

# SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

AUGUST 2024

| Drug Name                                     | Generic Name(s)                    | Change                        | Effective Date    | Formularies Impacted     |
|---|------------------------------------|-------------------------------|-------------------|--------------------------|
| <b>Strensiq</b>                               | asoftase alfa                      | NC to SP w/PA & QL            | <b>01/01/2024</b> | RxCore                   |
| <b>Olpruva</b>                                | sodium phenylbutyrate              | NC to SP w/PA & QL            | <b>06/01/2024</b> | RxCore, RxPeak, RxSelect |
| <b>Relyvrio</b>                               | sodium phenylbutyrate-taurursodiol | SP w/PA & QL to NC            | <b>08/01/2024</b> | RxCore, RxPeak, RxSelect |
| <b>sodium phenylbutyrate</b>                  | sodium phenylbutyrate              | SP w/PA & QL to NC            | <b>08/01/2024</b> | RxCore, RxPeak, RxSelect |
| <b>Xcopri</b>                                 | cenobamate                         | NPB w/ST & QL to NPB w/QL     | <b>08/01/2024</b> | RxCore, RxPeak, RxSelect |
| <b>Envarsus XR</b>                            | tacrolimus                         | PB w/ST to NPB w/ST           | <b>09/01/2024</b> | RxCore, RxPeak, RxSelect |
| <b>fluvastatin tabs</b>                       | fluvastatin                        | G w/QL to G w/ST & QL         | <b>09/01/2024</b> | Medicaid                 |
| <b>fluvastatin tabs</b>                       | fluvastatin                        | PG to NPG w/ST                | <b>09/01/2024</b> | RxCore, RxPeak, RxSelect |
| <b>omega-3-acid</b>                           | omega-3-acid                       | G w/PA & QL to G w/QL         | <b>09/01/2024</b> | Medicaid                 |
| <b>Baraclude solution</b>                     | entecavir                          | SP w/QL to NC                 | <b>01/01/2025</b> | RxPeak, RxSelect         |
| <b>fenofibrate 90 mg &amp; 50 mg capsules</b> | fenofibrate                        | PG to NC                      | <b>01/01/2025</b> | RxCore, RxPeak, RxSelect |
| <b>lenalidomide</b>                           | lenalidomide                       | NPG w/PA & QL to SP w/PA & QL | <b>01/01/2025</b> | RxPeak, RxSelect         |
| <b>Mavyret</b>                                | glecaprevir-pibrentasvir           | NPB w/PA & QL to PB w/PA & QL | <b>01/01/2025</b> | RxCore                   |

|                               |                            |                                     |                   |                             |
|-------------------------------|----------------------------|-------------------------------------|-------------------|-----------------------------|
| <b>sofosbuvir/velpatasvir</b> | sofosbuvir/<br>velpatasvir | NPB w/PA & QL<br>to PB w/PA &<br>QL | <b>01/01/2025</b> | RxCore                      |
| <b>Vigadrone</b>              | vigabatrin                 | SP w/PA & QL to<br>NC               | <b>01/01/2025</b> | RxPeak, RxSelect            |
| <b>Vowst</b>                  | fecal microbiota<br>spores | NC to SP w/PA<br>& QL               | <b>01/01/2025</b> | RxCore, RxPeak,<br>RxSelect |

**TIER LEVEL**

- G: Generic
- PG: Preferred Generic
- NPG: Non-Preferred Generic
- PB: Preferred Brand
- NPB: Non-preferred Brand
- SP: Specialty
- MB: Medical Benefit

**KEY**

- 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](https://selecthealth.org/providers/pharmacy).