

NOTIFICATION OF FORMULARY CHANGES*

The following summary describes changes to the 2023 Presbyterian Senior Care (HMO)/(HMO-POS), Presbyterian UltraFlex (HMO-POS), Presbyterian MediCare PPO, and Presbyterian Dual Plus (HMO D-SNP) formularies.

The formulary may change at any time. You will receive notice when required.

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.

**Presbyterian Senior Care, Presbyterian UltraFlex
and Presbyterian MediCare PPO:**



(505) 923-6060
1-800-797-5343
(TTY 711)



October 1 - March 31:
8 a.m. to 8 p.m., seven days a week
(except holidays)

April 1 - September 30:
8 a.m. to 8 p.m., Monday - Friday
(except holidays)

Presbyterian Dual Plus:



(505) 923-6060
1-800-797-5343
(TTY 711)



www.phs.org/Medicare



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

Effective Date of Change	Drug Name	Description of Change	Tier	Additional Information	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2023	0.3ML/31G X 5/16", 0.5ML/30G X 12.7MM ULTRAFINE INSULIN SYRINGE	QL ADDITION	2	QL 200 PER 30 DAYS	
01/01/2023	ABACAVIR 20MG/ML ORAL SOLUTION	QL ADDITION	4	QL 30ML PER DAY	
01/01/2023	ABACAVIR 300MG TABLET	QL ADDITION	2	QL 2 PER DAY	
01/01/2023	ABACAVIR 600-300MG TABLET	QL ADDITION	4	QL 2 PER DAY	
01/01/2023	ACYCLOVIR EXTERNAL CREAM 5%	FORMULARY DELETION			ACYCLOVIR EXTERNAL OINTMENT 5% T4
01/01/2023	ADVAIR HFA 115-21MCG/ACT, 230-21MCG/ACT, 45-21MCG/ACT	QL ADDITION	4	ST QL 12GM PER 30 DAYS	
01/01/2023	AFINITOR 2.5MG TABLET	FORMULARY DELETION			EVEROLIMUS 2.5MG TABLET T5
01/01/2023	AMBRISANTAN 5MG, 10MG ORAL TABLET	PA ADDITION	5	PA QL 1 PER DAY LA	
01/01/2023	ANAGRELIDE 0.5MG, 1 MG CAPSULE	TIER INCREASE	3		
01/01/2023	APOKYN 30MG/30ML CARTRIDGE	QL ADDITION	5	PA QL 2ML PER DAY LA NDS	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	APOMORPHINE 30MG/30ML CARTRIDGE	QL ADDITION	5	PA QL 2ML PER DAY NDS	
01/01/2023	APTOM 800MG ORAL TABLET	QL ADDITION	5	ST QL 2 PER DAY NDS	
01/01/2023	ASPIRIN/DIPYRIDAMOLE EXTENDED RELEASE 12 HOUR 25-200 MG CAPSULE	QL ADDITION	4	QL 2 PER DAY	
01/01/2023	ATAZANAVIR SULFATE (REYATAZ CAPSULES) 200MG, 300MG ORAL CAPSULE	QL ADDITION	4	QL 2 PER DAY QL 1 PER DAY NDS	
01/01/2023	AVONEX 30MCG KIT, 30MCG/0.5ML PEN, PREFILLED SYRINGE 30MCG/0.5ML	QL ADDITION	5	QL 2 PER 28 DAYS NDS	
01/01/2023	BOSENTAN 62.5MG, 125MG ORAL TABLET	PA ADDITION	5	PA QL 2 PER DAY LA NDS	
01/01/2023	BROMOCRIPTINE MESYLATE 2.5MG, 5MG ORAL TABLET	TIER INCREASE	3		
01/01/2023	BUDESONIDE 0.25 MG/2ML, 0.5 MG/2ML SUSPENSION	TIER INCREASE	4	PA	
01/01/2023	BUDESONIDE 1 MG/2ML SUSPENSION	FORMULARY DELETION			BUDESONIDE 0.25 MG/2ML, 0.5 MG/2ML SUSPENSION T4
01/01/2023	BUDESONIDE 3MG ORAL CAPSULE	PA ADDITION	4	PA	
01/01/2023	BUDESONIDE 9MG ER ORAL TABLET	PA ADDITION	5	PA NDS	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	BUPROPION 75MG, 100MG ORAL TABLET	TIER INCREASE	2		
01/01/2023	BUTALBITAL/ACETAMINOPHEN/CAF FEINE 50-325-40MG ORAL CAPSULE AND ORAL TABLET	QL ADDITION	4	QL 6 PER DAY	
01/01/2023	CAPLYTA 42MG ORAL CAPSULE	PA ADDITION	5	PA QL 30 PER 30 DAY NDS	
01/01/2023	CAPTOPRIL 12.5MG, 25MG, 50MG, 100MG TABLET	TIER INCREASE	3		
01/01/2023	CARBAMAZEPINE 100MG ER ORAL TABLETS	TIER DECREASE	3		
01/01/2023	CARBAMAZEPINE 100MG, 200MG, 300MG ER ORAL CAPSULES AND 200MG, 400MG EXTENDED RELEASE TABLET	TIER INCREASE	3		
01/01/2023	CARBIDOPA/LEVODOPA 25-100MG, 50-200MG EXTENDED RELEASE TABLET	TIER INCREASE	2		
01/01/2023	CASPOFUNGIN 50MG, 70MG RECONSTITUTED INTRAVENOUS SOLUTION	FORMULARY ADDITION	4		
01/01/2023	CEFACLOR 500MG 12 HOUR EXTENDED REALEASE TABLET	FORMULARY DELETION			CEFACLOR ORAL CAPSULE 250 MG, 500 MG T2
01/01/2023	CEFPODOXIME PROXETIL 50 MG/5ML, 100 MG/5ML ORAL SOLUTION AND 100MG, 200MG	TIER INCREASE	4		

