

Changes to the VNS CHOICE Medicare (HMO) and VNS CHOICE MLTC Plus (HMO) Formulary

VNS CHOICE 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 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. 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, we will immediately remove the drug from our formulary.

This table outlines the changes to our formulary that may impact you. The formulary directory you currently have is effective as of September 2009. The changes listed below will not be found in your formulary directory. We will list changes to your formulary on a monthly basis. Please review the table below for a list of upcoming changes that will impact you.

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug | Alternative Drug Copayment | Effective date |
|----------------------------------|---------------------------------|-------------------|---|----------------------------|----------------|
| 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 |
| ALDARA CREAM | Deletion of Drug from Formulary | Generic Available | IMIQUIMOD CREAM | 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 |

| 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 | 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 |
| VALTRESX 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 | 06/01/2010 |
| ZOSYN INJ VIAL | Deletion of Drug from Formulary | Generic Available | PIPERACILLIN/TAZOBACTAM INJ VIAL | Tier 1 | 06/01/2010 |