9/17/2024

BSWHP Pharmacy and Therapeutics Committee Updates

August 2024

2024 FORMULARY CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective Date
ATYPICAL ANTIPSYCHOTICS	Nuplazid (pimavanserin tartrate)	SP Tier 2 PA	10/01/2024

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	12/21/2023
Flovent Diskus **brand product discontinued by manufacturer- authorized generic available*	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.

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

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.

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
Contraceptives	**ethinyl estradiol/ levonorgestrel/ iron**	Balcoltra	PV	3/1/2024
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
Antineoplastic Agent	**Ojemda** (tovorafenib)	SP Tier 2	9/1/2024
Antineoplastic Agent	**Iwilfin (eflornithine)**	SP Tier 2 PA	5/1/2024
Incretin Mimetics	**Mounjaro** (tirzepatide)	Tier 2 PA	4/1/2024
Eent Anti-Infectives, Miscellaneous	**Xdemvy** (lotilaner)	SP 2 PA	4/1/2024
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

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

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Hormonal Agents - Pituitary	**Sogroya (somapacitan-beco)**	SP 3 PA	1/1/2024
Endocrine and Metabolic Agent	**Lupron Depot-PED**	SP 2	1/1/2024
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

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YEAR-TO-DATE FORMULARY CHANGES

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Central Nervous System Agents for Attention Deficit	**Quillichew ER** (methylphenidate hcl) chewable tablets	AL Added	1/1/2024
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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