

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the 2026 Presbyterian Turquoise Care Formulary.

For the most recent list of drugs, information on asking for a prior authorization or exception, or other questions, please contact the Presbyterian Customer Service Center. You can reach them Monday through Saturday from 7 a.m. to 8 p.m.

Phone: (505) 923-5200
Toll-free: 1-888-977-2333

Phone (Navajo/Diné): (505) 923-5157
Toll-free (Navajo/Diné): 1-888-806-8793

TTY: 711
Online: www.phs.org/Medicaid

Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2026	Brukinsa® (zanubrutinib) 160 mg tablet	Formulary Addition	F, 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	
01/01/2026	budesonide-formoterol (generic for Symbicort®) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation	Generic Substitution	F, QL	

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Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2026	nilotinib (generic for Tasigna®) 50 mg, 100 mg, 200 mg capsules	Generic Substitution	F, PA, QL, SP	
02/01/2026	Minimed Instinct® Glucose Sensor	Formulary Addition	F, PA, QL	
02/01/2026	Vraylar® (cariprazine HCl) 0.5 mg, 0.75 mg capsule	Formulary Addition	F, QL, AL	
02/01/2026	Auvelity® (dextromethorphan-bupropion) 45-105 mg tablet extended release	Formulary Addition	F, QL, AL	
02/01/2026	Tresiba® (insulin degludec) 100 unit/ml, 200 unit/ml subcutaneous solution pen-injector 100 unit/ml subcutaneous solution	Generic Substitution	F, QL, ST	
02/01/2026	infliximab (generic for Remicade®) 100 mg intravenous solution reconstituted	Formulary Deletion	NF	Avsola® (infliximab-axxq), MB
03/01/2026	budesonide-formoterol (generic for Symbicort®) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation	Quantity Limit Increase	F, QL	
03/01/2026	Eucrisa® (crisaborole) 2% ointment	Formulary Addition	F, PA, QL	

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

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