

## 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: March 2020 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                                    |
|--|--------------------------------|--------------------------------------|--------------------------|---|
| NITROGLYCERIN LINGUAL aerosol, 400 mcg/spray | Will be removed from drug list | No longer covered by Medicare Part D | 03/01/2020               | Complete Formulary, Client Specific Formularies (Regence, Asuris) |
| AKTIPAK gel pack, 5-3%                       | Will be removed from drug list | Discontinued by manufacturer         | 04/24/2020               | Complete Formulary  |
| EURAX crm, 10%                               | Will be removed from drug list | Discontinued by manufacturer         | 04/24/2020               | Complete Formulary, Client Specific Formularies (Regence, Asuris) |
| EURAX lotn, 10%                              | Will be removed from drug list | Discontinued by manufacturer         | 04/24/2020               | Complete Formulary  |

| Drug   | Type of Change                 | Reason for Change            | Effective Date of Change | Formulary/Formularies Impacted   |
|--|--------------------------------|------------------------------|--------------------------|--|
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK prefilled syringe kit, 40 mg/0.8 mL | Will be removed from drug list | Discontinued by manufacturer | 04/24/2020               | Complete Formulary, Ideal Formularies, Expanded Formularies, Value Formularies, Client Specific Formularies (HCSC, Alignment, Rhode Island, Regence, Asuris, Capital Blue Cross) |
| SODIUM LACTATE inj, 5 mEq/mL   | Will be removed from drug list | Discontinued by manufacturer | 04/24/2020               | Complete Formulary, Client Specific Formularies (Regence, Asuris)  |
| ULTRAVATE oint, 0.05%  | Will be removed from drug list | Discontinued by manufacturer | 04/24/2020               | Complete Formulary, Expanded Formularies   |

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 2020

| Drug   | Type of Change                 | Reason for Change                    | Effective Date of Change | Formulary/Formularies Impacted   |
|--|--------------------------------|--------------------------------------|--------------------------|--|
| KYNAMRO inj, 200 mg/mL                         | Will be removed from drug list | No longer covered by Medicare Part D | 01/01/2020               | Complete Formulary, Ideal Formularies, Expanded Formularies, Value Formularies, Client Specific Formularies (HCSC, Alignment, Rhode Island, Regence, Asuris, Capital Blue Cross) |
| ABSTRAL SL tabs, 300 mcg                       | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary, Ideal Formularies, Expanded Formularies, Client Specific Formularies (Alignment, Rhode Island, Capital Blue Cross)   |
| ciprofloxacin oral susp, 500 mg/5 mL           | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary, Ideal Formularies, Expanded Formularies, Client Specific Formularies (HCSC, Alignment, Rhode Island, Regence, Asuris, Capital Blue Cross)                    |
| CLEOCIN-T swabs, 1%                            | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary, Expanded Formularies   |
| ISOSORBIDE DINITRATE ER tabs, 40 mg            | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary, Client Specific Formularies (Regence, Asuris)  |
| MAXIPIME for inj, 1 gm                         | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary   |
| MAXIPIME for IV soln, 2 gm                     | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary   |
| REPAGLINIDE/METFORMIN tabs, 1-500 mg, 2-500 mg | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary, Client Specific Formularies (Regence, Asuris)  |

| Drug                         | Type of Change                 | Reason for Change                    | Effective Date of Change | Formulary/Formularies Impacted                |
|------------------------------|--------------------------------|--------------------------------------|--------------------------|---|
| URECHOLINE tabs, 5 mg, 10 mg | Will be removed from drug list | Discontinued by manufacturer         | 03/27/2020               | Complete Formulary                            |
| amino acid infusion, 15%     | Will be removed from drug list | No longer covered by Medicare Part D | 04/01/2020               | Client Specific Formularies (Regence, Asuris) |
| PROSOL infusion, 20%         | Will be removed from drug list | No longer covered by Medicare Part D | 04/01/2020               | Client Specific Formularies (Regence, Asuris) |