

Upcoming Changes to Sterling Retiree Rx's 3 Tier Formulary

Sterling Retiree Rx 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 Copayment	Effective date
FASLODEX INJ 125MG	Deletion of Drug from Formulary	Manufacturer Discontinuation	FASLODEX INJ 250MG	Tier 2	Until Supplies Run Out
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
MOBAN	Deletion of Drug from Formulary	Manufacturer Discontinuation	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
ULTRASE & ULTRASE MT	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	Tier 2	Until Supplies Run Out
VIOKASE	Deletion of Drug from Formulary	Medicare Will No Longer Cover	CONSULT YOUR HEALTH CARE PROVIDER	Tier 2	Until Supplies Run Out
ARALAST/ ARALAST NP	Adding B vs D Prior Authorization	Coverage Determination	N/A	N/A	6/1/2010
ALUPENT INHALER	Removal from Marketplace	Manufacturer Required to Discontinue Sales	CONSULT YOUR HEALTH CARE PROVIDER	N/A	6/14/2010
TILADE INHALER	Removal from Marketplace	Manufacturer Required to Discontinue Sales	CONSULT YOUR HEALTH CARE PROVIDER	N/A	6/14/2010
ACULAR/ ACULAR LS	Deletion of Drug from Formulary	Generic Available	KETOROLAC OPHTHALMIC SOLN	Tier 1	6/15/2010
ALDARA CREAM	Deletion of Drug from Formulary	Generic Available	IMIQUIMOD CREAM	Tier 1	6/15/2010
ALKERAN INJ	Deletion of Drug from Formulary	Generic Available	MELPHALAN INJ	Tier 1	6/15/2010

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Copayment	Effective date
ALPHAGAN P 0.15% OPHTHALMIC SOLN	Deletion of Drug from Formulary	Generic Available	BRIMONIDINE 0.15% OPHTHALMIC SOLN	Tier 1	6/15/2010
CATAPRES-TTS PATCHES	Deletion of Drug from Formulary	Generic Available	CLONIDINE PATCHES	Tier 1	6/15/2010
COGENTIN INJ	Deletion of Drug from Formulary	Generic Available	BENZTROPINE INJ	Tier 1	6/15/2010
FLOMAX 0.4MG CAP	Deletion of Drug from Formulary	Generic Available	TAMSULOSIN 0.4MG CAP	Tier 1	6/15/2010
LOPROX 1% SHAMPOO	Deletion of Drug from Formulary	Generic Available	CICLOPIROX 1% SHAMPOO	Tier 1	6/15/2010
MIRAPEX 0.125MG, 0.25MG, 0.5MG TABS	Deletion of Drug from Formulary	Generic Available	PRAMIPEXOLE TABS	Tier 1	6/15/2010
OVIDE 0.5% LOTION	Deletion of Drug from Formulary	Generic Available	MALATHION 0.5% LOTION	Tier 1	6/15/2010
PLAN B 0.75MG TAB	Deletion of Drug from Formulary	Generic Available	NEXT CHOICE 0.75 MG TAB	Tier 1	6/15/2010
RAZADYNE SOLN	Deletion of Drug from Formulary	Generic Available	GALANTAMINE SOLN	Tier 1	6/15/2010
RISPERDAL-M 1MG ODT	Deletion of Drug from Formulary	Generic Available	RISPERIDONE 1MG ODT	Tier 1	6/15/2010
SUBUTEX SL TABS	Deletion of Drug from Formulary	Generic Available	BUPRENORPHINE SL TABS	Tier 1	6/15/2010
TRILEPTAL SUSP	Deletion of Drug from Formulary	Generic Available	OXCARBAZEPINE SUSP	Tier 1	6/15/2010
VALTREX TABS	Deletion of Drug from Formulary	Generic Available	VALACYCLOVIR TABS	Tier 1	6/15/2010
VESANOID CAPS 10MG	Deletion of Drug from Formulary	Manufacturer Discontinuation	TRETINOIN CAPS 10 MG	Tier 3	6/15/2010
ZOSYN INJ VIAL	Deletion of Drug from Formulary	Generic Available	PIPERACILLIN/TAZOBACTAM INJ VIAL	Tier 1	6/15/2010
MIRAPEX 1MG, 1.5MG TABS	Deletion of Drug from Formulary	Generic Available	PRAMIPEXOLE TABS	Tier 1	8/1/2010
ARIMIDEX	Deletion of Drug from Formulary	Generic Available	ANASTROZOLE	Tier 1	10/1/2010
ASTELIN NASAL SPRAY	Deletion of Drug from Formulary	Generic Available	AZELASTINE NASAL SPRAY 0.1%	Tier 1	10/1/2010
DIFFERIN GEL 0.1%	Deletion of Drug from Formulary	Generic Available	ADAPALENE GEL 0.1%	Tier 1	10/1/2010

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Copayment	Effective date
PEPCID SUSPENSION	Deletion of Drug from Formulary	Generic Available	FAMOTIDINE SUSPENSION	Tier 1	10/1/2010
SKELAXIN	Deletion of Drug from Formulary	Generic Available	METAXALONE	Tier 1	10/1/2010

* 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.