

Pharmacy and Therapeutics Committee Provider Update

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

SECOND QUARTER 2025

P&T Committee Decisions Effective June 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 **April 16, 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						
Opdivo Qvantig® (nivolumab-hyaluronidase-nvhy) 600-10000mg-unit/5mL	Antineoplastics	MB, PA	MB, PA	MB, PA	MB, PA	MB, PA
clobazam (generic for Onfi®) 10mg, 20mg tablet	Anticonvulsant	F, ST	T3, ST	T3, ST	T4, ST	T3, ST
Rezvoglar® (insulin glargine-aglr) 100 unit/mL solution pen injector	Insulins	F, QL	T2, QL	T2, QL	T3, QL	T2, QL
Lantus® (insulin glargine) 100 unit/mL solution pen injector	Insulins	F, QL	T2, QL	T2, QL	T3, QL	T2, QL
Novolog® (insulin aspart) 100 unit/mL injection solution, subcutaneous pen injector	Insulins	F, QL	T2, QL	T2, QL	T3, QL	T2, QL
Humalog® (insulin lispro) 100 units/mL injection solution, subcutaneous pen injector	Insulins	F, QL	T2, QL	T2, QL	T3, QL	T2, 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						

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						
Spravato® (esketamine) 56mg, 84mg nasal solution therapy dose pack <i>PA criteria updates apply to: Turquoise Care, Commercial, Intel Connected Care, Metal Level and Clear Cost formularies.</i>	Antidepressants	MB, PA	MB, PA	MB, PA	MB, PA	MB, PA
Aimovig® (erenumab-aooe) 70mg, 140mg subcutaneous auto-injector <i>PA criteria updates apply to all lines of business.</i>	Calcitonin gene-related peptide receptor antagonist	F, PA	T2, PA	T3, PA	T3, PA	T2, PA
Repatha® (evolocumab) 420mg/3.5mL Pushtronex solution cartridge, 140mg/mL prefilled syringe and auto-injector <i>PA criteria updates apply to all lines of business. Specialty mandate removed.</i>	Antihyperlipidemics	F, PA	T2, PA	T3, PA	T3, PA	T2, PA
Dexcom® G6, G7 Systems <i>PA criteria updates apply to: Turquoise Care, Commercial, Intel Connected Care, Metal Level and Clear Cost formularies.</i>	Continuous glucose monitors	F, PA, QL	T2, PA, QL	T2, PA, QL	T3, PA, QL	T2, PA, QL
Nayzilam® (midazolam) 5/0.1mL nasal solution <i>Replaced PA with ST.</i>	Anticonvulsant	F, ST, QL	T4, ST, QL	T3, ST, QL	T5, ST, QL	T4, ST, QL
Valtoco® (diazepam) 5mg, 10mg dose nasal liquid and 15mg, 20mg dose nasal liquid therapy pack <i>Replaced PA with ST.</i>	Anticonvulsant	F, ST, QL	T4, ST, QL	T3, ST, QL	T5, ST, QL	T4, ST, QL
acamproste calcium (generic for Campral®) 333mg delayed-release tablet <i>Tier lowered. Applies to Commercial, Intel Connected Care, Metal Level and Clear Cost formularies.</i>	Alcohol deterrent	F, QL	T1, QL	T1, QL	T2, QL	T1, QL
mesalamine (generic for Apriso® , Delzicol® and Lialda) 0.375gm extended-release capsule, 400mg delayed-release capsule, 1.2gm delayed-release tablet <i>Removed ST from all formularies.</i>	Inflammatory bowel agents	F, QL	T3, QL	T3, QL	T4, QL	T3, QL
Mounjaro® (tirzepatide) 2.5mg/0.5mL, 5mg/0.5mL, 7.5mg/0.5mL, 10mg/0.5mL, 12.5mg/0.5mL, 15mg/0.5mL subcutaneous auto-injector <i>PA criteria updated for all formularies.</i>	Antidiabetics	F, PA, QL	T2, PA, QL	T2, PA, QL	T3, PA, QL	T2, PA, QL
Trulicity® (dulaglutide) 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL auto-injector <i>PA criteria updated for Commercial, Intel Connected Care, Metal Level, Clear Cost and Part D formularies.</i>	Antidiabetics	F, PA, QL	T2, PA, QL	T2, PA, QL	T3, PA, QL	T2, PA, 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
Spravato® (esketamine) 56mg, 84mg nasal solution therapy dose pack <i>PA criteria updates apply to: Turquoise Care, Commercial, Intel Connected Care, Metal Level and Clear Cost formularies.</i>	Antidepressants	Recommendation: Prior Authorization Criteria Update Prior authorization criteria updated to allow as monotherapy as opposed to adjunct therapy
Aimovig® (erenumab-aooe) 70mg, 140mg subcutaneous auto-injector <i>PA criteria updates to all lines of business. Specialty mandate removed.</i>	Calcitonin gene-related peptide receptor antagonist	Recommendation: Prior Authorization Criteria Update Removed specialty mandate from all lines of business Removed Botox step from Commercial and Exchange plans
Repatha® (evolocumab) 420mg/3.5mL Pushtronex solution cartridge, 140mg/mL prefilled syringe and auto-injector <i>PA criteria updates to all lines of business. Specialty mandate removed.</i>	Antihyperlipidemics	Recommendation: Prior Authorization Criteria Update Removed specialty mandate from all applicable formularies Removed ezetimibe step from Commercial and Exchange plans
Dexcom® G6, G7 Systems <i>PA criteria updates apply to: Turquoise Care, Commercial, Intel Connected Care, Metal Level and Clear Cost formularies.</i>	Continuous glucose monitors	Recommendation: Prior Authorization Criteria Update For Dexcom products, there must be a documented reason why Freestyle Libre 2 Plus or Libre 3 Plus cannot be used in patients between the ages of 2 and 4.
Mounjaro® (tirzepatide) 2.5mg/0.5mL, 5mg/0.5mL, 7.5mg/0.5mL, 10mg/0.5mL, 12.5mg/0.5mL, 15mg/0.5mL subcutaneous auto-injector <i>PA criteria updated for all formularies.</i>	Antidiabetics	Recommendation: Prior Authorization Criteria Update We removed the A1C requirement of 7% and expanded the drug classes that can be tried and failed. The member must have tried and failed two antidiabetic agents from the following drug classes: biguanides, SGLT2i, DPP4i, sulfonylureas and TZDs. There must be supporting documentation that the member has a diagnosis of type 2 diabetes mellitus in need of additional glycemic control as evidenced by an A1C that is not at goal on their current treatment.
Trulicity® (dulaglutide) 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL auto-injector <i>PA criteria updated for Commercial, Intel Connected Care, Metal Level, Clear Cost and Part D formularies.</i>	Antidiabetics	Recommendation: Prior Authorization Criteria Update We removed the A1C requirement of 7% and expanded the drug classes that can be tried and failed. The member must have tried and failed two antidiabetic agents from the following drug classes: biguanides, SGLT2i, DPP4i, sulfonylureas and TZDs. There must be supporting documentation that the member has a diagnosis of type 2 diabetes mellitus in need of additional glycemic control as evidenced by an A1C that is not at goal on their current treatment.
<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>		

