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: October 2026 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).

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Prior Negative Formulary Changes in 2026

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
EPRONTIA - topiramate oral soln, 25 mg/ml	Will be removed from drug list	Generic now available	01/01/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
FYCOMPA - perampanel susp, 0.5 mg/ml	Will be removed from drug list	Generic now available	01/01/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)

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Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
FYCOMPA - perampanel tab, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	Will be removed from drug list	Generics now available	01/01/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
GLEOSTINE - lomustine cap, 10 mg, 40 mg, 100 mg	Will be removed from drug list	Generics now available	01/01/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
JYNARQUE - tolvaptan tab, 15 mg, 30 mg	Will be removed from drug list	Generics now available	01/01/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
PREMARIN - estrogens, conjugated tab, 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Will be removed from drug list	Generics now available	01/01/2026	Client Specific Formularies (Alignment)

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Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
TRACLEER - bosentan tab for oral susp, 32 mg	Will be removed from drug list	Generic now available	01/01/2026	Welcome Formulary Center of Excellence Formularies (HCE) MAPD Formularies (Value) Client Specific Formularies (Alignment, Braven, HCSC, Horizon, Rhode Island)
DALVANCE - dalbavancin hcl for iv soln, 500 mg	Will be removed from drug list	Generic now available	01/15/2026	Client Specific Formularies (Alignment)
POMALYST – pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	Will be removed from drug list	Generic now available	04/15/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
BRIVIACT - brivaracetam iv soln, 50 mg/5ml	Will be removed from drug list	Generic now available	05/01/2026	Client Specific Formularies (Asuris, Regence)
BRIVIACT - brivaracetam oral soln, 10 mg/ml	Will be removed from drug list	Generic now available	05/01/2026	Client Specific Formularies (Asuris, Regence)
BRIVIACT - brivaracetam tab, 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	Will be removed from drug list	Generic now available	05/01/2026	Client Specific Formularies (Asuris, Regence)
TAZVERIK - tazemetostat hbr tab, 200 mg	Will be removed from drug list	Discontinued by manufacturer	06/23/2026	Welcome Formulary 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, North Carolina, Rhode Island, Regence)

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Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
OFEV - nintedanib esylate cap, 100 mg, 150 mg	Will be removed from drug list	Generic now available	05/15/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
FARXIGA - dapagliflozin tab, 5 mg, 10 mg	Will be removed from drug list	Generic now available	05/24/2026	Client Specific Formularies (Asuris, Regence)
FARXIGA - dapagliflozin tab, 5 mg, 10 mg	Will be removed from drug list	Generic now available	05/30/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island)
XIGDUO - dapagliflozin free base-metformin hcl tab er 24hr, 5-500 mg, 10-500 mg	Will be removed from drug list	Generic now available	05/30/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island)
XIGDUO - dapagliflozin free base-metformin hcl tab er 24hr, 5-500 mg, 10-500 mg	Will be removed from drug list	Generic now available	05/31/2026	Client Specific Formularies (Asuris, Regence)

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Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
JANUMET – sitagliptin phosphate-metformin hcl tab, 50-500 mg, 50-1000 mg	Will be removed from drug list	Generic now available	06/30/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
JANUVIA - sitagliptin phosphate tab, 25 mg, 50 mg, 100 mg	Will be removed from drug list	Generic now available	06/30/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
XELJANZ – tofacitinib citrate oral soln, 1 mg/ml	Will be removed from drug list	Generic now available	07/01/2026	Client Specific Formularies (Braven, Horizon, Rhode Island)
XELJANZ – tofacitinib citrate tab, 5 mg, 10 mg	Will be removed from drug list	Generic now available	07/01/2026	Client Specific Formularies (Braven, Horizon, Rhode Island)
XELJANZ – tofacitinib citrate tab er 24hr, 11 mg, 22 mg	Will be removed from drug list	Generic now available	07/01/2026	Client Specific Formularies (Braven, Horizon, Rhode Island)
JANUMET XR – sitagliptin phosphate-metformin hcl tab er, 50-500 mg, 50-1000 mg, 100-1000 mg	Will be removed from drug list	Generic now available	09/01/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)

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Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap, 20-10 mg	Will be removed from drug list	Generic now available	09/01/2026	Welcome Formulary Center of Excellence Formularies (Basic, Enhanced, HCE) MAPD Formularies (Classic, DSB, Value) Client Specific Formularies (Alignment, Asuris, Braven, Capital Blue Cross, HCSC, Horizon, North Carolina, Rhode Island, Regence)
PRIFTIN – rifapentine tab, 150 mg	Will be removed from drug list	Generic now available	09/01/2026	Client Specific Formularies (Asuris, Capital Blue Cross, Regence)

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