



# Formulary Updates

Effective 07/01/2019

## 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:

Xifaxan 200mg	Quantity limit of 9 tablets per 3 days
Xifaxan 550mg	Quantity limit of 60 tablets per 30 days  The following prior authorization criteria will now apply: <ul style="list-style-type: none"><li>• Hepatic Encephalopathy <b>AND</b> Member is at least 18 years of age <b>AND</b> Member has had a trial of a lactulose product</li><li>• Irritable Bowel Syndrome with Diarrhea <b>AND</b> Member is at least 18 years of age <b>AND</b> Member has had a trial of loperamide or diphenoxylate/atropine <b>AND</b> a bile sequestrant</li></ul>

Granix Leukine Neupogen	Granix, Leukine, and Neupogen will move to a non-preferred specialty tier (no change for MassHealth members)  The following is being added to the prior authorization criteria: <ul style="list-style-type: none"> <li>A trial of the preferred agent, Zarxio, is required for approval except where the indication is to prolong survival for patients acutely exposed to myelosuppressive doses of radiation</li> </ul>
Celecoxib	Will move from a step therapy program to a prior authorization program
Beconase AQ Flonase Sensimist Nasonex Omnaris Qnasl Zetonna Zipsor Zorvolex	These medications will no longer be considered formulary
Budesonide nasal Flunisolide 25mcg Flunisolide 29mcg Fluticasone propionate Nasacort Allergy 24Hr OTC Rhinocort Allergy OTC Triamcinolone	These medications will no longer require prior authorization

## Updates for Commercial Members

The following changes are being made to the listed medications:

Neulasta Zarxio	These medications will move to a preferred specialty tier
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## Updates for My Care Family Members

The following changes are being made to the listed medications:

Diclofenac/misoprostol Fenoprofen 400mg Mefenamic acid	These medications will no longer be considered formulary
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