

**IMPORTANT INFORMATION
CONCERNING YOUR PRESCRIPTION DRUG BENEFIT PROGRAM**

Dear PEBP Participant:

Catalyst Rx is pleased to administer the prescription drug benefit program for the Nevada Public Employees' Benefits Program (PEBP) self-funded PPO Plan. As part of our services, we are providing you with the following important information concerning your plan.

Plan Year 2011 Formulary Modifications for PEBP Participants

The formulary modifications for PEBP plan year 2011 will be effective July 1, 2010. For your convenience, we have summarized the changes to the current formulary below and have provided possible preferred alternatives when appropriate. If you are currently taking a medication that is changing to non-preferred status, we encourage you to talk with your physician and ask if a preferred alternative is right for you. Please note that if you choose to continue taking a non-preferred medication on or after this date, you may be required to pay a higher copayment at the pharmacy.

Non-Preferred Medication	Preferred Alternatives
Abilify*	risperidone, Geodon, Seroquel, Zyprexa
Actonel/ Actonel with Calcium	alendronate, Boniva, Fosamax Plus D
Acular/ Acular LS	diclofenac, flurbiprofen
Azasite	ciprofloxacin, Quixin, Vigamox, Zymar
Caduet	Lipitor + amlodipine
Denavir	Zovirax Ointment
Derma-Smooth FS	generic fluocinonide
Estrace	Premarin, Vagifem
Femring	Estring
Kadian	morphine ER, OxyContin
Keppra XR	generic levetiracetam
Lexapro*	citalopram, fluoxetine, paroxetine, sertraline
Luxiq	generic betamethasone
Namenda*	galantamine, Aricept, Exelon
Nevanac	diclofenac, flurbiprofen
Novolin Insulin	Humulin Insulin
Opana/ Opana ER	morphine ER, OxyContin
Orapred ODT	prednisolone syrup
Ortho Evra	generic oral contraceptives, Nuvaring
Vanos	generic fluocinonide
Xibrom	diclofenac, flurbiprofen
Ziana	clindamycin, tretinoin

*Applies to new prescriptions only. Participants currently taking Abilify, Lexapro or Namenda are not affected by this change.

Save Money with Preferred Drugs

Medications covered by your prescription benefit program are grouped into three tiers, each with a different copayment amount. You may be taking a medication that has a lower-cost generic or preferred brand-name alternative available. This alternative could significantly reduce your out-of-pocket prescription expenses.

For your convenience, we have provided the table below as an example of how you could save by switching to a lower-cost alternative.

Cholesterol-Lowering Medications			
Copayment Tier	Retail Copayment (30-Day Supply) YOU PAY	Mail Service Copayment (90-Day Supply) YOU PAY	Drug Name
Tier 1 Generics	\$5 (No deductible requirement)	\$15 (No deductible requirement)	lovastatin, pravastatin simvastatin
Tier 2 Preferred Brand-Names	\$40 (Deductible also applies)	\$120 (Deductible also applies)	Lipitor, Crestor, Vytorin
Tier 3 Non-Preferred Brand-Names	100% of the discounted contract price	100% of the discounted contract price	Lescol, Lescol XL

If you currently take a higher copayment medication, talk to your doctor and ask if a lower-cost alternative, such as a generic medication, is right for you. Generic medications not only cost less, but are identical to their brand-name counterparts in dosage, safety, strength, route of administration, quality, performance characteristics and intended use. All generic drugs must be reviewed and approved by the U.S. Food and Drug Administration (FDA). Whenever your doctor prescribes a new medication, ask if there is a generic product available that would offer the same results. You can also find information about generic alternatives on our Web site at www.catalystrx.com.

New Immunization Benefit

On July 1, 2010, your plan will include a new benefit which will allow you to receive certain immunizations at participating retail pharmacies for a **zero copayment**. Just present your PEBP participant identification (ID) card at the time of the immunization and receive the benefit of zero copayment.

Immunizations for influenza, H1N1, pneumonia, human papilloma virus (HPV) for females (Gardasil, Cervarix), and shingles (Zostavax) are covered under this benefit. Some immunizations may also require a physician's prescription. Please check with your pharmacy to determine the availability of an in-store immunization program, age restriction on service, need for a prescription and their hours of operation.

If you have any questions regarding these changes, please call the Catalyst Rx Customer Service Department at the telephone number listed on your participant identification card. Representatives are available 24 hours a day, seven days a week to assist you.

Sincerely,

Catalyst Rx

Brand-names are the property of their respective manufacturers.