

medco

AT THE HEART OF HEALTH™

Important Information on how you could save up to \$252.03 on your prescription drug costs. Your immediate attention is requested.

Dear

Your doctor knows which medications are right for you but may not know how much they cost. Your employer and Medco, the administrator of your prescription drug benefit, are working to help you control the cost of your medications through the **My Rx Choices®** prescription savings program.

**My Rx Choices** is a complimentary cost-saving program that provides you and your doctor with available lower-cost options for the medications that you're currently taking on an ongoing basis. With **My Rx Choices**, you and your doctor can make the most informed decisions based on health and cost. *No prescription is ever changed without your doctor's approval.*

The enclosed **My Rx Choices Savings Opportunity Chart** provides you with some of the personalized options available under your plan, that could start saving you money right now.

**You could save up to \$252.03\* on your annual costs simply by switching to the lower-cost options for the prescription drugs you are currently taking on an ongoing basis.**

Please take this information together with the enclosed fax form to your doctor to discuss your options, and see if you could start saving now. To learn more about your options, visit [www.medco.com/choices](http://www.medco.com/choices) or call 1 866 544-1804 anytime.

Sincerely,



Tracy L. Furgiuele, R.Ph.  
Vice President of Pharmacy Practice

**P.S. Please take this information together with the enclosed fax form to your doctor to discuss your options, and see if you could start saving now.**

**Medco Health Solutions, Inc., manages your prescription drug benefit for your employer.**

*\*For further details and disclosures, please see the "Additional Information" section.*

# You could save up to \$252.03 a year on the medications you take on an ongoing basis.

It's never been easier to start saving on your prescription drugs. Review your personalized My Rx Choices Savings Opportunity Charts on the following pages. You will find a summary, followed by more information on how you could save on the medications you take on an ongoing basis.

You can also learn more about other available lower-cost options by contacting Medco.

› Check out My Rx Choices online to compare your available lower-cost options.



1. Visit [www.medco.com/choices](http://www.medco.com/choices) and register.
2. Enter your member ID number.
3. When prompted for a recent prescription number, enter access code 7248599.
4. Choose the lower-cost options you'd like your doctors to consider.

Or



You can also call to request a personalized prescription savings report for you and your doctor to review. Call 1 866 544-1804 anytime, and please have your member ID and a recent prescription handy when you call.

## About generics

If the savings options presented include generic medications, please note the following:

› **Generic equivalent:** Generally costs about 70 percent less<sup>1</sup>; contains the same active ingredients; is the same in strength, purity, quality, and dosage form; and is taken the same way as its brand-name counterpart.

› **Generic alternative:** May contain different active ingredients but usually provides a similar effect when treating a specific condition.

1. Centers for Medicare & Medicaid Services. Testimony of Mark McClellan, M.D., Ph.D., Administrator, Centers for Medicare Medicaid Services, on Medicare Prescription Drug Discount Program before the Senate Finance Committee [press release]. Available at: <http://www.cms.hhs.gov/apps/media/press/testimony.asp?Counter=1091>. Accessed August 9, 2006.

For further details and disclosures, please see the "Additional Information" section.

# Savings Opportunity Summary

PERSONALIZED FOR:

*medco*

AT THE HEART OF HEALTH™

This chart shows some of the current lower-cost options available under your plan for medications you take on an ongoing basis, together with your potential annual savings. **These may not be your only options. You may have multiple lower-cost alternatives available to you, some of which could have the same or similar pricing. Call or visit Medco online to learn about other available options.**

Potential Annual Savings		\$252.03
CURRENT PRESCRIPTION	YOUR COST PER YEAR	YOUR SAVINGS
1. <b>BONIVA</b> brand, retail 150MG	\$130.36	—
<b>CURRENT LOWER-COST OPTIONS</b>		
A. <b>BONIVA</b> (brand), mail order 150MG	\$.00	\$130.36
2. <b>MIRAPEX</b> brand, retail 0.5MG	\$121.67	—
<b>CURRENT LOWER-COST OPTIONS</b>		
A. <b>MIRAPEX</b> (brand), mail order 0.5MG	\$.00	\$121.67

Please take this information together with the enclosed fax form to your doctor to discuss your options, and see if you could start saving now.

For further details and disclosures, please see the "Additional Information" section.

## Additional Information

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These may not be your only options. Contact Medco online or at 1 866 544-1804 to see if additional savings opportunities may be available. Savings amounts may vary based on drug prices, prescription programs in effect at the time of the savings calculation, applicable law and pharmacist's judgment. Sales tax, where applicable, is not included. In most cases, only those alternatives preferred by your prescription program are shown. Some or all of the alternatives may not be appropriate for you and all will require your doctor's approval. Not all have been reviewed by Medco's independent Pharmacy and Therapeutics Committee. Medco can earn rebates on some drugs which may be shared with plan sponsors. No prescription change is made without a doctor's authorization.

