

## FORMULARY UPDATES

### Medicare

September 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](http://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
9/1/17	ARISTADA INJ 1064MG	Add tier 5, QL	Clinical line extension; new strength
9/1/17	CLINDMYC/NAC INJ	Add tier 4	Clinical line extension; new formulation
9/1/17	DOXORUBICIN INJ 10MG	Add tier 3, PA	Clinical line extension; new strength
9/1/17	ISENTRESS HD TAB 600MG	Add tier 5	Clinical line extension; new strength
9/1/17	SELZENTRY SOL 20MG/ML	Add tier 5	Clinical line extension; new formulation
9/1/17	DIASTAT ACDL GEL	Add tier 4	Add protected class brand since generic removed
9/1/17	TESTOSTERONE TD SOLN 30 MG/ACT	Add tier 3, PA, QL	Clinical line extension; generic availability, brand already listed
9/1/17	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Add tier 3	Clinical line extension; generic availability, brand already listed
9/1/17	Restasis Multidose Ophthalmic Emulsion 0.05 %	Add tier 3, QL	Clinical line extension
9/1/17	PICATO GEL	Add tier 3	Add to formulary
9/1/17	LORTAB TAB	Delete	Product discontinued
9/1/17	ZAZOLE CRE 0.8%	Delete	Product discontinued