

[Health Plan Letterhead]

[Date]

[Member Name]
[Address line 1]
[Address line 2]
[City, State]

Re: Your refill of [drug name]

Dear [Member],

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*.

Recently, you filled a prescription for [drug name]. This drug is not on the *Common Formulary*, or it requires prior authorization.

We want to help make sure that you have the medicine you need. Please discuss this letter with your doctor as soon as possible. If you want to keep taking your current medicine, your doctor can send a request to us. If the request is denied, there are other drugs on the *Common Formulary* that may work for you.

If you don't follow these steps, you may have issues with your next refill. Please contact us if you have questions: [Plan contact information].

Sincerely,

Pharmacy Department