

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: July 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
AMINOSYN-PF infusion, 10%	Will be removed from drug list	Discontinued by manufacturer	8/23/20	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)

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 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)
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)
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

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
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)
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)
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
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
AVC vaginal crm, 15%	Will be removed from drug list	Discontinued by manufacturer	05/24/2020	Complete Formulary
FARYDAK caps, 15 mg	Will be removed from drug list	Discontinued by manufacturer	05/24/2020	Complete Formulary, Ideal Formularies, Expanded Formularies, Value Formularies,

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
				Client Specific Formularies (HCSC, Rhode Island, Alignment, Regence, Asuris, Capital Blue Cross)
EPROSARTAN tabs, 600 mg	Will be removed from drug list	Discontinued by manufacturer	06/23/2020	Complete Formulary, Client Specific Formularies (Regence, Asuris)
ranitidine caps, 150 mg, 300 mg	Will be removed from drug list	FDA required market removal	06/23/2020	Complete Formulary, Ideal Formularies, Expanded Formularies, Client Specific Formularies (HCSC, Alignment, Regence, Asuris, Capital Blue Cross)
ranitidine syrup, 15 mg/mL	Will be removed from drug list	FDA required market removal	06/23/2020	Complete Formulary, Ideal Formularies, Expanded Formularies, Value Formularies, Client Specific Formularies (HCSC, Rhode Island, Alignment, Regence, Asuris, Capital Blue Cross)
ranitidine tabs, 150 mg, 300 mg	Will be removed from drug list	FDA required market removal	06/23/2020	Complete Formulary, Ideal Formularies, Expanded Formularies, Value Formularies, Client Specific Formularies (HCSC, Rhode Island, Alignment, Regence, Asuris, Capital Blue Cross)
ZOSYN for inj, 40.5 gm (36-4.5 gm)	Will be removed from drug list	Discontinued by manufacturer	06/23/2020	Complete Formulary
NIZORAL shampoo, 2%	Will be removed from drug list	Discontinued by manufacturer	7/21/20	Complete Formulary, Expanded Formularies