

7/15/2020

SWHP Group Choice and Group Value Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Gvoke	Tier 2		8/1/2020
naloxone auto-injector (Evzio authorized brand alternative)	Tier 2		8/1/2020

2020 SWHP Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Fasenra	SP2	PA	7/1/2020
Cimzia Simponi Stelara Skyrizi Taltz Otezla	SP2	PA	7/1/2020
Enbrel	SP3	PA	7/1/2020
Xeljanz Xeljanz XR Rinvoq	SP2	PA	7/1/2020
Byetta Bydureon Bydureon BCise	Tier 3		6/1/2020
Fiasp Fiasp Flex Novolog Novolog Mix	Tier 1		5/1/2020
Brukinsa	SP2	PA	4/27/2020
Rybelsus	Tier 3		4/1/2020
Zonegran	Tier 3		1/1/2020

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.

2020 SWHP Formulary Changes

DRUG NAME	FORMULARY CHANGES	RESTRICTIONS	EFFECTIVE DATE
Belsomra	Tier 3	QL	1/1/2020
Monurol	Tier 2		1/1/2020
Inrebic	SP2	PA	1/1/2020
meprobamate	NF		1/1/2020
Migergot suppository	Tier 3		1/1/2020
Lithostat	Tier 3		1/1/2020
nimodipine <i>(generic Nimotop)</i>	Tier 3		1/1/2020
Migranal	NF		1/1/2020

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