

Community Health Plan of Washington Medicare Advantage Special Needs Plan



COMMUNITY HEALTH PLAN
of Washington™
MEDICARE ADVANTAGE

2021 Notice Formulary Drug List Changes - 1 Tier

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. If you have questions about these changes, please contact Customer Service 8 a.m. to 8 p.m., 7 days a week:

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:

Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Tier	Brand/Generic	Restriction
abiraterone 500 mg tablet	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	PA QL
ALA-CORT 2.5 % TOPICAL CREAM	New Drug	3/1/2021	Formulary Addition	Tier 1	Brand	
asenapine 10 mg sublingual tablet	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	QL
asenapine 2.5 mg sublingual tablet	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	QL
asenapine 5 mg sublingual tablet	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	QL

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Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Tier	Brand/Generic	Restriction
diltiazem er 180 mg tablet, extended release 24 hr	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	
diltiazem er 240 mg tablet, extended release 24 hr	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	
diltiazem er 300 mg tablet, extended release 24 hr	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	
diltiazem er 360 mg tablet, extended release 24 hr	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	
dimethyl fumarate 120 mg (14)-240 mg (46) capsule, delayed release	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	PA QL
EPCLUSA 200 MG-50 MG TABLET	New Drug	3/1/2021	Formulary Addition	Tier 1	Brand	PA QL
HUMIRA(CF) PEN 80 MG/0.8 ML SUBCUTANEOUS KIT	New Drug	3/1/2021	Formulary Addition	Tier 1	Brand	PA QL
icosapent ethyl 1 gram capsule	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	
ONUREG 200 MG TABLET	New Drug	3/1/2021	Formulary Addition	Tier 1	Brand	PA

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ONUREG 300 MG TABLET	New Drug	3/1/2021	Formulary Addition	Tier 1	Brand	PA
RETACRIT 20,000 UNIT/2 ML INJECTION SOLUTION	New Drug	3/1/2021	Formulary Addition	Tier 1	Brand	PA
RETACRIT 20,000 UNIT/ML INJECTION SOLUTION	New Drug	3/1/2021	Formulary Addition	Tier 1	Brand	PA
rufinamide 40 mg/ml oral suspension	New Drug	3/1/2021	Formulary Addition	Tier 1	Generic	PA

*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 medications, 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 and a contract with the Washington State Medicaid program. Enrollment in Community Health Plan of Washington depends on contract renewal.