

<<Date>>

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

**Alert of Coverage Change in Frova<sup>®</sup>**

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

Starting July 1, 2010, there will be a change in the coverage for Frova<sup>®</sup> in the Georgia Medicaid Fee-for-Service (FFS) program. Frova<sup>®</sup> will be placed on the non-preferred list and will require a prior authorization (PA) beginning on July 1, 2010. This change was supported by the Department of Community Health's Drug Utilization Review Board (DURB), which is made up of physicians, pharmacists and a consumer advocate.

If you are currently on Frova<sup>®</sup>, 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 Frova<sup>®</sup>, then he or she can call SXC at **1-866-525-5827** before July 1, 2010 to request that you be able to continue your current medication.

We are also sharing this information with your physician. This letter is not meant to replace the care you receive from your physician.

Sincerely,

Georgia Department of Community Health  
Medicaid Fee-For-Service