

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the 2025 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)
01/01/2025	Abilify Maintena ® (aripiprazole) 300 mg, 400 mg prefilled syringe; 300 mg, 400 mg extended-release reconstituted suspension	PA Criteria Update	F, PA, QL, AL, SP, NDS	
01/01/2025	asenapine (generic for Saphris ®) 2.5 mg, 5 mg, 10 mg sublingual tablet	PA Removal	F, QL	
01/01/2025	Caplyta ® (lumateperone tosylate) 10.5 mg, 21 mg, 42 mg capsule	PA Criteria Update	F, PA, QL, AL	
01/01/2025	Fanapt ® (iloperidone)	PA Criteria Update	F, PA, QL, AL	

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	1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg			
01/01/2025	Farxiga® (dapagliflozen) 5 mg, 10 mg tablet	PA Criteria Update	F, PA	
01/01/2025	Kevzara® (sarilumab) 200 mg /1.14 mL prefilled syringe	PA Criteria Update	F, PA	
01/01/2025	Krazati® (adagrasib) 600 mg tablet	Formulary Addition	F, PA, QL	
01/01/2025	Lybalvi® (olanzapine-samidorphan) 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg tablet	PA Criteria Update	F, PA, QL	
01/01/2025	Menest® (esterified estrogens estradiol) 0.3 mg, 0.625 mg, 1.25 mg tablets	Formulary Removal		
01/01/2025	paliperidone (generic for Invega®) 1.5 mg, 3 mg, 6 mg, 9 mg extended-release tablets	PA Criteria Removal & AL Update	F, QL, AL	
01/01/2025	quetiapine (generic for Seroquel®) 150 mg immediate-release tablet	Formulary Addition	F, QL, AL	
01/01/2025	Rexulti® (brexipiprazole) 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg tablet	PA Criteria Update	F, PA, QL, AL	
01/01/2025	risperidone (generic for Risperdal®) 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg orally dispersible tablet	PA Criteria Removal	F, QL, AL	
01/01/2025	Secuado® (asenapine) 3.8 mg/24-hour, 5.7 mg/24-hour and 7.6 mg/24-hour transdermal patch	PA Criteria Update	F, PA, QL, AL	
01/01/2025	Vraylar® (cariprazine)	PA Criteria Update	F, PA, QL, AL	

Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
	1.5 & 3 mg therapy pack; 1.5 mg, 3 mg, 4.5 mg, 6 mg capsule			
01/01/2025	Wakix® (pitolisant) 4.45 mg, 17.8 mg tablet	AL Update	F, PA	
03/01/2025	Cobenfy® (xanomeline and trospium hydrochloride) 50 mg/20 mg, 100 mg/20 mg, 125 mg/30 mg oral capsules	Formulary Addition	F, QL, PA, AL	
03/01/2025	Itovebi® (inavolisib) 3mg, 9mg Oral Capsules	Formulary Addition	F, QL, PA, NDS	
03/01/2025	Dupixent® (dupilumab) 200 mg/1.14mL, 300 mg/2mL autoinjector; 100 mg/0.67mL, 200 mg/1.14mL, and 300 mg/2mL prefilled syringe	PA Criteria Update	F, PA, SP	
03/01/2025	Cimzia® (certolizumab) 200 mg vial kit and Prefilled syringe: 200 mg/mL (2 syringes) and Cimzia starter 6 X 200 mg/mL	PA Criteria Update	F, PA, SP	
03/01/2025	Tecentriq Hybreza® (atezolizumab/hyaluronidate-tqjs) 1,875 mg atezolizumab and 30,000 units hyaluronidase per 15mL Single dose vial	Formulary Addition	MB, PA	
03/01/2025	dasatinib (generic for Sprycel®) 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg Oral Tablet	Formulary Addition	F, PA	
03/01/2025	octreotide LAR (generic for Sandostatin LAR®) 20 mg, 30 mg intramuscular kit	Formulary Addition	MB	

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03/01/2025	Retevmo® (selpercatinib) 40 mg, 80 mg, 120 mg, 160 mg Oral Tablet	Formulary Addition	F, QL, PA, AL	
03/01/2025	Veozah® (fezolinetant) 45 mg Oral Tablet	Formulary Addition	F, QL, PA, AL	
03/01/2025	Thyrogen® (thyrotropin alfa) 0.9 mg IM injection	PA Removal	MB, QL	
03/01/2025	Pavblu® (alibercept-ayyh) 2 MG/0.05ML Intravitreal Solution Prefilled Syringe	Formulary Addition	MB, SP	
06/01/2025	clobazam (generic for Onfi ®) 2.5 mg/mL Oral Suspension	Formulary Addition	F, QL, ST	
06/01/2025	clobazam (generic for Onfi ®) 10 mg, 20mg Tablet	Formulary Addition	F, QL, ST	
06/01/2025	mesalamine (generic for Delzicol®) 400 mg Delayed Release Capsule	ST Removal	F, QL	
06/01/2025	mesalamine (generic for Apriso®) 0.375 G Extended Release Capsule	ST Removal	F, QL	
06/01/2025	mesalamine (generic for Lialda®) 1.2 G Delayed Release Tablet	ST Removal	F, QL	
06/01/2025	Nayzilam® (midazolam) 5 mg/0.1 mL Nasal Solution	PA Removal ST Added	F, QL, ST	
06/01/2025	Opdivo Qvantig ® (nivolumab and hyaluronidase) 600 mg-10,000 Units Per 5 mL Subcutaneous Solution	Formulary Addition	MB, PA	
06/01/2025	Valtoco® (diazepam) 10 mg/ 0.1 mL, 5 mg/0.1 mL Nasal Solution	PA Removal ST Added	F, QL, ST	

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06/01/2025	Valtoco® (diazepam) 15 mg Dose 2 X 7.5 mg/0.1 mL, 2 X 10 mg/0.1 mL, Nasal Solution	PA Removal ST Added	F, QL, ST	

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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