

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the Presbyterian Individual and Family Metal Plan/Employer Group Metal Plan Formularies effective 2022.

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 1-855-356-2219

TTY: 711

Online: www.phs.org

Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2022	Darzalex Faspro® (daratumumab and hyaluronidase-fihj) 1,800 mg daratumumab and 30,000 units hyaluronidase per 15 mL (120 mg and 2,000 units/mL) solution in a single-dose vial	Formulary Addition	MB, PA	
01/01/2022	Darzalex Faspro® (daratumumab and hyaluronidase-fihj) 1,800 mg daratumumab and 30,000 units hyaluronidase per 15 mL (120 mg and 2,000 units/mL) solution in a single-dose vial	Formulary Addition	MB, PA	
01/01/2022	difluprednate (generic for Durezol®) 0.5% emulsion	Formulary Addition	T4, QL, ST	
01/01/2022	enalapril (authorized generic for Epaned®) 1 mg/mL oral suspension	Formulary Addition	T5, PA, AL	

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01/01/2022	ferumoxytol (authorized generic for Feraheme®) 510 mg/17 mL single-dose vial	Formulary Addition	MB, PA	
01/01/2022	insulin aspart protamine and insulin aspart (generic for Novolog® 70/30 Mix and Novolog®) Vials: 100 units/mL (10 mL), FlexPen: 100 units/mL (3 mL)	Formulary Addition		
01/01/2022	Latuda® (lurasidone) 20 mg, 40 mg, 60 mg, 80 mg, and 120 mg tablets	Add Specialty Pharmacy Mandate	T5, QL, PA, SP, NDS	
01/01/2022	Mavenclad® (cladribine) 10 mg tablets	Criteria Update	T5, PA, QL, SP, NDS	
01/01/2022	Mayzent® (siponimod) 0.25 mg and 2 mg tablets	Criteria Update	T5, PA, QL, SP, NDS	
01/01/2022	Novolog® (insulin aspart injection) Vials: 100 unit/mL (10 mL), Cartridge: 100 units/mL (3 mL), Pen-Injector: 100 units/mL (3 mL)	Formulary Removal	NF	insulin aspart protamine, insulin aspart (T3, QL)
01/01/2022	Nuedexta® (dextromethorphan/quinidine) 20 mg/10mg tablet	Criteria Update	T5, PA, QL	
01/01/2022	Sunitinib (authorized generic for Sutent®) 12.5 mg, 25 mg, 37.5 mg, 50 mg tablets	Formulary Addition	T5, PA, SP, NDS	
01/01/2022	varenicline (generic for Chantix®) 0.5 mg and 1 mg tablets	Formulary Addition	PPACA, QL, ST	
01/01/2022	Vyvanse® (lisdexamfetamine)	Formulary Removal	NF	Amphetamine-dextroamphetamine Xr T2, dexmethylphenidate Xr T4

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	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, and 70 mg capsules and chewable tablets			
01/01/2022	Wakix® (pitolisant) 4.45 mg and 17.8 mg tablets	Criteria Update	T5, PA, QL, AL	
03/01/2022	Afinitor Disperz® (everolimus) 2 mg, 3 mg, and 5 mg tablets for oral suspension	Formulary Removal	NF	everolimus 2 mg, 3 mg, and 5 mg tablets for oral suspension (T5, PA, SP)
03/01/2022	Austedo® (deutetrabenazine) 6 mg, 9 mg, and 12 mg tablets	Criteria Update	T5, PA, QL, SP	
03/01/2022	Bystolic® (nebivolol) 2.5 mg, 5 mg, 10 mg, and 20 mg oral tablets	Formulary Removal	NF	nebivolol 2.5 mg, 5 mg, 10 mg, and 20 mg oral tablets (T4)
03/01/2022	Dupixent® (dupilumab) 300 mg/2 mL and 200 mg/1.14 mL prefilled pen and syringe; 100 mg/0.67 mL single-dose prefilled syringe	Formulary Additions	T5, PA, QL, SP	
03/01/2022	Entresto® (sacubitril/valsartan) 24 mg/26 mg, 49 mg/51 mg, and 97/103 mg tablets	Criteria Update	T4, PA, QL, SP	
03/01/2022	Erbix® (cetuximab) Injection: 100 mg/50 mL or 200 mg/100 mL in a single-dose vial	Tier Update	MB, PA	
03/01/2022	everolimus (generic for Afinitor Disperz®) 2 mg, 3 mg, and 5 mg tablets for oral suspension	Formulary Addition	T5, PA, SP	
03/01/2022	Feraheme® (ferumoxytol) 1 mg intravenous solution	Criteria Update	MB, PA	

