

11/1/2024

Medicare Part D Formulary Change

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

New Added Products: **Effective 11/1/2024**

Drug	Reason	Cost sharing**	Restrictions***
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	New Drug	Tier 2	
gavilyte-n 420 gram oral solution	New Drug	Tier 2	
MRESVIA (PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	New Drug	Tier 1	
OGSIVEO 100 MG TABLET	Formulary Addition	Tier 5	PA QL
OGSIVEO 150 MG TABLET	Formulary Addition	Tier 5	PA QL
OGSIVEO 50 MG TABLET	Formulary Addition	Tier 5	PA QL
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET	New Drug	Tier 5	PA QL
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET	New Drug	Tier 5	PA QL
OTEZLA 20 MG TABLET	New Drug	Tier 5	PA QL
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK	New Drug	Tier 5	PA QL
RETEVMO 120 MG TABLET	New Drug	Tier 5	PA QL LA
RETEVMO 160 MG TABLET	New Drug	Tier 5	PA QL LA
RETEVMO 40 MG TABLET	New Drug	Tier 5	PA QL LA
RETEVMO 80 MG TABLET	New Drug	Tier 5	PA QL LA
TALTZ SYRINGE 20 MG/0.25 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
TALTZ SYRINGE 40 MG/0.5 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL
torpenz 10 mg tablet	Formulary Addition	Tier 5	PA QL

Mutual of Omaha Rx Premier: 24218

*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***
torpenz 2.5 mg tablet	Formulary Addition	Tier 5	PA QL
torpenz 5 mg tablet	Formulary Addition	Tier 5	PA QL
torpenz 7.5 mg tablet	Formulary Addition	Tier 5	PA QL
VAXCHORA VACCINE 4X10EXP8 TO 2X10EXP9 CF UNIT ORAL SUSPENSION	New Drug	Tier 1	

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 Premier: 24218

*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