generic Available | TAMSULOSIN | Tier 1 | 8/1/2010 |
| PULMICORT RESPULES 0.125, 0.25 | Deletion of drug from Formulary | Generic Available | BUDESONIDE | Tier 1 | 8/1/2010 |
| PROZAC WEEKLY | Deletion of drug from Formulary | Generic Available | FLUOXETINE | Tier 1 | 8/1/2010 |
| SKELAXIN | Deletion of drug from Formulary | Generic Available | METAXALONE | Tier 1 | 8/1/2010 |