

FORMULARY UPDATES
Qualified Health Plan

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 **1-855-582-2022**. 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
7/1/17	ERYPED SUS 200/5ML	TERM	Terming brand product due to generic availability
7/1/17	E.E.S. GRAN SUS 200/5ML	TERM	Terming brand product due to generic availability
7/1/17	EPZICOM TAB 600-300	TERM	Terming brand product due to generic availability
7/1/17	KALETRA SOL	TERM	Terming brand product due to generic availability
7/1/17	VALCYTE SOL 50MG/ML	TERM	Terming brand product due to generic availability
7/1/17	TAMIFLU CAP	TERM	Terming brand product due to generic availability
7/1/17	DORIBAX INJ 250MG	TERM	Terming brand product due to generic availability
7/1/17	CUBICIN SOL 500MG	TERM	Terming brand product due to generic availability
7/1/17	BEYAZ TAB	TERM	Terming brand product due to generic availability
7/1/17	NITROSTAT SUB TAB	TERM	Terming brand product due to generic availability
7/1/17	BENICAR TAB	TERM	Terming brand product due to generic availability
7/1/17	ZETIA TAB	TERM	Terming brand product due to generic availability
7/1/17	EMEND CAP	TERM	Terming brand product due to generic availability
7/1/17	SEROQUEL XR TAB	TERM	Terming brand product due to generic availability

7/1/17	CAFERGOT TAB	TERM	Terming brand product due to generic availability
7/1/17	AZILECT TAB	TERM	Terming brand product due to generic availability
7/1/17	CORDRAN OIN/LOT 0.05%	TERM	Terming brand product due to generic availability
7/1/17	MINASTRIN 24 CHW FE	TERM	Terming brand product due to generic availability
7/1/17	EZETIM/SIMVA TAB	ADD Tier 1	Adding generic reference
7/1/17	ZYTIGA TAB 500MG	ADD Tier 3	Adding as a line extension