

**Presbyterian Senior Care (HMO) / (HMO-POS)  
Presbyterian Dual Plus (HMO D-SNP)  
Criterios de escalonada de la lista de medicamentos cubiertos  
Entra en vigor el 1° de junio del 2026**

Puede cambiar en cualquier momento la lista de medicamentos cubiertos [*formulary*]. Recibirá un aviso cuando sea necesario.

Para conseguir la lista de medicamentos más reciente, la información sobre cómo obtener una excepción o determinación de la cobertura u otras preguntas, favor de ponerse en contacto con el Centro de Servicio al Cliente de Presbyterian.

**Presbyterian Senior Care:**



(505) 923-6060  
1-800-797-5343  
(TTY 711)



**Del 1° de octubre al 31° de marzo:**  
De las 8 a.m. a las 8 p.m., los siete días de la semana (salvo los días feriados)

**Del 1° de abril al 30 de septiembre:**  
De las 8 a.m. a las 8 p.m., de lunes a viernes (salvo los días feriados)

**Presbyterian Dual Plus:**



(505) 923-7675  
1-8855-465-7737  
(TTY 711)



[www.phs.org/Medicare](http://www.phs.org/Medicare)

**Infórmese más a fondo acerca del aviso de no discriminación de Presbyterian y los servicios de intérpretes.**

Basado en la revisión del modelo de atención médica, el Comité Nacional de Control de Calidad [*National Committee for Quality Assurance, NCQA*] ha aprobado a Presbyterian Dual Plus (HMO D-SNP) para operar un plan de necesidades especiales [*Special Needs Plan, SNP*] hasta el 2028.

# Anti-Convulsant

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## Products Affected

- Brivaracetam Solution 10 MG/ML Oral
- Brivaracetam Tablet 10 MG Oral
- Brivaracetam Tablet 100 MG Oral
- Brivaracetam Tablet 25 MG Oral
- Brivaracetam Tablet 50 MG Oral
- Brivaracetam Tablet 75 MG Oral
- Diacomit Capsule 250 MG Oral
- Diacomit Capsule 500 MG Oral
- Diacomit Packet 250 MG Oral
- Diacomit Packet 500 MG Oral
- Eprontia Solution 25 MG/ML Oral
- Eslicarbazepine Acetate Tablet 200 MG Oral
- Eslicarbazepine Acetate Tablet 400 MG Oral
- Eslicarbazepine Acetate Tablet 600 MG Oral
- Eslicarbazepine Acetate Tablet 800 MG Oral
- Fycompa Suspension 0.5 MG/ML Oral
- Lacosamide Solution 10 MG/ML Oral
- Lacosamide Tablet 100 MG Oral
- Lacosamide Tablet 150 MG Oral
- Lacosamide Tablet 200 MG Oral
- Lacosamide Tablet 50 MG Oral
- Perampanel Suspension 0.5 MG/ML Oral
- Perampanel Tablet 10 MG Oral
- Perampanel Tablet 12 MG Oral
- Perampanel Tablet 2 MG Oral
- Perampanel Tablet 4 MG Oral
- Perampanel Tablet 6 MG Oral
- Perampanel Tablet 8 MG Oral
- Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral
- Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral
- Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral
- Xcopri Tablet 100 MG Oral
- Xcopri Tablet 150 MG Oral
- Xcopri Tablet 200 MG Oral
- Xcopri Tablet 25 MG Oral
- Xcopri Tablet 50 MG Oral
- Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral
- Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x 200 MG Oral
- Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral

## Details

<b>Criteria</b>	You must have taken the following drugs: two (2) formulary anti-convulsants.
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Y0055\_MPC102526\_SPAN\_NSR\_C\_10082025

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# Anti-Depressants

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## Products Affected

- Exxua Tablet Extended Release 24 Hour 18.2 MG Oral
- Exxua Tablet Extended Release 24 Hour 36.3 MG Oral
- Exxua Tablet Extended Release 24 Hour 54.5 MG Oral
- Exxua Tablet Extended Release 24 Hour 72.6 MG Oral
- Exxua Titration Pack Tablet Extended Release 24 Hour 18.2 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral
- Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral
- Vilazodone HCl Tablet 10 MG Oral
- Vilazodone HCl Tablet 20 MG Oral
- Vilazodone HCl Tablet 40 MG Oral

## Details

<b>Criteria</b>	You must have taken two (2) of the following drugs: a selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI).
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# Anti-Seizure

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## Products Affected

- cloBAZam Suspension 2.5 MG/ML Oral
- cloBAZam Tablet 10 MG Oral
- cloBAZam Tablet 20 MG Oral
- Rufinamide Suspension 40 MG/ML Oral
- Rufinamide Tablet 200 MG Oral
- Rufinamide Tablet 400 MG Oral
- Sympazan Film 10 MG Oral
- Sympazan Film 20 MG Oral
- Sympazan Film 5 MG Oral

## Details

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<b>Criteria</b>	You must have taken lamotrigine and topiramate within the past 180 days.
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# Asthma

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## Products Affected

- Advair HFA Aerosol 115-21 MCG/ACT Inhalation
- Advair HFA Aerosol 230-21 MCG/ACT Inhalation
- Advair HFA Aerosol 45-21 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation

## Details

<b>Criteria</b>	You must have taken one of the following drugs in the past 150 days: beclomethasone inhaled, mometasone inhaled, budesonide inhaled, budesonide/formoterol inhaled, tiotropium inhaled, tiotropium/olodaterol inhaled, ipratropium inhaled, or ipratropium/albuterol inhaled.
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# Atypical Anti-Psychotics

