2026
Formulary Addendum

Below is a list formulary changes for the benefit year 2026. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2026 downloadable formulary on the HealthTeam Advantage website.

For a complete list of drugs covered by HealthTeam Advantage, please visit our website at www.htanc.com or call your Healthcare Concierge at 1-888-965-1965 (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,
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2026 FORMULARY CHANGES			
Drug Name	**Reason For Change**	**Drug Tier**	**Restrictions**
Effective 2/1/2026			
fidaxomicin oral tablet 200 mg	Formulary Addition	Tier 5	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Formulary Addition	Tier 4	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	Formulary Addition	Tier 2	
ampicillin sodium injection solution reconstituted 2 gm	Formulary Addition	Tier 3	
lomustine oral capsule 10 mg, 40 mg	Formulary Addition	Tier 4	
lomustine oral capsule 100 mg	Formulary Addition	Tier 5	
ala-cort external cream 1 %	Formulary Addition	Tier 2	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Formulary Addition	Tier 3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Formulary Addition	Tier 5	PA QL
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Formulary Addition	Tier 5	ST
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG, 54.5 MG, 72.6 MG	Formulary Addition	Tier 5	ST QL
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Formulary Addition	Tier 3	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Formulary Addition	Tier 3	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	Formulary Addition	Tier 3	
BRUKINSA ORAL TABLET 160 MG	Formulary Addition	Tier 5	PA
INLURIYO ORAL TABLET 200 MG	Formulary Addition	Tier 5	PA
levofloxacin ophthalmic solution 0.5 %	Formulary Addition	Tier 3	
fentanyl transdermal patch 72 hour 12 mcg/hr	Formulary Addition	Tier 4	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Formulary Addition	Tier 4	



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Drug Name	**Reason For Change**	**Drug Tier**	**Restrictions**
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Formulary Addition	Tier 3	
betamethasone dipropionate aug external lotion 0.05 %	Formulary Addition	Tier 2	
clobetasol propionate external foam 0.05 %	Formulary Addition	Tier 2	
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Formulary Addition	Tier 3	QL
clobetasol propionate e external cream 0.05 %	Cost-Share Decrease	Tier 2	
clotrimazole external solution 1 %	Cost-Share Decrease	Tier 2	QL
Effective 3/1/2026			
PREZCOBIX ORAL TABLET 675-150 MG	Formulary Addition	Tier 5	QL
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Formulary Addition	Tier 5	PA
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Formulary Addition	Tier 2	
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Formulary Addition	Tier 5	PA
SUBVENITE ORAL SUSPENSION 10 MG/ML	Formulary Addition	Tier 4	
Effective 4/1/2026			
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Formulary Addition	Tier 4	
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Formulary Addition	Tier 5	ST
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	Formulary Addition	Tier 3	
HYRNUO ORAL TABLET 10 MG	Formulary Addition	Tier 5	PA
LAGEVRIO ORAL CAPSULE 200 MG	Formulary Addition	Tier 3	QL
nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg	Formulary Addition	Tier 5	PA
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Formulary Addition	Tier 5	PA
perampanel oral suspension 0.5 mg/ml	Formulary Addition	Tier 5	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML*	Formulary Addition	Tier 6	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Formulary Addition	Tier 3	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Formulary Addition	Tier 4	QL
tolvaptan oral tablet 15 mg, 30 mg	Formulary Addition	Tier 5	PA QL
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Formulary Addition	Tier 3	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	Formulary Addition	Tier 5	QL



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Drug Name	**Reason For Change**	**Drug Tier**	**Restrictions**
Effective 5/1/2026			
ceftaroline fosamil intravenous solution reconstituted 400 mg	Formulary Addition	Tier 5	
ceftaroline fosamil intravenous solution reconstituted 600 mg	Formulary Addition	Tier 5	
levetiracetam oral tablet disintegrating soluble 250 mg	Formulary Addition	Tier 4	
levetiracetam oral tablet disintegrating soluble 500 mg	Formulary Addition	Tier 4	
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Formulary Addition	Tier 5	PA QL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	Formulary Addition	Tier 5	PA
ZELVYSIA ORAL PACKET 500 MG	Formulary Addition	Tier 5	PA
Effective 6/1/2026			
brivaracetam oral solution 10 mg/ml	Formulary Addition	Tier 4	PA
brivaracetam oral tablet 10 mg	Formulary Addition	Tier 4	PA
brivaracetam oral tablet 100 mg	Formulary Addition	Tier 4	PA
brivaracetam oral tablet 25 mg	Formulary Addition	Tier 4	PA
brivaracetam oral tablet 50 mg	Formulary Addition	Tier 4	PA
brivaracetam oral tablet 75 mg	Formulary Addition	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Formulary Addition	Tier 5	PA QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Formulary Addition	Tier 5	PA QL
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Formulary Addition	Tier 5	PA QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	Formulary Addition	Tier 5	PA QL
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Formulary Addition	Tier 5	PA QL
TRUQAP ORAL TABLET 160 MG	Formulary Addition	Tier 5	PA
Effective 7/1/2026			
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Formulary Addition	Tier 3	QL
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Formulary Addition	Tier 4	QL



