



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

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the Presbyterian Commercial Large Group Plans (Non-Metal Plans) Formularies effective 2026.

For the most recent list of drugs, information on obtaining a coverage determination or exception, or other questions, please contact the Presbyterian Customer Service Center at the number on the back or your Presbyterian member ID card. You can reach them [Monday through Friday from 7:00 a.m. to 6:00 p.m.]

TTY: 711

Online: www.phs.org

Effective Date of Change	Drug Name	Description of Change	Commercial 4-Tier Formulary Coverage	Federal Employees Formulary Coverage	Intel Connected Care Formulary Coverage	Commercial 4-Tier Formulary Alternative(s) and Tier (if applicable for formulary removals)	Federal Employees Formulary Alternative(s) and Tier (if applicable for formulary removals)	Intel Connected Care Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2026	Brukinsa® (zanubrutinib) 160 mg tablet	Formulary Addition	T4, PA, QL, SP	T4, PA, QL, SP	T3, PA, QL, SP			
01/01/2026	Keytruda Qlex® (pembrolizumab/berahyaluronidase alfa-pmph) 395-4800 mg/2.4mL, 790-9600 mg/4.8 mL subcutaneous solution	Formulary Addition	MB, PA	MB, PA	MB, PA			
01/01/2026	budesonide-formoterol (generic for Symbicort®) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation	Generic Substitution	T2, QL	T2, QL	T2, QL			
01/01/2026	nilotinib (generic for Tasigna®) 50 mg, 100 mg, 200 mg capsules	Generic Substitution	T4, PA, QL, SP	T4, PA, QL, SP	T3, PA, QL, SP			



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MB= Medical Benefit, **PA** = Prior Authorization required, **QL** = Quantity Limit, **SP** = Specialty Pharmacy required, **ST** = Step Therapy, **AL**=Age Limit

Learn more about Presbyterian's Nondiscrimination Notice and Interpreter Services at <https://www.phs.org/nondiscrimination>.