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## Products Affected

- Asenapine Maleate Tablet Sublingual 10 MG Sublingual
- Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual
- Asenapine Maleate Tablet Sublingual 5 MG Sublingual
- Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral

## Details

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<b>Criteria</b>	You must have taken the following drugs: two (2) atypical anti-psychotics.
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# Belsomra (suvorexant)

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## Products Affected

- Belsomra TABLET 10 MG ORAL
- Belsomra TABLET 15 MG ORAL
- Belsomra TABLET 20 MG ORAL
- Belsomra TABLET 5 MG ORAL
- DayVigo Tablet 10 MG Oral
- DayVigo Tablet 5 MG Oral

## Details

<b>Criteria</b>	You must have taken one (1) of the following drugs: eszopiclone, ramelteon, temazepam, trazodone, triazolam, zaleplon or zolpidem.
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# Clozapine ODT

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## Products Affected

- cloZAPine Tablet Dispersible 100 MG Oral
- cloZAPine Tablet Dispersible 12.5 MG Oral
- cloZAPine Tablet Dispersible 150 MG Oral
- cloZAPine Tablet Dispersible 200 MG Oral
- cloZAPine Tablet Dispersible 25 MG Oral

## Details

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Criteria	Must have taken the non-ODT form of clozapine within the past 180 days
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# Hypertension

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## Products Affected

- Aliskiren Fumarate Tablet 150 MG Oral
- Aliskiren Fumarate Tablet 300 MG Oral

## Details

<b>Criteria</b>	You must have taken two (2) of the following drugs: a formulary angiotensin converting enzyme inhibitor (ACE inhibitor), an ACE inhibitor-diuretic combination, an angiotensin II receptor blocker (ARB) or an ARB-diuretic combination.
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# Migranal (dihydroergotamine)

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## Products Affected

- Dihydroergotamine Mesylate Solution 4 MG/ML Nasal

## Details

<b>Criteria</b>	Inadequate response to at least two of the following: almotriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan.
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# Prevymis (letermovir)

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## Products Affected

- Prevymis Tablet 240 MG Oral
- Prevymis Tablet 480 MG Oral

## Details

<b>Criteria</b>	ST applies to new starts only - You must have taken valganciclovir.
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# Rhopressa (netarsudil)

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## Products Affected

- Rhopressa Solution 0.02 % Ophthalmic

## Details

<b>Criteria</b>	You must have taken one (1) of the following drugs in the last 120 days: latanoprost, Lumigan (bimatoprost), travoprost.
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# Rivastigmine Transdermal

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## Products Affected

- Rivastigmine Patch 24 Hour 13.3  
MG/24HR Transdermal
- Rivastigmine Patch 24 Hour 4.6  
MG/24HR Transdermal
- Rivastigmine Patch 24 Hour 9.5  
MG/24HR Transdermal

## Details

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<b>Criteria</b>	Must have tried the oral formulations of rivastigmine within the past 180 days.
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# Trintellix (vortioxetine)

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## Products Affected

- Trintellix Tablet 10 MG Oral
- Trintellix Tablet 20 MG Oral
- Trintellix Tablet 5 MG Oral

## Details

<b>Criteria</b>	You must have taken the following drugs: two(2) formulary selective serotonin reuptake inhibitors(SSRI).
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# **Triptans - Almotriptan, Frovatriptan, Zolmitriptan**

## **Products Affected**

- Almotriptan Malate Tablet 12.5 MG Oral
- Almotriptan Malate Tablet 6.25 MG Oral
- Frovatriptan Succinate Tablet 2.5 MG Oral
- ZOLMitriptan Tablet 2.5 MG Oral
- ZOLMitriptan Tablet 5 MG Oral

## **Details**

<b>Criteria</b>	You must have taken any two (2) of the following in the past 180 days: sumatriptan (tablets, nasal spray, or injection), naratriptan or rizatriptan.
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# Vascepa (icosapent)

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## Products Affected

- Icosapent Ethyl Capsule 1 GM Oral

## Details

<b>Criteria</b>	Member has had an inadequate response to omega-3=acid ethyl esters oral capsules
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# Xopenex HFA (levalbuterol)

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## Products Affected

- Levalbuterol Tartrate Aerosol 45  
MCG/ACT Inhalation

## Details

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<b>Criteria</b>	You must have taken albuterol within the past 120 days.
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# Notice of Availability

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Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Russian РУССКИЙ	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-592-7737 (TTY: 711) или обратитесь к своему поставщику услуг.
Urdu اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو، مفت لسانی اعانت کی خدمات آپ کے لیے دستیاب ہیں۔ مناسب ضمنی امداد اور خدمات بھی قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے بلا معاوضہ دستیاب ہیں۔ 1-855-592-7737 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Nepali नेपाली	ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Bengali বাংলা	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সहाয়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-592-7737 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।
Hindi हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायताएँ और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Arabic اللغة العربية	تنبيه: إذا كنت تتحدث العربية، فمتاح لك خدمات لغوية بالمجان. و متاح بالمجان أيضًا مساعدات وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يسهل الحصول عليها. اتصل بالرقم 1-855-592-7737 (TTY: 711) (خدمة الهاتف النصي) أو تحدث إلى مزود الخدمة المعني بك.
Turkish Türkçe	DİKKATİNİZE: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerinden faydalanabilirsiniz. Ayrıca ücretsiz olarak, uygun yardımcı araçlarla ve hizmetlerle erişilebilir formatlarda bilgi de sağlanmaktadır. 1-855-592-7737 (TTY (İşitme ve Konuşma Engelli Destek Hattı): 711) numaralı telefondan bize ulaşabilir veya hizmet sağlayıcınız ile görüşebilirsiniz.