

# Community Health Plan of Washington Medicare Advantage Dual Plans



## 2025 Notice Formulary Drug List Changes - 1 Tier Effective 02/01/2025

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 (CHPW) Medicare Advantage (MA) Dual Plans customer service:

Current Members: 1-800-942-0247  
 Prospective Members: 1-800-944-1247  
 TTY Relay: Dial 711  
 7 days a week, 8 a.m. to 8 p.m.  
 Or visit  
[medicare.chpw.org](http://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
Augtyro 160 mg capsule	02/01/2025	Formulary Addition	Tier 1	PA QL
baclofen 15 mg tablet	02/01/2025	Formulary Addition	Tier 1	
Camzyos 10 mg capsule	02/01/2025	Formulary Addition	Tier 1	PA QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
Camzyos 15 mg capsule	02/01/2025	Formulary Addition	Tier 1	PA QL
Camzyos 2.5 mg capsule	02/01/2025	Formulary Addition	Tier 1	PA QL
Camzyos 5 mg capsule	02/01/2025	Formulary Addition	Tier 1	PA QL
Cobenfy 100 mg-20 mg capsule	02/01/2025	Formulary Addition	Tier 1	QL
Cobenfy 125 mg-30 mg capsule	02/01/2025	Formulary Addition	Tier 1	QL
Cobenfy 50 mg-20 mg capsule	02/01/2025	Formulary Addition	Tier 1	QL
Cobenfy Starter Pack 50 mg-20 mg/100 mg-20 mg capsules in a dose pack	02/01/2025	Formulary Addition	Tier 1	QL
<i>dasatinib 100 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	PA QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
<i>dasatinib 140 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	PA QL
<i>dasatinib 20 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	PA QL
<i>dasatinib 50 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	PA QL
<i>dasatinib 70 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	PA QL
<i>dasatinib 80 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	PA QL
Gallifrey 5 mg tablet	02/01/2025	Formulary Addition	Tier 1	
<i>hydrocodone 10 mg- acetaminophen 325 mg/15 mL oral solution</i>	02/01/2025	Formulary Addition	Tier 1	QL
<i>hydrocodone 2.5 mg- acetaminophen 325 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
Itovebi 3 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL
Itovebi 9 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL
Jentaduetto 2.5 mg-1,000 mg tablet	02/01/2025	Formulary Addition	Tier 1	QL
Jentaduetto 2.5 mg-500 mg tablet	02/01/2025	Formulary Addition	Tier 1	QL
Jentaduetto XR 2.5 mg-1,000 mg tablet, extended release	02/01/2025	Formulary Addition	Tier 1	QL
Jentaduetto XR 5 mg-1,000 mg tablet, extended release	02/01/2025	Formulary Addition	Tier 1	QL
Lazcluze 240 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL LA
Lazcluze 80 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL LA

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
Lumakras 240 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL
<i>quinapril 10 mg- hydrochlorothiazide 12.5 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	
<i>quinapril 20 mg- hydrochlorothiazide 12.5 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	
<i>quinapril 20 mg- hydrochlorothiazide 25 mg tablet</i>	02/01/2025	Formulary Addition	Tier 1	
Rinvoq LQ 1 mg/mL oral solution	02/01/2025	Formulary Addition	Tier 1	PA QL
Rybelsus 14 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL
Rybelsus 3 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL
Rybelsus 7 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
<i>tazarotene 0.05 % topical cream</i>	02/01/2025	Formulary Addition	Tier 1	
Tradjenta 5 mg tablet	02/01/2025	Formulary Addition	Tier 1	QL
Tremfya 200 mg/2 mL subcutaneous syringe	02/01/2025	Formulary Addition	Tier 1	PA QL
Tremfya Pen 200 mg/2 mL subcutaneous pen injector	02/01/2025	Formulary Addition	Tier 1	PA QL
Voranigo 10 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL
Voranigo 40 mg tablet	02/01/2025	Formulary Addition	Tier 1	PA QL

\*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.

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**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.