



[Date]

Dr. {Prescriber Name}
{Address1} {Address2}
{City}, {State} {Zip Code}

Dear Dr. [Prescriber name],

Your patient received a notice about an upcoming change to Molina Healthcare of South Carolina specialty drug list. Please take the proper steps to ensure you submit specialty prescriptions to an in-network specialty pharmacy.

Patient name

[Member name]

DOB

[Member DOB]

Drug

[Drug name]

What you need to do:

Start submitting all specialty medications to an in-network Specialty pharmacy.

| Pharmacy | Pharmacy Fax | Pharmacy Phone |
|--|----------------|----------------|
| CVS Specialty Pharmacy | (800) 323-2445 | (888) 407-6425 |
| Biomatrix Specialty Pharmacy | (610) 545-6034 | (855) 359-9679 |
| Medscripts Medical Pharmacy | (866) 514-8299 | (866) 840-4067 |
| MUSC Specialty Pharmacy | (843) 792-0660 | (843) 876-7074 |
| Senderra Specialty Pharmacy | (888) 777-5547 | (888) 777-5547 |
| Spartanburg Regional Healthcare System Employee Pharmacy | (888) 804-2548 | (864) 560-9200 |
| St Matthews Specialty Pharmacy | (844) 524-4673 | (844) 690-4462 |

Questions?

If you have questions, contact Provider Services at (855) 237-6178, Monday–Friday, 8 a.m. to 5 p.m. EST.

Thank you,

Pharmacy Services Department
Molina Healthcare of South Carolina