

Upcoming Changes to VIVA Medicare Plus's Formulary

VIVA Medicare Plus 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
COSOPT OPHTHALMIC SOLUTION	Deletion of Drug from Formulary	Generic Available	DORZOLAMIDE-TIMOLOL OPHTHALMIC SOLUTION	Tier 1	06/01/2009
DEPAKOTE DR TABS	Deletion of Drug from Formulary	Generic Available	DIVALPROEX SODIUM DR TABS	Tier 1	06/01/2009
DEPAKOTE ER TABS	Deletion of Drug from Formulary	Generic Available	DIVALPROEX SODIUM ER TABS	Tier 1	06/01/2009
DEPAKOTE SPRINKLE CAPS	Deletion of Drug from Formulary	Generic Available	DIVALPROEX SODIUM SPRINKLE CAPS	Tier 1	06/01/2009
DIAMOX SEQUEL CR 500MG CAP	Deletion of Drug from Formulary	Generic Available	ACETAZOLAMIDE SR 500 MG CAP	Tier 1	06/01/2009
IMITREX	Deletion of Drug from Formulary	Generic Available	SUMATRIPTAN	Tier 1	06/01/2009
INSPRA TABS	Deletion of Drug from Formulary	Generic Available	EPLERENONE TABS	Tier 1	06/01/2009
KEPPRA TABS & SOLUTION	Deletion of Drug from Formulary	Generic Available	LEVETIRACETAM TABS & SOLUTION	Tier 1	06/01/2009
LOPROX GEL	Deletion of Drug from Formulary	Generic Available	CICLOPIROX GEL	Tier 1	06/01/2009
MIACALCIN NASAL SPRAY	Deletion of Drug from Formulary	Generic Available	CALCITONIN NASAL SPRAY	Tier 1	06/01/2009
MICRO-K CR CAP 8MEQ	Deletion of Drug from Formulary	Generic Available	POTASSIUM CHLORIDE CR CAP 8MEQ	Tier 1	06/01/2009
PARCOPA ODT	Deletion of Drug from Formulary	Generic Available	CARBIDOPA & LEVODOPA ODT	Tier 1	06/01/2009

PRILOSEC CR 40MG CAP	Deletion of Drug from Formulary	Generic Available	OMEPRAZOLE CR 40MG CAP	Tier 1	06/01/2009
RAZADYNE ER CAPS	Deletion of Drug from Formulary	Generic Available	GALANTAMINE ER CAPS	Tier 1	06/01/2009
RAZADYNE TABS	Deletion of Drug from Formulary	Generic Available	GALANTAMINE TABS	Tier 1	06/01/2009
RISPERDAL ORAL SOLUTION	Deletion of Drug from Formulary	Generic Available	RISPERIDONE ORAL SOLUTION	Tier 1	06/01/2009
TOBRADEX OPHTHALMIC SUSPENSION	Deletion of Drug from Formulary	Generic Available	TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION	Tier 1	06/01/2009
TRUSOPT OPHTHALMIC SOLUTION	Deletion of Drug from Formulary	Generic Available	DORZOLAMIDE OPHTHALMIC SOLUTION	Tier 1	06/01/2009
VIBRAMYCIN SUSPENSION	Deletion of Drug from Formulary	Generic Available	DOXYCYCLINE SUSPENSION	Tier 1	06/01/2009
VIDEX EC 125MG CAP	Deletion of Drug from Formulary	Generic Available	DIDANOSINE DR 125MG CAP	Tier 1	06/01/2009
VIVACTIL TABS	Deletion of Drug from Formulary	Generic Available	PROTRIPTYLINE TABS	Tier 1	06/01/2009
WELLBUTRIN XL 150MG TAB	Deletion of Drug from Formulary	Generic Available	BUPROPION SR TAB 150MG	Tier 1	06/01/2009
ZERIT CAPS	Deletion of Drug from Formulary	Generic Available	STAVUDINE CAPS	Tier 1	06/01/2009

* 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.