

# Community Health Plan of Washington Medicare Advantage



**COMMUNITY HEALTH PLAN**  
of Washington™  
**MEDICARE ADVANTAGE**

## 2022 Notice Formulary Drug List Changes - 5 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](http://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
CIPRO 250 MG/5 ML ORAL SUSPENSION	Formulary Addition	2/1/2022	Formulary Addition	Tier 4	Brand	
CIPRO 500 MG/5 ML ORAL SUSPENSION	Formulary Addition	2/1/2022	Formulary Addition	Tier 4	Brand	
desrx 0.05 % topical gel	New Drug	2/1/2022	Formulary Addition	Tier 4	Generic	
doxycycline hyclate 50 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 2	Generic	
e.e.s. 400 mg tablet	Formulary Addition	2/1/2022	Formulary Addition	Tier 4	Generic	

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<b>Name of Affected Drug</b>	<b>Description of Change</b>	<b>Date of Change</b>	<b>Reason for Change</b>	<b>Tier</b>	<b>Brand/Generic</b>	<b>Restriction</b>
everolimus (antineoplastic) 10 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 5	Generic	PA QL
everolimus (antineoplastic) 2 mg tablet for oral suspension	New Drug	2/1/2022	Formulary Addition	Tier 5	Generic	PA
everolimus (antineoplastic) 3 mg tablet for oral suspension	New Drug	2/1/2022	Formulary Addition	Tier 5	Generic	PA
everolimus (antineoplastic) 5 mg tablet for oral suspension	New Drug	2/1/2022	Formulary Addition	Tier 5	Generic	PA
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	QL
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	QL
lyleq 0.35 mg tablet	Formulary Addition	2/1/2022	Formulary Addition	Tier 2	Generic	
MYRBETRIQ 8 MG/ML ORAL SUSPENSION, EXTENDED RELEASE	New Drug	2/1/2022	Formulary Addition	Tier 3	Brand	
nebivolol 10 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 2	Generic	

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nebivolol 2.5 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 2	Generic	
nebivolol 20 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 2	Generic	
nebivolol 5 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 2	Generic	
PANRETIN 0.1 % TOPICAL GEL	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	PA
paroxetine 10 mg/5 ml oral suspension	New Drug	2/1/2022	Formulary Addition	Tier 4	Generic	
peg3350 100 gram-sod sulf 7.5 gram-nacl-kcl-ascorbate-c oral pwr pack	Formulary Addition	2/1/2022	Formulary Addition	Tier 4	Generic	
PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT	New Drug	2/1/2022	Formulary Addition	Tier 3	Brand	
sajazir 30 mg/3 ml subcutaneous syringe	New Drug	2/1/2022	Formulary Addition	Tier 5	Generic	PA
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	PA QL LA

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Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Tier	Brand/Generic	Restriction
TRUSELTIQ 125MG/DAY(100 MG X1-25MG X1) CAPSULE	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	PA QL LA
TRUSELTIQ 50 MG/DAY (25 MG X 2) CAPSULE	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	PA QL LA
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	PA QL LA
varenicline 0.5 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 4	Generic	
varenicline 1 mg tablet	New Drug	2/1/2022	Formulary Addition	Tier 4	Generic	
VASCEPA 1 GRAM CAPSULE	Formulary Addition	2/1/2022	Formulary Addition	Tier 3	Brand	
WELIREG 40 MG TABLET	New Drug	2/1/2022	Formulary Addition	Tier 5	Brand	PA LA
cyclafem 1/35 (28) 1 mg-35 mcg tablet	Removal	2/1/2022	Formulary Removal		Generic	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet	Removal	2/1/2022	Formulary Removal		Generic	

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\*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 drugs, 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. Enrollment in Community Health Plan of Washington depends on contract renewal.