

## SCRIPUS/SELECT HEALTH FORMULARY DECISIONS

BY THE SCRIPUS/SELECT HEALTH PHARMACY & THERAPEUTICS COMMITTEE

THIRD QUARTER 2025

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

<b>Zevaskyn</b>	prademagene zamikeracel	NC → MB w/PA	10/01/2025	Medicare
<b>Zusduri</b>	mitomycin	NC → MB w/PA	10/01/2025	Medicare
<b>Penmenvy</b>	meningococcal acwy	NC → PB-MB	11/01/2025	Core, Medicaid, Medicare, Peak, Select

#### **Denosumab Products**

<b>Bildyos</b>	denosumab-nxxp	NC → SP, MB	01/01/2026	Core, Medicaid, Peak, Select
<b>Bildyos</b>	denosumab-nxxp	MB w/PA → NPB	01/01/2026	Medicare
<b>Bilprevda</b>	denosumab-nxxp	NC → SP	01/01/2026	Core, Medicaid, Peak, Select
<b>Bilprevda</b>	denosumab-nxxp	BvsD	01/01/2026	Medicare
<b>Bomyntra</b>	denosumab-bnht	Add PA	01/01/2026	Medicaid, Medicare
<b>Conexence</b>	denosumab-bnht	Add PA	01/01/2026	Medicaid, Medicare
<b>Jubbonti</b>	denosumab-bbdz	NC → SP, MB	01/01/2026	Core, Medicaid, Peak, Select
<b>Jubbonti</b>	denosumab-bbdz	MB → NPB	01/01/2026	Medicare
<b>Osenvelt</b>	denosumab-bmwo	BvsD	01/01/2026	Medicaid, Medicare
<b>Prolia</b>	denosumab	SP → NC	01/01/2026	Core, Peak, Select
<b>Prolia</b>	denosumab	Add PA	01/01/2026	Medicaid
<b>Stoboclo</b>	denosumab-bmwo	Add PA	01/01/2026	Medicaid, Medicare
<b>Wyost</b>	denosumab-bbdz	NC → SP, MB	01/01/2026	Core, Medicaid, Peak, Select
<b>Wyost</b>	denosumab-bbdz	NC → NPB	01/01/2026	Medicare
<b>Xgeva</b>	denosumab	SP → NC	01/01/2026	Core, Peak, Select
<b>Xgeva</b>	denosumab	Add PA	01/01/2026	Medicaid
<b>Epysqli</b>	eculizumab-aagh	NC → MB w/PA	01/01/2026	Core, Peak, Select
<b>Linzezz</b>	linaclotide	NC → PB	01/01/2026	Core
<b>Pancreaze</b>	pancrelipase	PB → NC	01/01/2026	Core, Peak, Select

<b>Pertzye</b>	pancrelipase	PB → NC	01/01/2026	Peak, Select
<b>Soliris</b>	eculizumab	MB → NC	01/01/2026	Core, Peak, Select
<b>Viokace</b>	pancrelipase	NPB → NC	01/01/2026	Peak, Select
<b>Vowst</b>	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](https://selecthealth.org/providers/pharmacy).

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