



[DATE]

[PLAN MEMBER FULL NAME]  
[STREET ADDRESS]  
[CITY, STATE ZIP]



Starting [EFFECTIVE\_DATE],  
some medications will only  
be covered in limited  
amounts.

Dear [PLAN MEMBER FIRST NAME],

We're writing to tell you about some new requirements you will experience when you refill certain prescriptions. Some medications, like the ones listed below, are intended to be taken in limited amounts for a specific period of time.

Starting [EFFECTIVE\_DATE], there will be a limit on the amount of medication that your plan will cover. Once you reach the limit, you will have to pay the entire cost.

This medication is covered in limited amounts:	Limit if you fill at a retail pharmacy:	Limit if you fill by mail:
[DRUG_LABEL_NM]	[RETAIL_LIMIT]	[MAIL_LIMIT]
[DRUG_LABEL_NM]	[RETAIL_LIMIT]	[MAIL_LIMIT]
[DRUG_LABEL_NM]	[RETAIL_LIMIT]	[MAIL_LIMIT]

It's important to us that you understand your prescription benefit plan and how your medications are covered. If you'd like to know more and view the full list of medications covered under your plan, visit [URL\_MERGE].

Sincerely,  
CVS Caremark

Caremark.com

Plan's drug list covers all disease states. Lifestyle-related treatments (i.e., anti-obesity, cosmetic, erectile dysfunction and fertility agents) may not be included. Plan may be limited to generic medicines and some brand-name drugs when a generic is not available in the class. Drug coverage may vary, please consult your plan for further information.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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