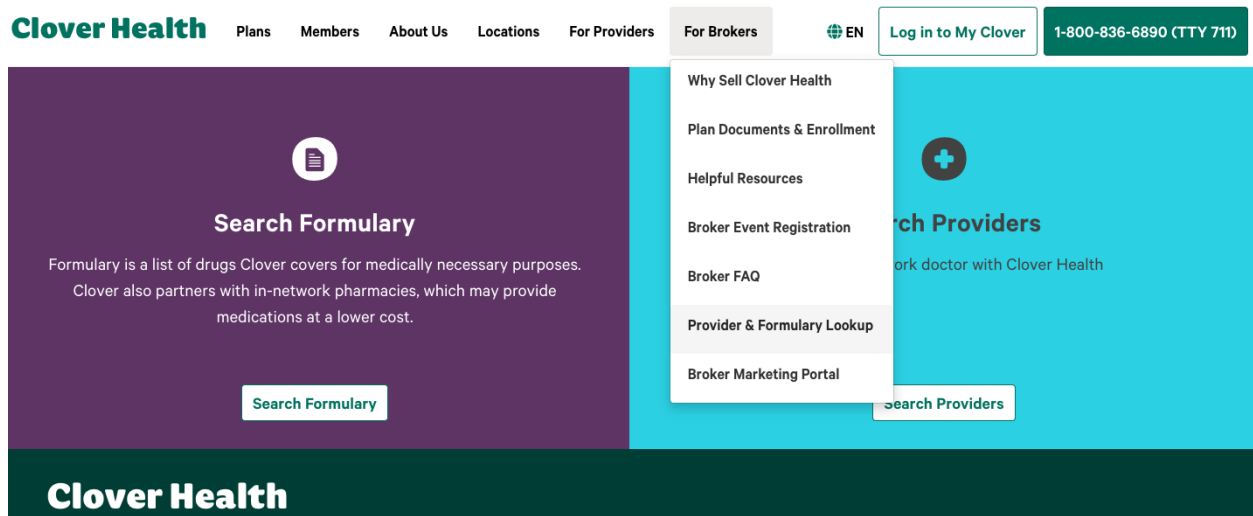


Step-by-Step Guide

Clover Health Formulary Directory Lookup

To search the formulary in Clover Health's Network, complete the steps below:

- Visit Clover Health's website → *For Brokers* → *Provider & Formulary Lookup*
 1. <https://www.cloverhealth.com/en/brokers/provider-formulary-lookup>



Click **Search Formulary**

You will then see the page below

- You will need to pick your State and the Year of the plan that you want to search
 1. Click Show Formulary

Formulary (Pharmacy and Part D)

The formulary is a list of drugs Clover covers for medically necessary purposes. Clover also partners with in-network pharmacies, which may provide medications at a lower cost.

State Year

✓
Arizona
Georgia
Mississippi
New Jersey
Pennsylvania
South Carolina
Tennessee
Texas

No service area has been selected.

Select a state and year to see the formulary in that service area.

When you click Show formulary, a page similar to below will load (NJ example):

Formulary information for 2021 New Jersey plans

Find out if your drugs are covered

Clover's comprehensive formulary lists all brand name and generic drugs available for your health needs. Our formulary represents the prescription therapies believed to be necessary for a quality treatment program, and was designed by Clover in consultation with a team of healthcare providers.

Clover covers the drugs listed in our formulary as long as the drug is medically necessary and all plan rules are followed.

All New Jersey plans • [Download](#)

[Search 2021 Formulary](#)

Find a pharmacy

We partner with in-network pharmacies to provide prescription drugs to Plan members. In most cases, your prescriptions are covered only if they are filled at a network pharmacy or through our mail order pharmacy service. We will fill prescriptions at non-network pharmacies under certain circumstances described in the Evidence of Coverage.

All New Jersey plans • [Download](#)

[Search 2021 Pharmacies](#)

Learn about 2021 formulary specifics

We require that members meet specific prior authorization criteria for Clover to cover certain drugs. Additionally, Clover will only cover some medications after the member has tried less expensive options. Finally, patients with certain chronic conditions who take eight or more prescription medications are eligible for the Clover Health Medication Therapy Management (MTM) program, which works with members' doctors and pharmacists to help provide the greatest benefit from their medications.

Relevant links

[Medication Therapy Management Program](#)

If your drug isn't included

Call our partners in medication services, CVS Caremark to discuss options or submit a [Coverage Determination Form](#) online. You can also ask your doctor if there's an acceptable alternate medication covered under our formulary.

Phone Number for PPO Plans
1-855-479-3657

Phone Number for HMO Plans
1-844-232-2316

From this page, you can:

1. Download a PDF of all New Jersey formulary plans by clicking [Download](#) next to *Find out if your drugs are covered*
2. Click Search 2022 Formulary → Continue
 - a. From this formulary search page, you can type in the first few letters of your drug and choose from a drop down list to find out if it is covered by your plan or not

Clover Health

Formulary Search

Enter the first few letters of the drug you wish to add then select the drug from the drop-down menu.

starts with

Formulary last updated: C

Clover Health Formular

Clover Health Non Disc

- XODOL 5-300MG TABS
- XOFIGO 30MCCU/ML SOLN
- XOFLUZA 20MG TBPK
- XOFLUZA 40MG TBPK
- XOLAIR 150MG SOLR
- XOLAIR 150MG/ML SOSY
- XOLAIR 75MG/0.5ML SOSY
- XOLEGEL 2% GEL
- XOLEGEL COREPAK KIT
- XOLEGEL DUO/HEAD & SHOULDERS HEAD&SHD KIT
- XOLEGEL DUO/XOLEX KIT
- XOLIDO 2% CREA
- XORENEY 0.33MG/0.1ML NEBL

3. Download a PDF of all New Jersey pharmacy plans by clicking Download next to *Find a pharmacy*
4. Click Search 2022 Pharmacies → Continue
 - a. Search by zip code OR a complete address
 - b. You must select at least one Pharmacy Type

Clover Health Find a Pharmacy Near You

Please enter a ZIP code or city and state, and select at least one pharmacy type. All other fields are optional but can help refine your search.

ZIP Code

OR

Address

City State

Mile Radius
The maximum distance (in miles) you are willing to travel to visit a pharmacy.

Pharmacy Name (Optional)

Pharmacy Type Community/Retail

Additional Services (Optional)

- Compounds
- Electronic Prescribing Enabled
- Open 24 hours
- Delivery
- Preferred Mail Service Network
- Long Term Care
- Indian Health Service
- Emergency Rx
- Drive Thru
- Open 7 days a week

Preferred pharmacy: a pharmacy where you may pay less for your prescriptions
Clover Health Pharmacy Directory
Clover Health Non Discrimination Notice

5. Click Medication Therapy Management Program to learn more about Clover Health's program that helps you get the greatest health benefit from your medications by preventing or reducing drug-related risks, increasing your awareness, and supporting good habits.

If your drug is not included, you may call our partners in medication services, CVS Caremark to discuss options or submit a Coverage Determination Form online

(<https://cdrd.cvscaremarkmyd.com/CoverageDetermination.aspx?ClientID=51>).

You can also ask your doctor if there's an acceptable alternate medication covered under our formulary. Phone number: 1-855-479-3657.

