

**Important Change to Your Prescription Benefit Program  
Effective July 1, 2011**

Dear Valued Member:

As the State of Ohio's pharmacy benefit manager, Catalyst Rx would like to take this opportunity to inform you of some important information regarding your prescription drug plan.

Beginning July 1, 2011, the State of Ohio will require Prior Authorization for the smoking cessation medication Chantix. This means that members who have no previous prescription claim history for Chantix within the past 365 days will require prior approval before the medication will be covered by your plan.

Prior Authorization is intended to promote appropriate use of prescription medications. Prior Authorization requirements are established by independent, licensed physicians, pharmacists and other medical experts, and only apply to specific covered medications.

If you are prescribed Chantix, then you, your pharmacist or your prescriber can initiate and request a Prior Authorization by calling Catalyst Rx at 1-866-854-8850. Catalyst Rx will contact your prescriber and request the information necessary for the medication to be covered. Please note that if your Prior Authorization request is not approved, your medication will not qualify for coverage through your prescription benefit program and you will be responsible for the full cost of this medication at the pharmacy.

According to the Surgeon General, smoking is the leading avoidable cause of death in our society today. Programs designed to help participants stop smoking are in the best health interests of individuals who smoke, their families and their employers. We encourage you to enroll in a program designed to support your efforts. Speak with your physician to determine if additional support, through medication therapy, is right for you.

As part of your benefits, Ohio DAS provides health coaching through APS Healthcare. To find out more, please call 1-866-272-5507 to enroll in the *Take Charge! Live Well!* Program.

For your convenience, the list below features medications that will be covered by your plan effective July 1, their length of coverage and their copayments.

| Medication          | Available                     | Length of Coverage | Copayment <sup>1</sup> |      |
|---------------------|-------------------------------|--------------------|------------------------|------|
|                     |                               |                    | Retail                 | Mail |
| Nicotine Gum        | Over-the-Counter <sup>2</sup> | 12 Weeks           | \$0                    | \$0  |
| Nicotine Patch 7mg  | Over-the-Counter              | 12 Weeks           | \$0                    | \$0  |
| Nicotine Patch 14mg | Over-the-Counter              | 12 Weeks           | \$0                    | \$0  |
| Nicotine Patch 21mg | Over-the-Counter              | 12 weeks           | \$0                    | \$0  |
| bupropion XL 150mg  | Prescription                  | 1 Year             | \$0                    | \$0  |
| Chantix 0.5mg, 1mg  | Prescription                  | 12 Weeks           | \$0                    | \$0  |

<sup>1</sup> To be eligible for a \$0 copayment, plan participants must enroll in APS Healthcare health coaching first.

<sup>2</sup> For Over-the-Counter coverage under the State of Ohio pharmacy benefit, a prescription from your physician is required.

If you have any questions, please call our Member Services Department at 1-866-854-8850. Representatives are available 24 hours a day, seven days a week to assist you.

Sincerely,

Catalyst Rx