



December 2008

Re: Nasal Steroid quantity limit

Member first name, member last name
Member address 1, member address 2
Mailing City, mailing State, ZIP

Dear Prescription Benefit Plan Member:

Innoviant administers your prescription benefits on behalf of your benefit plan. Our review committee of independent physicians 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 safely be considered for coverage by prescription benefit plans.

The P&T Committee has recommended a change in coverage **that may affect your prescription for medication in the drug class of nasal steroids which may include Beconase AQ, Rhinocort Aqua, and Nasonex.**

Beginning February 1, 2009, Beconase AQ, Rhinocort Aqua, and Nasonex will be limited to **no more than two bottles per month**. More than two bottles of Beconase AQ, Rhinocort Aqua, or Nasonex per month may be considered for coverage through our authorization review process. We recommend you talk with your physician if you believe you may need more than two bottles per month. For authorization consideration, your physician must submit a statement of medical necessity. To begin the authorization process, contact our Customer Service Center.

For questions regarding 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,

Innoviant Clinical Programs Department

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