

Drug	Reason	Cost sharing**	Restrictions***
ZURZUVAE 30 MG CAPSULE	Formulary Addition	Tier 4	PA

Future Removed Products: **Effective 2/1/2024**

Drug	Reason	Alternative*
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.
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.**

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