We hope this letter finds you well. We are writing to let you know that as of <<Effective Date>>, we can no longer cover medicines that are filled by <<NAME OF PHARMACY>> until further notice. This includes new prescriptions, as well as existing prescriptions with refills.

IEHP DualChoice (HMO D-SNP) can’t cover medicines filled by <<NAME OF PHARMACY>> because it has been removed from the Medi-Cal program. This means the pharmacy provider can’t get Medi-Cal funds as payment for any claims for services or medicines given to IEHP DualChoice Members.

If you need help finding another pharmacy or have any questions, please call IEHP DualChoice Member Services at **1-877-273-IEHP (4347)**, 8am-8pm (PST), 7 days a week, including holidays, and ask for the Pharmacy Department. TTY users should call **1-800-718-4347**.

Thank you for being a valued Member of IEHP DualChoice and for trusting us with your health care needs.

To your health,

IEHP DualChoice Pharmacy Services

*IEHP DualChoice (HMO D-SNP) is a HMO plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.*