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September 26, 2018

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John Sample
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Any Town, ST 12345



IMPORTANT NOTICE:

A Change to Your Prescription Drug Coverage

Dear TRICARE Beneficiary or Parent/Legal Guardian of Beneficiary:

On November 7th, 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 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 November 7th, 2018, the cost you will pay for your drug may change. Carefully read the information below to understand your options.

Prior Authorization (PA) is required for all Growth Stimulating Agents. All PAs for Growth Stimulating Agents are valid for one year from approval and are required to be renewed annually.

Norditropin FlexPro is now the preferred drug and has the lowest cost among Growth Stimulating Agents. You are required to take Norditropin FlexPro before you take Omnitrope, Zomacton or any of the non-preferred drugs listed below. If you have a currently approved PA for any of the non-preferred drugs or Omnitrope or Zomacton, the PA will apply to Norditropin FlexPro, if you decide to switch. The PA remains valid until it is time to be renewed.

Switch to a preferred drug.

Preferred Drugs (PA required)	Military Treatment Facility	Home Delivery	Retail Pharmacy
	Your cost for a preferred drug (up to a 90 day supply)		
Growth Stimulating Agents			
Brand Preferred Drug: <ul style="list-style-type: none"> Norditropin Flexpro (Pen Injector) 	\$0	\$7	\$33
Brand Drug (PA required): <ul style="list-style-type: none"> Omnitrope (Vial) Zomacton (Vial) 	\$0	\$24	\$84

Continue taking your current non-preferred drug.

Non-Preferred Drugs (PA required)	Military Treatment Facility	Home Delivery	Retail Pharmacy
	Your cost for non-preferred drug (up to a 90 day supply)		
Growth Stimulating Agents			
Non-Preferred Drugs: <ul style="list-style-type: none"> Genotropin (Cartridge) Genotropin MiniQuick (Cartridge) Humatrope (Cartridge, Vial) Nutropin AQ Nuspin (Pen Injector) Saizen (Cartridge, Vial) Serostim (Vials Pen Injector) 	N/A**	\$53	\$159

**This product may not be available at Military Treatment Facilities. You may call your military pharmacy (www.tricare.mil/FindDoctor/mtf) to verify if they carry the product.

Note: Some non-preferred drugs are subject to a limit of two (2) fills at Retail Network 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 of the drug.

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Prior Authorization (PA) and Medical Necessity (MN) 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 drug is best for you.

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 www.covermymeds.com/epa/express-scripts or call the Express Scripts doctor line at 866.684.4488 for assistance.

If you continue to take a non-preferred drug, your doctor may also submit a Medical Necessity (MN) request. If the MN is approved, the non-preferred drug will be dispensed to you at the brand drug cost share.

For more information on TRICARE-covered drugs and any restrictions, visit www.express-scripts.com/tricareformulary.

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