

Pharmacy and Therapeutics Committee Provider Update

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

FIRST QUARTER 2026

Pharmacy and Therapeutics Committee Decisions Effective March 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 **Jan. 21, 2026**, 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						
Alvesco ® (ciclesonide) inhalation aerosol	Anti-Asthmatic	F, QL	T2, QL	T2, QL	T3, QL	T2, QL
Asmanex HFA and Twisthaler (mometasone) inhalation aerosol: 50 mcg/act HFA, 110 mcg/act, 220 mcg/act	Anti-Asthmatic	NF	T2, QL	T2, QL	T3, QL	T2, QL
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
Eucrisa ® (crisaborole) 2% topical ointment	Dermatologics	F, PA, QL	T4, PA, QL	T3, PA, QL	T5, PA, QL	T5, PA, QL
MiniMed Instinct Glucose Sensor	Diabetic Supplies	F, PA, QL	T2, PA, QL	T3, PA, QL	T3, PA, QL	T2, PA, QL
Formulary Removal						
Flovent ® (fluticasone) Diskus aerosol inhalation: 50 mcg/act, 100 mcg/act, 250 mcg/act; HFA: 44 mcg/act, 110 mcg/act, 220 mcg/act <i>Removed from Commercial, Clear Cost and Exchange plans.</i>	Anti-Asthmatic	F	NF	NF	NF	NF

*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						
Caplyta® (lumateperone) capsules: 10.5 mg, 21 mg, 42 mg <i>PA criteria updates apply to all product lines.</i>	Antipsychotics	F, QL	T4, PA, QL	T3, PA, QL	T5, PA, QL	T4, PA, QL
Mounjaro® (tirzepatide) injection: 2.5 mg/0.5 mL 5 mg/0.5 mL 7.5 mg/0.5 mL 10 mg/0.5 mL 12.5 mg/0.5 mL 15 mg/0.5 mL <i>PA criteria updates apply to all product lines.</i>	Antidiabetics	F, PA, QL	T2, PA, QL	T3, PA, QL	T3, PA, QL	T2, PA, QL
Rinvoq® (upadacitinib) extended-release tablets: 15 mg, 30 mg, 45 mg <i>PA criteria updates apply to all product lines.</i>	Immuno-suppressants	F, PA, QL, SP	T4, PA, SP, QL	T3, PA, SP, QL	T5, PA, SP, QL	T4, PA, SP, QL
Vraylar® (cariprazine) capsules: 0.5 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg, 6 mg <i>PA criteria updates apply to all product lines.</i>	Antipsychotics	F, QL	T4, PA, QL	T3, PA, QL	T5, PA, QL	T4, PA, QL
Cinvanti® (aprepitant) intravenous injection: 130 mg/18 mL <i>PA criteria updates apply to all product lines.</i>	Antiemetics	MB, PA	MB, PA	MB, PA	MB, PA	MB, PA
budesonide-formoterol (generic for Symbicort®) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation <i>Increase quantity limits from 1 to 2 inhalers per 30 days. Applies to all product lines.</i>	Anti-Asthmatics	F, QL	T2, QL	T2, QL	T3, QL	T2, QL

