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 patients' pharmacy benefit. Our records indicate the following patient may have received the product affected by an upcoming US Family Health Plan formulary change:

Patient Name	Date of Birth	Medication Name	Fill Date
[Member Name]	**[Member DOB]**	**RANITIDINE TAB 300MG**	**[Recent Fill Date]**

Effective 12/04/2026, the US Family Health Plan will impose a Prior Authorization requirement on all new and current prescriptions of RANITIDINE TAB 300MG. The preferred drugs will not require a Prior Authorization. The next time that your patient tries to fill their prescription, they may receive a message at the pharmacy that this medication now requires prior authorization.

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 RANITIDINE TAB 300MG.

If you have questions or would like to inquire about the prior authorization process for your patient, please call 1-888-732-7364.

Sincerely,
Pharmacy Services Department
Martin's Point Health Care