



# Formulary Updates

Effective 01/01/2021

## DEFINITIONS

- Formulary** These drugs are included in AllWays Health Partners’ covered drug list.
- Non-Formulary** These drugs are not included in AllWays Health Partners’ formulary. AllWays Health Partners would only cover formulary alternatives. Providers can request Non-Formulary drugs as an exception, and AllWays Health Partners would require trial of all appropriate formulary alternatives prior to approving coverage of a Non-Formulary drug. If a Non-Formulary drug is approved, the member’s cost sharing would be the highest tier.
- Preferred** These drugs are on AllWays Health Partners’ formulary and offer a lower cost to members.
- Non-Preferred** These drugs are on AllWays Health Partners’ formulary but offer a higher cost to members.
- Excluded** AllWays Health Partners does not cover these drugs. Members will receive a denial for all Excluded drug requests.

## Updates for Commercial Members

The following changes are being made to the listed medications:

Autoimmune	The following medications will have updated criteria that requires a trial of Remicade, Ilumya, Entyvio, Simponi Aria, Stelara 130mg: <ul style="list-style-type: none"> <li>• Actemra</li> <li>• Cimzia</li> <li>• Orenia</li> <li>• Renflexis</li> <li>• Inflectra</li> </ul>
Rituximab	Truxima will have updated criteria that requires a trial of Rituxan, Rituxan Hylecta, and Ruxience.
Trastuzumab	The following medications will have updated criteria that requires a trial of Herceptin/Herceptin Hylecta, Kanjinti, and Trazimera: <ul style="list-style-type: none"> <li>• Herzuma</li> <li>• Ogivr</li> </ul>

Ocular disorders	<p>The following medications will have updated criteria that requires a trial of Avastin and Eylea:</p> <ul style="list-style-type: none"> <li>• Lucentis</li> <li>• Macugen</li> <li>• Visudyne</li> </ul> <p>All medications within this category will be moved to medical benefit only. They will no longer be available through the pharmacy benefit.</p>
MS	Lemtrada will have updated criteria that requires a trial of Tysabri.
Severe Asthma	<p>Cinqair will have updated criteria that requires a trial of at least 3 of the following medications:</p> <ul style="list-style-type: none"> <li>• Nucala</li> <li>• Fasentra</li> <li>• Xolair</li> <li>• Dupixent</li> </ul> <p>The following medications will only be available through the Pharmacy Benefit:</p> <ul style="list-style-type: none"> <li>• Nucala Pen</li> <li>• Fasentra Pen</li> <li>• Dupixent</li> </ul> <p>The following medications will only be available through the Medical Benefit:</p> <ul style="list-style-type: none"> <li>• Cinqair</li> <li>• Nucala injection</li> <li>• Fasentra injection</li> <li>• Xolair</li> </ul>
Neutropenia Short-acting CSF	<p>The following medications will have updated criteria that requires a trial of Zarxio and Nivestym:</p> <ul style="list-style-type: none"> <li>• Leukine</li> <li>• Neupogen</li> <li>• Granix</li> </ul>
Neutropenia Long-acting CSF	<p>The following medications will have updated criteria that requires a trial of Neulasta and Udenyca:</p> <ul style="list-style-type: none"> <li>• Fulphila</li> <li>• Ziextenzo</li> </ul>
Hematologic, Erythropoiesis-Stimulating Agents (ESA)	<p>The following medications will have updated criteria that requires a trial of Retacrit and Aranesp:</p> <ul style="list-style-type: none"> <li>• Epogen</li> <li>• Mircera</li> <li>• Procrit</li> </ul>
Hemophilia Factor VIII	<p>The following medications will have updated criteria that requires a trial of Kogenate FS, Jivi, Kovaltry and Novoeight:</p> <ul style="list-style-type: none"> <li>• Eloctate</li> <li>• Helixate FS</li> <li>• Nuwiq</li> <li>• Adynovate</li> </ul>

