



**An important message about your  
<<client name>>  
prescription drug benefit**

<<Patient Name Prefix>> <<Patient First Name>> <<Patient Last Name>>  
<<Street Address>>  
<<City>> <<State>> <<Zip>>

<<Month/Year>>

<<key code>>

Dear <<Patient Name Prefix>> <<Patient First Name>> <<Patient Last Name>>:

We are writing to provide you with important information about the following medication (or medications):

<b>Brand:</b>	<b>Generic:</b>
<<BRAND>>, <<STRENGTH>>	<<generic>>

If you are taking the above medication, please note the following information. Beginning <<effective date>>, Medco must review prescriptions for these medications with your doctor before they can be filled under your plan, since more information than what is on a prescription is needed. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective.

If you are currently taking the medication(s) listed above, please ask your doctor to call Medco toll-free at 1 800 417-1764, 8:00 a.m. to 9:00 p.m., eastern time, Monday through Friday to arrange a review. **Unless your doctor obtains approval, you will be responsible for the full cost of the medication.**

Thank you for your attention to this very important matter. Please disregard this letter if you are no longer eligible under this plan or if you are not taking this medication.

Sincerely,

Tracy L. Furgiuele, R.Ph.  
Senior Vice President & Chief Pharmacist  
Medco

LT900418

<<Mailing Control ID>>  
<<Letter ID>>

**Medco is the company your employer or health plan  
chose to manage your prescription drug benefit.**