

Changes to the NRECA BASIC PLAN Formulary

About this chart.

Your plan may add or remove prescription drugs from its formulary during the year. Although it is unlikely, if a change is made that will negatively impact you, you will be notified before the date that the change occurs.

Your plan will let you know if:

- Your prescription drug is removed from the formulary.
- If this happens for a drug listed below, your coverage and co-payment may extend through the end of the plan year.
- A prescription drug management program, like prior authorization or quantity limits is added to any prescription drug.

Your safety is the first priority.

If the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, your plan will immediately remove the drug from its formulary and notify you.

NAME OF AFFECTED DRUG	EFFECTIVE DATE	DESCRIPTION OF CHANGE*	REASON FOR CHANGE	ALTERNATIVE DRUG**
ALTACE	03/01/2009	Deletion of drug from Formulary	Generic Available	RAMIPRIL
COSOPT	06/01/2009	Deletion of drug from Formulary	Generic Available	DORZOLAMIDE HCL / TIMOLOL MALEATE
CYTOMEL	10/01/2009	Deletion of drug from Formulary	Generic Available	LIOTHYRONINE SODIUM
DEPAKOTE	06/01/2009	Deletion of drug from Formulary	Generic Available	DIVALPROEX SODIUM
DIAMOX	06/01/2009	Deletion of drug from Formulary	Generic Available	ACETAZOLAMIDE
DOVONEX	03/01/2009	Deletion of drug from Formulary	Generic Available	CALCIPOTRIENE
EFUDEX CREAM	03/01/2009	Deletion of drug from Formulary	Generic Available	FLUOROURACIL

NAME OF AFFECTED DRUG	EFFECTIVE DATE	DESCRIPTION OF CHANGE*	REASON FOR CHANGE	ALTERNATIVE DRUG**
ETHYOL	03/01/2009	Deletion of drug from Formulary	Generic Available	AMIFOSTINE
IMITREX INJ	06/01/2009	Deletion of drug from Formulary	Generic Available	SUMATRIPTAN SUCCINATE
IMITREX TAB	06/01/2009	Deletion of drug from Formulary	Generic Available	SUMATRIPTAN SUCCINATE
INSPIRA	04/01/2009	Deletion of drug from Formulary	Generic Available	EPLERENONE
KEPPRA	06/01/2009	Deletion of drug from Formulary	Generic Available	LEVETIRACITAM
LAMICTAL	03/01/2009	Deletion of drug from Formulary	Generic Available	LAMOTRIGINE
MARINOL	03/01/2009	Deletion of drug from Formulary	Generic Available	DRONABINOL
MIACALCIN NASAL SOLN	06/01/2009	Deletion of drug from Formulary	Generic Available	CALCITONIN-SALMON
OVIDE	10/01/2009	Deletion of drug from Formulary	Generic Available	MALATHION
PARCOPA	06/01/2009	Deletion of drug from Formulary	Generic Available	CARBIDOPA/LEVODOPA ODT
PRECOSE	03/01/2009	Deletion of drug from Formulary	Generic Available	ACARBOSE
PRILOSEC CAP 40MG	06/01/2009	Deletion of drug from Formulary	Generic Available	OMEPRAZOLE
RAZADYNE	06/01/2009	Deletion of drug from Formulary	Generic Available	GALANTINE HYDROBROMIDE
REQUIP	03/01/2009	Deletion of drug from Formulary	Generic Available	ROPINIROLE HYDROCHLORIDE

NAME OF AFFECTED DRUG	EFFECTIVE DATE	DESCRIPTION OF CHANGE*	REASON FOR CHANGE	ALTERNATIVE DRUG**
RISPERDAL	03/01/2009	Deletion of drug from Formulary	Generic Available	RISPERIDONE
RISPERDAL-M	10/01/2009	Deletion of drug from Formulary	Generic Available	RISPERIDONE
TEGRETOL-XR	10/01/2009	Deletion of drug from Formulary	Generic Available	CARBAMAZEPINE
TOPAMAX	10/01/2009	Deletion of drug from Formulary	Generic Available	TOPIRAMATE
TOPAMAX SPRINKLE	10/01/2009	Deletion of drug from Formulary	Generic Available	TOPIRAMATE
TRUSOPT	06/01/2009	Deletion of drug from Formulary	Generic Available	DORZOLAMINE HCL
URSO 250	10/01/2009	Deletion of drug from Formulary	Generic Available	URSODIOL
URSO FORTE	10/01/2009	Deletion of drug from Formulary	Generic Available	URSODIOL
VIBRAMYCIN	06/01/2009	Deletion of drug from Formulary	Generic Available	DOXYCYCLINE MONOHYDRATE
VIDEX EC	06/01/2009	Deletion of drug from Formulary	Generic Available	DIDANOSINE
VIVACTIL	06/01/2009	Deletion of drug from Formulary	Generic Available	PROTRIPTYLINE HCL
WELLBUTRIN XL	06/01/2009	Deletion of drug from Formulary	Generic Available	BUPROPION HCL
YASMIN 28	03/01/2009	Deletion of drug from Formulary	Generic Available	DROSPIRONONE AND ETHINYL ESTRADIOL
ZERIT	06/01/2009	Deletion of drug from Formulary	Generic Available	STAVUDINE

If your plan ever denies coverage for your prescription drugs, the decision will be explained to you. You always have the right to appeal and request a review of the claim that was denied. In addition, if your physician prescribes a drug that is not on your plan's formulary, you may request a coverage determination.

**Removal of drug from formulary, a change in its preferred or tiered cost-sharing status, or a classification change such as prior authorization needed and/or quantity limits apply.*

***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 listed here is appropriate for you given the individualized nature of the drug therapy. Please consult with your physician as to whether this is an appropriate drug for you.*