

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

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 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 15 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 2 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 20 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 30 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Abilify MyCite Tablet 5 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	4 + PA	3 + PA	Formulary Enhancement	N/A
Avonex Kit 30 MCG Intramuscular	5 + PA	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 + PA	Formulary Enhancement	N/A
Enbrel Mini Solution Cartridge 50 MG/ML Subcutaneous	NF	5 + PA	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
Erythromycin Base Tablet Delayed Release 500 MG Oral	NF	4	Formulary Enhancement	N/A
Fasenra Solution Prefilled Syringe 30 MG/ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Febuxostat Tablet 40 MG Oral	NF	2 + PA	Formulary Enhancement	N/A
Febuxostat Tablet 80 MG Oral	NF	2 + PA	Formulary Enhancement	N/A
Ferriprox Tablet 1000 MG Oral	NF	5 + PA + LA	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

***Clear Spring Health MAPD
2020
Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Inrebic Capsule 100 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Jolivette Tablet 0.35 MG Oral	2	NF	CMS Required Deletion	N/A
MonoNessa Tablet 0.25-35 MG-MCG Oral	2	NF	CMS Required Deletion	N/A
Nubeqa Tablet 300 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Nucala Solution Auto-Injector 100 MG/ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 100 MG/ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Nucala SOLUTION RECONSTITUTED 100 MG Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Posaconazole Tablet Delayed Release 100 MG Oral	NF	4 + PA	Formulary Enhancement	N/A
Pregabalin Capsule 100 MG Oral	NF	2 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 150 MG Oral	NF	2 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 200 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 225 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 25 MG Oral	NF	2 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 300 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Pregabalin Capsule 50 MG Oral	NF	2 + QL 90	Formulary Enhancement	N/A
Pregabalin Capsule 75 MG Oral	NF	2 + QL 120	Formulary Enhancement	N/A
Pregabalin Solution 20 MG/ML Oral	NF	2 + QL 900	Formulary Enhancement	N/A
Ramelteon Tablet 8 MG Oral	NF	4 + QL 30	Formulary Enhancement	N/A
Rinvoq Tablet Extended Release 24 Hour 15 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Rozlytrek Capsule 100 MG Oral	NF	5 + QL 150 + PA2	Formulary Enhancement	N/A

**Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020**

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Rozlytrek Capsule 200 MG Oral	NF	5 + QL 90 + PA2	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Symdeko Tablet Therapy Pack 50-75 & 75 MG Oral	NF	5 + PA + 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
Turalio Capsule 200 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (100 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (60 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (80 MG Once Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
Xpovio (80 MG Twice Weekly) Tablet Therapy Pack 20 MG Oral	NF	5 + PA2 + LA	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
Ciprofloxacin-Fluocinolone PF Solution 0.3-0.025 % Otic	NF	4	Formulary Enhancement	N/A
Delyla TABLET 0.1-20 MG-MCG ORAL	2	NF	CMS Required Deletion	N/A
Dextrose-NaCl SOLUTION 5-0.33 % Intravenous	2 + BvD	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Esomeprazole Strontium CAPSULE DELAYED RELEASE 49.3 MG Oral	2	NF	CMS Required Deletion	N/A
Fasenra Pen Solution Auto-Injector 30 MG/ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Fiasp PenFill Solution Cartridge 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
GaviLyte-G SOLUTION RECONSTITUTED 236 GM ORAL	1	NF	CMS Required Deletion	N/A
Imvexxy Maintenance Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Maintenance Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 10 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Imvexxy Starter Pack Insert 4 MCG Vaginal	NF	4	Formulary Enhancement	N/A
Katerzia Suspension 1 MG/ML Oral	NF	4	Formulary Enhancement	N/A
KCl in Dextrose-NaCl Solution 20-5-0.33 MEQ/L-%-% Intravenous	2 + BvD	NF	CMS Required Deletion	N/A
Methyclothiazide Tablet 5 MG Oral	1	NF	CMS Required Deletion	N/A
Metoprolol Tartrate Tablet 37.5 MG Oral	NF	1	Formulary Enhancement	N/A
Metoprolol Tartrate Tablet 75 MG Oral	NF	1	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

