



Formulary Updates

Effective 09/01/2019

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:

<p>Oravig Cleocin Vaginal Ovules Clindesse Vaginal Cream Vandazole Vaginal Gel</p>	<p>These medications will no longer be considered formulary</p>
<p>Zioptan Lumigan Travatan Z Rhopressa Rocklatan</p>	<p>These medications are being added to a new step therapy program; Glaucoma Eye Drops.</p> <p>The following is required for approval of a second or third-line product:</p> <ul style="list-style-type: none"> • Approval of second-line Zioptan, Lumigan, or Travatan Z will require a trial of timolol or latanoprost. • Approval of third-line Rhopressa or Rocklatan will require a trial of one first-line product and one second-line product.

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

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