

4/1/2023

Medicare Part D Formulary Change

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

New Added Products: **Effective 4/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
AMJEVITA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
AMJEVITA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
AMJEVITA AUTOINJECTOR 40 MG/0.8 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 5	PA QL
estradiol valerate 10 mg/ml intramuscular oil	New Drug	Tier 4	
HEPLISAV-B (PF) 20 MCG/0.5 ML INTRAMUSCULAR SYRINGE	New Drug	Tier 3	PA
JYNNEOS(PF)(NATIONAL STOCKPILE) 0.5X TO 3.95X 10EXP8/0.5ML SUBCUT SUSP	Formulary Addition	Tier 3	PA
KRAZATI 200 MG TABLET	New Drug	Tier 5	PA QL
lubiprostone 24 mcg capsule	Formulary Addition	Tier 4	QL
lubiprostone 8 mcg capsule	Formulary Addition	Tier 4	QL
pirfenidone 267 mg capsule	New Drug	Tier 5	PA QL
SODIUM OXYBATE 500 MG/ML ORAL SOLUTION	New Drug	Tier 5	PA QL LA
SUNLENCA 300 MG TABLET	New Drug	Tier 5	
SUNLENCA 300 MG TABLET (4-TABLET PACK)	New Drug	Tier 5	

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 Essential: 23081

*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