

Clear Spring Health
2020
Formulary Addendum

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
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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	Formulary Enhancement	N/A
ABILIFY MYCITE TABLET 15 MG ORAL	NF	5	Formulary Enhancement	N/A
ABILIFY MYCITE TABLET 2 MG ORAL	NF	5	Formulary Enhancement	N/A
ABILIFY MYCITE TABLET 20 MG ORAL	NF	5	Formulary Enhancement	N/A
ABILIFY MYCITE TABLET 30 MG ORAL	NF	5	Formulary Enhancement	N/A
ABILIFY MYCITE TABLET 5 MG ORAL	NF	5	Formulary Enhancement	N/A
AURYXIA TABLET 1 GM 210 MG(FE) ORAL	5 + PA1	3 + PA1	Formulary Enhancement	N/A
CEFIXIME CAPSULE 400 MG ORAL	NF	4	Formulary Enhancement	N/A
CORLANOR SOLUTION 5 MG/5ML ORAL	NF	4 + PA1	Formulary Enhancement	N/A
DIAZEPAM GEL 10 MG RCT	NF	4	Formulary Enhancement	N/A
DIAZEPAM GEL 2.5 MG RCT	NF	4	Formulary Enhancement	N/A
DIAZEPAM GEL 20 MG RECTAL	NF	4	Formulary Enhancement	N/A
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	NF	5 + QL 8/28 + PA1	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

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ERYTHROMYCIN BASE TABLET DELAYED RELEASE 500 MG ORAL	NF	4	Formulary Enhancement	N/A
FEBUXOSTAT TABLET 40 MG ORAL	NF	3 + ST1	Formulary Enhancement	N/A
FEBUXOSTAT TABLET 80 MG ORAL	NF	3 + ST1	Formulary Enhancement	N/A
FERRIPROX TABLET 1000 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
INREBIC CAPSULE 100 MG ORAL	NF	5 + QL 120 + PA2	Formulary Enhancement	N/A
JOLIVETTE TABLET 0.35 MG ORAL	4	NF	CMS Required Deletion	N/A
MAYZENT TABLET 0.25 MG ORAL	NF	5 + QL 210 + PA1	Formulary Enhancement	N/A
MAYZENT TABLET 2 MG ORAL	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
MONONESSA TABLET 0.25-35 MG-MCG ORAL	4	NF	CMS Required Deletion	N/A
NOVOLIN INJ FLEXPEN	NF	3	Formulary Enhancement	N/A
NUBEQA TABLET 300 MG ORAL	NF	5 + PA2 + LA	Formulary Enhancement	N/A
PREGABALIN CAPSULE 100 MG ORAL	NF	3	Formulary Enhancement	N/A
PREGABALIN CAPSULE 150 MG ORAL	NF	3	Formulary Enhancement	N/A
PREGABALIN CAPSULE 200 MG ORAL	NF	3	Formulary Enhancement	N/A
PREGABALIN CAPSULE 225 MG ORAL	NF	3	Formulary Enhancement	N/A
PREGABALIN CAPSULE 25 MG ORAL	NF	3	Formulary Enhancement	N/A

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PREGABALIN CAPSULE 300 MG ORAL	NF	3	Formulary Enhancement	N/A
PREGABALIN CAPSULE 50 MG ORAL	NF	3	Formulary Enhancement	N/A
PREGABALIN CAPSULE 75 MG ORAL	NF	3	Formulary Enhancement	N/A
PREGABALIN SOLUTION 20 MG/ML ORAL	NF	3	Formulary Enhancement	N/A
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	NF	5 + QL 30 + PA1	Formulary Enhancement	N/A
ROZLYTREK CAPSULE 100 MG ORAL	NF	5 + QL 180 + PA2	Formulary Enhancement	N/A
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 + QL 6/365 + PA1	Formulary Enhancement	N/A
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	3 + QL 18/28 + ST1	3 + QL 18/28	Formulary Enhancement	N/A
SOTALOL HCL (AF) 160MG	NF	2	Formulary Enhancement	N/A
SOTALOL HCL (AF) 80MG	NF	2	Formulary Enhancement	N/A
SOTALOL HCL 120MG	NF	2	Formulary Enhancement	N/A
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	NF	5 + QL 56/28 + PA1 + LA	Formulary Enhancement	N/A
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	2	NF	CMS Required Deletion	N/A
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL	2	NF	CMS Required Deletion	N/A

