MCO Name MCO Logo

MCO Address

MCO Address

Date

«FIRST» «LAST»

«RECIP\_ADDR\_1»

«RECIP\_ADDR\_2»

«RECIP\_CITY», «RECIP\_ST» «RECIP\_ZIP»

RE: Removal from the South Carolina Medicaid Pharmacy Lock-In Program for:

**Name: «FIRST» «LAST», MID#:«MID»**

On «UNIVERSAL\_2\_Yr\_End\_Dt», your two-year pharmacy lock in period will expire, and you will no longer be restricted to using only one pharmacy.

Please be advised that all of your future prescription claims will be monitored by the SC Department of Health and Human Services on an ongoing basis. If we identify any need for continued coordination of your pharmacy benefits, you will be re-enrolled back into the South Carolina Medicaid Pharmacy Lock-In Program.

If you have any questions regarding this letter, please call XXXXX at XXX-XXX-XXXX.

 Thank you,

 XXXXXXXXXX

 XXXXXXXXXXX