



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

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the Presbyterian Individual and Family Metal Plan/Employer Group Metal Plan Formularies effective 2025 & 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. You can reach them Monday through Friday from 8:00 a.m. to 5:00 p.m.

Phone: (505) 923-5678 or 1-800-356-2219
 (TTY 711)

Email: askpharmacy@phs.org

Effective Date of Change	Drug Name	Description of Change	Individual & Family Group Metal Plans Formulary Coverage	Clear Cost Metal Plans Formulary Coverage	Individual & Family Group Metal Plans Formulary Alternative(s) and Tier (if applicable for formulary removals)	Clear Cost Metal Plans Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2025	Aristada Initio® (aripiprazole) 675 mg/2.4 mL prefilled syringe	Formulary Addition	T5, PA, QL, AL, SP, NDS	T4, PA, QL, AL, SP, NDS		
01/01/2025	Abilify Maintena® (aripiprazole) 300 mg, 400 mg prefilled syringe; 300 mg, 400 mg extended-release reconstituted suspension	PA Criteria Update	T5, PA, QL, AL, SP, NDS	T4, PA, QL, AL, SP, NDS		
01/01/2025	asenapine (generic for Saphris®) 2.5 mg, 5 mg, 10 mg sublingual tablet	PA Removal	T4, QL	T3, QL		
01/01/2025	Caplyta® (lumateperone tosylate) 10.5 mg, 21 mg, 42 mg capsule	PA Criteria Update	T5, PA, QL, AL	T4, PA, QL, AL		
01/01/2025	Combipatch® (estradiol-norethindrone acetate)	Tier Increased	T4, ST, QL	T3, ST, QL		

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	0.05-0.14 mg/day, 0.05-0.25 mg/day twice weekly transdermal patch					
01/01/2025	desvenlafaxine (generic for Pristiq®) 25 mg, 50 mg, 100 mg extended release tablet	Formulary Addition	T2, QL, AL	T1, QL, AL		
01/01/2025	Farxiga® (dapagliflozen) 5 mg, 10 mg tablet	PA Criteria Update	T3, ST	T2, ST		
01/01/2025	Kevzara® (sarilumab) 200mg /1.14 mL prefilled syringe	PA Criteria Update	T5, PA	T5, PA		
01/01/2025	Krazati® (adagrasib) 600 mg tablet	Formulary Addition	T5, PA, QL	T4, PA, QL		
01/01/2025	lamotrigine (generic for Lamictal®) 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg extended- release 24-hour tablet	Tier Lowered	T2, QL	T1, QL		
01/01/2025	lurasidone (generic for Latuda®) 20 mg, 40 mg, 60 mg, 80 mg, 120 mg tablet	Tier Lowered	T4, QL, AL	T3, QL, AL		
01/01/2025	Lybalvi® (olanzapine-samidorphan) 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg tablet	PA Criteria Update	T5, PA, QL	T4, PA, QL		
01/01/2025	Menest® (esterified estrogens estradiol) 0.3 mg, 0.625 mg, 1.25 mg tablets	Formulary Removal			Premarin tablets (T3), Premarin Cream (T3), Premphase, Prempro, and	Premarin tablets (T2), Premarin Cream (T2), Premphase, Prempro, and

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					Combipatch (T4, QL, ST required)	Combipatch (T3, QL, ST required)
01/01/2025	Menostar® (estradiol) 14 mcg/24 hour transdermal weekly patches	Formulary Removal			Premarin tablets (T3), Premarin Cream (T3), Premphase, Prempro, and Combipatch (T4, QL, ST required)	Premarin tablets (T2), Premarin Cream (T2), Premphase, Prempro, and Combipatch (T3, QL, ST required)
01/01/2025	quetiapine (generic for Seroquel®) 50 mg, 150 mg, 200 mg, 300 mg, 400 mg extended-release tablet	Tier Decreased	T2, QL, BH	T1, QL, BH		
01/01/2025	quetiapine (generic for Seroquel®) 150 mg immediate-release tablet	Formulary Addition	T2, QL, AL	T1, 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	T5, PA, QL, AL	T5, 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	T4, QL, AL	T3, 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	T5, PA, QL, AL	T5, PA, QL, AL		
01/01/2025	Vilazodone (generic for Viibryd®) 10 mg, 20 mg, 40 mg tablet	PA Criteria Removal	T4, QL	T3, QL		
01/01/2025	Vraylar® (cariprazine)	PA Criteria Update	T5, PA, QL, AL	T4, PA, QL, AL		

