



# Formulary Updates

Effective 04/01/2020

## 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 All Members

The following changes are being made to the listed medications:

Herceptin	This medication will no longer be available on the pharmacy benefit. It will continue to be available on the medical benefit.
Trulance 3mg Linzess 72mcg	These medications will have a quantity limit of 30 capsules/tablets per month.
Vascepa 0.5gm	This medication will have a quantity limit of 240 capsules per month.

## Updates for Commercial Members

The following changes are being made to the listed medications:

Atazanavir capsules Ritonavir tablets Tenofovir tablets	These medications will be moving from a Tier 1 cost share to a Tier 2 cost share.
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## Updates for My Care Family Members

The following changes are being made to the listed medications:

Hepatitis C Preferred Products	Vosevi will no longer be considered formulary.
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