

Pharmacy and Therapeutics Committee Provider Update

Formulary and pharmacy benefit updates for Presbyterian Healthcare Services professionals, providers and staff

FOURTH QUARTER 2024

P&T Committee Decisions Effective January 1, 2025

The Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. (Presbyterian) Pharmacy and Therapeutics (P&T) Committee meets quarterly to promote the appropriate use of drugs to maintain the Presbyterian formularies and support our network of practitioners. The P&T Committee met on **October 16, 2024**, and we would like to share the decisions made at the meeting that affect our formularies and pharmacy benefits.

Turquoise, Commercial Metal, Clear Cost Formulary Updates

Drug Name	Therapeutic Class	Turquoise Care*	Commercial*	Metal Level Plans*	Clear Cost Metal Plans*
Formulary Additions					
Krazati® (adagrasib) 200mg tablet	Antineoplastic	F, PA, QL	T4, PA, QL	T5, PA, QL	T5, PA, QL
Aristada Initio® (aripiprazole lauroxil er) 675mg/2.4mL prefilled syringe <i>Added to the Commercial, Metal Level and Clear Cost formularies.</i>	Atypical Antipsychotic	F, QL, AL, SP, NDS	T4, QL, AL, SP, NDS	T5, PA, QL, AL, SP, NDS	T4, QL, AL, SP, NDS
quetiapine (generic for Seroquel®) 150mg immediate-release tablet <i>Added to the Commercial, Metal Level and Clear Cost formularies.</i>	Atypical Antipsychotic	F, QL, AL	T1, QL, AL, BH	T2, QL, AL, BH	T1, QL, AL, BH
paliperidone (generic for Invega®) 1.5mg, 3mg, 6mg, 9mg extended-release tablets <i>Added to the Commercial, Metal Level and Clear Cost formularies.</i>	Atypical Antipsychotic	F, QL, AL	T3, PA, QL, AL, BH	T4, PA, QL, AL, BH	T3, PA, QL, AL, BH
desvenlafaxine (generic for Pristiq®) 25mg, 50mg, 100mg extended-release tablet <i>Added to the Commercial, Metal Level and Clear Cost formularies.</i>	Serotonin-Norepinephrine Reuptake Inhibitor	F, QL, AL	T1, QL, AL	T2, QL, AL	T2, QL, AL
Vraylar® (cariprazine) 1.5 & 3mg therapy pack; 1.5mg, 3mg, 4.5mg, 6mg capsule <i>Added to the Commercial, Metal Level and Clear Cost formularies.</i>	Atypical Antipsychotic	F, PA, QL, AL	T4, PA, QL, AL, BH	T5, PA, QL, AL, BH	T4, PA, QL, AL, BH
Lybalvi® (olanzapine-samidorphan) <i>Added to the Commercial, Metal Level and Clear Cost formularies.</i>	Atypical Antipsychotic	F, PA, QL	T4, PA, QL, BH	T5, PA, QL, BH	T4, PA, QL, BH
*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, F = Formulary, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, BH = Behavioral Health Drug, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion, NDS = Non-Extended Day Supply					