Y0055_MPC092231_NSR_C_09232022

Formulary ID 00023575

Version 018

Last Updated 05/16/2023

Page | 4



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

	ORAL				
01/01/2023	CHLORPROMAZINE HCL 10MG, 25MG, 50MG, 100MG, 200MG	TIER INCREASE & PA ADDITION	4	PA	
01/01/2023	CHOLESTYRAMINE 4GM PACKET, 4GM/DOSE POWDER	TIER INCREASE	3		
01/01/2023	CHOLESTYRAMINE LIGHT 4GM PACKET AND 4GM/DOSE POWDER	TIER INCREASE	3		
01/01/2023	CINACALCET HCL 30MG, 60MG, 90MG ORAL TABLET	QL ADDITION	4	QL 2 PER DAY	
01/01/2023	CLORAZEPATE DIPOTASSIUM 3.75MG, 7.5MG, 15MG TABLETS	TIER INCREASE	3	QL 6 PER DAY NDS	
01/01/2023	CLOZAPINE 12.5MG, 25MG, 100MG, 150MG DISPERSIBLE ORAL TABLET	ST ADDITION	4	ST	
01/01/2023	CLOZAPINE 200MG DISPERSIBLE ORAL TABLET	ST ADDITION	5	ST NDS	
01/01/2023	COMBIGAN 0.2-0.5 % SOLUTION	FORMULARY DELETION			BRIMONIDINE TARTRATE-TIMOLOL 0.2-0.5 % SOLUTION T4
01/01/2023	COMPLERA 200-25-300 MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	DALFAMPRIDINE 10MG EXTENDED RELEASE 12 HOUR ORAL TABLET	TIER DECREASE	4	QL 2 PER DAY NDS	
01/01/2023	DALIRESP 250MCG, 500MCG TABLET	PA ADDITION	3	PA QL 1 PER DAY	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	DEFERASIROX 180MG, 360MG ORAL TABLET AND 125MG, 250MG, 500MG SOLUBLE ORAL TABLET	PA ADDITION	5	PA NDS	
01/01/2023	DEFERASIROX 90MG ORAL TABLET	TIER DECREASE & PA ADDITION	4	PA NDS	
01/01/2023	DEMSER 250MG CAPSULE	FORMULARY DELETION			
01/01/2023	DESCOVY 200-25MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	DESMOPRESSIN ACETATE SPRAY REFRIGERATED NASAL SOLUTION 0.01%	FORMULARY DELETION			DESMOPRESSIN ACETATE RHINAL TUBE NASAL SOLUTION T2
01/01/2023	DEXTROAMPHETAMINE SULFATE 5MG, 10MG, 15MG ER ORAL CAPSULE	TIER INCREASE	4	QL 1 PER DAY, 2 PER DAY, 4 PER DAY NDS	
01/01/2023	DICLOFENAC SODIUM 3% EXTERNAL GEL AND 3% TRANSDERMAL GEL	PA ADDITION	4	PA	
01/01/2023	DIPHENOXYLATE/ATROPINE 2.5-0.025MG ORAL TABLET	TIER INCREASE	3		
01/01/2023	DOVATO 50-300MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	DUPIXENT 300MG/2ML, 200MG/1.14ML PREFILLED SYRINGES AND 300MG/2ML, 200MG/1.14ML PEN-INJECTORS	QL INCREASE	5	PA, QL 8ML PER 28 DAYS	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	EDURANT 25MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	EFAVIRENZ 600MG ORAL TABLET	QL ADDITION	2	QL 1 PER DAY NDS	
01/01/2023	EFAVIRENZ-EMTRICITAB-TENOFOVIR 600-200-300 MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	EMTRICITABINE-TENOFOVIR 100-150MG, 133-200MG, 167-250MG, 200-300MG DF ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	EMTRIVA 200MG CAPSULE	FORMULARY DELETION			EMTRICITABINE 200MG CAPSULE T4
01/01/2023	ENOXAPARIN INJ 150MG/ML	QL ADDITION			
01/01/2023	ENTRESTO 24-26MG, 49-51MG, 97-103MG	PA DELETION	3	QL 2 PER DAY	
01/01/2023	EPINEPHRINE 0.15MG/0.3ML, 0.3MG/0.3ML PEN	QL ADDITION	2	QL 4 PER 30 DAYS	
01/01/2023	EPLERENONE 25MG, 50MG ORAL TABLET	TIER INCREASE	2		
01/01/2023	EPRONTIA 25MG/ML ORAL SOLUTION	QL INCREASE	4	ST, QL 16ML PER DAY	
01/01/2023	ERGOTAMINE/CAFFEINE 1-100MG ORAL TABLET	QL ADDITION	3	QL 40 PER 30 DAYS	
01/01/2023	ERYTHROMYCIN 250MG, 500MG BS ORAL TABLET	TIER INCREASE	4		



