

Changes to the NRECA COPAYMENT 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**	TIER
ALTACE	03/01/2009	Deletion of drug from Formulary	Generic Available	RAMIPRIL	TIER 1
COSOPT	06/01/2009	Deletion of drug from Formulary	Generic Available	DORZOLAMIDE HCL / TIMOLOL MALEATE	TIER 1
CYTOMEL	10/01/2009	Deletion of drug from Formulary	Generic Available	LIOTHYRONINE SODIUM	TIER 1
DEPAKOTE	06/01/2009	Deletion of drug from Formulary	Generic Available	DIVALPROEX SODIUM	TIER 1
DIAMOX	06/01/2009	Deletion of drug from Formulary	Generic Available	ACETAZOLAMIDE	TIER 1
DOVONEX	03/01/2009	Deletion of drug from Formulary	Generic Available	CALCIPOTRIENE	TIER 1
EFUDEX CREAM	03/01/2009	Deletion of drug from Formulary	Generic Available	FLUOROURACIL	TIER 1

NAME OF AFFECTED DRUG	EFFECTIVE DATE	DESCRIPTION OF CHANGE*	REASON FOR CHANGE	ALTERNATIVE DRUG**	TIER
ETHYOL	03/01/2009	Deletion of drug from Formulary	Generic Available	AMIFOSTINE	TIER 1
IMITREX INJ	06/01/2009	Deletion of drug from Formulary	Generic Available	SUMATRIPTAN SUCCINATE	TIER 1
IMITREX TAB	06/01/2009	Deletion of drug from Formulary	Generic Available	SUMATRIPTAN SUCCINATE	TIER 1
INSPIRA	04/01/2009	Deletion of drug from Formulary	Generic Available	EPLERENONE	TIER 1
KEPPRA	06/01/2009	Deletion of drug from Formulary	Generic Available	LEVETIRACITAM	TIER 1
LAMICTAL	03/01/2009	Deletion of drug from Formulary	Generic Available	LAMOTRIGINE	TIER 1
MARINOL	03/01/2009	Deletion of drug from Formulary	Generic Available	DRONABINOL	TIER 1
MIACALCIN NASAL SOLN	06/01/2009	Deletion of drug from Formulary	Generic Available	CALCITONIN-SALMON	TIER 1
OVIDE	10/01/2009	Deletion of drug from Formulary	Generic Available	MALATHION	TIER 1
PARCOPA	06/01/2009	Deletion of drug from Formulary	Generic Available	CARBIDOPA/LEVODOPA ODT	TIER 1
PRECOSE	03/01/2009	Deletion of drug from Formulary	Generic Available	ACARBOSE	TIER 1
PRILOSEC CAP 40MG	06/01/2009	Deletion of drug from Formulary	Generic Available	OMEPRAZOLE	TIER 1
RAZADYNE	06/01/2009	Deletion of drug from Formulary	Generic Available	GALANTINE HYDROBROMIDE	TIER 1
REQUIP	03/01/2009	Deletion of drug from Formulary	Generic Available	ROPINIROLE HYDROCHLORIDE	TIER 1

NAME OF AFFECTED DRUG	EFFECTIVE DATE	DESCRIPTION OF CHANGE*	REASON FOR CHANGE	ALTERNATIVE DRUG**	TIER
RISPERDAL	03/01/2009	Deletion of drug from Formulary	Generic Available	RISPERIDONE	TIER 1
RISPERDAL-M	10/01/2009	Deletion of drug from Formulary	Generic Available	RISPERIDONE	TIER 1
TEGRETOL-XR	10/01/2009	Deletion of drug from Formulary	Generic Available	CARBAMAZEPINE	TIER 1
TOPAMAX	10/01/2009	Deletion of drug from Formulary	Generic Available	TOPIRAMATE	TIER 1
TOPAMAX SPRINKLE	10/01/2009	Deletion of drug from Formulary	Generic Available	TOPIRAMATE	TIER 1
TRUSOPT	06/01/2009	Deletion of drug from Formulary	Generic Available	DORZOLAMINE HCL	TIER 1
URSO 250	10/01/2009	Deletion of drug from Formulary	Generic Available	URSODIOL	TIER 1
URSO FORTE	10/01/2009	Deletion of drug from Formulary	Generic Available	URSODIOL	TIER 1
VIBRAMYCIN	06/01/2009	Deletion of drug from Formulary	Generic Available	DOXYCYCLINE MONOHYDRATE	TIER 1
VIDEX EC	06/01/2009	Deletion of drug from Formulary	Generic Available	DIDANOSINE	TIER 1
VIVACTIL	06/01/2009	Deletion of drug from Formulary	Generic Available	PROTRIPTYLINE HCL	TIER 1
WELLBUTRIN XL	06/01/2009	Deletion of drug from Formulary	Generic Available	BUPROPION HCL	TIER 1
YASMIN 28	03/01/2009	Deletion of drug from Formulary	Generic Available	DROSPIRINONE AND ETHINYL ESTRADIOL	TIER 1
ZERIT	06/01/2009	Deletion of drug from Formulary	Generic Available	STAVUDINE	TIER 1

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.*