

**IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION DRUG COVERAGE  
\*\*NEW APPROVAL REQUIREMENT\*\***

Dear Valued Member:

Beginning October 1, 2010, your prescription drug plan will include a new approval requirement designed to encourage the use of safe and cost-effective prescription drugs.

**What Does This Mean For You?**

You will be required to try a recommended generic or brand-name alternative before your prescription drug plan will provide coverage for select brand-name medications. This means that you must try a recommended alternative listed in the chart below before a medication requiring approval will be covered by your plan. **If you are currently taking a medication that will require approval (see chart below), you will need to obtain a new prescription for a recommended alternative from your healthcare provider to ensure continued coverage by your prescription drug plan.**

<b>Drug Class</b>	<b>Medications Requiring Approval<sup>1</sup></b>	<b>Recommended Alternatives</b>
<b>Angiotensin II Receptor Blockers</b> <i>Blood Pressure</i>	Atacand/HCT, Avalide, Avapro, Benicar/HCT, Teveten/HCT	losartan, losartan/hctz, Diovan/HCT, Micardis/HCT
<b>Bisphosphonates</b> <i>Osteoporosis</i>	Actonel, Actonel with Calcium	alendronate, Boniva, Fosamax Plus D
<b>Hypnotics</b> <i>Sleep Aids</i>	Ambien CR, Lunesta, Rozerem	All generic hypnotics
<b>Intranasal Steroids</b> <i>Nasal Allergy</i>	Beconase AQ, Nasacort AQ, Omnaris, Rhinocort Aqua, Tri-Nasal, Vancenase AQ, Veramyst	flunisolide, fluticasone propionate, Nasonex
<b>Triptans</b> <i>Migraine</i>	Axert, Frova, Sumavel, Treximet, Zomig	naratriptan, sumatriptan, Maxalt, Maxalt-MLT, Relpax

<sup>1</sup>Approval not required for members under age 18 and other exceptions may apply.

To provide you with an opportunity to speak with your healthcare provider, Catalyst Rx is implementing a 90-day grace period in which you will be able to receive additional refills of your current brand-name medication. On January 1, 2011, this grace period will expire and your current brand-name medication will not be covered by your prescription drug plan unless you have first tried a recommended alternative listed above.

***In order to avoid any interruption in coverage of your medication therapy by your prescription drug plan, you are encouraged to discuss these approval requirements with your healthcare provider immediately.***

If you have previously tried a recommended alternative and it did not work for you, then you, your pharmacist, or your healthcare provider can contact Catalyst Rx to request a prior authorization. If you have not received a prior authorization from Catalyst Rx, your prescription for your current brand-name medication will not be covered by your prescription drug plan effective January 1, 2011 and you will be responsible for 100% of the medication's cost at the pharmacy.

If you have any questions, please call our Member Services Department at the telephone number listed on your member identification card. Representatives are available 24 hours a day, seven days a week to assist you.

Sincerely,

Catalyst Rx