

FORMULARY UPDATES
Medicare

May 1, 2017

Dear Provider:

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Affinity Health Plan's Provider line 7 days a week, 24 hours a day at **1-855-344-0930**. Information can also be found on our website at www.affinitymedicareplan.org.

Key

PA = Prior Authorization	ST = Step Therapy	HRM = High risk med requires PA for age 65 and older	SP = Specialty Drug with Network Requirement
QL = Quantity Limits	AL = Age Limits	OTC = Over the Counter	B/D = PA needed to determine Part B vs. D coverage

Date Effective	Product Name	Change	Comments
5/1/17	VEMLIDY TAB	Add tier 5	Provides an additional treatment option for the treatment of chronic hepatitis B virus infection.
5/1/17	LINZESS CAP 72MCG	Add tier 3, QL	Clinical line extension; new strength
5/1/17	METHERGINE TAB 0.2MG	Add tier 4	Clinical Line Extension; New manufacturer
5/1/17	PIPER/TAZOBA INJ 12-1.5GM	Add tier 4	Clinical line extension; new strength
5/1/17	DESVENLAFAXINE SUCCINATE TAB SR 24HR	Add tier 3, QL	Generic availability; brand already listed
5/1/17	VITEKTA TAB	TERM	Product discontinued
5/1/17	DOCETAXEL INJ 140/7ML	TERM	Product discontinued; molecular entity remains on Drug List