



2020

**Formulary Addendum**

Below is a list formulary changes for the benefit year 2020. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2020 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](http://www.healthteamadvantage.com) or call HealthTeam Advantage Diabetes and Heart Care Plan Healthcare Concierge, at 833-324-3242 or, for TTY users, 711, October 1-March 31, seven (7) days a week, 8 a.m. to 8 p.m. ET, or April 1-September 30, Monday through Friday, 8 a.m. to 8 p.m. ET.

BD - Part B vs. Part D, HR – High Risk Medication, LA - This prescription may be available only at certain pharmacies, NF - Non-Formulary, PA - Prior Authorization, QL – Quantity Limit per 30 days, ST - Step Therapy

2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
<b>EFFECTIVE 01/01/2020</b>				
Abilify MyCite Tablet 10 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 15 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 2 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Abilify MyCite Tablet 20 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 30 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Abilify MyCite Tablet 5 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	4 + PA1	3 + PA1	Formulary Enhancement	N/A
Avonex Kit 30 MCG Intramuscular	5 + PA1	NF	CMS Required Deletion	N/A
Bivigam Solution 10 GM/100ML Intravenous	5 + PA1	NF	CMS Required Deletion	N/A
Cefixime Capsule 400 MG Oral	NF	4	Formulary Enhancement	N/A
Corlanor Solution 5 MG/5ML Oral	NF	6 + QL 450 + PA1	Formulary Enhancement	N/A
Corzide Tablet 80-5 MG Oral	6	NF	CMS Required Deletion	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Fasenra Solution Prefilled Syringe 30 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	3 + ST1	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	3 + ST1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation	NF	3	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation	NF	3	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation	NF	3	Formulary Enhancement	N/A
Inrebic Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Jolivette Tablet 0.35 MG Oral	1	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Nubeqa Tablet 300 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Nucala Solution Auto-Injector 100 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 100 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Nucala SOLUTION RECONSTITUTED 100 MG Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	4	Formulary Enhancement	N/A
Pregabalin Capsule 100 MG Oral	NF	3	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	3	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	3	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	3	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	3	Formulary Enhancement	N/A
Pregabalin Capsule 300 MG Oral	NF	3	Formulary Enhancement	N/A
Pregabalin Capsule 50 MG Oral	NF	3	Formulary Enhancement	N/A
Pregabalin Capsule 75 MG Oral	NF	3	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Pregabalin Solution 20 MG/ML Oral	NF	3	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Rozlytrek Capsule 200 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Soliqua Solution Pen-injector 100-33 UNT-MCG/ML Subcutaneous	6 + ST1	6	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Theophylline ER Tablet Extended Release 12 Hour 100 MG Oral	1	NF	CMS Required Deletion	N/A
Theophylline ER Tablet Extended Release 12 Hour 200 MG Oral	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 250 MG Oral	6	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 500 MG Oral	6	NF	CMS Required Deletion	N/A
Triamterene Capsule 100 MG Oral	NF	6	Formulary Enhancement	N/A
Triamterene Capsule 50 MG Oral	NF	6	Formulary Enhancement	N/A
Turalio Capsule 200 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xultophy Solution Pen-injector 100-3.6 UNIT-MG/ML Subcutaneous	6 + ST1	6	Formulary Enhancement	N/A

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<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
<b>EFFECTIVE 02/01/2020</b>				
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	4	Formulary Enhancement	N/A
Deferasirox Tablet 360 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Deferasirox Tablet 90 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Delyla TABLET 0.1-20 MG-MCG ORAL	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl SOLUTION 5-0.33 % Intravenous	2	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	6	Formulary Enhancement	N/A
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	1	NF	CMS Required Deletion	N/A
Imvexxy Maintenance Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Maintenance Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Katerzia Suspension 1 MG/ML Oral	NF	4	Formulary Enhancement	N/A

