



<Month DD, YYYY>

<First Name> <Last Name>

<Address line 1>

<Address line 2>

<City>, <State> <Zip>

A benefit coverage update: Please talk with your doctor about your prescription.

Dear <First Name>,

Express Scripts, the company managing your prescription plan, wants to let you know about an important update to your coverage. **Beginning <MM/DD/YYYY>, the medicine that you're currently taking will no longer be covered without a trial of a preferred alternative and will cost you more.** A list of preferred alternatives that are covered is located on the right. The alternatives are similar, FDA-approved medicines that are proven effective, preferred by your plan, and covered at a lower copayment.

Preferred generics or lower-cost brand medicines work just as well for most people and they typically cost a lot less than the costlier medicine you're currently taking.<*>

Here are the three easy steps you should follow:

1. **Share this letter with your doctor** and ask if one of the preferred alternatives could work for you.
2. **If a preferred alternative can work for you**, your doctor can write a new prescription to replace your current prescription for <CURRENT BRAND-NAME DRUG>.
3. **Fill your new prescription** so you'll have a safe, effective preferred drug and will avoid paying the full cost.

If you have questions, we'd be glad to help. Please call Express Scripts at the number on your member ID card. And your doctor can call 800.417.1764 with any questions. We look forward to helping you save!

Sincerely,

Andrew R. Behm, Doctor of Pharmacy
Express Scripts

As of <MM/DD/YYYY>, your current medicine will no longer be covered and will cost you more. Please talk with your doctor about being prescribed a preferred alternative.

Nonpreferred drug you currently take:
<CURRENT MEDICATION>

Preferred alternatives

<PREFERRED ALTERNATIVE #1>

<PREFERRED ALTERNATIVE #2>

<PREFERRED ALTERNATIVE #3>

<PREFERRED ALTERNATIVE #4>

<PREFERRED ALTERNATIVE #5>

<PREFERRED ALTERNATIVE #6>

If your doctor and you agree that the preferred medicines are not right for you, your doctor may request a coverage review by calling 800.417.1764 on or after <MM/DD/YYYY>.

Questions?

We'd be glad to help.



Call the number on
your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

Additional covered alternatives may be available. Other prescription plan considerations may apply. Costs for covered alternatives may vary. To compare drug prices, please log in at express-scripts.com. Select "Save with My Rx Choices" from the menu under "Manage Prescriptions," enter your current medicine name and follow the instructions. <*>In certain states, controlled substances such as sleep aids may only be available in supplies up to 30 days, and prescriptions for these medicines may not be faxed. If you live in one of those states, please call the number on your member ID card to obtain the mailing address for your prescriptions.>