

Formulary Updates

Effective 10/01/2019

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:

| Medication | Update |
|--|--|
| Testopel Probuphine Sublocade | These medications will require prior authorization. |
| Any topical corticosteroid foams, oils, shampoos, solutions, sprays, or tape | All products will have an initial quantity limit of 120 grams, 120 milliliters, or 1 roll per month. * |

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.

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| Medication | Update |
|---|---|
| Capex (fluocinolone shampoo) Clobex Shampoo (clobetasol shampoo) Clobex Spray (clobetasol spray) Derma-Smoothe Oil /FS Body (fluocinolone body oil) Derma-Smoothe Oil /FS Scalp (fluocinolone scalp oil) Kenalog Spray (triamcinolone spray) Sernivo (betamethasone dipropionate emulsion spray) Synalar Solution (fluocinolone solution) Texacort (hydrocortisone solution 2.5%) Topicort Spray (desoximetasone spray) Verdeso (desonide foam) | These medications will have a post limit approval of 240 grams or milliliters per month. * |
| clobetasol solution (Cormax) fluocinonide solution Halobetasol Foam Lexette Locoid Solution (hydrocortisone butyrate solution 0.1%) Luxiq (betamethasone valerate foam) mometasone solution Olux (clobetasol foam) Olux-E (clobetasol emulsion foam) | These medications will have a post limit approval of 180 grams or milliliters per month. * |
| Cordran 80X3 Tape 4mcg/cm (flurandrenolide tape) | These medications will have a post limit approval of 2 rolls per month. * |
| Cordran Cream 0.025% (flurandrenolide cream 0.025%) Cordran Cream 0.05% (flurandrenolide cream 0.05%) Cordran Lotion (flurandrenolide lotion) Cutivate Lotion (fluticasone lotion) Synalar Cream 0.025% (fluocinolone cream 0.025%) Synalar Ointment (fluocinolone ointment) | These medications will have a reduced maximum allowable quantity of 540 grams or milliliters from 720 grams or milliliters per 3 months. * |
| Trianex (triamcinolone ointment 0.05%) | This medication will have a reduced maximum allowable quantity of 540 grams from 1,290 gram per 3 months. * |

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| Medication | Update |
|--|--------------------------------------|
| betamethasone diproprionate cream | These medications will have an |
| betamethasone dipropionate ointment | increased maximum allowable quantity |
| betamethasone diproprionate augmented gel | of 180 grams from 150 grams per |
| betamethasone valerate cream | month. * |
| betamethasone valerate ointment | |
| Cloderm Cream (clocortolone cream) | |
| Diprolene Ointment (betamethasone dipropionate | |
| augmented ointment) | |
| Diprolene AF Cream (betamethasone dipropionate | |
| augmented cream) | |
| Elocon Cream (mometasone cream) | |
| Elocon Ointment (mometasone ointment) | |
| fluocinonide cream 0.05% | |
| fluocinonide gel | |
| fluocinonide ointment | |
| fluocinonide emulsified cream | |
| fluticasone cream | |
| fluticasone ointment | |
| Halog Cream (halcinonide cream) | |
| Halog Ointment (halcinonide ointment) | |
| triamcinolone cream 0.5% | |
| triamcinolone ointment 0.5% | |
| Ultravate Cream (halobetasol cream) | |
| Ultravate Ointment (halobetasol ointment) | |
| Vanos (fluocinonide cream 0.1%) | |
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| Pandel (hydrocortisone probutate cream 0.1%) | These medications will have an |
| triamcinolone cream 0.025% | increased maximum allowable quantity |
| triamcinolone cream 0.1% | of 180 grams from 160 grams per |
| triamcinolone ointment 0.025% | month. * |
| triamcinolone ointment 0.1% | |
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*Appearance on this list does not guarantee coverage. If approved quantity limit changes will apply.