



February 24, 2020

Dear University of Arkansas System Member,

MedImpact Healthcare Systems, Inc., (MedImpact) on behalf of the University of Arkansas System Health Plan, will be implementing a change to the prescription benefit plan that affects you. **Please continue to read this entire letter.**

Effective June 01, 2020, DILANTIN will no longer be covered under the prescription benefit plan. You are receiving this letter because our records indicate you had a prescription filled for DILANTIN within the last 120 days. This change is being made because there is a generic equivalent available.

The Plan will continue to cover your prescription for **DILANTIN** until **June 01, 2020**. Please use this time between now and **June 01, 2020** to discuss alternative medications with your doctor. You may be able to switch a comparable medication used to treat your condition – including the generic equivalent.

If your doctor determines that the generic equivalent alternative is not right for you due to your medical condition, an appeal process for coverage of a medication not on the formulary is available. To request coverage, your doctor must submit the appeal form and required medical documentation to MedImpact by fax to 1-858-790-7100.

Pharmacy benefits are subject to terms, conditions and eligibility as outlined in the benefit documentation in effect at the time services are provided. The above change to your prescription benefit plan is directed by the University's Pharmacy Advisory Committee.

For questions, please contact MedImpact Healthcare Systems, Inc. at 1-800-788-2949.

Sincerely,

MedImpact and the University of Arkansas Pharmacy Advisory Committee