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 2018 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 60 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 or the manufacturer removes the drug from market, 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
TIMOPTIC-XE ophth gel forming soln, 0.25%, 0.5%	Will be removed from drug list	Discontinued by manufacturer	05/23/2018	Expanded Formularies
ZANTAC tabs, 150 mg	Will be removed from drug list	Discontinued by manufacturer	05/23/2018	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. (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 2018

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
AMINOSYN II inj, 7%	Will be removed from drug list	Discontinued by manufacturer	04/25/2018	Client Specific Formularies (Regence, Asuris)
BROMFENAC ophth soln, 0.09% (twice daily)	Will be removed from drug list	Discontinued by manufacturer	04/25/2018	Client Specific Formularies (Regence, Asuris)
FORTAZ for inj, 1 gm, 2 gm	Will be removed from drug list	Discontinued by manufacturer	04/25/2018	Expanded Formularies Client Specific Formularies (Regence, Asuris)
FORTAZ for IV soln, 1 gm, 2 gm	Will be removed from drug list	Discontinued by manufacturer	04/25/2018	Expanded Formularies Client Specific Formularies (Regence, Asuris)
FORTAZ for inj, 6 gm	Will be removed from drug list	Discontinued by manufacturer	04/25/2018	Expanded Formularies
NAMENDA oral soln, 2 mg/mL	Will be removed from drug list	Discontinued by manufacturer	04/25/2018	Expanded Formularies Client Specific Formularies (Rhode Island, Regence, Asuris)
OVCON-35 tabs, 0.4 mg-35 mcg	Will be removed from drug list	Discontinued by manufacturer	04/25/2018	Expanded Formularies