

Model Notice of Formulary or Cost-sharing Change

<Date>

<Enrollee Name>

<Street Address>

<City, State Zip Code>

Enrollee ID Number: <Insert enrollee number>

Dear <insert name>:

This letter is to inform you of a change to our formulary.

Effective on <insert date>, <insert name of drug> <Plan sponsor must state if: the drug is being removed from the formulary **or** there has been a change to the drug's preferred or tiered cost-sharing status.>

We are <removing **or** changing the tiering structure of> <insert name of drug> because <Plan sponsor must explain the reason for removal of the drug from the formulary **or** why there is a change to the drug's preferred or tiered cost-sharing status.>

You may be able to use another drug to treat your medical condition that <is on our formulary **or** is in the same drug tier as <insert drug name>>. These drugs include <plan must indicate alternative drugs that are in the same therapeutic category/class **or** in the same cost-sharing tier.> You should ask your prescriber if one of these drugs is right for you. If your prescriber prescribes one of these drugs for you, your expected cost will be <plan sponsor must indicate the expected cost of the alternative drug(s).>

If your prescriber believes that none of the drugs listed above is right for you due to your medical condition, you may request <an exception to our formulary **or** a tiering exception.> To file a request, <Plan sponsor must describe the process for filing an exception, including the need for the prescribing physician's or other prescriber's supporting statement, and refer the enrollee to the appropriate section(s) in the EOC for more information.>

Or, you can call us at <insert toll-free number> for help in asking for this type of decision.

If you disagree with our decision to <remove **or** change the tiering structure of> <insert name of drug>, you may also file a grievance with us. Please call us at <toll-free number> if you want to file a grievance. You may also send your grievance to us in writing by <Describe the process for filing a written grievance, and refer the enrollee to the appropriate section(s) in the EOC for more information>.

Thank you.

<Plan sponsor name>