Turquoise, Commercial Metal, Clear Cost Formulary Updates

Drug Name	Therapeutic Class	Turquoise Care*	Commercial*	Metal Level Plans*	Clear Cost Metal Plans*
Abilify Maintena® (aripiprazole) 300mg, 400mg prefilled syringe; 300mg, 400mg extended-release reconstituted suspension <i>Added to the Commercial, Metal Level and Clear Cost formularies.</i>	Atypical Antipsychotic	F, PA, QL, AL, SP, NDS	T4, PA, QL, AL, SP, NDS	T5, PA, QL, AL, SP, NDS	T5, PA, QL, AL, SP, NDS
New Generics – unless otherwise noted. When a generic product becomes available, the brand-name product will be removed from the formularies.					
dasatinib (generic for Sprycel®) 20mg, 50mg, 70mg, 80mg, 100mg, 140mg tablet	Antineoplastic	F, PA, QL	T4, PA, QL	T5, PA, QL	T5, PA, QL
Other Changes					
Kevzara® (sarilumab) 200mg /1.14mL prefilled syringe	Interleukin-6 Receptor Inhibitor	F, PA	T4, PA	T5, PA	T4, PA
Farxiga® (dapagliflozen) 5mg, 10mg tablet <i>PA criteria updated.</i>	Antidiabetic	F, PA	T2, ST	T3, ST	T2, ST
Xigduo® (dapagliflozin-metformin) 2.5mg/1000mg, 5mg/500mg, 5mg/1000mg, 10mg/500mg, 10mg/1000mg extended-release tablet <i>PA criteria updated on the Commercial, Metal Level and Clear Cost formularies.</i>	Antidiabetic	NF	T2, ST	T3, ST	T2, ST
Wakix® (pitolisant) 4.45mg, 17.8mg tablet <i>AL decreased</i>	Histamine H3-Receptor Antagonist/ Inverse Agonist	F, PA	T4, PA	T5, PA	T4, PA
Menest® (esterified estrogens estradiol) 0.3mg, 0.625mg, 1.25mg tablets <i>Removed from the Turquoise Care, Commercial, Metal Level and Clear Cost formularies.</i>	Estrogen	NF	NF	NF	NF
Menostar® (esterified estrogens estradiol) Transdermal Patch <i>Removed from the Commercial, Metal Level and Clear Cost formularies.</i>	Estrogen	NF	NF	NF	NF
Combipatch® (estradiol-norethindrone acetate) 0.05-0.14mg/day, 0.05-0.25mg/day twice weekly transdermal patch <i>Tier increased on the Commercial, Metal Level and Clear Cost formularies.</i>	Estrogen	F, ST QL	T3, ST, QL	T4, ST, QL	T3, ST, QL
Caplyta® (lumateperone tosylate) 10.5mg, 21mg, 42mg capsule <i>PA criteria updated.</i>	Atypical Antipsychotic	F, PA, QL, AL	T4, PA, QL, AL	T5, PA, QL, AL	T5, PA, QL, AL
Fanapt® (iloperidone) 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg <i>PA criteria updated.</i>	Atypical Antipsychotic	F, PA, QL, AL	NF	T5, PA, QL, AL, BH	T5, PA, QL, AL, BH
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Drug Name	Therapeutic Class	Turquoise Care*	Commercial*	Metal Level Plans*	Clear Cost Metal Plans*
Lybalvi® (olanzapine-samidorphan) PA criteria updated.	Atypical Antipsychotic	F, PA, QL	T4, PA, QL, BH	T5, PA, QL, BH	T4, PA, QL, BH
Vraylar® (cariprazine) 1.5 & 3mg therapy pack; 1.5mg, 3mg, 4.5mg, 6mg capsule PA criteria updated on the Turquoise Care formulary.	Atypical Antipsychotic	F, PA, QL, AL	T4, PA, QL, AL, BH	T5, PA, QL, AL, BH	T4, PA, QL, AL, BH
Rexulti® (brexpiprazole) 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg tablet PA criteria updated.	Atypical Antipsychotic	F, PA, QL, AL	T4, PA, QL, AL, BH	T5, PA, QL, AL, BH	T5, PA, QL, AL, BH
Secuado® (asenapine) 3.8mg/24-hour, 5.7mg/24-hour and 7.6mg/24-hour transdermal patch PA criteria updated.	Atypical Antipsychotic	F, PA, QL, AL, NDS	T4, PA, QL, AL, BH	T5, PA, QL, AL, BH	T5, PA, QL, AL, BH