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
Formulary Additions		
02/01/2025	Augtyro ® (repotrectinib) 160mg capsule	T5, PA, QL, NDS
02/01/2025	Cobenfy ® (xanomeline/trospium chloride) 50-20mg capsule	T5, PA, QL, NDS
02/01/2025	Cobenfy ® (xanomeline/trospium chloride) 100-20mg capsule, 125-30mg capsule	T5, PA, QL, NDS
02/01/2025	Cobenfy Starter Pack ® (xanomeline/trospium chloride) 50-20mg and 100-20mg capsule therapy pack	T5, PA, QL, NDS
02/01/2025	Fintepla ® (fenfluramine) 2.2mg/mL oral solution	T5, QL, LA
02/01/2025	Itovebi ® (inavolisib) 3mg tablet	T5, PA, QL, NDS
02/01/2025	Itovebi ® (inavolisib) 9mg tablet	T5, PA, QL, NDS
02/01/2025	Lazcluze ® (lazertinib) 80mg tablet	T5, PA, QL, NDS
02/01/2025	Lazcluze ® (lazertinib) 240mg tablet	T5, PA, QL, NDS
02/01/2025	Lumakras ® (sotorasib) 240mg tablet	T5, PA, QL, NDS
02/01/2025	Voranigo ® (vorasidenib) 10mg tablet	T5, PA, QL, NDS
02/01/2025	Voranigo ® (vorasidenib) 40mg tablet	T5, PA, QL, NDS
03/01/2025	Breyna ® (budesonide/formoterol fumarate) 160-4.5mcg/actuation, 80-4.5mcg/actuation inhalation	T3, QL
03/01/2025	Danziten ® (nilotinib) 71mg, 95mg tablet	T5, PA, QL, NDS
03/01/2025	Imkeldi ® (imatinib) 80mg/mL oral solution	T5, PA, QL, NDS
03/01/2025	Proctofoam HC ® (hydrocortisone) 1-1% external foam	T3
03/01/2025	Revuforj ® (revumenib) 110mg, 160mg tablet	T5, PA, QL, NDS
04/01/2025	mesna (generic for Mesnex ®) 400mg tablet	T5, NDS
04/01/2025	Minzoya ® (levonorgest-eth estradiol-iron) 0.1-20mg-mcg tablet	T3
Other Formulary Changes		
04/01/2025	bisoprolol fumarate (generic for Zebeta ®) 10mg tablet <i>Removed QL</i>	T2
<small>*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</small>		

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.

Food and Drug Administration (FDA) Alerts from Jan. 7 to April 9, 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 Phenylephrine Hydrochloride Injection by Provepharm, Inc. [01/24/2025]:** Provepharm, Inc. announced a voluntary recall of Phenylephrine Hydrochloride Injection, 10mg per mL, after a complaint was made from a pharmacy after observing a visible black particulate matter found in a vial of the product. 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 Fentanyl Transdermal System by Alvogen, Inc. [01/31/2025]:** Alvogen, Inc. is voluntarily recalling one lot of fentanyl transdermal patches, 25mcg per hour, due to potential for patches to be multi-stacked, or adhered one on top of the other, within a single product pouch. 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 Potassium Chloride Injection by ICU Medical [02/13/2025]:** ICU Medical issued a voluntary recall of Potassium Chloride Injection, 20mEq and 10mEq, due to 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 Levetiracetam Injection by Dr. Reddy's Laboratories [03/13/2025]:** Dr. Reddy's Laboratories issued a voluntary recall of levetiracetam in 0.75% sodium chloride injection, 1,000mg per 100mL, due to 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

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.

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.



Coverage Search

MMIT

GET

460 RATINGS

4.3
★★★★☆

AGE

4+
Years Old

CHART

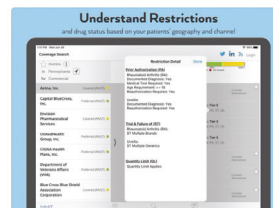
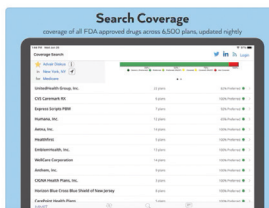
#91
Medical

DEVELOPER

MMIT

LANGUAGE

EN
English



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=pe_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.

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.