

«Create_Dt»

«Meme_First_Name» «Meme_Last_Name»
«Meme_Addr1_Mail»
«Meme_City_Mail», «Meme_State_Mail» «Meme_Zip_Mail»

Dear «Meme_First_Name»,

Why you are receiving this letter

As a partner in your health, we want to make sure you receive the care and information you need to stay healthy. We're writing to make you aware of an upcoming change to your drug coverage so you can plan ahead.

What you need to know

The Michigan Department of Health and Human Services has worked with its health plan partners to create a list of drugs that all Medicaid health plans must cover. This list is called the Michigan Medicaid Managed Care Common Formulary.

Our records show you filled a prescription for «Current Drug», a medication used to help manage «Condition». This medication was covered by your Total Health Care Medicaid plan but is not covered on the Common Formulary or by Priority Health Choice. You will need to switch to an alternative drug that is included in the Common Formulary by **10/01/2021**. Alternative medication(s) to «Current Drug» on the Common Formulary drug list include: «Alternate Drug».

What you need to do

Contact your doctor about this letter. They can request an exception for continued coverage or prescribe an alternative medication.

We're here to help

Contact Customer Service by calling the phone number on the back of your member ID card if you have any questions. We're available Monday through Thursday 7:30 a.m. – 7 p.m., Friday 9 a.m. – 5 p.m. and Saturday 8:30 a.m. – noon. Or visit priorityhealth.com and select **Contact us**.

Sincerely,

Pharmacy Department