Abilify Maintena® (aripiprazole) 300mg, 400mg prefilled syringe; 300mg, 400mg extended-release reconstituted suspension PA criteria updated.	Atypical Antipsychotic	F, PA, QL, AL, SP, NDS	T4, PA, QL, AL, SP, NDS	T5, PA, QL, AL, SP, NDS	T5, PA, QL, AL, SP, NDS
lurasidone (generic for Latuda®) 20mg, 40mg, 60mg, 80mg, 120mg tablet Tier decreased on the Commercial, Metal Level and Clear Cost formularies.	Atypical Antipsychotic	F, PA, AL	T3, QL, AL, BH	T4, QL, AL, BH	T3, QL, AL, BH
quetiapine (generic for Seroquel®) 50mg, 150mg, 200mg, 300mg, 400mg extended-release tablet Tier decreased on the Commercial, Metal Level and Clear Cost formularies.	Atypical Antipsychotic	F, QL	T1, QL, BH	T2, QL, BH	T1, QL, BH
lamotrigine (generic for Lamictal®) 25mg, 50mg, 100mg, 200mg, 250mg, 300mg extended-release 24-hour tablet Tier decreased on the Commercial, Metal Level and Clear Cost formularies.	Atypical Antipsychotic	F, PA, QL	T1, QL, BH	T2, QL, BH	T1, QL, BH
Risperidone (generic for Risperdal®) 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg orally dispersible tablet PA criteria removed.	Atypical Antipsychotic	F, QL, AL	T3, QL, AL, BH	T4, QL, AL, BH	T3, QL, AL, BH
paliperidone (generic for Invega®) 1.5mg, 3mg, 6mg, 9mg extended-release tablets PA criteria removed from the Turquoise Care.	Atypical Antipsychotic	F, QL, AL	T3, QL, AL, BH	T4, QL, AL, BH	T3, QL, AL, BH
Vilazodone (generic for Viibryd®) 10mg, 20mg, 40mg tablet PA criteria removed from the Commercial, Metal Level and Clear Cost formularies.	Serotonin Modulator	F, QL	T3, PA, QL, BH	T4, PA, QL, BH	T3, PA, QL, BH
desvenlafaxine (generic for Pristiq®) 25mg, 50mg, 100mg extended-release tablet PA criteria removed from the Turquoise Care formulary.	Serotonin-Norepinephrine Reuptake Inhibitor	F, QL, AL	T1, QL, AL	T2, QL, AL	T2, QL, AL
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Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
Formulary Additions		
09/01/2024	Austedo XR ® (deutetrabenazine) 30mg, 36mg,42mg,48mg xr tablet extended release	T5, PA, QL, NDS
09/01/2024	dimethyl fumurate (generic for Tecfidera ®) 40mg, 80mg tablet	T2, QL
09/01/2024	Ogsiveo ® (nirogacestat) 100mg, 150mg tablet	T5, PA, QL, NDS
09/01/2024	Scemblix ® (asciminib) 100mg tablet	T5, PA, QL, NDS
01/01/2025	Arikayce ® (amikacin sulfate liposome) 590mg/8.4mL inhalation suspension	T5, NDS
01/01/2025	Colocort ® (hydrocortisone) 100mg/60mL rectal enema	T3
01/01/2025	diclofenac sodium (generic for Pennsaid ®) 1.5% external solution	T4
01/01/2025	Fetzima ® (levomilnacipran er) titration er 24-hour therapy pack 20 & 40mg oral capsule	T4, ST, QL
01/01/2025	Impavido ® (miltefosine) 50mg oral capsule	T5, NDS
01/01/2025	Livtencity ® (maribavir) 200mg oral tablet	T4, PA, QL, NDS
01/01/2025	Mirena ® (levonorgestrel) (52mg) 20mcg/day intrauterine device	T3
01/01/2025	Nexplanon ® (etonogestrel) 68mg subcutaneous implant	T3
01/01/2025	Opvee ® (nalmefene) 2.7mg/0.1mL nasal solution	T3
01/01/2025	penicillamine (generic for Cuprimine ®) 250mg oral capsule	T3
01/01/2025	pimecrolimus (generic for Depen ®) 1% external cream	T4
01/01/2025	Rebyota ® (fecal microbiota, live-jslm) 150mL rectal suspension	T5, PA, NDS
01/01/2025	tadalafil (generic for Cialis ®) 5mg oral tablet	T2, PA
01/01/2025	Tavneos ® (avacopan) 10mg oral capsule	T5, PA, QL, LA, NDS