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	ESTROPIPATE 0.75MG, 1.5MG TABLET	AL ADDITION	4	PA, AL	
01/01/2023	ETRAVIRINE 100MG ORAL TABLET	TIER INCREASE	5	NDS	
01/01/2023	EVOTAZ 300-150MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	EXEMESTANE 25MG ORAL TABLET	TIER INCREASE	4		
01/01/2023	EZETIMIBE 10MG ORAL TABLET	TIER INCREASE	2		
01/01/2023	FARXIGA 5MG, 10MG ORAL TABLET	ST & QL ADDITION	3	ST QL 1 PER DAY	
01/01/2023	FEBUXOSTAT 40MG, 80MG ORAL TABLET	PA ADDITION	4	PA QL 1 PER DAY	
01/01/2023	FERRIPROX 500MG TABLET	FORMULARY DELETION			DEFERIPRONE 500MG TABLET T5
01/01/2023	FIRVANQ 25MG/ML, 50MG/ML RECONSTITUTED ORAL SOLUTION	QL REMOVAL	3		
01/01/2023	FLUPHENAZINE DECANOATE 1MG, 2.5MG, 5MG, 10MG ORAL TABLET AND 25MG/ML	TIER INCREASE	4		
01/01/2023	FYCOMPA 2MG ORAL TABLET	QL ADDITION	4	ST QL 1 PER DAY	
01/01/2023	FYCOMPA 4MG, 6MG, 8MG, 10MG, 12MG ORAL TABLET	QL ADDITION	5	ST QL 1 PER DAY NDS	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	GALANTAMINE 4MG, 8MG, 12MG ORAL TABLET AND 4MG/ML ORAL SOLUTION	TIER INCREASE	3		
01/01/2023	GALANTAMINE HYDROBROMIDE 8MG 16MG, 24MG ER ORAL CAPSULE	TIER INCREASE	3	QL 2 PER DAY, 1 PER DAY, 1 PER DAY	
01/01/2023	GENVOYA 150-150-200-10 MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	GLATOPA 20MG/ML, 40MG/ML PREFILLED SYRINGE	FORMULARY ADDITION	3	QL 1 PER 1 DAY, 12 PER 28 DAYS	
01/01/2023	HYDROCORT 100MG ENEMA	FORMULARY DELETION			COLOCORT 100 MG ENEMA T3
01/01/2023	IMATINIB MESYLATE 100MG	TIER INCREASE	5	PA QL 2 PER DAY NDS	
01/01/2023	IMATINIB MESYLATE 100MG,	TIER INCREASE & QL DECREASE	5	PA QL 2 PER DAY NDS	
01/01/2023	INVOKAMET 50MG-500MG, 50MG-1000MG, 150MG-500MG, 150MG-1000MG IMMEDIATE RELEASE AND EXTENDED RELEASE ORAL TABLETS	ST REMOVAL	4	QL 2 PER DAY	
01/01/2023	INVOKANA 100MG, 300MG ORAL TABLETS	ST REMOVAL	4	QL 1 PER 1 DAY	
01/01/2023	ISENTRESS 100MG CHEWABLE ORAL TABLET	QL ADDITION	5	QL 6 PER DAY NDS	
01/01/2023	ISENTRESS 25MG CHEWABLE ORAL TABLET	QL ADDITION	3	QL 6 PER DAY	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	ISENTRESS 400MG ORAL TABLET, HD 600MG ORAL TABLET	QL ADDITION	5	QL 2 PER DAY NDS	
01/01/2023	ITRACONAZOLE 100MG ORAL CAPSULE	QL ADDITION	2	QL 4 PER DAY	
01/01/2023	JANUMET 50-1000MG, 50-500MG AND 100-1000MG, 50-1000MG, 50- 500MG XR ORAL TABLET	ST ADDITION	3	ST QL 2 PER DAY, 2 PER DAY, 1 PER DAY, 2 PER DAY, 2 PER DAY	
01/01/2023	JANUVIA 25MG, 50MG, 100MG ORAL TABLET	ST ADDITION	3	ST QL 1 PER DAY	
01/01/2023	JULUCA 50-25MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	KERENDIA 10MG, 20MG ORAL TABLETS	FORMULARY ADDITION	4	PA, QL 30 PER 30 DAYS	
01/01/2023	LINEZOLID 600MG ORAL TABLET	QL ADDITION	4	PA QL 2 PER DAY	
01/01/2023	LOPINAVIR-RITONAVIR 200-50MG ORAL TABLETS	QL ADDITION	4	QL 4 PER DAY	
01/01/2023	MARAVIROC 150MG, 300MG	QL ADDITION	5	QL 2 PER DAY, 4 PER DAY NDS	
01/01/2023	MESALAMINE 1000MG RECTAL SUPPOSITORY	QL ADDITION	4	QL 1 PER DAY	
01/01/2023	MESALAMINE 400MG ORAL CAPSULE	QL ADDITION	4	ST QL 6 PER DAY	
01/01/2023	METHYLPHENIDATE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG ER (CD) ORAL CAPSULE	TIER INCREASE	3	QL 1 PER DAY NEDS	

