



7/15/2020

**SWHP Pharmacy and Therapeutics Committee Updates**

June 2020

The SWHP P&T Committee conducted a meeting on **6/23/2020** and made the following changes to the **Group Choice** and **Group Value** formularies

**2020 FORMULARY CHANGES**

Therapeutic Class	Medication	Formulary Changes	Effective Date
Antihypoglycemic Agents	<b>Gvoke syringe &amp; auto-injector</b>	Tier 2	8/1/2020
Opiate Antagonists	<b>naloxone auto-injector (Evzio authorized brand alternative)</b>	Tier 2	8/1/2020

**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
Topical Corticosteroids	calcipotriene- betamethasone dipropionate suspension	Taclonex	Tier 3	May 2020
Analgesics	buprenorphine 7.5mcg/hr patch	Butrans	Tier 3	April 2020
Antihypoglycemic Agents	diazoxide suspension	Proglycem	Tier 1	March 2020
Proton Pump-Inhibitors	esomeprazole granules	Nexium DR granules	Tier 3	March 2020
Bronchial Dilators	albuterol HFA	ProAir HFA	Tier 1	February 2020
Calcium Channel Blocking Agents	Tiadylt	Tiazac	Tier 1	January 2020
Analgesics	tramadol 100mg	Ultram	Tier 1	January 2020
Vasodilators	isosorbide dinitrate 40mg tab	Isordil	Tier 1	December 2019
Sedatives – Non-barbiturate	doxepin	Silenor	Tier 3	December 2019
Antifungals	sulconazole nitrate solution	Exelderm	Tier 1	December 2019
Ophthalmic Preparations	travoprost	Travatan Z	Tier 3	December 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 brand/generic  
 SP1= specialty preferred generic; SP2= specialty preferred brand; SP3= specialty non-preferred brand

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 CHANGES

Therapeutic Class	Medication	Formulary Changes	Effective date
Anti-asthmatic Monoclonal Antibodies	Fasenra	SP2 PA	7/1/2020
Biologic Immunomodulators	Cimzia Simponi Stelara	Skyrizi Taltz Otezla	SP2 PA 7/1/2020
Biologic Immunomodulators	Enbrel	SP3 PA	7/1/2020
Antiarthritics	Xeljanz Xeljanz XR Rinvoq	SP2 PA	7/1/2020
Incretin Mimetics	Byetta Bydureon Bydureon BCise	Tier 3	6/1/2020
Rapid-Acting Insulins	Fiasp Fiasp Flex Novolog Novolog Mix	Tier 1	5/1/2020
Antineoplastics	Brukinsa	SP2 PA	4/27/2020
Incretin Mimetics	Rybelsus	Tier 3	4/1/2020
Anticonvulsants	Zonegran	Tier 3	1/1/2020
Sedative-hypnotics	Belsomra	Tier 3 QL	1/1/2020
Antibiotics	Monurol	Tier 2	1/1/2020
Antineoplastics	Inrebic	SP2 PA	1/1/2020
Anxiolytics	meprobamate	NF	1/1/2020
Antimigraine agents	Migergot suppository	Tier 3	1/1/2020
Ammonia detoxicants	Lithostat	Tier 3	1/1/2020
Calcium channel blocking agents	nimodipine (generic Nimotop)	Tier 3	1/1/2020
Antimigraine agents	Migranal	NF	1/1/2020

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