

7/1/2023

Medicare Part D Formulary Change

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

New Added Products: **Effective 7/1/2023**

Drug	Reason	Cost sharing**	Restrictions***
AUGMENTIN 125 MG-31.25 MG/5 ML ORAL SUSPENSION	New Drug	Tier 3	
GILENYA 0.25 MG CAPSULE	New Drug	Tier 5	PA QL
INSULIN LISPRO (U-100) 100 UNIT/ML SUBCUTANEOUS SOLUTION	Formulary Addition	Tier 3	
LUMAKRAS 320 MG TABLET	New Drug	Tier 5	PA
naftifine 2 % topical gel	New Drug	Tier 4	QL
PRIMIDONE 125 MG TABLET	New Drug	Tier 4	
ROTARIX 10EXP6 CCID50/1.5 ML ORAL SUSPENSION	New Drug	Tier 3	

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: 23079

*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