

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

JUNE 2024

Drug Name	Generic Name(s)	Change	Effective Date	Formularies Impacted
iLet	Insulin Pump	MB w/PA	06/01/2024	Medicaid, Medicare, RxCore, RxPeak, RxSelect
azelastine-fluticasone nasal spray (NS)	azelastine HCl-fluticasone propionate NS	Generic w/ST (azelastine or fluticasone NS)	08/01/2024	Medicaid
cetirizine chewable tablets	cetirizine HCl	Generic w/ST (cetirizine tablets or oral solution)	08/01/2024	Medicaid
desloratadine 5 mg tablet	desloratadine	Generic, Removing PA	08/01/2024	Medicaid
flunisolide NS solution	flunisolide	Generic, QL, ST (fluticasone)	08/01/2024	Medicaid
Tandem Mobi	Insulin pump	MB w/PA	08/01/2024	Medicaid, Medicare, RxCore, RxPeak, RxSelect
Alomide ophthalmic (ophth.) solution	lodoxamide tromethamine	NC	01/01/2025	RxPeak, RxSelect
bepotastine ophth. solution	bepotastine besilate	NPG w/ST (azelastine or cromolyn ophth.)	01/01/2025	RxPeak, RxSelect
Bepreve ophth. solution	bepotastine	NPB w/PA	01/01/2025	RxPeak, RxSelect
cetirizine oral solution	cetirizine HCl	NC	01/01/2025	RxCore, RxPeak, RxSelect

Dicopanl oral suspension	diphenhydramine HCl	NC	01/01/2025	RxPeak, RxSelect
diphenhydramine oral solution	diphenhydramine HCl	NC	01/01/2025	RxCore, RxPeak, RxSelect
epinastine ophth. solution	epinastine HCl	NPG w/ST (azelastine or cromolyn ophth.)	01/01/2025	RxCore, RxPeak, RxSelect
flunisolide NS	flunisolide	NPG	01/01/2025	RxCore, RxPeak, RxSelect
Karbinal ER oral suspension	carbinoxamine maleate	NC	01/01/2025	RxPeak, RxSelect
levocetirizine tablets	levocetirizine dihydrochloride	NC	01/01/2025	RxCore, RxPeak, RxSelect
mometasone NS	mometasone furoate	NPG w/QL	01/01/2025	RxCore
olopatadine 0.2% ophthalmic solution	olopatadine HCl	NC	01/01/2025	Medicare
Ryclora	dexchlorpheniramine maleate	NPB w/PA	01/01/2025	RxCore, RxPeak, RxSelect
Xyzal	levocetirizine dihydrochloride	NC	01/01/2025	RxPeak, RxSelect
Alomide ophth. solution	Iodoxamide tromethamine	NC	01/01/2026	Medicare
azelastine-fluticasone NS	azelastine-fluticasone	NPB w/ST (azelastine or fluticasone)	01/01/2026	Medicare
bepotastine ophth. solution	bepotastine besilate	PB w/ST (azelastine, cromolyn or olopatadine)	01/01/2026	Medicare

TIER LEVEL

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

KEY

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

MB: Medical Benefit

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.
