



Formulary Updates

Effective 05/01/2020

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 Commercial Members

The following changes are being made to the listed medications:

Tadalafil (Cialis) 20mg	This medication will have a quantity limit of 4 tablets per month.
Testosterone TD gel 40.5mg/2.5gm (1.62%)	This medication will be moving from tier 1 to tier 2 for members on a 4 Tier or 6 Tier plan.