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Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Pharmacy and Therapeutics Committee Provider Update

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

THIRD QUARTER 2025

Pharmacy and Therapeutics Committee Decisions Effective Sept. 1, 2025

Dear Healthcare Practitioner: 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 **July 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						
Evenity® (romosozumab-aqqg) 105 mg/1.17 mL prefilled syringe	Sclerostin inhibitor	MB, PA	MB, PA	MB, PA	MB, PA	MB, PA
New Generics – unless otherwise noted. When a generic product becomes available, the brand-name product will be removed from the formularies.						
ferric citrate (generic for **Auryxia®**) 210 mg ferric iron (1 g ferric citrate) tablet	Gastrointestinal agents	F, PA, QL	T4, PA, QL	T3, PA, QL	T5, PA, QL	T5, PA, QL
ticagrelor (generic for **Brilinta®**) 60 mg, 90 mg tablet	P2Y12 inhibitors	F, PA, 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 (continued)

Drug Name	Therapeutic Class	Turquoise Care	Commercial	Intel Connected Care	Metal Level Plans	Clear Cost Metal Plans
Other Changes						
Accu-Chek® test strips and lancets Effective: Aug. 1, 2025 *Applies to Commercial, Clear Cost Metal, Intel Connected Care, Exchange Metal Level, and Turquoise Care formularies.*	Glucose monitoring test supplies *Members on insulin therapy: 300 test strips every 90 days, Members not on insulin therapy: 100 test strips every 90 days, Members on a CGM: 200 test strips every 365 days.*	F, QL	T1, QL	T1, QL	T2, QL	T1, QL
Dupixent® (dupilumab) 200 mg/1.14 mL, 300 mg/2 mL auto-injector, 100 mg/0.67 mL, 200 mg/1.14 mL, 300mg/2 mL prefilled syringe *PA criteria updates apply to all product lines.*	Dermatologicals	F, PA, SP, QL	T4, PA, SP, QL	T3, PA, SP, QL	T5, PA, SP, QL	T5, PA, QL
Rinvoq® (upadacitinib) 15 mg, 30 mg, 45 mg tablet, 1 mg/mL oral solution *PA criteria updates apply to all product lines.*	Antirheumatic	F, PA, SP, QL	T4, PA, SP, QL	T3, PA, SP, QL	T5, PA, SP, QL	T5, PA, SP, QL
Valtoco® (diazepam) 5 mg, 7.5 mg, 10 mg, 20 mg nasal liquid *Age-limit criteria updates apply to Turquoise Care, Intel Connected Care, Metal Level and Clear Cost Level formularies.*	Anticonvulsants	F, ST, QL, AL	T4, ST, QL, AL	T3, ST, QL, AL	T5, ST, QL, AL	T5, ST, QL, AL

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Announcements

Prior Authorization Criteria Summary

Drug Name	Therapeutic Class	PA Criteria Update
Dupixent® (dupilumab) 200 mg/1.14 mL, 300 mg/2 mL auto-injector, 100 mg/0.67 mL, 200 mg/1.14 mL, 300 mg/2 mL prefilled syringe *PA criteria updates apply to all product lines.*	Dermatologicals	Recommendation: Prior Authorization Criteria Update for New Indication 1. Chronic spontaneous urticaria a. Prescribed by or in consultation with a dermatologist, immunologist or allergist b. 12 years and older

Prior Authorization Criteria Summary (continued)

