

Agewell MAPD 1T
2023
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
 QL – Quantity Limit per 30 days, ST - Step Therapy**

2023 Formulary CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2023				
Caziant TABLET 0.1/0.125/0.15 -0.025 MG Oral	1	NF	CMS Required Deletion	N/A
Digox Tablet 125 MCG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Digox Tablet 250 MCG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Engerix-B Suspension 20 MCG/ML Injection	NF	1 + BvD	Formulary Enhancement	N/A
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	NF	1	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Pentacel SUSPENSION RECONSTITUTED Intramuscular	NF	1	Formulary Enhancement	N/A
Priorix Suspension Reconstituted Subcutaneous	NF	1	Formulary Enhancement	N/A
Procalamine Solution 3 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular	NF	1	Formulary Enhancement	N/A
Recombivax HB SUSPENSION 5 MCG/0.5ML INJECTION	NF	1 + BvD	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Tenivac INJECTABLE 5-2 LFU Intramuscular	NF	1 + BvD	Formulary Enhancement	N/A

Formulary ID: 23571 Version 6
Last Updated: 10/5/2022
Effective date: 01/01/2023

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2023 Formulary CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	NF	1	Formulary Enhancement	N/A
YF-VAX INJECTABLE Subcutaneous	NF	1	Formulary Enhancement	N/A

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