KAISER PERMANENTE ® MEMORANDUM

To:	Kaiser Permanente Network Physicians	**Date:**	May 13th, 2024
	Kaiser Permanente Pharmacies		

Subject: Notice Part D Negative Formulary Change-
Effective June 1st, 2024

As a part of our due diligence to inform all concerned of Medicare Part D Formulary Changes, the following notification is requested by CMS to be sent to all Providers.

Medicare Part D Benefit Coverage – Negative Formulary Change

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). As a participating Provider in the Kaiser Permanente Part D program, the list below is intended to inform you of these changes.

Effective June 1st, 2024, the following changes will take place to KP MAS Medicare Part D Formulary:

➢ **Formulary Product Removal**
   a. Brand-name drug Rectiv Oint 0.4% (Tier 4) to be replaced with Nitroglycerin Oint 0.4% (Tier 4)

Change applies to new starts only – Affected members will be grandfathered unless member was prescribed the generic product before the effective date of the change.

Negative formulary changes from the Medicare Part D Formulary for 2024.

Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	RECTIV OINT 0.4 %	June 1, 2024 Brand drug to be replaced with generic	NITROGLYCERIN OINT 0.4 %
Generic Available	VASCEPA CAPS 0.5 GM, 1 GM	April 1, 2024 Brand drug to be replaced with generic	ICOSAPENT ETHYL CAPS 0.5 GM, 1 GM
Generic Available	Lialda Tbec 1.2 gm	March 1, 2024 Brand drug to be replaced with generic	Mesalamine Tbec 1.2 gm
Generic Available	VOTRIENT TABS 200 MG	February 1, 2024 Brand drug to be replaced with generic	PAZOPANIB HCL TABS 200 MG

Generic Available	SYMBICORT AERO 80-4.5 MCG/ACT, 160-4.5 MCG/ACT	February 1, 2024 Brand drug to be replaced with generic	BREYNA AERO 80-4.5 MCG/ACT, 160-4.5 MCG/ACT