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HealthTeam Advantage Diabetes & Heart Care Plan (HMO CSNP) 2021 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID: 21526, Version Number: 5

This formulary was updated on 1 /0 /2020. For more recent information or other questions, please contact us, HealthTeam Advantage Diabetes & Heart Care Plan Healthcare Concierge, at 833-324-3242 or, for TTY users, 711, October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit [HealthTeamAdvantage.com](https://www.healthteamadvantage.com).

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means HealthTeam Advantage. When it refers to “plan” or “our plan,” it means 2021 HealthTeam Advantage Diabetes & Heart Care Plan (HMO CSNP).

This document includes list of the drugs (formulary) for our plan which is current as of 1 /0 /2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the HealthTeam Advantage Diabetes & Heart Care Plan Formulary?

A formulary is a list of covered drugs selected by HealthTeam Advantage Diabetes & Heart Care Plan in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HealthTeam Advantage Diabetes & Heart Care Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthTeam Advantage Diabetes & Heart Care Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by HealthTeam Advantage Diabetes & Heart Care Plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but HealthTeam Advantage Diabetes & Heart Care Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. 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, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care Plan Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 1 /0 /2020. To get updated information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care Plan, please contact us. Our contact information appears on the front and back cover pages. In addition, each month the plan posts an updated Comprehensive formulary and a Formulary Addendum that has all the changes on the website.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 91. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthTeam Advantage Diabetes & Heart Care Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** HealthTeam Advantage Diabetes & Heart Care Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from HealthTeam Advantage Diabetes & Heart Care Plan before you fill your prescriptions. If you don't get approval, HealthTeam Advantage Diabetes & Heart Care Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthTeam Advantage Diabetes & Heart Care Plan limits the amount of the drug that HealthTeam Advantage Diabetes & Heart Care Plan will cover. For example, HealthTeam Advantage Diabetes & Heart Care Plan provides 30 tablets per prescription for Januvia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthTeam Advantage Diabetes & Heart Care Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthTeam Advantage Diabetes & Heart Care Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthTeam Advantage Diabetes & Heart Care Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthTeam Advantage Diabetes & Heart Care Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care Plan formulary?” below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that HealthTeam Advantage Diabetes & Heart Care Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthTeam Advantage Diabetes & Heart Care Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthTeam Advantage Diabetes & Heart Care Plan.
- You can ask HealthTeam Advantage Diabetes & Heart Care Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care Plan Formulary?

You can ask HealthTeam Advantage Diabetes & Heart Care Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level [if this drug is not on the specialty tier]. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HealthTeam Advantage Diabetes & Heart Care Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, HealthTeam Advantage Diabetes & Heart Care Plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or

additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. Such transitions include:

- If you are discharged from a hospital or skilled nursing facility to a home setting
- If you are admitted to a hospital or skilled nursing facility from a home setting
- If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy
- If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and now you need to use your Part D plan benefit
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage

For more information

For more detailed information about your HealthTeam Advantage Diabetes & Heart Care Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthTeam Advantage Diabetes & Heart Care Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

HealthTeam Advantage Diabetes & Heart Care Plan's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if HealthTeam Advantage Diabetes & Heart Care Plan has any special requirements for coverage of your drug.

Every drug on HealthTeam Advantage Diabetes & Heart Care Plan's Drug List is in one of six cost-sharing tiers. The second column of the Drug List contains the tier for each drug.

- **Tier 1 – Preferred Generics:** Generic drugs that are available at the lowest cost-share for this plan.
- **Tier 2 – Generics:** Generics that are available at a higher cost to you than drugs in Tier 1.
- **Tier 3 – Preferred Brands:** Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4.
- **Tier 4 – Non-Preferred Drugs:** Generic or brand drugs that are available at a higher cost to you than drugs that are in Tier 3.
- **Tier 5 – Specialty Drugs:** This is the highest cost tier. Includes some injectables and other high-cost drugs.
- **Tier 6 – Select Care Drugs:** Generic or brand drugs that provide the best value for treatment or prevention of many conditions. There is no copay for this tier in the Initial Coverage Stage. In addition, this plan offers additional gap coverage for generics and select insulins. During the Coverage Gap Stage, your out-of-pocket for generics and select insulins will be \$0.

