



Date:

To: Provider Name
Provider Address
Provider Address

REF: Member Name
CIN:
DOB:

Dear Provider:

With regard to subject member, please note that Partnership HealthPlan of California has made a change to this member's restricted pharmacy at the request of the member. This member is restricted to using ONLY the following pharmacy for all controlled medication prescriptions, as of DATE:

Pharmacy Name:
Pharmacy Address
Pharmacy Address
Pharmacy Telephone

If you have any questions or require any additional information regarding this member's restricted status, please contact our Member Services Department at (707) 863-4120, or you can contact me directly at (707) 420-7663.

Sincerely,

Stan Leung
Director, Clinical Pharmacy Programs
Partnership HealthPlan of California

Attachment is Archived with policy Effective 01/01/2022 Pursuant to DHS APL 20-020 and the Medi-Cal Rx Program.