

2/1/2024

Medicare Part D Formulary Change

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

New Added Products: **Effective 2/1/2024**

| Drug | Reason | Cost sharing** | Restrictions*** |
|--|--------------------|----------------|-----------------|
| breyndra 160 mcg-4.5 mcg/actuation hfa aerosol inhaler | Formulary Addition | Tier 3 | QL |
| breyndra 80 mcg-4.5 mcg/actuation hfa aerosol inhaler | Formulary Addition | Tier 3 | QL |
| brimonidine 0.1 % eye drops | Formulary Addition | Tier 3 | |
| CRESEMBA 74.5 MG CAPSULE | Formulary Addition | Tier 5 | PA |
| DOPTOLET (10 TAB PACK) 20 MG TABLET | Formulary Addition | Tier 4 | PA LA |
| DOPTOLET (15 TAB PACK) 20 MG TABLET | Formulary Addition | Tier 4 | PA LA |
| DOPTOLET (30 TAB PACK) 20 MG TABLET | Formulary Addition | Tier 4 | PA LA |
| FRUZAQLA 1 MG CAPSULE | Formulary Addition | Tier 5 | PA QL |
| FRUZAQLA 5 MG CAPSULE | Formulary Addition | Tier 5 | PA QL |
| kourzeq 0.1 % dental paste | Formulary Addition | Tier 2 | |
| lithium citrate 8 meq/5 ml oral solution | Formulary Addition | Tier 4 | |
| OJJAARA 100 MG TABLET | Formulary Addition | Tier 5 | PA QL |
| OJJAARA 150 MG TABLET | Formulary Addition | Tier 5 | PA QL |

Mutual of Omaha Rx Essential: 24205

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| Drug | Reason | Cost sharing** | Restrictions*** |
|--|--------------------|----------------|-----------------|
| OJJAARA 200 MG TABLET | Formulary Addition | Tier 5 | PA QL |
| PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE) | Formulary Addition | Tier 1 | QL |
| PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK | Formulary Addition | Tier 1 | QL |
| pazopanib 200 mg tablet | Formulary Addition | Tier 5 | PA QL |
| saxagliptin 2.5 mg tablet | Formulary Addition | Tier 3 | QL |
| saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp | Formulary Addition | Tier 3 | QL |
| saxagliptin 5 mg tablet | Formulary Addition | Tier 3 | QL |
| saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp | Formulary Addition | Tier 3 | QL |
| saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp | Formulary Addition | Tier 3 | QL |
| testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel | Formulary Addition | Tier 4 | PA QL |
| TRUQAP 160 MG TABLET | Formulary Addition | Tier 5 | PA QL |
| TRUQAP 200 MG TABLET | Formulary Addition | Tier 5 | PA QL |
| turqoz (28) 0.3 mg-30 mcg tablet | Formulary Addition | Tier 2 | |
| VANFLYTA 17.7 MG TABLET | Formulary Addition | Tier 5 | PA QL |
| VANFLYTA 26.5 MG TABLET | Formulary Addition | Tier 5 | PA QL |
| XDEMIVY 0.25 % EYE DROPS | Formulary Addition | Tier 4 | PA QL |
| ZURZUVAE 20 MG CAPSULE | Formulary Addition | Tier 4 | PA |

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|------------------------|--------------------|----------------|-----------------|
| ZURZUVAE 25 MG CAPSULE | Formulary Addition | Tier 4 | PA |
| ZURZUVAE 30 MG CAPSULE | Formulary Addition | Tier 4 | PA |

Future Removed Products: **Effective 2/1/2024**

| Drug | Reason | Alternative* |
|---|-----------------------------|-----------------------------|
| cefaclor 125 mg/5 ml oral suspension | Removed from Plan Formulary | Please contact your doctor. |
| cefaclor 375 mg/5 ml oral suspension | Removed from Plan Formulary | Please contact your doctor. |
| ciprofloxacin 100 mg tablet | Removed from Plan Formulary | Please contact your doctor. |
| clindamycin 150 mg/ml injection solution | Removed from Plan Formulary | Please contact your doctor. |
| nevirapine er 100 mg tablet, extended release 24 hr | Removed from Plan Formulary | Please contact your doctor. |
| olopatadine 0.1 % eye drops | Removed from Plan Formulary | Please contact your doctor. |
| SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER | Removed from Plan Formulary | Please contact your doctor. |
| SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER | Removed from Plan Formulary | Please contact your doctor. |
| SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE | Removed from Plan Formulary | Please contact your doctor. |
| SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE | Removed from Plan Formulary | Please contact your doctor. |
| SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE | Removed from Plan Formulary | Please contact your doctor. |
| SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE | Removed from Plan Formulary | Please contact your doctor. |
| SYNRIBO 3.5 MG SUBCUTANEOUS SOLUTION | Removed from Plan Formulary | Please contact your doctor. |
| VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK | Removed from Plan Formulary | Please contact your doctor. |
| VOTRIENT 200 MG TABLET | Removed from Plan Formulary | Please contact your doctor. |

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

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