

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	denosmab-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	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 Medicare
*Formulary Changes_