



# Formulary Updates

Effective 06/01/2019

## 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 medications will be removed from the formulary:

Amcinonide cream, lotion, & ointment	Cordran Tape
Cloderm cream	Halog 0.1% cream & ointment
Verdeso Foam, diflorasone cream & ointment	Hydrocortisone lotion 0.1%
Apexicon	Nolix 0.05% cream and lotion
Fluocinonide cream 0.1%	Pandel Cream
Flurandrenolide cream, lotion, & ointment	Texacort solution

**The following medications will be added as second-line on the Topical Corticosteroid Step Therapy Program:**

Betamethasone valerate aero foam Clobetasol lotion & spray Desoximetasone cream & ointment	Capex shampoo Fluticasone lotion
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## **Updates for My Care Family Members**

**The following medications will become non-formulary.**

Afrezza Inhalation Powder
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