



Formulary Updates

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

Effective June 11, 2020

The following changes are being made to the listed medications:

HIV Pre-exposure prophylaxis (PrEP)	<p>June 2019, the United States Preventive Services Task Force (USPSTF) recommended the addition of HIV PrEP as an ACA covered preventative service.</p> <p>We have added Truvada 200mg-300mg as our preferred PrEP product. Members using this medication for PrEP will not be responsible for cost-sharing.</p> <p>Descovy continues to be covered at a preferred brand cost sharing. If a member requires Descovy for PrEP we will consider coverage at \$0 through an exceptions process, if medically necessary for members with renal comorbidities or bone disease.</p>
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Updates for My Care Family Members

Effective June 22, 2020

The following changes are being made to the listed medications:

<p>Xeljanz Xeljanz XR</p>	<p>Current criteria has been updated to include following:</p> <p><u>Rheumatoid Arthritis & Psoriatic Arthritis</u></p> <ol style="list-style-type: none"> 1. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to at least ONE of the following: <ol style="list-style-type: none"> a. An aminosalicylate b. A corticosteroid c. An immunomodulator (hydroxychloroquine, methotrexate, 6-mercaptopurine) 2. Inadequate response or adverse reaction to either Humira OR Enbrel <p><u>Ulcerative Colitis</u></p> <p>Authorization may be granted for members who are currently receiving treatment with Xeljanz or Xeljanz XR, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs</p> <p>OR</p> <p>Authorization may be granted for members when all the following criteria are met:</p> <ol style="list-style-type: none"> 1. Member has a diagnosis of moderate to severely active ulcerative colitis 2. Member is at least 18 years of age 3. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to ALL of the following: <ol style="list-style-type: none"> a. An aminosalicylate b. A corticosteroid c. An immunomodulator (hydroxychloroquine, methotrexate, 6-mercaptopurine) 4. Inadequate response or adverse reaction to ONE biologic DMARD that is FDA-approved for ulcerative colitis
<p>Taltz</p>	<p><u>Plaque Psoriasis and Psoriatic Arthritis</u></p> <p>Updated to specify the trial of c. Inadequate response or adverse reaction to ONE biologic DMARD must be either Humira OR Enbrel</p> <p><u>Ankylosing Spondylitis</u></p> <ol style="list-style-type: none"> 1. Member has a diagnosis of ankylosing spondylitis AND 2. Member is at least 18 years of age AND 3. Prescriber has provided documentation of ONE of the following:

	<ul style="list-style-type: none">a. Inadequate response or adverse reaction to two non-steroidal anti-inflammatory drug (NSAID)b. Contraindication to ALL NSAIDs <p>4. Inadequate response or adverse reaction to either Humira OR Enbrel AND</p> <p>5. Dosing is appropriate (see appendix)</p>
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