SCRIPIUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPIUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

SECOND QUARTER 2026

Drug Name	Change	Effective Date	Formularies Impacted
Analgesic			
fentanyl patch	Remove PA	05/01/2026	Medicare
Ontralfy	NC → NP w/PA	06/01/2026	Medicaid
Atmeksi	NC → NP w/PA	08/01/2026	Medicaid
Anti-infective			
Pivya	NC → NP, QL w/PA	04/01/2026	Medicaid
Pivya	NC → MB w/PA	04/01/2026	Medicare
Cardiovascular			
fondaparinux	Remove PA	04/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Javadin	NC → Covered w/PA	04/01/2026	Medicaid
Lasix ONYU	NC → NP w/PA	04/01/2026	Medicaid
Cardamyst	NC → NP w/PA	05/01/2026	Medicaid
Myqorzo	NC → NP w/PA	05/01/2026	Medicaid
Sdamlo	NC → NP w/PA	05/01/2026	Medicaid

COPD/Asthma			
Exdensur	NC → NP w/PA	05/01/2026	Medicaid
Exdensur	NC → MB w/PA	05/01/2026	Medicare
Diabetes			
Fiasp	PB → PG	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Humalog	PB → PG	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Humulin R-U500	Remove PA	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
insulin lispro	PB → PG	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Novolog / Novolog Mix	PB → PG	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Ozempic tablet	NC → P w/PA	08/01/2026	Medicaid
Hematology			
Aqvesme	NC → NP w/PA	04/01/2026	Medicaid
Vykoura	NC → MB w/PA	06/01/2026	Medicaid, Medicare
Fesilty	NC → MB w/PA	08/01/2026	Medicare
Quiofic	NC → NP w/PA	08/01/2026	Medicaid

Inflammatory I			
Cosentyx	NC → SP, QL w/PA	04/01/2026	Medicare
Icotyde	NC → NP w/PA	07/01/2026	Medicaid

Interstitial Lung Disease (ILD)			
nintedanib esylate	NC → G, QL w/PA	07/01/2026	FEHB, Intermountain Retiree, RxSelect
nintedanib esyate	NC → NPG, QL w/PA	07/01/2026	CHIP, Colorado Core, Idaho Core, Nevada Core, Utah Core
Ofev	SP → NC	07/01/2026	CHIP, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core

IVIG			
Qivigy	NC → NP w/PA	06/01/2026	Medicaid
Qivigy	NC → MB w/PA	06/01/2026	Medicare

Lipids			
Redemplo	NC → NP w/PA	04/01/2026	Medicaid
Lerochol	NC → NP w/PA	07/01/2026	Medicaid

Migraine			
Emgality	NPB → PB, Remove PA	04/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Ubrelvy	PB → NC	07/01/2026	CHIP, FEHB, Idaho Core, Intermountain Retiree, RxSelect, Utah Core

Miscellaneous			
Bijuva	Moved to NC	04/01/2026	CHIP, FEHB, Intermountain Retiree, RxSelect, Utah Core
Itvisma	NC → MB w/PA	04/01/2026	Medicare
metoclopramide ODT	Moved to NC	04/01/2026	CHIP, FEHB, Idaho Core, Intermountain Retiree, RxSelect, Utah Core
Clarinex-D	Moved to NC	05/01/2026	FEHB, Intermountain Retiree, RxSelect
Voyxact	NC → NP w/PA	05/01/2026	Medicaid
Desmoda	NC → NP w/PA	07/01/2026	Medicaid
Opzelura	NC → NPB, QL w/ST	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Nereus	NC → NP w/PA	08/01/2026	Medicaid

Oncology			
Gleostine	Moved to NC	04/01/2026	FEHB, Intermountain Retiree, RxSelect
Komzifti	NC → NP w/PA	04/01/2026	Medicaid
Komzifti	NC → SP w/PA	04/01/2026	Medicare
Lomustine	NC → SP w/PA	04/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Lymphir	NC → MB w/PA	04/01/2026	Medicaid, Medicare
Phyrago	Moved to NC	04/01/2026	Medicare
dasatinib	Remove PA	05/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Hyrnuo	NC → NP w/PA	05/01/2026	Medicaid
Hyrnuo	NC → SP w/PA	05/01/2026	Medicare
Lunsumio Velo	NC → MB w/PA	05/01/2026	Medicaid, Medicare
Xospata	NC → SP w/PA	05/01/2026	CHIP, Colorado Core, Idaho Core, Nevada Core, Utah Core
Yartemlea	NC → MB w/PA	05/01/2026	Medicaid, Medicare

Aukelso	NC → NP w/PA	06/01/2026	Medicaid
Aukelso	NC → MB w/PA	06/01/2026	Medicare
Rybrevant Faspro	NC → NP w/PA	06/01/2026	Medicaid
Rybrevant Faspro	NC → MB w/PA	06/01/2026	Medicare
Xtrenbo	NC → NP w/PA	06/01/2026	Medicaid
Xtrenbo	NC → MB w/PA	06/01/2026	Medicare
Lifyorli	NC → NP w/PA	08/01/2026	Medicaid
Lifyorli	NC → SP w/PA	08/01/2026	Medicare

Ophthalmic			
Epioxa	NC → MB w/PA	04/01/2026	Medicare
Epioxa	NC → NP w/PA	05/01/2026	Medicaid
Omlonti	NC → NP w/PA	05/01/2026	Medicaid

Osteoporosis			
Enoby	NC → NP	05/01/2026	Medicaid
Enoby	NC → MB w/PA	05/01/2026	Medicare
Bosaya	NC → NP w/PA	06/01/2026	Medicaid
Bosaya	NC → MB w/PA	06/01/2026	Medicare

Parkinson's Disease (PD)			
Apokyn	MB → NC	06/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
apomorphine	MB → SP w/PA	06/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
carbidopa-levodopa ER (generic Rytary)	NC → NPB w/ST	06/01/2026	FEHB, Intermountain Retiree, RxSelect

Rytary	NPB → NC	06/01/2026	FEHB, Intermountain Retiree, RxSelect

Rare Disease			
Isturisa	SP → NC	05/01/2026	CHIP, Idaho Core, Utah Core
Yuviwel	NC → NP w/PA	05/01/2026	Medicaid
Loargys	NC → MB w/PA	06/01/2026	Medicaid, Medicare
Zycubo	NC → NP w/PA	06/01/2026	Medicaid
Kygevvi	NC → NP w/PA	07/01/2026	Medicaid
Avlayah	NC → MB w/PA	08/01/2026	Medicaid, Medicare

Stimulants			
methylphenidate HCl ER (non-osmotic)	NC → G	07/01/2026	FEHB, Intermountain Retiree, RxSelect
methylphenidate HCl ER (non-osmotic)	NC → NPG	07/01/2026	CHIP, Colorado Core, Idaho Core, Nevada Core, Utah Core
methylphenidate patch	G w/ST → NPB w/ST	08/01/2026	FEHB, Intermountain Retiree, RxSelect

Vaccine			
Arexvy	Removing Age Limit	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Arexvy	Decreasing Age Limit	07/01/2026	Medicaid
Mresvia	Removing Age Limit	07/01/2026	CHIP, Colorado Core, FEHB, Idaho Core, Intermountain Retiree, Nevada Core, RxSelect, Utah Core
Mresvia	Decreasing Age Limit	07/01/2026	Medicaid

Weight Loss			
Wegovy tablets	NC → NP w/PA	05/01/2026	Medicaid
Foundayo	NC → PB w/PA	07/01/2026	Weight loss rider groups with GLP-1 coverage

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.