

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: August 2021 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
PERFOROMIST neb soln, 20 mcg/2mL	Will be removed from drug list	Generic now available	07/15/2021	Client Specific Formularies (Asuris, Regence)

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. (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 2021

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
ALINIA tabs, 500 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
ATRIPLA tabs, 600-200-300 mg	Will be removed from drug list	Generic now available	01/01/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
BANZEL susp, 40 mg/mL	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
DEMSER caps, 250 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
KUVAN pwd for oral soln, 100 mg, 500 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
KUVAN tabs, 100 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
MOVIPREP for oral soln, 100 gm	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
SAPHRIS sl tabs, 2.5 mg, 5 mg, 10 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
SYMFI tabs, 600-300-300 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Alignment, Horizon)
SYMFI LO tabs, 400-300-300 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Alignment, Horizon)
TECFIDERA caps, 120 mg, 240 mg	Will be removed from drug list	Generic now available	01/01/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
TECFIDERA STARTER PACK caps, 120 mg & 240 mg	Will be removed from drug list	Generic now available	01/01/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
TRUVADA tabs, 200-300 mg	Will be removed from drug list	Generic now available	01/01/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Regence)
TYKERB tabs, 250 mg	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Alignment, Horizon)
VASCEPA caps, 1 gm	Will be removed from drug list	Generic now available	01/01/2021	Client Specific Formularies (Horizon)
ZYTIGA tabs, 500 mg	Will be removed from drug list	Generic now available	01/08/2021	Client Specific Formularies (Horizon)
GLEOSTINE tabs, 10 mg, 40 mg, 100 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2021	Complete Formulary, Expanded Formularies, Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
TRUVADA tabs, 100-150 mg, 133-200 mg, 167-250 mg	Will be removed from drug list	Generic now available	02/12/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Regence)
NORTHERA caps, 100 mg, 200 mg, 300 mg	Will be removed from drug list	Generic now available	03/05/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Regence)
IMPOYZ crm, 0.025%	Will be removed from drug list	No longer covered by Medicare Part D	05/01/2021	Complete Formulary
TRIDESILON crm, 0.05%	Will be removed from drug list	No longer covered by Medicare Part D	05/01/2021	Complete Formulary
BANZEL tabs, 200 mg, 400 mg	Will be removed from drug list	Generic now available	07/01/2021	Client Specific Formularies (Asuris, HCSC, Horizon, Regence)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
KALETRA tabs, 100-25 mg, 200-50 mg	Will be removed from drug list	Generic now available	07/01/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
INTELENCE tabs, 100 mg, 200 mg	Will be removed from drug list	Generic now available	07/15/2021	Ideal Formularies, Value & Essential Formularies, Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)