01/01/2025	tinidazole (generic for Tindamax ®) 250mg, 500mg oral tablet	T2
01/01/2025	tolvaptan (generic for Samsca ®) 15mg oral tablet	T4
01/01/2025	Veltassa ® (patiomer sorbitex calcium) 16.8gm, 25.2gm, 8.4gm oral packet	T4, PA, QL
01/01/2025	Veozah ® (fezolinetant) 45mg oral tablet	T4
01/01/2025	Vowst ® (fecal microbiota spores, live-brpk) oral capsule	T5, PA, NDS
01/01/2025	Xdemvy ® (lotilaner) 0.25% ophthalmic solution	T5, QL, NDS
01/01/2025	Torpenz ® (everolimus) 10mg, 2.5mg, 5mg, 7.5mg tablet	T5, PA, NDS
Formulary Deletions		
10/01/2024	Corlanor ® (ivabradine) 5mg, 7.5mg tablet	
01/01/2025	Symbicort ® (budesonide-formoterol fumarate) 160-4.5mcg/act, 80-4.5mcg/act inhalation aerosol	
01/01/2025	l-glutamine (generic for Endari ®) 5gm oral packet	
01/01/2025	Amjevita ® Amjevita-Ped ® (adalimumab-atto) 40mg/0.8mL, 80mg/0.8mL solution auto-injector	
01/01/2025	Amjevita-Ped ® (adalimumab-atto) 10kg to <15kg 10mg/0.2mL, 15kg to <30kg 20mg/0.2mL, 15kg to <30kg 20mg/0.4 mL prefilled syringe	
01/01/2025	Cosentyx ® (secukinumab) (300mg dose) 150mg/mL prefilled syringe	
01/01/2025	Cosentyx Sensoready ® (secukinumab) (300mg) 150mg/mL, 150mg/mL auto-injector	
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Effective Date	Drug Name	Coverage*
01/01/2025	Cosentyx UnoReady ® (secukinumab) 300mg/2mL auto-injector	
01/01/2025	dimethyl fumarate (generic for Tecfidera ®) 120mg oral, 240mg capsule	
01/01/2025	Exkivity ® (mobocertinib) 40mg capsule	
01/01/2025	Extavia ® (interferon beta-1b) 0.3mg subcutaneous kit	
01/01/2025	Fintepla ® (fenfluramine) 2.2mg/mL oral solution	
01/01/2025	Hadlima Pushtouch ® 40mg/0.8mL auto-injector; 40mg/0.8mL prefilled syringe	
01/01/2025	Hadlima ® (adalimumab-bwwd) 40mg/0.8mL prefilled syringe	
01/01/2025	Jylamvo ® (methotrexate) 2mg/mL oral solution	
01/01/2025	Lexiva ® (fosamprenavir) 50mg/mL oral suspension	
01/01/2025	Ozempic ® (semaglutide) (0.25 or 0.5mg/dose) 2mg/1.5mL, (0.25 or 0.5mg/dose) 2mg/3mL, (1mg/dose) 4mg/3mL, (2mg/dose) 8mg/3mL pen injector	
01/01/2025	Prefest ® (estradiol/norgestimate) 1/1-0.09mg (15/15) oral tablet	
01/01/2025	Rebif Rebidose ® (stekinuma beta-1 ^a) 22mcg/0.5mL, 44mcg/0.5mL auto-injector; rebif 22mcg/0.5mL, 44mcg/0.5mL prefilled syringe; rebif 6x8.8 & 6x22mcg prefilled syringe titration pack	
01/01/2025	Rebif ® (stekinuma beta-1 ^a) 22mcg/0.5mL, 44mcg/0.5mL prefilled syringe	
01/01/2025	Rebif ® (stekinuma beta-1 ^a) 6x8.8 & 6x22mcg prefilled syringe titration pack	
01/01/2025	Rinvoq ® (upadacitinib) 1mg/mL oral solution; 15mg, 30mg and 45mg extended-release 24-hour oral tablets	
01/01/2025	Rybelsus ® (semaglutide) 14mg, 3mg, 7mg oral tablet	
01/01/2025	Skyrizi ® (risankizumab-rzaa) (150mg dose) 75mg/0.83 mL prefilled syringe kit; 150mg/mL pen solution auto-injector; 180mg/1.2mL cartridge; 360mg/2.4mL cartridge; 150mg/mL prefilled syringe	
01/01/2025	Stelara ® (ustekinumab) 130mg/26mL intravenous solution	
01/01/2025	Sublocade ® (buprenorphine er) 100mg/0.5mL, 300mg/1.5mL prefilled syringe	
01/01/2025	temozolomide (generic for Temodar ®) 100mg, 140mg, 180mg, 20mg oral, 250mg, 5mg oral capsule	
01/01/2025	theophylline (generic for Theo-24 ®) 100mg 12-hour extended-release oral tablet	
