



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 2024.

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: info@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)
09/05/2023	Abrysvo® 120mcg/0.5mL intramuscular solution	Formulary Addition	\$0, AL	\$0, AL		
01/01/2024	Accu-Chek® (Blood Glucose Monitors) Compact Plus, Guide, and Smartview	Quantity Limit Decreased	T2, QL	T1, QL		
01/01/2024	Amjevita-Ped® (adalimumab-atto) 10 mg/0.2 mL, 20 mg/0.4 mL 15kg to <30kg prefilled syringes; 10 mg/0.2 mL and 20 mg/0.4 mL prefilled syringes; 40 mg/0.8 mL auto-injector	Formulary Addition	T5, PA, QL, SP	T4, PA, QL, SP		brimonidine 0.1% ophthalmic solution (T3, ST)

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09/05/2023	Arexvy® (<i>rsvpref3 vac recomb adjuvanted</i>) 120 mcg/0.5 mL intramuscular solution	Formulary Addition	\$0	\$0		
09/20/2023	brimonidine (generic for Alphagan® P) 0.1% ophthalmic solution	Formulary Addition	T3, ST	T2, ST		
09/20/2023	Alphagan® P (brimonidine) 0.1% ophthalmic solution	Formulary Deletion	NF	NF	brimonidine 0.1% ophthalmic solution (T3, ST)	
01/01/2024	Eylea® HD (aflibercept) 8 mg/0.07 mL	Formulary Addition	MB	MB		
01/01/2024	fluticasone/salmeterol (generic for Advair®) 100/50 mcg and 200/50 mcg inhalation aerosol powder	Age Limit Removed	T4, ST, QL	T3, ST, QL		lisdexamfetamine (generic for Vyvanse®) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg oral capsules (T4, PA, QL)
01/01/2024	Freestyle® (Continuous Glucose Monitors) Libre 2 and Libre 3	Criteria Update	T3, PA, QL	T2, PA, QL		fluticasone diskus (generic for Flovent Diskus®) 50 mcg/act, 100 mcg/act (T3), and 250 mcg/act; fluticasone HFA (generic for Flovent HFA®) 44 mcg/act, 110 mcg/act, 220 mcg/act (T3)
01/01/2024	lisdexamfetamine (generic for Vyvanse®)	Formulary Addition	T4, PA, QL	T3, PA, QL		

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	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg oral capsules					
01/01/2024	Vyvanse® (lisdexamfetamine) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg oral capsules	Formulary Deletion	NF	NF	lisdexamfetamine (generic for Vyvanse®) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg oral capsules (T4, PA, QL)	pazopanib 200mg tablets (T5, PA, QL, SP)
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	NF	fluticasone diskus (generic for Flovent Diskus®) 50 mcg/act, 100 mcg/act (T3), and 250 mcg/act; fluticasone HFA (generic for Flovent HFA®) 44 mcg/act, 110 mcg/act, 220 mcg/act (T3)	
01/08/2024	fluticasone (generic for Flovent Diskus®); 50 mcg/act, 100 mcg/act, and 250 mcg/act; fluticasone (generic for Flovent HFA®) 44 mcg/act, 110 mcg/act, 220 mcg/act	Formulary Addition	T3	T2		
01/16/2024	Votrient® (pazopanib) 200 mg tablets	Formulary Deletion	NF	NF	pazopanib 200mg tablets (T5, PA, QL, SP)	
01/16/2024	pazopanib (generic for Votrient®)	Formulary Addition	T5, PA, QL, SP	T4, PA, QL, SP		

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	200 mg tablets					
01/22/2024	Freestyle Reader 3	Formulary Addition	T3, PA, QL	T2, PA, QL		
01/22/2024	amphetamine-dextroamphetamine (generic for Zenedi®) 5 mg, 10 mg tablet	AL Decreased	T2, QL, AL	T1, 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	T2, QL, AL	T1, QL, AL		
02/05/2024	NP Thyroid 120 mg tablet	Formulary Addition	T2	T1		
02/09/2024	brimonidine (generic for Alphagan® P) 0.1 % ophthalmic solution	ST Removed	T3	T2		
02/09/2024	clarithromycin (generic for Biaxin®) 250 mg, 500 mg tablet; 125 mg/5mL, 250 mg/5mL suspension	QL Removed	T2	T1		
02/20/2024	Xarelto® (rivaroxaban) 2.5 mg tablet	PA Removed	T3, QL	T2, QL		
02/21/2024	Penbraya® (mening acyw(tet conj)-b(rcmb)) Intramuscular suspension	Formulary Addition	\$0	T1, \$0		
02/21/2024	Bosulif® (bosutinib) 100 mg capsule	Formulary Addition	T5, PA, QL, SP	T4, PA, QL, SP		

