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January 6, 2023

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IMPORTANT NOTICE: A Change to your Prescription Drug Coverage

Dear TRICARE Beneficiary:

On March 1, 2023, **EPSOLAY**, a prescription drug you're taking, will no longer be covered by TRICARE. It has moved to a non-covered drug status and will no longer be available through military treatment facility pharmacies or TRICARE Pharmacy Home Delivery. If you continue to take the drug, you'll be required to obtain the medication from a retail pharmacy and to pay 100% of its cost.

If you are no longer taking the above drug, then you don't need to do anything at this time.

If you are taking this drug, what should you do?

1. Review the enclosed information called "Options for You and Your Doctor to Consider."
This document shows the drug that is no longer covered, preferred alternatives, and associated cost information.
2. Discuss this information with your doctor to see which of the following options is best for you:
 - Switch your prescription to a preferred alternative drug.
 - Continue your non-covered prescription by obtaining at a retail pharmacy and pay 100% of the cost of the drug

Why the change?

The Defense Health Agency regularly reviews drugs and has determined the drug mentioned above has little to no clinical benefit compared to other drugs that are just as effective and cost less.

Who should you contact if you have questions?

If you have any questions about your pharmacy benefit or you need help, please visit militaryrx.express-scripts.com 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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Express Scripts manages your TRICARE prescription benefit.

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Options for You and Your Doctor to Consider

On March 1, 2023, **EPSOLAY** will be completely excluded from the TRICARE benefit. Any prior authorization (PA) or medical necessity (MN) your drug currently has will no longer apply. You will pay 100% of the drug cost if you continue to fill your prescription of your non-covered drug. The cost you pay for your non-covered drug will not apply to your TRICARE catastrophic cap. Carefully read the information below to understand your options.

Switch to a preferred drug.

Preferred Drug(s)	Military Treatment Facility	Home Delivery	Retail Network Pharmacy
	<u>Your cost</u> (up to a 90-day supply)		
Generic Drugs: <ul style="list-style-type: none"> • Metronidazole (Gel, Gel Pump, Lotion) • Azelaic acid (Gel) 	\$0	\$12	\$42
Generic Drugs (PA Required) <ul style="list-style-type: none"> • Benzoyl peroxide 4%, 10% (Cleanser) 	\$0	\$12	\$42

Continue taking your current non-covered drug.

Non-Covered Drug(s)	Military Treatment Facility	Home Delivery	Retail Network Pharmacy
	<u>Your cost</u>		
<ul style="list-style-type: none"> • Epsolay® (Cream, Pump) 	NOT AVAILABLE	NOT AVAILABLE	100% of the cost of the drug