EXPRESS SCRIPTS*

Express Communications

3/1/2022

Medicare Part D Formulary Change

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

New Added Products: Effective 3/1/2022

| Drug | Reason | Cost sharing** | Restrictions*** |
|---|----------|----------------|-----------------|
| BESREMI 500 MCG/ML SUBCUTANEOUS SYRINGE | New Drug | Tier 5 | PA LA |
| DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE | New Drug | Tier 5 | PA |
| EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET | New Drug | Tier 5 | PA QL |
| EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET | New Drug | Tier 5 | PA QL |
| EPRONTIA 25 MG/ML ORAL SOLUTION | New Drug | Tier 4 | PA |
| everolimus (immunosuppressive) 1 mg tablet | New Drug | Tier 5 | PA |
| EXKIVITY 40 MG CAPSULE | New Drug | Tier 5 | PA LA |
| naloxone 4 mg/actuation nasal spray | New Drug | Tier 3 | |
| nylia 1/35 (28) 1 mg-35 mcg tablet | New Drug | Tier 4 | |
| SCEMBLIX 20 MG TABLET | New Drug | Tier 5 | PA QL |
| SCEMBLIX 40 MG TABLET | New Drug | Tier 5 | PA QL |
| TICOVAC 2.4 MCG/0.5 ML INTRAMUSCULAR SYRINGE | New Drug | Tier 3 | |

Future Removed Products: There are no future removed products this month.

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

Mutual of Omaha Rx Plus: 22018

^{*}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