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KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous	2	NF	CMS Required Deletion	N/A
Methyclothiazide Tablet 5 MG Oral	6	NF	CMS Required Deletion	N/A
Metoprolol Tartrate Tablet 37.5 MG Oral	NF	6	Formulary Enhancement	N/A
Metoprolol Tartrate Tablet 75 MG Oral	NF	6	Formulary Enhancement	N/A
Nadolol-Bendroflumethiazide Tablet 40-5 MG Oral	6	NF	CMS Required Deletion	N/A
Nayzilam Solution 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Norlyroc TABLET 0.35 MG ORAL	1	NF	CMS Required Deletion	N/A
Oxervate Solution 0.002 % Ophthalmic	5 + PA1	NF	CMS Required Deletion	N/A
Ribasphere CAPSULE 200 MG ORAL	2	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	5	NF	CMS Required Deletion	N/A
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	6	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	3 + ST1	3	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	6 + BD	6	Formulary Enhancement	N/A
Vyndamax Capsule 61 MG Oral	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
Zykadia CAPSULE 150 MG ORAL	5 + PA2	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 03/01/2020</b>				
Brukinsa Capsule 80 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	4	NF	CMS Required Deletion	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Dyrenium Capsule 100 MG Oral	6	NF	Formulary Update	triamterene capsule 100 mg oral, 6
Dyrenium Capsule 50 MG Oral	6	NF	Formulary Update	triamterene capsule 50 mg oral, 6
Esbriet Tablet 267 MG Oral	5 + PA1	NF	CMS Required Deletion	N/A
Everolimus Tablet 2.5 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Everolimus Tablet 5 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Everolimus Tablet 7.5 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral	6	NF	CMS Required Deletion	N/A
Lyrica Capsule 100 MG Oral	3	NF	Formulary Update	pregabalin capsule 100 mg oral, 3
Lyrica Capsule 150 MG Oral	3	NF	Formulary Update	pregabalin capsule 150 mg oral, 3
Lyrica Capsule 200 MG Oral	3	NF	Formulary Update	pregabalin capsule 200 mg oral, 3
Lyrica Capsule 225 MG Oral	3	NF	Formulary Update	pregabalin capsule 225 mg oral, 3
Lyrica Capsule 25 MG Oral	3	NF	Formulary Update	pregabalin capsule 25 mg oral, 3
Lyrica Capsule 300 MG Oral	3	NF	Formulary Update	pregabalin capsule 300 mg oral, 3



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Lyrica Capsule 50 MG Oral	3	NF	Formulary Update	pregabalin capsule 50 mg oral, 3
Lyrica Capsule 75 MG Oral	3	NF	Formulary Update	pregabalin capsule 75 mg oral, 3
Lyrica Solution 20 MG/ML Oral	3	NF	Formulary Update	pregabalin solution 20 mg/ml oral, 3
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	3	Formulary Enhancement	N/A
NOVOLIN INJ FLEXPEN	NF	6	Formulary Enhancement	N/A
Noxafil Tablet Delayed Release 100 MG Oral	5	NF	Formulary Update	posaconazole tablet delayed release 100 mg oral,4
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	4 + BD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	4	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	6	NF	CMS Required Deletion	N/A
Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral	6	NF	CMS Required Deletion	N/A
Sucralfate Suspension 1 GM/10ML Oral	NF	3	Formulary Enhancement	N/A
Suprax Capsule 400 MG Oral	4	NF	Formulary Update	cefixime capsule 400 mg oral, 4
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NF	3	Formulary Enhancement	N/A

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Uloric Tablet 40 MG Oral	3 + ST1	NF	Formulary Update	febuxostat tablet 40 mg oral, 3 + ST1
Uloric Tablet 80 MG Oral	3 + ST1	NF	Formulary Update	febuxostat tablet 80 mg oral, 3 + ST1
<b>EFFECTIVE 04/01/2020</b>				
Afinitor Tablet 2.5 MG Oral	5 + QL 30	NF	Formulary Update	everolimus tablet 2.5 mg oral, 5 + QL 30
Afinitor Tablet 5 MG Oral	5 + QL 30	NF	Formulary Update	everolimus tablet 5 mg oral, 5 + QL 30
Afinitor Tablet 7.5 MG Oral	5 + QL 30	NF	Formulary Update	everolimus tablet 7.5 mg oral, 5 + QL 30
Apriso Capsule Extended Release 24 Hour 0.375 GM Oral	3	NF	Formulary Update	mesalamine er capsule extended release 24 hour 0.375 gm oral, 3
Ayvakit Tablet 100 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 160-4.5 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Budesonide-Formoterol Fumarate Aerosol 80-4.5 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A



