

## Formulary Updates

Effective 08/01/2020

## **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:

Factor Products	All products categorized as factor products will require a prior authorization on both the pharmacy benefit and the medical benefit. As a result:
	<ul> <li>The following medications will require a prior authorization on both the medical and pharmacy benefit:</li> <li>Coagadex</li> <li>Fibryga</li> <li>Riastap</li> </ul>

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.

	<ul> <li>The following medications will require a prior authorization on the pharmacy benefit: <ul> <li>Corifact</li> <li>Tretten</li> </ul> </li> <li>The following medications will require a prior authorization on the medical benefit: <ul> <li>Feiba</li> <li>Vonvendi</li> </ul> </li> </ul>
Naproxen CR 375mg Naproxen CR 500mg	These medications will no longer be considered formulary.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.