

FORMULARY UPDATES
Qualified Health Plan

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 **1-855-582-2022**. Information can also be found on our website at www.affinityplan.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	FLURANDRENOL OIN 0.05%	Add tier 1	Adding generic reference to all templates
5/1/17	METHYLPHENID CAP 60MG LA	Add tier 1	Line extension to all templates
5/1/17	QUFLORA PED DRO 0.25MG	TERM	Generic agents are available and covered on the formulary. Current utilizers will be grandfathered.
5/1/17	QUFLORA PED DRO 0.5MG/ML	TERM	Generic agents are available and covered on the formulary. Current utilizers will be grandfathered.