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For you.

### Upcoming Changes to the Univera Healthcare Direct Pay 5-Tier 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 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 (FDA) 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.

Your formulary book is a complete list of drugs covered by your Part D plan. The table below highlights upcoming changes for more commonly used drugs:

Effective Date	Name of Affected Drug*	Description of Change	Reason for Change	Alternative Drug(s)*
1/1/2025	ACTEMRA	Removed from formulary	Similar drug(s) preferred	Talk with your doctor
1/1/2025	AIMOVIG	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"><li>• Ajoyv Syringe/Autoinjector - Tier 3</li></ul>

Effective Date	Name of Affected Drug*	Description of Change	Reason for Change	Alternative Drug(s)*
1/1/2025	ALBUTEROL HFA 18 GRAM (authorized generic for Ventolin HFA)	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Brand Ventolin HFA - Tier 3</li> <li>Albuterol HFA 6.7 gram (Proventil generic) - Tier 3</li> <li>Albuterol HFA 8.5 gram (Proair generic) - Tier 3</li> </ul>
1/1/2025	ARNUITY ELLIPTA	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Qvar Redihaler - Tier 3</li> </ul>
1/1/2025	AVONEX	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Rebif Pen/Syringe - Tier 5</li> </ul>
1/1/2025	BREYNA HFA INHALER	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Symbicort HFA Inhaler - Tier 3</li> </ul>
1/1/2025	BUDESONIDE-FORMOTEROL HFA INHALER	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Symbicort HFA Inhaler - Tier 3</li> </ul>
1/1/2025	CHLORZOXAZONE	Removed from formulary	Safer drug(s) preferred	<ul style="list-style-type: none"> <li>Baclofen tablets - Tier 2</li> <li>Tizanidine tablets - Tier 2</li> </ul>
1/1/2025	CIMZIA	Removed from formulary	Similar drug(s) preferred	Talk with your doctor
1/1/2025	COPAXONE 40 MG/ML SYRINGE	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Glatiramer - Tier 5</li> <li>Glatopa - Tier 5</li> </ul>
1/1/2025	CYCLOSPORINE 0.05% EYE EMULS	Moved from tier 3 to tier 4	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Restasis 0.05% Eye Emulsion (vials only)</li> </ul>
1/1/2025	DICLOFENAC EPOLAMINE 1.3% PTCH	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Diclofenac 50mg/75mg enteric coated tablets - Tier 2</li> <li>Celecoxib capsules - Tier 4</li> </ul>
1/1/2025	DULOXETINE HCL DR 40 MG CAP	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Duloxetine 20mg/30mg/60mg - Tier 3</li> </ul>
1/1/2025	FLUOXETINE DR 90 MG CAPSULE	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Fluoxetine capsules - Tier 1</li> </ul>
1/1/2025	FLUOXETINE TABLETS	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Fluoxetine capsules - Tier 1</li> </ul>
1/1/2025	FLUTICASON-SALMETEROL AEROSOL POWDER (authorized generic for Airduo)	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Advair Diskus - Tier 3</li> <li>Advair HFA - Tier 3</li> </ul>
1/1/2025	FLUTICASON-SALMETEROL DISKUS	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Advair Diskus - Tier 3</li> <li>Advair HFA - Tier 3</li> </ul>