Y0055_MPC092231_NSR_C_09232022

Formulary ID 00023575

Version 018

Last Updated 05/16/2023

Page | 10

01/01/2023	METHYLPHENIDATE 10MG, 18MG, 20MG ER ORAL TABLET	TIER INCREASE	3	QL 3 PER DAY, 1 PER DAY, 3 PER DAY NDS	
01/01/2023	METHYLPHENIDATE 27MG ORAL TABLET, 36MG, 54MG HCL ER ORAL TABLET	TIER INCREASE	3	QL 1 PER DAY, 2 PER DAY, 1 PER DAY NDS	
01/01/2023	METHYLPHENIDATE HCL 18MG, 27MG, 36MG, 54MG ER 24 HOUR ORAL TABLET	TIER INCREASE	3	QL 1 PER DAY, 1 PER DAY, 2 PER DAY, 1 PER DAY NDS	
01/01/2023	MOXIFLOXACIN 400MG ORAL TABLETS	FORMULARY ADDITION	4		
01/01/2023	NEULASTA 6MG/0.6ML PREFILLED SYRINGE	FORMULARY DELETION			ZARXIO 300 MCG/0.5 ML AND 480 MCG/0.8 ML PREFILLED SYRINGES T5
01/01/2023	NORVIR 100MG TABLET	FORMULARY DELETION			RITONAVIR 100MG TABLET T2
01/01/2023	NOXAFIL 40MG/ML ORAL SUSPENSION	QL ADDITION	5	PA QL 20ML PER DAY NDS	
01/01/2023	OCTREOTIDE 200MCG INJECTION SOLUTION	TIER INCREASE	3		
01/01/2023	ODEFSEY 200-25-25MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	OZEMPIC 2MG/1.5ML, 4 MG/3ML, 8MG/3ML PEN INJECTOR	FORMULARY ADDITION	3	QL 1.5ML PER 28 DAYS, 3 ML PER 28 DAYS	
01/01/2023	PENTACEL RECONSTITUTED INTRAMUSCULAR SUSPENSION	FORMULARY ADDITION	3		
01/01/2023	PERPHENAZINE 2MG, 4MG, 8MG, 16MG ORAL TABLET	TIER INCREASE	3		

Y0055_MPC092231_NSR_C_09232022

Formulary ID 00023575

Version 018

Last Updated 05/16/2023

Page | 11



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	PIFELTRO 100MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	PILOCARPINE 5MG, 7.5MG ORAL TABLET	TIER INCREASE	3		
01/01/2023	POSACONAZOLE 100MG DR ORAL TABLET	QL ADDITION	5	PA QL 3 PER DAY NDS	
01/01/2023	PREHEVBRIO 10MCG/ML INTRAMUSCULAR SUSPENSION	FORMULARY ADDITION	3	PA BVD	
01/01/2023	PREZCOBIX 800-150MG ORAL TABLET	QL ADDITION	5	QL 2 PER DAY NDS	
01/01/2023	PREZISTA 100MG/ML ORAL SUSPENSION	QL ADDITION	5	QL 12 ML PER DAY NDS	
01/01/2023	PREZISTA 75MG ORAL TABLETS	QL ADDITION	5	QL 10 PER DAY NDS	
01/01/2023	PRIORIX SUBCUTANEOUS SUSPENSION	FORMULARY ADDITION	3		
01/01/2023	PROGRAF 1MG ORAL PACKET	TIER DECREASE	4	PA BVD	
01/01/2023	PROLASTIN-C 1000MG RECONSTITUTED INTRAVENOUS SOLUTION	PA ADDITION	5	PA LA NDS	
01/01/2023	PROLIA 60MG SOLUTION	QL ADDITION	4	PA QL 1 PER 180 DAYS	
01/01/2023	PROMETHAZINE 12.5MG, 25MG RECTAL SUPPOSITORY	TIER INCREASE	3		



