

{Date}

{Member First Name} {Member Last Name} {Member Address} {Member City}, {State} {Zip Code}

Dear {Member Name}:

Our pharmacy records show that you have been using [insert drug label name]. This letter lets you know that the makers of [insert drug label name] recalled [insert number of recalled lots] lot of [insert drug label name]. Your medicine may have things in it [insert contaminant substance or recall causative factor] that could make you sick if you keep taking it.

FDA announces the following:

[Provide FDA reason for recall]

Consumers with medical questions regarding this recall can contact [insert FDA contact information for recalled product]. Consumers should contact their physician or pharmacy for further medical advice.

Product that may be affected by this recall:

Product Description	NDC	Lot Number	Expiry Dates
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Additional information available at: https://www.fda.gov/safety/recalls

Patients should contact their physician or healthcare provider if they have experienced any problems that may be related to using this drug product.

Please disregard this letter if you are not currently using [insert drug label name]. Our records may not be complete or your doctor may have discontinued this medication.

Sincerely,

Stan Leung

Director, Pharmacy Services

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Partnership HealthPlan of California

Enclosures: Non-Discrimination Notice, Language Assistance