

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

January 2024

Drug Name	Change	Effective Date	Formularies Impacted
<i>AIMOVIG INJ</i>	Move to NC, GF	03/01/2024	RxSelect
<i>AJOVY INJ</i>	Remove ST	03/01/2024	RxSelect, RxCore
<i>CLONIDINE HCL TAB ER 12HR</i>	Remove ST	01/01/2024	RxSelect, RxCore
<i>INSULIN GLARGINE YFGN INJ 100U/ML</i>	Move to PB	02/01/2024	Medicaid
<i>LANTUS INSULIN 100U/ML</i>	Remove PA	02/01/2024	Medicaid
<i>REZVOGLAR 100 U/ML</i>	Remove PA	02/01/2024	Medicaid
<i>PAROXETINE ER TAB</i>	Remove ST	01/01/2024	RxSelect, RxCore

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