

# 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
CIPRO 250 MG/5 ML ORAL SUSPENSION	Formulary Addition	7/1/2021	Formulary Addition	Tier 1	Brand	
CIPRO 500 MG/5 ML ORAL SUSPENSION	Formulary Addition	7/1/2021	Formulary Addition	Tier 1	Brand	
fluoxetine (pmdd) 10 mg tablet	New Drug	7/1/2021	Formulary Addition	Tier 1	Generic	QL
fluoxetine (pmdd) 20 mg tablet	New Drug	7/1/2021	Formulary Addition	Tier 1	Generic	
FOTIVDA 0.89 MG CAPSULE	New Drug	7/1/2021	Formulary Addition	Tier 1	Brand	PA QL LA

# Community Health Plan of Washington Medicare Advantage 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
FOTIVDA 1.34 MG CAPSULE	New Drug	7/1/2021	Formulary Addition	Tier 1	Brand	PA QL LA
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML SUBCUT KIT	New Drug	7/1/2021	Formulary Addition	Tier 1	Brand	PA QL
unithroid 137 mcg tablet	New Drug	7/1/2021	Formulary Addition	Tier 1	Generic	
vestura (28) 3 mg-0.02 mg tablet	New Drug	7/1/2021	Formulary Addition	Tier 1	Generic	
XTANDI 40 MG TABLET	New Drug	7/1/2021	Formulary Addition	Tier 1	Brand	PA QL
XTANDI 80 MG TABLET	New Drug	7/1/2021	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.

**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.

# Community Health Plan of Washington Medicare Advantage Plan



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

**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.