Effective Date	Name of Affected Drug*	Description of Change	Reason for Change	Alternative Drug(s)*
1/1/2025	GAMMAPLEX	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Gammagard, Privigen, Octagam, Gammaked, Gamunex-C - Tier 5</li> </ul>
1/1/2025	GRALISE ER	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Gabapentin caps/tabs - Tier 3</li> </ul>
1/1/2025	HORIZANT ER	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Gabapentin caps/tabs - Tier 3</li> </ul>
1/1/2025	HUMIRA	On formulary but non-preferred	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Hadlima - Tier 5</li> <li>Simlandi - Tier 5</li> </ul>
1/1/2025	ILUMYA	Removed from formulary	Similar drug(s) preferred	Talk with your doctor
1/1/2025	INVOKAMET/XR	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Synjardy/Synjardy XR - Tier 3</li> <li>Xigduo XR - Tier 3</li> </ul>
1/1/2025	INVOKANA	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Farxiga - Tier 3</li> <li>Jardiance - Tier 3</li> </ul>
1/1/2025	KINERET	Removed from formulary	Similar drug(s) preferred	Talk with your doctor
1/1/2025	MESALAMINE 800 MG DR TABLET	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Mesalamine 1.2 G - Tier 4</li> <li>Mesalamine ER 0.375 G - Tier 4</li> </ul>
1/1/2025	MESALAMINE DR 400 MG CAPSULE	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Mesalamine 1.2 G - Tier 4</li> <li>Mesalamine ER 0.375 G - Tier 4</li> </ul>
1/1/2025	METAXALONE	Removed from formulary	Safer drug(s) preferred	<ul style="list-style-type: none"> <li>Baclofen tablets - Tier 2</li> <li>Tizanidine tablets - Tier 2</li> </ul>
1/1/2025	METFORMIN ER GASTR-TB	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Metformin - Tier 1</li> <li>Metformin ER (generic for Glucophage XR) - Tier 1</li> </ul>
1/1/2025	METFORMIN ER OSM-TAB	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Metformin - Tier 1</li> <li>Metformin ER (generic for Glucophage XR) - Tier 1</li> </ul>
1/1/2025	MYRBETRIQ	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Gemtesa - Tier 3</li> </ul>
1/1/2025	NAPROXEN-ESOMEPRAZ DR	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Naproxen tablets - Tier 2</li> <li>Ibuprofen tablets - Tier 2</li> <li>Lansoprazole - Tier 2</li> </ul>
1/1/2025	NUZYRA	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Moxifloxacin tablets - Tier 3</li> </ul>

Effective Date	Name of Affected Drug*	Description of Change	Reason for Change	Alternative Drug(s)*
1/1/2025	OLUMIANT	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Talk with your doctor</li> </ul>
1/1/2025	ORACEA 40 MG CAPSULES	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Doxycycline tabs/caps - Tier 3</li> </ul>
1/1/2025	PAROXETINE CR/ER TABLETS	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Paroxetine tablets - Tier 2</li> </ul>
1/1/2025	PLEGRIDY	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Rebif Pen/Syringe - Tier 5</li> </ul>
1/1/2025	PRADAXA	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Eliquis - Tier 3</li> <li>Xarelto - Tier 3</li> </ul>
1/1/2025	RAYOS DR	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Prednisone tablets - Tier 1</li> </ul>
1/1/2025	REVLIMID	Removed from formulary	Generic available	<ul style="list-style-type: none"> <li>Lenalidomide capsules - Tier 5</li> </ul>
1/1/2025	SIMPONI	Removed from formulary	Similar drug(s) preferred	Talk with your doctor
1/1/2025	TALTZ	Removed from formulary	Similar drug(s) preferred	Talk with your doctor
1/1/2025	TAVALISSE	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Doptelet - Tier 5</li> <li>Promacta - Tier 5</li> </ul>
1/1/2025	TIOTROPIUM 18 MCG CAP INHALER	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Incruse Ellipta – Tier 3</li> <li>Spiriva Handihaler - Tier 3</li> </ul>
1/1/2025	TREMFYA	Removed from formulary	Similar drug(s) preferred	Talk with your doctor
1/1/2025	TRIKAFTA	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Symdeko - Tier 5</li> </ul>
1/1/2025	UBRELVY	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Nurtec ODT - Tier 5</li> </ul>
1/1/2025	VICTOZA	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Ozempic - Tier 3</li> <li>Trulicity - Tier 3</li> </ul>
1/1/2025	WIXELA INHUB	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Advair Diskus – Tier 3</li> <li>Advair HFA – Tier 3</li> </ul>
1/1/2025	ZTLIDO 1.8% TOPICAL SYSTEM	Removed from formulary	Similar drug(s) preferred	<ul style="list-style-type: none"> <li>Lidocaine 5% patch - Tier 3</li> </ul>

\* Please refer to your formulary book for coverage and tier placement if you do not have a 5-tier direct pay plan. 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.***

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