IMPORTANT INFORMATION REGARDING
Health New England Formulary Update
Effective July 1, 2018

Effective Date: 07/01/2018
Health New England
BIN: 610593
PCN: MHP
Group: HNE

Effective July 1, 2018, Health New England will no longer cover the following medications:

- **Dyanavel XR susp.** *Alternative is Quillivant XR susp*
- **Evekeo.** *Alternative is Amphetamine salt combination tablets*
- **Kristalose** *Alternative is Lactulose*
- **Methamphetamine tablets.** *Alternative is Amphetamine salt combination tablets*
- **Nexium granules.** *Alternative is First Lansoprazole*
- **Protonix pak.** *Alternative is First Lansoprazole*
- **Silenor.** *Alternative is Zolpidem*
- **Kerydin**
- **VP-Zel**

For any questions please contact the OptumRx Help Desk at (800) 310-2835, 24 hours a day, 7 days a week.

TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER’S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.

Should you have any questions or require assistance, please contact the OptumRx Help Desk:
Pharmacy Help Desk: (800) 310-2835 (24 hours a day, 7 days a week)

For questions regarding this communication call:
Provider Relations (877) 633-4701 or e-mail provider.relations@optum.com

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