01/01/2025	Ventavis ® (iloprost) 10mcg/mL, 20mcg/mL inhalation solution	
01/01/2025	Victoza ® (liraglutide) 18mg/3mL pen injector	
New Generics		
10/01/2024	ivabradine (generic for Corlanor ®) 5mg, 7.5mg tablet	T4, PA, QL
01/01/2025	budesonide-formoterol fumarate (generic for Symbicort ®) 160-4.5mcg/act, 80-4.5mcg/act inhalation aerosol	T3, QL
01/01/2025	L-glutamine (generic for Endari ®) 5gm oral packet	T5, PA, QL, NDS
New Products		
09/01/2024	Rinvoq ® (upadacitinib) 1mg/mL oral solution	T4, PA, QL, SP, NDS
09/01/2024	Ojemda ® (tovorafenib) 25mg/mL reconstituted suspension; 100mg tablet	T5, PA, QL, NDS
10/01/2024	Entresto ® (sacubitril/valsartan) 6-6mg, 15-16mg sprinkle capsule	T3
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Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
Other Formulary Changes		
09/01/2024	febuxostat (generic for Uloric ®) 40mg, 80mg tablet <i>PA criteria removed.</i>	T3, QL
10/01/2024	Skyrizi ® (risankizumab-rzaa) 75mg/0.83mL prefilled syringe kit; 150mg/mL prefilled syringe; 150mg/mL auto-injector; 180mg/1.2mL, 360mg/2.4mL cartridge <i>PA criteria updated.</i>	T5, PA, QL, NDS
01/01/2025	febuxostat (generic for Uloric ®) 40mg, 80mg tablet <i>PA criteria added.</i>	T3, PA, QL
01/01/2025	hydroxyzine hcl (generic for Atarax ®) 10mg, 25mg, 50mg tablet <i>PA criteria added.</i>	T4, PA
01/01/2025	hydroxyzine pamoate (generic for Vistaril ®) 25mg, 50mg, 100mg capsule <i>PA criteria added.</i>	T4, PA
01/01/2025	clomipramine hcl (generic for Anafranil ®) 25mg oral, 50mg oral, 75mg oral capsule <i>PA criteria removed.</i>	T2
01/01/2025	Combipatch ® (estradiol/norethindrone) 0.05-0.14mg/day, 0.05-0.25mg/day twice weekly transdermal patch <i>PA criteria removed.</i>	T4
01/01/2025	desipramine hcl (generic for Norpramin ®) 10mg, 100mg, 150mg, 25mg, 50mg, 75mg oral tablet <i>PA criteria removed.</i>	T2
01/01/2025	doxepin hcl (generic for Silenor ®) 10mg, 25mg, 50mg, 75mg, 100mg, 150mg oral capsule <i>PA criteria removed.</i>	T4
01/01/2025	imipramine hcl (generic for Tofranil ®) 10mg, 25mg, 50mg oral tablet <i>PA criteria removed.</i>	T4
01/01/2025	nortriptyline hcl (generic for Pamelor ®) 10mg, 25mg, 50mg, 75mg oral capsule <i>PA criteria removed.</i>	T1
01/01/2025	nortriptyline hcl (generic for Pamelor ®) 10mg/5mL oral solution <i>PA criteria removed.</i>	T3
01/01/2025	paroxetine hcl (generic for Paxil ®) 12.5mg, 25mg, 37.5mg extended-release 24-hour oral tablet <i>PA criteria removed.</i>	T2
01/01/2025	protriptyline hcl (generic for Vivactil ®) 10mg, 5mg oral tablet <i>PA criteria removed.</i>	T2
01/01/2025	trimipramine maleate (generic for Surmontil ®) 25mg, 50mg, 100mg oral capsule <i>PA criteria removed.</i>	T4
01/01/2025	bisoprolol fumarate (generic for Zebeta ®) 10mg oral tablet <i>QL added.</i>	T2, QL
01/01/2025	Austedo XR ® (deutetrabenazine) 6mg extended-release 24-hour oral tablet <i>QL increased.</i>	T5, PA, QL, NDS
01/01/2025	Ojemda ® (tovorafenib) 100mg oral (16 pack) tablet <i>QL increased.</i>	T5, PA, QL, NDS
01/01/2025	Isentress ® (raltegravir) 25mg oral chewable tablet <i>Tier increased.</i>	T4, QL
01/01/2025	Tivicay PD ® (dolutegravir) 5mg orally soluble tablet <i>Tier increased.</i>	T5
01/01/2025	alosetron hcl (generic for Lotronex ®) 0.5mg oral tablet <i>Tier decreased.</i>	T4, PA, QL, NDS

