

August 2005

Dear

We are writing to provide you with important information about medications used for the treatment of migraine headaches listed in the chart on the back of this letter. If you are taking any of these medications, please note the following information.

Since 2002 the State Health Plan has had quantity limits in place for these medications, however, beginning September 1, 2005, prescriptions for these medications may have different quantity limits as indicated on the chart. These quantities are based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective.

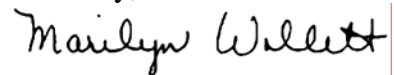
For the migraine medications indicated on the chart, your doctor may request a review for approval of additional quantities. As part of this review, your doctor will need to provide more information than what is on the prescription. **If you have previously received authorization for additional quantities, that approval will remain effective until the expiration date.**

If you need to arrange a review, 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. **Unless your doctor obtains approval, you will be responsible for the cost of the medication that exceeds the quantity indicated on the chart.**

In addition to the quantity limit changes, two of the medications, Amerge and Frova, have recently switched to preferred formulary status which means your copay will be \$25 for a month's supply instead of \$40.

Thank you for your attention to this very important matter. Please disregard this letter if you are no longer eligible under the plan referenced above, or if you are not taking one of these medications listed on the chart.

Sincerely,

A handwritten signature in cursive script that reads "Marilyn Wollett". The signature is written in black ink and is positioned to the left of a vertical red line.

Marilyn Wollett, R.Ph.
Director of Pharmacy Practice

Please review the chart on the back of this letter.

Migraine Medication	One Month Period	Three Month Period
<i>Imitrex</i>[®] (sumatriptan) *		
25-mg	36 tablets	108 tablets
50-mg	18 tablets	54 tablets
100-mg	9 tablets	27 tablets
5-mg nasal spray device	32 units	96 units
20-mg nasal spray device	8 units	24 units
Injection kit	4 kits	12 kits
<i>Zomig</i>[®] and <i>Zomig-ZMT</i>[®] (zolmitriptan) *		
2.5-mg	16 tablets	48 tablets
5-mg	8 tablets	24 tablets
5-mg nasal spray device	8 units	24 units
<i>Amerge</i>[®] (naratriptan) *		
2.5-mg	8 tablets	24 tablets
1-mg	20 tablets	60 tablets
<i>Maxalt</i>[®] and <i>Maxalt-MLT</i>[®] (rizatriptan) *		
5-mg	24 tablets	72 tablets
10-mg	12 tablets	36 tablets
<i>Migranal</i>[®] NS (dihydroergotamine) *		
nasal spray	2 kits	6 kits
<i>Frova</i>[®] (frovatriptan) *		
2.5-mg	12 tablets	36 tablets
<i>Axert</i>[®] (almotriptan) *		
6.25-mg	16 tablets	48 tablets
12.5-mg	8 tablets	24 tablets
<i>Relpax</i>[®] (eletriptan) *		
20-mg	16 tablets	48 tablets
40-mg	8 tablets	24 tablets

**Your doctor may request a review if your condition requires additional quantities.*

Medco manages your prescription drug benefit at the request of your health plan.