***Clear Spring Health MAPD
2020
Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Nayzilam Solution 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Norlyroc TABLET 0.35 MG ORAL	2	NF	CMS Required Deletion	N/A
Oxervate Solution 0.002 % Ophthalmic	5 + PA	NF	CMS Required Deletion	N/A
Rebetol Solution 40 MG/ML Oral	5	NF	CMS Required Deletion	N/A
Ribasphere CAPSULE 200 MG ORAL	3	NF	CMS Required Deletion	N/A
Ribasphere Tablet 600 MG Oral	5	NF	CMS Required Deletion	N/A
Tiadyt ER Capsule Extended Release 24 Hour 360 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	3 + QL 60 + ST	3 + QL 60	Formulary Enhancement	N/A
Trikafta Tablet Therapy Pack 100-50-75 & 150 MG Oral	NF	5 + PA + LA	Formulary Enhancement	N/A
Vyndamax Capsule 61 MG Oral	NF	5 + QL 30 + PA + LA	Formulary Enhancement	N/A
Zykadia CAPSULE 150 MG ORAL	5 + QL 150 + PA2	NF	CMS Required Deletion	N/A
EFFECTIVE 03/01/2020				
Brukinsa Capsule 80 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Ciprofloxacin SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	4	NF	CMS Required Deletion	N/A
EluRyng Ring 0.12-0.015 MG/24HR Vaginal	NF	4	Formulary Enhancement	N/A
Esbriet Tablet 267 MG Oral	5 + PA	NF	CMS Required Deletion	N/A
Etonogestrel-Ethinyl Estradiol Ring 0.12-0.015 MG/24HR Vaginal	NF	4	Formulary Enhancement	N/A

**Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020**

Clear Spring Health MAPD
2020
Formulary Addendum

BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Everolimus Tablet 2.5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 7.5 MG Oral	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
Isosorbide Dinitrate ER Tablet Extended Release 40 MG Oral	2	NF	CMS Required Deletion	N/A
Lyrica Capsule 100 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 100 mg oral, 2 + QL 90
Lyrica Capsule 150 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 150 mg oral, 2 + QL 90
Lyrica Capsule 200 MG Oral	3 + QL 60	NF	Formulary Update	pregabalin capsule 200 mg oral, 2 + QL 60
Lyrica Capsule 225 MG Oral	3 + QL 60	NF	Formulary Update	pregabalin capsule 225 mg oral, 2 + QL 60
Lyrica Capsule 25 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 25 mg oral, 2 + QL 90
Lyrica Capsule 300 MG Oral	3 + QL 60	NF	Formulary Update	pregabalin capsule 300 mg oral, 2 + QL 60
Lyrica Capsule 50 MG Oral	3 + QL 90	NF	Formulary Update	pregabalin capsule 50 mg oral, 2 + QL 90
Lyrica Capsule 75 MG Oral	3 + QL 120	NF	Formulary Update	pregabalin capsule 75 mg oral, 2 + QL 120

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Lyrica Solution 20 MG/ML Oral	3 + QL 900	NF	Formulary Update	pregabalin solution 20 mg/ml oral, 2 + QL 900
Noxafil Tablet Delayed Release 100 MG Oral	5 + PA	NF	Formulary Update	Posaconazole tablet delayed release 100mg oral, 4 + PA
Pentamidine Isethionate Solution Reconstituted 300 MG Inhalation	NF	4 + BvD	Formulary Enhancement	N/A
Pentamidine Isethionate Solution Reconstituted 300 MG Injection	NF	4 + BvD	Formulary Enhancement	N/A
Repaglinide-metFORMIN HCl Tablet 1-500 MG Oral	2	NF	CMS Required Deletion	N/A
Repaglinide-metFORMIN HCl Tablet 2-500 MG Oral	2	NF	CMS Required Deletion	N/A
Sucralfate Suspension 1 GM/10ML Oral	NF	4	Formulary Enhancement	N/A
Suprax Capsule 400 MG Oral	4	NF	Formulary Update	cefixime capsule 400 mg oral, 4
Travoprost (BAK Free) Solution 0.004 % Ophthalmic	NF	2	Formulary Enhancement	N/A
Twinrix Suspension Prefilled Syringe 720-20 ELU-MCG/ML Intramuscular	4 + BvD	4	Formulary Enhancement	N/A
Uloric Tablet 40 MG Oral	3 + PA	NF	Formulary Update	febuxostat tablet 40 mg oral, 2 + PA
Uloric Tablet 80 MG Oral	3 + PA	NF	Formulary Update	febuxostat tablet 80 mg oral, 2 + PA

