

Upcoming Changes to the CVS Caremark Plus (PDP)[†] Formulary

CVS Caremark Plus (PDP)[†] 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.

[†] Other pharmacies available in our network

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
ARIMIDEX	Deletion of Drug from Formulary	Generic Available	ANASTROZOLE	Tier 2	10/1/2010
ASTELIN NASAL SPRAY	Deletion of Drug from Formulary	Generic Available	AZELASTINE NASAL SPRAY 0.1%	Tier 2	10/1/2010
AUGMENTIN XR	Deletion of Drug from Formulary	Generic Available	AMOXICILLIN/CLAVULANATE K ER	Tier 2	10/1/2010
CARDIZEM LA 180MG, 240MG, 300MG, 360MG, 420MG	Deletion of Drug from Formulary	Generic Available	DILTIAZEM ER TAB	Tier 2	10/1/2010
COZAAR	Deletion of Drug from Formulary	Generic Available	LOSARTAN	Tier 2	10/1/2010
DIFFERIN GEL 0.1%	Deletion of Drug from Formulary	Generic Available	ADAPALENE GEL 0.1%	Tier 2	10/1/2010
HYZAAR	Deletion of Drug from Formulary	Generic Available	LOSARTAN & HYDROCHLOROTHIAZIDE	Tier 2	10/1/2010
LIPRAM, LIPRAM-PN, LIPRAM-UL	Deletion of Drug from Formulary	Medicare Will No Longer Cover- Until Supplies Run Out	CONSULT YOUR HEALTH CARE PROVIDER	N/A	

PANCRELIPASE	Deletion of Drug from Formulary	Medicare Will No Longer Cover-Until Supplies Run Out	CONSULT YOUR HEALTH CARE PROVIDER	N/A	
PEPCID SUSPENSION	Deletion of Drug from Formulary	Generic Available	FAMOTIDINE SUSPENSION	Tier 2	10/1/2010
SKELAXIN	Deletion of Drug from Formulary	Generic Available	METAXALONE	Tier 2	10/1/2010
ULTRASE & ULTRASE MT	Deletion of Drug from Formulary	Medicare Will No Longer Cover-Until Supplies Run Out	CONSULT YOUR HEALTH CARE PROVIDER	N/A	
VIOKASE	Deletion of Drug from Formulary	Medicare Will No Longer Cover-Until Supplies Run Out	CONSULT YOUR HEALTH CARE PROVIDER	N/A	

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

** 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.