

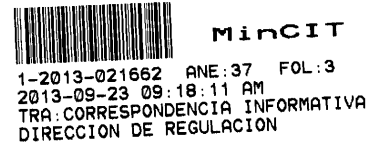
Janssen Cilag S.A.

Carrera 11 A No. 94-45 Piso 10
Bogotá
PBX: 219 2500
Fax: 636 7543

www.janssen-cilag.com.co



Bogotá, Septiembre 19 de 2013



Doctor
LUIS FELIPE TORRES
Director de Regulación
Secretario Técnico de la Comisión Nacional de Precios de Medicamentos y Dispositivos
Médicos CNPMyDM
Ministerio de Comercio, Industria y Turismo

Asunto: Respuesta a reunión con la CNPMyDM del 23 de agosto de 2013 y aporte de soportes para revisión de Circular 04 de 2013

Respetado Doctor,

Por medio del presente comunicado queremos dar continuidad a la última reunión con la CNPMyDM llevada a cabo en el Ministerio de Comercio Industria y Turismo el día 23 de Agosto de 2013. En esta oportunidad y de acuerdo con la metodología estipulada en la circular 03 de 2013, estamos aportando a la CNPMyDM los soportes adicionales discutidos durante esta reunión para que sean considerados como sustento de una nueva Circular de precios donde se contemple la revisión de los productos de Janssen Cilag actualmente incluidos en la circular 04 de 2013.

Solicitud específica para Prograf XL® Tacrolimus de liberación prolongada (precio sugerido COP 4.902,9 por miligramo):

1. Solicitud
 - a. Excluir a Brasil como país de referencia para el producto Prograf XL (tacrolimus de liberación prolongada) y no considerarlo en el cálculo del percentil 25.
2. Motivaciones

23 SEP 2013 1
[Handwritten signatures]

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- a. Prograf XL (tacrolimus de liberación prolongada) no se comercializa en Brasil y por lo tanto este país no debe ser incluido en el proceso de referenciación y cálculo del percentil 25. Actualmente Prograf XL (tacrolimus de liberación prolongada) tampoco se reembolsa ni se compra públicamente en Brasil.
 - b. Se dispensaron algunas unidades mínimas del producto (259 cajas de Prograf XL versus 258.741 de tacrolimus estándar) en el periodo de referencia 2012 – 2013 por exigencia del Estado de Paraíba en respuesta a una acción legal específica de obligatorio cumplimiento legal. A través de Certificado expedido por Janssen Farmacéutica Brasil se establece que el producto solo se comercializa para dar cumplimiento a acciones legales puntuales (Anexo 1).
3. Petición: Excluir Brasil del proceso de referenciación para Prograf XL (tacrolimus de liberación prolongada) y ajustar el precio de regulación a COP 4.902,9 por miligramo.

Solicitud específica para Remicade® Infliximab (precio sugerido COP 11.215,18 por miligramo):

1. Solicitud

- a. Considerar para el cálculo del percentil 25 el precio de referencia ASP (Average Sale Price) de Medicare Part B reportado en el sistema CMS de Estados Unidos (USD 679,55 por vial / COP 1.220.030,09 por vial)

2. Motivaciones

- a. La base de datos de CMS que reporta los precios ASP del sistema Medicare Part B es una fuente de información idónea al ser:
 - i. Fuente oficial del Medicare en Estados Unidos
 - ii. Acceso público y gratuito: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html?redirect=/mcrpartbdrugavgsalesprice/>
 - iii. Refleja el nivel de la cadena objeto de regulación
 - iv. Su cálculo proviene a partir de precios negociados
- b. El Plan de salud de Medicare Part B representa la compra institucional más grande de Remicade (Infliximab) en Estados Unidos siendo el 34% de la venta total del producto (ver soporte anexo 2).

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- c. Las compras de Remicade (Infliximab) que se realizan por el sistema del Federal Supply Schedule únicamente representan el 1.8% de las ventas totales del producto (ver soporte anexo 2).
- d. Es una base de datos que ha sido aceptada por la CNPMyDM para el cálculo del percentil 25 en otros productos de la misma clase terapéutica.

