



November 20, 2019

Name
Address
City, State Zip

Dear Name:

You are receiving this letter to alert you that **<drug>** is a non-FDA approved medication which was allowed to be covered under your health plan in error starting July 1, 2018. Your plan's benefit does not allow for coverage of medications that are not FDA approved for safety and efficacy, as outlined in your Member Handbook. Your plan will no longer cover **<drug>** beginning December 13, 2019.

Claims for **<drug>** that were paid in error under your prescription drug plan will not be reprocessed or denied and you will not be penalized for our error.

It is important that you consult your physician to discuss possible FDA approved alternatives to these medications, if needed.

Have a question?

- **About your benefits?** Contact Customer Service at (800) 552-2682.
- **About a certain prescription drug?** Talk to your doctor or your pharmacist.

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