[DATE]

# Your automatic refill

# is scheduled

<PTNT\_FIRST\_NM> <PTNT\_LAST\_NM>

<PTNT\_ADDR\_LINE1\_TX>

<PTNT\_ADDR\_LINE2\_TX>

<PTNT\_CITY\_TX>, <PTNT\_STATE\_CD> <PTNT\_ZIP\_CD> <PTNT\_ZIP\_SFX\_CD>

Dear [Member First Name],

Thank you for using the Automatic Refills\* program for your medication(s). The following prescription(s) is scheduled to be automatically refilled. Because this prescription(s) is expiring or is out of refills, we have contacted your prescriber for a new prescription(s) for you. We will contact you immediately if our request is denied or we cannot reach your prescriber.

**Prescription Name(s) Prescription Number(s) Estimated Cost\*\***

[DISPENSED DRUG NAME] [RX\_NB] [$X,XXX.XX]

[DRUG-ABBR-PRU-NM] [RX\_NB] [$X,XXX.XX]

[DRUG-ABBR-PRU-NM] [RX\_NB] [$X,XXX.XX]

[DRUG-ABBR-PRU-NM] [RX\_NB] [$X,XXX.XX]

[DRUG-ABBR-PRU-NM] [RX\_NB] [$X,XXX.XX]

[DRUG-ABBR-PRU-NM] [RX\_NB] [$X,XXX.XX]

[DRUG-ABBR-PRU-NM] [RX\_NB] [$X,XXX.XX]

[DRUG-ABBR-PRU-NM] [RX\_NB] [$X,XXX.XX]

We will begin processing your order on **<#MM/DD/YYYY: release date>**.After your order is processed, you should receive it in 7 to 10 business days.You won’t be charged any copay\*\*\* or coinsurance until your order is shipped. If we do not hear from you by the above date, your prescription(s) will be automatically refilled and shipped.



If you would like to change or cancel all or part of this order, please sign in to your online account or call the Customer Care number on your member ID card before **<#MM/DD/YYYY: release date>**. You may also cancel your order by mail – simply download the Cancellation Form from [URL], complete and mail it to us at the address on the form.

Please keep in mind that if you cancel all or part of this order, your prescription(s) will no longer be automatically refilled. You can restart automatic refills for them anytime and manage all of your prescriptions at **[URL]**.

# Go Paperless

You may have already received a similar notice with this automatic refill order information through a phone call or text message. However, we are required to send automatic refill notices to you in writing. If you would like to go paperless, please visit **[URL]** or call the number on your member ID card and provide us with your email address. We’ll then send any future written notices to you by email.

We look forward to making it easier and more convenient for you to get the medications you need, when you need them.

Sincerely,

CVS Caremark Mail Service Pharmacy