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Effective Date	Drug Name	Coverage*
01/01/2025	aripiprazole (generic for Abilify ®) 15mg orally dispersible tablet <i>Tier decreased.</i>	T4, PA, QL, NDS
01/01/2025	clozapine (generic for Clozaril ®) 200mg orally dispersible tablet <i>Tier decreased.</i>	T4, ST, NDS
01/01/2025	deferasirox (generic for Jadenu ®) 180mg, 360mg oral tablet <i>Tier decreased.</i>	T4, PA, NDS
01/01/2025	emtricitabine-tenofovir df tablet (generic for Truvada ®) 100-150mg, 133-200mg, 167-250mg, 200-300mg oral tablet <i>Tier decreased.</i>	T2, QL, NDS
01/01/2025	etonogestrel-ethinyl estradiol (generic for Nuvaring ®) 0.12-0.015mg/24-hour vaginal ring <i>Tier decreased.</i>	T3
01/01/2025	Isentress HD ® (raltegravir potassium) 600mg tablet <i>Tier decreased.</i>	T3, QL, NDS
01/01/2025	Isentress ® (raltegravir potassium) 100mg packet <i>Tier decreased.</i>	T4, NDS
01/01/2025	Isentress ® (raltegravir potassium) 400mg oral tablet <i>Tier decreased.</i>	T3, QL, NDS
01/01/2025	Isentress ® (raltegravir potassium) 100mg chewable oral tablet <i>Tier decreased.</i>	T4, QL, NDS
01/01/2025	leuprolide acetate kit (generic for Lupron Depot ®) 1mg/0.2mL injection <i>Tier decreased.</i>	T4, NDS
01/01/2025	Lyllana ® (estradiol) 0.025mg/24-hour, 0.0375mg/24-hour, 0.05mg/24-hour 0.075mg/24-hour, 0.1mg/24-hour twice weekly transdermal patch <i>Tier decreased.</i>	T3, PA
01/01/2025	mesalamine (generic for Pentasa ®) 500mg extended-release oral capsule <i>Tier decreased.</i>	T4, QL, NDS
01/01/2025	Nayzilam ® (midazolam) 5mg/0.1mL nasal solution <i>Tier decreased.</i>	T4, QL, NDS
01/01/2025	norelgestromin-eth estradiol (generic for Xulane ®) 150-35mcg/24-hour weekly transdermal patch <i>Tier decreased.</i>	T3
01/01/2025	Opsumit ® (macitentan) 10mg oral tablet <i>Tier decreased.</i>	T4, PA, QL, NDS
01/01/2025	pyridostigmine bromide solution (generic for Mestinon ®) 60mg/5mL oral <i>Tier decreased.</i>	T4, NDS
01/01/2025	risperidone microspheres (generic for Risperdal Consta ®) 25mg intramuscular reconstituted suspension <i>Tier decreased.</i>	T4, NDS
01/01/2025	tadalafil (pah) (generic for Adcirca ®) 20mg oral tablet <i>Tier decreased.</i>	T2, PA, QL, NDS
01/01/2025	Tivicay ® (dolutegravir) 10mg oral tablet <i>Tier decreased.</i>	T3
01/01/2025	Triumeq PD ® (abacavir/dolutegravir/lamivudine) 60-5-30mg orally soluble tablet <i>Tier decreased.</i>	T4, QL, NDS
01/01/2025	Xcopri ® (cenobamate) 25mg oral tablet	T4, ST, QL, NDS
01/01/2025	Xulane ® (norelgestromin-eth estradiol) 150-35mcg/24-hour weekly transdermal patch <i>Tier decreased.</i>	T3
01/01/2025	Zafemy ® (norelgestromin-eth estradiol) 150-35mcg/24-hour weekly transdermal patch <i>Tier decreased.</i>	T3