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Announcements

Prior Authorization Criteria Summary

Visit phs.org/providers/formularies for additional pharmacy news and resources

Drug Name	Therapeutic Class	PA Criteria Update
<p>Caplyta® (lumateperone) capsules: 10.5 mg, 21 mg, 42 mg</p> <p><i>PA criteria updates apply to all product lines.</i></p>	Antipsychotics	<p>New indication:</p> <ul style="list-style-type: none"> As adjunctive therapy with antidepressants for the treatment of major depressive disorder (MDD) in adults Caplyta was previously approved for schizophrenia and bipolar depression in adults <p>Update: PA criteria will be updated to allow for the new MDD indication with the following requirements:</p> <ul style="list-style-type: none"> Trial and failure (minimum 4 weeks) of one SSRI, one SNRI, and bupropion or mirtazapine Trial and failure of aripiprazole or quetiapine in combination with an antidepressant for at least 4 weeks (applies to Commercial, Clear Cost, Metal Level and Medicare Part D)
<p>Mounjaro® (tirzepatide) injection: 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL</p> <p><i>PA criteria updates apply to all product lines.</i></p>	Antidiabetics	<p>Expanded indication:</p> <ul style="list-style-type: none"> For adults and pediatric patients 10 years of age and older with type 2 diabetes mellitus Mounjaro was previously approved for adults only <p>Update: PA criteria will be updated to include a minimum age of 10 years</p>
<p>Rinvoq® (upadacitinib) extended-release tablets: 15 mg, 30 mg, 45 mg</p> <p><i>PA criteria updates apply to all product lines.</i></p>	Immuno-suppressants	<p>Updated indication:</p> <ul style="list-style-type: none"> For moderately to severely active ulcerative colitis or Crohn's disease in adults who have had an inadequate response or intolerance to one or more Tumor Necrosis Factor-alpha (TNF) blockers, or at least one approved systemic therapy if TNF blockers are clinically inadvisable <p>Update: PA criteria will be updated to allow for at least one systemic therapy as a trial and failure option, in addition to TNF-alpha blockers.</p>
<p>Vraylar® (cariprazine) capsules: 0.5 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg, 6 mg</p> <p><i>PA criteria updates apply to all product lines.</i></p>	Antipsychotics	<p>Expanded indication:</p> <ul style="list-style-type: none"> For schizophrenia in adults and pediatric patients 13 years of age and older For acute treatment of manic or mixed episodes associated with bipolar I disorder in adults and pediatric patients 10 years of age and older Vraylar was previously approved for these indications in adults only <p>Update: PA criteria will be updated to allow for the newly approved pediatric age groups.</p>
<p>Cinvanti® (aprepitant) intravenous injection: 130 mg/18 mL</p> <p><i>PA criteria updates apply to all product lines.</i></p>	Antiemetics	<p>Indications affected: Acute and delayed nausea and vomiting associated with highly emetogenic and moderate emetogenic cancer chemotherapy.</p> <p>Update: PA criteria will be updated to require trial and failure of generic Emend (fosaprepitant).</p>

Prior Authorization Criteria Summary (continued)

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Drug Name	Therapeutic Class	PA Criteria Update
budesonide-formoterol (generic for Symbicort) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation <i>Increase quantity limits from 1 to 2 inhalers per 30 days. Applies to all product lines.</i>	Anti-Asthmatics	Quantity limit update: <ul style="list-style-type: none"> Increase quantity limits from 1 to 2 inhalers per 30 days

Medicare Formulary Changes

Effective Date	Drug Name	Coverage*
Formulary Additions		
01/01/2026	Abigale ® (estradiol/norethindrone acetate) 0.5-0.1 mg, 1-0.5 mg tablet	T4, PA
01/01/2026	Bucapsol ® (buspirone) 15 mg capsule	T4
01/01/2026	Cibinqo ® (abrocitinib) 50 mg, 100 mg, 200 mg tablet	T5, PA, QL, NDS
01/01/2026	clindamycin phosphate-benzoyl peroxide 1.2-2.5% gel	T2
01/01/2026	Cosentyx ® (secukinumab) 75 mg/0.5 mL, 150 mg/mL prefilled syringe	T5, PA, QL
01/01/2026	Cosentyx Sensoready ® (secukinumab) 150 mg/mL auto-injector	T5, PA, QL
01/01/2026	Cosentyx UnoReady ® (secukinumab) 300 mg/2 mL auto-injector	T5, PA, QL
01/01/2026	Cresemba ® (isavuconazonium sulfate) 186 mg capsule	T5, PA, QL
01/01/2026	dapagliflozin 5 mg, 10 mg tablet	T3, QL
01/01/2026	Edurant Ped ® (rilpivirine) 2.5 mg tablet for oral suspension	T5, NDS
01/01/2026	Eprontia ® (topiramate) 25 mg/mL oral solution	T4, QL, ST
01/01/2026	Eucrisa ® (crisaborole) 2% ointment	T4
01/01/2026	Ibuprofen ® (taletrectinib) 200 mg capsule	T5, PA, NDS
01/01/2026	Jardiance ® (empagliflozin) 10 mg, 25 mg tablet	T3, QL
01/01/2026	Kloxxado ® (naloxone) 8 mg/0.1 mL nasal spray	T4
01/01/2026	Levemir ® (insulin detemir) 100 unit/mL solution	T3, QL
01/01/2026	Levemir FlexPen ® (insulin detemir) 100 unit/mL pen-injector	T3, QL
01/01/2026	Levemir FlexTouch ® (insulin detemir) 100 unit/mL pen-injector	T3, QL
01/01/2026	miconazole sodium 100 mg solution reconstituted	T4
01/01/2026	mirabegron ER 25 mg, 50 mg extended-release tablet	T3, QL
01/01/2026	Nexletol ® (bempedoic acid) 180 mg tablet	T4, PA, QL
01/01/2026	NovoLog PenFill ® (insulin aspart) 100 unit/mL cartridge	T3, QL
01/01/2026	Nurtec ® (rimegepant) 75 mg dispersible tablet	T5, PA, QL