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Drug Name	**Reason For Change**	**Drug Tier**	**Restrictions**
REXTOVY NASAL LIQUID 4 MG/0.25ML	Formulary Addition	Tier 4	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO INJECTOR 250 MG/2ML	Formulary Addition	Tier 5	PA
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	Formulary Addition	Tier 5	PA
ZELVYSIA ORAL PACKET 100 MG	Formulary Addition	Tier 5	PA
KOMZIFTI ORAL CAPSULE 200 MG	Formulary Addition	Tier 5	PA
OZEMPIC ORAL TABLET 1.5 MG	Formulary Addition	Tier 3	PA QL
OZEMPIC ORAL TABLET 4 MG	Formulary Addition	Tier 3	PA QL
OZEMPIC ORAL TABLET 9 MG	Formulary Addition	Tier 3	PA QL
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Formulary Addition	Tier 3	PA QL
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	ST Deletion	Tier 4	QL
Effective 8/1/2026			
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Formulary Addition	Tier 5	PA QL
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Formulary Addition	Tier 5	PA QL
IDVYNSO ORAL TABLET 100-0.25 MG	Formulary Addition	Tier 5	QL
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	Formulary Addition	Tier 5	PA QL
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	Formulary Addition	Tier 5	PA QL
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG	Formulary Addition	Tier 5	PA QL
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 44 MG	Formulary Addition	Tier 5	PA QL
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG	Formulary Addition	Tier 5	PA QL
KYGEVVI ORAL PACKET 2-2 GM	Formulary Addition	Tier 5	PA
nintedanib esylate oral capsule 100 mg	Formulary Addition	Tier 5	PA
nintedanib esylate oral capsule 150 mg	Formulary Addition	Tier 5	PA
pomalidomide oral capsule 1 mg	Formulary Addition	Tier 5	PA QL
pomalidomide oral capsule 2 mg	Formulary Addition	Tier 5	PA QL



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Drug Name	**Reason For Change**	**Drug Tier**	**Restrictions**
pomalidomide oral capsule 3 mg	Formulary Addition	Tier 5	PA
pomalidomide oral capsule 4 mg	Formulary Addition	Tier 5	PA
rilpivirine hcl oral tablet 25 mg	Formulary Addition	Tier 5	QL
tacrolimus er oral capsule extended release 24 hour 0.5 mg	Formulary Addition	Tier 4	PA
tacrolimus er oral capsule extended release 24 hour 1 mg	Formulary Addition	Tier 4	PA
tacrolimus er oral capsule extended release 24 hour 5 mg	Formulary Addition	Tier 4	PA
FARXIGA ORAL TABLET 5 MG	Formulary Deletion	NF	
FARXIGA ORAL TABLET 10 MG	Formulary Deletion	NF	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Formulary Deletion	NF	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	Formulary Deletion	NF	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Formulary Deletion	NF	
Effective 9/1/2026			
clonidine hcl oral tablet 0.05 mg	Formulary Addition	Tier 6	
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	Formulary Addition	Tier 5	PA
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	Formulary Addition	Tier 5	PA
macitentan oral tablet 10 mg	Formulary Addition	Tier 5	PA QL
sitagliptin phos-metformin hcl oral tablet 50-1000 mg	Formulary Addition	Tier 6	
sitagliptin phos-metformin hcl oral tablet 50-500 mg	Formulary Addition	Tier 6	
FANAPT TITRATION PACK B TABLET 1 & 2 & 6 MG ORAL	Formulary Addition	Tier 4	ST QL
FANAPT TITRATION PACK B TABLET 1 & 2 & 6 & 8 MG ORAL	Formulary Addition	Tier 4	ST QL
BREZTRI AEROSPHERE AEROSOL 160-18-4.8 MCG/ACT INHALATION	Formulary Addition	Tier 3	QL
clopidogrel bisulphate tablet 300 mg oral	Formulary Addition	Tier 2	
bosutinib tablet 400 mg oral	Formulary Addition	Tier 5	PA
Effective 10/1/2026			
tofacitinib citrate oral tablet 5 mg	Formulary Addition	Tier 5	PA QL
tofacitinib citrate er oral tablet extended release 24-hour 11 mg	Formulary Addition	Tier 5	PA QL
tofacitinib citrate oral tablet 10 mg	Formulary Addition	Tier 5	PA QL
tofacitinib citrate er oral tablet extended release 24 hour 22	Formulary Addition	Tier 5	PA QL

