

SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

SECOND QUARTER 2025

Drug Name	Generic Name(s)	Change	Effective Date	Formularies Impacted
Amjevita	adalimumab-atto (Humira biosimilar)	SP w/PA →NPG w/PA	07/01/2025	Core, Medicaid, Peak, Select
Enbrel	etanercept	NC → SP w/PA	07/01/2025	Core
Hadlima	adalimumab-bwwd (Humira biosimilar)	SP w/PA →NPG w/PA	07/01/2025	Core, Medicaid, Peak, Select
Lokelma	sodium zirconium cyclosilicate	PB w/PA → removing PA	07/01/2025	Core, Peak, Select
Otezla	apremilast	NC → SP w/PA	07/01/2025	Core, Peak, Select
Pyzchiva	ustekinumab-ttwe (Stelara biosimilar)	SP w/PA →NPG w/PA	07/01/2025	Core, Medicaid, Peak, Select
Selarsdi	ustekinumab-aekn (Stelara biosimilar)	SP w/PA →NPG w/PA	07/01/2025	Core, Medicaid, Peak, Select
Tyenne	tocilizumab (Actemra biosimilar)	SP w/PA →NPG w/PA	07/01/2025	Core, Medicaid, 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

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.