

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 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 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

*Formulary Enhancement due to changes in the Inflation Reduction Act

2023 FORMULARY CHANGES				
Drug Name	Reason For Change	Drug Tier	Restrictions	Alternative Drug, Alternative Drug Tier
Effective 1/1/2023				
<i>cyclosporine opth emulsion 0.05%</i>	Formulary Enhancement	3		
ENGERIX-B INTRAMUSCULAR VIAL 20 MCG/ML	Formulary Enhancement*	3	BD	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 5 mg/0.5 mL	Formulary Enhancement*	5	ST QL	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 15 mg/0.5 mL	Formulary Enhancement*	5	ST QL	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 mg/0.5 mL	Formulary Enhancement*	5	ST QL	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 mg/0.5 mL	Formulary Enhancement*	5	ST QL	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 12.5 mg/0.5 mL	Formulary Enhancement*	5	ST QL	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 7.5 MG/0.5 ML	Formulary Enhancement*	5	ST QL	
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Formulary Enhancement	5	PA QL	
PENTACEL INTRAMUSCULAR KIT 15 LF UNIT-20MCG-5 LF/0.5 ML	Formulary Enhancement*	3		
PRIORIX SUBCUTANEOUS VIAL 10EXP3.4-4.2-3.3CCID50/0.5 ML	Formulary Enhancement*	3		

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Drug Name	Reason For Change	Drug Tier	Restrictions	Alternative Drug, Alternative Drug Tier
QUADRACEL INTRAMUSCULAR SYRINGE 15 LF-48 MCG-5 LF UNIT/0.5 ML	Formulary Enhancement*	3		
RECOMBIVAX HB INTRAMUSCULAR VIAL 5 MCG/0.5ML	Formulary Enhancement*	3	BD	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Formulary Enhancement	5	PA	
<i>sodium potassium magnesium sulfates oral reconstitute solution 17.5-3.13-1.6 gram</i>	Formulary Enhancement	3		
TENIVAC INTRAMUSCULAR VIAL 5 LF UNIT-2 LF UNIT/0.5ML	Formulary Enhancement*	3		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	Formulary Enhancement*	3		
YF-VAX SUBCUTANEOUS VIAL 10EXP4.74 UNIT/0.5 ML	Formulary Enhancement*	3		
DIGOX ORAL TABLET 125 MCG	CMS Required Deletion	NF		
DIGOX ORAL TABLET 250 MCG	CMS Required Deletion	NF		
Effective 2/1/2023				
CALQUENCE ORAL TABLET 100 MG	Formulary Enhancement	5	PA	
CAPLYTA ORAL CAPSULE 10.5 MG	Formulary Enhancement	5	PA QL	
CAPLYTA ORAL CAPSULE 21 MG	Formulary Enhancement	5	PA QL	
DESCOVY ORAL TABLET 120-15 MG	Formulary Enhancement	5	QL	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM	Formulary Enhancement	4		
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	Formulary Enhancement	4		

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Drug Name	Reason For Change	Drug Tier	Restrictions	Alternative Drug, Alternative Drug Tier
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	Formulary Enhancement	4		
DIVIGEL TRANSDERMAL GEL 1 MG/GM	Formulary Enhancement	4		
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	Formulary Enhancement	4		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Formulary Enhancement	5	PA QL	
<i>icosapent ethyl oral capsule 0.5 gm</i>	Formulary Enhancement	4	PA	
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Formulary Enhancement	5	PA	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Formulary Enhancement*	3		
<i>lenalidomide oral capsule 2.5 mg</i>	Formulary Enhancement	5	PA	
<i>lenalidomide oral capsule 20 mg</i>	Formulary Enhancement	5	PA	
ORKAMBI ORAL PACKET 75-94 MG	Formulary Enhancement	5	PA QL	
<i>pirfenidone oral tablet 534 mg</i>	Formulary Enhancement	5	PA	
RELYVRIO ORAL PACKET 3-1 GM	Formulary Enhancement	5	PA QL	
<i>roflumilast oral tablet 500 mcg</i>	Formulary Enhancement	4	PA	
<i>tazarotene external gel 0.05 %</i>	Formulary Enhancement	4		
<i>tazarotene external gel 0.1 %</i>	Formulary Enhancement	4		
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	Formulary Enhancement	4	ST	

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ZONISADE ORAL SUSPENSION 100 MG/5ML	Formulary Enhancement	4	ST	
DIGITEK ORAL TABLET 125 MCG	CMS Required Deletion	NF		
DIVIGEL TRANSDERMAL GEL 1 MG/GM	CMS Required Deletion	NF		
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	CMS Required Deletion	NF		
FML OPHTHALMIC OINTMENT 0.1 %	CMS Required Deletion	NF		
<i>furosemide injection solution 10 mg/ml (4ml syringe)</i>	CMS Required Deletion	NF		
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	CMS Required Deletion	NF		
LARISSIA ORAL TABLET 0.1-20 MG-MCG	CMS Required Deletion	NF		
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	CMS Required Deletion	NF		
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	CMS Required Deletion	NF		
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	CMS Required Deletion	NF		
Effective 3/1/2023				
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Formulary Enhancement	4	QL	
<i>estradiol transdermal gel 0.25 mg/0.25gm</i>	Formulary Enhancement	4		
<i>estradiol transdermal gel 0.5 mg/0.5gm</i>	Formulary Enhancement	4		
<i>estradiol transdermal gel 0.75 mg/0.75gm</i>	Formulary Enhancement	4		

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<i>estradiol transdermal gel 1 mg/gm</i>	Formulary Enhancement	4		
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	Formulary Enhancement	4		
GLEOSTINE ORAL CAPSULE 10 MG	Formulary Enhancement	4		
GLEOSTINE ORAL CAPSULE 40 MG	Formulary Enhancement	4		
GLEOSTINE ORAL CAPSULE 100 MG	Formulary Enhancement	4		
MENEST ORAL TABLET 2.5 MG	Formulary Enhancement	4		
OXBRYTA ORAL TABLET 300 MG	Formulary Enhancement	5	PA QL	
<i>roflumilast oral tablet 250 mcg</i>	Formulary Enhancement	4	PA	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Formulary Enhancement	5	PA	
TAMIFLU ORAL CAPSULE 30 MG	Formulary Enhancement	4	QL	
TAMIFLU ORAL CAPSULE 45 MG	Formulary Enhancement	4	QL	
TAMIFLU ORAL CAPSULE 75 MG	Formulary Enhancement	4	QL	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	Formulary Enhancement	4	QL	
INTRON A POWDER FOR INJ 10MU	CMS Required Deletion	NF		
INTRON A POWDER FOR INJ 50MU	CMS Required Deletion	NF		
PASER DELAYED RELEASE ORAL GRANULES 4GM	CMS Required Deletion	NF		



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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 21, 8 AM-8 PM EST, 7 days a week; April 1 – September 30, 8 AM-8 PM EST, Monday - Friday.

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.