[DATE]

[PLAN MEMBER FULL NAME]   
[STREET ADDRESS 1]

[STREET ADDRESS 2]  
[CITY, STATE ZIP]

Talk to your prescriber about an upcoming change to your medication coverage starting [DATE]

Dear [PLAN MEMBER FIRST NAME],

There’s an upcoming change to your medication coverage — and we want to be sure you’re ready

Starting **[DATE]**, your prescription benefit plan will no longer cover the medication(s) listed below. If you continue to fill your medication(s) on or after **[DATE]**, **they won’t be covered under your plan and you’ll need to pay the full cost for your prescriptions.**

This change applies to the following prescriptions:

|  |  |
| --- | --- |
| Your current medication(s): | Covered option(s): |
| [current drug] | [alternative message] |
| [current drug] | [alternative message] |
| [current drug] | [alternative message] |

|  |
| --- |
| Here’s what you need to do:   * **Talk to your prescriber about changing to a covered medication** * Ask them to send a new prescription to your pharmacy so it's ready for you to fill after **[DATE]** |

We’re here to help you manage your prescriptions.

*— Your team at CVS Caremark*

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Have questions? We want to help.

Sign in at Caremark.com for the fastest way to view your benefits and keep your account up to date. To speak to a Customer Care team member, call the number on your member ID card.