



3/22/2024

BSWHP Pharmacy and Therapeutics Committee Updates

February 2024

2024 FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective Date
INCRETIN MIMETICS	Mounjaro (tirzepatide)	Tier 2 PA	4/1/2024
EENT ANTI-INFECTIVES, MISCELLANEOUS	Xdemvy (lotilaner)	SP 2 PA	4/1/2024

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

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.

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

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.

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 brand/generic
 SP1= specialty preferred generic; SP2= specialty preferred brand; SP3= specialty non-preferred brand;
 †= Direct to Medical SF=Split Fill Changes apply to both formularies if not specified. 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.

PRODUCT DISCONTINUATIONS

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

YEAR-TO-DATE FORMULARY GENERIC RELEASES

Generic drug is available at copay listed once drug is available on the market

Therapeutic Class	Generic Name	For Brand Name	Formulary Status	Available Date
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	bromfenac 0.07% ophthalmic solution	Prolensa	Tier 3	1/8/2024

YEAR-TO-DATE FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective Date
Dermatological Agent	Litfulo (ritlecitinib)	SP 3 PA	3/1/2024
Central Nervous System Agents - Drugs for Multiple Sclerosis Copaxone injections Glatopa injections NF; generic (glatiramer) still available on formulary 1/1/2024	Copaxone injections Glatopa injections	NF; generic (glatiramer) still available on formulary	1/1/2024
Hormonal Agents - Pituitary	Sogroya (somapacitan-beco)	SP 3 PA	1/1/2024
Endocrine and Metabolic Agent	Lupron Depot-PED	SP 2	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.

YEAR-TO-DATE FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective Date
Antivirals	entecavir tablets	Tier 1	1/1/2024
Antivirals	Baraclude solution	Tier 3	1/1/2024
Antivirals	Selzentry tablets	NF	1/1/2024
Antineoplastic Systemic Enzyme	Tarceva tablets	NF	1/1/2024
Antineoplastic Agent	Nilandron tablets	NF	1/1/2024
Estrogen Agonist-Antagonists	Fareston tablets	NF	1/1/2024
Antineoplastic Agent	Afinitor Dis tablets	NF	1/1/2024
Antineoplastic Agent	Tykerb tablets	NF	1/1/2024
Antineoplastic Agent	Sutent capsules	NF	1/1/2024
Antineoplastic Agent	Targretin capsule, gel	NF	1/1/2024
Dopamine Receptor Agonist	Apokyn 10mg/mL injection	NF	1/1/2024
Central Nervous System Agents for Attention Deficit	Vyvanse (lisdexamfetamine dimesylate) chewable tablets	AL Added	1/1/2024
Central Nervous System Agents for Attention Deficit	Quillivant XR (methylphenidate hcl) suspension 25mg/5mL	AL Added	1/1/2024
Central Nervous System Agents for Attention Deficit	Quillichew ER (methylphenidate hcl) chewable tablets	AL Added	1/1/2024

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YEAR-TO-DATE FORMULARY CHANGES

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Central Nervous System Agents for Attention Deficit	methylphenidate hcl chewable tablets	AL Added	1/1/2024
Nonsteroidal Anti-Inflammatory Agents	Indocin suspension	NF	1/1/2024
Nonsteroidal Anti-Inflammatory Agents	meloxicam suspension 7.5mg/5mL	NF	1/1/2024
Antihypertensive Combination	amlodipine/valsartan/hydrochlorothiazide tablets	Tier 3	1/1/2024
Antidepressants	protriptyline tablets	Tier 3	1/1/2024
Antibacterials	cephalexin capsule 750mg	Tier 3	1/1/2024
Electrolytes / Minerals / Metals /	levocarnitine 330 mg tablet, solution 1GM/10mL	Tier 1	1/1/2024
Antiparathyroid Agent	cinacalcet tablets	Tier 1	1/1/2024
Beta-Adrenergic Blocking Agent	nebivolol tablets	Tier1	1/1/2024
Sleep Disorder Agents	zolpidem ER tablets	Tier 1	1/1/2024
Anticonvulsants	lacosamide tablets	Tier 1	1/1/2024
Antigout Agent	febuxostat tablets	Tier 1	1/1/2024
Central Nervous System Agent	riluzole 50mg tablet	Tier 1	1/1/2024
Antiparasitics	albendazole 200mg tablet	Tier 1	1/1/2024

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