BaylorScott&White Health Plan | BaylorScott&White Insurance Company | BaylorScott&White Care Plan

9/17/2024

Essential Health Benefit Formulary Updates

August 2024

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

2024 FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective Date
Anti-Migraine Agent	**Nurtec ODT 75mg** (Rimegepant)	Tier 2 PA, QL	10/1/2024
Hematological Agent	**Xolremdi** (mavorixafor) capsule	Tier 4 PA, QL	10/1/2024

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 **brand product discontinued by manufacturer- authorized generic available*	Tier 2 QL	12/31/2023

Key

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit NF=Non-formulary CM=Oral Chemo Tier 1=preferred generic; Tier 2=preferred brand; Tier 3= Non-preferred brand/generic; Tier 4= Specialty

When generics become available on the EHB formulary, the brand moves to Excluded status.
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.

Flovent Diskus **brand product discontinued by manufacturer*	Tier 2 QL	12/31/2023
On **December 31, 2023,** Flovent branded products were discontinued by the manufacturer, GlaxoSmithKline. However, authorized generic (AG) alternative for Flovent HFA is available. Covered authorized generic (AG) product will require a new prescription at the pharmacy.		

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
Genitourinary Agent	mirabegron tablet	Myrbetriq	Tier 2	4/22/2024
Genitourinary Agents	tiopronin tablet	Thiola	Tier 4	1/1/2025

YEAR-TO-DATE FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective date
Antidiabetic Agent	Liraglutide injection	Tier 2 PA	6/24/2024
Antineoplastic Agent	**Ogsiveo (nirogacestat) tablet 50mg, 100mg, 150mg**	Tier 4 PA	4/1/2024
Dermatological Agent	**Spevigo (spesolimab-sbzo) SC injection**	Tier 4 PA, QL	4/23/2024
Diabetes	**Contour Next Kit One**	Tier 2	5/21/2024
Hematological Agents	**Hemlibra (emicizumab-kxwh) SC injection 12mg/0.4mL**	Tier 4	3/26/2024
Immunological Agents	Adalimumab-adbm SC injection kit & prefilled syringe kit	Tier 4 PA, QL	5/1/2024

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.

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YEAR-TO-DATE FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective date
Immunological Agents	**Amjevita** (adalimumab-atto) SC injection & prefilled syringe	Tier 4 PA, QL	5/1/2024
Oncology	**Ogsiveo** (nirogacestat)	Tier 4 PA	4/1/2024
Vaccine	**Penbraya**	Tier 2	1/19/2024
Angioedema Agent	**Veopoz** (pozelimab-bbfg)	Tier 4 PA	1/1/2024
Gastrointestinal Agent	**Rebyota** (fecal microbiota, live-jslm)	Tier 4 PA	1/1/2024
Antipsychotics	**Invega Halfyera**	Tier 3	1/1/2024
Anti-Diabetics	**Mounjaro**	Tier 2 PA Added	1/1/2024
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	**Tegsedi injection 284mg/1.5mL**	Add QL	1/1/2024
Gastrointestinal Agents	**Suprep Bowel Sol Prep Kit**	Excluded	1/1/2024
Analgesics	**Duramorph inj 0.5mg/mL**	Excluded	1/1/2024
Antibacterials	**Vandazole gel 0.75%**	Excluded	1/1/2024
Dermatological Agents	**Crotan lot 10%**	Excluded	1/1/2024

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YEAR-TO-DATE FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective date
Antibacterials	**Xifaxan tab 200mg**	Excluded PA	1/1/2024
Endocrine and Metabolic Agents	**sodium phenylbutyrate oral powder**	Tier 4 PA Added	1/1/2024
Endocrine and Metabolic Agents	**sodium phenylbutyrate tablet 500mg**	Tier 4 PA Added	1/1/2024

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