

2026

Formulary Addendum

Below is a list formulary changes for the benefit year 2026. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2026 downloadable formulary on the HealthTeam Advantage website.

For a complete list of drugs covered by HealthTeam Advantage, please visit our website at www.htanc.com or call your Healthcare Concierge at 1-888-965-1965 (TTY 711), October 1 – March 31, 8 AM – 8 PM EST, 7 days a week; April 1 – September 30, 8 AM – 8 PM EST, Monday – Friday.

BD – Part B vs. Part D, NF – Non-Formulary, PA – Prior Authorization,

QL – Quantity Limit per 30 days, ST – Step Therapy

*Formulary Enhancement due to changes in the Inflation Reduction Act

2026 FORMULARY CHANGES			
Drug Name	Reason For Change	Drug Tier	Restrictions
Effective 1/1/2026			
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	Cost-Share Decrease	Tier 2	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	Cost-Share Decrease	Tier 2	
<i>lamotrigine oral tablet 200 mg</i>	Cost-Share Decrease	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Cost-Share Decrease	Tier 2	
Effective 2/1/2026			
<i>fidaxomicin oral tablet 200 mg</i>	Formulary Addition	Tier 5	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Formulary Addition	Tier 4	QL
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Formulary Addition	Tier 2	
<i>ampicillin sodium injection solution reconstituted 2 gm</i>	Formulary Addition	Tier 3	
<i>lomustine oral capsule 10 mg, 40 mg</i>	Formulary Addition	Tier 4	
<i>lomustine oral capsule 100 mg</i>	Formulary Addition	Tier 5	
<i>ala-cort external cream 1 %</i>	Formulary Addition	Tier 2	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Formulary Addition	Tier 3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Formulary Addition	Tier 5	PA QL
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Formulary Addition	Tier 5	ST
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG, 54.5 MG, 72.6 MG	Formulary Addition	Tier 5	ST QL
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Formulary Addition	Tier 3	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Formulary Addition	Tier 3	

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Last Updated: 3/1/2026

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LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Formulary Addition	Tier 3	
BRUKINSA ORAL TABLET 160 MG	Formulary Addition	Tier 5	PA
INLURIYO ORAL TABLET 200 MG	Formulary Addition	Tier 5	PA
<i>levofloxacin ophthalmic solution 0.5 %</i>	Formulary Addition	Tier 3	
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	Formulary Addition	Tier 4	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Formulary Addition	Tier 4	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Formulary Addition	Tier 3	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Formulary Addition	Tier 2	
<i>clobetasol propionate external foam 0.05 %</i>	Formulary Addition	Tier 2	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Formulary Addition	Tier 3	QL
<i>clobetasol propionate e external cream 0.05 %</i>	Cost-Share Decrease	Tier 2	
<i>clotrimazole external solution 1 %</i>	Cost-Share Decrease	Tier 2	QL
Effective 3/1/2026			
PREZCOBIX ORAL TABLET 675-150 MG	Formulary Addition	Tier 5	QL
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Formulary Addition	Tier 5	PA
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Formulary Addition	Tier 2	
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Formulary Addition	Tier 5	PA
SUBVENITE ORAL SUSPENSION 10 MG/ML	Formulary Addition	Tier 4	

HealthTeam Advantage will continue to cover the drugs in question for enrollees taking the drug at the time of change for the remainder of the plan year as long as the drug continues to be medically necessary and prescribed by the member's physician and was not removed for safety reasons.

If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, you may ask HealthTeam Advantage to make an exception to our coverage rules. To request a formulary, tiering, or utilization restriction exception, please contact your Healthcare Concierge at 1-888-965-1965 (TTY 711), October 1 – March 31, 8 AM – 8 PM EST, 7 days a week; April 1 – September 30, 8 AM – 8 PM EST, Monday – Friday.

This information is available for free in other languages. Please contact your Healthcare Concierge at 1-888-965-1965 for additional information.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, premium, and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.



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Medicare Advantage Plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.