Petición: adoptar el precio ASP de Medicare Part B en Estados Unidos para llegar al precio de regulación sugerido de COP 11.215,18 por miligramo, por cuanto es la fuente más idónea para el establecimiento de un precio máximo de venta

Solicitud específica para Velcade® bortezomib (precio sugerido COP 691.425,8 por miligramo):

1. Solicitud

- a. Considerar para el cálculo del percentil 25 el precio de referencia ASP (Average Sale Price) de Medicare Part B reportado en el sistema CMS de Estados Unidos (USD 1.586,55 por vial / COP 2.848.412,54 por vial)

2. Motivaciones

- a. La base de datos de CMS que reporta los precios ASP del sistema Medicare Part B es una fuente de información idónea al ser:
 - i. Fuente oficial del Medicare en Estados Unidos
 - ii. Acceso público y gratuito: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B Drugs/McrPartBDrugAvgSalesPrice/index.html?redirect=/mcrpartbdrugavgsalesprice/](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B%20Drugs/McrPartBDrugAvgSalesPrice/index.html?redirect=/mcrpartbdrugavgsalesprice/)
 - iii. Refleja el nivel de la cadena objeto de regulación
 - iv. Su cálculo proviene a partir de precios negociados
- b. Es una base de datos que ha sido aceptada por la CNPMyDM para el cálculo del percentil 25 en otros productos.
- c. Actualmente Velcade® bortezomib está incluido en el formulario de medicamentos del sistema Medicare Part B

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- d. Las compras de medicamentos realizadas por el sistema del Federal Supply Schedule representan menos del 2% del gasto farmacéutico en Estados Unidos¹, el cual se adjunta como Anexo 4 – página 39.
3. Petición: adoptar el precio ASP de Medicare Part B en Estados Unidos para llegar al precio de regulación sugerido de COP 691.425,8 por miligramo por cuanto es la fuente más idónea para el establecimiento de un precio máximo de venta.

Solicitud general para fuente del Instituto Mexicano de Seguro Social (IMSS)

1. Solicitud

- a. Adicionar un factor de ajuste del 5,14% al precio reportado en México por el Portal de Compras del IMSS.

2. Motivación

La Circular 03 de 2013 en su Artículo 11 prevé la aplicación de factores de ajuste de manera que los precios de referencia internacionales se lleven al punto de la cadena objeto de regulación (mayorista), y sean comparables entre sí.

Las compras que realiza el IMSS por medio de licitaciones o adjudicaciones directas representan el precio negociado entre el fabricante / distribuidor y el IMSS. Este precio negociado puede contemplar parcialmente el costo de distribución del producto hasta los almacenes centrales, sin embargo en varias delegaciones el IMSS asume un costo de logística adicional por el transporte hacia los hospitales o dispensarios, así como los costos de preparación y aplicación en el caso de inyectables. Para corroborar esto anexamos concepto de IMS Consulting y un ejemplo de contrato (folios 5 y 6).

De esta manera solicitamos nuevamente a la CNPMyDM la consideración de un factor de ajuste y un tratamiento especial para el caso de México que lleve el precio al punto de la cadena objeto de regulación y refleje este costo logístico adicional que en el caso de Colombia deberá ser asumido por los operadores logísticos y las clínicas.

¹ Bill von Oehsen. Understanding discounts under federal law. State Program Opportunities. Powers Pyles Sutter & Verville, PC (202) 466-6550.

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3. Petición

En línea con el procedimiento planteado por la CNPMyDM, solicitamos que dicho factor de ajuste para los precios de México se defina de igual manera al que se estimó para el caso de Francia, el cual dio como resultado un factor de ajuste ponderado de 5,14%. Así mismo, para efectos de la revisión solicitada de la Circular 04 de 2013, este factor de ajuste debe ser aplicado a los productos Remicade® (Infliximab) y Velcade® (bortezomib).

Finalmente, de la misma manera en que se emitió la Circular 05 de 2013 haciendo las correcciones pertinentes a la Circular 04 de 2013, es de vital importancia para nuestra compañía que la CNPMyDM haga efectiva la emisión de una nueva Circular lo más pronto posible antes del próximo ejercicio de referenciación esperado para este año.

Finalmente agradecemos a Usted y a los miembros de la CNPMyDM, los espacios de discusión abiertos a la Industria durante el proceso de implementación y ajustes de la Circular 04 y 05 de 2013.

Atentamente,



MARIO STURION
Representante Legal

CC: Dra. Carolina Gómez, Abogada Despacho del Ministerio de Salud y Protección Social.

Date: 12/09/2013

JANSSEN-CILAG S.A.
 Carrera 11ª No 94-45 Piso 10
 Bogota - Colombia

Commercial Certification Prograf XL® (Tacrolimus XL) in Brazil

Dear Mario Sturion

Through this letter we would like to certify that Prograf XL® (Tacrolimus extended release) is commercialized in Brazil, just to cover compulsory legal actions requirements which came from a State Government (Paraiba State). In addition, Prograf XL represents 0.1% out of the total annually units sold of Tacrolimus (106,180 units) in 2012.

