



*****BULLETIN*****

Attention: All SoCHS Employees

On March 1, 2004 the SoCHS prescription benefit will utilize a new drug formulary. This list categorizes generic, preferred and non-preferred medications.

Using this new formulary, we will compute your co-pay on the following schedule:

	Generic	Preferred	Non-Preferred
Medicine Shoppe¹	\$10	\$20	\$40
Community Pharmacy of Scarborough¹	\$10	\$20	\$40
Retail Pharmacy	\$10	\$30	\$50

¹90 day supply = 3 x co-pay less \$10 at Medicine Shoppe of Lewiston and Community Pharmacy of Scarborough

The following is a sample of formulary changes:

Preferred (as of 03.01.04)	Non -Preferred (as of 03.01.04)
Lipitor®	Ambien®
Celexa®	Norvasc®
Lexapro®	Paxil®
Crestor	Prevacid®
Toprol XL®	Protonix®
Glucophage®	Wellbutrin®
Beconase Aq	Zocor®

*Subject to PA

Please visit the GHS/Rx Pharmacy Services website (<http://www.ghsinc.com/>) , select the link for [GHS/Rx Pharmacy Services](#), then select [\(SoCHS\) Sisters of Charity Health Systems](#) to view a copy of the new formulary and to see the preferred alternatives to non-preferred medications.