Martin's Point

US FAMILY HEALTH PLAN

[Member ID]
[Member First Name] [Member Last Name]
[Member Address]
[Member City], [State] [Zip]

Important Information for Martin's Point US Family Health Plan Members

November 4, 2026

Dear [Member Name]:

It is our goal at the Martin's Point US Family Health Plan to keep you informed of changes to your pharmacy benefit. You are receiving this letter because **there is going to be an upcoming change to the coverage of RANITIDINE TAB 300MG.**

Effective 12/04/2026, the US Family Health Plan will impose a Prior Authorization requirement on all new and current prescriptions of RANITIDINE TAB 300MG. The preferred drugs will not require a Prior Authorization. The next time that you try to fill your prescription, you may receive a message at the pharmacy that your medication now requires prior authorization. If you would like to switch to a formulary alternative, please speak with your provider.

In order to avoid delays in receiving your next prescription for RANITIDINE TAB 300MG, please call Member Services at 1-888-674-8734 or have your health care provider call Provider Inquiry at 1-888-732-7364 to inquire about the Prior Authorization process. If you have discontinued use of this medication, you may disregard this notice.

If you have other primary prescription coverage please contact your other insurer for their preferred product information.

If you have specific questions about your pharmacy benefit, please contact Member Services at 1-(888) 674-8734.

Sincerely,

Pharmacy Services Department
Martin's Point Health Care