Community Health Plan of Washington Medicare Advantage

COMMUNITY HEALTH PLAN of Washington™
MEDICARE ADVANTAGE

2024 Notice Formulary Drug List Changes - 5 Tier Effective 02/01/2024

Community Health Plan of Washington™ may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market we will immediately remove the drug from our formulary. For more recent information or other questions, please contact Community Health Plan of Washington Medicare Advantage Customer Service:

Current Members: 1-800-942-0247
Prospective Members: 1-800-944-1247
TTY Relay: Dial 711
medicare.chpw.org

The table below outlines upcoming changes to our formulary that will impact you:

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., RISPERDAL) and generic drugs are listed in lower-case italics (e.g., *risperidone*).

Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
ADALIMUMAB-ADBM 10 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	02/01/2024	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	02/01/2024	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	02/01/2024	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT	02/01/2024	New Drug	Tier 5	PA QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
ADALIMUMAB-ADBM(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML SUBCUT KIT	02/01/2024	New Drug	Tier 5	PA QL
ADALIMUMAB-ADBM(CF) PEN PSORIASIS-UVEITIS STRT 40 MG/0.8 ML SUBCUT KIT	02/01/2024	New Drug	Tier 5	PA QL
breyna 160 mcg-4.5 mcg/actuation hfa aerosol inhaler	02/01/2024	New Drug	Tier 3	QL
breyna 80 mcg-4.5 mcg/actuation hfa aerosol inhaler	02/01/2024	New Drug	Tier 3	QL
brimonidine 0.1 % eye drops	02/01/2024	New Drug	Tier 3	
CRESEMBA 74.5 MG CAPSULE	02/01/2024	New Drug	Tier 5	PA
FRUZAQLA 1 MG CAPSULE	02/01/2024	New Drug	Tier 5	PA QL
FRUZAQLA 5 MG CAPSULE	02/01/2024	New Drug	Tier 5	PA QL
HYRIMOZ(CF) PEDIATRIC CROHN'S STARTR 80 MG/0.8 ML SUBCUTANEOUS SYRINGE	02/01/2024	New Drug	Tier 5	PA QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
kourzeq 0.1 % dental paste	02/01/2024	New Drug	Tier 2	
LAGEVRIO 200 MG CAPSULE (EUA)	02/01/2024	New Drug	Tier 1	QL
lithium citrate 8 meq/5 ml oral solution	02/01/2024	New Drug	Tier 2	
OJJAARA 100 MG TABLET	02/01/2024	New Drug	Tier 5	PA QL
OJJAARA 150 MG TABLET	02/01/2024	New Drug	Tier 5	PA QL
OJJAARA 200 MG TABLET	02/01/2024	New Drug	Tier 5	PA QL
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	02/01/2024	New Drug	Tier 1	QL
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	02/01/2024	New Drug	Tier 1	QL
pazopanib 200 mg tablet	02/01/2024	New Drug	Tier 5	PA QL
pitavastatin calcium 1 mg tablet	02/01/2024	New Drug	Tier 1	QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
pitavastatin calcium 2 mg tablet	02/01/2024	New Drug	Tier 1	QL
pitavastatin calcium 4 mg tablet	02/01/2024	New Drug	Tier 1	QL
saxagliptin 2.5 mg tablet	02/01/2024	New Drug	Tier 3	QL
saxagliptin 2.5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	02/01/2024	New Drug	Tier 3	QL
saxagliptin 5 mg tablet	02/01/2024	New Drug	Tier 3	QL
saxagliptin 5 mg-metformin er 1,000 mg tablet,extend release 24hr mp	02/01/2024	New Drug	Tier 3	QL
saxagliptin 5 mg-metformin er 500 mg tablet,extend release 24hr mp	02/01/2024	New Drug	Tier 3	QL
testosterone 12.5 mg/1.25 gram per pump actuation (1%) transdermal gel	02/01/2024	Formulary Addition	Tier 3	PA QL
TRUQAP 160 MG TABLET	02/01/2024	New Drug	Tier 5	PA QL
TRUQAP 200 MG TABLET	02/01/2024	New Drug	Tier 5	PA QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
turqoz (28) 0.3 mg-30 mcg tablet	02/01/2024	New Drug	Tier 2	
VANFLYTA 17.7 MG TABLET	02/01/2024	New Drug	Tier 5	PA QL
VANFLYTA 26.5 MG TABLET	02/01/2024	New Drug	Tier 5	PA QL
XDEMVY 0.25 % EYE DROPS	02/01/2024	New Drug	Tier 5	PA QL
ZURZUVAE 20 MG CAPSULE	02/01/2024	New Drug	Tier 5	PA
ZURZUVAE 25 MG CAPSULE	02/01/2024	New Drug	Tier 5	PA
ZURZUVAE 30 MG CAPSULE	02/01/2024	New Drug	Tier 5	PA
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	02/01/2024	Removed from Formulary		* Alternative
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	02/01/2024	Removed from Formulary		* Alternative
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	02/01/2024	Removed from Formulary		* Alternative

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	02/01/2024	Removed from Formulary		* Alternative

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is an appropriate drug for you.

List of Abbreviations

LA: Limited Availability. This medication may only be available at certain pharmacies.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain medications. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the medication.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the medication that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to try certain drugs first to treat your medical condition before we will cover another drug for that condition.

Community Health Plan of Washington is an HMO plan with a Medicare contract. Enrollment in Community Health Plan of Washington depends on contract renewal.