

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the 2024 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)
09/05/2023	Abrysvo® 120mcg/0.5mL intramuscular solution	Formulary Addition	\$0, AL	
01/01/2024	Accu-Chek® (Blood Glucose Monitors) Compact Plus, Guide, and Smartview	Quantity Limit Decreased	F, QL	
01/01/2024	Amjevita-Ped® (adalimumab-atto) 10 mg/0.2 mL and 20 mg/0.4 mL 15kg to <30kg prefilled syringes	Formulary Addition	F, PA, QL	
09/05/2023	Arexvy® (<i>rsvpref3 vac recomb adjuvanted</i>) 120 mcg/0.5 mL intramuscular solution	Formulary Addition	\$0	

Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
09/20/2023	brimonidine (generic for Alphagan® P) 0.1% ophthalmic solution	Formulary Addition	F, ST	
09/20/2023	brimonidine (generic for Alphagan® P) 0.1% ophthalmic solution	Formulary Deletion	NF	brimonidine 0.1% ophthalmic solution (F, ST)
01/01/2024	Eylea® HD (aflibercept) 8 mg/0.07 mL	Formulary Addition	MB	
01/01/2024	fluticasone/salmeterol (generic for Advair®) 100/50 mcg and 200/50 mcg inhalation aerosol powder	Age Limit Removed	F, PA, QL	
01/01/2024	Freestyle® (Continuous Glucose Monitors) Libre 2 and Libre 3	Criteria Update	F, PA, QL	
01/01/2024	lisdexamfetamine (generic for Vyvanse®) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg oral capsules	Formulary Addition	F, PA, QL	
01/01/2024	Trulicity® (dulaglutide) 0.75 mg/0.5 mL, 1.5 mg/0.5 mL, 3 mg/0.5 mL, and 4.5 mg/0.5 mL pen-injectors	Criteria Update	F, PA, QL	
01/01/2024	Vyvanse® (lisdexamfetamine) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg oral capsules	Formulary Deletion	NF	lisdexamfetamine (generic for Vyvanse®) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg oral capsules (F, PA, QL)
01/08/2024	Flovent Diskus® (fluticasone) 50 mcg/act, 100 mcg/act, and 250 mcg/act; Flovent HFA® (fluticasone) 44 mcg/act, 110 mcg/act, 220 mcg/act	Manufacturer withdrawal	NF	fluticasone diskus (generic for Flovent Diskus®) 50 mcg/act, 100 mcg/act (T2), and 250 mcg/act; fluticasone HFA (generic for Flovent HFA®) 44 mcg/act, 110 mcg/act, 220 mcg/act (F)
01/08/2024	fluticasone (generic for Flovent Diskus®);	Formulary Addition	F	

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	50 mcg/act, 100 mcg/act, and 250 mcg/act; fluticasone (generic for Flovent HFA®) 44 mcg/act, 110 mcg/act, 220 mcg/act			
01/16/2024	Votrient® (pazopanib) 200 mg tablets	Formulary Deletion	NF	pazopanib 200mg tablets (F)
01/16/2024	pazopanib (generic for Votrient®) 200 mg tablets	Formulary Addition	F, PA, QL, SP	
01/22/2024	Freestyle Reader 3	Formulary Addition	F, PA, QL	
01/22/2024	amphetamine-dextroamphetamine (generic for Zenzedi®) 5 mg, 10 mg tablet	AL Decreased	F, QL, AL	
01/22/2024	amphetamine-dextroamphetamine (generic for Adderall®) 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg tablet	AL Decreased	F, QL, AL	
02/01/2024	Mounjaro® (tirzepatide) 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg injection	Formulary Addition	F, PA, QL	
02/01/2024	Victoza (liraglutide) 18 mg/3mL pen-injector	Formulary Deletion	NF	Mounjaro 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg injection (F, PA, QL)
02/09/2024	brimonidine (generic for Alphagan® P) 0.1 % ophthalmic solution	ST Removed	F	
02/09/2024	clarithromycin (generic for Biaxin®) 250 mg, 500 mg tablet; 125 mg/5mL, 250 mg/5mL suspension	QL Removed	F	
02/21/2024	Penbraya® (mening acyw(tet conj)-b(rcmb)) Intramuscular suspension	Formulary Addition	\$0	
02/21/2024	Bosulif® (bosutinib)	Formulary Addition	F, PA, QL, SP	

