

9/1/2021

Medicare Part D Formulary Change

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

New Added Products: **Effective 9/1/2021**

Drug	Reason	Cost sharing**	Restrictions***
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE	New Drug	Tier 3	
rufinamide 200 mg tablet	New Drug	Tier 5	PA
rufinamide 400 mg tablet	New Drug	Tier 5	PA
SKYRIZI 150 MG/ML SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 5	PA QL
SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 5	PA QL

Future Removed Products: **There are no future removed products this month.**

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

Mutual of Omaha Rx Premier: 21129

*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