

September 29, 2023

«Member_First_Name» «Member_Last_Name»
«Member_Address_1»
«Member_Address_2»
«Member_City», «Member_State» «Member_Zip»

Dear «Member_First_Name»,

Sanford Health Plan's covered drug list (formulary) is changing December 1, 2023. The drug below will be changing to Non-preferred brand with penalty as of December 1, 2023. This means the medication will still be covered but will have a penalty* associated with it. If you no longer take this drug, please disregard this letter.

We encourage you to speak with your doctor about other possible drug option(s) that may be available to suit your needs.

Current Non-Preferred Drug	Preferred Drug Option(s)
«Drug_Name»	«Alternatives»

If you or your doctor feel you should not stop taking the current drug or change to the new preferred drug option, please have your doctor complete and submit a request for prior authorization through our provider portal.

We apologize for any inconvenience this disruption has caused. If you have questions about this change, your prescription drug benefits, or would like a free copy of your formulary, please call us toll-free at (855) 305-5062 (TTY: 711). You can also contact us through your secure member portal at sanfordhealthplan.com/memberlogin.

Sincerely,

Pharmacy Management
Sanford Health Plan

Enc: Biosimilars hand out
Non-discrimination Notice

**The penalty is the difference in cost between the non-preferred drug and the preferred alternative as defined in your plan documents. Penalties are not applied to deductible or maximum out of pocket.*