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	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	T5, PA, AL	T5, PA, AL		
03/01/2025	Cobenfy® (xanomeline and trospium hydrochloride) 50 mg/20 mg, 100 mg/20 mg, 125 mg/30 mg oral capsules	Formulary Addition	T5, PA, AL, QL	T5, PA, AL, QL		
03/01/2025	Itovebi® (inavolisib) 3mg, 9mg Oral Capsules	Formulary Addition	T5, PA, QL, SP	T5, PA, QL, SP		
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	T5, PA, SP	T5, 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	T4, PA, SP	T4, 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	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	T4, PA, SP	T4, PA, SP		

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03/01/2025	octreotide LAR (generic for Sandostatin LAR®) 20 mg, 30 mg intramuscular kit	Formulary Addition	MB	MB		
03/01/2025	Retevmo® (selpercatinib) 40 mg, 80 mg, 120 mg, 160 mg Oral Tablet	Formulary Addition	T4, PA, QL	T4, PA, QL		
03/01/2025	Veozah® (fezolinetant) 45 mg Oral Tablet	Formulary Addition	T3, PA, QL, AL	T3, PA, QL, AL		
03/01/2025	Thyrogen® (thyrotropin alfa) 0.9 mg IM injection	PA Removal	MB, QL	MB, QL		
03/01/2025	Pavblu® (alibercept-ayyh) 2 MG/0.05ML Intravitreal Solution Prefilled Syringe	Formulary Addition	MB, SP	MB, SP		
06/01/2025	acamprosate (generic for Campral®) 333 mg Delayed Release Tablet	Tier Lowered	T2, QL	T1, QL		
06/01/2025	clobazam (generic for Onfi®) 2.5 mg/mL Oral Suspension	Formulary Addition	T4, QL, ST	T3, QL, ST		
06/01/2025	clobazam (generic for Onfi®) 10 mg, 20mg Tablet	Formulary Addition	T4, QL, ST	T3, QL, ST		
06/01/2025	mesalamine (generic for Delzicol®) 400 mg Delayed Release Capsule	ST Removal	T4	T3		
06/01/2025	mesalamine (generic for Apriso®) 0.375 G Extended Release Capsule	ST Removal	T4, QL	T3, QL		
06/01/2025	mesalamine (generic for Lialda®) 1.2 G Delayed Release Tablet	ST Removal	T4, QL	T3, QL		

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06/01/2025	Nayzilam® (midazolam) 5 mg/0.1 mL Nasal Solution	PA Removal ST Added	T5, QL, ST	T5, QL, ST		
06/01/2025	Opdivo Qvantig® (nivolumab and hyaluronidase) 600 mg-10,000 Units Per 5 mL Subcutaneous Solution	Formulary Addition	MB, PA	MB, PA		
06/01/2025	Valtoco® (diazepam) 10 mg/ 0.1 mL, 5 mg/0.1 mL Nasal Solution	PA Removal ST Added	T5, QL, ST	T5, QL, ST		
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	T5, ST	T5, ST		
08/01/2025	Accu-Chek Test Strips and Lancets	QL Updated	T2, QL	T1, QL		
08/01/2025	Actemra® (tocilizumab) 162 mg/0.9 mL prefilled syringe and auto-injector, 80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL solution	Removed from Formulary	NF	NF	Tier 5: Tyenne® (tocilizumab-aazg) 162 mg/0.9 mL prefilled syringe and auto-injector, 80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL solution	Tier 4: Tyenne® (tocilizumab-aazg) 162 mg/0.9 mL prefilled syringe and auto-injector, 80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL solution
08/01/2025	Tyenne® (tocilizumab-aazg) 162 mg/0.9 mL prefilled syringe and auto-injector, 80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL solution	Formulary Addition	T5, PA, QL, SP	T4, PA, QL, SP		
08/01/2025	Eylea® (aflibercept) 2 mg/0.05 mL solution and prefilled syringe	Formulary Removal	NF	NF	MB: Pavblu® (aflibercept-ayyh)	

