



December 2008

Re: Antihistamine 1 daily 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 in the drug class of antihistamines which may include, Allegra, fexofenadine, Allegra D, Clarinex, Clarinex redi-tab, or Clarinex D.**

Beginning February 1, 2009, Allegra, fexofenadine, Allegra D, Clarinex, Clarinex redi-tab, or Clarinex D will be **limited to no more than one tablet per day**. More than one tablet per day 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 one tablet per day. 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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