

### Upcoming Changes to Medi-Pak Rx's (PDP) Formulary

Medi-Pak Rx may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, 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.

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug</b>	<b>Alternative Drug Copay*</b>	<b>Effective Date</b>
ALKERAN INJ	Tier Increase	Generic Available	MELPHALAN INJ	TIER 1	6/15/2010
ALPHAGAN P 0.15% OPHTHALMIC SOLN	Tier Increase	Generic Available	BRIMONIDINE 0.15% OPHTHALMIC SOLN	TIER 1	6/15/2010
ALUPENT INHALER	Removal from Marketplace	Manufacturer Required to Discontinue Sales	CONSULT YOUR HEALTH CARE PROVIDER	N/A	6/14/2010
ARALAST/ARALAST NP	Adding B vs D Prior Authorization	Coverage Determination	N/A	N/A	6/1/2010
ARIMIDEX	Tier Increase	Generic Available	ANASTROZOLE	TIER 1	10/1/2010
ASTELIN NASAL SPRAY 0.1%	Tier Increase	Generic Available	AZELASTINE NASAL SPRAY 0.1%	TIER 1	10/1/2010
CATAPRES-TTS PATCHES	Tier Increase	Generic Available	CLONIDINE PATCHES	TIER 1	6/15/2010
COGENTIN INJ	Tier Increase	Generic Available	BENZTROPINE INJ	TIER 1	6/15/2010
DIFFERIN GEL 0.1%	Tier Increase	Generic Available	ADAPALENE GEL 0.1%	TIER 1	10/1/2010

FLOMAX 0.4MG CAP	Tier Increase	Generic Available	TAMSULOSIN 0.4MG CAP	TIER 1	6/15/2010
FOSCAVIR INJ	Deletion of Drug from Formulary	Manufacturer Discontinuation	FOSCARNET INJ	TIER 1	6/15/2010
LIPRAM, LIPRAM-PN, LIPRAM-UL	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
LOPROX 1% SHAMPOO	Tier Increase	Generic Available	CICLOPIROX 1% SHAMPOO	TIER 1	6/15/2010
MIRAPEX TABS	Tier Increase	Generic Available	PRAMIPEXOLE TABS	TIER 1	6/15/2010
MOBAN	Deletion of Drug from Formulary	Manufacturer Discontinuation	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
OVIDE 0.5% LOTION	Tier Increase	Generic Available	MALATHION 0.5% LOTION	TIER 1	6/15/2010
PANCREASE MT	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
PANCRECARB	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
PANCRELIPASE	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
PANCRON	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
PEPCID SUSPENSION	Tier Increase	Generic Available	FAMOTIDINE SUSPENSION	TIER 1	10/1/2010
PLAN B 0.75MG TAB	Tier Increase	Generic Available	NEXT CHOICE 0.75MG TAB	TIER 1	6/15/2010

PROLASTIN/PROLASTIN-C	Adding B vs D Prior Authorization	Coverage Determination	N/A	N/A	6/1/2010
RAZADYNE SOLN	Tier Increase	Generic Available	GALANTAMINE SOLN	TIER 1	6/15/2010
SKELAXIN	Tier Increase	Generic Available	METAXALONE	TIER 1	10/1/2010
SUBUTEX SL TABS	Tier Increase	Generic Available	BUPRENORPHINE SL TABS	TIER 1	6/15/2010
TILADE INHALER	Removal from Marketplace	Manufacturer Required to Discontinue Sales	CONSULT YOUR HEALTH CARE PROVIDER	N/A	6/14/2010
TRILEPTAL SUSP	Tier Increase	Generic Available	OXCARBAZEPINE SUSP	TIER 1	6/15/2010
ULTRASE & ULTRASE MT	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
VALTREX TABS	Tier Increase	Generic Available	VALACYCLOVIR TABS	TIER 1	6/15/2010
VESANOID 10MG CAPS	Deletion of Drug from Formulary	Manufacturer Discontinuation	TRETINOIN 10MG CAPS	TIER 4	6/15/2010
VIKASE	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	Until Supplies Run Out
ZEMAIRA	Adding B vs D Prior Authorization	Coverage Determination	N/A	N/A	6/1/2010
ZOSYN INJ VIAL	Tier Increase	Generic Available	PIPERACILLIN/TAZOBACTAM INJ VIAL	TIER 1	6/15/2010