

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

NOVEMBER 2023

Drug Name	Change	Effective Date	Formularies Impacted
CINACALCET HCL TAB 30 MG (BASE EQUIV)	Move to NPG, Remove PA	04/01/2024	RxSelect, RxCore
COLESTIPOL HCL TAB 1GM	Move to NPG, GF	04/01/2024	RxSelect, RxCore
COLESTIPOL HCL GRANULES 5 GM	Move to NPG, GF	04/01/2024	RxSelect, RxCore
JUXTAPID CAP 10MG	Move to NC	03/01/2024	RxSelect
MEMANTINE HCL CAP ER 24HR 14 MG	Remove PA, ST	04/01/2024	RxSelect, RxCore, Medicaid
NEXLETOL TAB 180MG	Add to PB, PA, QL	03/01/2024	RxSelect, RxCore
NEXLIZET TAB 180/10MG	Add to PB, PA, QL	03/01/2024	RxSelect, RxCore
PARICALCITOL CAP 1 MCG	Remove ST	04/01/2024	Medicaid
ROCALTROL SOL 1MCG/ML	Move to NC	04/01/2024	RxSelect
SEVELAMER CARBONATE PACKET 0.8 GM	Add ST, GF	04/01/2024	Medicaid
SEVELAMER HCL TAB 400 MG	Move to SP, ST, GF	04/01/2024	RxSelect, RxCore, Medicaid
SEVELAMER CARBONATE TAB 800 MG	Move to NPG	04/01/2024	RxSelect, RxCore
SODIUM POLYSTYRENE SULFONATE POWDER	Move to NPB, GF	04/01/2024	RxCore
XPHOZAH TAB 20MG	Add to SP, PA	04/01/2024	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