



2022 Formulary Addendum (PPO 5Tier)

Below is a list formulary changes for the benefit year 2022. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2022 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 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, 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

| 2022 FORMULARY CHANGES | | | | |
|---|--------------------------|----------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| EFFECTIVE 01/01/2022 | | | | |
| 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 |
| chlorproMAZINE HCl Concentrate 100 MG/ML Oral | NF | 4 | Formulary Enhancement | N/A |
| chlorproMAZINE HCl Concentrate 30 MG/ML Oral | NF | 4 | Formulary Enhancement | N/A |
| Clovique Capsule 250 MG Oral | 5 + PA1 | NF | CMS Required Deletion | N/A |
| Dupixent Solution Pen-Injector 200 MG/1.14ML Subcutaneous | NF | 5 + PA1 | Formulary Enhancement | 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 |
| Intelligence Tablet 100 MG Oral | 5 + QL 120 | NF | Formulary Update | etravirine tablet 100 mg oral, 5 + QL 120 |
| Intelligence Tablet 200 MG Oral | 5 + QL 60 | NF | Formulary Update | etravirine tablet 200 mg oral, 5 + QL 60 |

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|--|--------------------------|----------------------|--------------------------|---|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| Kaletra Tablet 100-25 MG Oral | 3 + QL 300 | NF | Formulary Update | lopinavir-ritonavir tablet 100-25 mg oral, 3 + QL 300 |
| Kaletra Tablet 200-50 MG Oral | 3 + QL 120 | NF | Formulary Update | lopinavir-ritonavir tablet 200-50 mg oral, 3 + QL 120 |
| Kloxxado Liquid 8 MG/0.1ML Nasal | NF | 4 | Formulary Enhancement | 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 |
| Potassium Chloride Crys ER Tablet Extended Release 15 MEQ Oral | NF | 1 | Formulary Enhancement | N/A |
| Rezurock Tablet 200 MG Oral | NF | 5 + PA1 + LA | Formulary Enhancement | N/A |
| SUNITinib Malate Capsule 12.5 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| SUNITinib Malate Capsule 25 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| SUNITinib Malate Capsule 37.5 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| SUNITinib Malate Capsule 50 MG Oral | NF | 5 + PA2 | Formulary Enhancement | N/A |
| Sutent Capsule 12.5 MG Oral | 5 + PA2 | NF | Formulary Update | sunitinib malate capsule 12.5 mg oral, 5 + PA2 |
| Sutent Capsule 25 MG Oral | 5 + PA2 | NF | Formulary Update | sunitinib malate capsule 25 mg oral, 5 + PA2 |

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|---|--------------------------|----------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| Sutent Capsule 37.5 MG Oral | 5 + PA2 | NF | Formulary Update | sunitinib malate capsule 37.5 mg oral, 5 + PA2 |
| Sutent Capsule 50 MG Oral | 5 + PA2 | NF | Formulary Update | sunitinib malate capsule 50 mg oral, 5 + PA2 |
| Theophylline ER Tablet Extended Release 12 Hour 450 MG Oral | NF | 2 | Formulary Enhancement | N/A |
| Trikafta 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 |
| Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral | 4 | NF | CMS Required Deletion | N/A |
| Xofluza (40 MG Dose) Tablet Therapy Pack 1 x 40 MG Oral | NF | 3 | Formulary Enhancement | N/A |
| Xofluza (40 MG Dose) Tablet Therapy Pack 2 x 20 MG Oral | 3 | NF | CMS Required Deletion | N/A |
| Xofluza (80 MG Dose) Tablet Therapy Pack 2 x 40 MG Oral | 3 | 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.

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.



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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.