

# AgeWell 5-Tier 2022 Formulary Addendum

BD - Part B vs. Part D, LA - This prescription may be available only at certain pharmacies, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days, ST - Step Therapy.

| <b>2022 FORMULARY CHANGES</b>                             |                          |                      |                          |   |
|---|--------------------------|----------------------|--------------------------|---|
| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b>        |
| <b>EFFECTIVE 01/01/2022</b>                               |                          |                      |                          |   |
| Ayvakit Tablet 25 MG Oral                                 | NF                       | 5 + PA2              | Formulary Enhancement    | N/A   |
| Ayvakit Tablet 50 MG Oral                                 | NF                       | 5 + PA2              | Formulary Enhancement    | N/A   |
| chlorproMAZINE HCl Concentrate 100 MG/ML Oral             | NF                       | 4                    | Formulary Enhancement    | N/A   |
| chlorproMAZINE HCl Concentrate 30 MG/ML Oral              | NF                       | 4                    | Formulary Enhancement    | N/A   |
| Clovique Capsule 250 MG Oral                              | 5 + PA1                  | NF                   | CMS Required Deletion    | N/A   |
| Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous | NF                       | 5 + PA1              | Formulary Enhancement    | N/A   |
| Etravirine Tablet 100 MG Oral                             | NF                       | 5 + QL 120           | Formulary Enhancement    | N/A   |
| Etravirine Tablet 200 MG Oral                             | NF                       | 5 + QL 60            | Formulary Enhancement    | N/A   |
| Intelence Tablet 100 MG Oral                              | 5 + QL 120               | NF                   | Formulary Update         | etravirine tablet 100 mg oral, 5 + QL 120             |
| Intelence Tablet 200 MG Oral                              | 5 + QL 60                | NF                   | Formulary Update         | etravirine tablet 200 mg oral, 5 + QL 60              |
| Kaletra Tablet 100-25 MG Oral                             | 3 + QL 300               | NF                   | Formulary Update         | lopinavir-ritonavir tablet 100-25 mg oral, 3 + QL 300 |

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| Kaletra Tablet 200-50 MG Oral                                  | 3 + QL<br>120            | NF                   | Formulary Update         | lopinavir-ritonavir tablet 200-50 mg oral, 3 + QL 120 |
| Kloxxado Liquid 8 MG/0.1ML Nasal                               | NF                       | 3                    | Formulary Enhancement    | N/A   |
| Lopinavir-Ritonavir Tablet 100-25 MG Oral                      | NF                       | 3 + QL 300           | Formulary Enhancement    | N/A   |
| Lopinavir-Ritonavir Tablet 200-50 MG Oral                      | NF                       | 3 + QL 120           | Formulary Enhancement    | N/A   |
| Lumakras Tablet 120 MG Oral                                    | NF                       | 5 + QL 240 + PA2     | Formulary Enhancement    | N/A   |
| Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral | NF                       | 1                    | Formulary Enhancement    | N/A   |
| Rezurock Tablet 200 MG Oral                                    | NF                       | 5 + PA1              | Formulary Enhancement    | N/A   |
| SUNITinib Malate Capsule 12.5 MG Oral                          | NF                       | 5 + PA2              | Formulary Enhancement    | N/A   |
| SUNITinib Malate Capsule 25 MG Oral                            | NF                       | 5 + PA2              | Formulary Enhancement    | N/A   |
| SUNITinib Malate Capsule 37.5 MG Oral                          | NF                       | 5 + PA2              | Formulary Enhancement    | N/A   |
| SUNITinib Malate Capsule 50 MG Oral                            | NF                       | 5 + PA2              | Formulary Enhancement    | N/A   |
| Sutent Capsule 12.5 MG Oral                                    | 5 + PA2                  | NF                   | Formulary Update         | sunitinib malate capsule 12.5 mg oral, 5 + PA2        |
| Sutent Capsule 25 MG Oral                                      | 5 + PA2                  | NF                   | Formulary Update         | sunitinib malate capsule 25 mg oral, 5 + PA2          |

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| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Sutent Capsule 37.5 MG Oral                                     | 5 + PA2                  | NF                   | Formulary Update         | sunitinib malate capsule 37.5 mg oral, 5 + PA2 |
| Sutent Capsule 50 MG Oral                                       | 5 + PA2                  | NF                   | Formulary Update         | sunitinib malate capsule 50 mg oral, 5 + PA2   |
| Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral     | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Trikafta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral            | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| TriLyte Solution Reconstituted 420 GM Oral                      | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral         | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral         | 3                        | NF                   | CMS Required Deletion    | N/A  |
| Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral         | 3                        | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 01/01/2022 -ADDITIONS</b>                          |                          |                      |                          |  |
| Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous    | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Dextroamphetamine Sulfate Tablet 15 MG Oral                     | NF                       | 4 + QL 120           | Formulary Enhancement    | N/A  |