*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion, NDS = Non-Extended Day Supply

Announcements

Formulary Coverage – RSV Vaccine

RSV Vaccine	Medicaid	Commercial	Exchange (Clear)	Exchange (Metal)	Medicare Part D
Abrysvo	F (AL)	F (\$0, AL)	F (\$0)	F (\$0, AL)	\$0
Arexvy	F (AL)	F (\$0, AL)	F (AL)	F (\$0, AL)	\$0
MResvia	F (AL)	F (\$0, AL)	F (AL)	F (\$0, AL)	\$0
AL = age limit, minimum age of 60 years					

Formulary Coverage – Flu Vaccine

Flu Vaccine	Medicaid	Commercial	Exchange (Clear)	Exchange (Metal)	Medicare Part D
Flulaval	F, QL	F (\$0, QL)	F (\$0)	F (\$0, QL)	Part B
Flulaval Quadrivalent	F, QL	F (\$0, QL)	T1 (QL)	F (\$0, QL)	Part B
Afluria	F, QL	F (\$0, QL)	T1 (QL)	F (\$0, QL)	Part B
Afluria PF	F, QL	F (\$0, QL)	T1 (QL)	F (\$0, QL)	Part B
Afluria Quadrivalent	F, QL	F (\$0, QL)	T1 (QL)	F (\$0, QL)	Part B
Flu Zone	F, QL	F (\$0, QL)	T1 (QL)	F (\$0, QL)	Part B
Flu Zone High Dose	F, QL, AL	F (\$0, QL, AL)	T1 (QL, AL)	F (\$0, QL, AL)	Part B
Flu Zone Quadrivalent	F, QL, AL	F (\$0, QL)	T1 (QL)	F (\$0, QL)	Part B
Fluad	F, QL, AL	F (\$0, QL, AL)	F (\$0, QL, AL)	F (\$0, QL, AL)	Part B
Fluad Quadrivalent	F, QL	F (\$0, QL, AL)	T1	F (\$0, QL)	Part B
Flublok Quadrivalent	F, QL	F	F	F	Part B
FluMist	F, QL, AL	F (\$0, QL, AL)	F (\$0, QL, AL)	F (\$0, QL, AL)	NF
FluMist Quadrivalent	F, QL, AL	F QL, AL	F (\$0, QL, AL)	F (\$0, QL, AL)	NF
Flucelvax	F, QL	F (\$0, QL)	F (\$0, QL)	F (\$0, QL)	Part B
AL = age limit, minimum age of 60 years					

Food and Drug Administration (FDA) Alerts from July 1, 2024, to Sept. 30, 2024

For a full list of FDA alerts and additional information, see the FDA website at:

<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>.

1. Recall of Methylphenidate ER (OSM) 36 mg Tablets Manufactured by Trigen Laboratories [07/10/2024]:

Trigen Laboratories announced the voluntary recall of methylphenidate ER (OSM) 36 mg tablets due to failing to meet dissolution specifications. Patients should contact their physician or healthcare provider if they have the recalled product.

Presbyterian's Response: Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.

2. Recall of Ciprofloxacin 0.3% Ophthalmic Solution Manufactured by FDC Limited [07/23/2024]:

FDC Limited announced the voluntary recall of ciprofloxacin 0.3% ophthalmic solution due to a defective container. Patients should contact their physician or healthcare provider if they have the recalled product.

Presbyterian's Response: Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.

3. **Recall of Gabapentin 600 mg Tablets Manufactured by Granules Pharmaceuticals Inc. [07/31/2024]:** Granules Pharmaceuticals Inc. announced the voluntary recall of gabapentin 600 mg tablets due to the presence of foreign tablets. Patients should contact their physician or healthcare provider if they have the recalled product.
Presbyterian's Response: Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.
4. **Recall of Ibuprofen 800 mg Tablets Manufactured by Dr. Reddy's Laboratories Ltd. [08/06/2024]:** Dr. Reddy's Laboratories Ltd. announced the voluntary recall of ibuprofen 800 mg tablets due to failing to meet impurity and degradation standards. Patients should contact their physician or healthcare provider if they have the recalled product.
Presbyterian's Response: Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.
5. **Recall of Freestyle Libre 3 Sensor Manufactured by Abbott Diabetes Care Inc. [09/05/2024]:** Abbott Diabetes Care Inc. announced the voluntary recall of Freestyle Libre 3 sensors due to finding that a small number of sensors may provide incorrect high glucose readings. Patients should contact their physician or healthcare provider if they have the recalled product.
Presbyterian's Response: Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.

