



2019

Formulary Addendum

Below is a list formulary changes for the benefit year 2019. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2019 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

2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2019				
Anoro Ellipta Aerosol Powder Breath Activated 62.5-25 MCG/INH Inhalation	NF	3	Formulary Enhancement	N/A
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	4	4 + PA1	Formulary Update	N/A
Avelox SOLUTION 400 MG/250ML Intravenous	4	NF	CMS Required Deletion	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	NF	4	Formulary Enhancement	N/A
Cimduo Tablet 300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Dalfampridin Tablet Extended Release 12 Hour 10 MG Oral	NF	5 + QL 60 + PA1	Formulary Enhancement	N/A
Desoximetasone Ointment 0.05 % External	NF	4	Formulary Enhancement	N/A
Estropipate Tablet 1.5 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	5 + PA2	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	2	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
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 30 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Methylphenidate HCl ER (LA) CAPSULE EXTENDED RELEASE 24 HOUR 60 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
NUPLAZID CAP 34MG	NF	5 + PA2	Formulary Enhancement	N/A
NUPLAZID TAB 10MG	NF	5 + PA2	Formulary Enhancement	N/A
OxyMORphone HCl ER Tablet Extended Release 12 Hour 15 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
OxyMORphone HCl ER Tablet Extended Release 12 Hour 20 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
OxyMORphone HCl ER Tablet Extended Release 12 Hour 30 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
OxyMORphone HCl ER Tablet Extended Release 12 Hour 40 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
OxyMORphone HCl ER Tablet Extended Release 12 Hour 7.5 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Potassium Chloride Solution 2 MEQ/ML Intravenous	NF	2	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	NF	3 + ST1	Formulary Enhancement	N/A
Vestura Tablet 3-0.02 MG Oral	2	NF	CMS Required Deletion	N/A
Xeljanz Tablet 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zenpep Capsule Delayed Release Particles 25000 UNIT Oral	3	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 5000 UNIT Oral	3	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2019				
Abiraterone Acetate Tablet 250 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Adapalene Solution 0.1 % External	NF	4	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 60 MG Oral	1	NF	CMS Required Deletion	N/A
Ampyra Tablet Extended Release 12 Hour 10 MG Oral	5 + QL 60 + PA1	NF	Formulary Update	dalfampridine 10 mg, 5 + QL 60 + PA1
AndroGel GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone 0.0162 mg/mg, 3 + PA1
AndroGel GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone 0.0162 mg/mg, 3 + PA1
AndroGel Pump GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	3 + PA1	NF	Formulary Update	testosterone 20.25 mg/actuat, 3 + PA1
Arikayce Suspension 590 MG/8.4ML Inhalation	NF	4 + PA1	Formulary Enhancement	N/A
Azelaic Acid Gel 15 % External	NF	4	Formulary Enhancement	N/A
Braftovi Capsule 50 MG Oral	NF	5 + QL 270 + PA2 + LA	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Braftovi Capsule 75 MG Oral	NF	5 + QL 180 + PA2 + LA	Formulary Enhancement	N/A
BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral	NF	3 + QL 30	Formulary Enhancement	N/A
Clinimix/Dextrose (2.75/5) SOLUTION 2.75 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (4.25/20) SOLUTION 4.25 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
CloBAZam Suspension 2.5 MG/ML Oral	NF	4 + QL 480	Formulary Enhancement	N/A
CloBAZam Tablet 10 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
CloBAZam Tablet 20 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A
Colesevelam HCl Packet 3.75 GM Oral	NF	3	Formulary Enhancement	N/A
Copiktra Capsule 15 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Copiktra Capsule 25 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Cyred EQ Tablet 0.15-30 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
DAPTOmycin Solution Reconstituted 350 MG Intravenous	NF	4	Formulary Enhancement	N/A
Delstrigo Tablet 100-300-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Desoximetasone Liquid 0.25 % External	NF	4	Formulary Enhancement	N/A
Dorzolamide HCl-Timolol Mal PF Solution 22.3-6.8 MG/ML Ophthalmic	NF	2	Formulary Enhancement	N/A
Epidiolex Solution 100 MG/ML Oral	NF	4 + PA2	Formulary Enhancement	N/A
Ertapenem Sodium Solution Reconstituted 1 GM Injection	NF	4	Formulary Enhancement	N/A
Finacea GEL 15 % EXTERNAL	4	NF	Formulary Update	azelaic acid 0.15 mg/mg, 4

