



Upcoming Changes to the Univera Healthcare Medicare Part D Formulary

During the year, Univera Healthcare may make changes to our Drug List, according to Medicare Part D rules. We may add new drugs, remove drugs, and add or remove restrictions on coverage for drugs. We are also allowed to change drugs from one cost-sharing tier to another.

Below are some recent or upcoming changes to the Medicare Part D Formulary or Drug List which may affect the coverage of drugs you are taking:

- **New Generic Drugs:** We may remove a brand name drug on our Drug List if we are replacing it with a newly approved generic version of the same drug. This newly approved generic drug will be on the same or lower cost sharing tier and have the same or fewer restrictions as the brand name drug. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions.
- **Drugs Removed From the Market:** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

For all other changes to drugs you take, you will receive notice at least 30 days before any changes take effect.

The table below outlines upcoming changes to our formulary that may impact you:

Effective Date	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s)*
1/1/2024	AUBAGIO	NF for 2024	Generic now available	TERIFLUNOMIDE - tier 2
1/1/2024	COPAXONE 20 MG/ML	NF for 2024	More cost-effective option(s) available	GLATIRAMER ACETATE, GLATOPA - tier 5
1/1/2024	DICLOFENAC SODIUM 2% PUMP	NF for 2024	More cost-effective option(s) available	DICLOFENAC 1% GEL - tier 2 DICLOFENAC 1.5% SOLUTION - tier 2
1/1/2024	FLOVENT HFA, FLOVENT DISKUS	NF for 2024	Drug being discontinued	ARNUITY, QVAR - tier 3
1/1/2024	GILENYA	NF for 2024	Generic now available	FINGOLIMOD HCL - tier 5
1/1/2024	LATUDA	NF for 2024	Generic now available	LURASIDONE HCL - tier 4
1/1/2024	LEDIPASVIR-SOFOSBUVIR	NF for 2024	More cost-effective option(s) available	MAVYRET - tier 5



1/1/2024	MAVENCLAD	NF for 2024	More cost-effective option(s) available	TERIFLUNOMIDE - tier 2 DIMETHYL FUMARATE, FINGOLIMOD HCL - tier 5
1/1/2024	MAYZENT	NF for 2024	More cost-effective option(s) available	TERIFLUNOMIDE - tier 2 DIMETHYL FUMARATE, FINGOLIMOD HCL - tier 5
1/1/2024	MUPIROCIN 2% CREAM	NF for 2024	More cost-effective option(s) available	MUPIROCIN 2% OINTMENT - tier 2
1/1/2024	RETIN-A MICRO PUMP	NF for 2024	Generic now available	TRETINOIN GEL/CREAM - tier 3
1/1/2024	SPIRIVA HANDIHALER	NF for 2024	Generic now available	TIOTROPIUM, INCRUSE ELLIPTA - tier 3
1/1/2024	SPIRIVA RESPIMAT	NF for 2024	More cost-effective option(s) available	TIOTROPIUM, INCRUSE ELLIPTA - tier 3
1/1/2024	STIOLTO RESPIMAT	NF for 2024	More cost-effective option(s) available	ANORO ELLIPTA - tier 3
1/1/2024	SYMBICORT	NF for 2024	Generic now available	FLUTICASONE-SALMET, WIXELA INHUB - tier 2 BREYNA, BREO ELLIPTA, BUDESONIDE-FORMOTEROL, DULERA - tier 3
1/1/2024	TAMIFLU	NF for 2024	More cost-effective option(s) available	OSELTAMIVIR PHOSPHATE - tier 2
1/1/2024	TRETINOIN MICROSPHERE	NF for 2024	More cost-effective option(s) available	TRETINOIN GEL/CREAM - tier 3
1/1/2024	TYMLOS	NF for 2024	More cost-effective option(s) available	TERIPARATIDE - tier 5
1/1/2024	VENTAVIS	NF for 2024	More cost-effective option(s) available	AMBRISENTAN, BOSENTAN, OPSUMIT, UPTRAVI - tier 5
1/1/2024	VIIBRYD	NF for 2024	Generic now available	VILAZODONE HCL - tier 2
1/1/2024	VIMPAT	NF for 2024	Generic now available	LACOSAMIDE - tier 4



1/1/2024	ZEPOSIA	NF for 2024	More cost-effective option(s) available	TERIFLUNOMIDE - tier 2 DIMETHYL FUMARATE, FINGOLIMOD HCL - tier 5
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*Note: only your physician can determine if the alternate drug(s) listed are appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is the right drug for you.

If you have any questions, please contact Univera Healthcare Customer Care at 1-877-883-9577 (TTY/TDD users call 1-800-662-1220), 8:00 a.m. - 8:00 p.m., Monday-Friday. From October 1 to March 31, representatives are also available weekends from 8:00 a.m. - 8:00 p.m.