

# 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: May 2024 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 30 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, the manufacturer removes the drug from market, or a brand drug is replaced with its generic or is tier raised, 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
RELYVRIO - sodium phenylbutyrate- taurursodiol powd pack 3-1 gm	Will be removed from drug list	Ensure correct drug use and patient safety	06/23/2024	MAPD Formularies (Complete, Elite)

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](https://www.MyPrime.com). (Note: There is no access to Regence or Asuris on MyPrime.com. Please visit Regence.com or Asuris.com for additional information on those health plans).

### Prior Negative Formulary Changes in 2024

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
TRUDHESA - dihydroergotamine mesylate hfa nasal aerosol, 0.725 mg/act	Will be removed from drug list	No longer covered by Medicare Part D	03/01/2024	MAPD Formularies (Complete, Elite)
CLODERM - clocortolone pivalate cream, 0.1%	Will be removed from drug list	No longer covered by Medicare Part D	04/01/2024	MAPD Formularies (Complete, Elite)
MINOLIRA - minocycline hcl tab er 24hr biphasic release, 105 mg	Will be removed from drug list	No longer covered by Medicare Part D	04/01/2024	MAPD Formularies (Complete, Elite)
MINOLIRA - minocycline hcl tab er 24hr biphasic release, 135 mg	Will be removed from drug list	No longer covered by Medicare Part D	04/01/2024	MAPD Formularies (Complete, Elite)
RHOFADE - oxymetazoline hcl cream, 1%	Will be removed from drug list	No longer covered by Medicare Part D	04/01/2024	MAPD Formularies (Complete, Elite)
SITAVIG - acyclovir buccal tab, 50 mg	Will be removed from drug list	No longer covered by Medicare Part D	04/01/2024	MAPD Formularies (Complete, Elite)