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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
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	3 + QL 15/28 + ST1	3 + QL 15/28	Formulary Enhancement	N/A
EFFECTIVE 02/01/2020				
CIPROFLOXACIN-FLUOCINOLONE PF SOLUTION 0.3-0.025 % OTIC	NF	4 + QL 14/28	Formulary Enhancement	N/A
DEFERASIROX TABLET 360 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
DEFERASIROX TABLET 90 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
DELYLA TABLET 0.1-20 MG-MCG ORAL	4	NF	CMS Required Deletion	N/A
DEXTROSE-NACL SOLUTION 5-0.33 % INTRAVENOUS	4 + BvD	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
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	NF	4 + QL 60	Formulary Enhancement	N/A
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	NF	4 + QL 60	Formulary Enhancement	N/A
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	NF	4 + QL 60	Formulary Enhancement	N/A
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	NF	4 + QL 60	Formulary Enhancement	N/A
ESOMEPRAZOLE STRONTIUM CAPSULE DELAYED RELEASE 49.3 MG ORAL	4	NF	CMS Required Deletion	N/A
FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	NF	3	Formulary Enhancement	N/A
GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL	2	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 + QL 300	Formulary Enhancement	N/A

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KCL IN DEXTROSE-NACL SOLUTION 20-5-0.33 MEQ/L-%-% INTRAVENOUS	4 + BvD	NF	CMS Required Deletion	N/A
METHYCLOTHIAZIDE TABLET 5 MG ORAL	3	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
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	NF	4 + QL 10	Formulary Enhancement	N/A
NORLYROC TABLET 0.35 MG ORAL	4	NF	CMS Required Deletion	N/A
OXERVATE SOLUTION 0.002 % OPHTHALMIC	5 + PA1	NF	CMS Required Deletion	N/A
POSACONAZOLE TABLET DELAYED RELEASE 100 MG ORAL	NF	4 + QL 93 + PA1	Formulary Enhancement	N/A
RIBASPHERE CAPSULE 200 MG ORAL	4	NF	CMS Required Deletion	N/A
SYMJEPI SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML INJECTION	NF	3	Formulary Enhancement	N/A
SYMJEPI SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML INJECTION	NF	3	Formulary Enhancement	N/A
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	NF	4	Formulary Enhancement	N/A

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TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION	3 + QL 60 + ST1	3 + QL 60	Formulary Enhancement	N/A
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	NF	5 + QL 84/28 + PA1 + LA	Formulary Enhancement	N/A
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR	3 + BvD	3	Formulary Enhancement	N/A
VANCOMYCIN HCL SOLUTION RECONSTITUTED 250 MG/5ML ORAL	NF	4	Formulary Enhancement	N/A
ZYKADIA CAPSULE 150 MG ORAL	5 + QL 150 + PA2	NF	CMS Required Deletion	N/A
ZYPITAMAG TABLET 1 MG ORAL	NF	3 + QL 30	Formulary Enhancement	N/A
ZYPITAMAG TABLET 2 MG ORAL	NF	3 + QL 30	Formulary Enhancement	N/A
ZYPITAMAG TABLET 4 MG ORAL	NF	3 + QL 30	Formulary Enhancement	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 + PA1	NF	CMS Required Deletion	N/A
ETONOGESTREL-ETHINYL ESTRADIOL RING 0.12-0.015 MG/24HR VAGINAL	NF	4	Formulary Enhancement	N/A

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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	4	NF	CMS Required Deletion	N/A
ISOSORBIDE DINITRATE TABLET 40 MG ORAL	NF	4	Formulary Enhancement	N/A
LYRICA CAPSULE 100 MG ORAL	3	NF	Formulary Update	pregabalin capsule 100 mg oral, 3
LYRICA CAPSULE 150 MG ORAL	3	NF	Formulary Update	pregabalin capsule 150 mg oral, 3
LYRICA CAPSULE 200 MG ORAL	3	NF	Formulary Update	pregabalin capsule 200 mg oral, 3
LYRICA CAPSULE 225 MG ORAL	3	NF	Formulary Update	pregabalin capsule 225 mg oral, 3
LYRICA CAPSULE 25 MG ORAL	3	NF	Formulary Update	pregabalin capsule 25 mg oral, 3
LYRICA CAPSULE 300 MG ORAL	3	NF	Formulary Update	pregabalin capsule 300 mg oral, 3
LYRICA CAPSULE 50 MG ORAL	3	NF	Formulary Update	pregabalin capsule 50 mg oral, 3
LYRICA CAPSULE 75 MG ORAL	3	NF	Formulary Update	pregabalin capsule 75 mg oral, 3
LYRICA SOLUTION 20 MG/ML ORAL	3	NF	Formulary Update	pregabalin solution 20 mg/ml oral, 3

