

Community Health Plan of Washington Medicare Advantage Dual 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
AMABELZ 0.5 MG-0.1 MG TABLET	Formulary Addition	5/1/21	Formulary Addition	Tier 1	Brand	PA
AMABELZ 1 MG-0.5 MG TABLET	Formulary Addition	5/1/21	Formulary Addition	Tier 1	Brand	PA
disulfiram 500 mg tablet	New Drug	5/1/21	Formulary Addition	Tier 1	Generic	
emtricitabine 100 mg-tenofovir disoproxil fumarate 150 mg tablet	New Drug	5/1/21	Formulary Addition	Tier 1	Generic	
emtricitabine 133 mg-tenofovir disoproxil fumarate 200 mg tablet	New Drug	5/1/21	Formulary Addition	Tier 1	Generic	

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Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Tier	Brand/Generic	Restriction
emtricitabine 167 mg-tenofovir disoproxil fumarate 250 mg tablet	New Drug	5/1/21	Formulary Addition	Tier 1	Generic	
loteprednol etabonate 0.5 % eye gel drops	New Drug	5/1/21	Formulary Addition	Tier 1	Generic	
LYLLANA 0.025 MG/24 HR TRANSDERMAL PATCH	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	PA QL
LYLLANA 0.0375 MG/24 HR TRANSDERMAL PATCH	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	PA QL
LYLLANA 0.05 MG/24 HR TRANSDERMAL PATCH	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	PA QL
LYLLANA 0.075 MG/24 HR TRANSDERMAL PATCH	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	PA QL
LYLLANA 0.1 MG/24 HR TRANSDERMAL PATCH	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	PA QL
MIMVEY 1 MG-0.5 MG TABLET	Formulary Addition	5/1/21	Formulary Addition	Tier 1	Brand	PA
NYVEPRIA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	Formulary Addition	5/1/21	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
ORLADEYO 110 MG CAPSULE	Formulary Addition	5/1/21	Formulary Addition	Tier 1	Brand	PA LA
ORLADEYO 150 MG CAPSULE	Formulary Addition	5/1/21	Formulary Addition	Tier 1	Brand	PA LA
PERIOGARD 0.12 % MOUTHWASH	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	
ROWEEPRA 500 MG TABLET	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	
TEMIXYS 300 MG-300 MG TABLET	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	
TEPMETKO 225 MG TABLET	New Drug	5/1/21	Formulary Addition	Tier 1	Brand	PA LA
XELJANZ 1 MG/ML ORAL SOLUTION	New Drug	5/1/21	Formulary Addition	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.

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.