

FORMULARY UPDATES

Medicare

July 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
7/1/17	KINRIX INJ	Add tier 3	Clinical line extension
7/1/17	HERCEPTIN INJ 150MG	Add tier 5, PA	Clinical line extension
7/1/17	DOCETAXEL INJ 200/10	Add tier 5, PA	Clinical line extension; new formulation
7/1/17	ESBRIET TAB 267MG	Add tier 5, PA	Clinical line extension; new formulation
7/1/17	ROWEEPRA TAB	Add tier 3	Clinical line extension
7/1/17	ZEJULA CAP 100MG	Add tier 5, PA	Provides an additional treatment option for patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer.
7/1/17	ZYTIGA TAB 500MG	Add tier 4, PA	Clinical line extension
7/1/17	Kisqali Oral Tablet 200 MG	Delete	Provides an additional treatment option for patients with HER2-negative advanced or metastatic breast cancer.