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 04/01/2020				
Afinitor Tablet 2.5 MG Oral	5 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 2.5 mg oral, 5 + QL 30 + PA2
Afinitor Tablet 5 MG Oral	5 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 5 mg oral, 5 + QL 30 + PA2
Afinitor Tablet 7.5 MG Oral	5 + QL 30 + PA2	NF	Formulary Update	everolimus tablet 7.5 mg oral, 5 + QL 30 + PA2
Ayvakit Tablet 100 MG Oral	NF	5 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Ayvakit Tablet 200 MG Oral	NF	5 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Ayvakit Tablet 300 MG Oral	NF	5 + QL 30 + PA2 + LA	Formulary Enhancement	N/A
Carafate Suspension 1 GM/10ML Oral	4	NF	Formulary Update	sucralfate suspension 100 mg/ml oral, 4
Colocort ENEMA 100 MG/60ML Rectal	2	NF	CMS Required Deletion	N/A
Dextroamphetamine Sulfate Solution 5 MG/5ML Oral	NF	4 + QL 1800	Formulary Enhancement	N/A
Euthyrox Tablet 100 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 112 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 125 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 137 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 150 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 175 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 200 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 25 MCG Oral	NF	1	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Euthyrox Tablet 50 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 75 MCG Oral	NF	1	Formulary Enhancement	N/A
Euthyrox Tablet 88 MCG Oral	NF	1	Formulary Enhancement	N/A
Fluoroplex Cream 1 % External	NF	4	Formulary Enhancement	N/A
Humira Pediatric Crohns Start 40 MG/0.8ML Subcutaneous (6 PACK)	5 + PA	NF	CMS Required Deletion	N/A
Humira Pediatric Crohns Start Prefilled Syringe Kit 40 MG/0.8ML Subcutaneous	5 + PA	NF	CMS Required Deletion	N/A
Klor-Con Sprinkle Capsule Extended Release 8 MEQ Oral	2	NF	CMS Required Deletion	N/A
Nebupent Solution Reconstituted 300 MG Inhalation	4 + BvD	NF	Formulary Update	pentamidine isethionate solution 50 mg/ml inhalation, 4 + BvD
NuvaRing Ring 0.12-0.015 MG/24HR Vaginal	4	NF	Formulary Update	ethinyl estradiol 0.000625 mg/hr / etonogestrel 0.005 mg/hr vaginal, 4
PEG 3350/Electrolytes Solution Reconstituted 240 GM Oral	1	NF	CMS Required Deletion	N/A
penicillAMINE Tablet 250 MG Oral	NF	5	Formulary Enhancement	N/A
Pentam Solution Reconstituted 300 MG Injection	4 + BvD	NF	Formulary Update	pentamidine isethionate solution 300 mg injection, 4 + BvD
Premasol Solution 6 % Intravenous	2 + BvD	NF	CMS Required Deletion	N/A
Pulmozyme SOLUTION 1 MG/ML INHALATION	5 + PA	5 + BvD	Formulary Enhancement	N/A
Rybelsus Tablet 14 MG Oral	NF	3	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Rybelsus Tablet 3 MG Oral	NF	3	Formulary Enhancement	N/A
Rybelsus Tablet 7 MG Oral	NF	3	Formulary Enhancement	N/A
Sylatron KIT 600 MCG Subcutaneous	5 + QL 4/28 + PA2	NF	CMS Required Deletion	N/A
Tolak CREAM 4 % External	4	3	Formulary Enhancement	N/A
traMADol HCl Tablet 100 MG Oral	NF	1 + QL 120	Formulary Enhancement	N/A
Travatan Z Solution 0.004 % Ophthalmic	3	NF	Formulary Update	travoprost solution 0.04 mg/ml ophthalmic, 3
Xeljanz XR Tablet Extended Release 24 Hour 22 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
EFFECTIVE 05/01/2020				
Alendronate Sodium Tablet 40 MG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Alendronate Sodium Tablet 5 MG Oral	1 + QL 30	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 250 MG Oral	1	NF	CMS Required Deletion	N/A
Chlorothiazide Tablet 500 MG Oral	2	NF	CMS Required Deletion	N/A
Depen Titratabs Tablet 250 MG Oral	5	NF	Formulary Update	penicillamine tablet 250 mg oral, 5
Farydak Capsule 15 MG Oral	5 + QL 30	NF	CMS Required Deletion	N/A
Flurbiprofen TABLET 50 MG ORAL	2	NF	CMS Required Deletion	N/A
Ionosol-MB in D5W Solution Intravenous	4	NF	CMS Required Deletion	N/A
Secuado Patch 24 Hour 3.8 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A
Secuado Patch 24 Hour 5.7 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