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MESALAMINE ER CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL	NF	3 + QL 120	Formulary Enhancement	N/A
NOXAFIL TABLET DELAYED RELEASE 100 MG ORAL	5 + QL 93 + PA1	NF	Formulary Update	posaconazole tablet 100 mg delayed release oral, 5 + QL 93 + PA1
PENTAMIDINE ISETHIONATE SOLUTION RECONSTITUTED 300 MG INHALATION	NF	4 + BvD	Formulary Enhancement	N/A
PENTAMIDINE ISETHIONATE SOLUTION RECONSTITUTED 300 MG INJECTION	NF	4	Formulary Enhancement	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	3	Formulary Enhancement	N/A
ULORIC TABLET 40 MG ORAL	3 + ST1	NF	Formulary Update	febuxostat tablet 40 mg oral, 3 + ST1
EFFECTIVE 04/01/2020				
AFINITOR TABLET 2.5 MG ORAL	5 + QL 30 + PA2	NF	Formulary Update	everolimus 2.5 mg, 5 + QL 30 + PA2
AFINITOR TABLET 5 MG ORAL	5 + QL 30 + PA2	NF	Formulary Update	everolimus 5 mg, 5 + QL 30 + PA2
AFINITOR TABLET 7.5 MG ORAL	5 + QL 30 + PA2	NF	Formulary Update	everolimus 7.5 mg, 5 + QL 30 + PA2

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL	3 + QL 120	NF	Formulary Update	mesalamine 375 mg, 3 + QL 120
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 100 mg/ml, 4
COLOCORT ENEMA 100 MG/60ML RECTAL	4	NF	CMS Required Deletion	N/A
DEXTROAMPHETAMINE SULFATE SOLUTION 5 MG/5ML ORAL	NF	4	Formulary Enhancement	N/A
EUTHYROX TABLET 100 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 112 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 125 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 137 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 150 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 175 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 200 MCG ORAL	NF	3	Formulary Enhancement	N/A

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EUTHYROX TABLET 25 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 50 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 75 MCG ORAL	NF	3	Formulary Enhancement	N/A
EUTHYROX TABLET 88 MCG ORAL	NF	3	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 + QL 6/28 + PA1	NF	CMS Required Deletion	N/A
HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	5 + QL 6/28 + PA1	NF	CMS Required Deletion	N/A
INSULIN ASP PROT & ASP FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	NF	3	Formulary Enhancement	N/A
INSULIN ASPART FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	NF	3	Formulary Enhancement	N/A
INSULIN ASPART PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	NF	3	Formulary Enhancement	N/A
INSULIN ASPART PROT & ASPART SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	NF	3	Formulary Enhancement	N/A
INSULIN ASPART SOLUTION 100 UNIT/ML SUBCUTANEOUS	NF	3	Formulary Enhancement	N/A

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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 50 mg/ml, 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, 4
PEG 3350/ELECTROLYTES SOLUTION RECONSTITUTED 240 GM ORAL	2	NF	CMS Required Deletion	N/A
PENICILLAMINE TABLET 250 MG ORAL	NF	4	Formulary Enhancement	N/A
PENTAM SOLUTION RECONSTITUTED 300 MG INJECTION	4	NF	Formulary Update	pentamidine isethionate 300 mg, 4
PREMASOL SOLUTION 6 % INTRAVENOUS	4 + BvD	NF	CMS Required Deletion	N/A
RYBELSUS TABLET 14 MG ORAL	NF	3 + QL 30	Formulary Enhancement	N/A
RYBELSUS TABLET 3 MG ORAL	NF	3 + QL 30	Formulary Enhancement	N/A
RYBELSUS TABLET 7 MG ORAL	NF	3 + QL 30	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	2 + QL 120	Formulary Enhancement	N/A
TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC	3	NF	Formulary Update	travoprost 0.04 mg/ml, 3

