

<<INSERT CVS LOGO/LETTERHEAD>>

<<Date>>

<<Member Name>> <<Member Last Name>>

<<Mailing Address 1>>

<<Mailing Address 2>>

<<City>>, <<State>> <<Zip>>

**RE: Choose a New Pharmacy**  
**Member ID: <<#>>**

### **Action Needed**

Dear <<Member First Name>> <<Member Last Name>>,

We're writing to let you know that your network pharmacies are changing. This means that the pharmacies included in your prescription plan, or the in-network pharmacies, are changing on <<effective date>>.

**Your current pharmacy will no longer be part of the network on <<effective date>>. You will need to choose a new pharmacy and transfer your prescriptions by <<effective date>>.**

### **Choose a New Pharmacy**

You can choose a new pharmacy from the list below or you can choose from the list of options found at **caremark.com** (starting <<effective date>>).

<<Pharmacy Name>>, <<Pharmacy Address>>, <<Pharmacy Phone>>

<<Pharmacy Name>>, <<Pharmacy Address>>, <<Pharmacy Phone>>

<<Pharmacy Name>>, <<Pharmacy Address>>, <<Pharmacy Phone>>

### **Transfer Your Prescriptions**

You can ask your current pharmacy to transfer your prescriptions to your new pharmacy of choice. Or, you can ask your doctor to electronically send a new prescription to your new pharmacy of choice.

If you have any questions about this change, need help finding a new pharmacy that is convenient for you, or need help transferring your prescriptions, we're here to help. Please call **1-866-832-8077** (TTY: #), <<Add CVS Call Center Information>>.

We have your best health at heart.

*Your CVS Caremark Team*