



WELCOME TO YOUR 2025 PRESCRIPTION COVERAGE

January 1, 2025

MultiCare Member,

Changes to the MultiCare employee health plan formulary — a list of drugs covered by your medical plan — take effect Jan. 1, 2025. A description of the new formulary can be found by visiting fch.com/multicare. Click on the Medical and Pharmacy Benefits section to view the updated documents.

We recommend you review the new formulary carefully with your prescribing provider as you may be taking products affected by changes in coverage.

Our formulary has been developed by a team of physicians and pharmacists to ensure coverage of safe, cost-effective drug therapy. MultiCare continues to provide expanded coverage of preventive drugs available for \$0 copay when filled at your MultiCare pharmacy. Please note the Preventive Drug List (PDL) has been renamed to the Wellness Drug List (WDL).

Key differences between your 2024 and 2025 formulary are listed below with some suggested alternatives. Please contact your prescribing provider to discuss transitioning to a covered product if necessary.



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Effective Jan. 1, 2025, the following medications will no longer be covered on the Wellness Drug List for \$0 copay. Please see 2025 formulary for new tier.

No Longer Covered on the Wellness Drug List Starting 1/1/2025	
Aspirin/dipyridamole ER	Methazolamide
Breo Ellipta	Metoprolol/hydrochlorothiazide
Brilinta	Ozempic
CombiPatch	Premphase
Corlanor	Roflumilast
Duavee	Rybelsus
Eliquis	Sutab
Entresto	Synjardy
Farxiga	Trelegy Ellipta
GaviLyte	Trulicity
Glyxambi	Victoza
Jardiance	Xarelto
Kerendia	

No Longer Covered (Starting 1/1/2025)	Alternatives
Bonjesta	^a OTC generic doxylamine and vitamin B6
Clarinet-D	^a OTC generic loratadine and pseudoephedrine
Humira	^b Adalimumab-aacf and adalimumab-aaty
Lidocaine gel 2.8%	Generic lidocaine cream 3%, lidocaine solution 5%
Lidorex gel 2.8%	Generic lidocaine cream 3%, lidocaine solution 5%

^aYour prescription benefit may not cover Over-The-Counter medications. However, OTC alternatives are listed as affordable options available at your local pharmacy.

^bHumira formulary change effective 7/1/2024.



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Drugs Moving to a Higher Tier/Copay	Covered Alternatives
Praluent	Generic atorvastatin, simvastatin
Victoza	Authorized generic liraglutide

Drugs Moving to a Higher Tier/Copay and Prior Authorization	Covered Alternatives
Briviact tablet and solution	Generic levetiracetam tablet and solution
Autopen	Insulin lispro KwikPen, insulin aspart FlexPen

Drugs Moving to Non-preferred Specialty	Covered Alternatives
Gocovri	Generic amantadine

*Members enrolled in the high deductible health plan (HDHP) will not be authorized to utilize manufacturer assistance coupons when paying for their medications. The use of such programs to offset an individual's responsibility prior to meeting the out-of-pocket deductible may disqualify an individual to receive any employer contribution or make their own contribution to a Health Savings Account (HSA). Enrollment in the Benefits Preservation Program or the individual use of such patient support programs is not available for high deductible health plan enrollees. It is advisable for members to consider evaluating alternative plan options to ensure they align with their expected healthcare needs for the year.

Questions?

Please contact Ventegra Customer Care Team.

by phone

1-833-393-0445

- Mon – Fri: 5:00 AM to 9:00 PM (PT)
- Saturday: 7:00 AM to 7:00 PM (PT)
- Sunday: 7:30 AM to 4:00 PM (PT)

If you reach us outside these hours, you can leave us a voicemail. We will respond to your question within the next business day.



by email

Our Customer Care Team is available via email at:

CCT@ventegra.org



by chat

Our Customer Care Team is available by "Live Chat" on:

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