

FORMULARY DELETIONS UPDATE:

Senior Dimensions (HMO) may remove drugs from our formulary or add rules about whether and when certain drugs are covered during the year. This chart lists upcoming changes to be **effective April 28, 2010 through October 15, 2010.**

For more information, please visit our Web site at www.seniordimensions.com or call Member Services at 702-242-7301 or 800-279-4863 October 15, 2010 through March 1, 2011, seven days a week from 8 a.m. to 8 p.m. and March 2, 2011 through October 14, 2010, Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible. TTY/TDD users should call 702-242-9214 or 800-349-3538.

FORMULARY DELETIONS, CHANGES IN PREFERRED OR TIERED COST-SHARING STATUS, OR ADDITION OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG						
Brand Name	Generic Name	Description of change	Reason for Change	Effective Date of Change	Alternative Drugs (Brand drugs appear in upper case, generic drugs appear in lower case)	Tier (Alternative Drug Co-pay / Coinsurance)
Unapproved Pancreatic Enzyme Products (PEPs)*	Amylase-lipase- protease	Drug Not Available	Product No Longer Available	4/28/2010	Creon 12000unit, Creon 24000unit, Creon 6000unit	Tier 3
ACCUNEB NEBULIZER SOLUTION	Albuterol sulfate nebulizer solution	Formulary Removal	Available in Generic. Only Generic is	6/1/2010	Albuterol sulfate nebulizer solution	Tier 1 with B/D and QL

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			Covered.			
ACETASOL HC OTIC SOLUTION	Acetic acid/ hydrocortisone otic solution	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Acetic acid/ hydrocortisone otic solution	Tier 1
ADOXA TABLET 50MG	Doxycycline monohydrate tablet 50mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Doxycycline monohydrate tablet 50mg	Tier 3
AXID SOLUTION 15MG/ML	Nizatidine solution 15mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Nizatidine solution 15mg/ml	Tier 3
CATAPRES- TTS	Clonidine hcl patch	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Clonidine hcl patch	Tier 1

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DERMATOP	Prednicarbate	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Prednicarbate	Tier 1
DILACOR XR CAPSULE 180MG	Diltiazem hcl capsule 180mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Dilt-xr capsule 180mg	Tier 1 with QL
ESTROSTEP FE TABLET	Ethinyl estradiol/ferrous fumarate/norethingdrone acetate	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Tri-legest fe tablet	Tier 1 with QL
FOCALIN	Dexmethylphenidate hcl	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Dexmethylphenidate hcl	Tier 1 with QL
IOPIDINE OPHTHALMIC SOLUTION 0.5%	Apraclonidine ophthalmic solution 0.5%	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Apraclonidine ophthalmic solution 0.5%	Tier 1

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LAMICTAL STARTER KIT	Lamotrigine starter kit	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Lamotrigine starter kit	Tier 1
MOBAN	Molindone hcl	Drug Not Available	Drug Discontinued by Manufacturer.	6/1/2010	Consult Your Doctor	N/A
PROGRAF CAPSULE	Tacrolimus capsule	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Tacrolimus capsule	Tier 1 with B/D
PULMICORT SUSPENSION 0.5MG/2ML	Budesonide suspension 0.5mg/2ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Budesonide suspension 0.5mg/2ml	Tier 1 with B/D and QL
RISPERDAL M TABLET 1MG	Risperidone odt tablet 1mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Risperidone odt tablet 1mg	Tier 1

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SANDIMMUNE INJECTION 50MG/ML	Cyclosporine injection 50mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Cyclosporine injection 50mg/ml	Tier 3 with B/D
STARLIX	Nateglinide	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Nateglinide	Tier 3 with QL
TOFRANIL-PM	Imipramine pamoate	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Imipramine pamoate	Tier 3
TRILEPTAL SUSPENSION 300MG/5ML	Oxcarbazepine suspension 300mg/5ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Oxcarbazepine suspension 300mg/5ml	Tier 1 with QL