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	QUADRACEL 0.5ML PREFILLED SYRING	FORMULARY ADDITION	3		
01/01/2023	REGRANEX 0.01% GEL	PA ADDITION	5	PA NDS	
01/01/2023	RESTASIS 0.05% MULTIDOSE VIAL	QL UPDATE	3	QL 16.5ML PER 90 DAYS	
01/01/2023	REVLIMID 5MG, 10MG, 15MG, 25MG CAPSULE	FORMULARY DELETION			LENALLIDOMIDE 5MG, 10MG, 15MG, 25MG CAPSULE T5
01/01/2023	RITONAVIR 100MG ORAL TABLET	QL ADDITION	2	QL 12 PER DAY	
01/01/2023	RIVASTIGMINE 4.6MG/24 HOUR, 9.5MG/24 HOUR, 13.3MG/24 HOUR TRANSDERMAL SYSTEM	ST & QL ADDITION	4	ST QL 1 PER DAY	
01/01/2023	RYBELSUS 3MG, 7MG, 14MG TABLET	FORMULARY ADDITION	3	QL 1 PER DAY	
01/01/2023	RYDAPT 25MG ORAL CAPSULE	QL ADDITION	5	PA QL 8 PER DAY NDS	
01/01/2023	SELZENTRY 25MG ORAL TABLET	QL ADDITION	4	QL 8 PER DAY	
01/01/2023	SELZENTRY 75MG ORAL TABLET & 20MG/ML ORAL SOLUTION	QL ADDITION	5	QL 8 PER DAY, 30ML PER DAY NDS	
01/01/2023	SEREVENT 50MCG/DOSE DISKUS	QL ADDITION	3	QL 60 PER 30 DAYS	
01/01/2023	SKYRIZI 75MG/0.83ML PREFILLED SYRINGE KIT	QL INCREASE	5	PA QL 2 PER 84 DAYS NDS	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	SOFOBUVIR-VELPATASVIR (AG) 400-100MG ORAL TABLET	QL ADDITION	5	PA QL 84 PER 84 DAYS NDS	
01/01/2023	SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10MG, 15MG, 20MG, 25MG, 30MG RECONSTITUTED SUBCUTANEOUS SOLUTION	PA & QL ADDITION	5	PA QL 1 PER DAY NDS	
01/01/2023	SPIRIVA 1.25MCG/ACT, 2.5MCG/ACT RESPIMAT	QL ADDITION	3	QL 4 PER 30 DAYS	
01/01/2023	SPIRIVA 18MCG HANDIHALER	QL ADDITION	3	QL 1 PER DAY	
01/01/2023	STIOLTO 2.5-2.5MCG/ACT RESPIMAT	QL ADDITION	3	QL 4GM PER 30 DAYS	
01/01/2023	STRIBILD 150-150-200-300MG	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	SUMATRIPTAN SUCCINATE 4MG/0.5ML, 6MG/0.5ML, 6MG/0.5ML SUBCUTANEOUS SOLUTION CARTRIDGE REFILL	TIER INCREASE	4	QL 4 ML PER 30 DAYS, 5 ML PER 30 DAYS	
01/01/2023	SUMATRIPTAN SUCCINATE 4 MG/0.5ML, 6 MG/0.5ML SUBCUTANEOUS SOLUTION AUTO- INJECTOR	TIER INCREASE	4	QL 4 ML PER 30 DAYS, 5 ML PER 30 DAYS	
01/01/2023	SUMATRIPTAN SUCCINATE 6 MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGES	TIER INCREASE	4	QL 4 ML PER 30 DAYS, 5 ML PER 30 DAYS	

