2025
Formulary Addendum

Below is a list formulary changes for the benefit year 2025. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2025 downloadable formulary on the HealthTeam Advantage website.

For a complete list of drugs covered by HealthTeam Advantage**,** please visit our Web site at www.healthteamadvantage.com or call HealthTeam Advantage Healthcare Concierge, at 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

2025 FORMULARY CHANGES			
Drug Name	**Reason For Change**	**Drug Tier**	**Restrictions**
Effective 2/1/2025			
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	Formulary Addition	Tier 5	PA QL
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	Formulary Addition	Tier 5	PA QL
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml	Formulary Addition	Tier 5	PA QL
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml	Formulary Addition	Tier 5	PA QL
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Formulary Addition	Tier 5	PA QL
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Formulary Addition	Tier 3	QL
AUGTYRO ORAL CAPSULE 160 MG	Formulary Addition	Tier 5	PA
COBENFY ORAL CAPSULE 100-20 MG	Formulary Addition	Tier 5	PA QL
COBENFY ORAL CAPSULE 125-30 MG	Formulary Addition	Tier 5	PA QL
COBENFY ORAL CAPSULE 50-20 MG	Formulary Addition	Tier 5	PA QL
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Formulary Addition	Tier 5	PA QL
dasatinib oral tablet 100 mg	Formulary Addition	Tier 5	PA
dasatinib oral tablet 140 mg	Formulary Addition	Tier 5	PA
dasatinib oral tablet 20 mg	Formulary Addition	Tier 5	PA
dasatinib oral tablet 50 mg	Formulary Addition	Tier 5	PA
dasatinib oral tablet 70 mg	Formulary Addition	Tier 5	PA
dasatinib oral tablet 80 mg	Formulary Addition	Tier 5	PA
GALLIFREY ORAL TABLET 5 MG	Formulary Addition	Tier 2	

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2025 FORMULARY CHANGES			
Drug Name	**Reason For Change**	**Drug Tier**	**Restrictions**
ITOVEBI ORAL TABLET 3 MG	Formulary Addition	Tier 5	PA QL
ITOVEBI ORAL TABLET 9 MG	Formulary Addition	Tier 5	PA
LAZCLUZE ORAL TABLET 80 MG	Formulary Addition	Tier 5	PA QL
LAZCLUZE ORAL TABLET 240 MG	Formulary Addition	Tier 5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML	Formulary Addition	Tier 5	PA QL
LUMAKRAS ORAL TABLET 240 MG	Formulary Addition	Tier 5	PA
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	Formulary Addition	Tier 1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg	Formulary Addition	Tier 1	
quinapril-hydrochlorothiazide oral tablet 20-25 mg	Formulary Addition	Tier 1	
REVLIMID ORAL CAPSULE 10 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 15 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 2.5 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 20 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 25 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 5 MG	Formulary Addition	Tier 5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Formulary Addition	Tier 5	PA QL
VORANIGO ORAL TABLET 10 MG	Formulary Addition	Tier 5	PA QL
VORANIGO ORAL TABLET 40 MG	Formulary Addition	Tier 5	PA
Effective 3/1/2025			
DANZITEN ORAL TABLET 71 MG, 95 MG	Formulary Addition	Tier 5	PA
imkeldi oral solution 80 mg/ml	Formulary Addition	Tier 5	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG	Formulary Addition	Tier 5	PA
VELTASSA ORAL PACKET 1 GM	Formulary Addition	Tier 4	
Effective 4/1/2025			
abacavir sulfate oral tablet 300 mg	Cost-Share Decrease	Tier 3	QL
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Cost-Share Decrease	Tier 3	QL
ivabradine hcl oral tablet 5 mg, 7.5 mg	PA Deletion	Tier 4	QL
lamivudine oral tablet 150 mg	Cost-Share Decrease	Tier 2	QL
lamivudine-zidovudine oral tablet 150-300 mg	Cost-Share Decrease	Tier 3	
levetiracetam oral tablet disintegrating soluble 250 mg	Formulary Addition	Tier 4	
mesna oral tablet 400 mg	Formulary Addition	Tier 5	
methyldopa oral tablet 500 mg	Formulary Addition	Tier 4	
PREVYMIS ORAL PACKET 120 MG	Formulary Addition	Tier 5	

PREVYMIS ORAL PACKET 20 MG	Formulary Addition	Tier 4	
prucalopride succinate oral tablet 1 mg, 2 mg	Formulary Addition	Tier 3	QL
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Formulary Addition	Tier 5	PA QL
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Formulary Addition	Tier 5	PA QL
STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	Formulary Deletion	NF	
STELARA SOLUTION SUBCUTANEOUS PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Formulary Deletion	NF	
topiramate oral capsule sprinkle 50 mg	Formulary Addition	Tier 3	
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Formulary Addition	Tier 5	PA QL
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Formulary Addition	Tier 5	PA QL
Effective 5/1/2025			
Feirza oral tablet 1 mg-20 mcg, 1.5 mg-30 mcg	Formulary Addition	Tier 3	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Formulary Addition	Tier 2	
JOURNAVX ORAL TABLET 50 MG	Formulary Addition	Tier 4	QL
memantine-donepezil extended-release oral capsule 14-10 mg, 21-10 mg, 28-10 mg	Formulary Addition	Tier 3	ST QL
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Formulary Addition	Tier 5	PA QL
VIVOTIF ORAL CAPSULE	Formulary Addition*	Tier 1	
XARELTO ORAL TABLET 2.5 MG	QL Increase	Tier 3	QL
Effective 6/1/2025			
ABIRTEGA ORAL TABLET 250 MG	Formulary Addition	Tier 4	PA
buprenorphine HCl-naloxone HCl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg	QL Deletion	Tier 3	
buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	QL Deletion	Tier 2	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4 ml	Formulary Addition	Tier 3	
EULEXIN ORAL CAPSULE 125 MG	Formulary Addition	Tier 4	
GOMEKLI ORAL CAPSULE 1 MG, 2MG	Formulary Addition	Tier 5	PA
GOMEKLI SOLUBLE ORAL TABLET 1 MG	Formulary Addition	Tier 5	PA
LEUKERAN ORAL TABLET 2 MG	Formulary Addition	Tier 5	
mercaptopurine oral suspension 2000 mg/100ml	Formulary Addition	Tier 5	
NATACYN OPHTHALMIC SUSPENSION 5 %	Formulary Addition	Tier 4	
OPIPZA ORAL FILM 2 MG, 5 MG, 10 MG	Formulary Addition	Tier 5	PA QL
RALDESY ORAL SOLUTION 10 MG/ML	Formulary Addition	Tier 5	
REVUFORJ ORAL TABLET 25 MG	Formulary Addition	Tier 5	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Formulary Addition	Tier 5	PA
TABLOID ORAL TABLET 40 MG	Formulary Addition	Tier 5	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	Formulary Addition*	Tier 1	

XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Formulary Addition	Tier 5	PA
Effective 7/1/2025			
amnesteem oral capsule 30 mg	Formulary Addition	Tier 4	
PAXLOVID ORAL TABLET DOSE PACK 300 MG/100 MG, 150 MG/100 MG	Formulary Addition	Tier 3	QL
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/ML (0.5 ML)	Formulary Addition	Tier 4	PA QL
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (1 ML)	Formulary Addition	Tier 5	PA QL
Effective 8/1/2025			
ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8 ML	Formulary Addition	Tier 5	PA QL
doxycycline hyclate for injection 100 mg	Formulary Addition	Tier 4	
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20 ML	Formulary Addition	Tier 5	PA
eslicarbazepine oral tablet 200mg, 400 mg, 600 mg, 800 mg	Formulary Addition	Tier 4	
EXENATIDE PEN-INJECTOR 5 MCG/0.02ML, 10 MCG/0.04ML	Formulary Addition	Tier 4	PA QL
JAIMIESS ORAL TABLET 0.15-0.03 MG/0.01 MG	Formulary Addition	Tier 4	QL
KALETRA SOLUTION 400-100 MG/5 ML	Formulary Addition	Tier 4	
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Formulary Addition	Tier 5	PA, QL
LOJAIMIESS ORAL TABLET 0.1-0.02 MG/0.01 MG	Formulary Addition	Tier 4	QL
ROSYRAH ORAL TABLET 0.15-0.02/0.025/0.03 MG	Formulary Addition	Tier 4	QL
SUNLENCA ORAL TABLET 300 MG	Formulary Addition	Tier 5	QL
VALTYA ORAL TABLET 1 MG/50 MCG	Formulary Addition	Tier 3	
WEZLANA PREFILLED SYRINGE 45 MG/0.5 ML	QL Increase	Tier 5	PA QL
Effective 9/1/2025			
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Formulary Addition	Tier 4	
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Formulary Addition	Tier 5	PA
BONSITY SUBCUTANEOUS SOLUTION PENINJECTOR 560 MCG/2.24ML	Formulary Addition	Tier 5	PA
CTEXLI ORAL TABLET 250 MG	Formulary Addition	Tier 5	PA
eltrombopag olamine oral packet 12.5 mg, 25 mg	Formulary Addition	Tier 5	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Formulary Addition	Tier 5	PA
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Formulary Addition	Tier 5	QL
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Formulary Deletion	NF	
ivermectin oral tablet 6 mg	Formulary Addition	Tier 2	PA
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Formulary Addition	Tier 4	QL

levofloxacin ophthalmic solution 0.5 %	Formulary Addition	Tier 3	
MELEYA ORAL TABLET 0.35 MG	Formulary Addition	Tier 1	
methyldopa oral tablet 250 mg	Formulary Addition	Tier 4	
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Formulary Addition	Tier 5	PA
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Formulary Deletion	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3- 0.05 %	Formulary Addition	Tier 4	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Formulary Addition	Tier 5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Formulary Deletion	NF	
Effective 10/1/2025			
ABIGALE ORAL TABLET 1-0.5 MG	Formulary Addition	Tier 4	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Formulary Addition	Tier 5	QL
IBTROZI ORAL CAPSULE 200 MG	Formulary Addition	Tier 5	PA
ORQUIDEA ORAL TABLET 0.35 MG	Formulary Addition	Tier 1	
penmenvy intramuscular suspension reconstituted	Formulary Addition*	Tier 1	
perampanel oral tablet 2 mg	Formulary Addition	Tier 4	
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	Formulary Addition	Tier 5	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Formulary Addition	Tier 5	PA QL
Effective 12/1/2025			
fluorouracil external cream 0.5 %	Formulary Addition	Tier 4	
HERNEXEOS ORAL TABLET 60 MG	Formulary Addition	Tier 5	PA
KERENDIA ORAL TABLET 40 MG	Formulary Addition	Tier 4	PA QL
MODEYSO ORAL CAPSULE 125 MG	Formulary Addition	Tier 5	PA
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Formulary Addition	Tier 3	QL
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Formulary Addition	Tier 5	PA QL
topiramate oral solution 25 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

HealthTeam Advantage Healthcare Concierge, at 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 our HealthTeam Advantage Healthcare Concierge at 888-965-1965 for additional information.

Esta información está disponible de forma gratuita en otros idiomas. Por favor de contactar nuestro número de servicio al cliente al 888-965-1965 para obtener información adicional.

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.