



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 website.

For a complete list of drugs covered by HealthTeam Advantage, please visit our Web site at [www.healthteamadvantage.com](http://www.healthteamadvantage.com) or call HealthTeam Advantage Healthcare Concierge, at 888-965-1965 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
<b>EFFECTIVE 01/01/2021</b>				
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



2021

**Formulary Addendum**

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
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
Gavreto Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Halog Solution 0.1 % External	NF	4	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	3	Formulary Enhancement	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	4	3	Formulary Enhancement	N/A
Normosol-R SOLUTION Intravenous	3	NF	CMS Required Deletion	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	4	3	Formulary Enhancement	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	3	Formulary Enhancement	N/A

2021

**Formulary Addendum**

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

<b>2021 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous	NF	3	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	3	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 02/01/2021</b>				
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
Doxycycline Hyclate Tablet Delayed Release 80 MG Oral	NF	4	Formulary Enhancement	N/A
Efavirenz-Emtricitab-Tenofovir Tablet 600-200-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A

2021

**Formulary Addendum**

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
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
Juxtapid CAPSULE 40 MG ORAL	5 + QL 30 + PA1	NF	CMS Required Deletion	N/A
Juxtapid CAPSULE 60 MG ORAL	5 + QL 30 + PA1	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
metformin 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

2021

**Formulary Addendum**

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

<b>2021 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Rowepra 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
<b>EFFECTIVE 03/01/2021</b>				
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	2	Formulary Enhancement	N/A
dilTIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 240 MG Oral	NF	2	Formulary Enhancement	N/A
dilTIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 300 MG Oral	NF	2	Formulary Enhancement	N/A
dilTIAZem HCl ER Coated Beads Tablet Extended Release 24 Hour 360 MG Oral	NF	2	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

2021

**Formulary Addendum**

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
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
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

2021

**Formulary Addendum**

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

<b>2021 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
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	3	NF	CMS Required Deletion	N/A
Rufinamide Suspension 40 MG/ML Oral	NF	5	Formulary Enhancement	N/A
Sklice Lotion 0.5 % External	4	NF	CMS Required Deletion	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
<b>EFFECTIVE 04/01/2021</b>				
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

2021

**Formulary Addendum**

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
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
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
<b>EFFECTIVE 05/01/2021</b>				
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



2021

**Formulary Addendum**

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

<b>2021 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
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	3	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	NF	1	Formulary Enhancement	N/A
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

2021

**Formulary Addendum**

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

<b>2021 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
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
<b>EFFECTIVE 06/01/2021</b>				
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
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
<b>EFFECTIVE 07/01/2021</b>				
Fotivda Capsule 0.89 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Fotivda Capsule 1.34 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Humira Pen-Pediatric UC Start Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Unithroid Tablet 137 MCG Oral	NF	3	Formulary Enhancement	N/A
Vestura Tablet 3-0.02 MG Oral	NF	2	Formulary Enhancement	N/A
<b>EFFECTIVE 08/01/2021</b>				
Albuterol Sulfate ER Tablet Extended Release 12 Hour 4 MG Oral	4	NF	CMS Required Deletion	N/A

2021

**Formulary Addendum**

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

<b>2021 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Albuterol Sulfate ER Tablet Extended Release 12 Hour 8 MG Oral	4	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 25-15 MG ORAL	2	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 25-25 MG Oral	2	NF	CMS Required Deletion	N/A
Captopril-Hydrochlorothiazide TABLET 50-15 MG ORAL	2	NF	CMS Required Deletion	N/A
Captopril-hydroCHLOROthiazide Tablet 50-25 MG Oral	2	NF	CMS Required Deletion	N/A
Phospholine Iodide SOLUTION RECONSTITUTED 0.125 % OPHTHALMIC	4	NF	CMS Required Deletion	N/A
Prednicarbate Cream 0.1 % External	4	NF	CMS Required Deletion	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral	NF	4	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 50 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 60 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2021</b>				
Aptivus SOLUTION 100 MG/ML ORAL	5 + QL 285/28	NF	CMS Required Deletion	N/A
Guanidine HCl Tablet 125 MG Oral	3	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 25 MG ORAL	4	NF	CMS Required Deletion	N/A

2021

**Formulary Addendum**

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

<b>2021 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Maprotiline HCl TABLET 50 MG ORAL	4	NF	CMS Required Deletion	N/A
Maprotiline HCl TABLET 75 MG ORAL	4	NF	CMS Required Deletion	N/A
Namenda XR Titration Pack CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG Oral	3	NF	CMS Required Deletion	N/A
Norethin Ace-Eth Estrad-FE Tablet 1-20 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
oxyCODONE-Aspirin Tablet 4.8355-325 MG Oral	4 + QL 360	NF	CMS Required Deletion	N/A
Propranolol-HCTZ TABLET 40-25 MG ORAL	2	NF	CMS Required Deletion	N/A
Propranolol-HCTZ TABLET 80-25 MG ORAL	2	NF	CMS Required Deletion	N/A
Rufinamide Tablet 200 MG Oral	NF	5	Formulary Enhancement	N/A
Rufinamide Tablet 400 MG Oral	NF	5	Formulary Enhancement	N/A
<b>EFFECTIVE 10/01/2021</b>				
Alinia Suspension Reconstituted 100 MG/5ML Oral	4 + QL 150	NF	CMS Required Deletion	N/A
Alinia Tablet 500 MG Oral	4 + QL 6	NF	CMS Required Deletion	N/A
Ayvakit Tablet 25 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 50 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection	4	NF	CMS Required Deletion	N/A
Clovique Capsule 250 MG Oral	5 + PA1	NF	CMS Required Deletion	N/A
Etravirine Tablet 100 MG Oral	NF	5 + QL 120	Formulary Enhancement	N/A
Etravirine Tablet 200 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Hepatitis B Solution 8 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Kinrix SUSPENSION Intramuscular Injection 0.5 ML	3	NF	CMS Required Deletion	N/A

2021

**Formulary Addendum**

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
Kloxxado Liquid 8 MG/0.1ML Nasal	NF	3	Formulary Enhancement	N/A
Lithium Solution 8 MEQ/5ML Oral	1	NF	CMS Required Deletion	N/A
Lopinavir-Ritonavir Tablet 100-25 MG Oral	NF	3 + QL 300	Formulary Enhancement	N/A
Lopinavir-Ritonavir Tablet 200-50 MG Oral	NF	3 + QL 120	Formulary Enhancement	N/A
Lumakras Tablet 120 MG Oral	NF	5 + QL 240 + PA2	Formulary Enhancement	N/A
Picato Gel 0.015 % External	4	NF	CMS Required Deletion	N/A
Picato Gel 0.05 % External	4	NF	CMS Required Deletion	N/A
Proctosol HC Cream 2.5 % External	2	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral	NF	2	Formulary Enhancement	N/A
Triakta Tablet Therapy Pack 50-25-37.5 & 75 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
TriLyte Solution Reconstituted 420 GM Oral	1	NF	CMS Required Deletion	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A

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.



**2021**

***Formulary Addendum***

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 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 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 Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.