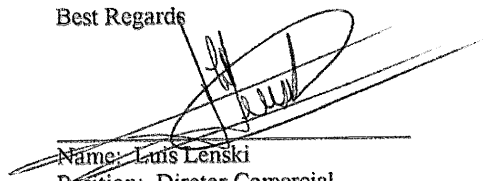
Table 1: Prograf XL units sold 2012 and 2013 (August year-to-date)

Year	Name	Form	Strength	Units Sold
2012	Prograf XL	Capsules extended release	1 milligram	94 units
2012	Prograf XL	Capsules extended release	5 milligrams	1 unit
2013	Prograf XL	Capsules extended release	1 milligram	94 units
2013	Prograf XL	Capsules extended release	5 milligrams	70 units

Finally, we confirm that Prograf XL (Tacrolimus extended release) has not CATMAT code because the product is neither reimbursed nor purchased in public system because of particular and unique issues of Brazilian system.

Please do not hesitate to ask for additional information

Best Regards


 Name: Luis Lenski
 Position: Diretor Comercial
 Company: Janssen Cilag Farmacêutica Ltda
 Address: Rua Gerivatiba, 207
 Phone: 55 11 30304742
 E-mail: llenski@its.jnj.com

Fecha: 12/09/2013

JANSSEN-CILAG S.A.
 Carrera 11ª No 94-45 Piso 10
 Bogota - Colombia

Certificación comercial Prograf XL® (Tacrolimus XL) en Brasil

Respetado Mario Sturion

Por medio de esta carta certificamos que Prograf XL® (Tacrolimus de liberación prolongada) es comercializado en Brasil, únicamente para cubrir requerimientos de acciones legales de obligatorio cumplimiento provenientes del único departamento (Estado de Paraíba). De otra parte, el Tacrolimus XL representa el 0.1% del total de unidades vendidas de Tacrolimus anualmente (106,180 units) en 2012.

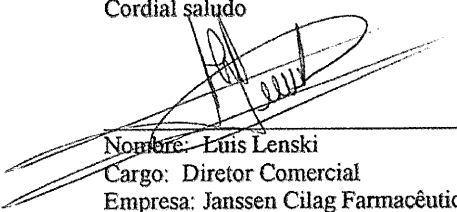
Tabla 1: Prograf XL unidades vendidas 2012 y 2013 (August year-to-date)

Año	Nombre	Forma	Concentración	Unidades vendidas (cajas)
2012	Prograf XL	Capsulas de liberación prolongada	1 miligramo	94 cajas
2012	Prograf XL	Capsulas de liberación prolongada	5 miligramos	1 caja
2013	Prograf XL	Capsulas de liberación prolongada	1 miligramo	94 cajas
2013	Prograf XL	Capsulas de liberación prolongada	5 miligramos	70 caja

Así mismo certificamos que Prograf XL (Tacrolimus de liberación prolongada) no cuenta con un código CATMAT asignado debido a que este producto no se reembolsa ni se compra por el sistema público por cuestiones muy particulares y únicas del sistema brasileño.

Por favor no dude en comunicarse con nosotros para cualquier información adicional

Cordial saludo


 Nombre: Luis Lenski
 Cargo: Diretor Comercial
 Empresa: Janssen Cilag Farmacêutica Ltda
 Dirección: Rua Gerivatiba 207
 Telefono: 55 11 3030 4742
 E-mail: llenski@its.jnj.com

HEALTH CARE SYSTEMS INC.

Strategic Customer Group

September 11, 2013

Mario Sturion
JANSSEN-CILAG S.A.
Carrera 11ª No 94-45 Piso 10
Bogota - Colombia

Regarding: Remicade® (infliximab) USA Channel sales distribution, commercial certification

Dear Mr. Sturion,

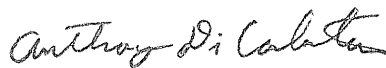
Through this letter we would like to certify the 2013 sales distribution by channel in the *United States* for the product Remicade® (infliximab).

Remicade® (infliximab) 2013 sales distribution by channel:

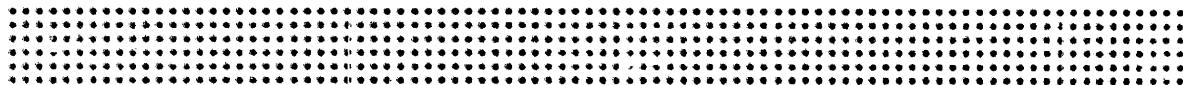
REMICADE® Channel (payer)	Remicade 2013 Share (% of total sales)
Commercial MCO	58.1%
Medicare Part D	0.4%
Medicaid	2.1%
Managed Medicaid	3.6%
Medicare Part B	34.0%
FSS (Federal Supply Schedule)	1.8%
Total sales	100.0%

These percentages reflect our "Best Estimate" or most accurate figures possible based on methodology and data available.