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URSO 250	Ursodiol tablet 250mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Ursodiol tablet 250mg	Tier 3
VALTREX	Valacyclovir hcl	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Valacyclovir hcl	Tier 3 with QL
VIBRAMYCIN SUSPENSION 25MG/5ML	Doxycycline monohydrate suspension 25mg/5ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Doxycycline monohydrate suspension 25mg/5ml	Tier 1
ZOSYN INJECTION 3- 0.375GM	Piperacillin sodium/ tazobactam sodium injection 3-0.375GM	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Piperacillin sodium/ tazobactam sodium injection 3-0.375GM	Tier 3 with PA
AXID SOLUTION 15MG/ML	Nizatidine solution 15mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2010	Nizatidine solution 15mg/ml	Tier 1

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MIRAPEX	Pramipexole	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2010	Pramipexole	Tier 3 with QL
NITROSTAT SUBLINGUAL TABLET 0.3MG, 0.4MG, 0.6MG	Nitroglycerin sublingual tablet 0.3mg, 0.4mg, 0.6mg	Drug Not Available	Product No Longer Available	9/12/2010	Nitrostat sublingual tablet 0.3mg, 0.4mg, 0.6mg	Tier 2
ALDARA CRE 5%	Imiquimod cream 5%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Imiquimod cre 5%	Tier 1 with QL
ACEON TAB 2MG. 4MG, 8MG	Perindopril 2mg, 4mg, 8mg	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Perindopril 2mg, 4mg, 8mg	Tier 3 with QL
ACULAR SOL 0.5% OP	Ketorolac 0.5%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Ketorolac sol 0.5%	Tier 1 with QL

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ACULAR LS SOL 0.4%	Ketorolac 0.4%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Ketorolac sol 0.4%	Tier 1 with QL
FLOMAX	Tamsulosin 0.4 mg	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Tamsulosin 0.4 mg	Tier 1 with QL
OPTIVAR DRO 0.05%	Azelastine 0.05%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Azelastine Dro 0.05%	Tier 3 with QL
PREVACID CAP DR 15MG, 30MG	Lansoprazole 15mg, 30mg	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Lansoprazole 15mg, 30mg	Tier 3
SOLODYN	Minocycline hcl	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Minocycline hcl	Tier 3 with PA

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SUBUTEX	Buprenorphine	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Buprenorphine	Tier 3
AUGMENTIN	Amoxicillin 1000mg/ clavulanate 62.5mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Amoxicillin 1000mg/ clavulanate 62.5mg	Tier 3 with QL
COZAAR	Losartan 25mg, 50mg, 100mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Losartan 25mg, 50mg, 100mg	Tier 3 with QL
HYZAAR	Hydrochlorothiazide/ Losartan 12.5mg/50mg, 12.5mg/100mg, 25mg/100mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Hydrochlorothiazide/ Losartan 12.5mg/50mg, 12.5mg/100mg, 25mg/100mg	Tier 3 with QL
PROZAC	Fluoxetine enteric coated 90mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Fluoxetine enteric coated 90mg	Tier 3 with QL

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SKELAXIN	Metaxalone 800mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Metaxalone 800mg	Tier 3 with QL
MYLOTARG	Gemtuzumab ozogamicin for iv solution 5mg	Market Withdrawal/ Product Recall	Due to FDA/Safety/Effectiveness Concerns	10/15/2010	Consult your doctor	N/A

*The following is a list of FDA unapproved PEPs:
Creon 5/10/20, Dygase, Kutrase, Ku-Zyme, Ku-Zyme-HP, Lapase, Lipram, Lipram-PN, Lipram-UL, Palcaps, Pancrease MT, Pancrecarb MS, Pancrelipase, Pancrelipase MST, Pancron Panges CN, Panges MT, Panges UL, Pangestym EC, Panocaps, Panocaps MT, Panokase, Plaretase, Ultracaps MT, Ultrase, Viokase

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