Select Health of South Carolina

Healthy Connections

Formulary Updates – Summary of Negative Changes

Product Name	Old Status	New Status	Notes	Effective Date
phenelzine tablet (generic for Nardil®)	PDL preferred	PDL, Non-Preferred	SCDHHS P&T Decision – August 5th PA Required	1/1/2027
Dexilant® Capsule	PDL Preferred	PDL Non-Preferred	SCDHHS P&T Decision – May 6th Must use generic or request Non-preferred through PA process	10/1/2026
Victoza® Injection	PDL Preferred	PDL Non-Preferred	SCDHHS P&T Decision – May 6th PA required	10/1/2026
Viracept® Tablet	PDL Preferred	PDL Non-Preferred	SCDHHS P&T Decision – May 6th PA required	10/1/2026
Kesimpta	PDL preferred	PDL, Non-Preferred	SCDHHS P&T Decision – August 5th Clinical PA criteria will still apply	9/1/2026
Epclusa® Pellet Pack/Tablet	PDL Preferred	PDL Non-Preferred	SCDHHS P&T Decision – May 6th Clinical PA criteria will still apply	8/1/2026
Humira® / Humira® CF Injection	PDL Preferred	PDL Non-Preferred	SCDHHS P&T Decision – May 6th Must use biosimilar or request Non-preferred through PA process	8/1/2026
sofosbuvir-velpatasvir (generic for Epclusa®)	PDL Preferred	PDL Non-Preferred	SCDHHS P&T Decision – May 6th Clinical PA criteria will still apply	8/1/2026
Vosevi® Tablet	PDL Preferred	PDL Non-Preferred	SCDHHS P&T Decision – May 6th Clinical PA criteria will still apply	8/1/2026

AL = Age Limit
OTC = Over the Counter
P&T = Pharmacy and Therapeutics Committee
PA = Prior Authorization
PDL = Preferred Drug List
QL = Quantity Limit
SP = Specialty Drug
SCDHHS = South Carolina Department of Health and Human Services
SP = Specialty Drug
ST = Step Therapy

Important: The formulary and preferred drug list may change. Coverage depends on member eligibility, benefit rules, clinical criteria, and prior authorization requirements. This notice does not guarantee approval or payment.

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