Y0055_MPC092231_NSR_C_09232022

Formulary ID 00023575

Version 018

Last Updated 05/16/2023

Page | 14



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	SUMATRIPTAN SUCCINATE NASAL SOLUTION 20 MG/ACT	TIER INCREASE	4	QL 12 PER 30 DAYS	
01/01/2023	SYMBICORT 80-4.5MCG/ACT, 160-4.5MCG/ACT	QL ADDITION	3	QL 10.2ML PER 30 DAYS	
01/01/2023	SYMTUZA 800-150-200-10MG ORAL TABLET	QL ADDITION	5	QL 1 PER DAY NDS	
01/01/2023	TENOFOVIR DISOPROXIL FUMARATE 300MG ORAL TABLET	QL ADDITION	4	QL 1 PER DAY	
01/01/2023	THALOMID 50MG, 100MG, 150MG ORAL CAPSULE	QL ADDITION	5	PA QL 2 PER DAY NDS	
01/01/2023	THEOPHYLLINE 100MG, 300MG, 450MG ER ORAL TABLET	TIER INCREASE	4		
01/01/2023	TICOVAC 2.4MCG/0.5ML INTRAMUSCULAR SUSPENSION IN PREFILLED SYRINGE	FORMULARY ADDITION	3		
01/01/2023	TOBI 28MG PODHALER	FORMULARY DELETION			TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/5 ML T5
01/01/2023	TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %	TIER INCREASE	4		
01/01/2023	TRIAMTERENE 50MG, 100MG ORAL CAPSULE	TIER INCREASE	4		
01/01/2023	TRULICITY 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	ST REMOVAL & TIER DECREASE	3	QL 2ML PER 28 DAYS	
01/01/2023	URSODIOL 250MG, 500MG ORAL TABLET AND 300MG ORAL CAPSULE	TIER INCREASE	3		

Y0055_MPC092231_NSR_C_09232022

Formulary ID 00023575

Version 018

Last Updated 05/16/2023

Page | 15



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

01/01/2023	VALGANCICLOVIR 450MG ORAL TABLET	QL ADDITION	3	PA QL 4 PER DAY	
01/01/2023	VALGANCICLOVIR 50MG/ML ORAL SOLUTION	QL ADDITION	5	QL 36 ML PER DAY NDS	
01/01/2023	VASCEPA 1MG ORAL CAPSULE	FORMULARY DELETION			ICOSAPENT ETHYL 1GM CAPSULE T4
01/01/2023	VIGABATRIN 500MG ORAL TABLET	ST ADDITION	5	ST NDS	
01/01/2023	VIMPAT 50MG, 100MG, 150MG, 200MG TABLET	FORMULARY DELETION			LACOSAMIDE 50MG, 100MG, 150MG, 200MG TABLET T4
01/01/2023	VIREAD 150MG, 200MG, 250MG TABLET AND 40MG/MG POWDER	QL ADDITION		QL 1 PER DAY, 225GM PER 30 DAYS	
01/01/2023	XARELTO 2.5MG, 10MG, 15MG, 20MG ORAL TABLET AND 15/20MG STARTER PACK	QL ADDITION	3	QL 2 PER DAY, 1 PER DAY, 102 PER 365 DAYS	
01/01/2023	ZAFIRLUKAST 10MG, 20MG	TIER INCREASE	3		
01/01/2023	ZARXIO 300MCG/0.5ML, 480MG/0.5ML PREFILLED SYRINGE	PA ADDITION	5	PA NDS	
01/01/2023	ZENZEDI 5MG, 10MG TABLET	FORMULARY DELETION			DEXTROAMPHETAMINE 5MG, 10MG TABLET T2
01/01/2023	ZORTRESS 0.25MG, 0.5MG. 0.75MG TABLET	FORMULARY DELETION			EVEROLIMUS 0.25MG T4, 0.5MG. 0.75MG TABLET T5
02/01/2023	0.3ML/31G X 5/16", 0.5ML/30G X 12.7MM ULTRAFINE INSULIN SYRINGE	QL REMOVAL	2		



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

02/01/2023	ANORO ELLIPTA 62.5-25MCG/ACT	FORMULARY ADDITION	3	QL 60 PER 30 DAY	
02/01/2023	ARNUITY ELLIPTA 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	FORMULARY ADDITION	3	QL 30 PER 30 DAY	
02/01/2023	CALQUENCE 100MG TABLET	FORMULARY ADDITION	5	PA QL 2 PER DAY NDS	
02/01/2023	CAPLYTA 10.5MG, 21MG CAPSULE	FORMULARY ADDITION	5	PA QL 30 PER 30 DAY NDS	
02/01/2023	DABIGATRAN 75MG, 150MG CAPSULE	FORMULARY ADDITION	4	QL 2 PER DAY	
02/01/2023	DALIRESP 500MCG TABLET	FORMULARY DELETION			ROFLUMILAST 500MCG TABLET T3
02/01/2023	DESCOVY 120-15MG	FORMULARY ADDITION	5	QL 1 PER DAY NDS	
02/01/2023	ELIQUIS STARTER PACK AND 2.5MG, 5MG TABLETS	TIER DECREASE	3	QL 2 PER DAY	
02/01/2023	ENOXAPARIN 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML, 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML INJECTION	QUANTITY LIMIT REMOVAL	2		
02/01/2023	FINZALA 1-20MG-MCG(24) CHEWABLE TABLET	FORMULARY ADDITION	3		
02/01/2023	IMBRUVICA 70MG/ML SUSPENSION	FORMULARY ADDITION	5	PA QL 6 PER DAY NDS	
02/01/2023	JYNNEOS 0.5ML SUSPENSION	FORMULARY ADDITION	3		

