6/1/2024

Medicare Part D Formulary Change

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

New Added Products: Effective 6/1/2024

| Drug | Reason | Cost sharing** | Restrictions*** |
|--|-----------------------|----------------|-----------------|
| AUSTEDO 12 MG TABLET | Formulary Addition | Tier 4 | QL |
| AUSTEDO 6 MG TABLET | Formulary Addition | Tier 4 | QL |
| AUSTEDO 9 MG TABLET | Formulary Addition | Tier 4 | QL |
| AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE | Formulary Addition | Tier 4 | QL |
| AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE | Formulary Addition | Tier 4 | QL |
| AUSTEDO XR 6 MG TABLET, EXTENDED RELEASE | Formulary Addition | Tier 4 | QL |
| AUSTEDO XR TITRATION KIT(WEEK 1-4) 6 MG- 12 MG-24 MG TABLET,ER DOSEPACK | Formulary Addition | Tier 4 | QL |
| clindamycin 1 % topical gel | New Drug | Tier 3 | QL |
| nitroglycerin 0.4 % (w/w) rectal ointment | New Drug | Tier 3 | |
| theophylline er 100 mg tablet,extended release,12 hr | New Drug | Tier 4 | |
| theophylline er 200 mg tablet,extended release,12 hr | New Drug | Tier 4 | |

Future Removed Products: There were no future removed product 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