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Forfivo XL Tablet Extended Release 24 Hour 450 MG Oral	3 + QL 30	NF	Formulary Update	bupropion hydrochloride 450 mg, 3 + QL 30
Galafold Capsule 123 MG Oral	NF	5 + QL 15 + PA1 + LA	Formulary Enhancement	N/A
Hexalen CAPSULE 50 MG ORAL	5	NF	CMS Required Deletion	N/A
Hydrocortisone Butyrate Lotion 0.1 % External	NF	3	Formulary Enhancement	N/A
INVanz Solution Reconstituted 1 GM Injection	4	NF	Formulary Update	ertapenem 1000 mg, 4
Ketoprofen Capsule 25 MG Oral	NF	4	Formulary Enhancement	N/A
Kimidess Tablet 0.15-0.02/0.01 MG (21/5) Oral	1	NF	CMS Required Deletion	N/A
Lenvima 12 MG Daily Dose Capsule Therapy Pack 4 (3) MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lenvima 4 MG Daily Dose Capsule Therapy Pack 4 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 100 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 25 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Mektovi Tablet 15 MG Oral	NF	5 + QL 180 + PA2 + LA	Formulary Enhancement	N/A
Molindone HCl Tablet 10 MG Oral	NF	2	Formulary Enhancement	N/A
Molindone HCl Tablet 25 MG Oral	NF	2	Formulary Enhancement	N/A
Molindone HCl Tablet 5 MG Oral	NF	2	Formulary Enhancement	N/A
Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral	NF	3 + QL 60	Formulary Enhancement	N/A
Nafcillin Sodium Solution Reconstituted 2 GM Injection	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
Necon 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Norvir CAPSULE 100 MG ORAL	4 + QL 360	NF	CMS Required Deletion	N/A
Onfi SUSPENSION 2.5 MG/ML ORAL	4 + QL 480	NF	Formulary Update	clobazam 2.5 mg/ml, 4 + QL 480
Onfi TABLET 10 MG Oral	4 + QL 60	NF	Formulary Update	clobazam 10 mg, 4 + QL 60
Onfi TABLET 20 MG Oral	5 + QL 60	NF	Formulary Update	clobazam 20 mg, 4 + QL 60
Orilissa Tablet 150 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Orilissa Tablet 200 MG Oral	NF	4 + PA1	Formulary Enhancement	N/A
Orkambi Packet 100-125 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Orkambi Packet 150-188 MG Oral	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Pifeltro Tablet 100 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Sodium Chloride Solution 2.5 MEQ/ML Injection	2	NF	CMS Required Deletion	N/A
Symtuza Tablet 800-150-200-10 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Takhzyro Solution 300 MG/2ML Subcutaneous	NF	5 + PA1 + LA	Formulary Enhancement	N/A
Talzenna Capsule 0.25 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Talzenna Capsule 1 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	NF	3 + PA1	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	NF	3 + PA1	Formulary Enhancement	N/A
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	NF	3 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Tibsovo Tablet 250 MG Oral	NF	5 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Tiglutik Suspension 50 MG/10ML Oral	NF	4	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 250 MG Intravenous	NF	4	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 750 MG Intravenous	NF	4	Formulary Enhancement	N/A
Versacloz Suspension 50 MG/ML Oral	5	NF	CMS Required Deletion	N/A
Vizimpro Tablet 15 MG Oral	NF	5 + QL 31/31 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 30 MG Oral	NF	5 + QL 31/31 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 45 MG Oral	NF	5 + QL 31/31 + PA2	Formulary Enhancement	N/A
Welchol Packet 3.75 GM Oral	3	NF	Formulary Update	colesevelam hydrochloride 3750 mg, 3
Xarelto Tablet 2.5 MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 20 (2) MG Oral	NF	3	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 40 (2) MG Oral	NF	3	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	5 + PA1	Formulary Enhancement	N/A
Zortress Tablet 1 MG Oral	NF	5 + BD	Formulary Enhancement	N/A
ZTlido Patch 1.8 % External	NF	4 + QL 90 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zytiga TABLET 250 MG ORAL	5 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate 250 mg, 5 + QL 120 + PA2
EFFECTIVE 03/01/2019				
Afeditab CR Tablet Extended Release 24 Hour 30 MG Oral	1	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (5/25) Solution 5 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
Daurismo Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Daurismo Tablet 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 25 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Firvanq Solution Reconstituted 50 MG/ML Oral	NF	4	Formulary Enhancement	N/A
Hailey 24 Fe Tablet 1-20 MG-MCG(24) Oral	NF	1	Formulary Enhancement	N/A
Invirase CAPSULE 200 MG Oral	5 + QL 300	NF	CMS Required Deletion	N/A
Lokelma Packet 10 GM Oral	NF	4	Formulary Enhancement	N/A
Lokelma Packet 5 GM Oral	NF	4	Formulary Enhancement	N/A
Lynparza Capsule 50 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Lyrica CAPSULE 150 MG Oral	3 + QL 120	3	Formulary Enhancement	N/A
Lyrica Capsule 200 MG Oral	3 + QL 120	3	Formulary Enhancement	N/A
Lyrica CAPSULE 225 MG Oral	3 + QL 120	3	Formulary Enhancement	N/A
Lyrica Capsule 25 MG Oral	3 + QL 120	3	Formulary Enhancement	N/A
Lyrica Capsule 300 MG Oral	3 + QL 60	3	Formulary Enhancement	N/A
Lyrica Capsule 50 MG Oral	3 + QL 120	3	Formulary Enhancement	N/A
Lyrica Capsule 75 MG Oral	3 + QL 120	3	Formulary Enhancement	N/A
Lyrica SOLUTION 20 MG/ML ORAL	3 + QL 900	3	Formulary Enhancement	N/A
Metipranolol Solution 0.3 % Ophthalmic	2	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
Nocurna Tablet Sublingual 27.7 MCG Sublingual	NF	4	Formulary Enhancement	N/A
Nocurna Tablet Sublingual 55.3 MCG Sublingual	NF	4	Formulary Enhancement	N/A
Oxervate Solution 0.002 % Ophthalmic	NF	5 + PA1	Formulary Enhancement	N/A
Picato GEL 0.015 % EXTERNAL	5	4	Formulary Enhancement	N/A
Picato GEL 0.05 % EXTERNAL	5	4	Formulary Enhancement	N/A
Polyethylene Glycol 3350 Powder Oral	1	NF	CMS Required Deletion	N/A
Retacrit Solution 10000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 2000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 3000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 4000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Retacrit Solution 40000 UNIT/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Silodosin Capsule 4 MG Oral	NF	4	Formulary Enhancement	N/A
Silodosin Capsule 8 MG Oral	NF	4	Formulary Enhancement	N/A
Sofosbuvir-Velpatasvir Tablet 400-100 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
SUMatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML Subcutaneous	NF	4	Formulary Enhancement	N/A
Tegsedi Solution Prefilled Syringe 284 MG/1.5ML Subcutaneous	NF	5 + QL 6/28 + PA1 + LA	Formulary Enhancement	N/A
Tirosint Capsule 175 MCG Oral	NF	3	Formulary Enhancement	N/A
Tirosint Capsule 200 MCG Oral	NF	3	Formulary Enhancement	N/A
Tri-Estarylla Tablet 0.18/0.215/0.25 MG-35 MCG Oral	NF	1	Formulary Enhancement	N/A
Vitrakvi Capsule 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Vitrakvi Capsule 25 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Vitrakvi Solution 20 MG/ML Oral	NF	5 + PA2	Formulary Enhancement	N/A
Xospata Tablet 40 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Zenchant Tablet 0.4-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Zerit Solution Reconstituted 1 MG/ML Oral	3	NF	CMS Required Deletion	N/A
EFFECTIVE 04/01/2019				
Albendazole Tablet 200 MG Oral	NF	4	Formulary Enhancement	N/A
Clobetasol Propionate Emulsion Foam 0.05 % External	NF	4	Formulary Enhancement	N/A
Firdapse Tablet 10 MG Oral	NF	5 + PA1	Formulary Enhancement	N/A
Itraconazole Solution 10 MG/ML Oral	NF	3 + PA1	Formulary Enhancement	N/A
Lyrica Capsule 100 MG Oral	3 + QL 120	3	Formulary Enhancement	N/A
Narcan Liquid 4 MG/0.1ML Nasal	4 + QL 2	3	Formulary Enhancement	N/A
Nevirapine Suspension 50 MG/5ML Oral	NF	3 + QL 1200	Formulary Enhancement	N/A
Perseris Prefilled Syringe 120 MG Subcutaneous	NF	5	Formulary Enhancement	N/A
Perseris Prefilled Syringe 90 MG Subcutaneous	NF	5	Formulary Enhancement	N/A
Pimecrolimus Cream 1 % External	NF	4	Formulary Enhancement	N/A
Promacta Packet 12.5 MG Oral	NF	5 + QL 360 + PA1	Formulary Enhancement	N/A
Rapaflo Capsule 4 MG Oral	4	NF	Formulary Update	silodosin capsule 4 mg oral, 4
Rapaflo Capsule 8 MG Oral	4	NF	Formulary Update	silodosin capsule 8 mg oral, 4
Sympazan Film 10 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Sympazan Film 20 MG Oral	NF	5 + QL 60	Formulary Enhancement	N/A
Sympazan Film 5 MG Oral	NF	4 + QL 60	Formulary Enhancement	N/A

