

MEMBER FIRST NAME MEMBER LAST NAME
MAILING ADDRESS 1
MAILING ADDRESS 2
CITY, ST ZIP

April 2009

Dear Member First Name:

Innoviant administers your prescription benefits on behalf of your benefit plan sponsor. Our review committee of independent doctors and pharmacists, which is known as a Pharmacy & Therapeutics (P&T) Committee, meets regularly to review new and existing medications. They also make recommendations for how prescription products can be safely considered for coverage by prescription benefit plans.

The P&T Committee has recommended a change in coverage **that may affect your prescription in the drug class of migraine agents, which may include Axert, Relpax, Imitrex nasal spray, sumatriptan nasal spray, and Zomig nasal spray.**

Beginning May 1, 2009, these migraine agents will be **limited up to no more than 12 tablets or 12 units per month**. More than 12 tablets or 12 units per month may be considered for coverage through our authorization review process. We recommend you talk with your doctor if you believe you may need more than the allowable quantity. For authorization consideration, your doctor must submit a statement of medical necessity. To begin this authorization process, contact our Customer Service Center.

Other medications in this category may be subject to slightly different quantity limits depending on available product packaging.

For questions about this letter or your prescription benefits, contact the Innoviant Customer Service Center 24-hours a day, 7 days a week at **1.877.559.2955**.

Sincerely,
Clinical Programs Department