Y0055_MPC092231_NSR_C_09232022

Formulary ID 00023575

Version 018

Last Updated 05/16/2023

Page | 17



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

02/01/2023	LENALIDOMIDE 2.5MG, 20MG CAPSULE	FORMULARY ADDITION	5	PA QL 1 PER DAY NDS	
02/01/2023	LYRICA CR ER 82.5MG, 165MG, 330MG TABLET	FORMULARY DELETION			PREGABALIN ER 82.5MG, 165MG, 330MG TABLET T4
02/01/2023	MESALAMINE ER 500MG CAPSULE	FORMULARY ADDITION	5	QL 8 PER DAY NDS	
02/01/2023	PENCICLOVIR 1% CREAM	FORMULARY ADDITION	4	PA QL 5GM PER 30 DAYS	
02/01/2023	PENTASA ER 500MG CAPSULE	FORMULARY DELETION			MESALAMINE ER 500MG CAPSULE T5
02/01/2023	PRADAXA 75MG, 150MG CAPSULE	FORMULARY DELETION			DABIGATRAN 75MG, 150MG CAPSULE T4
02/01/2023	PREGABALIN ER 82.5MG, 165MG, 330MG TABLET	FORMULARY ADDITION	4	PA QL 1 PER DAY	
02/01/2023	REVLIMID 5MG, 10MG, 15MG, 25MG CAPSULE	FORMULARY ADDITION	5	PA QL 1 PER DAY NDS	
02/01/2023	ROFLUMILAST 500MCG TABLET	FORMULARY ADDITION	3	PA QL 1 PER DAY	
02/01/2023	TAZAROTENE 0.1%, 0.05% GEL	FORMULARY ADDITION	4		
02/01/2023	TAZORAC 0.1%, 0.05% GEL	FORMULARY DELETION			TAZAROTENE 0.1%, 0.05% GEL T4
02/01/2023	TRELEGY ELLIPTA 200-62.5-25MCG/ACT	FORMULARY ADDITION	3	QL 60 PER 30 DAY	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

02/01/2023	ZONISADE 100MG/5ML SUSPENSION	FORMULARY ADDITION	5	PA QL 30ML PER DAY NDS	
03/01/2023	AUVELITY 105MG-45MG TABLET	FORMULARY ADDITION	4	PA QL 2 PER DAY	
03/01/2023	MENEST 2.5MG TABLET	FORMULARY ADDITION	3	PA	
03/01/2023	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE 20MCG-75MG-1MG TABLET	FORMULARY ADDITION	3		
03/01/2023	ROFLUMILAST 250MCG TABLET	FORMULARY ADDITION	3	PA QL 1 PER 1 DAY NDS	
03/01/2023	SKYRIZI 180MG/1.2ML CARTRIDGE	FORMULARY ADDITION	5	PA QL 1.2ML PER 56 DAYS NDS	
04/01/2023	ACTEMRA 162/0.9ML INJECTION	PA UPDATE	5	PA QL 3.6ML PER 28 DAYS NDS	
04/01/2023	ATORVASTATIN 10MG, 20MG, 40MG, 80MG TABLET	TIER DECREASE	1		
04/01/2023	COSENTYX 150MG/ML	PA UPDATE	5	PA	
04/01/2023	DALIRESP 250MCG TALET	FORMULARY DELETION			ROFLUMILAST 250MCG TABLET T3
04/01/2023	ENBREL 25MG/0.5ML, 50MG/ML INJECTION	PA UPDATE	5	PA QL 4.08ML PER 28 DAYS (25MG)	
04/01/2023	FARXIGA 5MG, 10MG TABLET	ST REMOVAL	3	QL 1 PER DAY	



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

Presbyterian Medicare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

04/01/2023	HEPLISAV-B 20MCG/0.5ML SYRINGE	FORMULARY ADDITION	3		
04/01/2023	HUMIRA 10MG/0.1ML, 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML INJECTION	PA UPDATE	5	PA NDS	
04/01/2023	KINERET 100MG/0.67ML INJECTION	PA UPDATE	5	PA NDS	
04/01/2023	KRAZATI 200MG TABLET	FORMULARY ADDITION	5	PA QL 6 PER DAY NDS	
04/01/2023	ORENCIA 50MG/ML, 87.5MG/0.7ML, 125MG/ML INJECTION	PA UPDATE	5	PA QL 4ML PER 28 DAY NDS	
04/01/2023	OTEZLA 10/20/30 MG TABLET PACK OTEZLA 30 MG TABLET	PA UPDATE	5	PA QL 2 PER DAY NDS	
04/01/2023	OZEMPIC 2MG/3ML PEN INJECTOR	FORMULARY ADDITION	3	QL 3 PER 28 DAYS	
04/01/2023	PIRFENIDONE 267 CAPSULE	FORMULARY ADDITION	5	PA QL 6 PER DAY NDS	
04/01/2023	RINVOQ ER 15MG, 30MG, 45MG TABLET	PA UPDATE	5	PA QL 1 PER DAY NDS, 60 PER 365 DAYS	
04/01/2023	SKYRIZI 75MG/0.83ML PREFILLED SYRINGE KIT, 150MG/ML AUTO-INJECTOR, 180MG/1.2ML CARTRIDGE, 360MG/2.4ML CARTRIDGE AND 150MG/ML PREFILLED SYRING	PA UPDATE	5	PA QL 1.66ML PER 84 DAYS, 7ML PER 365 DAYS, 1.2ML PER 56 DAYS, 2.4ML PER 56 DAYS , 7ML PER 365 DAYS NDS	

