

[Date]

Pharmacy Formulary Change Notice

Summary of change: Effective April 1, 2023, the preferred drug list (PDL) formulary changes detailed in the table below will apply to Healthy Blue members. Additionally, effective April 1, 2023, there will be changes to the non-preferred and prior authorization requirements of these formulary items. These formulary changes were reviewed and approved at the North Carolina Department of Health and Human Services PDL Review Panel meeting held on January 12, 2023.

Formulary changes effective [April 1, 2023]			
Therapeutic class	Medication	Formulary status change	Potential alternatives (preferred products)
ANTICONVULSANTS – SECOND GENERATION	VIMPAT	NON-PREFERRED	LACOSAMIDE SOLUTION/TABLET
ANTIHYPERKINESIS/ADHD	DYANAVEL XR	NON-PREFERRED	APTENSIO XR CAPSULE ADDERALL XR CAPSULE FOCALIN XR CAPSULE METHYLIN SOLUTION
	QUILLIVANT XR	NON-PREFERRED	APTENSIO XR CAPSULE ADDERALL XR CAPSULE FOCALIN XR CAPSULE METHYLIN SOLUTION
	QUILLICHEW ER	NON-PREFERRED	APTENSIO XR CAPSULE ADDERALL XR CAPSULE FOCALIN XR CAPSULE METHYLIN SOLUTION
CHOLESTEROL LOWERING AGENTS	NEXLETOL	PA REQUIRED	ATORVASTATIN TABLET EZETIMIBE TABLET LOVASTATIN TABLET PRAVASTATIN TABLET ROSUVASTATIN TABLET SIMVASTATIN TABLET
	NEXLIZET	PA REQUIRED	ATORVASTATIN TABLET EZETIMIBE TABLET LOVASTATIN TABLET PRAVASTATIN TABLET

<https://provider.healthybluenc.com>

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			ROSUVASTATIN TABLET SIMVASTATIN TABLET
ENDOTHELIN RECEPTOR ANTAGONISTS	LETAIRIS	NON-PREFERRED	AMBRISENTAN TABLET

What action do I need to take?

Please review these changes and work with your patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, a prior authorization must be obtained to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients’ cases. If your patient cannot be converted to a formulary alternative for medical reasons, please call our Pharmacy Department at **844-594-5072** and follow the voice prompts for pharmacy prior authorization.

You can find the *Preferred Drug List* on our provider website at <https://provider.healthybluenc.com> via the following steps:

- Select **Eligibility and Pharmacy**
- Under *Eligibility and Pharmacy*, select **Pharmacy Information**

Select Preferred Drug List

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at **844-594-5072**.



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To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (healthyblue.ly/NCmp).