

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: September 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
MENHIBRIX vaccine	Will be removed from drug list	Discontinued by manufacturer	11/23/2017	Ideal Formularies Expanded Formularies Value Formularies Client Specific Formularies (North Carolina, HCSC, Rhode Island, Alignment, SecureBlue)

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 Expanded Formularies Value Formularies 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 Expanded Formularies Value Formularies 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 Expanded Formularies 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
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

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
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
MAVIK tab, 2 mg	Will be removed from drug list	Discontinued by manufacturer	09/24/2017	Expanded Formularies