



**CHRISTUS Health Plan**  
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## IMPORTANT NOTICE:

### A Change to your Prescription Drug Coverage

Dear TRICARE Beneficiary:

On January 31, 2024, **UDENYCA & NYVEPRIA**, a prescription currently on the formulary, moves from preferred to non-preferred medication status. This means you'll pay a higher cost for your medication(s) unless you switch to the preferred alternative.

If you are no longer taking the above medication or have never taken this medication, then you don't need to do anything currently.

#### **If you are taking this medication, what should you do?**

1. Review the enclosed information called "Options for You and Your Doctor to Consider."  
*This document provides a list of medications that are no longer preferred, those that are 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 medication, which will cost you less.
  - Continue filling your current prescription and pay a higher cost.

#### **Why the change?**

The Defense Health Agency regularly reviews the list of TRICARE-covered prescription medications to see if there are other medications that are just as effective and cost less. After a recent clinical review with patients' health and wellness in mind, the Defense Health Agency recommends an alternative medication.

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## Options for You and Your Doctor to Consider

On January 31, 2024, the cost you will pay for UDENYCA & NYVEPRIA. will change. Any prior authorization (PA) or medical necessity (MN) your drug currently has will no longer apply. Carefully read the information below to understand your options.

### Switch to a preferred medication.

	Military Treatment Facility	Home Delivery	Retail Network Pharmacy
	<u>Your Cost</u> (up to a 90-Day supply)		
<b>Preferred Medications:</b> <ul style="list-style-type: none"> <li>• Stimufend (Injection)</li> </ul>	\$0	\$13	\$48
<b>Brand Preferred Medications:</b> <ul style="list-style-type: none"> <li>• Fulphila (Injection)</li> <li>• Fylnetra (Injection)</li> <li>• Ziextenzo (Injection)</li> </ul>	\$0	\$38	\$129

### Continue taking your current non-preferred medication.

Non-Preferred Medication(s) PA Required	Military Treatment Facility	Home Delivery	Retail Network Pharmacy
	<u>Your Cost</u> (up to a 90-Day supply)		
<b>Preferred Medications:</b> <ul style="list-style-type: none"> <li>• Nyvepria (Injection)</li> <li>• Udenyca (Injection)*</li> </ul>	\$0  Note: May not be available. Contact your Military Treatment Facility to verify they carry the medication,	\$76	\$228

\*Limited to a 30-day supply at Retail Network Pharmacy.

### How to Contact Your Military Treatment Facility's Pharmacy

Visit [Find a Military Hospital or Clinic | TRICARE](#) and type in your ZIP Code or Facility/Installation Name. After clicking on the name, the pharmacy's information, including phone number and hours of operation, will be displayed on the far-right side of the web page.

## Prior Authorization

Prior authorization (PA) is a routine review process to ensure that the requested drug is safe, cost effective, and medically required. Without an approved PA, you will pay the full cost of the medication through Home Delivery and at retail network pharmacies. The medication may not be available at the Military Treatment Facility. The PA remains valid until it expires, or a change is made to its criteria requirements by the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee.

For medications that require a PA, ask your doctor to submit the request(s) electronically through a simple process called Electronic Prior Authorization (ePA). The doctor's office can learn more about ePA at [Surescripts Prior Auth Portal](#) or [Express Scripts Prior Authorization Forms | CoverMyMeds](#) or by calling the Express Scripts doctor line at 866.684.4488 for assistance.

## Medical Necessity

If you continue to take a non-preferred medication, your doctor may also submit a medical necessity (MN) request. MN is a set of criteria established by the DoD Pharmacy and Therapeutics (P&T) Committee for each non-formulary medication. If you meet the criteria and your MN request is approved, the non-preferred medication will be dispensed to you at the preferred medication cost share at Home Delivery and retail network pharmacies. A MN request must be completed from a provider to obtain a non-preferred medication from a Military Treatment Facility pharmacy.

More Information For more information on TRICARE-covered medications and any restrictions and to find forms for PA and MN, visit [Open Enrollment - Pharmacy Benefit Plans \(express-scripts.com\)](#).