

# Pharmaceutical Adjustment Notice

Date: [Insert Date]

To: [Beneficiary's Name]

Address: [Beneficiary's Address]

Dear [Beneficiary's Name],

We are writing to inform you of an important adjustment regarding your pharmaceutical coverage. Effective [Insert Effective Date], there will be changes to the medications covered under your plan.

Details of the adjustment include:

- [Medication Name] - [New Coverage Status]
- [Medication Name] - [New Dosage/Instructions]
- [Any other relevant changes]

We understand that changes in medication coverage can be concerning. If you have any questions or need assistance navigating these changes, please do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Pharmaceutical Company Name]

[Contact Information]