



EXPRESS SCRIPTS®

P.O. BOX 66773
ST. LOUIS, MO 63166-6773

Name
Address
City, ST ZIP

**Take action by <Date>, to avoid
paying more for your medication.
We can help.**

Dear First Name,

Medical Mutual and Express Scripts, the companies administering your prescription plan, want you to know about an important change to your plan's prescription drug coverage that will affect you.

What is changing?

On <Date>, your health plan's coverage of certain medications is changing. [Please see the back of this letter for your personalized list of affected medication(s).] An independent committee of physicians and pharmacists regularly reviews how medications are covered on the National Preferred/National Preferred Plus formulary to make sure the most appropriate and cost-effective options are available. As a result, some medications will become nonpreferred and may cost you more and others will no longer be covered by your plan.

To avoid paying more for your prescription(s), talk to your doctor to see if a plan-preferred alternative for any of your medications is available and right for you. (If you are no longer taking an affected medication, please disregard this letter.)

For more information about your plan's coverage of prescription medications, visit us online (instructions are on the back of this letter). If you have questions, please call the Rx Information number on your health plan identification card. Representatives are available 24 hours a day, seven days a week.

Sincerely,

Andrew R. Behm, Doctor of Pharmacy
Vice President of Pharmacy Services
Express Scripts

We're here to help

We want to be sure you pay lower out-of-pocket costs while still getting the medications you need.

1. Share this letter with your doctor. Ask if a plan-preferred alternative could work for you.^{1,2}
2. If yes, your doctor must write a new prescription for your next fill on or after <date>.
3. Fill your new prescription at a network pharmacy or contact Express Scripts for home delivery (if allowed by your plan).

See other side for your personalized drug list.

Beginning <date>, your plan is changing its coverage of the medication(s) below. If you currently take this (these) medication(s), your doctor can decide if a plan-preferred alternative is right for you.

For more information about your plan’s coverage of prescription medications, visit us online. Medical Mutual members should log in through My Health Plan at MedMutual.com/Rx and click “Sign on to Express Scripts.” Mutual Health Services members should log on at express-scripts.com.

Current medication(s)	Plan-preferred alternative(s) ²

¹ If your current medication will no longer be covered, but your doctor feels it is medically necessary for you to continue taking that particular drug instead of a preferred alternative, he or she can request a medical necessity review with Express Scripts by visiting the Express Scripts online portal at esrx.com/PA or by calling 800.417.1764 on or after <Date>. If approved, we will cover your drug based on your current plan’s benefits.

² Additional covered alternatives may be available. Other prescription plan considerations may apply. Costs for covered alternatives may vary. To view drug coverage information and compare prices, visit the Express Scripts website. Medical Mutual members should log in through My Health Plan at MedMutual.com/Rx and click “Sign On to Express Scripts.” Mutual Health Services members should log in at express-scripts.com. On the Express Scripts website, select "Price a Medication" under "Prescriptions," enter your medication name and follow the instructions.

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