



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
5/1/2024	LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG ORAL TABLET	DELETION OF DRUG FROM FORMULARY	NOT A PART D COVERED DRUG	
4/1/2024	TRACLEER 62.5 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**BOSENTAN 62.5 MG ORAL TABLET-5
4/1/2024	FORTEO 20MCG/DOSE SUBCUTANE. PEN INJCTR	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**TERIPARATIDE 20MCG/DOSE SUBCUTANE. PEN INJCTR-2
4/1/2024	TRACLEER 125 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**BOSENTAN 125 MG ORAL TABLET-5
4/1/2024	PROLENSA 0.07 % OPHTHALMIC DROPS	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**BROMFENAC SODIUM 0.07 % OPHTHALMIC DROPS-3
4/1/2024	RISPERDAL CONSTA 37.5MG/2ML INTRAMUSC. VIAL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**RISPERIDONE ER 37.5MG/2ML INTRAMUSC. VIAL-5
4/1/2024	RISPERDAL CONSTA 50 MG/2 ML INTRAMUSC. VIAL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**RISPERIDONE ER 50 MG/2 ML INTRAMUSC. VIAL-5
4/1/2024	RISPERDAL CONSTA 12.5MG/2ML INTRAMUSC. VIAL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**RISPERIDONE ER 12.5MG/2ML INTRAMUSC. VIAL-2
4/1/2024	RISPERDAL CONSTA 25 MG/2 ML INTRAMUSC. VIAL	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**RISPERIDONE ER 25 MG/2 ML INTRAMUSC. VIAL-2
2/1/2024	CAROSPIR 25 MG/5 ML ORAL ORAL SUSP	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**SPIRONOLACTONE 25 MG/5 ML ORAL ORAL SUSP-2
2/1/2024	ALPHAGAN P 0.1 % OPHTHALMIC DROPS	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**BRIMONIDINE TARTRATE 0.1 % OPHTHALMIC DROPS-2
2/1/2024	VOTRIENT 200 MG ORAL TABLET	BRAND VERSION REMOVED FROM FORMULARY	GENERIC DRUG AVAILABLE AT LOWER TIER	**PAZOPANIB HCL 200 MG ORAL TABLET-5



Formulary Change Notice

** 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.



Formulary Change Notice

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 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 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 clevercarehealthplan.com 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.

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.



Formulary Change Notice

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

Clever Care Health Plan
Attn: Grievance and Appeals
7711 Center Avenue., Suite 100
Huntington Beach, CA 92647

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).

- 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.

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

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

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.