

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

January 2024

Drug Name	Change	Effective Date	Formularies Impacted
AIMOVIG INJ	Move to NC, GF	03/01/2024	RxSelect
AJOVY INJ	Remove ST	03/01/2024	RxSelect, RxCore
CLONIDINE HCL TAB ER 12HR	Remove ST	01/01/2024	RxSelect, RxCore
INSULIN GLARGINE YFGN INJ 100U/ML	Move to PB	02/01/2024	Medicaid
LANTUS INSULIN 100U/ML	Remove PA	02/01/2024	Medicaid
REZVOGLAR 100 U/ML	Remove PA	02/01/2024	Medicaid
PAROXETINE ER TAB	Remove ST	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