

FORMULARY UPDATES
Qualified Health Plan (QHP)

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 **1-855-582-2022**. 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
9/1/17	SELZENTRY SOL 20MG/ML	ADD	Adding as line extension
9/1/17	MELPHALAN TAB 2MG	ADD	Adding generic reference
9/1/17	RYDAPT CAP 25MG	ADD	Adding product to all templates
9/1/17	SEVELAMER POW 0.8GM	ADD	Adding generic reference
9/1/17	SEVELAMER POW 2.4GM	ADD	Adding generic reference
9/1/17	ORENCIA INJ 50/0.4	ADD	Adding generic reference
9/1/17	ORENCIA INJ 87.5/0.7	ADD	Adding generic reference
9/1/17	OLOPATADINE SOL 0.2%	ADD	Adding generic reference
9/1/17	MOXIFLOXACIN SOL 0.5%	ADD	Adding generic reference
9/1/17	BENZAMYCIN GEL PAK	TERM	No active NDCs with this label name are available under the GPI.