Alpha-1 antitrypsin deficiency	The following medications will have updated criteria that requires a trial of Prolastin C: <ul style="list-style-type: none"> <li>• Glassia</li> <li>• Zemaira</li> <li>• Aralast NP</li> </ul>
Bevacizumab	The following medications will have updated criteria that requires a trial of a preferred medication, based on diagnosis: <ul style="list-style-type: none"> <li>• Ocular Disorders - Avastin</li> <li>• All other indications - Mvasi/Zirabev</li> </ul> <p>All medications within this category will be moved to medical benefit only. They will no longer be available through the pharmacy benefit.</p>
Breast cancer - CDK	Our preferred products will be Ibrance, Kisqali, and Kisqali Femara Co-Pack.
PARP Inhibitors	Our preferred products will be Lynparza, Rubraca, and Zejula.
Enstilar	Enstilar will require previous trials of generic formulary products prior to approval.
Acute migraine	The following medications will have updated criteria that requires a trial of Nurtec and two different triptans: <ul style="list-style-type: none"> <li>• Reyvow</li> <li>• Ubrelvy</li> </ul>
Growth Hormone	The following medications will have updated criteria that requires a trial of Nurtec and two different triptans: <ul style="list-style-type: none"> <li>• Humatrope</li> <li>• All Norditropin products</li> <li>• Saizen</li> <li>• Serostim</li> <li>• Zomacton</li> </ul>
Prostate cancer - oral	Our preferred products will be abiraterone, Erleada, Nubeqa, Yonsa, and Xtandi. <p>Nubeqa will no longer require a prior authorization.</p> <p>Zytiga 500mg will no longer be considered a formulary medication.</p>
Renal cell carcinoma	Nexavar will no longer be considered a formulary medication.
Acne - topical	Azelex will no longer be considered a formulary medication.
Diabetic Test Strips and Meters	Our preferred products will be OneTouch meters and test strips. <p>All Freestyle and Precision Xtra meters and blood glucose test strips will no longer be considered formulary medications.</p>
Anticonvulsants	Our preferred products will be Oxtellar XR and Trokendi XR. Both medications will require trials of generic products prior to approval.
SGLT-2	The following medications will have updated criteria that requires a trial of Farxiga, Xigduo, Synjardy, Synjardy XR, and Jardiance: <ul style="list-style-type: none"> <li>• Invokana</li> <li>• Invokamet</li> <li>• Invokamet XR</li> </ul>
Estrogen/ Progestin	Our preferred products will be Duavee, Premphase, and Prempro. <p>Angeliq and Prefest will no longer be considered formulary medications.</p>

Pancreatic enzymes	Our preferred products will be Creon, Viokace, and Zenpep. Pancreaze and Pertzye will no longer be considered formulary medications.
IBS-D	Our preferred products will be Xifaxan. Viberzi will no longer be considered a formulary medication.
Steroid Inhalants	Our preferred products will be Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar redihaler. Pulmicort HFA will be moved to a non-preferred status. Asmanex and Asmanex HFA will no longer be considered formulary medications.
Multiple Myeloma - protease inhibitor	Our preferred product will be Ninlaro. Velcade will be moved to medical benefit only. It will no longer be available through the pharmacy benefit.
Long acting LABA/LAMA	Our preferred products will be Anoro Ellipta and Stiolto Respimat. Bevespi and Utibron will no longer be considered formulary medications.

## Updates for My Care Family Members

The following changes are being made to the listed medications:

Please visit the AllWays Health Partners website for the most up to date criteria:

<https://www.allwayshealthpartners.org/providers/pharmacy-guidelines>

The following generic medications will become non-formulary. Please use the brand name alternative.	
Generic Medication	Brand Name Alternative
Albuterol HFA	ProAir HFA
Budesonide formoterol fumarate dihydrate	Symbicort
Dimethyl fumarate and Bafiertam	Tecfidera
Erlotinib	Tarceva
Everolimus	Afinitor
Exenatide (When available)	Byetta
Fingolimod (When available)	Gilenya
Glatiramer acetate and Glatopa	Copaxone
Insulin Aspart Products	Novolog Products
Insulin Lispro Products	Humalog Products
Levalbuterol HFA	Xopenex HFA
Pimecrolimus Cream	Elidel Cream
Metformin oral solution 500mg/5ml	Riomet
Tacrolimus Ointment	Protopic Ointment
Wixela and Fluticasone/salmeterol	Advair Diskus

