

Community Health Plan of Washington Medicare Advantage Dual Plans



2025 Notice Formulary Drug List Changes - 1 Tier Effective 10/01/2025

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

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
ABIGALE 1 MG-0.5 MG TABLET	10/01/2025	Formulary Addition	Tier 1	PA
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION	10/01/2025	Formulary Addition	Tier 1	PA
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SYRINGE	10/01/2025	Formulary Addition	Tier 1	PA

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
CONEXXENCE 60 MG/ML SUBCUTANEOUS SYRINGE	10/01/2025	Formulary Addition	Tier 1	PA QL
EDURANT PED 2.5 MG TABLET FOR ORAL SUSPENSION	10/01/2025	Formulary Addition	Tier 1	
IBTROZI 200 MG CAPSULE	10/01/2025	Formulary Addition	Tier 1	PA QL
ORQUIDEA 0.35 MG TABLET	10/01/2025	Formulary Addition	Tier 1	
PENMENVY MEN A-B-C-W-Y (PF) 0.5 ML INTRAMUSCULAR KIT	10/01/2025	Formulary Addition	Tier 1	
<i>perampanel 10 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>perampanel 12 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>perampanel 2 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
<i>perampanel 4 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>perampanel 6 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>perampanel 8 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>sacubitril 24 mg-valsartan 26 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>sacubitril 49 mg-valsartan 51 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>sacubitril 97 mg-valsartan 103 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	QL
<i>teriparatide 20 mcg/dose (560 mcg/2.24 ml) subcutaneous pen injector</i>	10/01/2025	Formulary Addition	Tier 1	PA QL
<i>tolvaptan (polycystic kidney disease) 15 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	PA

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Name of Affected Drug	Date of Change	Reason for Change	Tier	Restriction
<i>tolvaptan (polycystic kidney disease) 30 mg tablet</i>	10/01/2025	Formulary Addition	Tier 1	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.