

**FORMULARY UPDATES**  
**Medicaid/CHP**

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 Monday-Friday 9am-7pm at **1-877-432-6793**. Information can also be found on our website at [www.affinityplan.org](http://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	Tacrolimus (Topical)	Add QL	QL 60 g per 30 days
5/1/17	Calcipotriene (Topical)	Add QL	QL 60 g per 30 days
5/1/17	NYSTATIN CREAM 100000 UNIT/GM	Add QL	QL 90 g per 30 days
5/1/17	NYSTATIN OINT 100000 UNIT/GM	Add QL	QL 90 g per 30 days
5/1/17	LINZESS CAP 72MCG	Add with QL	New strength of formulary product. (30 tabs per 30 days)
5/1/17	SELZENTRY TAB 25MG	Add with QL	New strength of formulary product. (240 tabs per 30 days)
5/1/17	SELZENTRY TAB 75MG	Add with QL	New strength of formulary product. (60 tabs per 30 days)
5/1/17	TETRABENAZINE TAB 12.5 MG	Add QL	QL 240 tabs per 30 days
5/1/17	TETRABENAZINE TAB 25 MG	Add QL	QL 120 tabs per 30 days
5/1/17	SOLUCORTEF FOR INJ 100 MG	Add with QL	QL 4 units per 365 days