## EXPRESS SCRIPTS\*

## **Express Communications**

7/1/2022

## Medicare Part D Formulary Change

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

New Added Products: Effective 7/1/2022

Drug	Reason	Cost sharing**	Restrictions***
brimonidine 0.2 %-timolol 0.5 % eye drops	Formulary Addition	Tier 3	
deferiprone 1,000 mg tablet	New Drug	Tier 5	PA
ORENCIA 125 MG/ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 5	PA QL
ORENCIA 50 MG/0.4 ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 5	PA QL
ORENCIA 87.5 MG/0.7 ML SUBCUTANEOUS SYRINGE	Formulary Addition	Tier 5	PA QL
ORENCIA CLICKJECT 125 MG/ML SUBCUTANEOUS AUTO-INJECTOR	Formulary Addition	Tier 5	PA QL
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 3	PA
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	New Drug	Tier 3	PA
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) INTRAMUSCULAR SOLUTION	New Drug	Tier 5	PA LA
RINVOQ 45 MG TABLET,EXTENDED RELEASE	New Drug	Tier 5	PA QL
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	Formulary Addition	Tier 4	PA
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	New Drug	Tier 5	
varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack	New Drug	Tier 4	

Mutual of Omaha Rx Premier: 22021

<sup>\*</sup>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

<sup>\*\*\*</sup>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



## **Express Communications**

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

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

Mutual of Omaha Rx Premier: 21129

<sup>\*</sup>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

<sup>\*\*\*</sup>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