Regards,



Anthony DiCarlantonio
Director, Pricing Strategy
Johnson & Johnson Healthcare Systems, Inc.
800 Ridgeview Drive, Horsham, PA 19044
Phone: +1 215 325-2213
E-mail: adicarla@its.jnj.com



11 de Septiembre de 2013

A quien corresponda

Esta carta es para certificar nuestro entendimiento acerca del proceso de compra y distribución de medicamentos en el IMSS (Instituto Mexicano del Seguro Social – México) a través de licitaciones públicas.

De acuerdo con el "Reglamento de la Ley de Adquisiciones, Arrendamientos y Servicios del Sector Público" la publicación de las convocatorias de licitación se hace a través del sistema electrónico CompraNet (<https://compranet.funcionpublica.gob.mx>), sistema a través del cual los proveedores de medicamentos pueden acceder y consultar las convocatorias abiertas.

De acuerdo con este reglamento, los participantes deben cumplir con requisitos mínimos para poder participar como proveedores:

- Que el licitante manifieste bajo protesta de decir verdad, que es de nacionalidad Mexicana y, en el caso de adquisición de bienes, además manifestará que los bienes que oferta y entregará, serán producidos en México y contarán con el porcentaje de contenido nacional correspondiente.
- En caso de que la Secretaría de Economía lo solicite, le proporcionará la información que permita verificar que los bienes ofertados son de producción nacional y cumplen con el porcentaje de contenido nacional requerido.

Una vez habiendo participado en el proceso de licitación, el proveedor será notificado en caso de haber adjudicado la convocatoria, en cuyo caso se entiende que los precios asociados en la oferta de participación se refieren al precio neto a pagar por el Instituto y que este precio incluye la distribución del producto únicamente a los almacenes centrales del propio Instituto y Hospitales regionales de especialidad. La dispensación de los bienes y medicamentos a cada uno de los puntos de dispensación y farmacias de las clínicas queda a cargo del propio Instituto.

Como anexo, se incluye un ejemplo de contrato de licitación que indica las ubicaciones de los almacenes centrales del Instituto en donde el proveedor se obliga a entregar los bienes.

Atentamente

Maria Fernanda Escobar Corredor

Sr. Manager, Sales Colombia

IMS Health®

Cll. 100 No 8A-55 Torre C. Oficina 815

Bogotá, Colombia

2013 Formulary

Priority Health Medicare

► List of covered drugs

Please read:

This document contains information about the drugs we cover in this plan.

Y0056_1000_1085_2 File and Use 08272012

ID 13321, Version12

Last updated October 29, 2012

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014.

Priority Health is a health plan with a Medicare contract.

If you would prefer us to send you information in another format (like Braille or large print) please contact Priority Health Medicare at toll-free 888.389.6648 (TTY users should call 711), 8 a.m. – 8 p.m., 7 days a week.

Introduction

What is the Priority Health Medicare Formulary?

A formulary is a list of covered drugs selected by Priority Health Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Priority Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Priority Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2013. To get updated information about the drugs covered by Priority Health Medicare, please visit our website at prioritymedicare.com or call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 58. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Priority Health Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 18 tablets per prescription for Maxalt. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at prioritymedicare.com.

You can ask Priority Health Medicare to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Priority Health Medicare formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Priority Health Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Priority Health Medicare Formulary?

You can ask Priority Health Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare limits the amount of the drug that we will cover.
- If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, Priority Health Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 31 days of medication unless the prescription is written for fewer days.

Priority Health Medicare realizes that a 31-day transition may not be sufficient time to talk to your doctor and review alternatives. Therefore, we may grant up to a maximum of two 31-day supply authorizations per non-formulary medication or formulary medication requiring step therapy or prior authorization during a single transition event.

For more information

For more detailed information about your Priority Health Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about Priority Health Medicare, please call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711. Or visit *prioritymedicare.com*.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit *medicare.gov*.

Formulary

The formulary that begins on page 10 provides coverage information about some of the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 58.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., CRESTOR) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Requirements/Limits column tells you if Priority Health Medicare has any special requirements for coverage of your drug.

List of abbreviations

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending upon your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

FF: Free First Fill. This prescription drug will be provided at zero cost-sharing the first time you fill it.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 18 tablets per prescription for MAXALT. This may be in addition to a standard one month or three month supply.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

PA: Prior Authorization. Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.

