

### Upcoming Changes to Community Health Partnership Plan's Formulary

Community Health Partnership 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 or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective; unless 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.

Name of Affected Drug	Description of Change	Date of Change	Alternative Drug*	Alternative Drug Tier
Activella	Removal of brand from formulary due to new generic	10/1/2008	Estradiol/Norethindrone Acetate	Tier 1
Dovonex	Removal of brand from formulary due to new generic	10/1/2008	Fluorouracil	Tier 1
Famvir	Removal of brand from formulary due to new generic	10/1/2008	Famciclovir	Tier 1
Penlac Nail Lacquer	Removal of brand from formulary due to new generic	10/1/2008	Ciclopirox nail lacquer	Tier 1
Precose	Removal of brand from formulary due to new generic	10/1/2008	Acarbose	Tier 1
Requip	Removal of brand from formulary due to new generic	10/1/2008	Ropinirole HCl	Tier 1
Sonata	Removal of brand from formulary due to new generic	10/1/2008	Zaleplon	Tier 1

\*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug.

### Changes to our Community Health Partnership Plan's Formulary

Earlier, Community Health Partnership Plan informed you of upcoming changes to our formulary. Below is a list of drugs that have either been removed or added to the formulary or there has been a change in its preferred or tiered cost-sharing status. As of the date listed below please use the alternative drug listed. If you have any questions about this change, please call customer service.

Name of Affected Drug	Description of Change	Date of Change	Alternative Drug*	Alternative Drug Tier
Coreg	Removal of brand from formulary due to new generic	6/1/2008	Carvedilol	1

Estrostep Fe	Removal of brand from formulary due to new generic	6/1/2008	Tri-Legest Fe	1
Floxin Otic	Removal of brand from formulary due to new generic	6/1/2008	Ofloxacin Otic	1
Trileptal	Removal of brand from formulary due to new generic	6/1/2008	Oxcarbazepine	1

\*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug.

Members may request an updated coverage determination or formulary exception by following the procedure specified in their Evidence of Coverage, or by contacting the plan sponsor for more information.

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