

## 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 2022 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](https://www.Regence.com) or [Asuris.com](https://www.Asuris.com) for additional information on those health plans).

## Prior Negative Formulary Changes in 2022

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
AFINITOR DISPERZ tabs for oral susp, 2 mg, 3 mg, 5 mg	Will be removed from drug list	Generic now available	01/01/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
AFINITOR tabs, 10 mg	Will be removed from drug list	Generic now available	01/01/2022	Client Specific Formularies (Horizon, Asuris, Regence)
ARRANON inj, 5 mg/mL	Will be removed from drug list	Generic now available	01/01/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
BYSTOLIC tabs, 2.5 mg, 5 mg, 10 mg, 20 mg	Will be removed from drug list	Generic now available	01/01/2022	Ideal & Value Plus Formularies Center of Excellence Formularies (LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC Semi-Custom & HCSC DSB, Horizon, Regence)
CARBAGLU tabs, 200 mg	Will be removed from drug list	Generic now available	01/01/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
CHANTIX continuing month pack tabs, 1 mg	Will be removed from drug list	Generic now available	01/01/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
CHANTIX tabs, 0.5 mg, 1 mg	Will be removed from drug list	Generic now available	01/01/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
DUREZOL ophth emulsion, 0.05%	Will be removed from drug list	Generic now available	01/01/2022	Ideal Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
ZORTRESS tabs, 1 mg	Will be removed from drug list	Generic now available	01/01/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Capital Blue Cross, HCSC, Horizon)
NARCAN nasal spray, 4 mg/0.1 mL	Will be removed from drug list	Generic now available	01/31/2022	Client Specific Formularies (Alignment, Horizon)
ISTODAX (OVERFILL) for IV inj, 10 mg	Will be removed from drug list	Generic now available	02/04/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Capital Blue Cross, HCSC, Horizon)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
CYSTADANE powder for oral solution	Will be removed from drug list	Generic now available	02/22/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
SELZENTRY tab, 150 mg, 300 mg	Will be removed from drug list	Generic now available	02/22/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
AMBISOME iv for susp, 50 mg	Will be removed from drug list	Generic now available	02/28/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
VIMPAT tab, 50 mg, 100 mg, 150 mg, 200 mg	Will be removed from drug list	Generic now available	03/30/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
RUZURGI tab, 10 mg	Will be removed from drug list	Discontinued by manufacturer	05/24/2022	Complete Formulary

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
VIMPAT iv inj, 200 mg/20mL (10 mg/mL)	Will be removed from drug list	Generic now available	04/26/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
COMBIGAN ophth soln, 0.2-0.5%	Will be removed from drug list	Generic now available	04/28/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
ESBRIET tabs, 267 mg, 801 mg	Will be removed from drug list	Generic now available	05/26/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
ORAVIG tab, 50 mg	Will be removed from drug list	No longer covered by Medicare Part D	06/01/2022	Complete Formulary
ZUPLENZ film, 4 mg, 8 mg	Will be removed from drug list	No longer covered by Medicare Part D	06/01/2022	Complete Formulary
VIMPAT soln, 10 mg/mL	Will be removed from drug list	Generic now available	06/08/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
VIMPAT soln, 10 mg/mL	Will increase in tier	Generic now available	06/08/2022	Expanded, Complete Formulary

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
PENTASA cap, 500 mg	Will be removed from drug list	Generic now available	06/09/2022	Ideal Formularies Center of Excellence Formularies (HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Capital Blue Cross, HCSC Semi-Custom)
ALIMTA for iv soln, 100 mg, 500 mg	Will be removed from drug list	Generic now available	06/22/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
VIIBRYD tab, 10 mg, 20 mg, 40 mg	Will be removed from drug list	Generic now available	06/23/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
TARGRETIN gel, 1%	Will be removed from drug list	Generic now available	06/28/2022	Ideal, Value, Value Plus & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)
UKONIQ tab, 200 mg	Will be removed from drug list	Discontinued by manufacturer	08/23/2022	Ideal, Value, Value Plus, Expanded, Complete & Essential Formularies Center of Excellence Formularies (Basic, LCE, HCE, DSB, & MAPD) Client Specific Formularies (Alignment, Asuris, Capital Blue Cross, HCSC, Horizon, Regence)

Drug	Type of Change	Reason for Change	Effective Date of Change	Formulary/Formularies Impacted
TOVIAZ tab, 4 mg	Will be removed from drug list	Generic now available	08/17/2022	Ideal, Value Plus, Center of Excellence Formularies (LCE) Client Specific Formularies (Capital Blue Cross)
TOVIAZ tab, 4 mg	Will increase in tier	Generic now available	08/17/2022	Complete and Expanded Formularies
TOVIAZ tab, 8 mg	Will be removed from drug list	Generic now available	08/17/2022	Ideal, Value Plus, Center of Excellence Formularies (LCE) Client Specific Formularies (Capital Blue Cross)
TOVIAZ tab, 8 mg	Will increase in tier	Generic now available	08/17/2022	Complete and Expanded Formularies