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DEFENSE
HEALTH AGENCY

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OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

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John Sample
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A Change to your Prescription Drug Coverage

Dear TRICARE Beneficiary:

I am writing today to help you avoid rising prescription costs. I want to keep you informed about your health benefit so you can make the best health care choices. This letter tells you about some changes to your TRICARE drug coverage that may affect you.

Our team at the Defense Health Agency reviews our list of TRICARE covered prescription drugs on a regular basis to make sure it is current, and only includes drugs that TRICARE can legally cover. One of the drugs you are currently taking cannot be covered at the same rate starting February 8, 2017, because there are other drugs that are just as effective for your medical condition that cost less. That means you will soon have to make a choice about what is best for your specific medical need.

Your choices are to:

1. Ask your doctor about switching to a drug that will cost you less;
2. Move your prescription(s) to a military pharmacy;
3. Switch from the retail pharmacy to TRICARE Pharmacy Home Delivery; or
4. Take no action and pay the full cost of the drug out of your hard earned money.

I have enclosed a table "Options for You and Your Doctor to Consider." The table shows options and cost information. Please take this letter and table to your doctor to discuss your options and to work as a team to make the best choice for you.

There are more details in the "Frequently Asked Questions" section of the TRICARE Pharmacy Web site managed by, Express Scripts, Inc. (ESI), at www.Express-Scripts.com/TRICARE. If you have questions, you can also call ESI at 1 (877) 363-1303.

I am proud to serve you and want to make sure that your costs remain as low as possible while your high quality health care continues for you and future generations of our military and their families.

R.C. BONO
VADM, MC, USN
Director

Enclosure:

1. Options for You and Your Doctor to Consider

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Options for You and Your Doctor to Consider

Starting on February 8, 2107, you have two options. Take this information to your doctor to discuss which option is best for you.

Option 1: Talk with your doctor about switching to a preferred alternative drug.

Note: Drugs marked with an asterisk () require your doctor to also request Prior Authorization.*

Your Current Medication (Switch from this...)	Preferred Alternatives (To one of these...)	Your Cost for up to a 90-day supply of the Preferred Alternative Drug:	
		Retail Pharmacy	Home Delivery
Acne/Rosacea*			
Aczone (Gel, Gel Pump) Clindacin ETZ (Pledget, Kit) Clindacin P (Pledgets) Clindacin PAC (Kit) Clindagel (Gel) Clindamycin/tretinoin (Gel) Epiduo (Gel) Epiduo Forte (Gel Pump) Fabior (Foam) Mirvaso (Gel, Gel Pump) Neuac (Gel) Neuac (Kit) Noritate (Cream) Onexton (Gel Pump) Retin A Micro (Gel, Gel Pump) Rosadan (Cream, Cream Kit, Gel, Gel Kit) Soolantra (Cream) Tretinoin (Gel) Veltin (Gel) Ziana (Gel)	<p><i>Generic:</i></p> <ul style="list-style-type: none"> • Adapalene (Cream, Gel) • Clindamycin (Gel) • Clindamycin/benzoyl peroxide (Gel) • Metronidazole (Cream, Gel, Lotion) • Sulfacetamide sodium/Sulfur (Topical Solution) • Tretinoin (Cream) <p><i>Brand:</i></p> <ul style="list-style-type: none"> • Acanya (Gel)* • Azelex (Cream) * • Finacea (Foam) * 	\$30.00	\$0.00
		\$72.00	\$20.00
Triptans*			
Treximet (Tablet)	<p><i>Generic:</i></p> <ul style="list-style-type: none"> • Ibuprofen (Tablet) • Naproxen Sodium (Tablet) • Rizatriptan (Tablet) • Sumatriptan (Tablet) • Zolmitriptan (Tablet) <p><i>Brand:</i></p> <ul style="list-style-type: none"> • Imitrex (Tablet) • Maxalt (Tablet) • Relpax (Tablet) • Zomig (Tablet) 	\$30.00	\$0.00
		\$72.00	\$20.00

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Option 2: Continue taking your current drug even though it is no longer preferred by TRICARE. To do so, your doctor must establish Medical Necessity. Without Medical Necessity, you will pay the amount listed below.

Note: Drugs marked with an asterisk () require your doctor to also request Prior Authorization. Without Prior Authorization, you will have to pay the full cost of the drug.*

Drug Names	Your cost for a 90-day Supply at Retail Pharmacy	Your cost for a 90-day Supply at Home Delivery
Acne/Rosacea*		
Aczone (Gel, Gel Pump)		
Clindacin ETZ (Pledget, Kit)		
Clindacin P (Pledgets)		
Clindacin PAC (Kit)		
Clindagel (Gel)		
Clindamycin/tretinoin (Gel)		
Epiduo (Gel)		
Epiduo Forte (Gel Pump)		
Fabior (Foam)		
Mirvaso (Gel, Gel Pump)	\$150.00	\$49.00
Neuac (Gel)		
Neuac (Kit)		
Noritrate (Cream)		
Onexton (Gel Pump)		
Retin A Micro (Gel, Gel Pump)		
Rosadan (Cream, Cream Kit, Gel, Gel Kit)		
Soolantra (Cream)		
Tretinoin (Gel)		
Veltin (Gel)		
Ziana (Gel)		
Triptans*		
Treximet (Tablet)	\$150.00	\$49.00

How Does Your Doctor Send in a Request for Prior Authorization? Have your doctor submit the Prior Authorization electronically or by calling the Express Scripts, Inc., doctor line at (866) 684-4488.

For more information, search for your drug on the Formulary Search Tool at www.express-scripts.com/TRICAREformulary.

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