

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***
breyna 160 mcg-4.5 mcg/actuation hfa aerosol inhaler	Formulary Addition	Tier 3	QL
breyna 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
DOPTELET (10 TAB PACK) 20 MG TABLET	Formulary Addition	Tier 4	PA LA
DOPTELET (15 TAB PACK) 20 MG TABLET	Formulary Addition	Tier 4	PA LA
DOPTELET (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 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***
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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Drug	Reason	Cost sharing**	Restrictions***
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.

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

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