



The one Texans trust.

## 2012 SWHP Formulary Changes

DRUG NAME	DRUG TIER	RESTRICTIONS	FORMULARY CHANGE	EFFECTIVE DATE
<b>Xgeva® (denosumab)</b>	Tier 3 (Specialty Formulary)	P	Formulary addition	3/1/2012
<b>Zytiga® (abiraterone)</b>	Tier 1 (Specialty Formulary)	P	Formulary addition	3/1/2012
<b>Jakafi® (ruxolitinib)</b>	Tier 1 (Specialty Formulary)	P	Formulary Addition	3/1/2012
<b>Incivek® (telaprevir)</b>	Tier 1 (Specialty Formulary)	P	Formulary addition	1/1/2012
<b>Victrelis® (boceprevir)</b>	Tier 1 (Specialty Formulary)	P	Formulary addition	1/1/2012

**A** = A Tier Generic      **B** = B Tier Preferred Brand      **C** = C Tier Non-preferred      **P** = Prior Authorization Required

**Specialty Formulary Tiers** (Applicable to members with Specialty Benefits):    **Tier 1**    **Tier 2**    **Tier 3**    **Tier 4**

**M** = Maintenance Benefit      **S** = Step Therapy Required      **DRUG** = Brand Drug      **drug** = Generic Drug

**drug\*** = Brand name listed for reference only, generic equivalent available (non-formulary copay applies for brands when generic is available)

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 Scott & White Prescription Services at 1-800-728-7947.