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<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Carafate Suspension 1 GM/10ML Oral	3	NF	Formulary Update	sucralfate suspension 1 gm/10ml oral, 3
Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	NF	4 + PA1	Formulary Enhancement	N/A
Euthyrox Tablet 100 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 112 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 150 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 175 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 200 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 25 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 50 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 75 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 88 MCG Oral	NF	1	Formulary Enhancement	N/A
Fluoroplex Cream 1 % External	NF	4	Formulary Enhancement	N/A
Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK)	5 + PA2	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Insulin Asp Prot & Asp FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	6	Formulary Enhancement	N/A
Insulin Aspart FlexPen Solution Pen-Injector 100 UNIT/ML Subcutaneous	NF	6	Formulary Enhancement	N/A
Insulin Aspart PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	6	Formulary Enhancement	N/A
Insulin Aspart Prot & Aspart Suspension (70-30) 100 UNIT/ML Subcutaneous	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
Insulin Aspart Solution 100 UNIT/ML Subcutaneous	NF	6	Formulary Enhancement	N/A
Nebupent Solution Reconstituted 300 MG Inhalation	4 + BD	NF	Formulary Update	pentamidine isethionate solution reconstituted 300 mg inhalation, 4 + BD
PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral	1	NF	CMS Required Deletion	N/A
penicillAMINE Tablet 250 MG Oral	NF	4	Formulary Enhancement	N/A
Pentam Solution Reconstituted 300 MG Injection	4	NF	Formulary Update	pentamidine isethionate solution reconstituted 300 mg injection, 4
Premasol Solution 6 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Rybelsus Tablet 14 MG Oral	NF	6	Formulary Enhancement	N/A
Rybelsus Tablet 3 MG Oral	NF	6	Formulary Enhancement	N/A
Rybelsus Tablet 7 MG Oral	NF	6	Formulary Enhancement	N/A
Sylatron KIT 600 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Tolak CREAM 4 % External	4	3	Formulary Enhancement	N/A
TOLBUTamide Tablet 500 MG Oral	6	NF	CMS Required Deletion	N/A
traMADol HCl Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Travatan Z Solution 0.004 % Ophthalmic	3	NF	Formulary Update	travoprost (bak free) solution 0.004 % ophthalmic, 3

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
<b>EFFECTIVE 05/01/2020</b>				
Alendronate Sodium Tablet 40 MG Oral	1	NF	CMS Required Deletion	N/A
Alendronate Sodium Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 250 MG Oral	6	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 500 MG Oral	6	NF	CMS Required Deletion	N/A
Depen Titratabs Tablet 250 MG Oral	5	NF	Formulary Update	penicillamine tablet 250 mg oral, 4
Farydak Capsule 15 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Flurbiprofen TABLET 50 MG ORAL	2	NF	CMS Required Deletion	N/A
Ionosol-MB in D5W Solution Intravenous	3	NF	CMS Required Deletion	N/A
Riomet ER Suspension Reconstituted ER 500 MG/5ML Oral	NF	6	Formulary Enhancement	N/A
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	5	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	5	Formulary Enhancement	N/A
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	5	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	5 + QL 240 + PA2	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 120 MG Oral	NF	6	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 180 MG Oral	NF	6	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 240 MG Oral	NF	6	Formulary Enhancement	N/A
Tiadyt ER Capsule Extended Release 24 Hour 300 MG Oral	NF	6	Formulary Enhancement	N/A

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Tiadyt ER Capsule Extended Release 24 Hour 420 MG Oral	NF	6	Formulary Enhancement	N/A
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
<b>EFFECTIVE 06/01/2020</b>				
Caplyta Capsule 42 MG Oral	NF	5	Formulary Enhancement	N/A
Cimetidine HCl Solution 300 MG/5ML Oral	NF	2	Formulary Enhancement	N/A
Cimetidine Tablet 200 MG Oral	NF	2	Formulary Enhancement	N/A
Cimetidine Tablet 300 MG Oral	NF	2	Formulary Enhancement	N/A
Cimetidine Tablet 400 MG Oral	NF	2	Formulary Enhancement	N/A
Cimetidine Tablet 800 MG Oral	NF	2	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	NF	5	Formulary Enhancement	N/A
Codeine Sulfate Tablet 15 MG Oral	NF	1 + QL 540	Formulary Enhancement	N/A
Eprosartan Mesylate Tablet 600 MG Oral	6	NF	CMS Required Deletion	N/A
Everolimus Tablet 0.25 MG Oral	NF	4 + BD	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	5 + BD	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	5 + BD	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	4	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	NF	4	Formulary Enhancement	N/A
Nizatidine Capsule 150 MG Oral	NF	2	Formulary Enhancement	N/A
Nizatidine Capsule 300 MG Oral	NF	2	Formulary Enhancement	N/A