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| <b>2022 FORMULARY CHANGES</b>                                      |                          |                      |                          |  |
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| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Dextroamphetamine Sulfate Tablet 20 MG Oral                        | NF                       | 4 + QL 90            | Formulary Enhancement    | N/A  |
| Dextroamphetamine Sulfate Tablet 30 MG Oral                        | NF                       | 4 + QL 60            | Formulary Enhancement    | N/A  |
| Difluprednate Emulsion 0.05 % Ophthalmic                           | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 10 MG Oral                                    | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 2.5 MG Oral                                   | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 20 MG Oral                                    | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Nebivolol HCl Tablet 5 MG Oral                                     | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Panretin Gel 0.1 % External  | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral      | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral        | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral        | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Varenicline Tartrate Tablet 0.5 MG Oral                            | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Varenicline Tartrate Tablet 1 MG Oral                              | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Welireg Tablet 40 MG Oral  | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral            | NF                       | 3                    | Formulary Enhancement    | N/A  |
| <b>EFFECTIVE 02/01/2022</b>  |                          |                      |                          |  |

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|---|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>  | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| azaTHIOprine Tablet 100 MG Oral   | NF                       | 4 + BD               | Formulary Enhancement    | N/A  |
| azaTHIOprine Tablet 75 MG Oral  | NF                       | 4 + BD               | Formulary Enhancement    | N/A  |
| Cyclafem 1/35 Tablet 1-35 MG-MCG Oral                                   | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Cyclafem 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral                         | 2                        | NF                   | CMS Required Deletion    | N/A  |
| Everolimus Tablet 10 MG Oral  | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Everolimus Tablet Soluble 2 MG Oral                                     | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Everolimus Tablet Soluble 3 MG Oral                                     | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Everolimus Tablet Soluble 5 MG Oral                                     | NF                       | 5 + QL 60 + PA2      | Formulary Enhancement    | N/A  |
| Invega Hafyera Suspension Prefilled Syringe 1092 MG/3.5ML Intramuscular | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Invega Hafyera Suspension Prefilled Syringe 1560 MG/5ML Intramuscular   | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Lybalvi Tablet 10-10 MG Oral  | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Lybalvi Tablet 15-10 MG Oral  | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Lybalvi Tablet 20-10 MG Oral  | NF                       | 5                    | Formulary Enhancement    | N/A  |
| Lybalvi Tablet 5-10 MG Oral   | NF                       | 5                    | Formulary Enhancement    | N/A  |
| PARoxetine HCl Suspension 10 MG/5ML Oral                                | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Pentacel Suspension Reconstituted Intramuscular                         | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Proparacaine HCl Solution 0.5 % Ophthalmic                              | 1                        | NF                   | CMS Required Deletion    | N/A  |

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| <b>2022 FORMULARY CHANGES</b>                                  |                          |                      |                          |  |
|--|--------------------------|----------------------|--------------------------|--|
| <b>Drug Name</b>   | <b>Current Drug Tier</b> | <b>New Drug Tier</b> | <b>Reason For Change</b> | <b>Alternative Drug, Alternative Drug Tier</b> |
| Sertraline HCl Capsule 150 MG Oral                             | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Sertraline HCl Capsule 200 MG Oral                             | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Tavneos Capsule 10 MG Oral                                     | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral     | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral      | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral     | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral      | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral      | 5 + PA2                  | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 03/01/2022</b>                                    |                          |                      |                          |  |
| Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous     | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Dupixent Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Eprontia Solution 25 MG/ML Oral                                | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Everolimus Tablet 1 MG Oral                                    | NF                       | 5 + QL 60 + BD       | Formulary Enhancement    | N/A  |
| Exkivity Capsule 40 MG Oral                                    | NF                       | 5 + PA2              | Formulary Enhancement    | N/A  |
| Hydroxychloroquine Sulfate Tablet 100 MG Oral                  | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Hydroxychloroquine Sulfate Tablet 300 MG Oral                  | NF                       | 2                    | Formulary Enhancement    | N/A  |