**Prescription Fax Form**



**Patient:** Please fill out step 1 and bring this form to your doctor. This prescription request is only authorized when faxed from the physician's office. Please copy this form for your other medication(s).

**Physician:** Please fully complete steps 2 to 5 below to help ensure timely processing of your patient's prescription. Questions? Call Customer Service at 1 888 327-9791.

**Step 1. Please complete the required information below.**

**Member Name (Cardholder):** \_\_\_\_\_  
(First) (last)

**Shipping Address:** \_\_\_\_\_  
City State Zip Code

**Step 2. Patient Information:**

**Patient DOB:** \_\_\_\_\_

Please check all that apply:

**Allergies:**

- None
- Sulfa
- Penicillin
- Aspirin
- Codeine
- Iodine

**Medical Conditions:**

- Heart Attack/Angina
- Heart Failure
- Asthma
- High B.P.
- Ulcer
- Glaucoma

**Other** \_\_\_\_\_

**Step 4. Prescriber Information:**

**Prescriber Fax No.** \_\_\_\_\_

**Print Prescriber's Name** \_\_\_\_\_

**NPI** \_\_\_\_\_

**Step 5. Sign and Fax Back to:**

**1 800 837-0959**

**Step 3. Please Write or Attach Prescription Below.**

Prescription watermark security forms will obscure legibility when faxed.

**Prescriber's Name and Address Required**

[Empty box for Prescriber's Name and Address]

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Issue Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Rx** \_\_\_\_\_

**Refills:** \_\_\_\_\_

.....  
**SUBSTITUTION PERMISSIBLE - Prescriber Signature**  
(We cannot accept Signature Stamps)

.....  
**DISPENSE AS WRITTEN - Prescriber Signature**  
(We cannot accept Signature Stamps)

Please do not fax with a cover sheet. We do not accept CII prescriptions via fax. Fax forms will only be accepted if faxed directly from a prescriber's office. Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.

**Confidentiality Notice:** This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party if you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.

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September 2008


**Help your plan to continue providing an affordable benefit:**

**Talk to your doctor about generic drugs.**

Dear

Today, many brand-name drugs have generic versions, so it is becoming more common for patients to ask their doctors to prescribe generic drugs to treat their conditions. The table below includes the lower-cost generic drugs now available for the treatment of insomnia. Generic drugs cost about 30 percent to 80 percent less than brand-name drugs.\* By choosing these medications, you will help your plan to continue providing affordable prescription drug coverage.

In fact, zolpidem—the generic version of *Ambien*®—is now available. Zolpidem has been rated a *Consumer Reports Best Buy Drug*™. *Consumer Reports*' choice of this medication for insomnia is based on cost and effectiveness. Generic zolpidem will be substantially less expensive than *Ambien* and the other brand medications for insomnia.† You can find more information about zolpidem at the *Consumer Reports Best Buy Drugs* website, [www.CRBestBuyDrugs.org](http://www.CRBestBuyDrugs.org).

If you are using one of these brand-name sleep aid drugs . . .	Ask your doctor whether one of these lower-cost generic drugs would be right for you . . .
<p><i>Ambien CR</i>®†      <i>Sonata</i>®†</p> <p><i>Restoril</i>®‡§</p> <p><i>Ambien</i>®</p> <p><i>Lunesta</i>®</p>	<p>zolpidem (generic of <i>Ambien</i>)</p> <p>temazepam (generic of <i>Restoril</i>)</p> <p>zaleplon (generic of <i>Sonata</i>)</p> <div style="text-align: right;">  </div>

\* Food and Drug Administration. Generic Initiative for Value and Efficiency (GIVE). <http://www.fda.gov/oc/initiatives/advance/generics.html>. Accessed July 23, 2008.

† Consumers Union: Evaluating newer sedative drugs used to treat insomnia [*Consumer Reports Best Buy Drugs* Web site]. July 2008. Available at [http://www.consumerreports.org/health/best-buy-drugs/insomnia\\_drugs.htm](http://www.consumerreports.org/health/best-buy-drugs/insomnia_drugs.htm). Accessed July 22, 2008.

‡ If your doctor believes that a generic drug is not right for you, please consider one of these preferred brand-name drugs.

§ The 7.5-mg and 22.5-mg strengths of *Restoril* are preferred by your prescription drug plan.

**Ask your doctor to consider prescribing a lower-cost generic drug**  
 If you are using one of the brand-name drugs in the previous chart, contact your doctor.

