

# 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](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
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS	New Drug	8/1/21	Formulary Addition	Tier 1	Brand	QL
XPOVIO 100 MG/WEEK (50 MG X 2) TABLET	New Drug	8/1/21	Formulary Addition	Tier 1	Brand	PA LA
XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET	New Drug	8/1/21	Formulary Addition	Tier 1	Brand	PA LA
XPOVIO 40 MG/WEEK (40 MG X 1) TABLET	New Drug	8/1/21	Formulary Addition	Tier 1	Brand	PA LA
XPOVIO 60 MG/WEEK (60 MG X 1) TABLET	New Drug	8/1/21	Formulary Addition	Tier 1	Brand	PA LA

# Community Health Plan of Washington Medicare Advantage Special Needs Plan



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

Name of Affected Drug	Description of Change	Date of Change	Reason for Change	Tier	Brand/Generic	Restriction
XPOVIO 80 MG/WEEK (40 MG X 2) TABLET	New Drug	8/1/21	Formulary Addition	Tier 1	Brand	PA LA

\*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.