



October 6, 2022

DRUG COVERAGE EXCLUSION NOTIFICATION

DRUG NAME: VYVANSE (LISDEXAMFETAMINE DIMESYLATE)

EXCLUSION DATE FOR DRUG: JANUARY 1, 2023

Dear Plan Member,

We would like to inform you of the upcoming formulary change to your prescription drug benefits. It is important that you are aware of the change being made, so you can discuss your options with your doctor and prevent delays in getting the prescriptions you need.

This letter serves as notification that effective January 1, 2023, that your health plan will no longer cover the above-mentioned drug for recipients aged 21 years or older.

If you, or anyone in your family is affected by the coverage status change for this drug, please take the time to schedule an appointment with your provider to obtain a prescription for a preferred PDL (Preferred Drug List) alternative listed below before the end of the year. The agents listed below are available at a Tier 1 copay, and the age-restricted prior authorization requirement for these medications has been removed.

Preferred Drug List Alternatives	
Amphetamine/Dextro-Amphetamine Atomoxetine Dextro-Amphetamine	Dexmethylphenidate Methylphenidate (IR, LA, SR) Methylphenidate (CD, ER)

Sincerely,

VeracityRx

FORMULARY UPDATE FAQs

Q. Why did I receive this letter?

A. VeracityRx routinely reviews and updates the formulary status for each drug. Formulary decisions are made based on therapeutic value, effectiveness, side effects, comparable alternatives, and then cost consideration. The goal is to provide Veracity members with the best quality medications at the best value.

Q. What are my choices for Vyvanse alternatives?

A.

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Q. Can I file an appeal?

A. If your prescriber believes that none of the drugs listed above is suitable for you due to your medical condition, your doctor may request to file a prior authorization and submit the clinical documentation supporting the medication necessity.