

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: November 2025 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](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 2025

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
AMZEEQ - minocycline hcl micronized foam, 4%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
BENZNIDAZOLE tab, 12.5 mg, 100 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, Complete, DSB, Elite, Premier, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
CETRAXAL - ciprofloxacin hcl otic soln, 0.2%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF otic soln, 0.3-0.025%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
CONJUPRI - levamlodipine maleate tab, 2.5 mg, 5 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
ESTROGEL - estradiol gel pump, 0.06% (0.75 mg/1.25 gm metered-dose)	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
EXELDERM - sulconazole nitrate cream, 1%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
EXELDERM - sulconazole nitrate solution, 1%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
LEVAMLODIPINE maleate tab, 2.5 mg, 5 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
NALFON - fenoprofen calcium cap, 400 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
NUVESSA - metronidazole vaginal gel, 1.3%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
ORALAIR - grass mixed pollen ext sl tab, 300 ir (index of reactivity)	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite, Premier) Client Specific Formularies (Alignment)
OTOVEL - ciprofloxacin-fluocinolone acetone (pf) otic soln, 0.3-0.025%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
QBREXZA - glycopyrronium tosylate pad, 2.4%	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
SLYND - drospirenone tab, 4 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
SPRYCEL – dasatinib tab, 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	Will be removed from drug list	Generic now available	01/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
SYNAGIS - palivizumab im soln, 50 mg/0.5ml, 100 mg/1ml	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	Client Specific Formularies (Alignment)
SYNDROS - dronabinol soln, 5 mg/ml	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab, 0.1 mg-20 mcg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Classic, Complete, DSB, Elite, Premier, Value) Client Specific Formularies (Asuris, Braven, HCSC, Horizon, Rhode Island, Regence)
XENLETA - lefamulin acetate tab, 600 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
XPHOZAH – tenapanor hcl tab, 20 mg, 30 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
XURIDEN - uridine triacetate oral granules packet, 2 gm	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Complete, Elite)
ZOKINVY - lonafarnib cap, 50 mg, 75 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, Complete, DSB, Elite, Premier, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
ZONTIVITY - vorapaxar sulfate tab, 2.08 mg	Will be removed from drug list	No longer covered by Medicare Part D	01/01/2025	MAPD Formularies (Classic, Complete, DSB, Elite, Premier) Client Specific Formularies (Alignment, HCSC)
MESNEX - mesna tab, 400 mg	Will be removed from drug list	Generic now available	02/01/2025	Client Specific Formularies (Alignment)
NEXIUM - esomeprazole magnesium for delayed release susp pack, 2.5 mg	Will be removed from drug list	Generic now available	02/01/2025	Client Specific Formularies (Alignment)
NEXIUM - esomeprazole magnesium for delayed release susp packet, 5 mg	Will be removed from drug list	Generic now available	02/01/2025	Client Specific Formularies (Alignment)
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp, 10 mcg/ml	Will be removed from drug list	No longer covered by Medicare Part D	05/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, Complete, DSB, Elite, Premier, Value) 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
BRILINTA - ticagrelor tab, 60 mg	Will be removed from drug list	Generic now available	06/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
BRILINTA - ticagrelor tab, 90 mg	Will be removed from drug list	Generic now available	06/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
APTIOM - eslicarbazepine acetate tab, 200 mg	Will be removed from drug list	Generic now available	06/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
APTIOM - eslicarbazepine acetate tab, 400 mg	Will be removed from drug list	Generic now available	06/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) 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
APTOM - eslicarbazepine acetate tab, 600 mg	Will be removed from drug list	Generic now available	06/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
APTOM - eslicarbazepine acetate tab, 800 mg	Will be removed from drug list	Generic now available	06/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
euthyrox - levothyroxine sodium tab, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	Will be removed from drug list	No longer covered by Medicare Part D	08/01/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, Complete, DSB, Elite, Premier, Value) 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
IXCHIQ - chikungunya virus vaccine live for im solution	Will be removed from drug list	Ensure correct drug use and patient safety	08/22/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, Complete, DSB, Elite, Premier, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
ENTRESTRO - sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	Will be removed from drug list	Generic now available	08/27/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
XARELTO - rivaroxaban for susp, 1 mg/ml	Will be removed from drug list	Generic now available	10/15/2025	Client Specific Formularies (Alignment)
PROLIA - denosumab inj soln prefilled syringe, 60 mg/ml	Will be removed from drug list	New interchangeable biosimilar available	10/30/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) 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
XGEVA - denosumab inj, 120 mg/1.7ml	Will be removed from frug list	New interchangeable biosimilar available	10/30/2025	Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Asuris, Braven, Capital Blue Cross, HCSC, Horizon, Rhode Island, Regence)
OCALIVA - obeticholic acid tab, 5 mg, 10 mg	Will be removed from drug list	Discontinued by manufacturer	11/10/2025	Center of Excellence Formularies (Enhanced, HCE) MAPD Formularies (Classic, Complete, Elite, Premier) Client Specific Formularies (Alignment, Asuris, HCSC, Regence)