PRESBYTERIAN
Turquoise Care

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	
04/01/2026	**Gammagard®** (immune globulin) 1 gm/10mL, 2.5 gm/25mL, 5 gm/50mL, 10 gm/100mL, 20 gm/200mL, 30 gm/300mL injection solution	Formulary Addition	MB, PA	
04/01/2026	**Gammagard® S/D Less IgA** (immune globulin) 5 gm, 10 gm intravenous solution reconstituted	Formulary Addition	MB, PA	
04/01/2026	**Truxima®** (rituximab-abbs) 100 mg/10mL, 500 mg/50mL intravenous solution	Formulary Addition	MB, PA	

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02/01/2026	**Teflaro®** (ceftaroline fosamil) 400 mg, 600 mg intravenous solution reconstituted	Formulary Addition [late-loaded]	MB	
03/01/2026	**Bosaya®** (denosumab-kyqq) 60 mg/mL subcutaneous solution prefilled syringe	Formulary Addition	MB	
03/01/2026	**Contepo®** (fosfomycin) 6 gm intravenous solution reconstituted	Formulary Addition	MB	
03/01/2026	**Folotyn®** (pralatrexate) 20 mg/mL, 40 mg/2mL intravenous solution	Formulary Addition	MB	
03/01/2026	tobramycin sulfate 1.2 gm injection solution reconstituted	Formulary Addition	MB	
03/01/2026	cyclophosphamide 500 mg/2.5mL, 1 gm/5mL intravenous solution	Formulary Addition	MB	
03/01/2026	**Neulasta®** (pegfilgrastim) 4 mg/0.4mL subcutaneous solution	Formulary Addition	MB	
03/01/2026	**Yeztugo®** (lenacapavir) 463.5 mg/1.5mL subcutaneous solution 300 mg tablet	Formulary Addition	MB	
03/01/2026	nilotinib (generic for **Tasigna®**) 50 mg, 150 mg, 200 mg capsule	Formulary Addition	F, PA, QL, SP	
05/01/2026	dapagliflozin (generic for **Farxiga®**) 5 mg, 10 mg tablet	Generic Substitution	F, QL, ST	
05/01/2026	nintedanib (generic for **Ofev®**) 100 mg, 150 mg capsule	Generic Substitution	F, PA, QL, SP	
05/01/2026	**Steqeyma®** (ustekinumab-stba) 45 mg/0.5mL subcutaneous solution	Formulary Addition	F, PA, QL, SP	

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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)
06/01/2026	tofacitinib (generic for **Xeljanz®** and **Xeljanz XR®**) 5 mg, 10 mg tablet 11 mg, 22 mg tablet extended release 24 hour 1 mg/mL oral solution	Generic Substitution	F, PA, QL, SP	
06/01/2026	**Blenrep®** (belantamab mafodotin-blmf) 70 mg intravenous solution reconstituted	Formulary Addition	MB, PA	
06/01/2026	treprostinil 20 mg/20mL, 50 mg/20mL, 100 mg/20mL injection solution	Formulary Addition	MB, PA	
06/01/2026	**Radicava®** (edaravone) 30 mg/100mL intravenous solution	Formulary Addition	MB, PA	
06/01/2026	tadalafil (PAH) (generic for **Adcirca®**) 20 mg tablet	Formulary Addition	F	
06/01/2026	**Subvenite®** (lamotrigine) 10 mg/mL oral suspension	Formulary Addition	F	
07/01/2026	**Jelmyto®** (mitomycin) 2 x 40 mg kit	Formulary Addition	MB, PA, QL	
10/01/2026	**Arynta** (lisdexamfetamine dimesylate) 10 mg/mL oral solution	Formulary Addition	F, QL (210 mL/30 days)	
10/01/2026	tacrolimus (generic for **Astagraf XL**) ER 0.5 mg, 1 mg, 5 mg capsules	Generic Substitution	QL	

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10/01/2026	**Atoncy** (atomoxetine) 4 mg/mL oral solution	Formulary Addition	QL (750 mL/30 days)	
10/01/2026	ipratropium 17 mcg/actuation inhalation aerosol (generic for **Atrovent HFA**) 17 mcg/actuation inhalation aerosol	Generic Substitution	F	
10/01/2026	**Bysanti** (milasaperidone) 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg and 12 mg tablets.	Formulary Addition	F, QL	
10/01/2026	**Dupixent** (dupilumab) 200/1.14ml and 300/2ml subq	PA Updated	F, SP	
10/01/2026	dapagliflozin (generic for **Farxiga**) 5 mg and 10 mg tablets	Generic Substitution	ST, QL	
10/01/2026	**Idvynso** (doravirine/islatravir) 100-0.25 mg tablet	Formulary Addition	F, QL	
10/01/2026	**Jakafi** (ruxolitinib) 11 mg, 22 mg, 33 mg, 44 mg and 55 mg extended release tablets.	Formulary Addition	QL	

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10/01/2026	bimatoprost (generic for **Lumigan**) 0.01% ophthalmic solution	Generic Substitution	ST	
10/01/2026	**Ocrevus** (ocrelizumab) 300 mg/10 mL solution	PA Updated	MB	
10/01/2026	nintedanib (generic for **Ofev**) 100 mg and 150 mg capsules	Generic Substitution	PA, QL, SP	
10/01/2026	**Veppanu** (vepdegestrant) 100 mg and 200 mg tablets	Formulary Addition	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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