



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 website.

For a complete list of drugs covered by HealthTeam Advantage, please visit our Web site at www.healthteamadvantage.com or call HealthTeam Advantage Healthcare Concierge, at 1-888-965-1965 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
EFFECTIVE 01/01/2020				
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	4 + QL 450 + PA1	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 250 MG Oral	NF	4	Formulary Enhancement	N/A
Erythromycin Base Tablet Delayed Release 333 MG Oral	NF	4	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	4	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
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
Halcinonide Cream 0.1 % External	NF	4	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
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
Pregabalin Solution 20 MG/ML 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
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	5 + PA1	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	3 + ST1	3	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	1	NF	CMS Required Deletion	N/A
TOLAZamide Tablet 500 MG Oral	1	NF	CMS Required Deletion	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	3 + ST1	3	Formulary Enhancement	N/A

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.



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

Esta información está disponible de forma gratuita en otros idiomas. Por favor de contactar nuestro número de servicio al cliente al 1-888-965-1965 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 Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.