



4/12/2017

Episode: «EPISODENUM»

## Important changes to your Pharmacy Benefit Plan

«FIRSTNAME» «LASTNAME»  
«ADDR1»  
«ADDR2»  
«CITY», «STATE» «ZIP»

Dear «FIRSTNAME»:

MedTrakRx works with your company to provide you with high-quality prescription benefits. In an effort to manage ever increasing medication costs, we routinely conduct formulary reviews to ensure your plan's medications are safe, effective and affordable.

According to our records, you are currently taking <<Drug Name>>. **Effective April 1, 2017 this drug will no longer be covered under your plan's Drug Formulary.** You will need to switch to one of the covered alternatives listed below.

| Covered alternative medication(s) |
|-----------------------------------|
| <<ALTERNATIVES>>                  |

Please contact your doctor to request a new prescription for one of these covered alternatives. The pharmacy that currently dispenses your medication may also be able to assist you with this process. Simply ask your pharmacy team to request a new prescription for one of the covered medications listed above.

*If you have questions regarding this change, please do not hesitate to call us at 800-771-4648.*

*Sincerely,*

*MedTrakRx Clinical Care Center*

Please note that the information contained in this letter in no way constitutes medical advice. Medical decisions should be made by you and your physician. Please be assured that these communications are privileged and patient confidentiality is maintained. You should also know that you have the right to refuse receipt of this information.