

## 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: June 2023 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
NOXAFIL susp, 40 mg/mL	Will be removed from drug list	Generic now available	05/05/2023	Client Specific Formulary (Alignment)

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](https://www.Regence.com) or [Asuris.com](https://www.Asuris.com) for additional information on those health plans).

### Prior Negative Formulary Changes in 2023

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
PRADAXA caps, 75 mg, 150 mg	Will be removed from drug list	Generic now available	01/01/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (Basic, Enhanced, HCE) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Rhode Island, Regence)
TAZORAC gel, 0.05%, 0.1%	Will be removed from drug list	Generic now available	01/01/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (Basic, Enhanced, HCE, DSB) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
VASCEPA caps, 0.5 gm	Will be removed from drug list	Generic now available	01/01/2023	Client Specific Formularies (Asuris, Horizon, Regence)
REVLIMID caps, 2.5 mg, 20 mg	Will be removed from drug list	Generic now available	01/01/2023	Client Specific Formulary (Capital Blue Cross)
GILENYA caps, 0.5 mg	Will be removed from drug list	Generic now available	01/01/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (Enhanced, HCE, DSB) Client Specific Formularies (Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
DALIRESP tabs, 250 mcg, 500 mcg	Will be removed from drug list	Generic now available	01/01/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (Basic, Enhanced, HCE, DSB) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC SemiCustom, HCSC Custom DSB, Horizon, Rhode Island, Regence)
ZIOPTAN ophth soln, 0.0015%	Will be removed from drug list	Generic now available	01/01/2023	Client Specific Formulary (Capital Blue Cross)
DIVIGEL td gel, 0.25 mg/0.25 gm (0.1%), 0.5 mg/0.5 gm (0.1%), 0.75 mg/0.75 gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25 gm (0.1%)	Will be removed from drug list	Generic now available	01/01/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (Basic, Enhanced, HCE, DSB) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC SemiCustom, HCSC Custom DSB, Horizon, Rhode Island, Regence)
HETLIOZ caps, 20 mg	Will be removed from drug list	Generic now available	01/18/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (Basic, Enhanced, HCE, DSB) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
MIRVASO gel, 0.33%	Will be removed from drug list	Generic now available	01/18/2023	Client Specific Formularies (Horizon)
ESBRIET caps, 267 mg	Will be removed from drug list	Generic now available	01/25/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (Basic, Enhanced, HCE, DSB) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
TREANDA IV soln, 25 mg, 100 mg	Will be removed from drug list	Generic now available	01/25/2023	MAPD Formularies (Value, Classic) Center of Excellence Formularies (DSB) Client Specific Formularies (Alignment, Braven, HCSC, Horizon, Rhode Island)
DEXILANT caps, 30 mg, 60 mg	Will be removed from drug list	Generic now available	02/02/2023	Center of Excellence Formularies (Enhanced) Client Specific Formularies (Alignment, Asuris, Horizon, Regence)
LATUDA tabs, 20 mg, 40 mg, 60 mg, 80 mg, 120 mg	Will be removed from drug list	Generic now available	02/08/2023	Client Specific Formularies (Alignment)
AUBAGIO tabs, 7 mg, 14 mg	Will be removed from drug list	Generic now available	04/01/2023	Client Specific Formularies (Asuris, Regence)
CEFOTAN for inj, 1 gm, 2 gm	Will be removed from drug list	No longer covered by Medicare Part D	04/01/2023	MAPD Formularies (Complete)
FORTAZ for inj, 500 mg, 1 gm, 2 gm	Will be removed from drug list	No longer covered by Medicare Part D	04/01/2023	MAPD Formularies (Complete)
PEPAXTO for iv soln, 20 mg	Will be removed from drug list	No longer covered by Medicare Part D	05/01/2023	MAPD Formularies (Value, Classic, Premier, Complete) Center of Excellence Formularies (DSB) Client Specific Formularies (Alignment, Braven, HCSC, Horizon, Rhode Island)
SODIUM DIURIL for inj, 500 mg	Will be removed from drug list	No longer covered by Medicare Part D	05/01/2023	MAPD Formularies (Complete)
XOPENEX soln nebu, 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	Will be removed from drug list	No longer covered by Medicare Part D	05/01/2023	MAPD Formularies (Complete)
XOPENEX CONCENTRATE soln nebu, 1.25 mg/0.5 mL	Will be removed from drug list	No longer covered by Medicare Part D	05/01/2023	MAPD Formularies (Complete)