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XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	NF	5 + QL 30 + PA1	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	NF	CMS Required Deletion	N/A
CHLOROTHIAZIDE TABLET 250 MG ORAL	2	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 250 mg, 4
FARYDAK CAPSULE 15 MG ORAL	5 + QL 30 + PA2	NF	CMS Required Deletion	N/A
FLURBIPROFEN TABLET 50 MG ORAL	2	NF	CMS Required Deletion	N/A
HYDROMORPHONE HCL SOLUTION 2 MG/ML INJECTION	4 + QL 120	NF	CMS Required Deletion	N/A
IONOSOL-MB IN D5W SOLUTION INTRAVENOUS	4 + BvD	NF	CMS Required Deletion	N/A
SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL	NF	5	Formulary Enhancement	N/A
SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL	NF	5	Formulary Enhancement	N/A
SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL	NF	5	Formulary Enhancement	N/A
TAZVERIK TABLET 200 MG ORAL	NF	5 + QL 240 + PA2	Formulary Enhancement	N/A

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	NF	4	Formulary Enhancement	N/A
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	NF	4	Formulary Enhancement	N/A
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	NF	4	Formulary Enhancement	N/A
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	NF	4	Formulary Enhancement	N/A
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	NF	4	Formulary Enhancement	N/A
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL	NF	4 + QL 10	Formulary Enhancement	N/A
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5 MG/0.1ML NASAL	NF	4 + QL 10	Formulary Enhancement	N/A
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10 MG/0.1ML NASAL	NF	4 + QL 10	Formulary Enhancement	N/A
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	NF	4 + QL 10	Formulary Enhancement	N/A
EFFECTIVE 06/01/2020				
CAPLYTA CAPSULE 42 MG ORAL	NF	5	Formulary Enhancement	N/A
CLOVIQUE CAPSULE 250 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
CODEINE SULFATE TABLET 15 MG ORAL	NF	4 + QL 540	Formulary Enhancement	N/A

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EVEROLIMUS TABLET 0.25 MG ORAL	NF	4 + QL 60 + BvD	Formulary Enhancement	N/A
EVEROLIMUS TABLET 0.5 MG ORAL	NF	5 + QL 120 + BvD	Formulary Enhancement	N/A
EVEROLIMUS TABLET 0.75 MG ORAL	NF	5 + QL 60 + BvD	Formulary Enhancement	N/A
IBRANCE TABLET 100 MG ORAL	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
IBRANCE TABLET 125 MG ORAL	NF	5 + QL 30 + PA2	Formulary Enhancement	N/A
IBRANCE TABLET 75 MG ORAL	NF	5 + QL 30 + 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
NIZATIDINE CAPSULE 150 MG ORAL	NF	3	Formulary Enhancement	N/A
NIZATIDINE CAPSULE 300 MG ORAL	NF	3	Formulary Enhancement	N/A
NIZATIDINE SOLUTION 15 MG/ML ORAL	NF	3	Formulary Enhancement	N/A
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 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	3	NF	CMS Required Deletion	N/A

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
RANITIDINE HCL CAPSULE 300 MG ORAL	3	NF	CMS Required Deletion	N/A
RANITIDINE HCL SYRUP 75 MG/5ML ORAL	3	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
SOTALOL HCL (AF) TABLET 160 MG ORAL	NF	2	Formulary Enhancement	N/A
SOTALOL HCL (AF) TABLET 80 MG ORAL	NF	2	Formulary Enhancement	N/A
EFFECTIVE 07/01/2020				
DIAZOXIDE SUSPENSION 50 MG/ML ORAL	NF	5	Formulary Enhancement	N/A
HALOPERIDOL DECANOATE SOLUTION 50 MG/ML INTRAMUSCULAR(1ML)	NF	4	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
LATUDA TABLET 120 MG ORAL	3 + QL 30	3	Formulary Enhancement	N/A
LATUDA TABLET 20 MG ORAL	3 + QL 30	3	Formulary Enhancement	N/A
LATUDA TABLET 40 MG ORAL	3 + QL 30	3	Formulary Enhancement	N/A
LATUDA TABLET 60 MG ORAL	3 + QL 60	3	Formulary Enhancement	N/A
LATUDA TABLET 80 MG ORAL	3 + QL 60	3	Formulary Enhancement	N/A

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL	4 + QL 90	NF	CMS Required Deletion	N/A
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	NF	3	Formulary Enhancement	N/A
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	NF	3	Formulary Enhancement	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
PROMACTA PACKET 25 MG ORAL	NF	5 + QL 180	Formulary Enhancement	N/A
PROMACTA TABLET 75 MG ORAL	5 + QL 30	5 + QL 60	Formulary Enhancement	N/A
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL	5 + QL 60	5	Formulary Enhancement	N/A
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL	5 + QL 60	5	Formulary Enhancement	N/A
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL	5 + QL 60	5	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
ZORTRESS TABLET 0.25 MG ORAL	5 + QL 60 + BvD	NF	Formulary Update	everolimus 0.25 mg oral tablet, 4 + QL 60 + BvD

