

9/1/2023

## Medicare Part D Formulary Change

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

New Added Products: **Effective 9/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
CYLTEZO(CF) 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN 40 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN CROHN-ULC COLITIS-HID SUP STRT 40 MG/0.8 ML SUBCUT KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN PSORIASIS STARTER 40 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	Tier 5	PA QL
darunavir ethanolate 600 mg tablet	New Drug	Tier 5	
darunavir ethanolate 800 mg tablet	New Drug	Tier 5	
HYRIMOZ(CF) 10 MG/0.1 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) 20 MG/0.2 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEDI CROHNS START 80 MG/0.8 ML-40 MG/0.4 ML SUBCUT SYRINGE	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 5	PA QL

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***
HYRIMOZ(CF) PEN CROHN-ULC COLITIS START 80MG/0.8ML SUBCUT PEN INJECTOR	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEN PSORIASIS START 80MG/0.8ML(1)-40MG/0.4ML(2) SUBCUT PEN	New Drug	Tier 5	PA QL
LUPRON DEPOT-PED 11.25 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	New Drug	Tier 5	PA
LUPRON DEPOT-PED 45 MG INTRAMUSCULAR SYRINGE KIT	New Drug	Tier 5	PA
LUPRON DEPOT-PED 7.5 MG (PED) INTRAMUSCULAR KIT	New Drug	Tier 5	PA

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

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

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