

Pharmacy and Therapeutics Committee Provider Update

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

FIRST QUARTER 2025

P&T Committee Decisions Effective March 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 **Jan. 15, 2025**, and we would like to share the decisions made at the meeting that affect our formularies and pharmacy benefits.

Turquoise Care, Commercial, Intel Connected Care, Metal and Clear Cost Formulary Updates

Drug Name	Therapeutic Class	Turquoise Care	Commercial	Intel Connected Care	Metal Level Plans	Clear Cost Metal Plans
Formulary Additions						
Cobenfy® (xanomeline and trospium hydrochloride) 50mg/20mg, 100mg/20 mg, 125mg/30mg capsules	Antipsychotics	F, PA	T4, PA	T3, PA	T5, PA	T4, PA
Itovebi® (inavolisib) 3mg, 9mg capsules	Antineoplastics	F, QL, PA	T4, QL, PA	T3, QL, PA	T5, QL, PA	T4, QL, PA
Tecentriq Hybreza® (atezolizumab/hyaluronidase-tqjs) 1875mg atezolizumab and 30,000 units hyaluronidase per 15mL single-dose vial	Antineoplastics	PA	T4, PA	T3, PA	T5, PA	T5, PA
Retevmo® (selpercatinib) 40mg, 80mg, 120mg, 160mg tablet	Antineoplastics	F, QL, SP	T4, QL, SP	T3, QL, SP	T5, QL, SP	T5, QL, SP
Veozah® (fezolinetant) 45mg tablet	Endocrine and metabolic agents	F, PA	T3, PA	T3, PA	T4, PA	T3, PA
dasatinib (generic for Sprycel®) 20mg, 50mg, 70mg, 80mg, 100mg, 140mg tablet	Antineoplastic	PA	T2, PA	T3, PA	T5, PA	T5, PA
octreotide (generic for Sandostatin LAR®) 10mg, 20mg, 30mg, LAR Depot	Hormonal agents, suppressant	MB	MB	MB	MB	MB
<small>*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</small>						

Turquoise Care, Commercial, Intel Connected Care, Metal and Clear Cost Formulary Updates

Drug Name	Therapeutic Class	Turquoise Care	Commercial	Intel Connected Care	Metal Level Plans	Clear Cost Metal Plans
Other Changes						
Dupixent® (dupilumab) 200mg/1.14mL, 300mg/2mL autoinjector; 100mg/0.67mL, 200mg/1.14mL and 300mg/2mL prefilled syringe <i>PA criteria updates apply to: Turquoise Care, Commercial, Intel Connected Care, Metal Level and Clear Cost formularies.</i>	Interleukin inhibitor	F, PA	T4, PA, SP	T3, SP	T5, PA, SP	T4, PA, SP
Cimzia® (certolizumab) 200mg vial kit and prefilled syringe; 200mg/mL (2 syringes) and Cimzia starter 6 X 200mg/mL	Tumor necrosis factor alpha blockers	F, PA	T4, PA, SP	T3, SP	T5, PA, SP	T4, PA, SP
Thyrogen® 0.9mg IM injection <i>Added quantity limit: Prior authorization is not required for one-time treatment</i>	Diagnostic agent	MB, QL	MB, QL	MB, QL	MB, QL	MB, QL
*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						

Announcements

Prior Authorization Criteria Summary

Drug Name	Therapeutic Class	PA Criteria Update
Cobenfy® (xanomeline and trospium hydrochloride) 50mg/20mg, 100mg/20mg, 125mg/30mg capsules <i>Applies to Commercial, Intel, Exchange, Turquoise Care and Medicare Part D Formularies</i>	Antipsychotics	Recommendation: Add to Formulary With Prior Authorization (PA): 1. Trial and failure of three atypical antipsychotics (AAPs), such as aripiprazole, lurasidone, olanzapine, quetiapine, risperidone, ziprasidone and first-generation AAPs. 2. Treatment failure is defined as 4 weeks for non-responders and 12 weeks for partial responders.
Dupixent® (dupilumab) 200mg/1.14mL, 300mg/2mL autoinjector; 100mg/0.67mL, 200mg/1.14mL and 300mg/2mL prefilled syringe <i>Applies to Commercial, Intel, Exchange, Turquoise Care and Medicare Part D Formularies</i>	Interleukin inhibitor	Recommendation: PA Criteria Updates: 1. Chronic Rhinosinusitis with Nasal Polyps. a. Update minimum age from 18 to 12 years of age 2. COPD (new indication) a. FEV1/FVC <0.7 b. FEV1 30 to 70 c. Eosinophilic phenotype with blood count 300 or more d. 2 moderate or 1 severe exacerbation within the past 12 months e. Failure of triple therapy: (LABA+LAMA+ICS) Will use as add-on therapy to triple therapy (or double therapy if ICS contraindicated).
*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		

