



2022

Formulary Addendum

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 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 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
Intelence Tablet 100 MG Oral	5 + QL 120	NF	Formulary Update	etravirine tablet 100 mg oral, 5 + QL 120
Intelence 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

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Sutent Capsule 25 MG Oral	5 + PA2	NF	Formulary Update	sunitinib malate capsule 25 mg oral, 5 + PA2
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
EFFECTIVE 01/01/2022 – ADDITIONS				
Dextroamphetamine Sulfate Tablet 15 MG Oral	NF	4 + QL 120	Formulary Enhancement	N/A
Dextroamphetamine Sulfate Tablet 20 MG Oral	NF	4 + QL 90	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Dextroamphetamine Sulfate Tablet 30 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Difluprednate Emulsion 0.05 % Ophthalmic	NF	3	Formulary Enhancement	N/A
Nebivolol HCl Tablet 10 MG Oral	NF	6	Formulary Enhancement	N/A
Nebivolol HCl Tablet 2.5 MG Oral	NF	6	Formulary Enhancement	N/A
Nebivolol HCl Tablet 20 MG Oral	NF	6	Formulary Enhancement	N/A
Nebivolol HCl Tablet 5 MG Oral	NF	6	Formulary Enhancement	N/A
Panretin Gel 0.1 % External	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 0.5 MG Oral	NF	3	Formulary Enhancement	N/A
Varenicline Tartrate Tablet 1 MG Oral	NF	3	Formulary Enhancement	N/A
Welireg Tablet 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xofluza (80 MG Dose) Tablet Therapy Pack 1 x 80 MG Oral	NF	3	Formulary Enhancement	N/A
EFFECTIVE 02/01/2022				
azaTHIOprine Tablet 100 MG Oral	NF	3 + BD	Formulary Enhancement	N/A
azaTHIOprine Tablet 75 MG Oral	NF	3 + BD	Formulary Enhancement	N/A
Cosentyx Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Cyclafem 1/35 Tablet 1-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Cyclafem 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	2	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
Everolimus Tablet 10 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 2 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 3 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet Soluble 5 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Invega Hafyera Suspension Prefilled Syringe 1092 MG/3.5ML Intramuscular	NF	5	Formulary Enhancement	N/A
Invega Hafyera Suspension Prefilled Syringe 1560 MG/5ML Intramuscular	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 10-10 MG Oral	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 15-10 MG Oral	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 20-10 MG Oral	NF	5	Formulary Enhancement	N/A
Lybalvi Tablet 5-10 MG Oral	NF	5	Formulary Enhancement	N/A
PARoxetine HCl Suspension 10 MG/5ML Oral	NF	4	Formulary Enhancement	N/A
Pentacel Suspension Reconstituted Intramuscular	NF	6	Formulary Enhancement	N/A
Proparacaine HCl Solution 0.5 % Ophthalmic	2	NF	CMS Required Deletion	N/A
Repatha Pushtronex System Solution Cartridge 420 MG/3.5ML Subcutaneous	4 + PA1	3 + PA1	Formulary Enhancement	N/A
Repatha Solution Prefilled Syringe 140 MG/ML Subcutaneous	4 + PA1	3 + PA1	Formulary Enhancement	N/A
Repatha SureClick Solution Auto-Injector 140 MG/ML Subcutaneous	4 + PA1	3 + PA1	Formulary Enhancement	N/A
Sertraline HCl Capsule 150 MG Oral	NF	2	Formulary Enhancement	N/A
Sertraline HCl Capsule 200 MG Oral	NF	2	Formulary Enhancement	N/A
Tavneos Capsule 10 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
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
EFFECTIVE 03/01/2022				
Besremi Solution Prefilled Syringe 500 MCG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Dupixent Solution Prefilled Syringe 100 MG/0.67ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Eprontia Solution 25 MG/ML Oral	NF	3	Formulary Enhancement	N/A
Everolimus Tablet 1 MG Oral	NF	5 + QL 60 + BD	Formulary Enhancement	N/A
Exkivity Capsule 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 100 MG Oral	NF	2	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 300 MG Oral	NF	2	Formulary Enhancement	N/A
Hydroxychloroquine Sulfate Tablet 400 MG Oral	NF	2	Formulary Enhancement	N/A
Ivermectin TABLET 3 MG ORAL	2	2 + PA2	Formulary Update	N/A
Livmarli Solution 9.5 MG/ML Oral	NF	5 + PA1	Formulary Enhancement	N/A
Livtency Tablet 200 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Naloxone HCl Liquid 4 MG/0.1ML Nasal	NF	3	Formulary Enhancement	N/A
Nylia 1/35 Tablet 1-35 MG-MCG Oral	NF	2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Scemblix Tablet 20 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Scemblix Tablet 40 MG Oral	NF	5 + QL 300 + PA2	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 2.4 MCG/0.5ML Intramuscular	NF	6	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	4	NF	CMS Required Deletion	N/A
Zarah Tablet 3-0.03 MG Oral	2	NF	CMS Required Deletion	N/A
EFFECTIVE 04/01/2022				
Accutane Capsule 10 MG Oral	NF	4	Formulary Enhancement	N/A
Biktarvy Tablet 30-120-15 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Brimonidine Tartrate-Timolol Solution 0.2-0.5 % Ophthalmic	NF	4	Formulary Enhancement	N/A
Bylvay (Pellets) Capsule Sprinkle 200 MCG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Bylvay Capsule 1200 MCG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Bylvay Capsule 400 MCG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	NF	2	Formulary Enhancement	N/A
