Ventegra®

WELCOME TO YOUR
2026 PRESCRIPTION COVERAGE

Date

Name
Address
City, ST Zip

Important Update: Changes to Your Prescription Coverage

MultiCare Member,

Changes to the MultiCare Employee Health Plan formulary take effect July 1st, 2026. A description of the new formulary can be found by visiting www.fchn.com/multicare. Click under the Pharmacy section to view the updated documents.

Our formulary has been developed by a team of physicians and pharmacists to ensure coverage of safe, cost-effective drug therapy. We recommend you review the new formulary carefully with your prescribing provider as you may be taking products affected by changes in coverage.

This letter provides important updates to your prescription coverage.

Our records show that you may be taking one or more of the affected medications listed below.

What's changing starting July 1, 2026?

Some medications will change how they are covered under your plan. These changes may affect:

- what you pay
- whether a medication is covered
- whether prior authorization is required

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Below is a summary of what's changing.

Medications No Longer Covered

The following medications will no longer be covered under your prescription benefits. The affected medications listed below are being removed from your plan's drug list (formulary). Possible alternative medications are listed when available.

Name of Affected Medication	Possible Alternative Medication
Tryptyr Solution 0.003%	OTC artificial tears

OTC = Over-the-Counter (available without prescription).

Medications Moving to a Higher Copay

The following medications will move to a higher copay tier. This means your out-of-pocket cost for these medications may increase. Possible alternative medications are listed.

Name of Affected Medication	Tier	Possible Alternative Medication
estrogens (Conjugated/Equine) tablet	2	estradiol tablet, transdermal gel, or patch
Dextroamphetamine Sulfate tablet	2	Amphetamine-dextroamphetamine

Medications with New Rules or Limits

Some medications will have new rules, such as limits, or may require prior authorization before they are covered.

Name of Affected Medication	New Rule	Possible Alternative Medication
DPP-4 inhibitor drugs, including: alogliptin, Brynovin, Glyxambi, Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, saxagliptin, sitagliptin, Steglujan, Tradjenta, Trijardy XR, Zituvimet, Zituvio	Prior Authorization Required	PA Required for DPP-4; Concurrent use of DPP-4 inhibitors and GLP-1 medications is prohibited.

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lisdexamfetamine dimesylate chewable tablets	Age (covered for age 6 years to <10 years)	lisdexamfetamine capsule
Rytary Capsule	Prior Authorization Required	progesterone capsule

What should you do?

- **Talk to your doctor soon.** Share this letter and the covered drug list (formulary) available with your doctor to discuss your options.
- **If prior authorization is needed**, your doctor will need to submit a request. You can share this page with your doctor: **go.ventegra.org/PA**
- **Learn what prior authorization is and how it works.** You can read your member guide to prior authorization here: **go.ventegra.org/member-guide-PA**

Starting this process now can help prevent delays, so you don't run out of your medication.

Need help or have questions?

If you have questions or need help, our Customer Care team is here for you at **1-833-393-0445**:

Mon – Fri: available hours 4 a.m. to 12 a.m. (PT)
Sat – Sun: available hours 7 a.m. to 7 p.m. (PT)

Sincerely,

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**The listing of a medication on the formulary does not guarantee coverage. You may contact a Customer Care representative to obtain current formulary status of a particular medication. Please review your benefit plan documents for additional information regarding your pharmacy benefits and restrictions.*