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Tri-VyLibra Lo Tablet 0.18/0.215/0.25 MG-25 MCG Oral	NF	2	Formulary Enhancement	N/A
Vyzulta Solution 0.024 % Ophthalmic	NF	4	Formulary Enhancement	N/A
EFFECTIVE 05/01/2019				
Acyclovir Cream 5 % External	NF	4	Formulary Enhancement	N/A
Albenza Tablet 200 MG Oral	4	NF	Formulary Update	albendazole tablet 200 mg oral, 4
Codeine Sulfate Tablet 15 MG Oral	4 + QL 180	NF	CMS Required Deletion	N/A
Elidel Cream 1 % External	4	NF	Formulary Update	pimecrolimus cream 1 % external, 4
Inbrija Capsule 42 MG Inhalation	NF	5 + PA1	Formulary Enhancement	N/A
Jasmiel Tablet 3-0.02 MG Oral	NF	2	Formulary Enhancement	N/A
Minocycline HCl ER Tablet Extended Release 24 Hour 105 MG Oral	NF	4	Formulary Enhancement	N/A
Minocycline HCl ER Tablet Extended Release 24 Hour 80 MG Oral	NF	4	Formulary Enhancement	N/A
Sirolimus Solution 1 MG/ML Oral	NF	5 + BD	Formulary Enhancement	N/A
Tirosint-SOL Solution 100 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 112 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 125 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 13 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 137 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 150 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 175 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 200 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 25 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 50 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 75 MCG/ML Oral	NF	3	Formulary Enhancement	N/A
Tirosint-SOL Solution 88 MCG/ML Oral	NF	3	Formulary Enhancement	N/A

