

<<Date>>

<<MBR First Name>> <<MBR Last Name>>
<<MBR Address1>>
<<MBR Address2>>
<<MBR City>>, <<MBR State>> <<MBR Zip>>

Alert of Coverage Change in Vytorin[®]

Dear <<MBR First Name>> <<MBR Last Name>>:

Starting September 1, 2010, there will be a change in the prior authorization coverage for Vytorin[®] in the Georgia Medicaid Fee-for-Service (FFS) program. You will now be requested to try preferred therapy before receiving Vytorin[®].

If you are currently on Vytorin[®], please call your doctor to discuss this letter and possible preferred medications that may work for you. If your doctor determines that you should remain on Vytorin[®], then he or she can call SXC at **1-866-525-5827** before September 1, 2010 to request that you be able to continue your current medication.

We are also sharing this information with your doctor and we encourage you to discuss this letter with him or her prior to September 1, 2010. This letter is not meant to replace the care you receive from your doctor.

Sincerely,

Georgia Department of Community Health
Medicaid Fee-For-Service