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Medicare Formulary Changes (continued)

Effective Date	Drug Name	Coverage*
01/01/2026	Orquidea ® (norethindrone) 0.35 mg tablet	T2
Formulary Additions (continued)		
01/01/2026	Penmenvy ® (penicillin G benzathine) suspension reconstituted	T3
01/01/2026	perampanel 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablet	T5, QL, ST
01/01/2026	prednisolone 5 mg tablet	T2
01/01/2026	quetiapine fumarate (generic for Seroquel XR ®) 50 mg extended-release tablet	T2
01/01/2026	Revcovi ® (elapegademase-lvlr) 2.4 mg/1.5 mL solution	T5, PA
01/01/2026	Rezdifra ® (resmetirom) 60 mg, 80 mg, 100 mg tablet	T5, PA, QL
01/01/2026	sacubitril-valsartan 24/26 mg, 49/51 mg, 97/103 mg tablet	T3, QL
01/01/2026	ticagrelor 60 mg, 90 mg tablet	T3, QL
01/01/2026	tolvaptan (generic for Samsca ®) 30 mg tablet	T5, PA, QL
01/01/2026	tolvaptan (generic for Jynarque ®) 15 mg, 30-15 mg, 45-15 mg, 60-30 mg, 90-30 mg therapy pack	T5, PA, QL
01/01/2026	Torpenz ® (everolimus) 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet	T5, PA, NDS
01/01/2026	Trikafta ® (elexacaftor/tezacaftor/ivacaftor + ivacaftor) 100/50/75 mg + 150 mg, 50/25/37.5 mg + 75 mg therapy packs	T5, PA, QL
01/01/2026	Tyenne ® (tocilizumab-aazg) 162 mg/0.9 mL auto-injector	T5, PA, QL
01/01/2026	Tyenne ® (tocilizumab-aazg) 162 mg/0.9 mL prefilled syringe	T5, PA, QL
01/01/2026	Tyvaso DPI ® (treprostinil) 16 mcg, 32 mcg, 48 mcg, 64 mcg maintenance kit	T5, PA
01/01/2026	Tyvaso DPI ® (treprostinil) 16 mcg, 32 mcg, 48 mcg, 64 mcg titration kit	T5, PA
01/01/2026	Stelara ® (ustekinumab) 45 mg/0.5 mL, 90 mg/mL solution and prefilled syringe	T5, PA
01/01/2026	Vimkunya ® (teriparatide-jrxr) 40 mcg/0.8 mL prefilled syringe	T3
01/01/2026	Vivotif ® (typhoid vaccine live) delayed-release capsule	T3
01/01/2026	Winrevair ® (sotatercept-csrk) 45 mg, 60 mg kit	T5, PA
01/01/2026	Zymfentra ® (infliximab-dyyb) 120 mg/mL auto-injector kit	T5, PA, QL
01/01/2026	Zymfentra ® (infliximab-dyyb) 120 mg/mL prefilled syringe kit	T5, PA, QL
Formulary Deletions		
01/01/2026	Actemra ActPen ® (tocilizumab) 162 mg/0.9 mL auto-injector	—
01/01/2026	Actemra ® (tocilizumab) 162 mg/0.9 mL prefilled syringe	—
01/01/2026	Brilinta ® (ticagrelor) 60 mg, 90 mg tablet	—
01/01/2026	bupropion HCl (generic for Forfivo XL ®) 450 mg extended-release tablet	—
01/01/2026	Entresto ® (sacubitril/valsartan) 24/26 mg, 49/51 mg, 97/103 mg tablet	—
01/01/2026	Forteo ® (teriparatide) 600 mcg/2.4 mL, 620 mcg/2.48 mL solution	—
01/01/2026	Fycopma ® (perampanel) 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablet	—
01/01/2026	Invokana ® (canagliflozin) 100 mg, 300 mg tablet	—

