

2/1/2023

Medicare Part D Formulary Change

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

New Added Products: **Effective 2/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET	New Drug	Tier 5	PA QL LA
CAPLYTA 10.5 MG CAPSULE	New Drug	Tier 4	QL
CAPLYTA 21 MG CAPSULE	New Drug	Tier 4	QL
CIPRO 250 MG/5 ML ORAL SUSPENSION	Formulary Addition	Tier 4	
CIPRO 500 MG/5 ML ORAL SUSPENSION	Formulary Addition	Tier 4	
dabigatran etexilate 150 mg capsule	New Drug	Tier 4	
dabigatran etexilate 75 mg capsule	New Drug	Tier 4	
DESCOVY 120 MG-15 MG TABLET	New Drug	Tier 5	
doxycycline hyclate 100 mg tablet	Formulary Addition	Tier 2	
icosapent ethyl 0.5 gram capsule	New Drug	Tier 3	
IMBRUVICA 140 MG TABLET	Formulary Addition	Tier 5	PA QL
IMBRUVICA 70 MG/ML ORAL SUSPENSION	New Drug	Tier 5	PA QL
lenalidomide 2.5 mg capsule	New Drug	Tier 5	PA QL
lenalidomide 20 mg capsule	New Drug	Tier 5	PA QL
mesalamine er 500 mg capsule, extended release	New Drug	Tier 5	
ORKAMBI 75 MG-94 MG ORAL GRANULES IN PACKET	New Drug	Tier 5	PA QL
penciclovir 1 % topical cream	New Drug	Tier 4	QL
PHOSPHOLINE IODIDE 0.125 % EYE DROPS	Formulary Addition	Tier 4	

Mutual of Omaha Rx Plus: 23080

*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***
roflumilast 500 mcg tablet	New Drug	Tier 4	PA QL
sodium,potassium,mag sulfates 17.5 gram-3.13 gram-1.6 gram oral soln	Formulary Addition	Tier 4	
tazarotene 0.05 % topical gel	New Drug	Tier 4	PA
tazarotene 0.1 % topical gel	New Drug	Tier 4	PA
ZONISADE 100 MG/5 ML ORAL SUSPENSION	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.**

Mutual of Omaha Rx Plus: 23080

*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