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March 19, 2018

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

Dear TRICARE Beneficiary:

On May 2, 2018, a prescription drug you're taking is moving from a preferred drug status to a non-preferred drug status. You'll **pay more** if you use a non-preferred drug than if you use a preferred drug. **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 and 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 no longer preferred, 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.**
- **Continue taking your current drug. Refer to the enclosed table for cost information.**

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 May 2, 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

Choose a Preferred Drug Listed Below:	Military Treatment Facility	Home Delivery	Retail Pharmacy
Prenatal Vitamins	<b>Your cost for a preferred drug</b> (up to a 90-day supply)		
<b>Generic Preferred Drugs:</b> <ul style="list-style-type: none"> <li>• Prenatal Vitamins Plus Low I (Tablet)</li> <li>• Prenatal Vitamin + Low Iron (Tablet)</li> <li>• Prenatal Plus (Tablet)</li> <li>• Preplus (Tablet)</li> </ul>	<b>\$0</b>	<b>\$7</b>	<b>\$33</b>

### Continue taking your current non-preferred drug.

Non-Preferred Drugs	Military Treatment Facility	Home Delivery	Retail Pharmacy
Prenatal Vitamins	<b>Your cost for non-preferred drug</b> (up to a 90-day supply)		
<b>Non-Preferred Drugs:</b> <ul style="list-style-type: none"> <li>• Refer to Appendix A for list of non-preferred prenatal vitamins</li> </ul>	<b>N/A**</b>	<b>\$53</b>	<b>\$159</b>

\* These drugs require your doctor to request Prior Authorization.

\*\*Military Treatment Facilities may not carry this product on their formulary, but it may be available under certain conditions.

Note: Some non-preferred drugs are subject to a limit of two (2) fills at retail pharmacy. After that, you need to switch the prescription to Home Delivery or a Military Treatment Facility. If you continue to fill your prescription at retail, you will pay the full cost.

### Prior Authorization and Medical Necessity Request

For drugs that require a 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.

If you are continuing a non-preferred drug, your doctor may also submit a Medical Necessity (MN) request. If MN is approved, the non-preferred drug will be dispensed to you at the preferred cost share. For more information, you can search for TRICARE-covered drugs and any other restrictions, at [express-scripts.com/tricareformulary](http://express-scripts.com/tricareformulary).

## Appendix A

### Non-Preferred Prenatal Vitamins

ATABEX EC	NEEVODHA	PRENATA
BAL-CARE DHA	NESTABS	PRENATABS FA
BAL-CARE DHA ESSENTIAL	NESTABS ABC	PRENATABS RX
CADEAU DHA	NESTABS DHA	PRENATAL 19
CALCIUM PNV	NESTABS ONE	PRENATAL LOW IRON
CITRANATAL 90 DHA	NEWGEN	PRENATAL PLUS
CITRANATAL ASSURE	NEXA PLUS	PRENATAL PLUS-DHA
CITRANATAL B-CALM	NIVA-PLUS	PRENATAL VITAMIN PLUS LOW I
CITRANATAL DHA	OB COMPLETE	PRENATAL-U
CITRANATAL HARMONY	OB COMPLETE GOLD	PRENATE AM
CITRANATAL RX	OB COMPLETE ONE	PRENATE CHEWABLE
C-NATE DHA	OB COMPLETE PETITE	PRENATE DHA
COMPLETE NATAL DHA	OB COMPLETE PREMIER	PRENATE ELITE
COMPLETENATE	OB COMPLETE WITH DHA	PRENATE ENHANCE
CONCEPT DHA	OBSTETRIX DHA	PRENATE ESSENTIAL
CONCEPT OB	OBSTETRIX EC	PRENATE MINI
DOTHELLE DHA	OBSTETRIX ONE	PRENATE PIXIE
DUET DHA 400	OBSTETRIX DHA	PRENATE RESTORE
DUET DHA BALANCED	O-CAL FA	PRENATE STAR
ELITE OB DHA	O-CAL PRENATAL	PREPLUS
ELITE-OB	PNV 29-1	PRETAB
ELITE-OB 400	PNV OB+DHA	PRIMACARE
ENBRACE HR	PNV-DHA	PROVIDA DHA
EXTRA-VIRT PLUS DHA	PNV-DHA + DOCUSATE	PROVIDA OB
FOCALGIN 90 DHA	PNV-FERROUS	PUREFE OB PLUS
FOCALGIN CA	FUMARATE-DOCU-F	PUREFE PLUS
FOLET ONE	PNV-OMEGA	RELNATE DHA
FOLIVANE-OB	PNV-SELECT	R-NATAL OB
HEMENATAL OB	PNV-VP-U	SELECT-OB
HEMENATAL OB + DHA	PR NATAL 400	SELECT-OB + DHA
KOSHER PRENATAL PLUS	PR NATAL 400 EC	SE-NATAL 19
IRON	PR NATAL 430	TARON-C DHA
LEVOMEFOLATE DHA	PR NATAL 430 EC	TARON-PREX PRENATAL
MARNATAL-F	PREFERA OB	THRIVITE 19
MYNATAL	PREFERA-OB ONE	THRIVITE RX
MYNATAL ADVANCE	PREFERA-OB PLUS DHA	TL-SELECT
MYNATAL PLUS	PRENA1 CHEW	TRIADVANCE
MYNATAL-Z	PRENA1 PEARL	TRICARE
MYNATE 90 PLUS	PRENA1 TRUE	TRICARE PRENATAL
NATACHEW	PRENAISSANCE	TRICARE PRENATAL DHA ONE
NATELLE ONE	PRENAISSANCE PLUS	



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