Ambetter Health Member Impacted by a Formulary Change

Patient	MEMBERFIRSTNAME MEMBERLASTNAME		
Date of birth	December 31, 9999	**Sex**	Male
Contact info	MEMBER ADDRESS 1 MEMBER ADDRESS 2 MEMBER CITY, MN 99999-9999, US Tel: (999)999-9999	**Patient IDs**	MEMBERID SOURCESYSTEMID
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Document maintained by	Ambetter Health		
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Your patient is on a medication that will have a formulary change starting <January 1, 2027>.

Action requested: Consider Formulary Alternatives

The following medication(s) are not covered on the <2027> Formulary: [Drug 1], [Drug 2], [Drug 3], [Drug 4], [Drug 5], [Drug 6], [Drug 7]. Please review the drugs available on the <2027> formulary and determine whether your patient can take an alternative medication or needs to continue taking the medication.

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<*Include when alternatives provided:* The formulary alternatives for [Drug 1] are [Alternatives 1]. The formulary alternatives for [Drug 2] are [Alternatives 2]. The formulary alternatives for [Drug 3] are [Alternatives 3]. The formulary alternatives for [Drug 4] are [Alternatives 4]. The formulary alternatives for [Drug 5] are [Alternatives 5]. The formulary alternatives for [Drug 6] are [Alternatives 6]. The formulary alternatives for [Drug 7] are [Alternatives 7].>

SUPPLEMENTAL PRIVACY

The chart below details the patient's pharmacy claims used to identify the above drug therapy opportunity. The medication list is current as of [20260812]

Date Filled	Drug Name / Strength	Dispensed Quantity	Days Supply	Pharmacy Name	Pharmacy Phone	Prescriber of Record	Prescriber Phone Number
20220301	MEDICATION LABEL NAME	QUANTITY	999	PHARMACY NAME	6125550987	PORFIRSTNAME PORLASTNAME	6514266522

Confidential/Protected Health Information (PHI) Provider Follow-Up

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