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<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Nizatidine Solution 15 MG/ML Oral	NF	2	Formulary Enhancement	N/A
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	6	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	6	Formulary Enhancement	N/A
Plaquenil Tablet 200 MG Oral	NF	3	Formulary Enhancement	N/A
Ranitidine HCl Capsule 150 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Capsule 300 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Syrup 75 MG/5ML Oral	2	NF	CMS Required Deletion	N/A
Ranitidine HCl Tablet 150 MG Oral	1	NF	CMS Required Deletion	N/A
ranITidine HCl Tablet 300 MG Oral	1	NF	CMS Required Deletion	N/A
Rescriptor Tablet 200 MG Oral	4 + QL 180	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 07/01/2020</b>				
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	3	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	2	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
metFORMIN HCl Solution 500 MG/5ML Oral	NF	6	Formulary Enhancement	N/A
Pemazyre Tablet 13.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Promacta Packet 25 MG Oral	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A
Pyrimethamine Tablet 25 MG Oral	NF	5	Formulary Enhancement	N/A
Sunosi Tablet 150 MG Oral	NF	4 + QL 30 + PA1	Formulary Enhancement	N/A

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<b>2020 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Sunosi Tablet 75 MG Oral	NF	4 + QL 30 + PA1	Formulary Enhancement	N/A
Videx EC Capsule Delayed Release 125 MG Oral	4 + QL 90	NF	CMS Required Deletion	N/A
Videx Solution Reconstituted 2 GM Oral	4 + QL 1200	NF	CMS Required Deletion	N/A
Zortress Tablet 0.25 MG Oral	4 + BD	NF	Formulary Update	everolimus tablet 0.25 mg oral, 4 + BD
Zortress Tablet 0.5 MG Oral	5 + BD	NF	Formulary Update	everolimus tablet 0.5 mg oral, 5 + BD
Zortress Tablet 0.75 MG Oral	5 + BD	NF	Formulary Update	everolimus tablet 0.75 mg oral, 5 + BD
<b>EFFECTIVE 08/01/2020</b>				
Aminosyn-PF Solution 10 % Intravenous	4 + BD	NF	CMS Required Deletion	N/A
Daraprim Tablet 25 MG Oral	5	NF	Formulary Update	pyrimethamine tablet 25 mg oral, 5
Deferasirox Tablet 180 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
GoNitro Packet 400 MCG Sublingual	6	NF	CMS Required Deletion	N/A
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	6	NF	CMS Required Deletion	N/A
Isturisa Tablet 1 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 10 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 15 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A



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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 20 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 30 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 40 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 50 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (XR) Capsule Extended Release 24 Hour 60 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 100 MG Intravenous	NF	4	Formulary Enhancement	N/A
Micafungin Sodium Solution Reconstituted 50 MG Intravenous	NF	4	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	5	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	5	Formulary Enhancement	N/A
Nitisinone Capsule 5 MG Oral	NF	5	Formulary Enhancement	N/A
Nymalize Solution 60 MG/20ML Oral	6	NF	CMS Required Deletion	N/A
Ogestrel Tablet 0.5-50 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Proglycem Suspension 50 MG/ML Oral	4	NF	Formulary Update	diazoxide suspension 50 mg/ml oral, 4
Qinlock Tablet 50 MG Oral	NF	5 + QL 90 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Retevmo Capsule 80 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Riomet Solution 500 MG/5ML Oral	6	NF	Formulary Update	metformin hcl solution 500 mg/5ml oral, 6
Tukysa Tablet 150 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A



