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October 31, 2018

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## IMPORTANT NOTICE:

### A Change to Your Prescription Drug Coverage

Dear TRICARE Beneficiary:

On January 2<sup>nd</sup>, 2019, a prescription drug you're taking will no longer be covered by TRICARE in the same way it has in the past. **This means you have an important decision to make to avoid paying more for your prescription.**

#### Why the Change?

The Defense Health Agency regularly reviews the list of TRICARE-covered prescription drugs. There are other drugs that are just as effective that cost less.

#### Your Options

Please see the enclosed information called "**Options for You and Your Doctor to Consider**" to see a list of drugs that are preferred alternatives and cost information. Discuss this information with your doctor to see which of the following options is best for you:

- **Switch to a preferred alternative drug that will cost you less**
- **Talk to your doctor about requesting a Prior Authorization**
- **Continue taking your current drug and pay 100% of the cost without a Prior Authorization**

We're committed to providing you the highest level of service. If you have any questions about your pharmacy benefit or you need help, please visit [express-scripts.com/TRICARE](http://express-scripts.com/TRICARE) or call **877.363.1303**

Sincerely,

Jay Peloquin, PharmD, BCPS  
Director, Clinical Account Management  
Express Scripts



Download the Express Scripts™ mobile app for free today! Our easy-to-use mobile app puts your TRICARE® prescription benefit in the palm of your hand.



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## Options for You and Your Doctor to Consider

On January 2<sup>nd</sup>, 2019, your doctor will be required to submit a Prior Authorization (PA) for **Pertzye**. Without a PA you will pay 100% of the drug cost. If the PA is approved, you will pay the applicable cost. The PA for Pertzye does require that you try the preferred drug Creon first, unless you meet certain criteria.

If you switch to the preferred drug, **Creon**, your doctor will not be required to submit a PA and you will pay a lower cost.

### Switch to the preferred drug.

Your Current Drug (PA Required)	Preferred Drug	Military Treatment Facility	Home Delivery	Retail Pharmacy
Pancreatic Enzyme Replacement Therapy (PERT)		Your cost for the preferred drug (up to a 90 day supply)		
Pertzye (Capsule)	Creon (Capsule, delayed Release)	\$0	\$7	\$33

### Prior Authorization (PA) Request

PA is a routine review process to ensure that the requested drug is safe, cost effective, and medically required. Without an approved PA, you will pay the full cost of the drug. Discuss these options with your doctor to see which one is best for you.

For drugs that require PA, ask your doctor to submit the request(s) electronically through a simple process called Electronic Prior Authorization (ePA). The doctor's office can learn more about ePA at [covermy meds.com/epa/express-scripts](http://covermy meds.com/epa/express-scripts) or call the Express Scripts doctor line at **866.684.4488** for assistance.

For more information, you can search for TRICARE covered drugs and any other restrictions at [express-scripts.com/tricareformulary](http://express-scripts.com/tricareformulary).