

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

MARCH 2024

Drug Name	Generic Name(s)	Change	Effective Date	Formularies Impacted
Brenzavvy	bexagliflozin	Added as PB	05/01/2024	Medicaid
Brenzavvy	bexagliflozin	Moved to PB, removing ST	10/01/2024	RxCore, RxSelect
Jardiance and Synjardy	empagliflozin and empagliflozin- metformin	Moved to NC, letter	10/01/2024	RxCore, RxSelect
Glyxambi	empagliflozin- linagliptin	Moved to NC, letter	10/01/2024	RxCore, RxSelect
Glyxambi	empagliflozin- linagliptin	Adding ST, removing PA	06/01/2024	Medicaid
Trijardy	empagliflozin- linagliptin- metformin	Moved to NC, letter	10/01/2024	RxCore, RxSelect
Trijardy	empagliflozin- linagliptin- metformin	Adding ST, removing PA	06/01/2024	Medicaid
Jentadueto and Tradjenta	linagliptin- metformin and linagliptin	Moved to NC, letter	10/01/2024	RxCore, RxSelect
Jentadueto and Tradjenta	linagliptin- metformin and linagliptin	Adding ST	06/01/2024	Medicaid
saxagliptin (generic Onglyza) and saxagliptin- metformin (generic Kombiglyz)	saxagliptin and saxagliptin- metformin	Added as PG with QL	06/01/2024	RxCore, RxSelect

saxagliptin (generic Onglyza) and saxagliptin-metformin (generic Kombiglyz)	saxagliptin and saxagliptin-metformin	Removing ST	06/01/2024	Medicaid
dapagliflozin (generic Farxiga) and dapagliflozin-metformin (generic Xigduo)	dapagliflozin and dapagliflozin-metformin	Removing PA	06/01/2024	Medicaid
Invokamet and Invokana	canagliflozin-metformin and canagliflozin	Adding ST, removing PA	06/01/2024	Medicaid
Janumet and Januvia	sitagliptin-metformin and sitagliptin	Adding ST	06/01/2024	Medicaid
Gvoke	glucagon	Added as PB	05/01/2024	RxCore
Admelog	insulin lispro	Moved to NC	07/01/2024	Medicaid
Humalog U-100	insulin lispro	Moved to PB, removing PA	07/01/2024	Medicaid
Humalog U-100	insulin lispro	Moved to PB	07/01/2024	Medicare
Humalog U-200	insulin lispro	Moved to PB, adding ST, removing PA, GF (to end of year)	07/01/2024	Medicaid
Humalog U-200	insulin lispro	Moved to PB	07/01/2024	Medicare
Humulin 70/30, Humulin N, Humulin R, Humulin U-100		Moved to PB	07/01/2024	Medicaid, Medicare
insulin aspart (generic Novolog) and brand Novolog	insulin aspart	Moved to PB, removing PA	07/01/2024	Medicaid
insulin lispro (generic Humalog)	insulin lispro	Moved to PB, removing PA	07/01/2024	Medicaid
Novolin 70/30, Novolin N, Novolin R, Novolin U-100		Moved to PB	07/01/2024	Medicaid

TIER LEVEL

KEY

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

GF: Grandfathered
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.
