

### 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.

<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Reason for Change</b>	<b>Alternative Drug</b>	<b>Alternative Drug Copay*</b>	<b>Effective Date</b>
ACEON TABS	Deletion of Drug from Formulary	Generic Available	PERINDOPRIL TABS	Tier 1	06/01/2010
ACULAR/ ACULAR LS	Deletion of Drug from Formulary	Generic Available	KETOROLAC OPHTHALMIC SOLN	Tier 1	06/01/2010
ALKERAN INJ	Deletion of Drug from Formulary	Generic Available	MELPHALAN INJ	Tier 1	06/01/2010
ALLEGRA-D 12 HR TABLET	Deletion of Drug from Formulary	Generic Available	FEXOFENADINE-PSEUDOEPHEDRINE 12HR TAB	Tier 1	06/01/2010
ALPHAGAN P 0.15% OPHTHALMIC SOLN	Deletion of Drug from Formulary	Generic Available	BRIMONIDINE 0.15% OPHTHALMIC SOLN	Tier 1	06/01/2010
AUGMENTIN 250-62.5MG/5ML SUSP	Deletion of Drug from Formulary	Generic Available	AMOXICILLIN/CLAVULANATE K 250-62.5MG/5ML SUSP	Tier 1	06/01/2010
BENZACLIN	Deletion of Drug from Formulary	Generic Available	CLINDAMYCIN-BENZOYL PEROXIDE GEL	Tier 1	06/01/2010
CATAPRES-TTS PATCHES	Deletion of Drug from Formulary	Generic Available	CLONIDINE PATCHES	Tier 1	06/01/2010
COGENTIN INJ	Deletion of Drug from Formulary	Generic Available	BENZTROPINE INJ	Tier 1	06/01/2010
LOPROX 1% SHAMPOO	Deletion of Drug from Formulary	Generic Available	CICLOPIROX 1% SHAMPOO	Tier 1	06/01/2010
MIRAPEX TABS	Deletion of Drug from Formulary	Generic Available	PRAMIPEXOLE TABS	Tier 1	06/01/2010
NULYTELY	Deletion of Drug from Formulary	Generic Available	GAVILYTE-N	Tier 1	06/01/2010

OPTIVAR OPHTHALMIC SOLN	Deletion of Drug from Formulary	Generic Available	AZELASTINE OPHTHALMIC SOLN	Tier 1	06/01/2010
OVIDE 0.5% LOTION	Deletion of Drug from Formulary	Generic Available	MALATHION 0.5% LOTION	Tier 1	06/01/2010
PLAN B 0.75 MG TAB	Deletion of Drug from Formulary	Generic Available	NEXT CHOICE 0.75 MG TAB	Tier 1	06/01/2010
PULMICORT 0.25MG & 0.5MG RESPULES	Deletion of Drug from Formulary	Generic Available	BUDESONIDE 0.25MG & 0.5MG INH SUSP	Tier 1	06/01/2010
RAZADYNE SOLN	Deletion of Drug from Formulary	Generic Available	GALANTAMINE SOLN	Tier 1	06/01/2010
RISPERDAL-M 1MG ODT	Deletion of Drug from Formulary	Generic Available	RISPERIDONE 1MG ODT	Tier 1	06/01/2010
SUBUTEX SL TABS	Deletion of Drug from Formulary	Generic Available	BUPRENORPHINE SL TABS	Tier 1	06/01/2010
TRILEPTAL SUSP	Deletion of Drug from Formulary	Generic Available	OXCARBAZEPINE SUSP	Tier 1	06/01/2010
VALTREX TABS	Deletion of Drug from Formulary	Generic Available	VALACYCLOVIR TABS	Tier 1	06/01/2010
VESANOID CAPS 10 MG	Deletion of Drug from Formulary	Manufacturer Discontinuation	TRETINOIN CAPS 10 MG	Tier 4	Until Supplies Run Out
ZOSYN INJ VIAL	Deletion of Drug from Formulary	Generic Available	PIPERACILLIN/TAZOBACTAM INJ VIAL	Tier 1	06/01/2010