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Medicare Formulary Changes (continued)

Effective Date	Drug Name	Coverage*
Other Formulary Changes		
01/01/2026	Regranex ® (becaplermin) 0.01% gel	—
01/01/2026	Abilify Maintena ® (aripiprazole) 300 mg, 400 mg suspension reconstituted; 400 mg prefilled syringe <i>Tier decreased</i>	T4
01/01/2026	Abirtega ® (abiraterone) 250 mg tablet <i>Tier decreased</i>	T2, QL
01/01/2026	acetaminophen-codeine 300-15 mg, 300-30 mg, 300-60 mg tablet; solution <i>Tier increased</i>	T3, QL
01/01/2026	albendazole 200 mg tablet <i>Tier decreased</i>	T4
01/01/2026	aripiprazole (generic for Abilify Discmelt ®) 10 mg, 15 mg dispersible tablet <i>Tier decreased</i>	T4, PA, QL
01/01/2026	Augtyro ® (repotrectinib) 160 mg capsule <i>QL increased</i>	T5, PA, QL
01/01/2026	Avmapki ®/ Fakzynja ® (avutometinib/defactinib) co-pack therapy pack <i>QL decreased</i>	T5, PA, QL
01/01/2026	aztreonam 2 gm solution reconstituted <i>Tier decreased</i>	T4
01/01/2026	buprenorphine HCl 2 mg, 8 mg sublingual tablet <i>QL increased</i>	T2, QL
01/01/2026	buprenorphine 2 mg, 4 mg, 8 mg sublingual film <i>QL increased</i>	T4, QL
01/01/2026	buprenorphine HCl-naloxone 2-0.5 mg, 8-2 mg sublingual tablet <i>QL increased</i>	T2, QL
01/01/2026	buprenorphine HCl-naloxone 12-3 mg sublingual film <i>QL increased</i>	T4, QL
01/01/2026	cyclobenzaprine HCl 5 mg, 7.5 mg, 10 mg tablet <i>PA criteria updated</i>	T2, PA, QL
01/01/2026	darunavir 600 mg tablet <i>Tier decreased</i>	T4, QL
01/01/2026	efavirenz-emtricitabine-tenofovir DF (generic for Atripla ®) 600/200/300 mg tablet <i>Tier decreased</i>	T4, QL
01/01/2026	eltrombopag olamine (generic for Promacta ®) 12.5 mg, 25 mg packet <i>QL increased</i>	T5, PA, QL
01/01/2026	eltrombopag olamine (generic for Promacta ®) 12.5 mg, 25 mg tablet <i>Age limit updated</i>	T5, PA, QL
01/01/2026	Eraxis ® (anidulafungin) 50 mg solution reconstituted <i>Tier decreased</i>	T4
01/01/2026	Erzofri ® (paliperidone palmitate ER) 117 mg/0.75 mL prefilled syringe <i>Age limit updated</i>	T5, PA, QL
01/01/2026	Fanapt ® (iloperidone) 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablet <i>PA criteria updated</i>	T5, PA, QL

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Medicare Formulary Changes (continued)

