

MCO LOGO

[Date]

<<Member_First_Name>> <<Member_Last_Name>>

<<Member_Address>>

<<Member_City>> <<Member_State>> <<Member_Zip>>

Dear <Member First Name>,

We want to let you know about an update to [Plan Name]'s preferred drug list. A preferred drug list is a partial list of drugs and products we cover. [Plan Name] would like your prescriber to use drugs from this list, if possible.

As of [Date], the drug(s) listed below which you filled in the last 90 days will no longer be on our preferred drug list. Your doctor will need to give you a prescription for a new preferred drug.

Product(s) no longer on the preferred drug list
<<Label_name 1>>
<<Label_name 2>>
<<Label_name 3>>
<<Label_name 4>>
<<Label_name 5>>
<<Label_name 6>>

If your doctor wants you to keep taking the drug(s) listed, they can ask for a prior authorization. If the prior authorization is approved, you can keep using medication for the time approved.

We are here to help make the change as easy as possible. If you have any questions or need help, please call us toll-free at [Phone Number] [Times] [Days].

Thank you for being a member of [Plan Name].

Sincerely,

[Name]

[Title]