mg			
tofacitinib citrate oral solution 1 mg/ml	Formulary Addition	Tier 5	PA QL
sitagliptin phosphate oral tablet 100 mg	Formulary Addition	Tier 6	QL
sitagliptin phosphate oral tablet 50 mg	Formulary Addition	Tier 6	QL
sitagliptin phosphate oral tablet 25 mg	Formulary Addition	Tier 6	QL
YULITHIRA ORAL TABLET 10 MG	Formulary Addition	Tier 5	PA QL
YULITHIRA ORAL TABLET 2.5 MG	Formulary Addition	Tier 5	PA QL
YULITHIRA ORAL TABLET 5 MG	Formulary Addition	Tier 5	PA QL
YULITHIRA ORAL TABLET 7.5 MG	Formulary Addition	Tier 5	PA QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	Formulary Addition	Tier 5	PA QL
duloxetine hcl oral capsule delayed release particles 80 mg	Formulary Addition	Tier 2	QL
duloxetine hcl oral capsule delayed release particles 90 mg	Formulary Addition	Tier 2	QL
duloxetine hcl oral capsule delayed release particles 120 mg	Formulary Addition	Tier 2	QL
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.8ML	Formulary Addition	Tier 5	PA QL
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG	Formulary Deletion		
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 90 MG	Formulary Deletion		
Effective 11/1/2026			
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Formulary Addition	Tier 3	QL
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Formulary Addition	Tier 3	QL
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Formulary Addition	Tier 3	QL
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	Formulary Addition	Tier 5	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	Formulary Addition	Tier 5	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	Formulary Addition	Tier 5	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	Formulary Addition	Tier 5	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	Formulary Addition	Tier 5	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	Formulary Addition	Tier 5	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	Formulary Addition	Tier 5	
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	Formulary Addition	Tier 5	PA

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ipratropium bromide HFA inhalation aerosol solution 17 mcg/act	Formulary Addition	Tier 4	QL
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg	Formulary Addition	Tier 2	
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	Formulary Addition	Tier 2	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Formulary Addition	Tier 3	QL
azilsartan medoxomil oral tablet 40 mg	Formulary Addition	Tier 4	
azilsartan medoxomil oral tablet 80 mg	Formulary Addition	Tier 4	
dextromethorphan-quinidine oral capsule 20-10 mg	Formulary Addition	Tier 5	PA
gabapentin oral capsule 200 mg	Formulary Addition	Tier 5	PA
ZENBEXUS ORAL CAPSULE 0.75 MG	Formulary Addition	Tier 5	PA
ZENBEXUS ORAL CAPSULE 1 MG	Formulary Addition	Tier 5	PA
rifapentine oral tablet 150 mg	Formulary Addition	Tier 4	
JIDEYTRO ORAL TABLET 100 MG	Formulary Addition	Tier 5	PA QL
JIDEYTRO ORAL TABLET 25 MG	Formulary Addition	Tier 5	PA QL
XOCOVA ORAL TABLET 125 MG	Formulary Addition	Tier 3	QL
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg	Formulary Addition	Tier 6	
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-500 mg	Formulary Addition	Tier 6	
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg	Formulary Addition	Tier 6	
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-500 mg	Formulary Addition	Tier 6	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	Formulary Addition	Tier 4	
milnacipran hcl oral tablet 100 mg	Formulary Addition	Tier 3	QL
milnacipran hcl oral tablet 12.5 mg	Formulary Addition	Tier 3	QL
milnacipran hcl oral tablet 25 mg	Formulary Addition	Tier 3	QL
milnacipran hcl oral tablet 50 mg	Formulary Addition	Tier 3	QL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Formulary Deletion		
SELZENTRY ORAL SOLUTION 20 MG/ML	Formulary Deletion		

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

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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 your Healthcare Concierge at 1-888-965-1965 (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 your Healthcare Concierge at 1-888-965-1965 for additional information.

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.