



## Formulary Change Notice

Clever Care Health Plan may remove drugs from our formulary (list of covered drugs) or add rules about whether and when certain drugs are covered during the year. The chart below contains upcoming changes to the Clever Care Health Plan formulary. **You may not be taking these drugs now. We provide you with these updates so that you know about future changes to our drug list.** Please see Section 4 of your Monthly Prescription Drug Summary (Member Explanation of Benefits) for specific changes to drugs that you are currently taking.

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drug and Tier
9/1/2023	PREZISTA 800 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DARUNAVIR 800 MG ORAL TABLET-5
9/1/2023	PREZISTA 600 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DARUNAVIR 600 MG ORAL TABLET-5
8/1/2023	CELONTIN 300 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**METHSUXIMIDE 300 MG ORAL CAPSULE-2
8/1/2023	IRESSA 250 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**GEFITINIB 250 MG ORAL TABLET-5
7/1/2023	UCERIS 2 MG RECTAL FOAM/APPL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**BUDESONIDE 2 MG RECTAL FOAM/APPL-2
7/1/2023	NOXAFIL 200 MG/5ML ORAL ORAL SUSP	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**POSACONAZOLE 200 MG/5ML ORAL ORAL SUSP-5
6/1/2023	AUBAGIO 14 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**TERIFLUNOMIDE 14 MG ORAL TABLET-5
6/1/2023	AUBAGIO 7 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**TERIFLUNOMIDE 7 MG ORAL TABLET-5
4/22/2023	VIMPAT 200MG/20ML INTRAVEN. VIAL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**LACOSAMIDE 200MG/20ML INTRAVEN. VIAL-2
4/1/2023	BIDIL 20-37.5MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	NOT A PART D COVERED DRUG	
3/1/2023	DALIRESP 250 MCG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**ROFLUMILAST 250 MCG ORAL TABLET-2
2/1/2023	DENAVIR 1 % TOPICAL CREAM (G)	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**PENCICLOVIR 1 % TOPICAL CREAM (G)-2

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drug and Tier
2/1/2023	REVLIMID 20 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**LENALIDOMIDE 20 MG ORAL CAPSULE-5
2/1/2023	GILENYA 0.5 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**FINGOLIMOD 0.5 MG ORAL CAPSULE-5
2/1/2023	REVLIMID 2.5 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**LENALIDOMIDE 2.5 MG ORAL CAPSULE-5
2/1/2023	ZIOPTAN 0.0015 % OPHTHALMIC DROPERETTE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**TAFLUPROST 0.0015 % OPHTHALMIC DROPERETTE-2
2/1/2023	DALIRESP 500 MCG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**ROFLUMILAST 500 MCG ORAL TABLET-2

\*\* This drug is on our drug list (formulary). Please talk with your doctor to find out if this drug is right for you. Note: The amount you will pay for this drug depends on which coverage period you are in. You can call Member Services to find out how much you will pay for this drug.

### What you and your doctor can do

We are telling you about these changes now, so that you and your doctor will have time (at least 60 days) to decide what to do.

Depending on the type of change, there may be different options to consider. For example:

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you.
  - You can call Clever Care Health Plan Member Services to ask for a list of covered drugs that treat the same medical condition.
  - This list can help your doctor to find a covered drug that might work for you and have fewer restrictions or a lower cost.
- **To find out how much you will pay** for alternative medicines or your “drug payment stage”, you can call Clever Care Health Plan Member Services.
  - Find more details around your plan benefits by reviewing your Evidence of Coverage that we sent to you. Look for Chapter 9, What to do if you have a problem or complaint.
- **You and your doctor can ask the plan to make an exception for you.** This means asking us to agree that the upcoming change in coverage or cost-sharing tier of a drug does not apply to you.
  - Your doctor will need to tell us why making an exception is medically necessary for you.
  - To learn what you must do to ask for an exception, see the Evidence of Coverage that we

sent to you. Look for Chapter 9, What to do if you have a problem or complaint.

- (Section 6 of your Monthly Prescription Drug Summary tells how to get a copy of the Evidence of Coverage if you need it.)

### For more information

To get updated information about the drugs covered by Clever Care Health Plan please visit our web site at <https://clevercarehealthplan.com/our-members/> or call Member Services at (833) 388-8168 (TTY: 711).

- From **October 1 through March 31**, live agents are available to assist you **seven days a week**, 8:00 AM – 8:00 PM.
- From **April 1 through September 30**, live agents are available to assist you **Monday through Friday**, 8:00 AM – 8:00 PM.

On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

If you disagree with our decision to remove or change coverage for any of these drugs, you may also file a grievance with us. Please call Member Services if you want to file a grievance.

You may also send your grievance to us in writing to:

Clever Care Health Plan  
ATTN: Grievance and Appeals  
660 W. Huntington Dr., Suite 200  
Arcadia, CA 91007-3424

For more information on filing a grievance, look for Chapter 9, What to do if you have a problem or complaint.

This document may be made available in other formats such as Braille, large print or other alternate formats. Please call Member Services at (833) 388-8168 (TTY: 711).

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For more detailed information about your Clever Care Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or visit [www.medicare.gov](http://www.medicare.gov).

### **Medicare's "Extra Help" Program**

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
- Your Medicaid Office.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. The formulary may change at any time. You will receive notice when necessary.

Clever Care Health Plan, Inc. is an HMO plan with a Medicare contract. Enrollment depends on contract renewal.