

8/1/2024

Medicare Part D Formulary Change

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

New Added Products: **Effective 8/1/2024**

Drug	Reason	Cost sharing**	Restrictions***
ADALIMUMAB-ADBIM 40 MG/0.4 ML SUBCUTANEOUS PEN KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBIM 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBIM(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBIM(CF) PEN PSORIASIS-UVEITIS STRT 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) 40 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN 40 MG/0.4 ML SUBCUTANEOUS KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN CROHN-ULC COLITIS-HID SUP STRT 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
CYLTEZO(CF) PEN PSORIASIS-UVEITIS STARTER 40 MG/0.4 ML SUBCUT KIT	New Drug	Tier 5	PA QL
mirabegron er 25 mg tablet,extended release 24 hr	Formulary Addition	Tier 3	
mirabegron er 50 mg tablet,extended release 24 hr	Formulary Addition	Tier 3	
REVLIMID 10 MG CAPSULE	Formulary Addition	Tier 5	PA QL
REVLIMID 15 MG CAPSULE	Formulary Addition	Tier 5	PA QL
REVLIMID 2.5 MG CAPSULE	Formulary Addition	Tier 5	PA QL
REVLIMID 20 MG CAPSULE	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***
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 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