



March 7, 2025

Dear University of Arkansas System Member,

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

Effective April 1, 2025, BRAND VICTOZA 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 **BRAND VICTOZA within the last 120 days.**

The Plan will continue to cover your prescription for **BRAND VICTOZA** until **June 30, 2025.** Please use this time between now and **June 30, 2025,** to discuss alternative medications with your doctor. You may be able to switch to a comparable medication used to treat your condition – including formulary covered alternatives such as **Liraglutide, Ozempic, and Trulicity.**

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 at 1-800-788-2949.

Sincerely,

MedImpact and the University of Arkansas Pharmacy Advisory Committee

The University of Arkansas System's' 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.