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May 23, 2018

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## IMPORTANT NOTICE: A Change to Your Prescription Drug Coverage

Dear TRICARE Beneficiary:

On July 25<sup>th</sup>, 2018, 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.



Follow us on social media! Add MilitaryRx on [Facebook](#) and [Twitter](#) for health tips, plan info and updates about your pharmacy benefit.

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## Options for You and Your Doctor to Consider

On July 25<sup>th</sup>, 2018, the cost you will pay for up to a 90-day supply will change at the Military Treatment Facility, TRICARE Pharmacy Home Delivery, or an in-network retail pharmacy. **Carefully read the information below to understand your options.** Drugs marked with an asterisk (\*) require your doctor to request Prior Authorization (PA). 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.

### Switch to a preferred drug

Your Current Drug	Choose a Preferred Drug Listed Below:	Military Treatment Facility	Home Delivery	Retail Pharmacy
Antivirals*		Your cost for a preferred drug** (up to a 90 day supply)		
Xerese (cream) Denavir (cream) Sitavig (muco-adhesive buccal tablet)	<b>Generic Preferred Drugs:</b> <ul style="list-style-type: none"> <li>Acyclovir 5% (Ointment)</li> <li>Acyclovir (Capsule, Tablet)</li> <li>Famciclovir (Tablet)</li> <li>Valacyclovir (Tablet)</li> </ul>	\$0	\$7	\$33
Corticosteroids—Immune Modulators: Adrenocorticotrophic Hormones (ACTH)*				
Acthar (vial)	<b>Generic preferred</b> <b>For Infantile Spasms: prednisone, prednisolone</b> <b>For Multiple Sclerosis: methylprednisolone</b>	\$0	\$7	\$33
	<b>Brand Preferred:</b> <b>For Infantile Spasms: Sabril</b>	\$0	Not Available	\$84
Corticosteroids—Immune Modulators Agents—Corticosteroids Subclass: Prednisone Delayed release*				
Rayos (tablet, enteric coated)	<b>Generic Preferred Drugs:</b> <ul style="list-style-type: none"> <li>Dexamethasone (Tablet)</li> <li>Methylprednisolone (Tablet)</li> <li>Prednisone (Tablet)</li> </ul>	\$0	\$7	\$33
Non-Insulin Diabetes Drugs: Glucagon-Like Peptide 1 Receptor Agonists*				
Tanzeum (pen-injector)** Byetta (pen-injector) Victoza (pen-injector) Adlyxin (pen-injector) Ozempic (pen-injector)	<b>Generic Preferred Drugs:</b> <ul style="list-style-type: none"> <li>Metformin (Tablet)</li> </ul>	\$0	\$7	\$33
	<b>Brand Preferred Drugs:</b> <ul style="list-style-type: none"> <li>Bydureon (Vial)</li> <li>Bydureon Bcise (Auto-Injector)</li> <li>Trulicity (pen)</li> </ul>	\$0	\$24	\$84

\* These drugs require your doctor to request Prior Authorization

\*\*Tanzeum pen-injector is being discontinued by the manufacturer expected in July 2018 and not August 2018 as stated in the Tanzeum letter mailed in May 2018.

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**To continue taking your current drug**, your doctor must request Prior Authorization. Without Prior Authorization, you will pay the 100% of the drug cost. If the Prior Authorization is approved, you will pay the applicable cost share.

### **Prior Authorization Request**

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 [covermymeds.com/epa/express-scripts](http://covermymeds.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).

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