



4/19/2024

BSWHP Group Choice and Group Value Formulary Changes

The changes below are reflective of BSWHP P&T Committee decisions.

| DRUG NAME | FORMULARY CHANGES | Effective Date |
|----------------------------------|-------------------|----------------|
| No Changes for March 2024 | | |

PRODUCT DISCONTINUATIONS

NOTE: These medications will or have been discontinued from the market by the manufacturer. Contact your provider for guidance and next steps.

| Drug Name | Current Formulary Tier | Discontinuation Effective Date |
|--|------------------------|--------------------------------|
| Levemir Flexpen | Tier 2 | 4/1/2024 |
| Levemir 10mL vials | Tier 2 | 12/31/2024 |
| <p>Novo Nordisk, the manufacturer of Levemir®, announced that LevemirFlexPen® (insulin detemir) and Levemir vials will no longer be available. Novo Nordisk is discontinuing these products because of business reasons and not due to safety or efficacy issues. The supply of Levemir FlexPen is expected to run out by April 2024, but it could run out earlier and supply disruptions could begin as early as January 2024. The vials will be discontinued by December 31, 2024.</p> | | |
| Drug Name | Current Formulary Tier | Discontinuation Effective Date |
| Flovent HFA <i>*brand product discontinued by manufacturer- authorized generic available</i> | Tier 2 QL | 12/21/2023 |
| Flovent Diskus <i>*brand product discontinued by manufacturer- authorized generic available</i> | Tier 2 QL | 12/31/2023 |

Key

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit PV=Preventive drugs NF=Non-formulary Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brands and generics SP1= specialty preferred generic; SP2= specialty preferred brand; SP3= specialty non-preferred brand; SF=split fill *Changes apply to both formularies if not specified. Removal of drugs from formulary, certain tier changes or added formulary restrictions may not be effective until renewal of your benefits. For more information, call Baylor Scott & White Pharmacy Help Desk at 1-800-728-7947. Drugs may be subject to coverage requirements or limits such as prior authorization. Refer to your formulary or plan documents for additional information. This list does not guarantee coverage.

On **December 31, 2023**, Flovent branded products were discontinued by the manufacturer, GlaxoSmithKline.

However, authorized generic (AG) alternatives are available on the Group Value/Group Choice formularies.

Covered authorized generic (AG) products will require a new prescription at the pharmacy,

| Drug Name | Current Formulary Tier | Discontinuation Effective Date |
|--------------------------|-------------------------------|---------------------------------------|
| GlucaGen HypoKit® | Tier 2 | 7/1/2024 |

2024 YEAR- TO- DATE BSWHP FORMULARY CHANGES

| DRUG NAME | FORMULARY CHANGES | Effective Date |
|--|---|-----------------------|
| ethinylestradiol/ levonorgestrel/iron | PV | 3/1/2024 |
| Mounjaro (tirzepatide) | Tier 2 PA | 4/1/2024 |
| Xdemvy (lotilaner) | SP 2 PA | 4/1/2024 |
| Litfulo (ritlecitinib) | SP 3 PA | 3/1/2024 |
| bromfenac 0.07% ophthalmic solution | Tier 3 | 1/8/2024 |
| Copaxone injections; Glatopa injections | NF; generic (glatiramer) still available on formulary | 1/1/2024 |
| Sogroya (somapacitan-beco) | SP 3 PA | 1/1/2024 |
| Lupron Depot-PED | SP 2 | 1/1/2024 |
| entecavir tablets | Tier 1 | 1/1/2024 |
| Baraclude solution | Tier 3 | 1/1/2024 |
| Selzentry tablets | NF | 1/1/2024 |
| Tarceva tablets | NF | 1/1/2024 |
| Nilandron tablets | NF | 1/1/2024 |
| Fareston tablets | NF | 1/1/2024 |
| Afinitor Dis tablets | NF | 1/1/2024 |

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

2024 YEAR- TO- DATE BSWHP FORMULARY CHANGES

| DRUG NAME | FORMULARY CHANGES | Effective Date |
|---|--------------------------|-----------------------|
| Tykerb tablets | NF | 1/1/2024 |
| Sutent capsules | NF | 1/1/2024 |
| Targretin capsule, gel | NF | 1/1/2024 |
| Apokyn 10mg/mL injection | NF | 1/1/2024 |
| Vyvanse (lisdexamfetamine dimesylate) chewable tablets | AL Added | 1/1/2024 |
| Quillivant XR (methylphenidate hcl) suspension 25mg/5mL | AL Added | 1/1/2024 |
| Quillichew ER (methylphenidate hcl) chewable tablets | AL Added | 1/1/2024 |
| methylphenidate hcl chewable tablets | AL Added | 1/1/2024 |
| Indocin suspension | NF | 1/1/2024 |
| meloxicam suspension 7.5mg/5mL | NF | 1/1/2024 |
| amlodipine/valsartan/hydrochlorothiazide tablets | Tier 3 | 1/1/2024 |
| protriptyline tablets | Tier 3 | 1/1/2024 |
| cephalexin capsule 750mg | Tier 3 | 1/1/2024 |
| levocarnitine 330 mg tablet, solution 1GM/10mL | Tier 1 | 1/1/2024 |
| cinacalcet tablets | Tier 1 | 1/1/2024 |
| nebivolol tablets | Tier1 | 1/1/2024 |
| zolpidem ER tablets | Tier 1 | 1/1/2024 |
| lacosamide tablets | Tier 1 | 1/1/2024 |
| febuxostat tablets | Tier 1 | 1/1/2024 |
| riluzole 50mg tablet | Tier 1 | 1/1/2024 |

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2024 YEAR- TO- DATE BSWHP FORMULARY CHANGES

| DRUG NAME | FORMULARY CHANGES | Effective Date |
|--------------------------|--------------------------|-----------------------|
| albendazole 200mg tablet | Tier 1 | 1/1/2024 |

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