



Prescription Drug Program Enhanced Effective July 1, 2011

Your COVA Care and COVA Connect health plans have a mandatory generic prescription drug program. Plan members who have up to a 34-day or 90-day brand name prescription filled when a generic drug is available currently must pay the copayment plus the cost difference between the brand drug and the generic.

For some types of drugs, this may cost members who choose brand name drugs hundreds of dollars. In an effort to keep drugs affordable, beginning July 1, 2011, the prescription drug program will be enhanced to provide a maximum out-of-pocket cost each time a member purchases a brand name drug in **three prescription drug categories when a generic is available**. The drug categories are:

- **Immunosuppressants**, used to treat such conditions as muscular dystrophy, auto immune diseases, and organ transplant rejection;
- **Anticonvulsants**, for treatment of certain types of seizures; and
- **Psychotherapeutics**, which include antidepressants, antipsychotics, selective serotonin reuptake inhibitors (SSRIs) and anti-anxiety drugs.

Members who take these drugs will pay no more than \$100 per 34-day supply at retail and \$200 per 90-day supply at mail service. This includes the standard brand name drug copayment.

The cases where this happens are limited and should actually affect few of our members. You will receive your 2011 plan member handbook in June with more details on this change to your prescription drug benefit. If you have questions, please contact your agency Benefits Administrator.