

2023
Formulary Addendum

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 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 htanc.com or call HealthTeam Advantage Diabetes and Heart Care Plan, at 888-965-1965 or, for TTY users, 711, October 1 – March 21, 8 AM-8 PM EST, 7 days a week; April 1 – September 30, 8 AM-8 PM EST, Monday - Friday.

BD - Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,
 QL – Quantity Limit per 30 days, ST - Step Therapy

| 2023 FORMULARY CHANGES | | | | |
|---|--------------------------|--------------------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| EFFECTIVE 01.01.2023 | | | | |
| Pentacel intramuscular kit 15 Lf unit-20 mcg-5 Lf/0.5 mL | NF | 6 | Formulary Enhancement* | N/A |
| sodium potassium magnesium sulfates oral reconstitute solution 17.5-3.13-1.6 gram | NF | 3 | Formulary Enhancement | N/A |
| Tenivac intramuscular vial 5 Lf unit-2 Lf unit/0.5mL | NF | 6 | Formulary Enhancement* | N/A |
| YF-Vax subcutaneous vial 10exp4.74 unit/0.5 mL | NF | 6 | Formulary Enhancement* | N/A |
| Recombivax HB intramuscular vial 5 mcg/0.5mL | NF | 6 + BD | Formulary Enhancement* | N/A |
| Engerix-B intramuscular vial 20 mcg/mL | NF | 6 + BD | Formulary Enhancement* | N/A |
| Ticovac intramuscular syringe 1.2 mcg/0.25 mL | NF | 6 | Formulary Enhancement* | N/A |
| Quadracel intramuscular syringe 15 Lf-48 mcg-5 Lf unit/0.5 mL | NF | 6 | Formulary Enhancement* | N/A |
| Nucala subcutaneous syringe 40 mg/0.4 mL | NF | 5 + PA1 + QL (0.4 per 28 days) | Formulary Enhancement | N/A |
| Priorix subcutaneous vial 10exp3.4-4.2-3.3CCID50/0.5 mL | NF | 6 | Formulary Enhancement* | N/A |

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|--|--------------------------|----------------------------|--------------------------|--|
| Drug Name | Current Drug Tier | New Drug Tier | Reason For Change | Alternative Drug, Alternative Drug Tier |
| Skyrizi subcutaneous wearable injector 360 mg/2.4 mL (150 mg/mL) | NF | 5 + PA1 | Formulary Enhancement | N/A |
| cyclosporine emulsion 0.05% | NF | 3 | Formulary Enhancement | N/A |
| Mounjaro subcutaneous pen injector 5 mg/0.5 mL | NF | 6 + ST+ QL (2 per 28 days) | Formulary Enhancement | N/A |
| Mounjaro subcutaneous pen injector 15 mg/0.5 mL | NF | 6 + ST+ QL (2 per 28 days) | Formulary Enhancement | N/A |
| Mounjaro subcutaneous pen injector 2.5 mg/0.5 mL | NF | 6 + ST+ QL (2 per 28 days) | Formulary Enhancement | N/A |
| Mounjaro subcutaneous pen injector 10 mg/0.5 mL | NF | 6 + ST+ QL (2 per 28 days) | Formulary Enhancement | N/A |
| Mounjaro subcutaneous pen injector 12.5 mg/0.5 mL | NF | 6 + ST+ QL (2 per 28 days) | Formulary Enhancement | N/A |
| Mounjaro subcutaneous pen injector 7.5 mg/0.5 mL | NF | 6 + ST+ QL (2 per 28 days) | Formulary Enhancement | N/A |
| Digox oral tablet 250 mcg | 6 | NF | CMS Required Deletion | digoxin oral tablet 250 mcg, 2 |
| Digox oral tablet 125 mcg | 6 | NF | CMS Required Deletion | digoxin oral tablet 125 mcg, 2 |

*Formulary enhancement due to changes in the Inflation Reduction Act. This medication will be covered for \$0 through the entire benefit.

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,



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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, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage Plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.