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| Hydroxychloroquine Sulfate Tablet 400 MG Oral                    | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Ivermectin TABLET 3 MG ORAL                                      | 3                        | 3 + PA2              | Formulary Update         | N/A  |
| Livmarli Solution 9.5 MG/ML Oral                                 | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Livtency Tablet 200 MG Oral                                      | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral  | 4 + QL 60                | NF                   | CMS Required Deletion    | N/A  |
| Naloxone HCl Liquid 4 MG/0.1ML Nasal                             | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Nylia 1/35 Tablet 1-35 MG-MCG Oral                               | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Scemblix Tablet 20 MG Oral                                       | NF                       | 5 + QL 60 + PA2      | Formulary Enhancement    | N/A  |
| Scemblix Tablet 40 MG Oral                                       | NF                       | 5 + QL 300 + PA2     | Formulary Enhancement    | N/A  |
| Ticovac Suspension Prefilled Syringe 2.4 MCG/0.5ML Intramuscular | NF                       | 3                    | Formulary Enhancement    | N/A  |
| Vancomycin HCl Solution Reconstituted 250 MG Intravenous         | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Zarah Tablet 3-0.03 MG Oral                                      | 2                        | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 04/01/2022</b>                                      |                          |                      |                          |  |
| Accutane Capsule 10 MG Oral                                      | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Biktarvy Tablet 30-120-15 MG Oral                                | NF                       | 5 + QL 30            | Formulary Enhancement    | N/A  |
| Brimonidine Tartrate-Timolol Solution 0.2-0.5 % Ophthalmic       | NF                       | 4                    | Formulary Enhancement    | N/A  |
| Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral                   | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Bylvay Capsule 1200 MCG Oral                                     | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |

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| Bylvay Capsule 400 MCG Oral                              | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Hepatitis Solution 8 % Intravenous                       | 4 + BD                   | NF                   | CMS Required Deletion    | N/A  |
| Intron A Solution 10000000 UNIT/ML Injection             | 5 + BD                   | NF                   | CMS Required Deletion    | N/A  |
| Intron A Solution 6000000 UNIT/ML Injection              | 5 + BD                   | NF                   | CMS Required Deletion    | N/A  |
| Oravig Tablet 50 MG Buccal                               | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Tri-Previfem Tablet 0.18/0.215/0.25 MG-35 MCG Oral       | 2                        | NF                   | CMS Required Deletion    | N/A  |
| VariZIG Solution 125 UNIT/1.2ML Intramuscular            | 5 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| <b>EFFECTIVE 05/01/2022</b>                              |                          |                      |                          |  |
| Adapalene Gel 0.1 % External                             | 4 + PA1                  | NF                   | CMS Required Deletion    | N/A  |
| Aminosyn-PF Solution 7 % Intravenous                     | 4 + BD                   | NF                   | CMS Required Deletion    | N/A  |
| amLODIPine-Valsartan-HCTZ Tablet 10-160-12.5 MG Oral     | 2                        | NF                   | CMS Required Deletion    | N/A  |
| amLODIPine-Valsartan-HCTZ Tablet 10-160-25 MG Oral       | 2                        | NF                   | CMS Required Deletion    | N/A  |
| amLODIPine-Valsartan-HCTZ Tablet 10-320-25 MG Oral       | 2                        | NF                   | CMS Required Deletion    | N/A  |
| amLODIPine-Valsartan-HCTZ Tablet 5-160-12.5 MG Oral      | 2                        | NF                   | CMS Required Deletion    | N/A  |
| amLODIPine-Valsartan-HCTZ Tablet 5-160-25 MG Oral        | 2                        | NF                   | CMS Required Deletion    | N/A  |

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| Blephamide Suspension 10-0.2 % Ophthalmic                     | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Carglumic Acid Tablet 200 MG Oral                             | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection     | 4                        | NF                   | CMS Required Deletion    | N/A  |
| Citalopram Hydrobromide Capsule 30 MG Oral                    | NF                       | 2                    | Formulary Enhancement    | N/A  |
| Maraviroc Tablet 150 MG Oral                                  | NF                       | 3 + QL 240           | Formulary Enhancement    | N/A  |
| Maraviroc Tablet 300 MG Oral                                  | NF                       | 3 + QL 120           | Formulary Enhancement    | N/A  |
| Mavyret Packet 50-20 MG Oral                                  | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Moxeza Solution 0.5 % Ophthalmic                              | 3                        | NF                   | CMS Required Deletion    | N/A  |
| OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral | 4 + QL 60                | NF                   | CMS Required Deletion    | N/A  |
| OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral | 4 + QL 60                | NF                   | CMS Required Deletion    | N/A  |
| OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral | 4 + QL 60                | NF                   | CMS Required Deletion    | N/A  |
| Rinvoq Tablet Extended Release 24 Hour 30 MG Oral             | NF                       | 5 + PA1              | Formulary Enhancement    | N/A  |
| Talzenna Capsule 0.5 MG Oral                                  | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Talzenna Capsule 0.75 MG Oral                                 | NF                       | 5 + QL 30 + PA2      | Formulary Enhancement    | N/A  |
| Xarelto Suspension Reconstituted 1 MG/ML Oral                 | NF                       | 3                    | Formulary Enhancement    | N/A  |

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