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Toremifene Citrate Tablet 60 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Tresiba Solution 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Vigabatrin Tablet 500 MG Oral	NF	5	Formulary Enhancement	N/A
Vigadrone Packet 500 MG Oral	NF	5	Formulary Enhancement	N/A
Viramune Suspension 50 MG/5ML Oral	3 + QL 1200	NF	Formulary Update	nevirapine suspension 50 mg/5ml oral, 3 + QL 1200
EFFECTIVE 06/01/2019				
Aliskiren Fumarate Tablet 150 MG Oral	NF	3	Formulary Enhancement	N/A
Aliskiren Fumarate Tablet 300 MG Oral	NF	3	Formulary Enhancement	N/A
Carimune NF Solution Reconstituted 6 GM Intravenous	5 + PA1	NF	CMS Required Deletion	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 250 MG/5ML (5%) Oral	4	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (2.75/10) Solution 2.75 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
Clinimix E/Dextrose (4.25/25) SOLUTION 4.25 % Intravenous	3 + BD	NF	CMS Required Deletion	N/A
Dovato Tablet 50-300 MG Oral	NF	5 + QL 30	Formulary Enhancement	N/A
Estropipate Tablet 0.75 MG Oral	1 + PA1	NF	CMS Required Deletion	N/A
Fareston TABLET 60 MG Oral	5 + QL 30	NF	Formulary Update	toremifene citrate tablet 60 mg oral, 5 + QL 30
HYDROcodone-Acetaminophen Tablet 2.5-325 MG Oral	2 + QL 360	NF	CMS Required Deletion	N/A
Lotemax SM Gel 0.38 % Ophthalmic	NF	4	Formulary Enhancement	N/A

