

# SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

SEPTEMBER 2024

Drug Name	Generic Name(s)	Change	Effective Date	Formularies Impacted
<b>Crexont</b>	carbidopa & levodopa ER capsules	NPB, QL, ST	11/01/2024	Medicaid
<b>Kisunla</b>	donanemab-azbt IV solution	SP-MB w/PA, QL	11/01/2024	Medicaid
<b>Kisunla</b>	donanemab-azbt IV solution	MB w/PA, QL	11/01/2024	Medicare
<b>Pemgarda</b>	pemivibart IV solution	MB w/PA, QL	11/01/2024	Medicaid, Medicare, RxCore, RxPeak, RxSelect
<b>Razadyne</b>	galantamine hydrobromide tab	NC	01/01/2025	RxPeak, RxSelect
<b>Rhopressa</b>	netarsudil dimesylate ophthalmic solution	NPB, QL, ST	01/01/2025	RxCore
<b>Rhopressa</b>	netarsudil dimesylate ophthalmic solution	NPB, QL, ST		RxPeak, RxSelect
<b>Rocklatan</b>	netarsudil dimesylate-latanoprost ophthalmic solution	NPB, QL, ST	01/01/2025	RxCore
<b>Rocklatan</b>	netarsudil dimesylate-latanoprost ophthalmic solution	NPB, QL, ST	01/01/2025	RxPeak, RxSelect
<b>tolcapone</b>	tolcapone tab	NC	01/01/2025	RxCore, RxPeak, RxSelect
<b>carbidopa/levodopa</b>	carbidopa/levodopa	PB, QL	01/01/2026	Medicare

tolcapone	tolcapone tab	NC	01/01/2026	Medicare
<b>Zelapar ODT</b>	selegiline HCl orally disintegrating tab	NC	01/01/2026	Medicare

**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).