Prior Authorization Criteria Summary

Drug Name	Therapeutic Class	PA Criteria Update
Fasenra® (benralizumab) prefilled syringe: 10mg/0.5mL; 30mg/mL <i>Applies to Medicare Part D Formularies</i>	Interleukin-5 receptor antagonist, monoclonal antibody	Recommendation: New Indication 1. Eosinophilic granulomatosis with polyangiitis a. Active, non-severe disease b. Currently receiving systemic corticosteroids for at least 4 weeks c. Blood eosinophils 1000 cell per microliter or >10% leukocytes Prescribed by or in consultation with an allergist, immunologist, pulmonologist or rheumatologist.
Cimzia® (certolizumab) 200mg vial kit and prefilled syringe; 200mg/mL (2 syringes) and Cimzia starter 6 X 200mg/mL <i>Applies to Commercial, Intel, Exchange, Turquoise Care and Medicare Part B Formularies</i>	Tumor necrosis factor alpha blockers	Recommendation: PA Criteria Update for New Indication 1. pJIA a. Trial and failure of leflunomide, methotrexate, sulfasalazine; AND Trial and failure of 2 preferred biologics, such as Amjevita, Enbrel
Veozah® (fezolinetant) 45mg tablet <i>Applies to Commercial, Intel, Exchange, Turquoise Care and Medicare Part D Formularies</i>	Endocrine and metabolic agents	Recommendation: Add to Formulary With PA: 1. Moderate to severe vasomotor symptoms due to menopause 2. Does not have cirrhosis 3. Baseline LFTs prior to therapy, followed by 3 months, 6 months and 9 months after initiation 4. Does not have severe renal impairment or ESRD Trial and failure of hormonal therapy, such as estradiol, Premarin, Prempro; AND non-hormonal therapy, such as SSRI, SNRI, clonidine, gabapentin.
*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		

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
Formulary Additions		
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 (generic for Pennsaid®) 1.5 % external solution	T4
01/01/2025	Fetzima® (levomilnacipran HCl extended release) 20 and 40mg, 24-hour therapy pack	T4, ST, QL
01/01/2025	Impavido® (miltefosine) 50mg capsule	T5, NDS
01/01/2025	Livtencity® (maribavir) 200mg tablet	T5, PA, QL, NDS
01/01/2025	Mirena® (levonorgestrel) 52mg 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 capsule	T3
01/01/2025	pimecrolimus (generic for Elidel®) 1% external cream	T4
01/01/2025	Rebyota® (fecal microbiota) 150mL rectal suspension	T5, PA, NDS
*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		

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
01/01/2025	tadalafil (generic for Cialis ®) 5mg tablet	T2, PA
01/01/2025	Tavneos ® (avacopan) 10mg capsule	T5, LA, QL, NDS
01/01/2025	tinidazole 250mg, 500mg tablet	T2
01/01/2025	tolvaptan 15mg tablet	T4
01/01/2025	Veltassa ® (patiomer) 16.8gm, 25.2gm, 8.4gm oral packet	T4, PA, QL
01/01/2025	Veoza ® (fezolinetant) 45mg tablet	T4
01/01/2025	Vowst ® (fecal microbiota) capsule	T5, PA, NDS
01/01/2025	Xdemvy ® (lotilaner) 0.25% ophthalmic solution	T5, QL, NDS
Formulary Deletions		
01/01/2025	Amjevita ® (adalimumab-atto) 40mg/0.8mL, 80mg/0.8mL solution auto-injector	NF
01/01/2025	Amjevita-ped ® (adalimumab-atto) 10kg to <15kg 10mg/0.2mL, 15kg to <30kg 20mg/0.2mL, 15kg to <30kg 20mg/0.4mL prefilled syringe	NF
01/01/2025	calcium acetate (generic for PhosLo ®) 667mg capsule	NF
01/01/2025	Cosentyx ® (secukinumab) (300mg dose) 150mg/mL, 75mg/0.5mL prefilled syringe	NF
01/01/2025	Cosentyx Sensoready ® (secukinumab) (300mg) 150mg/mL, 150mg/mL auto-injector	NF
01/01/2025	Cosentyx Unoready ® (secukinumab) 300mg/2mL auto-injector	NF
01/01/2025	dimethyl fumarate (generic for Tecfidera ®) 120mg, 240mg capsule	NF
01/01/2025	Exkivity ® (mobocertinib) 40mg capsule	NF
01/01/2025	Extavia ® (interferon beta-1b) 0.3mg subcutaneous kit	NF
01/01/2025	Fintepla ® (fenfluramine) 2.2mg/mL oral solution	NF
01/01/2025	Hadlima ® (adalimumab-bwwd) 40mg/0.8mL auto-injector, prefilled syringe	NF
01/01/2025	Jylamvo ® (methotrexate) 2mg/mL oral solution	NF
01/01/2025	lanthanum (generic for Fosrenol ®) 500mg, 750mg, 1000mg chewable tablet	NF
01/01/2025	Lexiva ® (fosamprenavir) 50mg/mL oral suspension	NF
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	NF
01/01/2025	Prefest ® (estradiol/norgestimate) 1mg/1-0.09mg (15/15) tablet	NF
01/01/2025	Rebif Rebidose ® (interferon beta-1a) 22mcg/0.5mL, 44mcg/0.5mL auto-injector	NF
01/01/2025	Rebif ® (interferon beta-1a) 22mcg/0.5mL, 44mcg/0.5mL prefilled syringe	NF
01/01/2025	Rebif ® (interferon beta-1a) 6x8.8 & 6x22mcg prefilled syringe titration pack	NF
*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		

