

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

February 2024

Drug Name	Change	Effective Date	Formularies Impacted
ARFORMOTEROL TARTRATE SOLN NEBU <i>(generic Brovana Neb)</i>	Move to PB	04/01/2024	RxSelect, RxCore
FLUTICASONE-SALMETEROL AER POWDER BA <i>(generic AirDuo)</i> 55-24, 113-14, 232-14 MCG/ACT	Move to NPG	05/01/2024	RxSelect
FLUTICASONE FUROATE-VILANTEROL AERO POWD <i>(generic Breo Ellipta)</i> PREVYMIS TAB 240MG	Add PA, GF	05/01/2024	Medicaid
THEOPHYLLINE TAB ER	Add to SP, PA	04/01/2024	RxCore
TUDORZA PRES AER 400/ACT	Move to NPG, GF	05/01/2024	RxSelect
Glatiramer, Glatopa Inj	Add ST, GF	05/01/2024	Medicaid
	Remove PA	05/01/2024	RxSelect, RxCore Medicaid

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