(over, please)

- Ask your doctor if one of the lower-cost generics—temazepam, zaleplon or zolpidem—would be right for you.
- If your doctor agrees, ask for a new prescription.
- Your plan benefits have not changed. This opportunity to reduce costs is entirely voluntary.

**In addition, you may save by getting your medication through mail order**

If you need your medication on a long-term basis (3 months or more):

- Have your doctor write a prescription for up to a 90-day supply, plus refills for up to 1 year (if appropriate), that you can fill through your mail-order pharmacy, **Medco By Mail**. (Your plan or state regulations may limit the amount of medication you receive.)
- Ask your doctor to fax the prescription to Medco By Mail using the enclosed fax form. <sup>¶</sup>

If you have any questions about generic drugs or about your prescription drug benefit in general, you can visit us online anytime at [www.medco.com](http://www.medco.com). If you are a first-time visitor to our website, take a minute to register. (Have your member ID number and a recent prescription number handy.) You can also call the toll-free Member Services number shown on your prescription drug ID card.

Sincerely,



Tracy L. Furgiuele, R.Ph.  
Vice President of Pharmacy Practice  
Medco

**P.S. Ask your doctor about prescribing a lower-cost generic drug, such as temazepam, zaleplon or zolpidem to treat your insomnia.**

<sup>¶</sup>Some states may prohibit doctors from faxing prescriptions for zolpidem or *Ambien* because these medications are controlled substances. In these cases, please call Customer Service to obtain Medco's mailing address for your prescriptions.

Consumers Union, the nonprofit publisher of *Consumer Reports*<sup>®</sup> magazine, and Medco have a nonexclusive arrangement that provides consumers with independent, unbiased information on the effectiveness and safety of prescription drugs. This information is prepared solely by *Consumer Reports Best Buy Drugs*<sup>™</sup>, a public education project administered by Consumers Union. The content and recommendations contained in the Reports may not represent the opinions or recommendations of Medco, its independent Pharmacy and Therapeutics Committee, or plan sponsors. There is no financial arrangement between the two companies, or between Consumers Union and the Medco client that sent you this message. The drug information we provide is not a substitute for consultation with your doctor, but may help you talk to your doctor about which medicines may be right for you and give you the best value for your healthcare dollar.

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

Improving health while lowering costs keeps **Medco at the heart of health.**<sup>™</sup>

**Patient:** Please fill out step 2 and 3 then bring this form to your doctor. This prescription request is only authorized when faxed from the physician's office. Please copy this form for your other medication(s).

**Physician:** Please fully complete steps 1, 4 and 5 below to help ensure timely processing of your patient's prescription.

Questions? Call 1 888 327-9791

Please complete ALL information below. Incomplete forms cannot be processed. Please print clearly.

### STEP 1 ▶ Prescriber Information

Prescriber Name \_\_\_\_\_

DEA \_\_\_\_\_  
*Required for CIII-CV medications*

Secure fax number \_\_\_\_\_

NPI ▶ \_\_\_\_\_

### STEP 2 ▶ Member Information

Member No.: \_\_\_\_\_  
(Include all characters. Leave box blank for spaces.)

Group/Subgroup: \_\_\_\_\_

Member Name (cardholder) \_\_\_\_\_

### STEP 3 ▶ Patient Information

Patient Name	
DOB	Tel.
Ship to address	

**Allergies**  
 None       Sulfa       Penicillin  
 Aspirin     Codeine     Iodine

Other \_\_\_\_\_

**Medical Conditions**  
 Heart Failure       Hypertension  
 Heart Attack/Angina     Asthma  
 Glaucoma       Ulcer

Other \_\_\_\_\_

### STEP 5 ▶ Return Fax

NO COVER SHEET REQUIRED

Fax this page ONLY to

**1 800 837-0959**

- ▶ Medco cannot accept CII prescriptions via fax.
- ▶ Fax forms will only be accepted when sent from a prescriber's office.
- ▶ The printed fax confirmation is proof of receipt.

Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.

### STEP 4 ▶ Prescription Information

Please complete or attach prescription below.

Prescriber Name Address City, State, Zip Telephone	
Patient Name	_____
DOB	_____ Issue Date _____
<b>Rx</b>	
Refills	_____
Substitution Permissible	_____ Prescriber Signature
Dispense as Written	_____ Prescriber Signature
(We cannot accept signature stamps)	

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Medco facsimile machines are secure and in compliance with HIPAA privacy standards.

If you are going to your doctor to discuss your options, please also give him or her this fax form. Your doctor can use this form to write a new mail-order prescription and fax it to Medco.

If you prefer to send this new prescription to Medco via mail, you can request mail-order forms by calling the Member Services number on your Member ID card or by downloading mail-order forms from your prescription program's website.