

<Date>

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

### **Alert of Coverage Change in Fosamax Plus D<sup>®</sup>**

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

The Georgia Department of Community Health wants you to be aware that there has been a change in the coverage for Fosamax Plus D<sup>®</sup> in the Georgia Medicaid Fee-for-Service (FFS) program. Fosamax Plus D<sup>®</sup> is now on the non-preferred drug list and requires a prior authorization, and alendronate (generic Fosamax<sup>®</sup>) is now on the preferred drug list and does not require a prior authorization.

If you are currently on Fosamax Plus D<sup>®</sup>, please call your doctor to discuss this letter and the medication you are taking for osteoporosis. If your doctor determines it is best for you to switch to alendronate (generic Fosamax<sup>®</sup>) or another preferred drug, you may supplement your diet with over-the-counter vitamin D and/or foods that are rich in vitamin D, such as fatty fish (examples are mackerel, salmon and tuna), egg yolks and liver. Vitamin D is also added to milk and to some brands of orange juice, soymilk and cereals. **Before adding any additional vitamin D to your diet, please discuss the best options for you with your doctor.**

If your doctor determines it is best for you to stay on Fosamax Plus D<sup>®</sup>, your doctor can call SXC at **1-866-525-5827** to request that you be able to continue on your current medication.

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

Sincerely,

Georgia Department of Community Health  
Medicaid Fee-For-Service