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ZORTRESS TABLET 0.5 MG ORAL	5 + QL 120 + BvD	NF	Formulary Update	everolimus 0.5 mg oral tablet, 5 + QL 120 + BvD
ZORTRESS TABLET 0.75 MG ORAL	5 + QL 60 + BvD	NF	Formulary Update	everolimus 0.75 mg oral tablet, 5 + QL 60 + BvD
EFFECTIVE 08/01/2020				
AMINOSYN-PF SOLUTION 10 % INTRAVENOUS	4 + BvD	NF	CMS Required Deletion	N/A
DEFERASIROX TABLET 180 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
HARVONI PACKET 33.75-150 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
HARVONI PACKET 45-200 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
HAVRIX SUSPENSION 720 EL U/0.5ML INTRAMUSCULAR (PREFILLED SYRINGE)	3	NF	CMS Required Deletion	N/A
ISTURISA TABLET 1 MG ORAL	NF	5 + QL 240 + PA1	Formulary Enhancement	N/A
ISTURISA TABLET 10 MG ORAL	NF	5 + QL 180 + PA1	Formulary Enhancement	N/A
ISTURISA TABLET 5 MG ORAL	NF	5 + QL 60 + PA1	Formulary Enhancement	N/A
NITISINONE CAPSULE 10 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
NITISINONE CAPSULE 2 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A
NITISINONE CAPSULE 5 MG ORAL	NF	5 + PA1	Formulary Enhancement	N/A

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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2020 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
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 60 + PA2 + LA	Formulary Enhancement	N/A
RETEVMO CAPSULE 80 MG ORAL	NF	5 + QL 120 + 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 60 + PA2 + LA	Formulary Enhancement	N/A
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL	NF	4 + QL 56/28	Formulary Enhancement	N/A
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL	NF	4 + QL 56/28	Formulary Enhancement	N/A
XCOPRI TABLET 100 MG ORAL	NF	4 + QL 60	Formulary Enhancement	N/A
XCOPRI TABLET 150 MG ORAL	NF	4 + QL 30	Formulary Enhancement	N/A
XCOPRI TABLET 200 MG ORAL	NF	4 + QL 60	Formulary Enhancement	N/A
XCOPRI TABLET 50 MG ORAL	NF	4 + QL 30	Formulary Enhancement	N/A
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	NF	4	Formulary Enhancement	N/A
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL	NF	4	Formulary Enhancement	N/A
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL	NF	4	Formulary Enhancement	N/A
ZEMDRI SOLUTION 500 MG/10ML INTRAVENOUS	NF	4 + PA1	Formulary Enhancement	N/A

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
ZIPRASIDONE MESYLATE SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR	NF	4 + QL 18	Formulary Enhancement	N/A
EFFECTIVE 09/01/2020				
DIDANOSINE CAPSULE DELAYED RELEASE 200 MG ORAL	4 + QL 60	NF	CMS Required Deletion	N/A
GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR	4 + QL 18 + ST2	NF	Formulary Update	ziprasidone 20 mg injection, 4 + QL 18
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	NF	5 + QL 2.28/28 + PA1	Formulary Enhancement	N/A
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	NF	5 + QL 2.28/28 + PA1	Formulary Enhancement	N/A
NALOXONE HCL SOLUTION AUTO-INJECTOR 2 MG/0.4ML INJECTION	NF	2	Formulary Enhancement	N/A
ORFADIN CAPSULE 10 MG ORAL	5 + PA1	NF	Formulary Update	nitisinone 10 mg oral capsule, 5 + PA1
ORFADIN CAPSULE 2 MG ORAL	5 + PA1	NF	Formulary Update	nitisinone 2 mg oral capsule, 5 + PA1
ORFADIN CAPSULE 5 MG ORAL	5 + PA1	NF	Formulary Update	nitisinone 5 mg oral capsule, 5 + PA1
POTASSIUM CHLORIDE IN DEXTROSE SOLUTION 40-5 MEQ/L-% INTRAVENOUS	4 + BvD	NF	CMS Required Deletion	N/A

Formulary ID: 20438 Version 17
 Last Updated: 08/05/2020
 Effective date: 09/01/2020

Clear Spring Health
2020
Formulary Addendum

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
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