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03/01/2024	abiraterone (generic for Zytiga®) 250 mg tablet	PA Removed & Tier Lowered	T4, QL	T3, QL		
03/01/2024	Cabenuva® (cabotegravir and rilpivirine extended-release) 400 & 600 mg/2mL, 600 & 900 mg/3mL suspension	Formulary Addition	MB, PA	MB, PA		
03/01/2024	Dexcom® G7 (continuous glucose monitor)	Formulary Addition	T3, PA, QL	T2, 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	T5, PA, QL, SP	T4, PA, QL, SP		
03/01/2024	Orencia® (abatacept) 50mg/0.4mL, 87.5mg/0.7mL, 125mg/mL prefilled syringe	PA Updated	T5, PA, QL, SP	T4, PA, QL, SP		
03/01/2024	Valtoco® (diazepam) 5 mg, 7.5 mg, 10 mg nasal spray	Formulary Addition	T5, PA, QL	T4, PA, QL		
03/01/2024	Veltassa® (patiromer) 8.4 g, 16.8 g, 25.2g Single-use packets	AL Updated	T5, PA, QL	T4, PA, QL		brimonidine 0.1% ophthalmic solution (T3, ST)
04/01/2024	Mounjaro® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection	Formulary Addition	T3, PA, QL	T2, PA, QL		

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04/01/2024	Ozempic® (semaglutide) (0.25 or 0.5mg/dose) 2mg/1.5mL, (0.25 or 0.5mg/dose) 2mg/3mL pen injector; (1mg/dose) 2mg/1.5mL, (1mg/dose) 4mg/3mL, (2mg/dose) 8mg/3mL pen injector	Formulary Deletion	NF	NF	Mounjaro® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection (T3, PA, QL)	Mounjaro® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection (T2, PA, QL)
04/01/2024	Rybelsus® (semaglutide) 3mg, 7mg, 14mg tablet	Formulary Deletion	NF	NF	Mounjaro® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection (T3, PA, QL)	Mounjaro® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection (T2, PA, QL)
04/01/2024	Victoza® (liraglutide) 18mg/3mL pen injector	Formulary Deletion	NF	NF	Mounjaro® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection (T3, PA, QL)	Mounjaro® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection (T2, PA, QL)
06/01/2024	Dupixent® (dupilumab) 100mg/0.67mL, 200mg/1.14mL, 300mg/2mL syringes	Criteria Update	T5, PA, QL, SP, NDS	T4, PA, QL, SP, NDS		
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	MB, PA, NDS		

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06/01/2024	teriparatide (generic for Forteo®) 600mcg/2.4ml Prefilled Pen	Formulary Addition	T5, PA, SP, NDS	T4, PA, SP, NDS		
06/01/2024	Forteo® (teriparatide) 600mcg/2.4ml Prefilled Pen	Formulary Deletion			teriparatide 600mcg/2.4ml Prefilled Pen (T5, PA, SP, NDS)	teriparatide 600mcg/2.4ml Prefilled Pen (T4, PA, SP, NDS)
06/01/2024	risperidone microspheres er (generic for Risperdal Consta®) 12.5mg, 25mg, 37.5mg, 50mg Intramuscular Injection	Formulary Addition	T5, QL, AL, SP, NDS	T4, 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 (T4, 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	T5, QL	T4, QL		
06/01/2024	buprenorphine (generic for Subutex®) 8mg sublingual tablet	QL Update	T2, QL, AL, BH	T1, QL, AL, BH		
06/01/2024	buprenorphine-naloxone (generic for Suboxone®)	QL Update	T4, QL, AL, BH	T3, QL, AL, BH		



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	8-2mg sublingual tablet;					

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>.