ST: Step Therapy. In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

Understanding your copayments/coinsurance

The table below lists the Priority Health Medicare drug tiers and the copayment and coinsurance amount associated with each tier during the initial coverage stage.

Drug Tiers	PriorityMedicare Value SM (HMO-POS)	PriorityMedicare SM (HMO-POS)	PriorityMedicare Merit SM (PPO)	PriorityMedicare Select SM (PPO)
Retail: one-month (31-day) supply Mail Order: three-month (90-day) supply*				
Tier 1 Generic	\$9 copayment \$22.50 copayment	\$8 copayment \$20 copayment	\$10 copayment \$25 copayment	\$8 copayment \$20 copayment
Tier 2 Preferred brand	\$40 copayment \$100 copayment	\$35 copayment \$87.50 copayment	\$45 copayment \$112.50 copayment	\$40 copayment \$100 copayment
Tier 3 Non-preferred brand	\$90 copayment \$225 copayment	\$80 copayment \$200 copayment	\$90 copayment \$225 copayment	\$85 copayment \$212.50 copayment
Tier 4 Specialty (31-day supply only)	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance

** All drugs listed on our formulary are available via mail order.*

Drug name	Drug tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	
<i>mitomycin</i>	1		
<i>mitoxantrone hcl</i>	1		
ONTAK	2		
<i>oxaliplatin</i>	1		
<i>paclitaxel</i>	1		
PHOTOFRIN	4		
PICATO	3		ST
PROLEUKIN	4		
SYLATRON	4		PA
TRISENOX	3		
VELCADE	2		
VIDAZA	4		
<i>vinblastine sulfate</i>	1		
<i>vincasar pfs</i>	1		
<i>vincristine sulfate</i>	1		
<i>vinorelbine tartrate</i>	1		
ZOLINZA	4		
ZYTIGA	4		PA
Aromatase Inhibitors, 3rd Generation			
<i>anastrozole</i>	1		
<i>exemestane</i>	1		
<i>letrozole</i>	1		
Enzyme Inhibitors			
ETOPOSIDE CAPSULE	3		
<i>etoposide injection</i>	1		
<i>toposar</i>	1		
<i>topotecan hcl</i>	4		
Molecular Target Inhibitors			
AFINITOR	4		
GLEEVEC	4		
INLYTA	4		ST
IRESSA	4		
NEXAVAR	4		
SPRYCEL	4		
SUTENT	4		
TARCEVA	4		
TASIGNA	4		
TYKERB	4		PA
VOTRIENT	4		
XALKORI	4		QL (62 EA per 31 days) PA LA
ZELBORAF	4		QL (248 EA per 31 days) PA
Monoclonal Antibodies			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug name	Drug tiers:		Notes:
	T1-Generic	T2-Preferred brand	
	T3-Non-preferred brand	T4-Specialty	
			B/D-Part B vs. Part D FF-Free First-Fill HI-Home Infusion LA-Limited Availability PA-Prior Authorization QL-Quantity Limits ST-Step Therapy
<i>gengraf</i>	1		B/D
HUMIRA PEN	4		QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	4		PA
HUMIRA INJECTION 20MG/0.4ML	4		PA
HUMIRA INJECTION 40MG/0.8ML	4		QL (6 EA per 28 days) PA
KINERET	4		PA
<i>methotrexate</i>	1		
<i>methotrexate sodium</i>	1		
<i>mycophenolate mofetil</i>	1		B/D
MYFORTIC	2		B/D
NULOJIX	4		PA
ORENCIA INJECTION 250MG	4		
ORENCIA INJECTION 125MG/1ML	4		PA
PROGRAF INJECTION	4		B/D
RAPAMUNE	2		B/D
REMICADE	4		PA
RHEUMATREX	3		B/D
SANDIMMUNE SOLUTION	2		B/D
SIMPONI	4		PA
<i>tacrolimus</i>	1		B/D
TORISEL	4		PA
TREXALL	3		B/D
ZORTRESS	3		B/D
Immunizing Agents, Passive			
ATGAM	4		PA
CARIMUNE NANOFILTERED	4		PA
GAMASTAN S/D	2		PA
GAMMAGARD LIQUID	4		PA
GAMUNEX-C	4		PA
HIZENTRA	4		PA
THYMOGLOBULIN	4		PA
Immunomodulators			
ACTEMRA	4		PA
ACTIMMUNE	4		PA
ARCALYST	4		
AVONEX	4		
BETASERON	4		ST
EXTAVIA	4		ST
<i>leflunomide</i>	1		
REBIF	4		
REBIF TITRATION PACK	4		
RIDAURA	2		
SIMULECT	3		
Vaccines			

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.