



Formulary Updates

Effective 10/01/2020

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:

Famotidine IV Feraheme IV Ferrlecit IV Infed IV Ondansetron IV Venofer IV	These medications will no longer be available under the pharmacy benefit. They will continue to be available under the medical benefit.
Lidocaine 5% ointment	A quantity limit of 1 tube (50g) per month will apply.

Updates for Commercial Members

The following changes are being made to the listed medications:

<p>Kanuma Ocrevus Tysabri* Ultomiris</p>	<p>These medications will be added to our mandatory site-of-care program. They will now require administration in the home setting.</p> <p>All medications included in this program are safe to be administered outside a hospital setting.</p> <p>For additional information regarding our site-of-care program, please visit allwayshealthpartners.org</p> <p>*Tysabri must be administered in a controlled environment by a Tysabri Outreach: Unified Commitment to Health (TOUCH) certified center or medical doctor's office (MDO), therefore the transition for Tysabri would need to be an MDO that is TOUCH certified.</p> <p>The TOUCH Prescribing Program is designed to inform on the risk of progressive multifocal leukoencephalopathy (PML), warn against concurrent use with antineoplastic, immunosuppressant, or immunomodulating agents, and promote early diagnosis or discontinuation in a suspected event of PML.</p>
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