Effective Date	Drug Name	Coverage*
Other Formulary Changes (continued)		
01/01/2026	Humalog ® (insulin lispro) 100 unit/mL solution <i>QL updated</i>	T3, QL
01/01/2026	Humalog KwikPen ® (insulin lispro) 100 unit/mL pen-injector <i>QL updated</i>	T3, QL
01/01/2026	Humalog Mix ® (insulin lispro) 100 unit/mL (75/25 mix) suspension pen-injector <i>QL updated</i>	T3, QL
01/01/2026	hydrocodone-acetaminophen 5-325 mg, 7.5-325 mg, 10-325 mg tablet <i>Tier increased</i>	T3, QL
01/01/2026	hydrocodone-ibuprofen 7.5-200 mg tablet <i>Tier increased</i>	T3, QL
01/01/2026	hydromorphone HCl 2 mg, 4 mg, 8 mg tablet <i>Tier increased</i>	T3, QL
01/01/2026	imatinib mesylate (generic for Gleevec ®) 100 mg tablet <i>Tier decreased</i>	T4, PA, QL
01/01/2026	insulin lispro 100 unit/mL solution and pen-injector <i>QL updated</i>	T3, QL
01/01/2026	Invega Hafyera ® (paliperidone palmitate) 1092 mg/3.5 mL, 1560 mg/5 mL prefilled syringe <i>PA criteria updated</i>	T5, PA, QL
01/01/2026	Invega Sustenna ® (paliperidone palmitate) 39 mg/0.25mL, 78 mg/0.5 mL, 117 mg/0.75 mL, 156 mg/mL, 234 mg/1.5 mL suspension and prefilled syringe <i>PA criteria updated</i>	T5, PA
01/01/2026	Invega Trinza ® (paliperidone palmitate) 273 mg/0.875 mL, 410 mg/1.315 mL, 546 mg/1.75 mL, 819 mg/2.625 mL suspension and prefilled syringe <i>PA criteria updated</i>	T5, PA
01/01/2026	Lantus ® (insulin glargine) 100 unit/mL solution <i>QL updated</i>	T3, QL
01/01/2026	Lantus SoloStar ® (insulin glargine) 100 unit/mL pen-injector <i>QL updated</i>	T3, QL
01/01/2026	lubiprostone (generic for Amitiza ®) 8 mcg, 24 mcg capsule <i>QL updated</i>	T3
01/01/2026	lurasidone HCl (generic for Latuda ®) 20 mg, 40 mg, 60 mg, 80 mg, 120 mg tablet <i>ST removed</i>	T4, QL
01/01/2026	Lutrate Depot ® (leuprolide acetate) 22.5 mg injectable <i>NDS removed</i>	T4
01/01/2026	methadone HCl 5 mg, 10 mg tablet <i>Tier increased</i>	T3, QL
01/01/2026	morphine sulfate 15 mg, 30 mg, 60 mg, 100 mg, 200 mg extended-release tablet <i>Tier increased</i>	T3, QL
01/01/2026	nilotinib HCl (generic for Tasigna ®) 50 mg, 150 mg, 200 mg capsule <i>QL updated</i>	T5, PA, QL
01/01/2026	orphenadrine citrate 100 mg extended-release tablet <i>PA criteria updated</i>	T2, PA

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Medicare Formulary Changes (continued)

Effective Date	Drug Name	Coverage*
Other Formulary Changes (continued)		
01/01/2026	oxybutynin chloride 5 mg tablet; 5 mg, 10 mg, 15 mg ER tablet; 5 mg/5 mL solution/syrup <i>ST removed</i>	T2
01/01/2026	oxycodone HCl 5 mg, 10 mg, 15 mg, 20 mg, 30 mg tablet; 15 mg abuse-deterrent tablet <i>Tier increased</i>	T3, QL
01/01/2026	oxycodone-acetaminophen 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg tablet <i>Tier increased</i>	T3, QL
01/01/2026	Paxlovid ® (nirmatrelvir/ritonavir) 150/100, 300/100 therapy pack <i>QL updated</i>	T3, QL
01/01/2026	Perseris ® (risperidone) 90 mg, 120 mg prefilled syringe <i>PA criteria updated</i>	T5, PA
01/01/2026	risperidone microspheres (generic for Risperdal Consta ®) 50 mg suspension reconstituted ER <i>PA criteria updated</i>	T5, PA
01/01/2026	roflumilast (generic for Daliresp ®) 250 mcg, 500 mcg tablet <i>PA criteria updated</i>	T4, QL
01/01/2026	sirolimus (generic for Rapamune ®) 1 mg/mL oral solution <i>Tier decreased</i>	T4, PA
01/01/2026	teriparatide 560 mcg/2.24 mL, 620 mcg/2.48 mL pen-injector <i>PA criteria updated</i>	T5, PA, QL
01/01/2026	tetrabenazine (generic for Xenazine ®) 12.5 mg tablet <i>Tier increased</i>	T4, PA, QL
01/01/2026	Thalomid ® (thalidomide) 50 mg, 100 mg capsule <i>QL increased</i>	T5, PA, QL
01/01/2026	tolterodine tartrate (generic for Detrol ®/ Detrol LA ®) 1 mg, 2 mg tablet; 2 mg, 4 mg ER capsule <i>ST removed</i>	T4, QL
01/01/2026	topiramate 25 mg/mL oral solution <i>ST removed</i>	T4
01/01/2026	tropium chloride (generic for Sanctura XR ®) 60 mg extended-release capsule <i>ST removed</i>	T4, QL
01/01/2026	Tymlos ® (abaloparatide) 3120 mcg/1.56 mL pen-injector <i>PA criteria updated</i>	T5, PA, QL
01/01/2026	Xatmep ® (methotrexate) 2.5 mg/mL oral solution <i>PA criteria removed</i>	T4
01/01/2026	Xdemvy ® (lotilaner) 0.25% ophthalmic solution <i>PA criteria updated</i>	T5, PA, QL
01/01/2026	Xpovio ® (selinexor) 10 mg, 20 mg therapy pack <i>QL updated</i>	T5, PA, QL
01/01/2026	Ztalmy ® (ganaxolone) 50 mg/mL suspension <i>PA criteria updated</i>	T5
01/01/2026	Zyprexa Relprevv ® (olanzapine pamoate) 210 mg, 300 mg, 405 mg suspension reconstituted <i>PA criteria updated</i>	T5, PA

