

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

MAY 2024

Drug Name	Generic Name(s)	Change	Effective Date	Formularies Impacted
roflumilast	roflumilast	Added as NPG with QL	07/01/2024	RxCore
Xolair Auto-Injector	omalizumab	Added as SP-MB with PA and QL	07/01/2024	RxCore, RxSelect
Actemra Subcutaneous (SC)	tocilizumab	Moved to NC	01/01/2025	RxCore, RxSelect
Entyvio SC	vedolizumab	SP w/PA	10/01/2024	RxCore, RxSelect
Humira	adalimumab	Moved to NC	10/01/2024	RxSelect
Ilumya	tildrakizumab-asmn	Moved to NC, GF	10/01/2024	RxSelect
Kevzara	sarilumab	Moved to NC, GF	10/01/2024	RxSelect
Tyenne Intravenous (IV)	tocilizumab-aazg	MB w/PA	10/01/2024	Medicaid, RxCore, RxSelect, Medicare
Tyenne SC	tocilizumab-aazg	SP w/PA	10/01/2024	Medicaid, RxCore, RxSelect, Medicare
Taltz	ixekizumab	Moved to NC	01/01/2025	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

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.

Pharmacy and Therapeutics (P&T) Committee Report

Inflammatory Conditions

The inflammatory categories were reviewed by Select Health's P&T Committee on May 21st, 2024. The following changes were approved by the committee and will go into effect in the coming months:

Commercial

- The following medications are being **added** to the formulary:

Medication	Formulary	Line of Biologic Therapy	Date to be Added
Tyenne (tocilizumab)	RxSelect & RxCore	2 nd Line	October 1, 2024
Entyvio SC (vedolizumab)	RxSelect & RxCore	1 st Line	October 1, 2024
Xolair Auto-Injectors (omalizumab)	RxSelect & RxCore	1 st Line	July 1, 2024
Roflumilast (generic Daliresp)	RxCore	--	July 1, 2024

- The following medications are being **removed** from the formulary:

Medication	Formulary	Grandfather Status	Date to be Removed
Humira (adalimumab)	RxSelect	No	October 1, 2024
Kevzara (sarilumab)	RxSelect	Yes	October 1, 2024
Ilumya (tildrakizumab)	RxSelect	Yes	October 1, 2024
Actemra (tocilizumab)	RxSelect & RxCore	No	January 1, 2025

- Please note that reference brand Humira **will not** be covered after its removal date. No new prior authorizations are needed for coverage of Hadlima or Amjevita if a patient has been on brand Humira.
- Please note that reference brand Actemra (infused or SQ) **will not** be covered after its removal date. No new prior authorizations are needed for coverage of Tyenne if a patient has been on brand Actemra.
- Kevzara and Ilumya **will be** covered for continuation of therapy, but new-start requests will **not be** covered after their removal date.

Medicaid

- Tyenne (tocilizumab) will be added as a 2nd line option on 10/1/2024 with Actemra removal 1/1/2025.
- Kevzara (sarilumab) was moved down to a non-preferred position.

Medicare

- Tyenne (tocilizumab) was added as a first line option.
- Taltz (ixekizumab) will be removed from the formulary for 2025.

2024 Inflammatory I Coverage

Commercial RxSelect	
Preferred	Amjevita/Hadlima, Cosentyx SQ, Enbrel, Entyvio IV, Renflexis, Rinvoq, Skyrizi, Stelara (Humira covered until 10/1/24)
Non-preferred (covered after two first-line)	Cimzia, Entyvio SQ (effective 7/1/24), Ilumya, Kevzara, Kineret, Olumiant, Orencia SQ, Taltz, Tyenne (effective 10/1/24), Xeljanz, Zeposia
Not Covered	Actemra, Bimzelx, Cosentyx IV, Ilumya, Kevzara, Omvoh, Orencia IV, Otezla, Siliq, Simponi, Sotyktu, Tremfya, Velsipity, Humira/adalimumab biosims (except Amjevita/Hadlima), Remicade/infliximab biosims (except Renflexis)
Special Considerations	Xeljanz - Requires trial of Olumiant (RA), Taltz – Requires trial of Cosentyx
Commercial RxCore	
Preferred	Amjevita/Hadlima, Cosentyx SQ, Entyvio IV, Renflexis, Stelara
Non-preferred (covered after two first-line)	Cimzia, Entyvio SQ (effective 7/1/24), Rinvoq, Skyrizi, Tyenne (effective 10/1/24), Zeposia
Not Covered	Actemra, Bimzelx, Cosentyx IV, Enbrel, Entyvio SQ, Ilumya, Kevzara, Kineret, Olumiant, Omvoh, Orencia, Otezla, Siliq, Simponi, Sotyktu, Taltz, Tremfya, Velsipity, Xeljanz, Humira/adalimumab biosims (except Amjevita/Hadlima), Remicade/infliximab biosims (except Renflexis)
Medicaid	
First-line	Amjevita/Hadlima, Entyvio IV, Renflexis, Taltz
Second-line (covered after two first-line)	Ilumya, Olumiant, Orencia SQ, Tyenne (effective 10/1/24)
Non-Preferred (covered after all first-line and second-line for requested indication)	Actemra, Bimzelx, Cimzia, Cosentyx, Enbrel, Entyvio SQ, Kevzara, Kineret, Omvoh, Orencia IV, Otezla, Rinvoq, Siliq, Simponi, Skyrizi, Sotyktu, Stelara, Tremfya, Velsipity, Xeljanz, Zeposia, Humira/adalimumab biosims (except Amjevita/Hadlima), Remicade/infliximab biosims (except Renflexis)
Special Considerations	Remicade/infliximab biosims (except Renflexis) - Require trial of Renflexis; Cosentyx and Siliq - Require trial of Taltz; Orencia IV requires trial of Orencia SQ; Humira/adalimumab biosims (except Amjevita/Hadlima) – requires trial of Amjevita and Hadlima
Medicare	
Preferred	Amjevita/Hadlima, Entyvio IV, Renflexis, Stelara, Tyenne (effective 10/1/24), Xeljanz
Not Covered	Actemra, Bimzelx, Cimzia, Cosentyx, Enbrel, Entyvio SQ, Ilumya, Kevzara, Kineret, Olumiant, Omvoh, Orencia, Otezla, Rinvoq, Siliq, Simponi, Skyrizi, Sotyktu, Taltz, Tremfya, Velsipity, Zeposia, Humira/adalimumab biosims (except Amjevita/Hadlima), Remicade/infliximab biosims (except Renflexis)

2024 Inflammatory II Coverage

Commercial RxSelect & RxCore	
Preferred	Adbry, Cibinqo, Fasenra, Rituximab, Rinvoq, Tezspire, Xolair
Not Covered	Dupixent, Nucala
Medicaid	
Preferred	Adbry, Cibinqo, Fasenra, rituximab, Rinvoq, Tezspire, Xolair
Non-Preferred	Dupixent, Nucala (Churg-Strauss)
Not Covered	Dupixent (AD), Nucala (asthma & CRwNP)
Medicare	
Preferred	Adbry, Cibinqo, Fasenra, rituximab, Tezspire (part B only), Xolair
Non-Preferred	Nucala (Churg-Strauss), Dupixent (corticosteroid-dependent asthma)
Not Covered	Dupixent (all other indications), Nucala (asthma & CRwNP), Rinvoq