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
01/01/2025	Rinvoq LQ ® (upadacitinib) 1mg/mL oral solution, extended-release 24-hour 15mg, 30mg, 45mg tablet	NF
01/01/2025	Rinvoq ® (upadacitinib) 15mg, 30mg, 45mg extended-release tablet	NF
01/01/2025	Rybelsus ® (semaglutide) 14mg, 3mg, 7mg tablet	NF
01/01/2025	sevelamer (generic for Renvela ®) 0.8gm, 2.4gm oral packet, 800mg tablet	NF
01/01/2025	Skyrizi ® (risankizumab) 150mg dose 75mg/0.83mL prefilled syringe kit; 150mg/mL pen solution auto-injector; 180mg/1.2mL cartridge; 360mg/2.4mL cartridge; 150mg/mL prefilled syringe	NF
01/01/2025	Stelara ® (ustekinumab) 130mg/26mL intravenous solution	NF
01/01/2025	Sublocade ® (buprenorphine) 100mg/0.5mL, 300mg/1.5mL prefilled syringe	NF
01/01/2025	temozolomide (generic for Temodar ®) 100mg, 140mg, 180mg, 20mg, 250mg, 5mg capsule	NF
01/01/2025	theophylline (generic for Theo-24 ®) extended-release 12-hour 100mg tablet	NF
01/01/2025	Ventavis ® (iloprost) 10mcg/mL, 20mcg/mL inhalation solution	NF
01/01/2025	Victoza ® (liraglutide) 18mg/3mL pen injector	NF
New Generics		
01/01/2025	budesonide-fomoterol 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, QL, NDS
New Products		
01/01/2025	Torpenz ® (everolimus) 10mg, 2.5mg, 5mg, 7.5mg tablet	T5, PA, NDS
01/01/2025	Itovebi ® (inavolisib) 3mg, 9mg capsules	T5, PA
Other Formulary Changes		
01/01/2025	Febuxostat (generic for Uloric ®) 40mg, 80mg tablet <i>Added PA criteria</i>	T3, PA, QL
01/01/2025	hydroxyzine HCl (generic for Atarax ®) 10mg, 25mg, 50mg tablet <i>Added PA criteria</i>	T4, PA
01/01/2025	hydroxyzine pamoate (generic for Vistaril ®) 100mg, 25mg, 50mg capsule <i>Added PA criteria</i>	T4, PA
01/01/2025	clomipramine HCl (generic for Anafranil ®) 25mg, 50mg, 75mg capsule <i>Removed PA criteria</i>	T2
01/01/2025	Combipatch ® (estradiol/norethindrone) 0.05-0.14mg/day, 0.05-0.25mg/day patch twice weekly <i>PA removed</i>	T4
*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		

