

6/14/2019

SWHP Group Choice and Group Value Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Anoro Ellipta Incruse Ellipta Trelegy Ellipta Stiolto Respimat	Tier 2		7/1/2019
Repatha Praluent	SP3	PA	7/1/2019
moxifloxacin tab <i>(generic Avelox)</i>	Tier 1		7/1/2019
fluocinolone otic oil <i>(generic Dermotic)</i>	Tier 1		7/1/2019
moxifloxacin ophth sol <i>(generic Vigamox)</i>	Tier 1		7/1/2019
tramadol ER <i>(generic Ultram ER)</i>	Tier 1		7/1/2019
hydrocortisone 2.5 % rectal cream Procto-Med cream Proctosol cream Proctozone cream	Tier 1		7/1/2019
famciclovir <i>(generic Famvir)</i>	Tier 1		7/1/2019
nateglinide <i>(generic Starlix)</i> repaglinide <i>(generic Prandin)</i>	Tier 1		7/1/2019
Midodrine <i>(generic ProAmatine)</i>	Tier 1		7/1/2019
betamethasone valerate foam <i>(generic Luxiq)</i> hydrocortisone valerate cream <i>(generic Westcort)</i>	Tier 1		7/1/2019
eszopiclone <i>(generic Lunesta)</i>	Tier 1		7/1/2019
fluoride dental paste <i>(generic Prevident)</i>	Tier 1		7/1/2019
ketoprofen <i>(generic Orudis)</i>	Tier 1		7/1/2019
dantrolene <i>(generic Dantrium)</i>	Tier 1		7/1/2019

Key

PA= Prior Authorization AL= Age Limit ST= Step Therapy QL=Quantity Limit 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
 *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 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.

naratriptan (<i>generic Amerge</i>)	Tier 1		7/1/2019
potassium citrate (<i>generic Urocit</i>)	Tier 1		7/1/2019
diltiazem ER (<i>generic Cardizem</i>) Matzim LA (<i>generic Cardizem</i>) moexipril (<i>generic Univasc</i>) moexipril/HCTZ (<i>generic Uniretic</i>) trandolapril (<i>generic Mavik</i>) perindopril (<i>generic Aceon</i>) felodipine (<i>generic Plendil</i>) isradipine (<i>generic Dynacirc</i>) telmisartan (<i>generic Micardis</i>) telmisartan/HCTZ (<i>generic Micardis HCT</i>) eplerenone (<i>generic Inspra</i>) amlodipine/valsartan (<i>generic Exforge</i>) amlodipine/valsartan/HCTZ (<i>generic Exforge HCT</i>)	Tier 1		7/1/2019

2019 SWHP Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Aimovig Emgality	Tier 2	PA	5/1/2019
Orilissa	Tier 2	PA	5/1/2019
Divigel	Tier 3		5/1/2019
Intrarosa Osphena	Tier 3		4/1/2019
estradiol tablet (<i>generic Vagifem</i>) Yuvafem	Tier 1		4/1/2019
ezetimibe (<i>generic Zetia</i>)	Tier 1		4/1/2019
ezetimibe/simvastatin (<i>generic Vytorin</i>)	Tier 1		4/1/2019
Daurismo Vitrakvi Xospata	SP2	PA	3/1/2019

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Fiasp	Tier 2		3/1/2019
Xofluza	Tier 3		3/1/2019
oseltamivir	Tier 1		3/1/2019
Galafold	SP3	PA	3/1/2019
Lorbrena	SP2 PA criteria added	PA	2/1/2019
Epidiolex	SP2	PA	1/1/2019
Libtayo	SP2	PA	1/1/2019
Talzenna	SP2	PA	1/1/2019
Vizimpro	SP2	PA	1/1/2019
Delstrigo	SP2		1/1/2019
Pifeltro	SP2		1/1/2019
Copiktra	SP2	PA	1/1/2019
diclofenac 3% gel	Tier 3		1/1/2019
Byetta Bydureon Bydureon BCise Victoza Trulicity Ozempic	Tier 2		1/1/2019
Elidel	Tier 2	ST	1/1/2019
Eucrisa	Tier 2	ST	1/1/2019
tacrolimus ointment	Tier 1		1/1/2019
Dupixent	SP2 PA criteria added	PA	1/1/2019

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