

<<Date>>

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

Alert of Coverage Change for Focalin[®] XR

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

Starting October 1, 2010, there will be a change in the coverage for Focalin[®] XR in the Georgia Medicaid Fee-for-Service (FFS) program. Focalin XR[®] will be placed on the non-preferred list and will require a prior authorization (PA) beginning on October 1, 2010.

If you are currently on Focalin[®] XR, 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 Focalin[®] XR then he or she can call SXC at **1-866-525-5827** before October 1, 2010 to request that you be able to continue your current medication.

This letter is not meant to replace the care you receive from your doctor and we encourage you to discuss this letter with your doctor before October 1, 2010.

Sincerely,

Georgia Department of Community Health
Medicaid Fee-For-Service