Non-Discrimination Notice

HealthTeam Advantage complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. HealthTeam Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

HealthTeam Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact your Healthcare Concierge at 833-324-3242 (TTY: 711) October 1-March 31, 8 a.m. to 8 p.m. ET, 7 days a week; April 1-September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

If you believe that HealthTeam Advantage has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

HealthTeam Advantage

Attn: Appeals and Grievances

7800 McCloud Road, Suite 100

Greensboro, NC 27409

833-324-3242, (TTY 711), or via fax at 800-845-4104.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Appeals and Grievances Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by email OCRMail@hhs.gov, by phone 1-888-368-1019, TDD: 1-800-537-7697, or by mail U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Get Help in Other Languages

If you need help or speak a non-English language, call 833-324-3242 TTY: 711, and you will be connected to an interpreter who will assist you at no cost.

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

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Non-Discrimination Notice

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 833-324-3242 TTY: 711.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

Appelez le 833-324-3242 **ATS:** 711.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen

Verfügung. Rufnummer: 1-833-324-3242 TTY: 711.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-324-3242 телетайп: 711.

Gujarati: સચના: જો તમે ગજરાતી બોલતા હો, તો નન:શલ્ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-324-3242 TTY711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-324-3242 TTY711.

Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-833-324-3242 TTY: 711。

Japanese: 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-833-324-3242 TTY: 711. まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-833-324-3242 TTY: 711 번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-324-3242 TTY: 711.

Hindi: ध्यान दःयदद आप ह दि बोलते है तो आपके दलए मफू त मे भाषा सहायता सेवाएं उपलब्ध है। 1-833-324-3242 TTY: 711 पर कॉल करे।

Laotian: ໂປດຊາບ: ຖ້າ ຈົ່ ຈ ທ່ ານເວ ັ າພາສາ ລາວ, ການບໍລິການຊ່ ອຍເໝີ ແມ່ ນມີ ພ້ ອມໃຫ້ ທ່ ານ. ໂທ 1-833-324-3242 TTY: 711. ອດ ັ ານພາສາ, ໂດຍບໍ່ເສັ ງຄ່ ັ າ,

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-833-324-3242 TTY: 711.

Cambodian: ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, ប្រសិនបើអ្នកនិយាយភាសា បាយ័នមិនគិតថ្លៃឡើយ គឺអាចមានសេវាប្រតិបត្តិការ។ ចូរ ទូរស័ព្ទ 1-833-324-3242 TTY: 711។

(Arabic):

1-833-324-3242 ك ث د ح ت ر ك ذ ا غ ل ل ا ن ا ف ت ا م د خ ا س م ل ا ي و غ ل ل ا ر ف ا و ت ت ك ل ن ا ج م ل ا ب . ل ص ت ا م ق ر ب - 1-833-324-3242
ة ظ و ح ل م : ا ذ ا ت ن

HealthTeam Advantage Diabetes & Heart Care Plan Contact Information

WEB ADDRESS

Visit HealthTeam Advantage Diabetes & Heart Care Plan at HealthTeamAdvantage.com

HEALTHCARE CONCIERGE

Current HealthTeam Advantage Diabetes & Heart Care Plan members call your Healthcare Concierge toll-free at 833-324-3242 for questions related to your HealthTeam Advantage Diabetes & Heart Care Plan Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION

Prospective members call toll-free 877-905-9216 for questions related to HealthTeam Advantage Diabetes & Heart Care Plan Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

TTY USERS

TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT

Current HealthTeam Advantage Diabetes & Heart Care Plan members call toll-free 833-324-3242 for questions related to your HealthTeam Advantage Diabetes & Heart Care Plan Part D Prescription Drug Benefit. Prospective members call toll-free 877-905-9216 for questions related to the HealthTeam Advantage Diabetes & Heart Care Plan Part D Prescription Drug Benefit.

MEDICARE INFORMATION

For more information about Medicare, call Medicare at 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or visit medicare.gov.

Formulary ID: 21526, Version Number: 5

This formulary was updated on 1 /0 /2020. HealthTeam Advantage Diabetes & Heart Care Plan, 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 Diabetes & Heart Care Plan depends on contract renewal.

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