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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

2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Moexipril-hydroCHLOROthiazide Tablet 15-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Moexipril-hydroCHLOROthiazide Tablet 15-25 MG Oral	1	NF	CMS Required Deletion	N/A
Moexipril-hydroCHLOROthiazide Tablet 7.5-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Nivestym Solution 300 MCG/ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Nivestym Solution 480 MCG/1.6ML Injection	NF	4 + PA1	Formulary Enhancement	N/A
Nuplazid Tablet 17 MG Oral	5 + PA2	NF	CMS Required Deletion	N/A
Prograf Packet 0.2 MG Oral	NF	4 + BD	Formulary Enhancement	N/A
Prograf Packet 1 MG Oral	NF	4 + BD	Formulary Enhancement	N/A
Pyridostigmine Bromide Solution 60 MG/5ML Oral	NF	3	Formulary Enhancement	N/A
Quasense Tablet 0.15-0.03 MG Oral	1	NF	CMS Required Deletion	N/A
Ranolazine ER Tablet Extended Release 12 Hour 1000 MG Oral	NF	3	Formulary Enhancement	N/A
Ranolazine ER Tablet Extended Release 12 Hour 500 MG Oral	NF	3	Formulary Enhancement	N/A
Rapamune SOLUTION 1 MG/ML ORAL	5 + BD	NF	Formulary Update	sirolimus solution 1 mg/ml oral, 5 + BD
Rescriptor Tablet 100 MG Oral	4 + QL 360	NF	CMS Required Deletion	N/A
Ribasphere TABLET 200 MG ORAL	4	NF	CMS Required Deletion	N/A
Ribasphere Tablet 400 MG Oral	4	NF	CMS Required Deletion	N/A
Sabril TABLET 500 MG Oral	5	NF	Formulary Update	vigabatrin tablet 500 mg oral, 5



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2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
TaperDex 7-Day Tablet Therapy Pack 1.5 MG (27) Oral	NF	4	Formulary Enhancement	N/A
Tarina 24 Fe Tablet 1-20 MG-MCG(24) Oral	NF	1	Formulary Enhancement	N/A
TriNessa (28) Tablet 0.18/0.215/0.25 MG-35 MCG Oral	1	NF	CMS Required Deletion	N/A
Versacloz Suspension 50 MG/ML Oral	NF	5	Formulary Enhancement	N/A
Zovirax CREAM 5 % EXTERNAL	4	NF	Formulary Update	acyclovir cream 5 % external, 4

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 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



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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 Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

HealthTeam Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-965-1965 (TTY: 711).

HealthTeam Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-888-965-1965 (TTY: 711).

HealthTeam Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-965-1965 (TTY: 711)。