

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 |
| 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 |

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|--|-------------------|---------------|-----------------------|---|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| 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 |
| 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 |

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| 2021 FORMULARY CHANGES | | | | |
|---|--------------------------|----------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| 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 |
| 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 |

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|---|-------------------|---------------|-----------------------|---|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| 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 |
| 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 |
| metYRO SINE 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 |

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|--|--------------------------|----------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| 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 |
| EFFECTIVE 03/01/2021 | | | | |
| Crixivan Capsule 400 MG Oral | 3 + QL 270 | NF | CMS Required Deletion | N/A |
| diltIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 180 MG Oral | NF | 6 | Formulary Enhancement | N/A |
| diltIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 240 MG Oral | NF | 6 | Formulary Enhancement | N/A |
| diltIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 300 MG Oral | NF | 6 | Formulary Enhancement | N/A |
| diltIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 360 MG Oral | NF | 6 | Formulary Enhancement | N/A |
| Dimethyl Fumarate Starter Pack 120 & 240 MG Oral | NF | 4 + PA1 | Formulary Enhancement | N/A |
| Humira Pen Pen-Injector Kit 80 MG/0.8ML Subcutaneous | NF | 5 + PA2 | Formulary Enhancement | N/A |
| Humira Prefilled Syringe Kit 10 MG/0.2ML Subcutaneous | 5 + PA2 | NF | CMS Required Deletion | N/A |
| Humira Prefilled Syringe Kit 20 MG/0.4ML Subcutaneous | 5 + PA2 | NF | CMS Required Deletion | N/A |
| Iclevia Tablet 0.15-0.03 MG Oral | NF | 2 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 100 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 112 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 125 MCG Oral | NF | 3 | Formulary Enhancement | N/A |

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|---|-------------------|------------------|-----------------------|---|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| Levothyroxine Sodium Capsule 13 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 137 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 150 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 175 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 200 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 25 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 50 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 75 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Levothyroxine Sodium Capsule 88 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Onureg Tablet 200 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| Onureg Tablet 300 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| Pazeo SOLUTION 0.7 % OPHTHALMIC | 4 | NF | CMS Required Deletion | N/A |
| Retacrit Solution 10000 UNIT/ML Injection | NF | 4 + PA1 | Formulary Enhancement | N/A |
| Retacrit Solution 20000 UNIT/ML Injection | NF | 4 + PA1 | Formulary Enhancement | N/A |
| Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral | 6 | NF | CMS Required Deletion | N/A |
| Rufinamide Suspension 40 MG/ML Oral | NF | 5 | Formulary Enhancement | N/A |
| Sutab Tablet 1479-225-188 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Xywav Solution 500 MG/ML Oral | NF | 5 + QL 540 + PA1 | Formulary Enhancement | N/A |

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| 2021 FORMULARY CHANGES | | | | |
|---|--------------------------|----------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| EFFECTIVE 04/01/2021 | | | | |
| Abiraterone Acetate Tablet 500 MG Oral | NF | 5 + QL 120 + PA2 | Formulary Enhancement | N/A |
| Asenapine Maleate Tablet Sublingual 10 MG Sublingual | NF | 4 | Formulary Enhancement | N/A |
| Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual | NF | 4 | Formulary Enhancement | N/A |
| Asenapine Maleate Tablet Sublingual 5 MG Sublingual | NF | 4 | Formulary Enhancement | N/A |
| Cortisone Acetate Tablet 25 MG Oral | 3 | NF | CMS Required Deletion | N/A |
| Cystadrops Solution 0.37 % Ophthalmic | NF | 5 + PA1 | Formulary Enhancement | N/A |
| Didanosine Capsule Delayed Release 250 MG Oral | 4 + QL 30 | NF | CMS Required Deletion | N/A |
| Didanosine Capsule Delayed Release 400 MG Oral | 4 + QL 30 | NF | CMS Required Deletion | N/A |
| Dificid Suspension Reconstituted 40 MG/ML Oral | NF | 5 | Formulary Enhancement | N/A |
| Hemady Tablet 20 MG Oral | NF | 4 + PA2 | Formulary Enhancement | N/A |
| Iclusig Tablet 10 MG Oral | NF | 5 + QL 30 + PA2 | Formulary Enhancement | N/A |
| Iclusig Tablet 30 MG Oral | NF | 5 + QL 30 + PA2 | Formulary Enhancement | N/A |
| Lyleq Tablet 0.35 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Nitazoxanide Tablet 500 MG Oral | NF | 4 + QL 6 | Formulary Enhancement | N/A |
| Normosol-M in D5W Solution Intravenous | 3 | NF | CMS Required Deletion | N/A |
| Nylia 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral | NF | 2 | Formulary Enhancement | N/A |
| Orgovyx Tablet 120 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| Stavudine Capsule 15 MG Oral | 4 + QL 120 | NF | CMS Required Deletion | N/A |
| Stavudine Capsule 20 MG Oral | 4 + QL 120 | NF | CMS Required Deletion | N/A |
| Stavudine Capsule 30 MG Oral | 4 + QL 60 | NF | CMS Required Deletion | N/A |

