



December 6, 2021

<<Member First Name>>, <<Member Last Name>>

<<Member Address 1>>, <<Member Address 2>>

<<City>>, <<State>>, <<Zip code>>

Dear University of Arkansas System Member,

MedImpact Healthcare Systems, Inc., (MedImpact) on behalf of University of Arkansas has implemented a change to your formulary.

Our records indicate that you had a prescription filled for **NOVOSEVEN RT 1 MG** within the last 120 days. If you are not currently using this medication, this notice does not apply to you.

As of **January 1, 2022**, a prior authorization will be required for **NOVOSEVEN RT 1 MG**. This means that your physician will need to request prior authorization for this medication to be covered under your prescription benefit plan.

To allow sufficient time for you to discuss this change with your physician, coverage for **NOVOSEVEN RT 1 MG** will be extended to **April 1, 2022** before a prior authorization will be required.

Benefits for all services are subject to terms, conditions, and eligibility as outlined in the benefit documentation in effect at the time services are provided.

If you have questions, please contact MedImpact Healthcare Systems, Inc. at 1-800-788-2949.

Sincerely,

MedImpact and the University of Arkansas Pharmacy Advisory Committee

The University of Arkansas' prescription drug formulary, administered by MedImpact, is maintained by the University of Arkansas System's Pharmacy Advisory Committee. The Pharmacy Advisory Committee is composed of both faculty and clinical pharmacists, who advise the Committee on the most recent medical research results. The recommendations by the committee are based on the latest available evidence-based studies.