

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

QUARTER 1, 2025

Drug Name	Generic Name(s)	Change	Effective Date	Formularies Impacted
Airsupra	albuterol- budesonide	NC to PB w/QL	04/01/2025	RxCore, RxPeak, RxSelect
Kesimpta	ofatumumab	NC to SP w/PA	04/01/2025	RxCore, RxPeak, RxSelect
Striverdi	olodaterol	NC to PB w/PA	04/01/2025	RxCore
fluticasone/salmeterol (Advair HFA) 45 mcg, 115 mcg, 230 mcg	fluticasone/ salmeterol	NPG w/PA to NPB w/PA	07/01/2025	RxCore
fluticasone/salmeterol (Advair HFA) 45 mcg, 115 mcg, 230 mcg	fluticasone/ salmeterol	NPG w/PA to PB w/PA	07/01/2025	RxPeak, RxSelect
fluticasone/vilanterol (Breo)	fluticasone/ vilanterol	NPG w/PA to NPB w/PA	07/01/2025	RxCore
fluticasone/vilanterol (Breo)	fluticasone/ vilanterol	NPG w/PA to PB w/PA	07/01/2025	RxPeak, RxSelect
Yupelri	revefenacin	NPB w/PA to SP w/PA	07/01/2025	RxPeak, RxSelect

TIER LEVEL

G: Generic
 PG: Preferred Generic
 NPG: Non-Preferred Generic
 PB: Preferred Brandt
 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.