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					2 mg/0.05 mL solution and prefilled syringe	
08/01/2025	Pavblu ® (aflibercept-ayyh) 2 mg/0.05 mL solution and prefilled syringe	Formulary Addition	MB	MB		
08/01/2025	Prolia ® (denosumab) 60 mg/mL prefilled syringe	Formulary Removal	NF	NF	MB: Jubbonti ® (denosumab-bbdz) 60 mg/mL prefilled syringe	
08/01/2025	Jubbonti ® (denosumab-bbdz) 60 mg/mL prefilled syringe	Formulary Addition	MB	MB		
08/01/2025	Xgeva ® (denosumab) 120 mg/1.7 mL subcutaneous solution	Formulary Removal	NF	NF	MB: Wyost ® (denosumab-bbdz) 120 mg/1.7 mL subcutaneous solution	
08/01/2025	Wyost ® (denosumab-bbdz) 120 mg/1.7 mL subcutaneous solution	Formulary Addition	MB	MB		
08/01/2025	Stelara ® (ustekinumab) 45 mg/0.5mL, 90 mg/mL solution prefilled syringe	Formulary Removal	NF	NF	Specialty Tier: Imuldosa ® (ustekinumab-srlf) 45 mg/0.5mL, 90 mg/mL solution prefilled syringe Steqeyma ® (ustekinumab-stba)	

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					45 mg/0.5mL, 90 mg/mL solution prefilled syringe Yesintek® (ustekinumab-kfce) 45 mg/0.5mL, 90 mg/mL solution prefilled syringe	
08/01/2025	Imuldosa® (ustekinumab-srlf) 45 mg/0.5mL, 90 mg/mL solution prefilled syringe	Formulary Addition	T5, PA, QL, SP	T4, PA, QL, SP		
08/01/2025	Steqeyma® (ustekinumab-stba) 45 mg/0.5mL, 90 mg/mL solution prefilled syringe	Formulary Addition	T5, PA, QL, SP	T4, PA, QL, SP		
08/01/2025	Yesintek® (ustekinumab-kfce) 45 mg/0.5mL, 90 mg/mL solution prefilled syringe	Formulary Addition	T5, PA, QL, SP	T4, PA, QL, SP		
09/01/2025	Evenity® (romosozumab-aqqg) 105 mg/1.17 mL prefilled syringe	Formulary Addition	MB, PA, SP	MB, PA, SP		
09/01/2025	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	T5, PA, SP, QL	T5, PA, SP, QL		
09/01/2025	Rinvoq® (upadacitinib) 15 mg, 30 mg, 45 mg tablet; 1 mg/mL oral solution	PA Criteria Update	T5, PA, SP, QL	T4, PA, SP, QL		
09/01/2025	Valtoco® (diazepam)	AL Update	T5, QL, ST, AL	T5, QL, ST, AL		

