



SCRIPIUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPIUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

MARCH 2024

| Drug Name | Generic Name(s) | Change | Effective Date | Formularies Impacted |
|---|--|---------------------------|----------------|----------------------|
| Brenzavvy | bexagliflozin | Added as PB | 05/01/2024 | Medicaid |
| Brenzavvy | bexagliflozin | Moved to PB, removing ST | 10/01/2024 | RxCore, RxSelect |
| Jardiance and Synjardy | empagliflozin and empagliflozin-metformin | Moved to NC, letter | 10/01/2024 | RxCore, RxSelect |
| Glyxambi | empagliflozin- linagliptin | Moved to NC, letter | 10/01/2024 | RxCore, RxSelect |
| Glyxambi | empagliflozin- linagliptin | Adding ST, removing PA | 06/01/2024 | Medicaid |
| Trijardy | empagliflozin- linagliptin- metformin | Moved to NC, letter | 10/01/2024 | RxCore, RxSelect |
| Trijardy | empagliflozin- linagliptin- metformin | Adding ST, removing PA | 06/01/2024 | Medicaid |
| Jentadueto and Tradjenta | linagliptin- metformin and linagliptin | Moved to NC, letter | 10/01/2024 | RxCore, RxSelect |
| Jentadueto and Tradjenta | linagliptin- metformin and linagliptin | Adding ST | 06/01/2024 | Medicaid |
| saxagliptin (generic Onglyza) and saxagliptin- metformin (generic Kombiglyz) | saxagliptin and saxagliptin-metformin | Added as PG with QL | 06/01/2024 | RxCore, RxSelect |

| saxagliptin (generic Onglyza) and saxagliptin- metformin (generic Kombiglyz) | saxagliptin and saxagliptin-metformin | Removing ST | 06/01/2024 | Medicaid |
|---|--|---|------------|--------------------|
| dapagliflozin (generic Farxiga) and dapagliflozin-metformin (generic Xigduo) | dapagliflozin and dapagliflozin- metformin | Removing PA | 06/01/2024 | Medicaid |
| Invokamet and Invokana | canagliflozin- metformin and canagliflozin | Adding ST, removing PA | 06/01/2024 | Medicaid |
| Janumet and Januvia | sitagliptin- metformin and sitagliptin | Adding ST | 06/01/2024 | Medicaid |
| Gvoke | glucagon | Added as PB | 05/01/2024 | RxCore |
| Admelog | insulin lispro | Moved to NC | 07/01/2024 | Medicaid |
| Humalog U-100 | insulin lispro | Moved to PB, removing PA | 07/01/2024 | Medicaid |
| Humalog U-100 | insulin lispro | Moved to PB | 07/01/2024 | Medicare |
| Humalog U-200 | insulin lispro | Moved to PB, adding ST, removing PA, GF (to end of year) | 07/01/2024 | Medicaid |
| Humalog U-200 | insulin lispro | Moved to PB | 07/01/2024 | Medicare |
| Humulin 70/30, Humulin N, Humulin R, Humulin U-100 | | Moved to PB | 07/01/2024 | Medicaid, Medicare |
| insulin aspart (generic Novolog) and brand Novolog | insulin aspart | Moved to PB, removing PA | 07/01/2024 | Medicaid |
| insulin lispro (generic Humalog) | insulin lispro | Moved to PB, removing PA | 07/01/2024 | Medicaid |
| Novolin 70/30, Novolin N, Novolin R, Novolin U- 100 | | Moved to PB | 07/01/2024 | Medicaid |
| TIER LEVEL | | KEY | | |
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G: Generic

PG: Preferred Generic NPG: Non-Preferred Generic

PB: Preferred Brand NPB: Non-preferred Brand

SP: Specialty

MB: Medical Benefit

GF: Grandfathered NC: Not Covered PA: Preauthorization QL: Quantity Limit ST: Step Therapy

Formularies are subject to change. Changes and effective dates may vary by state and plan type. Please note, up-to-

date formularies and pharmacy tools can

be found at selecthealth.org/providers/pharmacy.