

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 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 |
|------|----------------|-------------------|--------------------------|--------------------------------|
| 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 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 |
| 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 |
| didanosine DR caps, 125mg | Will be removed from drug list | Discontinued by manufacturer | 06/24/2018 | Ideal Formularies Expanded Formularies Value Formularies Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue, Regence, Asuris) |
| gentamicin IV soln, 10 mg/ml | Will be removed from drug list | Discontinued by manufacturer | 06/24/2018 | Ideal Formularies Expanded Formularies Value Formularies Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue, Regence, Asuris) |

| Drug | Type of Change | Reason for Change | Effective Date of Change | Formulary/Formularies Impacted |
|--|--------------------------------|------------------------------|--------------------------|--|
| CYCLESSA pak, 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg | Will be removed from drug list | Discontinued by manufacturer | 06/24/2018 | Expanded Formularies |
| DERMATOP crm, 0.1% | Will be removed from drug list | Discontinued by manufacturer | 06/24/2018 | Expanded Formularies |
| NEVIRAPINE susp, 50 mg/5 mL | Will be removed from drug list | Discontinued by manufacturer | 07/23/2018 | Ideal Formularies Expanded Formularies Value Formularies Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue, Regence, Asuris) |
| ZINBRYTA inj, 150 mg/mL | Will be removed from drug list | FDA required market removal | 07/23/2018 | Client Specific Formularies (Regence, Asuris) |
| RISPERDAL M-TAB, 1 mg | Will be removed from drug list | Discontinued by manufacturer | 07/23/2018 | Expanded Formularies |
| RISPERDAL M-TAB, 3 mg | Will be removed from drug list | Discontinued by manufacturer | 07/23/2018 | Expanded Formularies |
| RISPERDAL M-TAB, 4 mg | Will be removed from drug list | Discontinued by manufacturer | 07/23/2018 | Expanded Formularies |
| TERAZOL 7 vaginal crm, 0.4% | Will be removed from drug list | Discontinued by manufacturer | 08/22/2018 | Expanded Formularies |
| BREVICON-28 tabs, 0.5 mg-0.035 mg | Will be removed from drug list | Discontinued by manufacturer | 08/22/2018 | Expanded Formularies |
| OLYSIO caps, 150 mg | Will be removed from drug list | Discontinued by manufacturer | 09/23/2018 | Ideal Formularies Expanded Formularies Value Formularies Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue) |
| CEFTIN for oral susp, 125 mg/5 mL | Will be removed from drug list | Discontinued by manufacturer | 10/23/2018 | Expanded Formularies |

| Drug | Type of Change | Reason for Change | Effective Date of Change | Formulary/Formularies Impacted |
|---|--------------------------------|------------------------------|--------------------------|--|
| GLEOSTINE caps, 5 mg | Will be removed from drug list | Discontinued by manufacturer | 10/23/2018 | Ideal Formularies Expanded Formularies Value Formularies Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue, Regence, Asuris) |
| desmopressin rhinal tube nasal soln, 0.01% (refrigerated) | Will be removed from drug list | Discontinued by manufacturer | 10/23/2018 | Ideal Formularies Expanded Formularies Value Formularies Client Specific Formularies (HCSC, Rhode Island, Alignment, SecureBlue, Regence, Asuris) |