***Clear Spring Health MAPD
2020
Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Secuado Patch 24 Hour 7.6 MG/24HR Transdermal	NF	5 + ST2	Formulary Enhancement	N/A
Tazverik Tablet 200 MG Oral	NF	5 + QL 240 + PA2	Formulary Enhancement	N/A
Tiadytl ER Capsule Extended Release 24 Hour 120 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Tiadytl ER Capsule Extended Release 24 Hour 180 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Tiadytl ER Capsule Extended Release 24 Hour 240 MG Oral	NF	2 + QL 60	Formulary Enhancement	N/A
Tiadytl ER Capsule Extended Release 24 Hour 300 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
Tiadytl ER Capsule Extended Release 24 Hour 420 MG Oral	NF	2 + QL 30	Formulary Enhancement	N/A
Valtoco 10 MG Dose Liquid 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 15 MG Dose Liquid Therapy Pack 7.5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 20 MG Dose Liquid Therapy Pack 10 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Valtoco 5 MG Dose Liquid 5 MG/0.1ML Nasal	NF	4	Formulary Enhancement	N/A
Yosprala Tablet Delayed Release 325-40 MG Oral	3	NF	CMS Required Deletion	N/A
Yosprala Tablet Delayed Release 81-40 MG Oral	3	NF	CMS Required Deletion	N/A
EFFECTIVE 06/01/2020				
Androderm Patch 24 Hour 2 MG/24HR Transdermal	3 + PA2	3	Formulary Enhancement	N/A
Androderm Patch 24 Hour 4 MG/24HR Transdermal	3 + PA2	3	Formulary Enhancement	N/A

**Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020**

***Clear Spring Health MAPD
2020
Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Caplyta Capsule 42 MG Oral	NF	5 + QL 30 + ST2	Formulary Enhancement	N/A
Cimetidine HCl Solution 300 MG/5ML Oral	NF	2	Formulary Enhancement	N/A
Cimetidine Tablet 400 MG Oral	NF	2	Formulary Enhancement	N/A
Clovique Capsule 250 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Codeine Sulfate Tablet 15 MG Oral	NF	2 + QL 360	Formulary Enhancement	N/A
Eprosartan Mesylate Tablet 600 MG Oral	2 + QL 30	NF	CMS Required Deletion	N/A
Everolimus Tablet 0.25 MG Oral	NF	4 + QL 60 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.5 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Everolimus Tablet 0.75 MG Oral	NF	5 + QL 60 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 100 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 125 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ibrance Tablet 75 MG Oral	NF	5 + PA2	Formulary Enhancement	N/A
Ketoprofen Capsule 50 MG Oral	NF	2	Formulary Enhancement	N/A
Ketoprofen Capsule 75 MG Oral	NF	2	Formulary Enhancement	N/A
NovoLIN 70/30 FlexPen Suspension Pen-Injector (70-30) 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
NovoLIN N FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
NovoLIN R FlexPen Suspension Pen-Injector 100 UNIT/ML Subcutaneous	NF	3	Formulary Enhancement	N/A
Plaquenil Tablet 200 MG Oral	NF	3	Formulary Enhancement	N/A
Ranitidine HCl Capsule 150 MG Oral	1	NF	CMS Required Deletion	N/A
Ranitidine HCl Capsule 300 MG Oral	1	NF	CMS Required Deletion	N/A

**Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020**

***Clear Spring Health MAPD
2020
Formulary Addendum***

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Ranitidine HCl Syrup 75 MG/5ML Oral	2	NF	CMS Required Deletion	N/A
Ranitidine HCl Tablet 150 MG Oral	1	NF	CMS Required Deletion	N/A
ranITidine HCl Tablet 300 MG Oral	1	NF	CMS Required Deletion	N/A
Rescriptor Tablet 200 MG Oral	4 + QL 180	NF	CMS Required Deletion	N/A
Testosterone Cypionate Solution 100 MG/ML Intramuscular	2 + PA	2	Formulary Enhancement	N/A
Testosterone Cypionate Solution 200 MG/ML Intramuscular	2 + PA	2	Formulary Enhancement	N/A
Testosterone Cypionate Solution 200 MG/ML Intramuscular (1 ML)	2 + PA	2	Formulary Enhancement	N/A
EFFECTIVE 07/01/2020				
Asmanex HFA Aerosol 50 MCG/ACT Inhalation	NF	3 + QL 26	Formulary Enhancement	N/A
Diazoxide Suspension 50 MG/ML Oral	NF	5	Formulary Enhancement	N/A
Haloperidol Decanoate Solution 50 MG/ML Intramuscular(1ML)	NF	2	Formulary Enhancement	N/A
Koselugo Capsule 10 MG Oral	NF	5 + QL 240 + PA2 + LA	Formulary Enhancement	N/A
Koselugo Capsule 25 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Metadate ER Tablet Extended Release 20 MG Oral	4 + QL 90	NF	CMS Required Deletion	N/A
Pemazyre Tablet 13.5 MG Oral	NF	5 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A
Pemazyre Tablet 4.5 MG Oral	NF	5 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A
Pemazyre Tablet 9 MG Oral	NF	5 + QL 14/21 + PA2 + LA	Formulary Enhancement	N/A

**Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020**

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Prolia Solution Prefilled Syringe 60 MG/ML Subcutaneous	4 + QL 1/180 + ST1	4 + QL 1/180	Formulary Enhancement	N/A
Promacta Packet 25 MG Oral	NF	5 + QL 180 + PA	Formulary Enhancement	N/A
Pyrimethamine Tablet 25 MG Oral	NF	5	Formulary Enhancement	N/A
Sunosi Tablet 150 MG Oral	NF	4 + QL 30 + PA	Formulary Enhancement	N/A
Sunosi Tablet 75 MG Oral	NF	4 + QL 30 + PA	Formulary Enhancement	N/A
Testosterone Enanthate Solution 200 MG/ML Intramuscular	2 + PA	2	Formulary Enhancement	N/A
Testosterone Gel 10 MG/ACT (2%) Transdermal	2 + PA	2	Formulary Enhancement	N/A
Testosterone Gel 12.5 MG/ACT (1%) Transdermal	2 + PA	2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	2 + PA	2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	2 + PA	2	Formulary Enhancement	N/A
Testosterone Gel 25 MG/2.5GM (1%) Transdermal	2 + PA	2	Formulary Enhancement	N/A
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	2 + PA	2	Formulary Enhancement	N/A
Testosterone Gel 50 MG/5GM (1%) Transdermal	4 + PA	4	Formulary Enhancement	N/A
Testosterone Solution 30 MG/ACT Transdermal	2 + PA	2	Formulary Enhancement	N/A
Videx EC Capsule Delayed Release 125 MG Oral	4 + QL 90	NF	CMS Required Deletion	N/A
Videx Solution Reconstituted 2 GM Oral	4 + QL 1200	NF	CMS Required Deletion	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
LA - This prescription may be available only at certain pharmacies

