



# Formulary Updates

Effective 11/01/2020

## 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:

Omnitrope injector device	This device will no longer be considered formulary.
Topical Vitamin D Analogs	The following quantity limits will now apply: <ol style="list-style-type: none"><li>1. Calcitriol ointment: 100gm per 30 days</li><li>2. Calcipotriene cream and ointment: 60gm per 30 days</li><li>3. Calcipotriene suspension: 60ml per 30 days</li><li>4. Calcipotriene w/betamethasone ointment: 60gm per 30 days</li><li>5. Calcipotriene w/betamethasone suspension: 60ml per 30 days</li><li>6. Enstilar Foam: 60gm per 30 days</li><li>7. Sorilux Foam: 120gm per 30 days</li><li>8. Taclonex suspension: 60ml per 30 days</li><li>9. Taclonex ointment: 60gm per 30 days</li></ol>

## Updates for Commercial Members

The following changes are being made to the listed medications:

Banzel Aptiom	These medications will no longer be considered formulary.
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