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
01/01/2025	desipramine HCl (generic for Norpramin®) 10mg, 100mg, 150mg, 25mg, 50mg, 75mg tablet <i>PA removed</i>	T2
01/01/2025	doxepin HCl (generic for Silenor®) 10mg, 25mg, 50mg, 75mg, 100mg, 150mg, capsule <i>PA removed</i>	T4
01/01/2025	imipramine HCl (generic for Tofranil®) 10mg, 25mg, 50mg tablet <i>PA removed</i>	T4
01/01/2025	nortriptyline HCl (generic for Pamelor®) 10mg, 25mg, 50mg, 75mg capsule <i>PA removed</i>	T1
01/01/2025	nortriptyline HCl 10mg/5mL oral solution <i>PA removed</i>	T3
01/01/2025	paroxetine HCl (generic for Paxil CR®) 12.5mg, 25mg, 37.5mg extended-release 24-hour tablet <i>PA removed</i>	T2
01/01/2025	protriptyline HCl (generic for Vivactil®) 10mg, 5mg tablet <i>PA removed</i>	T2
01/01/2025	trimipramine maleate (generic for Surmontil®) 100mg, 25mg, 50mg capsule <i>PA removed</i>	T4
01/01/2025	bisoprolol fumarate (generic for Zebeta®) 10mg tablet <i>Added quantity limit</i>	T2, QL
01/01/2025	Austedo® (deutetrabenazine) 6mg extended-release 24-hour tablet <i>Quantity limit increased</i>	T5, PA, QL, NDS
01/01/2025	Ojemda® (ibudilast) 100mg tablet (16 pack) <i>Quantity limit increased</i>	T5, PA, QL, NDS
01/01/2025	Isentress® (raltegravir) 25mg chewable tablet <i>Tier increased</i>	T4, QL
01/01/2025	Tivicay PD® (dolutegravir) 5mg soluble tablet <i>Tier increased</i>	T5
01/01/2025	alosetron HCl (generic for Lotronex®) 0.5mg tablet <i>Tier lowered</i>	T4, PA, QL, NDS
01/01/2025	aripiprazole (generic for Abilify®) 15mg dispersible tablet <i>Tier lowered</i>	T4, PA, QL, NDS
01/01/2025	clozapine (generic for Clozaril®) 200mg dispersible tablet <i>Tier lowered</i>	T4, ST, NDS
01/01/2025	deferasirox (generic for Jadenu®) 180mg, 360mg tablet <i>Tier lowered</i>	T4, PA, NDS
01/01/2025	emtricitabine-tenofovir DF (generic for Truvada®) 100-150mg, 133-200mg, 167-250mg, 200-300mg tablet <i>Tier lowered</i>	T2, QL, NDS
01/01/2025	etonogestrel-ethinyl estradiol (generic for Nuvaring®) 0.12-0.015mg/24-hour vaginal ring <i>Tier lowered</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

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
01/01/2025	Isentress HD® (raltegravir) 600mg tablet <i>Tier lowered</i>	T3, QL, NDS
01/01/2025	Isentress® (raltegravir) 100mg oral packet <i>Tier lowered</i>	T4, NDS
01/01/2025	Isentress® (raltegravir) 400mg Tablet <i>Tier lowered</i>	T3, QL, NDS
01/01/2025	Isentress® (raltegravir) 100mg chewable tablet <i>Tier lowered</i>	T4, QL, NDS
01/01/2025	leuprolide acetate (generic for Lupron®) 1mg/0.2mL injection kit <i>Tier lowered</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 transdermal patch twice weekly <i>Tier lowered</i>	T3, PA
01/01/2025	mesalamine (generic for Pentasa®) 500mg extended-release capsule <i>Tier lowered</i>	T4, QL, NDS
01/01/2025	Nayzilam® (midazolam) 5mg/0.1 mL nasal solution <i>Tier lowered</i>	T4, QL, NDS
01/01/2025	norelgestromin-eth estradiol (generic for Ortho Evra®) 150-35mcg/24-hour patch weekly transdermal <i>Tier lowered</i>	T3
01/01/2025	Opsumit® (macitentan) 10mg tablet <i>Tier lowered</i>	T4, PA, LA, QL, NDS
01/01/2025	pyridostigmine bromide (Mestinon®) 60mg/5mL oral solution <i>Tier lowered</i>	T4, NDS
01/01/2025	risperidone microspheres ER (generic for Risperdal Consta®) 25mg intramuscular reconstituted suspension <i>Tier lowered</i>	T4, NDS
01/01/2025	tadalafil (PAH) (generic for Adcirca®) 20mg tablet <i>Tier lowered</i>	T2, PA, QL, NDS
01/01/2025	Tivicay® (dolutegravir) 10mg tablet <i>Tier lowered</i>	T3
01/01/2025	Triumeq PD® (abacavir/dolutegravir/lamivudine) 60-5-30mg soluble tablet <i>Tier lowered</i>	T4, QL, NDS
01/01/2025	Xcopri® (cenobamate) 25mg tablet <i>Tier lowered</i>	T4, ST, QL, NDS
01/01/2025	Xulane® (norelgestromin/ethinyl estradiol) 150-35mcg/24-hour patch weekly transdermal <i>Tier lowered</i>	T3
01/01/2025	Zafemy® (ethinyl estradiol/norelgestromin) 150-35mcg/24-hour patch <i>Tier lowered</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

