



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
7/1/2022	ZYTIGA 250 MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	NOT A PART D COVERED DRUG	
6/1/2022	VIMPAT 50 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LACOSAMIDE 50 MG ORAL TABLET-2
6/1/2022	VIMPAT 200 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LACOSAMIDE 200 MG ORAL TABLET-2
6/1/2022	VIMPAT 150 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LACOSAMIDE 150 MG ORAL TABLET-2
6/1/2022	VIMPAT 100 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LACOSAMIDE 100 MG ORAL TABLET-2
6/1/2022	CYSTADANE 1G/SCOOP ORAL POWDER	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	BETAINE ANHYDROUS 1G/SCOOP ORAL POWDER-5
6/1/2022	REVLIMID 5 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LENALIDOMIDE 5 MG ORAL CAPSULE-5
6/1/2022	REVLIMID 25 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LENALIDOMIDE 25 MG ORAL CAPSULE-5

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drug and Tier
6/1/2022	REVLIMID 15 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LENALIDOMIDE 15 MG ORAL CAPSULE-5
6/1/2022	APOKYN 10 MG/ML SUBCUTANE. CARTRIDGE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	APOMORPHINE HCL 10 MG/ML SUBCUTANE. CARTRIDGE-5
6/1/2022	REVLIMID 10 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	LENALIDOMIDE 10 MG ORAL CAPSULE-5
5/1/2022	SELZENTRY 300 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**MARAVIROC 300 MG ORAL TABLET-5
5/1/2022	CARBAGLU 200 MG ORAL TAB DISPER	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**CARGLUMIC ACID 200 MG ORAL TAB DISPER-5
5/1/2022	SELZENTRY 150 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**MARAVIROC 150 MG ORAL TABLET-5
4/1/2022	ZYTIGA 500 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**ABIRATERONE ACETATE 500 MG ORAL TABLET-5
3/1/2022	ZORTRESS 1 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EVEROLIMUS 1 MG ORAL TABLET-5
11/1/2021	ALINIA 100 MG/5ML ORAL SUSP RECON	DELETION OF DRUG FROM FORMULARY	NOT A PART D COVERED DRUG	
10/30/2021	BYSTOLIC 10 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**NEBIVOLOL HCL 10 MG ORAL TABLET-2
10/30/2021	BYSTOLIC 20 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**NEBIVOLOL HCL 20 MG ORAL TABLET-2
10/30/2021	BYSTOLIC 5 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**NEBIVOLOL HCL 5 MG ORAL TABLET-2

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drug and Tier
10/30/2021	DUREZOL 0.05 % OPHTHALMIC DROPS	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DIFLUPREDNATE 0.05 % OPHTHALMIC DROPS-2
10/30/2021	BYSTOLIC 2.5 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**NEBIVOLOL HCL 2.5 MG ORAL TABLET- 2
10/30/2021	EPANED 1 MG/ML ORAL SOLUTION	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**ENALAPRIL MALEATE 1 MG/ML ORAL SOLUTION-2
8/28/2021	KALETRA 100MG- 25MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**LOPINAVIR-RITONAVIR 100MG-25MG ORAL TABLET-2
8/28/2021	INTELENCE 100 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**ETRAVIRINE 100 MG ORAL TABLET-5
8/28/2021	INTELENCE 200 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**ETRAVIRINE 200 MG ORAL TABLET-5
8/28/2021	KALETRA 200MG- 50MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**LOPINAVIR-RITONAVIR 200MG-50MG ORAL TABLET-5
7/31/2021	BANZEL 400 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**RUFINAMIDE 400 MG ORAL TABLET-5
7/31/2021	BANZEL 200 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**RUFINAMIDE 200 MG ORAL TABLET-5
7/31/2021	BEPREVE 1.5 % OPHTHALMIC DROPS	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**BEPOTASTINE BESILATE 1.5 % OPHTHALMIC DROPS-2
7/3/2021	THIOLA 100 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**TIOPRONIN 100 MG ORAL TABLET-5
5/1/2021	BETHKIS 300 MG/4ML INHALATION AMPUL- NEB	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**TOBRAMYCIN 300 MG/4ML INHALATION AMPUL-NEB-5

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drug and Tier
5/1/2021	KUVAN 100 MG ORAL TABLET SOL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**SAPROPTERIN DIHYDROCHLORIDE 100 MG ORAL TABLET SOL-5
5/1/2021	DEMSER 250 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**METYROSINE 250 MG ORAL CAPSULE-5
5/1/2021	TYKERB 250 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**LAPATINIB 250 MG ORAL TABLET-5
5/1/2021	TRUVADA 200-300 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EMTRICITABINE-TENOFOVIR DISOP 200-300 MG ORAL TABLET-5
5/1/2021	EMTRIVA 200 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EMTRICITABINE 200 MG ORAL CAPSULE-2
5/1/2021	SYMFI 600-300MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EFAVIRENZ-LAMIVU-TENOFOV DISOP 600-300MG ORAL TABLET-5
5/1/2021	SYMFI LO 400-300 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EFAVIRENZ-LAMIVU-TENOFOV DISOP 400-300 MG ORAL TABLET-5
5/1/2021	ATRIPLA 600-200MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EFAVIRENZ-EMTRIC-TENOFOV DISOP 600-200MG ORAL TABLET-5
5/1/2021	NORTHERA 300 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DROXIDOPA 300 MG ORAL CAPSULE-5
5/1/2021	NORTHERA 200 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DROXIDOPA 200 MG ORAL CAPSULE-5
5/1/2021	NORTHERA 100 MG ORAL CAPSULE	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DROXIDOPA 100 MG ORAL CAPSULE-5
5/1/2021	TECFIDERA 240 MG ORAL CAPSULE DR	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DIMETHYL FUMARATE 240 MG ORAL CAPSULE DR-5

Effective Date	Drug Name	Type of Change	Reason for Change	Alternate Drug and Tier
5/1/2021	TECFIDERA 120 MG ORAL CAPSULE DR	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DIMETHYL FUMARATE 120 MG ORAL CAPSULE DR-5
5/1/2021	FERRIPROX 500 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DEFERIPRONE 500 MG ORAL TABLET-5
4/3/2021	LOTEMAX 0.5 % OPHTHALMIC DROPS GEL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**LOTEPREDNOL ETABONATE 0.5% OPHTHALMIC DROPS GEL-2
4/3/2021	TRUVADA 167-250 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EMTRICITABINE-TENOFOVIR DISOP 167-250 MG ORAL TABLET-5
4/3/2021	TRUVADA 133-200 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EMTRICITABINE-TENOFOVIR DISOP 133-200 MG ORAL TABLET-5
4/3/2021	TRUVADA 100-150 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**EMTRICITABINE-TENOFOVIR DISOP 100-150 MG ORAL TABLET-5
3/1/2021	BANZEL 40 MG/ML ORAL SUSP	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**RUFINAMIDE 40 MG/ML ORAL SUSP-5
3/1/2021	TECFIDERA 120-240 MG ORAL CAPSULE DR	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**DIMETHYL FUMARATE 120-240 MG ORAL CAPSULE DR-5
2/27/2021	ALINIA 500 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**NITAZOXANIDE 500 MG ORAL TABLET-5

** 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.

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.