Anticoagulants	<p>Eliquis will be a preferred medication</p> <p>Pradaxa 110mg will require a Prior Authorization for over #70 capsules per 365 days</p> <p>Pradaxa 75mg and 150mg will change from Non-Formulary to Formulary</p> <p>Savaysa will change from Non-Formulary to Formulary</p> <p>Xarelto 2.5mg will now require a Prior Authorization for over #60 per 30 days</p>
Antidiabetic Agents: Biguanides and Combination Products	<p>The following medications will be added to the formulary with a Prior Authorization:</p> <ul style="list-style-type: none"> <li>• Fortamet</li> <li>• Metformin ER (generic Fortamet)</li> <li>• Glumetza</li> <li>• Metformin ER (generic Glumetza)</li> <li>• Riomet ER</li> </ul> <p>The following medications will be added to the formulary with a Prior Authorization and Quantity Limit of #30 tablets per 30 days:</p> <ul style="list-style-type: none"> <li>• Alogliptin-metformin</li> <li>• Glyxambi</li> <li>• Kazano</li> <li>• Segluromet</li> <li>• Trijardy</li> </ul> <p>The following medications will have Step Therapy removed and the Quantity Limit of #30 tablets per 30 days will remain:</p> <ul style="list-style-type: none"> <li>• Invokamet</li> <li>• Janumet</li> <li>• Janumet XR</li> <li>• Jentadueto</li> <li>• Kombiglyze XR</li> <li>• Synjardy</li> <li>• Synjardy XR</li> <li>• Xigduo XR</li> </ul> <p>Riomet IR will become a brand preferred medication.</p> <p>Generic metformin solution will become Non-Preferred.</p>
Antidiabetic Agents: DPP-4 Inhibitors	<p>Alogliptan and Nesina will be added to the formulary with a Prior Authorization and Quantity Limit of #30 tablets per 30 days</p> <p>Januvia, Onglyza and Tradjenta will have Step Therapy removed and will be added to the formulary with a Quantity Limit of #30 tablets per 30 days.</p> <p>Alogliptin/pioglitazone will have Step Therapy removed and will now require a Prior Authorization and Quantity Limit of #30 tablets per 30 days</p>
Antidiabetic Agents: GLP-1 Agonists and Combination Products	<p>The following medications will be added to the formulary with a Prior Authorization and Quantity Limit:</p> <ul style="list-style-type: none"> <li>• Bydureon Bcise (QL of #4 - 2mg autoinjectors per 30 days)</li> <li>• Ozempic (QL of #2 pens per 30 days)</li> <li>• Rybelsus (QL of #30 tablets per 30 days)</li> <li>• Soliqua (QL of #6 pens per 30 days)</li> <li>• Xultophy (QL of #5 pens per 30 days)</li> </ul> <p>Byetta will become a brand preferred medication</p>

Antidiabetic Agents: SGLT-2 Inhibitors	Steglatro will be added to the formulary with a Prior Authorization and Quantity Limit of #30 tablets per 30 days. The following medications will have Step Therapy removed and added to the formulary with a Quantity Limit of #30 tablets per 30 days: <ul style="list-style-type: none"> <li>• Farxiga</li> <li>• Invokana</li> <li>• Jardiance</li> </ul>
Anti-hypoglycemic Agents	Baqsimi will become a Preferred Drug
Asthma and Allergy Monoclonal Antibodies	Cinqair will be added to the medical benefit with a Prior Authorization. The following drugs will be added to the pharmacy benefit with a Prior Authorization: <ul style="list-style-type: none"> <li>• Dupixent</li> <li>• Fasenra</li> <li>• Nucala</li> <li>• Xolair</li> </ul>
CGRP Inhibitors	Vyepti will require a Prior Authorization via the Medical Benefit
Colony-Stimulating Factors	Fulphila, Leukine, Neulasta, Neupogen, Ziextenzo and Undeca will no longer require a Prior Authorization via the Pharmacy Benefit.
Diabetic Testing Supplies	Freestyle Test Strips >100 units/month Freestyle InsuLinx Test Strips >100 units/month Freestyle Lite Test Strips >100 units/month Precision Xtra Test Strips >100 units/month The following NDC numbers will be covered: <b>Freestyle</b> 99073-0120-50 99073-0121-01 99073-0124-50 99073-0124-01 99073-0708-22 99073-0708-27 99073-0708-19 99073-0712-27 99073-0712-30 99073-0712-31 <b>Precision Xtra</b> 57599-9728-04 57599-9877-05 57599-9838-04 57599-9878-05
Hemophilia Agents	Benefix and Xyntha will now be preferred medications.
Insulin Products	Admelog, Basaglar and Semglee will now require a Prior Authorization. Lantus and Lantus Solostar will be added to the formulary. Humalog and Novolog Products will become brand preferred products. Generic insulin aspart and insulin lispro products will become Non-Formulary.
Kinase Inhibitors	The following medications will require a Prior Authorization: <ul style="list-style-type: none"> <li>• Balversa</li> <li>• Lenvima</li> <li>• Lorbrena</li> </ul>

