# *Notification of Medicare Part D Negative Formulary Change(s)*

To: State Pharmaceutical Assistance Programs, Entities Providing Other Prescription Drug Coverage, Authorized Prescribers, Network Pharmacies, and Pharmacists

From: Prime Therapeutics LLC

Subject: June 2017 Notification of Medicare Part D Negative Formulary Change(s)

Prime Therapeutics LLC (Prime) manages pharmacy benefits for health plans, employers, and government programs including Medicare and Medicaid. Prime supports several Medicare Part D Plan Sponsors (Part D Sponsors) and serves over 1 million Medicare beneficiaries. During the year, the Centers for Medicare & Medicaid Services (CMS) may approve changes including the removal of drugs or the addition of restrictions or limits to certain drugs, to the list of Medicare Part D covered drugs. When CMS approves a change, Prime provides at least 60 days notice to both the Part D Sponsors' impacted members and other individuals and organizations that may work with these members, before the negative formulary change(s) take effect. When the change is because the Food and Drug Administration deems a Part D drug to be unsafe or the manufacturer removes the drug from market, Prime will provide retrospective notice as soon as possible. In accordance with Medicare Part D requirements and CMS' approval, Prime is providing notification of the following Medicare Part D negative formulary change(s):

| Drug | Type of Change | Reason for Change | Effective Date of Change | Formulary/Formularies Impacted |
|---|---|---|---|---|
| BIAXIN for susp, 250 mg/5 mL | Will be removed from drug list | Discontinued by manufacturer | 08/21/2017 | Expanded Formularies |
| BIAXIN tab, 250 mg | Will be removed from drug list | Discontinued by manufacturer | 08/21/2017 | Expanded Formularies |
| BIAXIN tab, 500 mg | Will be removed from drug list | Discontinued by manufacturer | 08/21/2017 | Expanded Formularies |
| MAVIK tab, 1 mg | Will be removed from drug list | Discontinued by manufacturer | 08/21/2017 | Expanded Formularies |
| MIACALCIN nasal soln, 200 unit/act | Will be removed from drug list | Discontinued by manufacturer | 08/21/2017 | Expanded Formularies |

The Part D Sponsors' members who are impacted by the change(s) will receive notification on their monthly Explanation of Benefits (EoB). Since you may interact with the Part D Sponsors' members, Prime is providing you this notice prior to the date the change becomes effective so that you may take any

appropriate action as you work with the Part D Sponsors' members, which may include considering alternative drugs that are covered by the plan or asking the plan for an exception.

For more information about how the change(s) may affect cost-sharing, such as copayments or coinsurance, or for more information about asking the plan for an exception, please visit MyPrime.com.

**Prior Negative Formulary Changes in 2017**

| Drug | Type of Change | Reason for Change | Effective Date of Change | Formulary/Formularies Impacted |
|---|---|---|---|---|
| stavudine for oral soln, 1 mg/mL | Will be removed from drug list | Discontinued by manufacturer | 04/26/2017 | Ideal Formularies<br>Expanded Formularies<br>Value Formularies<br>Client Specific Formularies (North Carolina, HCSC, Rhode Island, Alignment, SecureBlue) |
| CARDIZEM CD cap, 300 mg | Will be removed from drug list | Discontinued by manufacturer | 04/26/2017 | Expanded Formularies |
| CERVARIX vaccine IM inj | Will be removed from drug list | Discontinued by manufacturer | 04/26/2017 | Ideal Formularies<br>Expanded Formularies<br>Value Formularies<br>Client Specific Formularies (North Carolina, HCSC, Rhode Island, Alignment, SecureBlue) |
| FORADIL AEROLIZER inhal cap, 12 mcg | Will be removed from drug list | Discontinued by manufacturer | 04/26/2017 | Ideal Formularies<br>Expanded Formularies<br>Client Specific Formularies (HCSC, Rhode Island, Alignment) |
| ZEBETA tab, 5 mg | Will be removed from drug list | Discontinued by manufacturer | 04/26/2017 | Expanded Formularies |
| CEFTIN tab, 500 mg | Will be removed from drug list | Discontinued by manufacturer | 05/23/2017 | Expanded Formularies |
| CLAFORAN for inj, 10 gm | Will be removed from drug list | Discontinued by manufacturer | 05/23/2017 | Expanded Formularies |
| ZEBETA tab, 10 mg | Will be removed from drug list | Discontinued by manufacturer | 07/23/2017 | Expanded Formularies |