Hepatamine Solution 8 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Intron A Solution 10000000 UNIT/ML Injection	5 + BD	NF	CMS Required Deletion	N/A
Intron A Solution 6000000 UNIT/ML Injection	5 + BD	NF	CMS Required Deletion	N/A
Tri-Previfem Tablet 0.18/0.215/0.25 MG-35 MCG Oral	2	NF	CMS Required Deletion	N/A
VariZIG Solution 125 UNIT/1.2ML Intramuscular	5 + PA1	NF	CMS Required Deletion	N/A
EFFECTIVE 05/01/2022				
Aminosyn-PF Solution 7 % Intravenous	4 + BD	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
amLODIPine-Valsartan-HCTZ Tablet 10-160-12.5 MG Oral	6	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-160-25 MG Oral	6	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 10-320-25 MG Oral	6	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 5-160-12.5 MG Oral	6	NF	CMS Required Deletion	N/A
amLODIPine-Valsartan-HCTZ Tablet 5-160-25 MG Oral	6	NF	CMS Required Deletion	N/A
Carglumic Acid Tablet 200 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Cefuroxime Sodium Solution Reconstituted 7.5 GM Injection	4	NF	CMS Required Deletion	N/A
Citalopram Hydrobromide Capsule 30 MG Oral	NF	2	Formulary Enhancement	N/A
Maraviroc Tablet 150 MG Oral	NF	5 + QL 240	Formulary Enhancement	N/A
Maraviroc Tablet 300 MG Oral	NF	5 + QL 120	Formulary Enhancement	N/A
Mavyret Packet 50-20 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Moxeza Solution 0.5 % Ophthalmic	3	NF	CMS Required Deletion	N/A
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 15 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 30 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
OxyCODONE HCl ER Tablet ER 12 Hour Abuse-Deterrent 60 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A
Rinvoq Tablet Extended Release 24 Hour 30 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Talzenna Capsule 0.5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 0.75 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xarelto Suspension Reconstituted 1 MG/ML Oral	NF	3	Formulary Enhancement	N/A
EFFECTIVE 06/01/2022				
Apomorphine HCl Solution Cartridge 30 MG/3ML Subcutaneous	NF	5 + QL 60	Formulary Enhancement	N/A
Aztreonam Solution Reconstituted 2 GM Injection	NF	4	Formulary Enhancement	N/A
Betaine Powder Oral	NF	5	Formulary Enhancement	N/A
Farydak Capsule 10 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Farydak Capsule 15 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Farydak Capsule 20 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Fluoroplex Cream 1 % External	4	NF	CMS Required Deletion	N/A
GaviLyte-N with Flavor Pack SOLUTION RECONSTITUTED 420 GM ORAL	1	NF	CMS Required Deletion	N/A
Invirase Tablet 500 MG Oral	5 + QL 120	NF	CMS Required Deletion	N/A
Kinrix Suspension Intramuscular	6	NF	CMS Required Deletion	N/A
Lacosamide Tablet 100 MG Oral	NF	4	Formulary Enhancement	N/A
Lacosamide Tablet 150 MG Oral	NF	4	Formulary Enhancement	N/A
Lacosamide Tablet 200 MG Oral	NF	4	Formulary Enhancement	N/A
Lacosamide Tablet 50 MG Oral	NF	4	Formulary Enhancement	N/A
Lenalidomide Capsule 10 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 15 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenalidomide Capsule 5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Phexxi Gel 1.8-1-0.4 % Vaginal	NF	4	Formulary Enhancement	N/A
Pyrukynd Tablet 20 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Pyrukynd Tablet 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Pyrukynd Tablet 50 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Pyrukynd Taper Pack Tablet Therapy Pack 5 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
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 20 MG & 7 x 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Pyrukynd Taper Pack Tablet Therapy Pack 7 x 50 MG & 7 x 20 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Quadracel Suspension Intramuscular (58 UNT/ML)	NF	6	Formulary Enhancement	N/A
Tekturna HCT Tablet 150-12.5 MG Oral	6	NF	CMS Required Deletion	N/A
Tekturna HCT Tablet 150-25 MG Oral	6	NF	CMS Required Deletion	N/A
Temixys Tablet 300-300 MG Oral	5 + QL 30	NF	CMS Required Deletion	N/A
EFFECTIVE 07/01/2022				
cycloSPORINE Emulsion 0.05 % Ophthalmic	NF	3 + QL 60	Formulary Enhancement	N/A
Deferiprone Tablet 1000 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Dexlansoprazole Capsule Delayed Release 30 MG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Dexlansoprazole Capsule Delayed Release 60 MG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Lithium Solution 8 MEQ/5ML Oral	1	NF	CMS Required Deletion	N/A
Ozempic (1 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	6	NF	CMS Required Deletion	N/A
Ozempic (2 MG/DOSE) Solution Pen-Injector 8 MG/3ML Subcutaneous	NF	6	Formulary Enhancement	N/A
PreHevbrio Suspension 10 MCG/ML Intramuscular	NF	6 + BD	Formulary Enhancement	N/A
Previfem Tablet 0.25-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Rinvoq Tablet Extended Release 24 Hour 45 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Takhzyro Solution Prefilled Syringe 300 MG/2ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Triumeq PD Tablet Soluble 60-5-30 MG Oral	NF	5 + QL 180	Formulary Enhancement	N/A

