

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 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	
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	

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Last Updated: 6/1/2026

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Drug Name	Reason For Change	Drug Tier	Restrictions
<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	
Effective 4/1/2026			
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	Formulary Addition	Tier 4	
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Formulary Addition	Tier 5	ST
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Formulary Addition	Tier 3	
HYRNUO ORAL TABLET 10 MG	Formulary Addition	Tier 5	PA
LAGEVRIO ORAL CAPSULE 200 MG	Formulary Addition	Tier 3	QL
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	Formulary Addition	Tier 5	PA
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Formulary Addition	Tier 5	PA
<i>perampanel oral suspension 0.5 mg/ml</i>	Formulary Addition	Tier 5	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML*	Formulary Addition	Tier 6	
<i>sodium polystyrene sulfonate combination suspension 15 gm/60ml</i>	Formulary Addition	Tier 3	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Formulary Addition	Tier 4	QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Formulary Addition	Tier 5	PA QL
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Formulary Addition	Tier 3	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	Formulary Addition	Tier 5	QL
Effective 5/1/2026			

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Drug Name	Reason For Change	Drug Tier	Restrictions
<i>ceftaroline fosamil intravenous solution reconstituted 400 mg</i>	Formulary Addition	Tier 5	
<i>ceftaroline fosamil intravenous solution reconstituted 600 mg</i>	Formulary Addition	Tier 5	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	Formulary Addition	Tier 4	
<i>levetiracetam oral tablet disintegrating soluble 500 mg</i>	Formulary Addition	Tier 4	
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Formulary Addition	Tier 5	PA QL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	Formulary Addition	Tier 5	PA
ZELVYSIA ORAL PACKET 500 MG	Formulary Addition	Tier 5	PA
Effective 6/1/2026			
<i>brivaracetam oral solution 10 mg/ml</i>	Formulary Addition	Tier 4	PA
<i>brivaracetam oral tablet 10 mg</i>	Formulary Addition	Tier 4	PA
<i>brivaracetam oral tablet 100 mg</i>	Formulary Addition	Tier 4	PA
<i>brivaracetam oral tablet 25 mg</i>	Formulary Addition	Tier 4	PA
<i>brivaracetam oral tablet 50 mg</i>	Formulary Addition	Tier 4	PA
<i>brivaracetam oral tablet 75 mg</i>	Formulary Addition	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Formulary Addition	Tier 5	PA QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Formulary Addition	Tier 5	PA QL
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Formulary Addition	Tier 5	PA QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Formulary Addition	Tier 5	PA QL
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Formulary Addition	Tier 5	PA QL
TRUQAP ORAL TABLET 160 MG	Formulary Addition	Tier 5	PA

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.

Formulary ID: 00026310 v13

Last Updated: 6/1/2026

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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.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage Plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.