



## Medicare Provider Update

### 2021 Formulary Changes

**This update applies to:**  
All Network Providers

**State(s):**  
Georgia

**Line of Business:**  
Medicare Part D

**Member Services:**  
1-844-890-2326

**Prior Authorization:**  
Phone Number 1-800-867-6564

**Plan Website:**  
allwell.pshpgeorgia.com

#### Allwell

On January 1, 2021, some drugs will no longer be covered on our Medicare/Medicare-Medicaid formulary(ies). To assist our providers, we have included the list below of the most commonly prescribed drugs being removed along with the drug's 2021 formulary alternative(s). Please refer to the list to identify the appropriate options for your patients.

Product Name	Formulary Alternative
Cimetidine	Famotidine, Nizatidine
Fluticasone Propionate/Salmeterol Diskus, Wixela Inhub	Advair, Symbicort, Breo Ellipta, Trelegy Ellipta
Glyburide	Glipizide, Glimepiride
Humalog Mix, Humalog Mix Kwikpen	Novolog Mix 70/30, Novolog 70/30 Flexpen
Humalog, Humalog Kwikpen	Novolog INJ, Novolog Flexpen, Fiasp, Fiasp Flextouch
Humulin 70/30, Humulin 70/30 Kwikpen	Novolin INJ 70/30, Novolin 70/30 Flexpen (Note: brand RELION not covered)
Humulin N, Humulin N Kwikpen	Novolin N INJ U-100, Novolin N Flexpen (Note: brand RELION not covered)
Humulin R	Novolin R, Novolin R Flexpen (Note: brand RELION not covered)
Indomethacin	Ibuprofen, Meloxicam, Naproxen
Invokana	Jardiance, Farxiga
Lantus, Lantus Solostar	Basaglar, Levemir, Tresiba
Omega-3-Acid Ethyl Esters	Vascepa
Premarin Crm, Premarin Tabs	Estradiol
Proair HFA, Proair Resplick	Ventolin HFA, Albuterol HFA
Spiriva Handihaler, Spiriva Respimat	Incruse Ellipta, Trelegy Ellipta
Stiolto Respimat	Anoro Ellipta, Bevespi Aerosphere, Trelegy Ellipta
Testosterone Gel 1.62%, Testosterone Soln 30 MG/ACT	Testosterone Gel 1%, Testosterone Gel Pump 1%
Toujeo Solostar, Toujeo Max Solostar	Basaglar, Levemir, Tresiba
Travatan Z	Travoprost, Latanoprost Sol 0.005%, Lumigan Sol 0.01%, Rhopressa Sol 0.02%
Vesicare	Solifenacin

If you determine that it is necessary for your patient to continue to receive the non-formulary drug in 2021, you will need to submit a Coverage Determination request **on or after December 1, 2020**.

Request forms are located on our website on the Coverage Determinations and Redeterminations for Drugs page [allwell.pshpgeorgia.com](http://allwell.pshpgeorgia.com) or you can call to request authorization.

If you have any questions, please contact Medicare Pharmacy Services at 1-800-867-6564.