

Community Health Plan of Washington Medicare Advantage Dual Plan



COMMUNITY HEALTH PLAN
of Washington™
MEDICARE ADVANTAGE

2022 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
BESREMI 500 MCG/ML SUBCUTANEOUS SYRINGE	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA LA
DUPIXENT 100 MG/0.67 ML SUBCUTANEOUS SYRINGE	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA QL
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA QL
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA QL
EPRONTIA 25 MG/ML ORAL SOLUTION	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA

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Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Tier	Brand/Generic	Restriction
everolimus (immunosuppressive) 1 mg tablet	New Drug	3/1/2022	Formulary Addition	Tier 1	Generic	PA
EXKIVITY 40 MG CAPSULE	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA QL LA
SCSEMBLIX 20 MG TABLET	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA QL
SCSEMBLIX 40 MG TABLET	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	PA QL
TICOVAC 2.4 MCG/0.5 ML INTRAMUSCULAR SYRINGE	New Drug	3/1/2022	Formulary Addition	Tier 1	Brand	
zarah 3 mg-0.03 mg tablet	Formulary Removal	3/1/2022	Removal	Tier 1	Generic	

*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.

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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.