

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

SEPTEMBER 2023

Drug Name	Change	Effective Date	Formularies Impacted
<i>ADVAIR HFA (brand, all strengths)</i>	Move to NC	01/01/2024	RxSelect, RxCore
<i>AMANTADINE (all strengths)</i>	Move to NPG	01/01/2024	RxSelect, RxCore
<i>CARBIDOPA & LEVODOPA (all strengths IR, ER, ODT)</i>	Move to NPG	01/01/2024	RxSelect, RxCore
<i>DROXIDOPA (all strengths)</i>	Move to NPB, PA	01/01/2024	RxSelect, RxCore
<i>NEUPRO DIS (all strengths)</i>	Move to NPB, GF	01/01/2024	RxSelect
<i>PROAIR HFA AER</i>	Move to NC	01/01/2024	RxSelect
<i>PULMICORT SUS (brand)</i>	Move to NC	01/01/2024	RxSelect
<i>PULMOZYME SOL 1MG/ML</i>	Remove PA	11/01/2023	Medicaid
<i>RIVASTIGMINE TARTRATE (all strengths)</i>	Remove ST	11/01/2023	Medicaid
<i>RYTARY CAP 145MG</i>	Move to NC	01/01/2024	RxSelect
<i>THEO-24 CAP</i>	Move to NC	01/01/2024	RxSelect, RxCore
<i>TUDORZA PRES AER</i>	Move to NC	01/01/2024	RxSelect
<i>XOPENEX HFA AER</i>	Move to NC	01/01/2024	RxSelect
<i>LEVALBUTEROL TARTRATE HFA</i>	Move to NPG	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