



SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

FOURTH QUARTER 2025

Drug Class/Name	Drug Name(s)	Change	Effective Date	Formularies Impacted
Clindamycin gel 1% once daily use	clindamycin phosphate	NPG → NC	01/01/2026	Core, Select
Clobetasol aerosol 0.05% emulsion	clobetasol propionate	PG → PB	01/01/2026	Core, Select
Cyanocobalamin spray 500 mcg	cyanocobalamin	PG → NC	01/01/2026	Core, Select
Denosumab				
Bomynta	denosumab-bnht	Add PA	01/01/2026	Medicaid, Medicare
Conexence	denosumab-bnht	Add PA	01/01/2026	Medicaid, Medicare
Osenvelt	denosumab-bmwo	Add PA	01/01/2026	Medicaid, Medicare
Prolia	denosumab	SP/MB → NC	01/01/2026	Core, Select
Prolia	denosumab	Add PA	01/01/2026	Medicaid
Stoboclo	denosumab-bmwo	Add PA	01/01/2026	Medicaid, Medicare
Xgeva	denosumab	MB → NC	01/01/2026	Core, Select
Xgeva	denosumab	PB/MB → SP/MB w/PA	01/01/2026	Medicaid
Desvenlafaxine ER 50 mg tab (generic Khedezla)	desvenlafaxine	NPG → NC	01/01/2026	Core, Select
Desvenlafaxine ER 100 mg (generic Khedezla)	desvenlafaxine	NPG → NC	01/01/2026	Core, Select

Epysqli	eculizumab-aagh	NC → MB w/PA	01/01/2026	Core, Medicare, Select
Humalog	insulin lispro	NC → PB	01/01/2026	Core, Select
Insulin lispro	Insulin lispro	NC → PB	01/01/2026	Core, Select
Linzess	linaclotide	NC → PB	01/01/2026	Core

Medicare 2026 Changes*

Nefazodone 50 mg	nefazodone	PG → NC	01/01/2026	Core, Select
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Pancreatic Enzymes

Pancreaze	pancrelipase (lip-prot-amyl)	PB → NC	01/01/2026	Core, Select
Pertzye	pancrelipase (lip-prot-amyl)	PB → NC	01/01/2026	Select
Viokace	pancrelipase (lip-prot-amyl)	NPB → NC	01/01/2026	Select
Soliris	eculizumab	MB → NC	01/01/2026	Core, Select
Verelan PM 100 mg ER	verapamil HCl	NPB → NC	01/01/2026	Select
Verelan PM 200 mg ER	verapamil HCl	NPB → NC	01/01/2026	Select
Verelan PM 300 mg ER	verapamil HCl	NPB → NC	01/01/2026	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
 P – Preferred
 NP – Non-Preferred

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.

2026 SH Medicare Formulary Changes

Additions		Tier Decrease			
Drug	Coverage	Drug	2025	Essential 26	Enhanced 26
Bildyos/Jubbonti	4, BvD	Darunavir 600mg	5	4	4
Bilprevda/Wyost	5, BvD	Emgality 100mg	4	3	3
Cresemba	5, PA	Everolimus 0.25mg	5	4	2
Dapagliflozin	3, QL	Genotropin 0.2mg	5	4	4
Enbrel	5, PA, QL	Jantoven	3	1	1
Entyvio SQ	5, PA, QL	Prezista 75mg	5	4	4
Fiasp	3	Sirolimus Sol	5	4	2
Fluphenazine Sol	3	Tetrabenazine 12.5mg	5	4	2
Gattex	5, PA	Veltassa 1g	5	4	4
Kloxxado	3, QL	Xcopri	5	4	4
Prolastin C	5, PA	Tier Increase			
Sacubitril/Valsartan	3, QL	Amantadine	2	3	2
Stelara	5, PA, QL	Buprenorphine/naloxone SL Film	2	3	2
Trikafta	5, PA, QL	Calcitriol	2	4	2
Upravi	5, PA, QL	Chenodal	4	5	5
Vowst	5, ST, QL	Cyclosporine Modified	2	3	2
Deletions		Dabigatran	2	4	2
Azasite	Alt: Bacitracin	Danazol	2	4	2
Bismuth/metron/tetra	Alt: individual products	Diazoxide Susp	2	5	5
Cevimeline	Alt: Pilocarpine	Diphen/atropine	2	4	2
Cystadrops	Alt: N/A	Erlotinib	3	5	5
Cystaran	Alt: N/A	Fesoterodine	2	4	2
Dantrolene	Alt: Baclofen	Hydroxychloroquine	2	4	2
Depo-Testosterone	Alt: Testosterone Cyp	Icosapent Ethyl	3	4	2
Difluprednate 0.05%	Alt: Dexamethasone	Loperamide	2	3	2
Entresto	Alt: Sacubitril/Valsartan	Lybalvi	4	5	5
Gemtesa	Alt: Myrbetriq	Lysodren	3	5	5
Metaxalone 400mg	Alt: Metaxalone 800mg	Megestrol 625mg	2	4	2
Methylphenidate ER 72mg OSM	Alt: Methyphenidate	Sotalol	2	4	2
Multaq	Alt: Amiodarone	Sulfasalazine	2	4	2
Nevanac 0.1%	Alt: Ketorolac ophth	Tetrabenazine 12.5	2	4	2
Omnaris	Alt: Fluticasone Spray	Tranexamic Acid	2	3	2
Pancreaze	Alt: Creon, Zenpep	Vancomycin	3	4	2
Pantoprazole Packets	Alt: Pantoprazole Cap	UM Changes			
Penciclovir 1%	Alt: Acyclovir	Drug	Changes		
Pertzeye	Alt: Creon, Zenpep	Abrysvo	QL : N/A -> 1/999		
Plenvu	Alt: Suprep Suflav Sutab	Arexvy	QL : N/A -> 1/999		
Prolia	Alt: Jubbonti/Bildyos	Dasatinib	QL: 60/30 -> 30/30		
Qnasl	Alt: Fluticasone Spray	Mresvia	QL: N/A -> 1/999		
Rectiv	Alt: Nitroglycerin Oint	Paxlovid	QL 30/5 -> 30/60		
Savaysa	Alt: Eliquis				
Testosterone 10mg/act	Alt: Testost 1% or 1.62%				
Testosterone 30mg/act	Alt: Testost 1% or 1.62%				
Timolol 0.05% (Once Daily)	Alt: Timolol 0.05 (2x daily)				
Tolcapone	Alt: Entacapone				
Viokace	Alt: Creon, Zenpep				
Wegovy	Alt: N/A				
Xgeva	Alt: Wyost/Bilprevda				
Zelapar ODT	Alt: Selegiline Cap				
Zepbound	Alt: N/A				
Zoryve	Alt: Vtama				

Tiers: 1 – Preferred Generic, 2-Generic, 3-Preferred Brand, 4-Non-Preferred Drug, 5-Specialty