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Food and Drug Administration (FDA) Alerts from Aug. 27, 2025 to Nov. 24, 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 TRUE METRIX Blood Glucose Meters by Trividia Health, Inc. [10/7/25]:** Trividia Health, Inc. is voluntarily recalling a limited number of TRUE METRIX Self-Monitoring Blood Glucose Meters (co-branded under Good Neighbor Pharmacy) due to potential for defective LCD displays that can affect product performance. Affected units may display partial or missing numerical segments, or show fading of characters, potentially leading to misinterpreted test results or delayed treatment decisions for users with hypoglycemia. Patients should contact their physician or healthcare provider if they have recalled product. **Presbyterian's Response:** Informed providers in the Pharmacy and Therapeutics Committee Updates newsletter (P&T newsletter).
- 2. Recall of 20 mEq Potassium Chloride Injection by Otsuka ICU Medical LLC [10/31/25]:** Otsuka ICU Medical LLC is voluntarily recalling one lot of Potassium Chloride Injection 20 mEq due to overwrap label incorrectly identifying the product as "10 mEq Potassium Chloride Injection" when the vial actually contains 20 mEq, creating risk of overdose. Overdose can cause severe hyperkalemia with symptoms including muscle weakness, ascending paralysis, listlessness, vertigo, mental confusion, hypotension, cardiac dysrhythmias or death from cardiac arrest. Patients should contact their physician or healthcare provider if they have recalled product. **Presbyterian's Response:** Informed providers in the P&T newsletter.
- 3. Medical Device Correction for FreeStyle Libre 3 and FreeStyle Libre 3 Plus Sensors by Abbott [11/24/25]:** Abbott is initiating a medical device correction for certain FreeStyle Libre 3 and FreeStyle Libre 3 Plus glucose monitoring sensors. Internal testing determined that some sensors may provide incorrect low glucose readings. Approximately 3 million sensors in the U.S. are affected. Consumers should visit www.FreeStyleCheck.com to determine if their sensor is affected and should immediately discontinue use of any potentially impacted sensor. Patients should contact their physician or healthcare provider if they have 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.

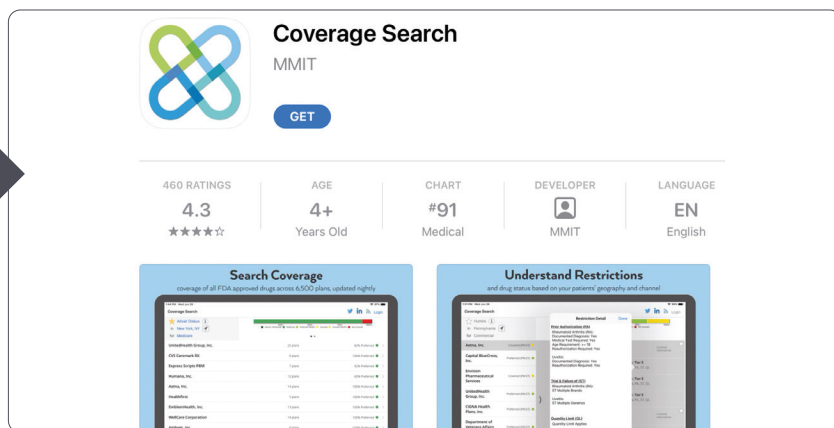
Current and past issues of the P&T Committee Provider Update are available at www.phs.org/providers/formularies.

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.



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.



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

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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.