Drug Name	Therapeutic Class	PA Criteria Update
Dupixent® (dupilumab) **cont.** 200 mg/1.14 mL, 300 mg/2 mL auto-injector, 100 mg/0.67 mL, 200 mg/1.14 mL, 300 mg/2 mL prefilled syringe *PA criteria updates apply to all product lines.*	Dermatologicals	c. Trial and failure of both of the following (unless contraindicated or not tolerated): i. Two antihistamines (e.g., cetirizine, levocetirizine, fexofenadine, loratadine) at maximum indicated doses, each for at least two or more weeks ii. A leukotriene receptor antagonist in combination with an antihistamine at maximum indicated doses for at least two weeks, unless contraindicated or not tolerated d. Member has not received prior anti-immunoglobulin E treatment e. Will not be used concurrently with another biologic f. Continuation criteria: responded positively in a clinical setting as evidenced by a decrease in itch severity, decrease in number of hives or decrease in size of hives 2. Bullous pemphigoid a. Trial and failure or a high-potency topical steroid, oral steroid or doxycycline b. Bullous Pemphigoid Disease Area Index (BPDAI) activity score of 24 or greater on a scale of 0-360 c. Weekly average Peak Pruritus Numerical Rating Scale (NRS) score of 4 or greater on a scale of 0-10 d. Will be used in combination with a tapered course of oral corticosteroids e. Continuation criteria: positive clinical response as evidenced by sustained remission and improvement in NRS score
Rinvoq® (upadacitinib) 15 mg, 30 mg, 45 mg tablet, 1 mg/mL oral solution *PA criteria updates apply to all product lines.*	Antirheumatic	Recommendation: Prior Authorization Criteria Update for New Indication 1. Giant cell arteritis a. Prescribed by or in consultation with a rheumatologist or cardiologist b. Have developed, or are at high risk for, adverse effects to prednisone c. Have had an adequate trial of methotrexate or cyclophosphamide
Valtoco® (diazepam) 5 mg, 7.5 mg, 10 mg, 20 mg nasal liquid *Age-limit criteria updates apply to Turquoise Care, Intel Connected Care, Metal Level and Clear Cost Level formularies.*	Anticonvulsants	Recommendation: Age-Limit Update for New Indication • Minimum age limit updated to 2 years of age

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Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
Formulary Additions		
05/01/2025	**Xarah FE®** (norethindrone acetate, ethinyl estradiol and ferrous fumarate) 1 mg/20 mcg, 1 mg/30 mcg and 1 mg/35 mcg oral tablets	T3
06/01/2025	**Abirtega®** (abiraterone acetate) 250 mg tablet	T5, QL, NDS
06/01/2025	auranofin (generic for **Ridaura®**) 3 mg tablet	T5, NDS
06/01/2025	**Eulexin®** (flutamide) 125 mg capsule	T5, NDS
06/01/2025	**Gomekli®** (mirdametinib) 1 mg, 2 mg capsule	T5, PA, QL, NDS
06/01/2025	lactulose 20 g packet	T4
06/01/2025	**Revuforj®** (revumenib citrate) 25 mg tablet	T5, PA, QL, NDS
06/01/2025	**Romvimza®** (vimseltinib) 14 mg, 20 mg, 30 mg capsule	T5, PA, QL, NDS
06/01/2025	**Xpovio®** (selinexor) 40 mg once weekly tablet therapy pack	PA, QL, NDS
New Generics		
06/01/2025	mercaptopurine (generic for **Purixan®**) 2000 mg/100mL suspension	T5, PA, NDS
Formulary Deletions		
06/01/2025	**Purixan®** (mercaptopurine) 2000 mg/100 mL suspension	NF
Other Formulary Changes		
07/01/2025	abiraterone acetate (generic for **Abirtega®**) 250 mg tablet *Tier Down*	T3, QL

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Dose Rounding and Vial Optimization

As part of an effort to collaborate with our providers to reduce waste, minimize healthcare worker exposure, ensure treatment accuracy and reduce the total cost of care, Presbyterian is implementing dose rounding and vial optimization on select drugs.

When a prior authorization request is submitted, the dose of the requested agent may be rounded down to the nearest whole vial size if the rounded dose falls within 10% of the prescribed dose. If rounding down will not result in the use of fewer vial(s) per treatment, dose rounding is not applied. A Presbyterian clinical pharmacist will make outreach to the requesting provider to confirm acceptance of the recommended rounded dose.

