

Upcoming Changes to New West Health Services' Formulary

New West Health Services may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, [or] 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.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copay	Effective Date
ALTACE 1.25MG CAP	Deletion of Drug from Formulary	Generic Available	RAMIPRIL 1.25 MG CAP	Tier 1	10/01/2008
CAMPTOSAR INJ	Deletion of Drug from Formulary	Generic Available	IRINOTECAN INJ	Tier 1	10/01/2008
CHLORTHALIDONE TAB 100 MG	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	10/01/2008
DOVONEX SOLUTION	Deletion of Drug from Formulary	Generic Available	CALCIPOTRIENE SOLUTION	Tier 1	10/01/2008
EFUDEX 5% CREAM	Deletion of Drug from Formulary	Generic Available	FLUOROURACIL 5% CREAM	Tier 1	10/01/2008
ETHYOL INJ	Deletion of Drug from Formulary	Generic Available	AMIFOSTINE INJ	Tier 1	10/01/2008
KYTRIL ORAL SOLUTION	Deletion of Drug from Formulary	Generic Available	GRANISOL ORAL SOLUTION	Tier 1	10/01/2008
NITROGLYCERIN CAP	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	10/01/2008
OLUX/OLUX-E	Deletion of Drug from Formulary	Generic Available	CLOBETASOL 0.05% AEROSOL FOAM	Tier 1	10/01/2008
PAXIL CR TABS	Deletion of Drug from Formulary	Generic Available	PAROXETINE HCL ER TABS	Tier 1	10/01/2008
PHENAZOPYRIDINE TABS 100 MG & 200 MG	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	11/01/2008
PRAMOXINE-CHLOROXYLENOL OTIC LIQUID 1-0.1%	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	N/A	11/01/2008

PRECOSE TABS	Deletion of Drug from Formulary	Generic Available	ACARBOSE TABS	Tier 1	10/01/2008
REQUIP TABS	Deletion of Drug from Formulary	Generic Available	ROPINIROLE TABS	Tier 1	10/01/2008
RISPERDAL TABS & ORAL SOLUTION	Deletion of Drug from Formulary	Generic Available	RISPERIDONE TABS & ORAL SOLUTION	Tier 1	10/01/2008
SONATA CAPS	Deletion of Drug from Formulary	Generic Available	ZALEPLON CAPS	Tier 1	10/01/2008
WELLBUTRIN XL 150 MG TAB	Deletion of Drug from Formulary	Generic Available	BUPROPION EXT-REL 150 mg	Tier 1	10/01/2008
YASMIN TABS	Deletion of Drug from Formulary	Generic Available	OCELLA TABS (DROSPIRENONE & ETHINYL ESTRADIOL)	Tier 1	10/01/2008

* Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you.