

**2021
Formulary Addendum**

Below is a list formulary changes for the benefit year 2021. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2021 downloadable formulary on the HealthTeam Advantage Diabetes and Heart Care Plan website.

For a complete list of drugs covered by HealthTeam Advantage Diabetes and Heart Care Plan, please visit our Web site at www.healthteamadvantage.com or call HealthTeam Advantage Diabetes and Heart Care Plan Healthcare Concierge, at 833-324-3242 or, for TTY users, 711, October 1-March 31, seven (7) days a week, 8 a.m. to 8 p.m. ET, or April 1-September 30, Monday through Friday, 8 a.m. to 8 p.m. ET.

BD - Part B vs. Part D, HR – High Risk Medication, LA - This prescription may be available only at certain pharmacies, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days, ST - Step Therapy

2021 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2021				
Aminosyn II Solution 10 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Deferiprone Tablet 500 MG Oral	NF	5	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Dexamethasone Intensol Concentrate 1 MG/ML Oral	2	NF	CMS Required Deletion	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	4	NF	CMS Required Deletion	N/A
Dimethyl Fumarate Capsule Delayed Release 120 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dimethyl Fumarate Capsule Delayed Release 240 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dojolvi Liquid 100 % Oral	NF	5 + PA1	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A

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Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Dupixent Solution Pen-Injector 300 MG/2ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Emtricitabine Capsule 200 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Enbrel Solution 25 MG/0.5ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Enspryng Solution Prefilled Syringe 120 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Evrysdi Solution Reconstituted 0.75 MG/ML Oral	NF	5 + PA1	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	4 + PA2	Formulary Enhancement	N/A
FLUoxetine HCl Tablet 10 MG Oral	NF	2	Formulary Enhancement	N/A
FLUoxetine HCl Tablet 20 MG Oral	NF	4	Formulary Enhancement	N/A
FLUoxetine HCl Tablet 60 MG Oral	NF	4	Formulary Enhancement	N/A
Gavreto Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Inqovi Tablet 35-100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Kesimpta Solution Auto-Injector 20 MG/0.4ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
lamoTRIGine Kit 25 & 50 & 100 MG Oral	NF	4	Formulary Enhancement	N/A
MenQuadfi Injectable Intramuscular	NF	6	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	3	NF	CMS Required Deletion	N/A

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Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Sirturo Tablet 20 MG Oral	NF	5	Formulary Enhancement	N/A
Sylatron KIT 200 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Sylatron KIT 300 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	4 + QL 360	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous	NF	6	Formulary Enhancement	N/A
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	6	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Zostavax SUSPENSION RECONSTITUTED 19400 UNT/0.65ML Subcutaneous	6	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2021				
Alkindi Sprinkle Capsule Sprinkle 0.5 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 1 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Alkindi Sprinkle Capsule Sprinkle 2 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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Alkindi Sprinkle Capsule Sprinkle 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Depo-Provera Suspension 400 MG/ML Intramuscular	3 + BD	NF	CMS Required Deletion	N/A
Diacomit Capsule 250 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Capsule 500 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Packet 250 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Diacomit Packet 500 MG Oral	NF	4 + PA2	Formulary Enhancement	N/A
Disulfiram Tablet 500 MG Oral	1	NF	CMS Required Deletion	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 400-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Efavirenz-lamiVUDine-Tenofovir Tablet 600-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Emtricitabine-Tenofovir DF Tablet 200-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Farydak Capsule 15 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
FreAmine HBC SOLUTION 6.9 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Golytely SOLUTION RECONSTITUTED 227.1 GM ORAL	4	NF	CMS Required Deletion	N/A
Kionex SUSPENSION 15 GM/60ML ORAL	3	NF	CMS Required Deletion	N/A
Lampit Tablet 120 MG Oral	NF	4	Formulary Enhancement	N/A

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Lampit Tablet 30 MG Oral	NF	4	Formulary Enhancement	N/A
Lapatinib Ditosylate Tablet 250 MG Oral	NF	5 + QL 150	Formulary Enhancement	N/A
metyroSINE Capsule 250 MG Oral	NF	5	Formulary Enhancement	N/A
Osphena Tablet 60 MG Oral	4 + PA1	3 + PA1	Formulary Enhancement	N/A
Peganone TABLET 250 MG Oral	3	NF	CMS Required Deletion	N/A
Pegasys ProClick SOLUTION 180 MCG/0.5ML Subcutaneous	5 + PA1	NF	CMS Required Deletion	N/A
Roweepra TABLET 1000 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra TABLET 750 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 500 MG Oral	2	NF	CMS Required Deletion	N/A
Roweepra XR Tablet Extended Release 24 Hour 750 MG Oral	2	NF	CMS Required Deletion	N/A
Sapropterin Dihydrochloride Packet 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Packet 500 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sapropterin Dihydrochloride Tablet Soluble 100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Sodium Polystyrene Sulfonate SUSPENSION 15 GM/60ML ORAL	3	NF	CMS Required Deletion	N/A
Tolvaptan Tablet 15 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 200-62.5-25 MCG/INH Inhalation	NF	3	Formulary Enhancement	N/A



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HealthTeam Advantage Diabetes and Heart Care Plan 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 Diabetes and Heart Care Plan Healthcare Concierge, at 833-324-3242 or, for TTY users, 711, October 1-March 31, seven (7) days a week, 8 a.m. to 8 p.m. ET, or April 1-September 30, Monday through Friday, 8 a.m. to 8 p.m. ET.

This information is available for free in other languages. Please contact our HealthTeam Advantage Diabetes and Heart Care Plan Healthcare Concierge at 833-324-3242 for additional information.

Esta información está disponible de forma gratuita en otros idiomas. Por favor de contactar nuestro número de servicio al cliente al 833-324-3242 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 Diabetes and Heart Care Plan, a product of Care N' Care Insurance Company of North Carolina, Inc., is a CSNP Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage Diabetes and Heart Care Plan depends on contract renewal.