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<b>2020 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Tukysa Tablet 50 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 100 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 150 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	4	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	4	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	4	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	4	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2020</b>				
Desvenlafaxine ER Tablet Extended Release 24 Hour 100 MG Oral	NF	4	Formulary Enhancement	N/A
Desvenlafaxine ER Tablet Extended Release 24 Hour 50 MG Oral	NF	4	Formulary Enhancement	N/A
Didanosine Capsule Delayed Release 200 MG Oral	4 + QL 60	NF	CMS Required Deletion	N/A

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Geodon Solution Reconstituted 20 MG Intramuscular	4	NF	Formulary Update	ziprasidone mesylate solution reconstituted 20 mg intramuscular, 4
Mycamine Solution Reconstituted 100 MG Intravenous	5	NF	Formulary Update	micafungin sodium solution reconstituted 100 mg intravenous, 4
Mycamine Solution Reconstituted 50 MG Intravenous	5	NF	Formulary Update	micafungin sodium solution reconstituted 50 mg intravenous, 4
Orfadin Capsule 10 MG Oral	5	NF	Formulary Update	nitisinone capsule 10 mg oral, 5
Orfadin Capsule 2 MG Oral	5	NF	Formulary Update	nitisinone capsule 2 mg oral, 5
Orfadin Capsule 5 MG Oral	5	NF	Formulary Update	nitisinone capsule 5 mg oral, 5
Potassium Chloride in Dextrose Solution 40-5 MEQ/L-% Intravenous	4	NF	CMS Required Deletion	N/A
Rifater TABLET 50-120-300 MG ORAL	4	NF	CMS Required Deletion	N/A

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<b>2020 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Tabrecta Tablet 150 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Tabrecta Tablet 200 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Targretin Gel 1 % External	5	5 + PA2	Formulary Update	N/A
Velphoro TABLET CHEWABLE 500 MG ORAL	4	3	Formulary Enhancement	N/A
<b>EFFECTIVE 10/01/2020</b>				
Desogestrel-Ethinyl Estradiol Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Dextrose-NaCl Solution 5-0.225 % Intravenous	3	NF	CMS Required Deletion	N/A
Dojolvi Liquid 100 % Oral	NF	5 + PA1	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	4 + QL 60	3 + QL 60	Formulary Enhancement	N/A
Fintepla Solution 2.2 MG/ML Oral	NF	4 + PA2	Formulary Enhancement	N/A
FLUoxetine HCl Tablet 10 MG Oral	NF	2	Formulary Enhancement	N/A
FLUoxetine HCl Tablet 20 MG Oral	NF	4	Formulary Enhancement	N/A
FLUoxetine HCl Tablet 60 MG Oral	NF	4	Formulary Enhancement	N/A
Normosol-R in D5W SOLUTION Intravenous	3	NF	CMS Required Deletion	N/A
Omeprazole Capsule Delayed Release 10 MG Oral	1	NF	CMS Required Deletion	N/A
Rukobia Tablet Extended Release 12 Hour 600 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A

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<b>2020 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Sirturo Tablet 20 MG Oral	NF	5	Formulary Enhancement	N/A
Sylatron Kit 200 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Sylatron Kit 300 MCG Subcutaneous	5 + PA2	NF	CMS Required Deletion	N/A
Tivicay PD Tablet Soluble 5 MG Oral	NF	4 + QL 360	Formulary Enhancement	N/A
Tolvaptan Tablet 30 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Xpovio (40 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (40 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xpovio (60 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Zostavax Suspension Reconstituted 19400 UNT/0.65ML Subcutaneous	6	NF	CMS Required Deletion	N/A

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 833-324-3242 or, for TTY users, 711, October 1-March 31, seven (7) days a week, 8 a.m. to 8 p.m. ET, or April 1-September 30, Monday through Friday, 8 a.m. to 8 p.m. ET.

This information is available for free in other languages. Please contact our HealthTeam Advantage Diabetes and Heart Care Plan Healthcare Concierge at 833-324-3242 for additional information.

Esta información está disponible de forma gratuita en otros idiomas. Por favor de contactar nuestro número de servicio al cliente al 833-324-3242 para obtener información adicional.



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***Formulary Addendum***

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.

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