Martin's Point

US FAMILY HEALTH PLAN

[Prescriber Name]
[Prescriber Address]
[Prescriber City], [State] [Zip]

Important Information for US Family Health Plan Network Provider

November 4, 2026

Dear [Prescriber Name]:

It is our goal at the Martin's Point US Family Health Plan to keep you informed of changes to your patient's pharmacy benefit. Our records indicate the following patient may have received a product affected by an upcoming US Family Health Plan formulary copayment change:

Patient Name	Date of Birth	Medication Name	Fill Date
[Member Name]	[Member DOB]	ENTRESTO TAB 24-26MG	[Recent Fill Date]

Effective 12/04/2026, ENTRESTO TAB 24-26MG will change to a Tier 2 medication. **This means that the copay will change to $44 for a 90-day supply through Martin's Point mail-order pharmacy and to $48 for a 30-day supply through a local pharmacy.**

The US Family Health Plan at Martin's Point will follow the recommendations of the Department of Defense and the Tricare Formulary Committee and their decision regarding coverage of ENTRESTO TAB 24-26MG.

If you have questions or would like to inquire about lower tier alternatives for your patient, please call provider services 1-888-732-7364.

Sincerely,

Pharmacy Services Department
Martin's Point Health Care