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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

FOURTH QUARTER 2025

Pharmacy and Therapeutics Committee Decisions Effective Jan. 1, 2026

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 **Oct. 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						
Brukinsa® (zanubrutinib) 160 mg tablet	Antineoplastics	F, PA, SP, QL	T4, PA, SP, QL	T3, PA, SP, QL	T5, PA, SP, QL	T5, PA, SP, QL
Keytruda Qlex® (pembrolizumab/ berahyaluronidase alfa-pmph) 165 mg/mL-2000 u/ml subcutaneous injection	Antineoplastics	MB, PA	MB, PA	MB, PA	MB, PA	MB, PA
Prezcobix® (darunavir/cobicistat) 675-150 mg tablets	Antivirals	F	T1	T1	T1	T1
New Generics – unless otherwise noted. When a generic product becomes available, the brand-name product will be removed from the formularies.						
budesonide-formoterol (generic for **Symbicort®**) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation	Antiasthmatic	NF	T2	T2	T3	T2
nilotinib (generic for **Tasigna®**) 50 mg, 100 mg, 200 mg capsules	Antineoplastics	F, PA, SP, QL	T4, PA, SP, QL	T3, PA, SP, QL	T5, PA, SP, QL	T5, PA, SP, 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						
Otezla® (apremilast) 10 mg, 20 mg, 30 mg tablets *PA criteria updates apply to all product lines*	Antiarthritics	F, PA, SP, QL	T4, PA, SP, QL	T3, PA, SP, QL	T5, PA, SP, QL	T4, PA, SP, QL
Repatha® *(evolocumab)* *140 mg/mL, 420 mg/3.5 mL injection* *PA criteria updates apply to all product lines*	Cardiovascular agents	F, PA, QL, SP	T2, PA, QL	T3, PA, QL	T5, PA, QL	T4, PA, QL
Tyenne® (tocilizumab-aazg) 80 mg/4 mL, 400 mg/20mL, 200 mg/10mL; injection: 162 mg/0.9 mL solution *PA criteria updates apply to all product lines*	Immunosup-pressants	F, PA, SP	T4, PA, SP	T3, PA, SP	T5, PA, SP	T4, PA, SP

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Announcements

Prior Authorization Criteria Summary

Drug Name	Therapeutic Class	PA Criteria Update
Otezla® (apremilast) 10 mg, 20 mg, 30 mg tablets *PA criteria updates apply to all product lines*	Antiarthritics	New indication: • For the treatment of pediatric patients 6 years of age or older, and weighing at least 20 kg, with active psoriatic arthritis • Otezla was previously approved for the treatment of active psoriatic arthritis in adults only Update: PA criteria will be updated to account for the new indication: trial and failure of methotrexate or leflunomide (applies to Medicaid, Commercial, Exchange and Clear Cost). For Medicare Part D 2026, the PA criteria will require a diagnosis of active psoriatic arthritis.
Repatha® (evolocumab) 140 mg/mL, 420 mg/3.5 mL injection *PA criteria updates apply to all product lines*	Cardiovascular agents	New indication: • To reduce the risk of major adverse cardiovascular (CV) events (CV death, myocardial infarction, stroke, unstable angina requiring hospitalization or coronary revascularization) in adults at increased risk for these events • The update removes a prior requirement for a patient to have been diagnosed with CV disease Update: Remove the Zetia requirement and state that a member must have had at least 8 weeks of a high-intensity statin and LDL-C is still above goal (the 8-week statement will apply to all lines of business except Medicare).

Prior Authorization Criteria Summary (continued)

Drug Name	Therapeutic Class	PA Criteria Update
Tyenne® (tocilizumab-aazg) 80 mg/4 mL, 400 mg/20mL, 200 mg/10mL; injection: 162 mg/0.9 mL solution *PA criteria updates apply to all product lines*	Immunosuppressants	Indications affected: rheumatoid arthritis, giant cell arteritis, polyarticular juvenile idiopathic arthritis, cytokine release syndrome Update: Remove required trial of adalimumab product.

