



<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>,

We want to let you know about an important update to your coverage. **Starting <MM/DD/YYYY>, certain prescriptions will require a review before they can be filled and covered by your prescription plan**, including the one(s) listed to the right.

During the review, your doctor can provide us with more detailed information about your prescription so we can make sure its use falls within your plan's rules. These rules are based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medicine available.

If you're still taking the medicine listed to the right and want it to be covered by your plan, ask your doctor to call Express Scripts at 800.417.1764 to arrange for a review **on or after <MM/DD/YYYY>**. **If your doctor doesn't call and get approval, you'll be responsible for the full cost.**

If you're no longer taking this medicine or no longer eligible under this plan, please disregard this letter.

Sincerely,

Andrew R. Behm, Doctor of Pharmacy
Express Scripts

As of <MM/DD/YYYY>, your plan's coverage will change for the medicine(s) below.

<DRUG NAME>

<DRUG NAME>

<DRUG NAME>

<DRUG NAME>

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 "Price a Medication" from the menu under "Prescriptions," enter your current medicine name and follow the instructions.

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