

Dear <member>:

This letter is to inform you of a change to our formulary. Effective on 9/22/2010, the following list of drugs are being removed from our formulary.

COTAZYM CAPSULE	CREON 5, 10 & 20 EC CAPSULE
DYGASE CAPSULE	ENZYCAP CAPSULE
KUTRASE CAPSULE	KU-ZYME/ KU-ZYME HP CAPSULE
LAPASE CAPSULE	LIPRAM 4500 CAP
LIPRAM-CR 5, 10 & 20 CAPSULE EC	LIPRAM-PN10, PN16, PN 20, UL 12, UL 18, UL 20 CAP PALCAPS 10 & 20CAPSULE
	PALIPASE CAPSULE EC
PALIPASE MT 16 & MT 20 CAPSULE EC	PALPEON MT 20 CAPSULE EC
PALTRASE V8 TABLET	PANCREASE EC CAPSULE
PANCREASE MT CAP 4, 10, 16,&20	PANCRECARB CAP MA- 4, MS-8 & MS-16
PANCRELIPASE CAP MST-16	PANCRELIPASE 8,000 & 16,000 UNITS TAB
PANCRELIPASE CAPSULE EC	PANCRELIPASE EC 4,500,10,000,16,000 & 20,000 CAP
PANCRELIPASE TAB	PANCRON 10 CAP EC
PANCRON 20 CAP	PANGESTYME CAPSULE EC
PANGESTYME CN 10 & 20 CAPSULE EC	PANGESTYME MT 16 CAPSULE EC
PANOCAPS CAPSULE	PANGESTYME UL 12, 18 & 20 CAPSULE EC
PANOCAPS MT 16 & 20 CAPSULE	PANOKASE TABLET
PANOKASE-16 TABLET	PLARETASE 8,000 TABLET
ULTRACAPS MT 20 CAPSULE	ULTRASE CAP
ULTRASE MT12, 18 & 20 CAP	VIOKASE POW
VIOKASE 8 & 16 TAB	

We are removing these drugs because the drug has been removed from the market.

You may be able to use another drug to treat your medical condition that is on our formulary. These drugs include Creon 6000U, Creon 12000U, and Creon 24000U. You should ask your doctor if one of these drugs is right for you. If your doctor prescribes one of these drugs for you, your expected cost will be your tier 2 copayment.

If your doctor believes that none of the drugs listed above is right for you due to your medical condition, you may request an exception to our formulary. To file a request, your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition. Please refer to Chapter 3, Section 6.2 of your Evidence of Coverage (EOC) for more information.

Or you can call us toll-free at < the number on the back of your member ID card> 8 a.m. to 8 p.m., 7 days a week for help in asking for this type of decision. TTY/TDD users should call 1-877-247-1657.

Sincerely,

Your Health Plan