

**Formulary Addendum**

Below is a list formulary changes for the benefit year 2024. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2024 downloadable formulary on the HealthTeam Advantage website.

For a complete list of drugs covered by HealthTeam Advantage, please visit our website 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, 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

<b>2024 FORMULARY CHANGES</b>			
<b>Drug Name</b>	<b>Reason For Change</b>	<b>Drug Tier</b>	<b>Restrictions</b>
<b>Effective 1/1/2024</b>			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Formulary Addition*	Tier 6	
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	Formulary Addition	Tier 5	BD
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Formulary Addition*	Tier 6	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Formulary Addition	Tier 5	PA QL
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Formulary Addition	Tier 4	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	Formulary Addition	Tier 4	
JAVYGTOR ORAL PACKET 100 MG	Formulary Addition	Tier 5	PA
JAVYGTOR ORAL PACKET 500 MG	Formulary Addition	Tier 5	PA
JAVYGTOR ORAL TABLET 100 MG	Formulary Addition	Tier 5	PA
SKYCLARYS ORAL CAPSULE 50 MG	Formulary Addition	Tier 5	PA QL
TALZENNA ORAL CAPSULE 0.1 MG	Formulary Addition	Tier 5	PA
TALZENNA ORAL CAPSULE 0.35 MG	Formulary Addition	Tier 5	PA
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Formulary Addition	Tier 3	QL
TYRVAYA NASAL SOLUTION 0.03MG	Formulary Addition	Tier 4	PA QL
VIGADRONE ORAL TABLET 500 MG	Formulary Addition	Tier 5	PA
ZEJULA ORAL TABLET 100 MG	Formulary Addition	Tier 5	PA QL
ZEJULA ORAL TABLET 200 MG	Formulary Addition	Tier 5	PA
ZEJULA ORAL TABLET 300 MG	Formulary Addition	Tier 5	PA

**2024**

**Formulary Addendum**

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

<b>2024 FORMULARY CHANGES</b>			
<b>Drug Name</b>	<b>Reason For Change</b>	<b>Drug Tier</b>	<b>Restrictions</b>
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG (21)	Formulary Addition	Tier 5	PA QL
<b>Effective 2/1/2024</b>			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Formulary Addition	Tier 6	PA QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Formulary Addition	Tier 6	PA QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Formulary Addition	Tier 6	PA QL
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	Formulary Addition	Tier 4	
HUMATIN ORAL CAPSULE 250 MG	Formulary Addition	Tier 5	
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Formulary Addition	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG	Formulary Addition	Tier 2	
PHENYTEK ORAL CAPSULE 300 MG	Formulary Addition	Tier 2	
QULIPTA ORAL TABLET 10 MG	Formulary Addition	Tier 5	PA QL
QULIPTA ORAL TABLET 30 MG	Formulary Addition	Tier 5	PA QL
QULIPTA ORAL TABLET 60 MG	Formulary Addition	Tier 5	PA QL
REVLIMID ORAL CAPSULE 10 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 15 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 2.5 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 20 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 25 MG	Formulary Addition	Tier 5	PA
REVLIMID ORAL CAPSULE 5 MG	Formulary Addition	Tier 5	PA
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Formulary Addition	Tier 3	
<b>Effective 3/1/2024</b>			
AKEEGA ORAL TABLET 100-500 MG	Formulary Addition	Tier 5	PA
AKEEGA ORAL TABLET 50-500 MG	Formulary Addition	Tier 5	PA
AUGTYRO ORAL CAPSULE 40 MG	Formulary Addition	Tier 5	PA
KALYDECO ORAL PACKET 5.8 MG	Formulary Addition	Tier 5	PA
OGSIVEO ORAL TABLET 50 MG	Formulary Addition	Tier 5	PA
VIGPODER ORAL PACKET 500 MG	Formulary Addition	Tier 5	PA

