



EmblemHealth[®]

55 Water Street, New York, New York 10041-8190

Important Information About Your Prescription Drug Coverage

<Date>

<Fname> <Lname>
<Address 1>
<Address 2>
<City,> <State> <ZIP Code + 4>

Dear <Fname> <Lname>:

Starting June 1, 2012, there will be some changes to the EmblemHealth Small Group Formulary (list of preferred prescription drugs). These changes were made after careful review of each drug's safety and effectiveness.

Members without a prescription drug benefit continue to have diabetic drug coverage. Some diabetic drugs are affected by the drug formulary changes.

A copy of the updated formulary is enclosed, along with questions and answers (FAQs) that may help you understand it. The formulary will also be available online at www.emblemhealth.com/pharmacy.

Why is EmblemHealth making changes to the Small Group Formulary?

We periodically review drugs on the formulary to make sure you have access to the drugs you need at the lowest possible cost.

How do the changes to the Small Group Formulary affect me?

If drugs you (or a dependent) are currently taking are not listed on the attached Small Group Formulary, they have become *non-preferred*. This means that if you fill these drugs on June 1 or later, you will have higher out-of-pocket costs. You may want to talk with your doctor about whether changing to a preferred drug on the drug formulary is right for you. A preferred drug can also save you money.

The updated drug formulary also affects you if you or a dependent is taking any of the drugs listed in the chart on the back of this letter. These drugs, which are also listed on the attached formulary, now require *step therapy* (ST) or *prior authorization* (PA), or have *quantity level limits* (QLL). See the attached FAQs for definitions of these terms.

(over)

Aciphex (ST)	Crestor (ST)	Kadian (PA/QLL)	OxyContin (PA)
Actiq (QLL)	Dexilant (ST)	Kapidex (ST)	Provigil (ST)
Avalide (ST)	Diovan (ST)	Lantus (ST)	Simcor (ST)
Avapro (ST)	Diovan HCT (ST)	Lumigan (ST)	Veramyst (ST)
Avinza (QLL)	Endocet (QLL)	Nasonex (QLL/ST)	
Azor (ST)	Exalgo (QLL)	Opana (PA/QLL)	
Celebrex (ST)	Fentora (PA)	Opana ER (PA/QLL)	

We're here to help, so if you have any questions about the updated formulary, please call EmblemHealth Pharmacy Benefit Services (PBS) at **1-877-793-6253**, Monday through Friday, from 8:30 am to 6 pm.

Sincerely,



Dennis B. Liotta, MD, MBA
Vice President, Pharmacy Services
EmblemHealth PBS

Enclosures: Small Group Formulary, FAQs