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	100 mg capsule			
03/01/2024	abiraterone (generic for Zytiga®) 250 mg tablet	PA Removed	F, QL	
03/01/2024	Cabenuva® (cabotegravir and rilpivirine extended-release) 400 & 600 mg/2mL, 600 & 900 mg/3mL suspension	Formulary Addition	MB, PA	
03/01/2024	Cosentyx® (secukinumab) 125 mg/5 mL injection	Formulary Addition	MB, PA	
03/01/2024	Dexcom® G7 (continuous glucose monitor)	Formulary Addition	F, PA, QL	
03/01/2024	Enbrel® (etanercept) 25mg/0.5mL solution and prefilled syringe; 50mg/mL auto-injector (Sureclick), cartridge (mini) and prefilled syringe	PA Updated	F, PA, QL, SP	
03/01/2024	Orencia® (abatacept) 50mg/0.4mL, 87.5mg/0.7mL, 125mg/mL prefilled syringe	PA Updated	F, PA, QL, SP	
03/01/2024	Steglatro® (ertugliflozin) 5 mg, 15 mg tablet	PA Removed	F, ST, QL	
03/01/2024	Valtoco® (diazepam) 5 mg, 7.5 mg, 10 mg nasal spray	Formulary Addition	F, PA, QL	
03/01/2024	Veltassa® (patiromer) 8.4 g, 16.8 g, 25.2g Single-use packets	AL Updated	F, PA, QL	
04/01/2024	Opill® (norgestrel) 0.075 mg tablet	Formulary Addition	F	
06/01/2024	Dupixent® (dupilumab)	Criteria Update	F, QL, SP, NDS	

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	100mg/0.67mL, 200mg/1.14mL, 300mg/2mL syringes			
06/01/2024	Xolair® (omalizumab) 75mg/0.5ml, 150mg/mL, 300mg/mL prefilled syringes/auto-injectors; 150mg lyophilized powder in a single-dose vial for reconstitution	Criteria Update	MB, PA, NDS	
06/01/2024	teriparatide (generic for Forteo®) 600mcg/2.4ml Prefilled Pen	Formulary Addition	F, PA, SP, NDS	
06/01/2024	Forteo® (teriparatide) 600mcg/2.4ml Prefilled Pen	Formulary Deletion		teriparatide 600mcg/2.4ml Prefilled Pen (F, PA, SP, NDS)
06/01/2024	risperidone microspheres er (generic for Risperdal Consta®) 12.5mg, 25mg, 37.5mg, 50mg Intramuscular Injection	Formulary Addition	F, QL, AL, SP, NDS	
06/01/2024	Risperdal Consta® (risperidone microspheres er) 12.5mg, 25mg, 37.5mg, 50mg Intramuscular Injection	Formulary Deletion		risperidone microspheres er 12.5mg, 25mg, 37.5mg, 50mg Intramuscular Injection (F, QL, AL, SP, NDS)
06/01/2024	Durolane® (sodium hyaluronate) 60mg/3ml intra-articular injection	Formulary Addition	MB, PA	
06/01/2024	Brixadi® (buprenorphine) 8mg, 16mg, 24mg, 32mg, 64mg, 96mg, 128mg prefilled syringe	Formulary Addition	F, QL	
06/01/2024	buprenorphine (generic for Subutex®) 8mg sublingual tablet	QL Update	F, AL, QL	
06/01/2024	buprenorphine-naloxone (generic for Suboxone®) 8-2mg sublingual tablet;	QL Update	F, AL, QL	

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09/01/2024	Eliquis® (apixaban) 2.5mg, 5mg tablet	Formulary Addition	F, QL	
09/01/2024	Fanapt® (iloperidone) 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg tablet; 1 & 2 & 4 & 6mg titration pack <i>PA criteria updated on Turquoise Care formulary.</i>	Criteria Update	F, PA, AL	
09/01/2024	Entresto® Sprinkle (saubitril/valsartan) 6/6mg, 15/16mg capsule	Formulary Addition	F, PA, QL	
09/01/2024	Dexcom® (Continuous Glucose Monitors)	Criteria Update	F, PA, QL	
09/01/2024	Guardian® (Continuous Glucose Monitors)	Criteria Update	F, PA, QL	
09/01/2024	febuxostat (generic for Uloric®) 40mg, 80mg tablet	Criteria Update	F, QL	
09/01/2024	Skyrizi® (risankizumab-rzaa) (150 mg dose) 75 mg/0.8mL prefilled syringe kit; 150 mg/mL prefilled syringe and auto-injector; 180 mg/1.2mL, 360 mg/2.4mL cartridge; 600 mg/10mL IV solution	Criteria Update	F, PA, QL, SP	
09/01/2024	Rinvoq® (upadacitinib) 1mg/mL oral solution	Formulary Addition	F, PA, QL, SP	
09/01/2024	Rinvoq® (upadacitinib) 15mg, 30mg, 45mg extended release tablet	Criteria Update	F, PA, QL, SP	
09/01/2024	fingolimod (generic for Gilenya®) 0.5mg capsule	Formulary Addition	F	
09/01/2024	Ocrevus® (ocrelizumab) 300mg/10mL IV solution	Criteria Update	MB, PA, SP	
09/01/2024	Tysabri® (natalizumab) 300mg/15mL IV concentrate	Criteria Update	MB, PA	

Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
09/01/2024	Ruxience® (rituximab-pvvr) 100mg/10mL, 500mg/50mL IV solution	Criteria Update	MB, PA	
09/01/2024	Refib® Rebidose (interferon beta-1a) 22mcg/0.5ml, 44mcg/0.5ml auto injector and prefilled syringe; 6x8.8 & 6x22mcg prefilled syringe titration pack	Formulary Removal	NF	
09/01/2024	Extavia® (interferon beta-1B) 0.3mg kit	Formulary Removal	NF	

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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