

10/1/2020

Medicare Part D Formulary Change

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

New Added Products: **Effective 10/1/2020**

Drug	Reason	Cost sharing**	Restrictions***
desonide 0.05 % topical gel	New Drug	Tier 4	
DUPIXENT 300 MG/2 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 5	PA
FINTEPLA 2.2 MG/ML ORAL SOLUTION	New Drug	Tier 4	PA LA
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS	Formulary Addition	Tier 3	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) SUBCUTANEOUS	Formulary Addition	Tier 3	
LYUMJEV U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION	Formulary Addition	Tier 3	
RUKOBIA 600 MG TABLET,EXTENDED RELEASE	New Drug	Tier 4	
SIRTURO 20 MG TABLET	New Drug	Tier 5	PA LA
TIVICAY PD 5 MG TABLET FOR ORAL SUSPENSION	New Drug	Tier 5	QL
XPOVIO 40 MG TWICE WEEKLY (80 MG/WEEK) (20 MG X 4) TABLET	New Drug	Tier 4	PA LA
XPOVIO 40 MG/WEEK (20 MG X 2) TABLET	New Drug	Tier 4	PA LA
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET	New Drug	Tier 4	PA LA

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

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy

Future Removed Products: **Effective 10/1/2020**

Drug	Reason	Alternative*
DEXTROSE WITH SODIUM CHLORIDE 5 %-0.2 % INTRAVENOUS SOLUTION	Removed from Formulary	Please contact your doctor.
DURAMORPH (PF) 0.5 MG/ML INJECTION SOLUTION	Removed from Formulary	Please contact your doctor.
DURAMORPH (PF) 1 MG/ML INJECTION SOLUTION	Removed from Formulary	Please contact your doctor.
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS SOLUTION	Removed from Formulary	Please contact your doctor.
omeprazole 10 mg capsule, delayed release	Removed from Formulary	Please contact your doctor.
SYLATRON 200 MCG SUBCUTANEOUS KIT	Removed from Formulary	Please contact your doctor.
SYLATRON 300 MCG SUBCUTANEOUS KIT	Removed from Formulary	Please contact your doctor.
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION	Removed from Formulary	Please contact your doctor.

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

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

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy