



2017 SWHP Formulary Changes

DRUG NAME	DRUG TIER	RESTRICTIONS	FORMULARY CHANGE	EFFECTIVE DATE
oxybutynin IR syrup	SWHP Tier 1 ACA Compliant Tier 1	MN	Addition	6/1/2017
tolterodine ER	SWHP Tier 1 ACA Compliant Tier 1	MN	Addition	6/1/2017
tropium IR	SWHP Tier 1 ACA Compliant Tier 1	MN	Addition	6/1/2017
tropium ER	SWHP Tier 3 ACA Compliant Tier 3	MN	Addition	6/1/2017
Siliq™ (brodalumab)		PA	Addition of prior authorization criteria	04/27/2017
Kisqali® (ribociclib)	SWHP Specialty ACA Compliant Tier 4	PA	Addition Addition of prior authorization criteria	3/17/2017
Xenazine® (tetrabenazine)		PA	Addition of prior authorization criteria	04/27/2017
Hepatitis C Agents		PA	Revision of prior authorization criteria	6/1/2017
Orencia® IV (abatacept)		PA	Revision of prior authorization criteria	6/1/2017

1 = Tier 1 Generic 2 = Tier 2 Preferred Brand 3 = Tier 3 Non-preferred PA = Prior Authorization Required

SWHP Specialty Formulary = All formulary specialty medications

MN = Maintenance Benefit **ST** = Step Therapy Required **QL** = Quantity Limit

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.

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Opdivo® (nivolumab)	SWHP Specialty ACA Compliant Tier 4	PA	Addition Addition of prior authorization criteria	5/1/2017
Victoza® (liraglutide)	SWHP Tier 3	MN	Addition	4/1/2017
Nucala® (mepolizumab)		PA	Revision of prior authorization criteria	4/1/2017
Botulinum Toxin Products		PA	Revision of prior authorization criteria	4/1/2017
Auvi-Q® (epinephrine)		PA	Addition of prior authorization criteria	4/1/2017
Emflaza™ (deflazacort)		PA	Addition of prior authorization criteria	3/23/2017
Spinraza™ (nusinersen)		PA	Addition of prior authorization criteria	3/23/2017
Jardiance® (empagliflozin)	SWHP Tier 3 ACA Compliant Tier 3	MN	Addition	3/1/2017
Synjardy® (empagliflozin and metformin hydrochloride)	SWHP Tier 3 ACA Compliant Tier 3	MN	Addition	3/1/2017
Rubraca™ (rucaparib)	SWHP Specialty ACA Compliant Tier 4	PA	Addition Addition of prior authorization criteria	3/1/2017
Hereditary Angioedema Agents		PA	Addition of prior authorization criteria	3/1/2017
Hizentra® (human immunoglobulin g)		PA	Addition of prior authorization criteria	3/1/2017

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Hepatitis C Drugs		PA	Revision of prior authorization criteria	3/1/2017
Inflectra™ (infliximab-dyyb injection)		PA	Addition of prior authorization criteria	3/1/2017
Otezla® (apremilast)		PA	Addition of prior authorization criteria	1/1/2017
Stelara® (ustekinumab)		PA	Revision of prior authorization criteria	1/1/2017
Xeljanz® (tofacitinib)		PA	Addition of prior authorization criteria	1/1/2017
Orkambi® (lumicaftor / ivacaftor)		PA	Revision of prior authorization criteria	1/1/2017
Enbrel® (etanercept)		PA	Revision of prior authorization criteria	1/1/2017
Tretinoin Products		PA	Revision of prior authorization criteria	1/1/2017
Cialis® (tadalafil) 5 mg	ACA Compliant-Tier 3	PA	Addition Addition of prior authorization criteria	1/1/2017
Cuprimine® (d-penicillamine)	Non-formulary	PA	Tier change: move from SWHP Tier 2 to non-formulary status	1/1/2017 (or upon plan renewal)
Depen® (d-penicillamine)	ACA Compliant Tier 4	PA	Tier change: ACA Compliant from Tier 3 to Tier 4	ACA tier change: 1/1/2017
Syprine® (trientene)	Non-formulary	PA	Tier change: ACA Compliant from Tier 3 to non-formulary status	1/1/2017 (or upon plan renewal)

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Fareston® (toremifene citrate)	SWHP Specialty ACA Compliant-Tier 4	PA	Tier change: move from SWHP Tier 2 to Specialty, ACA Compliant from Tier 3 to Tier 4	1/1/2017 (or upon plan renewal)
Myalept® (metreleptin)	SWHP Non-formulary ACA Compliant Tier 4	PA	Addition of prior authorization criteria Addition to ACA effective 1/1/2017	12/1/2016
Beriner® (C1 esterase inhibitor, human)	SWHP Non-formulary ACA Compliant Tier 4	PA	Addition of prior authorization criteria Addition to ACA effective 1/1/2017	12/1/2016
Cayston® (aztreonam for inhalation)	SWHP Non-formulary ACA Compliant Tier 4	PA	Addition of prior authorization criteria Addition to ACA effective 1/1/2017	11/1/2016
Hyqvia (immune globulin subcutaneous)	SWHP Non-formulary ACA Compliant Tier 4	PA	Revision of prior authorization criteria Addition to ACA effective 1/1/2017	11/1/2016

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