

5/1/2023

## Medicare Part D Formulary Change

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

New Added Products: **Effective 5/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
JAYPIRCA 100 MG TABLET	New Drug	Tier 5	PA QL
JAYPIRCA 50 MG TABLET	New Drug	Tier 5	PA QL
lurasidone 120 mg tablet	New Drug	Tier 4	QL
lurasidone 20 mg tablet	New Drug	Tier 4	QL
lurasidone 40 mg tablet	New Drug	Tier 4	QL
lurasidone 60 mg tablet	New Drug	Tier 4	QL
lurasidone 80 mg tablet	New Drug	Tier 4	QL
LYTGOBI 4 MG TABLET	New Drug	Tier 5	PA LA
LYTGOBI 4 MG TABLET (16 MG DAILY DOSE)	New Drug	Tier 5	PA LA
LYTGOBI 4 MG TABLET (20 MG DAILY DOSE)	New Drug	Tier 5	PA LA
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment	New Drug	Tier 3	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment	New Drug	Tier 3	
ORSERDU 345 MG TABLET	New Drug	Tier 5	PA QL
ORSERDU 86 MG TABLET	New Drug	Tier 5	PA QL
polycin 500 unit-10,000 unit/gram eye ointment	New Drug	Tier 2	
REZLIDHIA 150 MG CAPSULE	New Drug	Tier 5	PA QL
subvenite 100 mg tablet	New Drug	Tier 2	
subvenite 150 mg tablet	New Drug	Tier 2	
subvenite 200 mg tablet	New Drug	Tier 2	
subvenite 25 mg tablet	New Drug	Tier 2	

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

Drug	Reason	Cost sharing**	Restrictions***
tafluprost (pf) 0.0015 % eye drops in a dropperette	Formulary Addition	Tier 3	
tasimelteon 20 mg capsule	New Drug	Tier 5	PA QL
ZTALMY 50 MG/ML ORAL SUSPENSION	New Drug	Tier 5	PA QL LA

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