



<Date>

2021 Medicare: Medication Change Request

Our records indicate the following patient(s) is/are receiving the medication(s) listed below.

Member Name	Date of Birth	Current Medication	Formulary Alternative

The medication(s) listed above is/are not covered on the 2021 List of Covered Drugs (Formulary). Please assist our member(s) by switching their therapy to a drug that is covered. Formulary alternatives are included in the table above for your convenience.

If you decide your patient needs to keep taking the currently prescribed medication, you will need to submit a completed Coverage Determination Form with detailed information supporting the need for the non-formulary drug on/after December 1, 2020. Request forms are located on our website on the Coverage Determinations and Redeterminations for Drugs page allwell.homestatehealth.com. If you have any questions related to a coverage determination request, please call 1-800-867-6564.

This communication is not meant to substitute your clinical judgment. The patient's individual circumstances should be considered.

Thank you for your time and consideration. Please contact us at <number> if you have any questions about this information.

Sincerely,

Allwell

REMINDER: The formulary and/or pharmacy and provider networks may change throughout the year. Please view our website at allwell.homestatehealth.com to view our complete formulary.