Medco Health Solutions, Inc.
P.O. Box 14720
Lexington, KY 40512
www.medco.com

medco®

<<Date>>

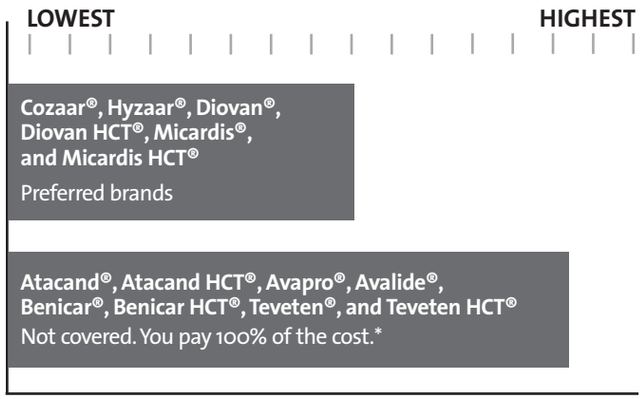
<<First Name>> <<Last Name>>
<<Address 1>>
<<Address 2>>
<<City>>, <<State>> <<Zip>>

Important message about your COVA Care prescription drug benefit

Dear <First Name> <Last Name>:

Medications known as angiotensin II receptor blockers (ARBs) are used to treat various conditions, such as high blood pressure. **Effective <Date>, some ARBs will no longer be covered by your prescription drug benefit** unless you obtain approval through a coverage review.

Your Out-of-Pocket Costs



**Unless you obtain approval through a coverage review.*

The ARBs that will continue to be covered are *Cozaar*®, *Hyzaar*®, *Diovan*®, *Diovan HCT*®, *Micardis*®, and *Micardis HCT*®.

- *Atacand*®, *Atacand HCT*®, *Avapro*®, *Avalide*®, *Benicar*®, *Benicar HCT*®, *Teveten*®, and *Teveten HCT*® will no longer be covered. If you purchase any of these medications after <Effective Date>, you will be responsible for the entire cost.
- **The preferred brand-name drugs listed above will continue to be covered by your plan.** These medications have been proven safe and effective.

Your total cost will be lower by using a preferred drug.

- As the chart above shows, you'll **save money** by choosing the covered drugs *Cozaar, Hyzaar, Diovan, Diovan HCT, Micardis,* or *Micardis HCT*. Length of bars on chart may not represent actual proportion of savings. Please check your plan for actual savings.
- Save even more by using your mail-order pharmacy benefit, the Medco Pharmacy, for your long-term drugs if your plan offers a mail-order benefit. You'll get the convenience of up to a 90-day supply of medication delivered right to you, and you'll pay less over time than you would at a retail pharmacy.

(over, please)

Ask your doctor to prescribe a preferred drug so you can pay less.

- **Talk to your doctor** and ask whether any of the preferred brands would be right for you.
- If your doctor agrees, ask for a new prescription.
- For long-term use, have your doctor write a prescription for **up to a 90-day supply,** plus refills for up to 1 year (if appropriate).
- Then have your doctor fax the prescription to the Medco Pharmacy using the enclosed form.

If your doctor believes you should use a noncovered ARB medication, you or your doctor can request a coverage review. He or she can call toll-free 1 800 417-1764, 8:00 a.m. to 9:00 p.m., eastern time, Monday through Friday. If the review is approved, you will pay your plan's appropriate brand-name co-payment/coinsurance for the medication, which may be higher than what you would pay for the plan-preferred alternatives.

If you have any questions about your benefit in general, you can visit us online anytime at **www.medco.com**. If you are a first-time visitor to our website, take a minute to register. (Be sure you have your member ID number and a recent prescription number handy.) You can also call the toll-free Member Services number shown on your prescription drug ID card.

Sincerely,

Tracy L. Furgiuele, R.Ph.
Vice President of Pharmacy Practice
Medco

P.S. Act now to avoid paying more for your ARB prescriptions. You'll save money if you take *Cozaar, Hyzaar, Diovan, Diovan HCT, Micardis,* or *Micardis HCT*.

Medco manages your prescription drug benefit for the Commonwealth of Virginia.