2024

**Formulary Addendum**

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

2024 FORMULARY CHANGES			
Drug Name	Reason For Change	Drug Tier	Restrictions
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	Formulary Addition	Tier 3	
<b>Effective 4/1/2024</b>			
BOSULIF ORAL CAPSULE 100 MG	Formulary Addition	Tier 5	PA
BOSULIF ORAL CAPSULE 50 MG	Formulary Addition	Tier 5	PA
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Formulary Addition	Tier 4	QL
IWILFIN ORAL TABLET 192 MG	Formulary Addition	Tier 5	PA
<i>mupirocin calcium external cream 2 %</i>	Formulary Addition	Tier 3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Formulary Addition	Tier 3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Formulary Addition*	Tier 6	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	Formulary Addition	Tier 4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	Formulary Addition	Tier 5	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg</i>	Formulary Addition	Tier 5	
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	Formulary Addition	Tier 5	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG	Formulary Addition	Tier 6	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG	Formulary Addition	Tier 6	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	Formulary Addition	Tier 6	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	Formulary Addition	Tier 6	
VOWST ORAL CAPSULE	Formulary Addition	Tier 5	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	Formulary Addition	Tier 5	PA
XALKORI ORAL CAPSULE SPRINKLE 20 MG	Formulary Addition	Tier 5	PA
XALKORI ORAL CAPSULE SPRINKLE 50 MG	Formulary Addition	Tier 5	PA
<b>Effective 5/1/2024</b>			

2024

**Formulary Addendum**

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

2024 FORMULARY CHANGES			
Drug Name	Reason For Change	Drug Tier	Restrictions
<i>cycloserine oral capsule 250 mg</i>	Formulary Addition	Tier 5	
HEATHER ORAL TABLET 0.35 MG	Formulary Addition	Tier 3	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	Formulary Addition*	Tier 6	
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg</i>	Formulary Addition	Tier 4	QL
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Formulary Addition	Tier 4	QL
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	Formulary Addition	Tier 4	QL
<i>mifepristone oral tablet 300 mg</i>	Formulary Addition	Tier 6	PA QL
ROZLYTREK ORAL PACKET 50 MG	Formulary Addition	Tier 5	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Formulary Addition	Tier 5	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Formulary Addition	Tier 5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Formulary Addition	Tier 5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Formulary Addition	Tier 5	PA
Effective 6/1/2024			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT	Formulary Addition	Tier 3	QL
ADVAIR HFA INHALATION AEROSOL 230-21 MCG/ACT	Formulary Addition	Tier 3	QL
ADVAIR HFA INHALATION AEROSOL 45-21 MCG/ACT	Formulary Addition	Tier 3	QL
<i>nitroglycerin rectal ointment 0.4 %</i>	Formulary Addition	Tier 4	
SOTYKTU ORAL TABLET 6 MG	Formulary Addition	Tier 5	PA QL
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Formulary Addition	Tier 5	PA QL
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Formulary Addition	Tier 5	PA QL
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Formulary Addition	Tier 5	PA QL
Effective 7/1/2024			

**2024**

**Formulary Addendum**

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

<b>2024 FORMULARY CHANGES</b>			
<b>Drug Name</b>	<b>Reason For Change</b>	<b>Drug Tier</b>	<b>Restrictions</b>
JYLAMVO ORAL SOLUTION 2 MG/ML	Formulary Addition	Tier 4	
LOKELMA ORAL PACKET 10 GM	Formulary Addition	Tier 4	QL
LOKELMA ORAL PACKET 5 GM	Formulary Addition	Tier 4	QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	Formulary Addition	Tier 3	QL
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	Formulary Addition	Tier 3	QL
XCOPRI ORAL TABLET 25 MG	Formulary Addition	Tier 5	PA
YARGESA ORAL CAPSULE 100 MG	Formulary Addition	Tier 5	PA

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, 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 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.



**2024**

***Formulary Addendum***

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.