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03/01/2022	Ferrlecit® (ferric gluconate complex in sucrose) 12.5 mg intravenous solution	Criteria Update	MB, PA	
03/01/2022	Infed® (iron dextran) 50 mg intravenous solution	Criteria Update	MB, PA	
03/01/2022	Injectafer® (ferric carboxymaltose) 1 mg intravenous solution	Criteria Update	MB, PA	
03/01/2022	naloxone (generic for Narcan®) 4 mg/0.1 mL nasal spray	Formulary Addition	T3	
03/01/2022	Narcan® (naloxone) 4 mg/0.1 mL nasal spray	Formulary Removal	NF	naloxone 4 mg/0.1 mL nasal spray (T3)
03/01/2022	nebivolol hydrochloride (generic for Bystolic®) 2.5 mg, 5 mg, 10 mg, and 20 mg tablets	Formulary Addition	T4	
03/01/2022	nelarabine (generic for Arranon®) 5 mg/mL intravenous solution	Formulary Addition	MB	
03/01/2022	paroxetine hydrochloride (generic for Paxil®) 10 mg/5 mL oral suspension	Formulary Addition	T4, PA, QL	
03/01/2022	Paxil® (paroxetine) 10 mg/5 mL oral suspension	Formulary Removal	NF	paroxetine 10 mg/5 mL oral suspension (T4, PA, QL)
03/01/2022	Truxima® (rituximab) 10 mg intravenous solution	Formulary Removal	ME	
03/01/2022	Venofer® (iron sucrose) 1 mg intravenous solution	Criteria Update	MB, PA	
03/01/2022	Wakix® (pitolisant) 8.9 mg and 17.8 mg tablets	Criteria Update	T5, PA, QL, AL	

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03/01/2022	Xarelto® (rivaroxaban) 1 mg/mL suspension	Formulary Addition	T3, QL	
06/01/2022	Avsola (infliximab) 100 mg reconstituted intravenous injection	Criteria Update	MB, PA	
06/01/2022	Basaglar (insulin glargine) 100 units/ml in a 3 ml single-patient use syringes	Formulary Deletion		insulin glargine-yfgn 100 units/ml in 10 ml multiple-dose vials and 3 ml pre-filled pen (T3, QL)
06/01/2022	Biktarvy® (bictegravir/emtricitabine/tenofovir alafenamide) 30 mg-120 mg-15mg tablets	Formulary Addition	T5, QL	
06/01/2022	Caplyta (lumateperone) 42 mg capsules	Criteria Update	T5, QL, PA, AL	
06/01/2022	cyclosporine (Restasis generic) 0.05 % preservative-free single-use vials	Formulary Addition	T5, QL, PA	
06/01/2022	Descovy (emtricitabine/tenofovir alafenamide) 120 mg/15 mg tablets	Formulary Addition	PPACA, QL	
06/01/2022	Farxiga® (dapagliflozin) 5 mg tablets	Formulary Deletion	T3, ST, QL	
06/01/2022	hydroxyprogesterone capoate (Makena generic) 1 ml injection	Formulary Addition	MB, PA	
06/01/2022	insulin glargine-yfgn (Semglee generic) 100 units/ml in 10 ml multiple-dose vials and 3 ml pre-filled pen	Formulary Addition	T3, QL	
06/01/2022	lacosamide (Vimpat® generic)	Formulary Addition	T5, QL, PA	