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	15 mg Dose 2 X 7.5 mg/0.1 mL, 2 X 10 mg/0.1 mL, Nasal Solution					
10/01/2025	sacubitril-valsartan (generic for Entresto®) 24-26mg, 49-51mg, 97-103mg tablet	Formulary Addition	T4, QL, ST	T3, QL, ST		
10/01/2025	Entresto® (sacubitril-valsartan) 24-26mg, 49-51mg, 97-103mg tablet	Formulary Removal	NF	NF	sacubitril-valsartan (generic for Entresto®) 24-26mg, 49-51mg, 97-103mg tablet	
12/01/2025	MResvia® (RSV Mrna Pre-F Virus Vaccine) 50mcg/0.5mL prefilled syringe suspension	Formulary Addition	\$0	\$0		
01/01/2026	Brukinsa® (zanubrutinib) 160 mg tablet	Formulary Addition	T5, PA, QL, SP	T5, 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		
01/01/2026	budesonide-formoterol (generic for Symbicort®) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation	Generic Substitution	T2, QL	T3, QL		
01/01/2026	nilotinib (generic for Tasigna®) 50 mg, 100 mg, 200 mg capsules	Generic Substitution	T5, PA, QL, SP	T5, PA, QL, SP		

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02/01/2026	Minimed Instinct® Glucose Sensor	Formulary Addition	T3, PA, QL	T2, PA, QL		
02/01/2026	telmisartan (generic for Micardis®) 20 mg, 40 mg, 80 mg tablet	Tier Lowered	T2	T1		
02/01/2026	infliximab (generic for Remicade®) 100 mg intravenous solution reconstituted	Formulary Deletion	NF	NF	Avsola® (infliximab-axxq), MB	Avsola® (infliximab-axxq), MB
02/01/2026	Vraylar® (cariprazine) 0.5 mg, 0.75 mg capsule	Formulary Addition	T5, PA, QL, AL	T4, PA, QL, AL		
03/01/2026	Alvesco® (ciclesonide) 80 mcg, 160 mcg aerosol	Formulary Addition	T3, QL	T2, QL		
03/01/2026	Asmanex HFA® (mometasone furoate) 50 mcg, 100 mcg, 200 mcg aerosol	Formulary Addition	T3, QL	T2, QL		
03/01/2026	Asmanex Twisthaler® (mometasone furoate) 110 mcg, 220 mcg	Formulary Addition	T3, QL	T2, QL		
03/01/2026	budesonide-formoterol (generic for Symbicort®) 80-4.5 mcg/act, 160-4.5 mcg/act inhalation	Quantity Limit Increase	T3, QL	T2, QL		
03/01/2026	fluticasone propionate (generic for Flovent Diskus®) 100 mcg, 250 mcg	Formulary Removal	NF	NF	Alvesco® (ciclesonide) 80 mcg, 160 mcg aerosol	Alvesco® (ciclesonide) 80 mcg, 160 mcg aerosol

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					Asmanex HFA® (mometasone furoate) 50 mcg, 100 mcg, 200 mcg aerosol Asmanex Twister® (mometasone furoate) 110 mcg, 220 mcg Tier 3	Asmanex HFA® (mometasone furoate) 50 mcg, 100 mcg, 200 mcg aerosol Asmanex Twister® (mometasone furoate) 110 mcg, 220 mcg Tier 2
03/01/2026	fluticasone propionate (generic for Flovent HFA®) 44 mcg, 110 mcg, 220 mcg aerosol	Formulary Removal	NF	NF	Alvesco® (ciclesonide) 80 mcg, 160 mcg aerosol Asmanex HFA® (mometasone furoate) 50 mcg, 100 mcg, 200 mcg aerosol Asmanex Twister® (mometasone furoate) 110 mcg, 220 mcg Tier 3	Alvesco® (ciclesonide) 80 mcg, 160 mcg aerosol Asmanex HFA® (mometasone furoate) 50 mcg, 100 mcg, 200 mcg aerosol Asmanex Twister® (mometasone furoate) 110 mcg, 220 mcg Tier 2
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, SP	MB, PA, SP		

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04/01/2026	Gammagard [®] (immune globulin) 5 gm, 10 gm intravenous solution reconstituted	Formulary Addition	MB, PA, SP	MB, PA, SP		
04/01/2026	Truxima [®] (rituximab-abbs) 100 mg/10mL, 500 mg/50mL intravenous solution	Formulary Addition	MB, PA	MB, PA		

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

For more information on Presbyterian’s Nondiscrimination Notice, go to <https://www.phs.org/nondiscrimination>.