

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
BACLOFEN 5 MG TABLET	Formulary Addition	2/1/21	Formulary Addition	Tier 1	Generic	
BREZTRI AEROSPHERE 160 MCG-9MCG- 4.8MCG/ACTUATION HFA AEROSOL INHALER	New Drug	2/1/21	New Drug	Tier 1	Generic	QL
deferiprone 500 mg tablet	New Drug	2/1/21	New Drug	Tier 1	Generic	PA
DIACOMIT 250 MG CAPSULE	New Drug	2/1/21	New Drug	Tier 1	Brand	
DIACOMIT 250 MG ORAL POWDER PACKET	New Drug	2/1/21	New Drug	Tier 1	Brand	

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DIACOMIT 500 MG CAPSULE	New Drug	2/1/21	New Drug	Tier 1	Brand	
DIACOMIT 500 MG ORAL POWDER PACKET	New Drug	2/1/21	New Drug	Tier 1	Brand	
dimethyl fumarate 120 mg capsule, delayed release	New Drug	2/1/21	New Drug	Tier 1	Generic	PA QL
dimethyl fumarate 240 mg capsule, delayed release	New Drug	2/1/21	New Drug	Tier 1	Generic	PA QL
efavirenz 400 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	New Drug	2/1/21	New Drug	Tier 1	Generic	
efavirenz 600 mg-emtricitabine 200 mg-tenofovir disoproxil 300 mg tablet	New Drug	2/1/21	New Drug	Tier 1	Generic	
efavirenz 600 mg-lamivudine 300 mg-tenofovir disoproxil 300 mg tablet	New Drug	2/1/21	New Drug	Tier 1	Generic	
emtricitabine 200 mg capsule	New Drug	2/1/21	New Drug	Tier 1	Generic	
emtricitabine 200 mg-tenofovir disoproxil fumarate 300 mg tablet	New Drug	2/1/21	New Drug	Tier 1	Generic	

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Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Tier	Brand/Generic	Restriction
FARYDAK 15 MG CAPSULE	New Drug	2/1/21	New Drug	Tier 1	Brand	PA QL
GAVRETO 100 MG CAPSULE	New Drug	2/1/21	New Drug	Tier 1	Brand	PA LA
KYNMOBI 10 MG SUBLINGUAL FILM	Formulary Addition	2/1/21	Formulary Addition	Tier 1	Brand	PA
KYNMOBI 15 MG SUBLINGUAL FILM	Formulary Addition	2/1/21	Formulary Addition	Tier 1	Brand	PA
KYNMOBI 20 MG SUBLINGUAL FILM	Formulary Addition	2/1/21	Formulary Addition	Tier 1	Brand	PA
KYNMOBI 25 MG SUBLINGUAL FILM	Formulary Addition	2/1/21	Formulary Addition	Tier 1	Brand	PA
KYNMOBI 30 MG SUBLINGUAL FILM	Formulary Addition	2/1/21	Formulary Addition	Tier 1	Brand	PA
lapatinib 250 mg tablet	New Drug	2/1/21	New Drug	Tier 1	Generic	PA QL
MENQUADFI (PF) 10 MCG/0.5 ML INTRAMUSCULAR SOLUTION	New Drug	2/1/21	New Drug	Tier 1	Brand	

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metirosine 250 mg capsule	New Drug	2/1/21	New Drug	Tier 1	Generic	PA
sapropterin 100 mg oral powder packet	New Drug	2/1/21	New Drug	Tier 1	Generic	PA
sapropterin 100 mg soluble tablet	New Drug	2/1/21	New Drug	Tier 1	Generic	PA
sapropterin 500 mg oral powder packet	New Drug	2/1/21	New Drug	Tier 1	Generic	PA
tobramycin 300 mg/4 ml solution for nebulization	New Drug	2/1/21	New Drug	Tier 1	Generic	PA QL
TRIDERM 0.5 % TOPICAL CREAM	New Drug	2/1/21	New Drug	Tier 1	Brand	
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	2/1/21	New Drug	Tier 1	Brand	PA QL
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	New Drug	2/1/21	New Drug	Tier 1	Brand	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.

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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.