For drugs with flat or fixed dosing (i.e., not weight or body surface area-based dosing), the smallest available vial size, or combination of vial sizes, needed to achieve the FDA-approved dose will be approved.

The Hematology/Oncology Pharmacy Association (HOPA) position statement supports rounding of biologic and cytotoxic agents within 10% of the ordered dose as routine clinical care.[1] The HOPA position statement has been reviewed and endorsed by the National Comprehensive Cancer Network and published by the American Society of Clinical Oncology.

[1] Bott, A. M., Fahrenbruch, R., Gilmore, S., Kintzel, P., Markham, R., & Hematology/Oncology Pharmacy Association. (2017). Dose rounding of biologic and cytotoxic anticancer agents. In A Position Statement of the Hematology/Oncology Pharmacy Association. hoparx.org/documents/102/Dose-Rounding-Position-Paper-2017-10-23.pdf.

Food and Drug Administration (FDA) Alerts from April 10 to June 27, 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 Ropivacaine HCl Injection by Amneal Pharmaceuticals [04/18/2025]:** Amneal Pharmaceuticals is voluntarily recalling two lots of ropivacaine 500 mg per 100 mL injection solution due to the potential presence of particulate matter. 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 Sulfamethoxazole/Trimethoprim Tablets by Amneal Pharmaceuticals [06/02/2025]:** Amneal Pharmaceuticals is voluntarily recalling three lots of sulfamethoxazole/trimethoprim 400 mg/80 mg tablets due to the observance of black spots on the tablet surface from microbial contamination. 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 Cefazolin Injection Solution by Sandoz, Inc. [06/27/2025]:** Sandoz, Inc. is voluntarily recalling one lot of Cefazolin for Injection, 1 g per vial, due to a customer complaint indicating that four penicillin 1 g potassium vials were incorrectly included in a carton of Cefazolin for Injection. 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.

Presbyterian formularies and updates, including restrictions (e.g., quantity limits, step therapy and prior authorization criteria) and preferences, are available online at www.phs.org/providers/formularies.

Current and past issues of the P&T Committee Provider Update are available at www.phs.org/providers/formularies.

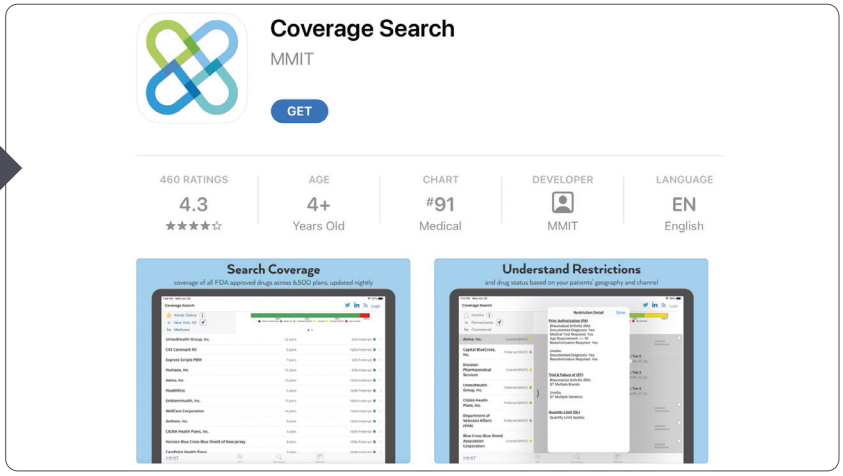
The Universal Practitioner and Provider Manual and the Turquoise Care Practitioner and Provider Manual are also available online at www.phs.org/providers/resources/reference-guides/manuals and include information about pharmacy benefits, the prior authorization process, generic substitution and requesting 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.

Download on the App Store | GET IT ON Google Play



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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 in which 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 **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. 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) 923-5757** or toll-free at **1-888-923-5757**. You may also email **AskPharmacy@phs.org**. The Help Desk's business hours are Monday through Friday, from 8 a.m. to 5 p.m.

For clinical questions, you may also email **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**.