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
Formulary Additions		
08/01/2025	eslicarbazepine acetate (generic for **Aptiom**®) 200 mg, 400 mg, 600 mg, 800 mg tablets	T5, ST
08/01/2025	**Sunlenca**® (lenacapavir sodium) 300 mg tablet	T5, QL
08/01/2025	**Opipza®** (aripiprazole) 2 mg, 5 mg, 10 mg oral film	T5, PA, QL
08/01/2025	**Raldesy**® (trazodone) 10 mg/mL oral solution	T4, PA, QL
08/01/2025	**Kaletra**® (lopinavir-ritonavir) 400-100 mg/5mL oral solution	T4
09/01/2025	**Avmapki®** (avutometinib capsule & defactinib tablet) 0.8-200 mg oral therapy pack	T5, PA, QL
09/01/2025	**Erzofri**® (paliperidone palmitate er) 351 mg/2.25mL intramuscular prefilled syringe	T5, PA, QL
09/01/2025	**Abigale**® (estradiol & norethindrone acetate) 0.5-0.1 mg oral tablet	T4, PA
09/01/2025	emtricitabine-rilpivirine-tenofovir (generic for **Complera®**) 200-25-300 mg oral tablet	T5, PA, QL
09/01/2025	**Meleya®** (norethindrone) 0.35 mg tablet	T3, PA
New Generics		
08/01/2025	eslicarbazepine acetate (generic for **Aptiom®**) 200 mg, 400 mg, 600 mg, 800 mg tablets	T5, ST
09/01/2025	eltrombopag (generic for **Promacta®**) 25 mg, 50 mg, 75 mg tablets; 12.5 mg, 25 mg packets	T5, PA, QL
09/01/2025	nilotinib (generic for **Tasigna®**) 50 mg, 150 mg, 200 mg oral capsules	T5, PA, QL
09/01/2025	emtricitabine-rilpivirine-tenofovir (generic for **Complera®**) 200-25-300 mg oral tablet	T5, PA, QL

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Food and Drug Administration (FDA) Alerts from June 28 to Aug. 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 Cyclobenzaprine Hydrochloride Tablets USP 10 mg by Unichem Pharmaceuticals [8/27/25]:** Unichem Pharmaceuticals is voluntarily recalling one lot of cyclobenzaprine hydrochloride tablets USP 10 mg, to the consumer level. The cyclobenzaprine 10mg (90ct) label was inadvertently placed on a bottle containing meloxicam 7.5 mg 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.

2. **Recall of Sucralfate Tablets USP 1 g by Nostrum Laboratories, Inc. [7/14/2025]:** Nostrum Laboratories, Inc. is voluntarily recalling all lots within expiry as a result of the closures and discontinuation of its quality activities. Nostrum filed for Chapter 11 bankruptcy on Sept. 30, 2024. The discontinuation of Nostrum Labs' quality program means that the company is unable to ensure that this product meets the identity, strength, quality and purity characteristics that it is purported or represented to possess. 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 Lactated Ringer's Injection USP 1000 mL/0.9% Sodium Chloride Injection USP 1000 mL by B. Braun Medical, Inc. [8/19/2025]:** B. Braun Medical, Inc. is voluntarily recalling two lots of Lactated Ringer's Injection USP 1000 mL and 0.9% Sodium Chloride Injection USP 1000 mL due to the presence of particulate matter inside the containers. 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.

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.

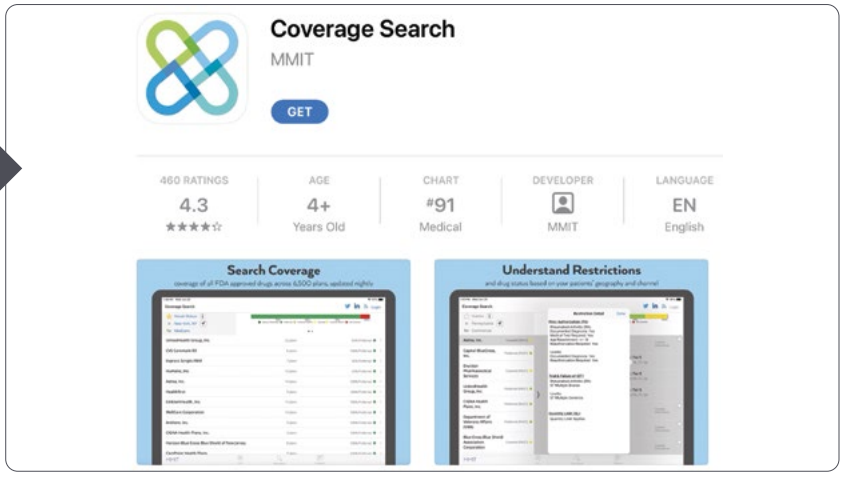
For clinical questions, you may also email ASKRX@phs.org. The email box is monitored during regular business hours, Monday through Friday, from 8 a.m. to 5 p.m., and one of our clinical pharmacists will respond within one business day.

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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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**.