



# Formulary Updates

Effective 09/01/2020

## 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:

Cycloset	This medication will no longer be considered formulary.
Infed IV Ondansetron IV	These medications will no longer be available on the pharmacy benefit. They will continue to be available on the medical benefit.
Omnitrope device	Omnitrope devices are not covered on the pharmacy benefit. These products are available through the manufacturer.

## Updates for My Care Family Members

The following changes are being made to the listed medications:

Famotidine IV Ferrelecit IV Venofer IV	These medications will no longer be available on the pharmacy benefit. They will continue to be available on the medical benefit.
--	---