	<ul style="list-style-type: none"> <li>• Nerlynx</li> <li>• Rozlytrek</li> <li>• Stivarga</li> <li>• Tagrisso</li> <li>• Vitrakvi</li> <li>• Vizimpro</li> </ul> <p>Ibrance will become a preferred medication.</p>
Kinase Inhibitors: MTOR for Breast Cancer	<p>Afinitor will become a brand preferred medication. Generic everolimus will become Non-Formulary.</p>
Kinase Inhibitors: Tyrosine	<p>The following medications will require a Prior Authorization:</p> <ul style="list-style-type: none"> <li>• Brukinsa</li> <li>• Cabometyx</li> <li>• Inclusig</li> <li>• Inrebic</li> <li>• Turalio</li> <li>• Xospata</li> </ul> <p>Bosulif, Inlyta and Sutent will become preferred medications.</p>
Multiple Sclerosis Agents	<p>Copaxone, Gilenya and Tecfidera will become brand preferred medications. Tecfidera will become a preferred drug. Generic glatiramer acetate, glatopa, fingolimod, bafieratm and dimethyl fumarate will become Non-Formulary. Aubagio, Mayzent and Zeposia will be added to the formulary with a Prior Authorization and Quantity Limit.</p>
Respiratory Agents	<p>The following medications are being added to the formulary with a Quantity Limit:</p> <ul style="list-style-type: none"> <li>• Incruse</li> <li>• Spiriva HandiHaler</li> <li>• Spiriva Respimat</li> <li>• Tudorza</li> <li>• Seebri Neohaler</li> <li>• ProAir HFA</li> </ul> <p>The following medications are being added to the formulary with age limits:</p> <ul style="list-style-type: none"> <li>• Asmanex Twisthaler 110mcg (Prior Authorization required for greater than or equal to 12 years)</li> <li>• Asmanex Twisthaler 220mcg (Prior Authorization required for less than 12 years)</li> </ul> <p>The following medications are being added to the formulary with a Prior Authorization and Quantity Limit:</p> <ul style="list-style-type: none"> <li>• Lonhala</li> <li>• Yupelri</li> <li>• Alvesco</li> <li>• Arnuity</li> <li>• Pulmicort</li> <li>• Budesonide inhalation suspension</li> <li>• Qvar RediHaler</li> <li>• ProAir Digihaler</li> </ul>

	<ul style="list-style-type: none"> <li>• Advair HFA</li> <li>• Breo Ellipta</li> <li>• Dulera</li> <li>• Ventolin HFA</li> <li>• Albuterol HFA (generic Ventolin HFA)</li> </ul> <p>Fluticasone/salmeterol inhalation powder will be added to the formulary with a Prior Authorization. Advair Diskus, ProAir HFA, Symbicort and Xopenex HFA will become brand preferred products</p>
Spinal Muscular Atrophy Agents	Zolgensma will become a preferred medication.
Targeted Immunomodulators: Anti-TNF Agents	Enbrel and Humira will become preferred medications.
Targeted Immunomodulators: Interleukin Antagonists	Taltz will become a preferred medication.
Targeted Immunomodulators: Janus Kinase Inhibitors	Xeljanz and Xeljanz XR will become preferred medications.
Topical Immune Suppressants	<p>Eucrisa will become a preferred medication and will require Prior Athorization.</p> <p>Elidel and Protopic will become brand preferred medications</p> <p>Generic tacrolimus and pimicrolimus will become Non-Formulary.</p>