

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: December 2019 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
N/A	N/A	N/A	N/A	N/A

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 2019

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
CLINIMIX/D5W inj, 2.75%	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)
CLINIMIX/D20W inj, 4.25%	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)
ELDEPRYL caps, 5 mg	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary, Expanded Formularies
KARBINAL ER susp, 4 mg/5 mL	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary
NORVIR caps, 100 mg	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary, Ideal Formularies, Expanded Formularies, Value Formularies, Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue, Regence, Asuris)
triamcinolone acetonide aerosol susp, 55 mcg/act	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary, Ideal Formularies, Expanded Formularies, Client Specific Formularies (HCSC, Rhode Island, Alignment)
VIRAMUNE XR tabs, 100 mg	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary, Expanded Formularies
ZEMPLAR caps, 1 mcg	Will be removed from drug list	Discontinued by manufacturer	02/19/2019	Complete Formulary, Expanded Formularies
CALAN tabs, 80 mg	Will be removed from drug list	Discontinued by manufacturer	03/26/2019	Complete Formulary, Expanded Formularies, Client Specific Formularies (HCSC)
CLINIMIX E inj, 5-25%	Will be removed from drug list	Discontinued by manufacturer	03/26/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
INVIRASE caps, 200 mg	Will be removed from drug list	Discontinued by manufacturer	03/26/2019	Complete Formulary, Ideal Formularies, Expanded Formularies, Value Formularies, Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue, Regence, Asuris)
METIPRANOLOL ophth soln, 0.3%	Will be removed from drug list	Discontinued by manufacturer	03/26/2019	Complete Formulary
MODERIBA 800 DOSE PAK, 400 mg	Will be removed from drug list	Discontinued by manufacturer	03/26/2019	Complete Formulary, Client Specific Formularies (Regence, Asuris)
NUTRESTORE powder pack, 5 gm	Will be removed from drug list	Discontinued by manufacturer	03/26/2019	Complete Formulary
ALBENZA tabs, 200 mg	Will be removed from drug list	Generic now available	04/01/2019	Complete Formulary
CANASA suppos, 1000mg	Will be removed from drug list	Generic now available	04/01/2019	Complete Formulary
BETAGAN ophth soln, 0.5%	Will be removed from drug list	Discontinued by manufacturer	05/24/2019	Complete Formulary, Expanded Formularies, Client Specific Formularies (HCSC)
codeine sulfate tabs, 200 mg	Will be removed from drug list	Discontinued by manufacturer	05/24/2019	Complete Formulary, Ideal Formularies, Expanded Formularies, Client Specific Formularies (HCSC, Rhode Island, Alignment, Regence, Asuris)
TRI-NORINYL 28 tabs, 0.5-35/1-35/0.5-35 mg-mcg	Will be removed from drug list	Discontinued by manufacturer	05/24/2019	Complete Formulary, Expanded Formularies
AMINOSYN infusion, 7%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)
AMINOSYN infusion, 8.5%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)
amino acid/electrolyte infusion, 8.5%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
AMINOSYN II infusion, 8.5%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)
AMINOSYN-HBC infusion, 7%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)
AMINOSYN-RF infusion, 5.2%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (HCSC, Regence, Asuris)
CHLORPROPAMIDE tabs, 100 mg, 250 mg	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (Regence, Asuris)
CLODERM crm, 0.1%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (Regence, Asuris)
CLODERM PUMP crm, 0.1%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary, Client Specific Formularies (Regence, Asuris)
PLIXDA topical soln, 0.1%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Complete Formulary
VIROPTIC ophth soln, 1%	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Expanded Formularies, Complete Formulary, Client Specific Formularies (HCSC)
ZEMPLAR caps, 2 mcg	Will be removed from drug list	Discontinued by manufacturer	07/23/2019	Expanded Formularies, Complete Formulary
CIPROFLOXACIN ER tabs, 500 mg, 1000 mg	Will be removed from drug list	Discontinued by manufacturer	08/23/2019	Complete Formulary, Ideal Formularies, Expanded Formularies, Client Specific Formularies (HCSC, Rhode Island, Alignment)
TRISENOX inj, 12 mg/6 mL	Will be removed from drug list	Generic now available	09/22/2019	Complete Formulary
NOXAFIL tabs, 100 mg	Will be removed from drug list	Generic now available	10/29/2019	Complete Formulary
GONITRO sublingual powder packet, 400 mcg	Will be removed from drug list	No longer covered by Medicare Part D	10/31/2019	Complete Formulary
NITROLINGUAL PUMPSPRAY soln, 0.4 mg/spray	Will be removed from drug list	No longer covered by Medicare Part D	10/31/2019	Complete Formulary, Expanded Formularies