NOTE: Notification is sent to Presbyterian members regarding Class I or II drug recalls or market withdrawals due to a drug safety issue. Notifications regarding drug recalls that are lot specific are not required as it is not possible for the health plan to identify members who were dispensed a specific lot of a medication.

Presbyterian formularies and updates, including restrictions (e.g., quantity limits, step therapy and prior authorization criteria) and preferences, are available online at the following link:

www.phs.org/providers/formularies.

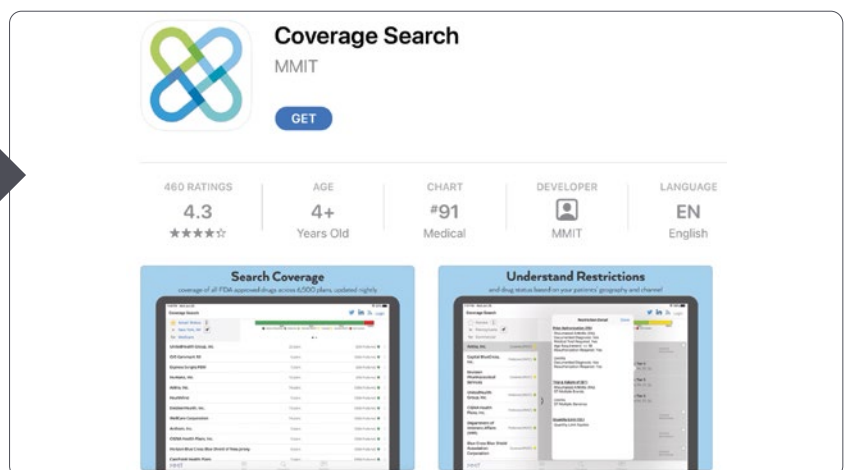
Current and past issues of the Pharmacy & Therapeutics (P&T) Committee Provider Updates are available online at www.phs.org/providers/formularies.

The Universal Practitioner and Provider Manual and the Centennial Care Practitioner and Provider Manual are also available online at www.phs.org/providermanual and include information about pharmacy benefits, the prior authorization process, generic substitution and requesting non-formulary medications based on medical necessity. Providers may receive a printed copy of the Centennial Care Practitioner and Provider Manual at no cost from Presbyterian by contacting their Provider Network Operations relationship executive. Providers may find their relationship executive's contact information at www.phs.org/ContactGuide.

Formulary Search App

As a reminder, Presbyterian formularies are also accessible through the Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or passwords are required.

Search from your desktop at www.FormularyLookup.com or download the free app today.



Requests for Formulary Additions, Deletions or Modifications

Use the Formulary Addition Request form to request medication additions, deletions or other changes to the Presbyterian formularies. Complete and submit the form to askphppt@phs.org. The form can be accessed at https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=pe1_00251399.

Presbyterian Formularies

Presbyterian strives to give our providers access to the information and support they need. One way we do this is by providing information on medications that are covered by the plan. Presbyterian formularies may be accessed in the following ways:

- Searchable formularies are available on the Formularies page of the provider website at <https://www.phs.org/providers/formularies>. Providers may search for a drug using this tool by viewing an alphabetical list of drugs, searching by drug name or searching by therapeutic class. Providers may also learn if a covered drug has any restrictions by clicking on the link for the drug.
- Providers can access PDF versions of Presbyterian formularies and updates, including preferences and restrictions (e.g., quantity limits, step therapy and prior authorization criteria), which are available on the Formularies page of the provider website at the link previously provided.
- Presbyterian formularies may also be accessed using Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or passwords are required. Search from your desktop at <https://www.FormularyLookup.com>, or download the free app from the App Store or Google Play.

For any questions about the formulary coverage of medications, you may call Presbyterian's Pharmacy Services Help Desk at **(505) 923-5500** or toll-free at **1-888-923-5757**. The Help Desk's business hours are Monday through Friday, from 8 a.m. to 5 p.m. You may also email ASKRX at ASKRX@phs.org. The email box is monitored during regular business hours, Monday through Friday, from 8 a.m. to 5 p.m., and one of our clinical pharmacists will respond within one business day.

Contact Us



The changes to our formularies are based on requests from our practitioners and the recommendations of the P&T Committee. We value your input. If you have any questions or concerns, please email askphppt@phs.org.