Food and Drug Administration (FDA) Alerts from Sept. 5, 2024, to Jan. 7, 2025

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 Atovaquone Oral Suspension Manufactured by Bionpharma Inc. [09/18/2024]:** Bionpharma Inc. announced the voluntary recall of Atovaquone Oral Suspension, 750 mg per mL after a batch of the product was found to be contaminated with Cohnella bacteria. Patients should contact their physician or healthcare provider if they have the recalled product.
Presbyterian's Response: Informed providers in the P&T newsletter.
2. **Recall of Ascorbic Acid Solution for Injection Manufactured by Staska Pharmaceuticals, Inc. [10/16/2024]:** Staska Pharmaceuticals, Inc. announced the voluntary recall of Ascorbic Acid Solution due to the presence of glass particulates in one lot of vials. Patients should contact their physician or healthcare provider if they have the recalled product.
Presbyterian's Response: Informed providers in the P&T newsletter.
3. **Recall of Clonazepam Orally Disintegrating Tablets Manufactured by Par Pharmaceutical [11/19/2024]:** Par Pharmaceutical announced the expansion of a previous voluntary recall of Clonazepam orally disintegrating tablets due to potential product carton strength mislabeling. Patients should contact their physician or healthcare provider if they have the recalled product.
Presbyterian's Response: Informed providers in the P&T newsletter.
4. **Recall of Adrenalin Chloride Solution (epinephrine nasal solution) Manufactured by Par Pharmaceutical [12/20/2024]:** Par Pharmaceutical announced the voluntary recall of Adrenalin Chloride Solution (epinephrine nasal solution) due to lack of approval from the FDA. Patients should contact their physician or healthcare provider if they have the recalled product.
Presbyterian's Response: Informed providers in the P&T newsletter.
5. **Recall of Prograf (tacrolimus) and Astagraf XL (tacrolimus extended release) Capsules by Astellas Pharma US, Inc. [12/24/2024]:** Astellas Pharma US announced the voluntary recall of one lot of Prograf 0.5 mg and Astagraf XL 0.5 mg capsules due to bottles containing empty capsules.
Presbyterian's Response: Informed providers in the P&T newsletter.

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 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 P&T Committee Provider Updates are available online at

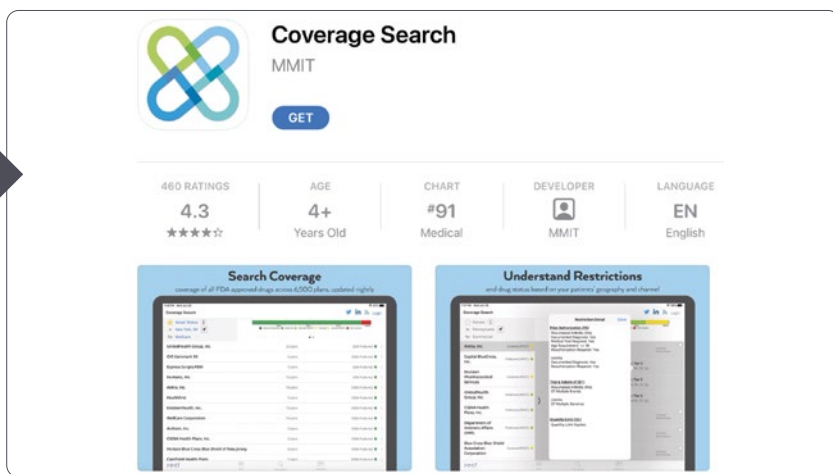
www.phs.org/providers/formularies.

The Universal Practitioner and Provider Manual and the Turquoise Care Practitioner and Provider Manual are also available online at www.phs.org/providers/resources/reference-guides/manuals 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 Turquoise Care Practitioner and Provider Manual at no cost from Presbyterian by contacting their Provider Network Operations relationship team. Providers may find their relationship team'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.

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=pel_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. 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.



Presbyterian Health Plan, Inc.
Provider Network Management
P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

PRESRT STD
U.S. Postage
PAID
Albuquerque, NM
Permit No. 1971

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.