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|---|--------------------------|----------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| Stavudine Capsule 40 MG Oral | 4 + QL 60 | NF | CMS Required Deletion | N/A |
| Tilia Fe Tablet 1-20/1-30/1-35 MG-MCG Oral | NF | 2 | Formulary Enhancement | N/A |
| Xalkori CAPSULE 200 MG ORAL | 5 + QL 60 + PA2 | 5 + QL 120 + PA2 | Formulary Enhancement | N/A |
| Xalkori CAPSULE 250 MG ORAL | 5 + QL 60 + PA2 | 5 + QL 120 + PA2 | Formulary Enhancement | N/A |
| EFFECTIVE 05/01/2021 | | | | |
| Anadrol-50 TABLET 50 MG Oral | 5 | NF | CMS Required Deletion | N/A |
| Breztri Aerosphere Aerosol 160-9-4.8 MCG/ACT Inhalation | NF | 3 | Formulary Enhancement | N/A |
| Emtricitabine-Tenofovir DF Tablet 100-150 MG Oral | NF | 5 + QL 30 | Formulary Enhancement | N/A |
| Emtricitabine-Tenofovir DF Tablet 133-200 MG Oral | NF | 5 + QL 30 | Formulary Enhancement | N/A |
| Emtricitabine-Tenofovir DF Tablet 167-250 MG Oral | NF | 5 + QL 30 | Formulary Enhancement | N/A |
| Lidocaine HCl Urethral/Mucosal Gel 2 % External | 2 + QL 30 | NF | CMS Required Deletion | N/A |
| Lubiprostone Capsule 24 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Lubiprostone Capsule 8 MCG Oral | NF | 3 | Formulary Enhancement | N/A |
| Lupkynis Capsule 7.9 MG Oral | NF | 5 + QL 180 + PA1 | Formulary Enhancement | N/A |
| Mayzent Starter Pack Tablet Therapy Pack 0.25 MG Oral | NF | 5 + PA1 | Formulary Enhancement | N/A |
| Metaproterenol Sulfate Syrup 10 MG/5ML Oral | 4 | NF | CMS Required Deletion | N/A |
| Nymyo Tablet 0.25-35 MG-MCG Oral | NF | 2 | Formulary Enhancement | N/A |
| Ozempic (1 MG/DOSE) Solution Pen-Injector 4 MG/3ML Subcutaneous | NF | 6 | Formulary Enhancement | N/A |
| Periogard Solution 0.12 % Mouth/Throat | NF | 1 | Formulary Enhancement | N/A |

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| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| Somatuline Depot Solution 120 MG/0.5ML Subcutaneous | 5 + PA2 | NF | CMS Required Deletion | N/A |
| Somatuline Depot Solution 60 MG/0.2ML Subcutaneous | 5 + PA2 | NF | CMS Required Deletion | N/A |
| Somatuline Depot Solution 90 MG/0.3ML Subcutaneous | 5 + PA2 | NF | CMS Required Deletion | N/A |
| Symjepi Solution Prefilled Syringe 0.15 MG/0.3ML Injection | 3 | NF | CMS Required Deletion | N/A |
| Symjepi Solution Prefilled Syringe 0.3 MG/0.3ML Injection | 3 | NF | CMS Required Deletion | N/A |
| Temixys Tablet 300-300 MG Oral | NF | 5 + QL 30 | Formulary Enhancement | N/A |
| Tepmetko Tablet 225 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| Tri-Nymyo Tablet 0.18/0.215/0.25 MG-35 MCG Oral | NF | 2 | Formulary Enhancement | N/A |
| Verquvo Tablet 10 MG Oral | NF | 4 + QL 30 + PA1 | Formulary Enhancement | N/A |
| Verquvo Tablet 2.5 MG Oral | NF | 4 + QL 30 + PA1 | Formulary Enhancement | N/A |
| Verquvo Tablet 5 MG Oral | NF | 4 + QL 30 + PA1 | Formulary Enhancement | N/A |
| Xeljanz Solution 1 MG/ML Oral | NF | 5 + PA1 | Formulary Enhancement | N/A |
| Xtandi Tablet 40 MG Oral | NF | 5 + QL 120 + PA2 | Formulary Enhancement | N/A |
| Xtandi Tablet 80 MG Oral | NF | 5 + QL 60 + PA2 | Formulary Enhancement | N/A |
| EFFECTIVE 06/01/2021 | | | | |
| Accutane Capsule 20 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Accutane Capsule 30 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Accutane Capsule 40 MG Oral | NF | 4 | Formulary Enhancement | N/A |
| Crixivan CAPSULE 200 MG ORAL | 3 + QL 450 | NF | CMS Required Deletion | N/A |
| Cyclophosphamide Tablet 25 MG Oral | NF | 4 + BD | Formulary Enhancement | N/A |



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| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| Cyclophosphamide Tablet 50 MG Oral | NF | 4 + BD | Formulary Enhancement | N/A |
| Droxidopa Capsule 100 MG Oral | NF | 5 + PA1 | Formulary Enhancement | N/A |
| Droxidopa Capsule 200 MG Oral | NF | 5 + PA1 | Formulary Enhancement | N/A |
| Droxidopa Capsule 300 MG Oral | NF | 5 + PA1 | Formulary Enhancement | N/A |
| Gianvi Tablet 3-0.02 MG Oral | 2 | NF | CMS Required Deletion | N/A |
| NephrAmine SOLUTION 5.4 % Intravenous | 4 + BD | NF | CMS Required Deletion | N/A |
| SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous | 4 + QL 8 | NF | CMS Required Deletion | N/A |
| Ukoniq Tablet 200 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |

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



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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.