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zortress Tablet 0.25 MG Oral	4 + QL 60 + PA2	NF	Formulary Update	everolimus 0.25 mg oral tablet, 4 + QL 60 + PA2
Zortress Tablet 0.5 MG Oral	5 + QL 120 + PA2	NF	Formulary Update	everolimus 0.5 mg oral tablet, 5 QL 120 + PA2
Zortress Tablet 0.75 MG Oral	5 + QL 60 + PA2	NF	Formulary Update	everolimus 0.75 mg oral tablet, 5 + QL 60 + PA2
EFFECTIVE 08/01/2020				
Aminosyn-PF Solution 10 % Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Daraprim Tablet 25 MG Oral	5	NF	Formulary Update	pyrimethamine 25 mg oral tablet, 5
Havrix SUSPENSION 720 EL U/0.5ML Intramuscular (prefilled syringe)	4	NF	CMS Required Deletion	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 10 MG Oral	NF	2	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 15 MG Oral	NF	2	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 20 MG Oral	NF	2	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 30 MG Oral	NF	2	Formulary Enhancement	N/A
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 40 MG Oral	NF	2	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
HYDROcodone Bitartrate ER Capsule ER 12 Hour Abuse-Deterrent 50 MG Oral	NF	2	Formulary Enhancement	N/A
Isturisa Tablet 1 MG Oral	NF	5 + QL 240 + PA	Formulary Enhancement	N/A
Isturisa Tablet 10 MG Oral	NF	5 + QL 180 + PA	Formulary Enhancement	N/A
Isturisa Tablet 5 MG Oral	NF	5 + QL 120 + PA	Formulary Enhancement	N/A
Mesalamine ER Capsule Extended Release 24 Hour 0.375 GM Oral	NF	2	Formulary Enhancement	N/A
Nitisinone Capsule 10 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Nitisinone Capsule 2 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Nitisinone Capsule 5 MG Oral	NF	5 + PA	Formulary Enhancement	N/A
Proglycem Suspension 50 MG/ML Oral	5	NF	Formulary Update	diazoxide 50 mg/ml oral suspension, 5
Qinlock Tablet 50 MG Oral	NF	5 + QL 90 + PA2 + LA	Formulary Enhancement	N/A
Retevmo Capsule 40 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Retevmo Capsule 80 MG Oral	NF	5 + QL 180 + PA2 + LA	Formulary Enhancement	N/A
Tukysa Tablet 150 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Tukysa Tablet 50 MG Oral	NF	5 + QL 120 + PA2 + LA	Formulary Enhancement	N/A
Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral	NF	4 + QL 56/28 + ST2	Formulary Enhancement	N/A
Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral	NF	4 + QL 56/28 + ST2	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Xcopri Tablet 100 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 150 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 200 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet 50 MG Oral	NF	4 + QL 60 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral	NF	4 + QL 28/28 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral	NF	4 + QL 28/28 + ST2	Formulary Enhancement	N/A
Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral	NF	4 + QL 28/28 + ST2	Formulary Enhancement	N/A
Zemdri Solution 500 MG/10ML Intravenous	NF	4	Formulary Enhancement	N/A
Ziextenzo Solution Prefilled Syringe 6 MG/0.6ML Subcutaneous	NF	5 + PA	Formulary Enhancement	N/A
Ziprasidone Mesylate Solution Reconstituted 20 MG Intramuscular	NF	4	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
Didanosine Capsule Delayed Release 200 MG Oral	2 + QL 60	NF	CMS Required Deletion	N/A
Geodon Solution Reconstituted 20 MG Intramuscular	4 + ST2	NF	Formulary Update	ziprasidone 20 mg injection, 4
Orfadin Capsule 10 MG Oral	5 + PA + LA	NF	Formulary Update	nitisinone 10 mg oral capsule, 5 + PA
Orfadin Capsule 2 MG Oral	5 + PA + LA	NF	Formulary Update	nitisinone 2 mg oral capsule, 5 + PA

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020

Clear Spring Health MAPD
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (PA2 - new starts only),
 QL – Quantity Limit per 30 days, ST - Step Therapy (ST2 - new starts only),
 LA - This prescription may be available only at certain pharmacies**

2020 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Orfadin Capsule 5 MG Oral	5 + PA + LA	NF	Formulary Update	nitisinone 5 mg oral capsule, 5 + PA
oxyCODONE-Ibuprofen Tablet 5-400 MG Oral	2 + QL 360	NF	CMS Required Deletion	N/A
Potassium Chloride in Dextrose Solution 40-5 MEQ/L-% Intravenous	4 + BvD	NF	CMS Required Deletion	N/A
Rifater TABLET 50-120-300 MG ORAL	4	NF	CMS Required Deletion	N/A
Tabrecta Tablet 150 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Tabrecta Tablet 200 MG Oral	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
Teriparatide (Recombinant) Solution Pen-Injector 620 MCG/2.48ML Subcutaneous	NF	5 + QL 2.48/28 + PA	Formulary Enhancement	N/A
Velphoro TABLET CHEWABLE 500 MG ORAL	4	3	Formulary Enhancement	N/A

Formulary ID: 20441, 20442, 20443, 20444 Version 14
Last Updated: 08/05/2020
Effective date: 09/01/2020