<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 your prescriptions to 90-day supplies at a select participating pharmacy

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 at your current pharmacy 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:  **For medication pickup or delivery from a select participating pharmacy,** sign into  <LANDING PAGE URL 2> to find a participating pharmacy. Then ask your prescriber for a new  90-day prescription. |

**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.