



ATTN: Pharmacy
1100 Circle 75 Parkway
Suite 1100
Atlanta GA 30339

«SentDate»

«LetterRecipientFullName»
«LetterRecipientAddress»

RE: «MemberFirstName» «MemberLastName»

DOB: «MemberDOB»

Release Date:

Dear Member:

Peach State Health Plan reviews the services provided by our providers and the services received by our members. This ensures that benefits are being used right. There was a review of your Medicaid history over a 12 month period last year. You were placed into the Pharmacy Lock-In Program. We have reviewed your use of pharmacy services for this year. We believe that your use of medications is normal this year. You will no longer be in the lock-in program. We do think it is better to use only one pharmacy to fill your prescriptions. Now you can choose that pharmacy.

The purpose of this letter is to:

- Tell you about the Pharmacy Lock-In Program.
- Tell you that you are not in the Pharmacy Lock-In Program any more.
- Tell you that you are free to choose a pharmacy to fill your prescriptions.
- Tell you that you are free to choose a controlled substance prescriber, if you were locked into one doctor.

Please direct any questions you may have about this letter to Peach State Health Plan at 1-800-704-1484.

Sincerely,
John F. Bradberry, MD
Sr. Medical Director
Peach State Health Plan

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1-800-704-1484
TDD/TTY 1-800-255-0056

PSHP.com