

**2025**

**Formulary Addendum**

Below is a list formulary changes for the benefit year 2025. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2025 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 (TTY: 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>2025 FORMULARY CHANGES</b>			
<b>Drug Name</b>	<b>Reason For Change</b>	<b>Drug Tier</b>	<b>Restrictions</b>
<b>Effective 2/1/2025</b>			
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	Formulary Addition	Tier 5	PA QL
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Formulary Addition	Tier 5	PA QL
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml</i>	Formulary Addition	Tier 5	PA QL
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	Formulary Addition	Tier 5	PA QL
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Formulary Addition	Tier 5	PA QL
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	Formulary Addition	Tier 3	QL
AUGTYRO ORAL CAPSULE 160 MG	Formulary Addition	Tier 5	PA
COBENFY ORAL CAPSULE 100-20 MG	Formulary Addition	Tier 5	PA QL
COBENFY ORAL CAPSULE 125-30 MG	Formulary Addition	Tier 5	PA QL
COBENFY ORAL CAPSULE 50-20 MG	Formulary Addition	Tier 5	PA QL
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Formulary Addition	Tier 5	PA QL
<i>dasatinib oral tablet 100 mg</i>	Formulary Addition	Tier 5	PA
<i>dasatinib oral tablet 140 mg</i>	Formulary Addition	Tier 5	PA
<i>dasatinib oral tablet 20 mg</i>	Formulary Addition	Tier 5	PA
<i>dasatinib oral tablet 50 mg</i>	Formulary Addition	Tier 5	PA
<i>dasatinib oral tablet 70 mg</i>	Formulary Addition	Tier 5	PA
<i>dasatinib oral tablet 80 mg</i>	Formulary Addition	Tier 5	PA
GALLIFREY ORAL TABLET 5 MG	Formulary Addition	Tier 2	

**2025**

**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>2025 FORMULARY CHANGES</b>			
<b>Drug Name</b>	<b>Reason For Change</b>	<b>Drug Tier</b>	<b>Restrictions</b>
ITOVEBI ORAL TABLET 3 MG	Formulary Addition	Tier 5	PA QL
ITOVEBI ORAL TABLET 9 MG	Formulary Addition	Tier 5	PA
LAZCLUZE ORAL TABLET 80 MG	Formulary Addition	Tier 5	PA QL
LAZCLUZE ORAL TABLET 240 MG	Formulary Addition	Tier 5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML	Formulary Addition	Tier 5	PA QL
LUMAKRAS ORAL TABLET 240 MG	Formulary Addition	Tier 5	PA
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Formulary Addition	Tier 6	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Formulary Addition	Tier 6	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>	Formulary Addition	Tier 6	
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
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Formulary Addition	Tier 5	PA QL
VORANIGO ORAL TABLET 10 MG	Formulary Addition	Tier 5	PA QL
VORANIGO ORAL TABLET 40 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 (TTY: 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.



**2025**

***Formulary Addendum***

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.