



January 25, 2010

<Member First Name> <Member Last Name>
<Member Address 1>
<Member Address 2>
<Member City>, <Member State> <Member Zip>

Dear <Member First Name> <Member Last Name>:

Starting April 1, 2010, there will be a change in the coverage for **ALBUTEROL SULFATE 0.63 MG/3ML NEBULIZER SOLUTION (NDC 00591-3467-53)** in the Georgia Medicaid Fee-for-Service (FFS) program. This drug will be non-preferred and will require a prior authorization (PA). This change in information is also being shared with your doctor.

If you are currently on this medication, please call your doctor to discuss this letter, the medication you are using and what this change means to you. Your doctor may call SXC at **1-866-525-5827** to request that you be able to continue your current medication and strength. We encourage you to discuss this with your doctor before April 1, 2010.

This letter is not meant to replace the care you receive from your doctor.

Sincerely,

SXC Health Solutions, Inc.
Prior Authorization Department
P.O. Box 3214
Lisle, IL 60532-8214

Phone: 866-525-5827
Fax: 888-491-9742