

10/1/2024

## Medicare Part D Formulary Change

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

New Added Products: **Effective 10/1/2024**

Drug	Reason	Cost sharing**	Restrictions***
BELSOMRA 10 MG TABLET	Formulary Addition	Tier 3	PA QL
BELSOMRA 15 MG TABLET	Formulary Addition	Tier 3	PA QL
BELSOMRA 20 MG TABLET	Formulary Addition	Tier 3	PA QL
BELSOMRA 5 MG TABLET	Formulary Addition	Tier 3	PA QL
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	New Drug	Tier 4	QL
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	New Drug	Tier 4	QL
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	New Drug	Tier 4	QL
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	New Drug	Tier 4	QL
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLETT	New Drug	Tier 3	QL
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLETT	New Drug	Tier 3	QL
glutamine (sickle cell) 5 gram oral powder packet	New Drug	Tier 5	PA
ivabradine 5 mg tablet	New Drug	Tier 3	QL
ivabradine 7.5 mg tablet	New Drug	Tier 3	QL
JYLAMVO 2 MG/ML ORAL SOLUTION	Formulary Addition	Tier 4	PA
kionex (with sorbitol) 15 gram-20 gram/60 ml oral suspension	Formulary Addition	Tier 3	

Mutual of Omaha Rx Plus: 24214

\*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***
MYHIBBIN 200 MG/ML ORAL SUSPENSION	Formulary Addition	Tier 5	PA
naloxone 0.4 mg/ml injection syringe (prefilled syringe)	New Drug	Tier 2	
norelgestromin 150 mcg-e.estradiol 35 mcg/24 hr weekly transderm patch	Formulary Addition	Tier 3	
OJEMDA 25 MG/ML ORAL SUSPENSION	Formulary Addition	Tier 5	PA QL
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET	Formulary Addition	Tier 5	PA QL
tridacaine ii 5 % topical patch	New Drug	Tier 4	PA QL
TYENNE 162 MG/0.9 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
TYENNE AUTOINJECTOR 162 MG/0.9 ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 5	PA QL

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: 24214

\*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