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Varenicline Tartrate 0.5 MG X 11 & 1 MG X 42 Oral	NF	3	Formulary Enhancement	N/A
Zimhi Solution Prefilled Syringe 5 MG/0.5ML Injection	NF	3	Formulary Enhancement	N/A
EFFECTIVE 08/01/2022				
Abacavir-lamiVUDine-Zidovudine Tablet 300-150-300 MG Oral	5 + QL 60	NF	CMS Required Deletion	N/A
Chantix Continuing Month Pak Tablet 1 MG Oral	3	NF	CMS Required Deletion	N/A
Chantix Starting Month Pak Tablet 0.5 MG X 11 & 1 MG X 42 Oral	3	NF	CMS Required Deletion	N/A
Chantix Tablet 0.5 MG Oral	3	NF	CMS Required Deletion	N/A
Chantix Tablet 1 MG Oral	3	NF	CMS Required Deletion	N/A
Chlorzoxazone Tablet 250 MG Oral	NF	4	Formulary Enhancement	N/A
Copiktra Capsule 15 MG Oral	5 + QL 60 + PA2	NF	CMS Required Deletion	N/A
Copiktra Capsule 25 MG Oral	5 + QL 60 + PA2	NF	CMS Required Deletion	N/A
Isosorb Dinitrate-hydrALAZINE Tablet 20-37.5 MG Oral	NF	6	Formulary Enhancement	N/A
Lacosamide Solution 10 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Nizatidine Solution 15 MG/ML Oral	2	NF	CMS Required Deletion	N/A
Ondansetron HCl Tablet 24 MG Oral	2 + QL 30 + BD	NF	CMS Required Deletion	N/A
oxyCODONE-Acetaminophen Solution 5-325 MG/5ML Oral	NF	4 + QL 1080	Formulary Enhancement	N/A
Pirfenidone Tablet 267 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Pirfenidone Tablet 801 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Trizivir Tablet 300-150-300 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Ukoniq Tablet 200 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Vonjo Capsule 100 MG Oral	NF	5 + PA2	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 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 Diabetes and Heart Care Plan 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 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.