

8/1/2020

Medicare Part D Formulary Change

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: **Effective 8/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
colchicine 0.6 mg tablet	Formulary Addition	Tier 3	QL
EUTHYROX 100 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 112 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 125 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 137 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 150 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 175 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 200 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 25 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 50 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 75 MCG TABLET	Formulary Addition	Tier 3	
EUTHYROX 88 MCG TABLET	Formulary Addition	Tier 3	
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET	New Drug	Tier 5	PA QL

Mutual of Omaha Rx Value: 20193

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

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Drug	Reason	Cost sharing**	Restrictions***
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET	New Drug	Tier 5	PA
LEVO-T 100 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 112 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 125 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 137 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 150 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 175 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 200 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 25 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 300 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 50 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 75 MCG TABLET	Formulary Addition	Tier 3	
LEVO-T 88 MCG TABLET	Formulary Addition	Tier 3	
micafungin 100 mg intravenous solution	New Drug	Tier 5	
micafungin 50 mg intravenous solution	New Drug	Tier 5	
nitisinone 10 mg capsule	New Drug	Tier 5	
nitisinone 2 mg capsule	New Drug	Tier 5	
nitisinone 5 mg capsule	New Drug	Tier 5	
PHOSLYRA 667 MG (169 MG CALCIUM)/5 ML ORAL SOLUTION	Formulary Addition	Tier 4	
QINLOCK 50 MG TABLET	New Drug	Tier 4	PA LA

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Drug	Reason	Cost sharing**	Restrictions***
RETEVMO 40 MG CAPSULE	New Drug	Tier 4	PA LA
RETEVMO 80 MG CAPSULE	New Drug	Tier 4	PA LA
TUKYSA 150 MG TABLET	New Drug	Tier 4	PA QL LA
TUKYSA 50 MG TABLET	New Drug	Tier 4	PA LA
XCOPRI 100 MG TABLET	New Drug	Tier 4	PA
XCOPRI 150 MG TABLET	New Drug	Tier 4	PA
XCOPRI 200 MG TABLET	New Drug	Tier 4	PA
XCOPRI 50 MG TABLET	New Drug	Tier 4	PA
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS	New Drug	Tier 4	PA
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS	New Drug	Tier 4	PA
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK	New Drug	Tier 4	PA
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK	New Drug	Tier 4	PA
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK	New Drug	Tier 4	PA
ziprasidone 20 mg/ml (final concentration) intramuscular solution	New Drug	Tier 4	QL

Future Removed Products: **Effective 8/1/2020**

Drug	Reason	Alternative*
AMINOSYN-PF 10 % INTRAVENOUS SOLUTION	Removed from Formulary	Please contact your doctor.
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	Removed from Formulary	Please contact your doctor.
OGESTREL (28) 0.5 MG-50 MCG TABLET	Removed from Formulary	Please contact your doctor.

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

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