<DATE>

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

<PTNT\_ADDR\_LINE1\_TX>

<PTNT\_ADDR\_LINE2\_TX>

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

Take action

You’ll need to change to 90-day supplies for your next refill

Dear <PTNT\_FIRST\_NM>,

Action required: Change to 90-day supplies

Your prescription benefit plan now requires you to fill prescriptions for the medications you take regularly (for things like diabetes, high blood pressure, asthma, etc.) in 90-day supplies at a   
select participating pharmacy.

Make sure your medications are covered

If you continue to fill in 30-day supplies on or after your next refill, your medications **won’t be covered** and you’ll need to pay the full cost for your prescriptions.

This change applies to the following prescriptions:

|  |  |  |
| --- | --- | --- |
| Prescription number | Medication | Next refill date |
| <111111> | <Drug 1> | <Refill Date 1> |
| <222222> | <Drug 2> | <Refill Date 2> |
| <333333> | <Drug 3> | <Refill Date 3> |
| <444444> | <Drug 4> | <Refill Date 4> |
| <555555> | <Drug 5> | <Refill Date 5> |
| <666666> | <Drug 6> | <Refill Date 6> |

|  |
| --- |
| Here’s what you need to do:  The easiest way to make the change is to let your pharmacy team take care of it for you. They can contact your prescriber to request 90-day supplies on your behalf before your next refill.  You can also ask your prescriber to make this change for your next refill. Ask them to update your prescriptions to 90-day supplies and send to a participating pharmacy for pickup or delivery. Sign into <LANDING PAGE URL 2> to find a select participating pharmacy. |

**We’re here to help you manage your prescriptions.**

— Your team at *<CVS Caremark><Company Name>*

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**Have questions?** We want to help.

Sign in at **<LANDING PAGE URL>** for the fastest way to view your benefits and keep your account up to date, or to speak to a Customer Care team member, call the number on your member ID card.