



EXPRESS SCRIPTS®

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

<MONTH YEAR>

<Patient First Name> <Patient Last Name>

<Address 1> <Address 2>

<City>, <State> <Zip>

A change in your prescription drug benefit

Dear <Patient First Name> <Patient Last Name>:

UHA Health Insurance and Express Scripts, the company chosen to manage your prescription-drug benefit, are proud to offer high-quality health care benefits, and are committed to keeping you informed as important plan changes are made. We want to make sure you have the following information.

Pharmacy records show that you recently filled a prescription drug that will require a “prior authorization,” effective September 1, 2016. *(A list of therapeutic drug categories that require prior authorization is listed on the back.)*

Express Scripts will need to review the prescription with your doctor *before* it can be filled and covered under your prescription benefit. During this review, your doctor can provide us with more detailed information on your prescription so we can make sure its use meets your plan’s new rules. These rules are based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

What you need to do

- 1. Share the drug category list on the back with your pharmacy to determine which medication(s) requires a prior authorization.**
- 2. Please ask your doctor to call Express Scripts at 800.417.8164 to arrange a review.** (We're available Monday through Friday, from 8 a.m. to 9 p.m., Eastern Time.) If your prescription drug is covered, you'll pay the applicable copayment. *If the prescription drug isn't covered under your plan and you still want to have it filled, you must pay the full cost of the medication.* So, please have your doctor contact us before September 1, 2016.

If you have questions, please call the toll-free number on your member ID card.

Sincerely,

Andrew R. Behm, Doctor of Pharmacy
Express Scripts

**Therapeutic drug categories that require prior authorization
include the following***

Allergies
Asthma Specialty
Asthma/COPD
Attention Disorders
Blood Cell Deficiency
Bone Conditions
Diabetes
Endocrine Disorder
Eye Conditions
Gout
Heart Failure
Hepatitis C
High Blood Cholesterol
HIV
Homozygous Familial Hypercholesterolemia
Hormone supplementation
Inflammatory Conditions
Metabolic, Immune disorders, or Inherited Rare Disease
Multiple Sclerosis
Narcolepsy
Neurological Disorders
Oncology
Osteoarthritis
Pain
Pain - Narcotic
Pulmonary Hypertension
Respiratory Medications
Skin Conditions
Sleep Disorder

**The drug categories listed above require prior authorization. This list does not include the name of your medication; however, you can share it with your pharmacy to determine which medication(s) you recently filled requires a prior authorization beginning September 1, 2016. This list may not be all inclusive and is subject to change.*