

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

AUGUST 2023

| Drug Name | Change | Effective Date | Formularies Impacted |
|--|---------------------|-----------------------|---|
| <i>AMJEVITA INJ</i> | Add to SP, PA, QL | 10/01/2023 | RxSelect, RxCore |
| <i>ANTIVERT TAB 50MG</i> | Move to NC | 01/01/2024 | RxSelect |
| <i>MECLIZINE HCL TAB 50 MG</i> | Move to NC | 01/01/2024 | RxSelect |
| <i>DYANA VEL XR CHW</i> <i>DYANA VEL XR SUS</i> | Add to PB, ST, QL | 10/01/2023 | RxSelect |
| <i>ELETRIPTAN</i> | NPG, Remove ST | 10/01/2023 | RxSelect, RxCore, Medicare, Medicaid |
| <i>FULPHILA INJ</i> | Remove PA | 10/01/2023 | Commercial MB |
| <i>HADLIMA INJ</i> | Add to SP, PA, QL | 10/01/2023 | RxSelect, RxCore |
| <i>METOCLOPRAM TAB 10MG</i> | Add to NPG | 10/01/2023 | Select Health Medicare |
| <i>QELBREE CAP</i> | Move to NPB, ST, QL | 10/01/2023 | RxSelect |
| <i>REVATIO SUS</i> | Move to NC | 10/01/2023 | RxSelect |
| <i>UDENYCA INJ</i> | Remove PA | 10/01/2023 | Commercial MB |

KEY

GF: Grandfathered
 PG: Preferred Generic
 PB: Preferred Brand
 PA: Preauthorization
 NPG: Non Preferred Generic
 QL: Quantity Limit

NPB: Non-preferred Brand
 NC: Not Covered
 SP: Specialty Tier
 MB: Medical Benefit
 ST: Step Therapy