



## Prescription Drug Program Enhanced Effective July 1, 2011

Your Key Advantage health plan has a mandatory generic prescription drug program. Currently, plan members who have up to a 34-day or 90-day brand name prescription filled when a generic drug is available 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 named drugs hundreds of dollars. In an effort to keep drugs affordable, beginning July 1, 2011 (or October 1, 2011 for certain school groups), there will be a maximum out-of-pocket cost each time a member purchases a brand named drug in **three prescription drug categories when a generic is available**. For these drug categories, a slight variation in non-active ingredients may result in an adverse effect when switching from a brand to a generic, or vice versa:

- **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 brand name drug copayment.

The cases where this happens are limited and should actually affect few of our members. The amendment to your plan member handbook will have more details on this change to your prescription drug benefit. If you have questions, please contact your employer's group Benefits Administrator.