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	50 mg, 100 mg, 150 mg, and 200 mg tablets			
06/01/2022	maraviroc (Selzentry generic) 150 mg and 300 mg tablets	Formulary Addition	T3, QL	
06/01/2022	Mavyret® (glecaprevir/pibrentasvir) 50 mg/20 mg oral pellets	Formulary Addition	T5, PA, QL, SP, NEDS	
06/01/2022	Nuwiq® (antihemophilic factor recombinant) 1500IU intravenous infusion	Formulary Addition	MB	
06/01/2022	Remicade (infliximab) 100 mg reconstituted intravenous injection	Formulary Deletion		Avsola (MB, PA)
06/01/2022	Renflexis® (infliximab) 100 mg reconstituted intravenous injection	Formulary Deletion		Avsola (MB, PA)
06/01/2022	Restasis® (cyclosporine) 0.05 % preservative-free single-use vials	Formulary Deletion		cyclosporine 0.05 % preservative-free single-use vials (T5, QL, PA)
06/01/2022	Rexulti® (brexpiprazole) 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, and 4 mg tablets	Criteria Update	T5, QL, PA, AL	
06/01/2022	Rinvoq® (upadacitinib) 15 mg extended-release tablets	Criteria Update	T5, QL, PA, SP, NEDS	
06/01/2022	Rinvoq® (upadacitinib) 30 mg, and 45 mg extended-release tablets	Formulary Addition	T5, QL, SP, PA, NEDS	
06/01/2022	Selzentry® (maraviroc) 150 mg and 300 mg tablets	Formulary Deletion		maraviroc 150 mg and 300 mg tablets (T3, QL)
06/01/2022	Skyrizi® (upadacitinib)	Criteria Update	T5, QL, SP, PA, NEDS	
06/01/2022	Takhzyro® (lanadelumab-flyo) 300 mg/2 mL prefilled syringe	Formulary Addition	T5, QL, PA, SP, NEDS	

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06/01/2022	Talzenna® (talazoparib) 0.5 mg and 0.75 mg capsules	Formulary Addition	T5, QL, PA, SP, NEDS	
06/01/2022	Trikafta® (elexacaftor/tezacaftor/ivacaftor; ivacaftor) 50 mg-25 mg-37.5 mg & 75 mg, 100mg-50 mg-75 mg & 150 mg tablet therapy packs	Formulary Addition	T5, QL, PA, SP	
06/01/2022	Vimpat® (lacosamide) 50 mg, 100 mg, 150 mg, and 200 mg tablets	Formulary Deletion		lacosamide 50 mg, 100 mg, 150 mg, and 200 mg tablets (T5, QL, PA)
06/01/2022	Xeljanz® and Xeljanz® XR (tofacitinib) 5 mg, 10 mg tablets; 11 mg, 22 mg XR tablets, and 1 mg/mL oral solution	Criteria Update	T5, QL, PA, SP	
09/01/2022	Actemra® (tocilizumab) 162mg/0.9mL in a pre-filled syringe and ACTPen auto-injector and 80mg/4mL, 200mg/10mL, 400mg/20mL solution for intravenous administration	Criteria Update	T5, QL, PA, SP, NDS	
09/01/2022	Dupixent® (dupilumab) 200 mg/1.14mL and 300 mg/2mL pen-injectors and prefilled syringes	Criteria Update	T5, QL, PA, SP	
09/01/2022	Entresto® (sacubutril-valsartan) 24-26 mg, 49-51 mg, 97-103 mg	Criteria Update	T4, QL, PA	
09/01/2022	Nexavar® (sorafenib) 200 mg tablets	Formulary Deletion		sorafenib 200mg (T5, QL, PA, SP, NDS)
09/01/2022	Omnipod® 5 G6 (Gen 5) Intro Kit and POD	Formulary Addition	T4, QL, PA	
09/01/2022	Orencia® (abatacept) 125mg/mL in a ClickJect auto-injector; 125mg/mL, 50mg/0.4mL, 87.5/0.7mL in a	Criteria Update	T5, QL, PA, SP, NDS	

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	pre-filled syringe; and 250mg reconstituted solution for intravenous administration			
09/01/2022	Otezla® (apremilast) 30mg tablets and 10 & 20 & 30mg therapy pack	Criteria Update	T5, QL, PA, SP, NDS	
09/01/2022	Rinvoq® (upadacitinib) 15mg, 30mg, 45mg extended release tablets	Criteria Update	T5, QL, PA, SP, NDS	
09/01/2022	Skyrizi® (risankizumab-rzaa) 600 mg/10mL intravenous solution and 360 mg/2.4mL subcutaneous solution	Formulary Addition	T5, QL, PA, SP	
09/01/2022	sorafenib (Nexavar® generic) 200 mg tablets	Formulary Addition	T5, QL, PA, SP, NDS	
09/01/2022	Triumeq PD® (abacavir-dolutegravir-lamivud) 60-5-30 mg soluble tablet	Formulary Addition	T5, QL	
09/01/2022	Xeljanz® and Xeljanz® XR (tofacitinib) 5 mg, 10 mg tablets and 11 mg, 22 mg extended tablets	Criteria Update	T5, QL, PA, SP	

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

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