SCRIPIUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPIUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

THIRD QUARTER 2025

Drug Name	Generic Name(s)	Change	Effective Date	Formularies Impacted
Anktiva	nogapendekin	MB w/PA → NC	10/01/2025	Core, Peak, Select
atropine 1% ophthalmic solution	atropine	NC → PB	10/01/2025	Medicare
Avmapki Fakzynja	avutometinib & defactinib	NC → SP w/PA	10/01/2025	Medicare
Bimzelx	bimekizumab-bkzx	NC → SP	10/01/2025	Core, Peak, Select
Edurant PED	rilpivirine HCL	NC → SP	10/01/2025	Medicare
Emrelis	telisotuzumab vedotin-tllv	NC → MB w/PA	10/01/2025	Medicare
Enflonsia	clesrovimab-cfor	NC → MB	10/01/2025	Core, Medicaid, Medicare, Peak, Select
Ensacove	ensartinib HCL	NC → SP w/PA	10/01/2025	Medicare
Ibtrozi	taletrectinib adipate	NC → SP w/PA	10/01/2025	Medicare
Imuldosa IV	ustekinumab-srlf	NC → MB w/PA	10/01/2025	Medicare
Miudella	copper IUD	NC → MB	10/01/2025	Core, Medicare, Peak, Select
Otrexup injection	methotrexate	NC → SP w/PA	10/01/2025	Core
Rasuvo injection	methotrexate	NC → PB w/ST	10/01/2025	Core
Ryzneuta	efbemalenograstim alfa-vuxw	NC → MB w/PA	10/01/2025	Medicare
Xifyrm	meloxicam IV	Remove PA	10/01/2025	Medicaid, Medicare
Yeztugo	lencapavir sodium	NC → SP, MB	10/01/2025	Medicaid
Yeztugo	lencapavir sodium	NC → MB	10/01/2025	Medicare

Zevaskyn	prademagene zamikeracel	NC → MB w/PA	10/01/2025	Medicare
Zusduri	mitomycin	NC → MB w/PA	10/01/2025	Medicare
Penmenvy	meningococcal acwy	NC → PB-MB	11/01/2025	Core, Medicaid, Medicare, Peak, Select
<u>Denosumab Products</u>				
Bildyos	denosumab-nxxp	NC → SP, MB	01/01/2026	Core, Medicaid, Peak, Select
Bildyos	denosumab-nxxp	MB w/PA → NPB	01/01/2026	Medicare
Bilprevda	denosumab-nxxp	NC → SP	01/01/2026	Core, Medicaid, Peak, Select
Bilprevda	denosumab-nxxp	BvsD	01/01/2026	Medicare
Bomyntra	denosumab-bnht	Add PA	01/01/2026	Medicaid, Medicare
Conexxence	denosumab-bnht	Add PA	01/01/2026	Medicaid, Medicare
Jubbonti	denosumab-bbdz	NC → SP, MB	01/01/2026	Core, Medicaid, Peak, Select
Jubbonti	denosumab-bbdz	MB → NPB	01/01/2026	Medicare
Osenvelt	denosumab-bmwo	BvsD	01/01/2026	Medicaid, Medicare
Prolia	denosumab	SP → NC	01/01/2026	Core, Peak, Select
Prolia	denosumab	Add PA	01/01/2026	Medicaid
Stoboclo	denosumab-bmwo	Add PA	01/01/2026	Medicaid, Medicare
Wyost	denosumab-bbdz	NC → SP, MB	01/01/2026	Core, Medicaid, Peak, Select
Wyost	denosumab-bbdz	NC → NPB	01/01/2026	Medicare
Xgeva	denosumab	SP → NC	01/01/2026	Core, Peak, Select
Xgeva	denosumab	Add PA	01/01/2026	Medicaid
Epysqli	eculizumab-aagh	NC → MB w/PA	01/01/2026	Core, Peak, Select
Linzess	linaclotide	NC → PB	01/01/2026	Core
Pancreaze	pancrelipase	PB → NC	01/01/2026	Core, Peak, Select

Pertzye	pancrelipase	PB → NC	01/01/2026	Peak, Select
Soliris	eculizumab	MB → NC	01/01/2026	Core, Peak, Select
Viokace	pancrelipase	NPB → NC	01/01/2026	Peak, Select
Vowst	fecal microbiota spores live-brpk	SP w/PA → SP w/ST	01/01/2026	Core, Peak, Select

TIER LEVEL
G: Generic
PG: Preferred Generic
NPG: Non-Preferred Generic
PB: Preferred Brand
NPB: Non-preferred Brand
SP: Specialty
MB: Medical Benefit
BvsD: Pharmacy vs Medical Benefit Determination

KEY
NC: Not Covered
PA: Preauthorization
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.