



Drug	Reason	Cost sharing**	Restrictions***
REVLIMID 20 MG CAPSULE	Formulary Addition	Tier 5	PA QL
REVLIMID 25 MG CAPSULE	Formulary Addition	Tier 5	PA QL
REVLIMID 5 MG CAPSULE	Formulary Addition	Tier 5	PA QL
varenicline 1 mg tablet (56 pack)	New Drug	Tier 4	

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: 24205

\*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