Y0055_MPC092231_NSR_C_09232022

Formulary ID 00023575

Version 018

Last Updated 05/16/2023

Page | 20



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

04/01/2023	STELARA 45MG/0.5ML, 90 MG/ML INJECTION	PA UPDATE	5	PA NDS	
04/01/2023	SUNLENCA 4 X 300MG, 5 X 300MG PACK	FORMULARY ADDITION	5	QK 4 PER 999 DAYS AND 5 PER 999 DAYS NDS	
04/01/2023	XELJANZ ORAL SOLUTION 1MG/ML	FORMULARY ADDITION	5	PA QL 10ML PER DAY NDS	
04/01/2023	XELJANZ 5MG, 10MG TABLET ZELJANZ ER 11MG 22MG TABLET	PA UPDATE	5	PA QL 2 PER DAY NDS PA QL 1 PER DAY NDS	
05/01/2023	ACTEMRA 162MG/0.9ML PREFILLED SYRINGE AND ACTPEN AUTO-INJECTOR	PA UPDATE	5	PA QL 3.6ML PER 28 DAYS NDS	
05/01/2023	COSENTYX 150MG/ML, 150MG/ML (300MG DOSE) SENSOREADY AUTO-INJECTOR; 75MG/0.5ML, 150MG/ML, 150MG/ML (300MG DOSE) PREFILLED SYRINGE	PA UPDATE	5	PA NDS	
05/01/2023	ENBREL 25MG/0.5ML SOLUTION, RECONSTITUTED SOLUTION, PREFILLED SYRINGE; 50MG/ML MINI CARTRIDGE, PREFILLED SYRINGE, AUTO-INJECTOR	PA UPDATE	5	PA NDS	
05/01/2023	HETLIOZ 20MG CAPSULE	FORMULARY DELETION			TASIMELTEON 20MG CAPSULE T5
05/01/2023	HUMIRA 80 MG/0.8ML & 40 MG/0.4ML, , 80 MG/0.8ML PEDIATRIC CHROHNS START	PA UPDATE	T	PA NDS	

	PREFILLED SYRINGE KITS; 40 MG/0.8ML, 80 MG/0.8ML CD/UC/HS STARTER PEN INJECTOR KITS; 80 MG/0.8ML PEDIATRIC UC START PEN-INJECTOR KIT; 80 MG/0.8ML & 40MG/0.4ML PSOR/UVEIT STARTER PEN-INJECTOR KIT; 40 MG/0.8ML PS/UV/ADOL HS START PEN-INJECTOR KIT; 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML PEN-INJECTOR KITS;10 MG/0.1ML, 20 MG/ 0.2ML, 40 MG/0.4ML, 40 MG/0.8ML PREFILLED SYRINGE KITS				
05/01/2023	JAYPIRCA 50MG, 100MG TABLET	FORMULARY ADDITION	5	PA QL 2 PER DAY, 1 PER DAY NDS	
05/01/2023	KINERET 100MG/0.67ML PREFILLED SYRINGE	PA UPDATE	5	PA NDS	
05/01/2023	LATUDA 20MG, 40MG, 60MG, 80MG, 120MG TABLET	FORMULARY DELETION			LURASIDONE 20MG, 40MG, 60MG, 80MG, 120MG TABLET T4
05/01/2023	LURASIDONE 20MG, 40MG, 60MG, 80MG, 120MG TABLET	FORMULARY ADDITION	4	QL 1 PER DAY, 1 PER DAY, 1 PER DAY, 2 PER DAY, 1 PER DAY ST	
05/01/2023	LYTGOBI 4MG TABLET (12MG, 16MG, 20MG DAILY DOSE) THERAPY PACKS	FORMULARY ADDITION	5	PA QL 5 PER DAY NDS	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

05/01/2023	ORENCIA 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML PREFILLED SYRINGE; 125MG/ML CLICKJECT AUTO-INJECTOR, 250MG RESONCTITUTED IV SOLUTION	PA UPDATE	5	PA QL 4 PER 28 DAYS NDS	
05/01/2023	ORSERDU 86MG, 345MG TABLET	FORMULARY ADDITION	5	PA QL 3 PER DAY, 1 PER DAY NDS	
05/01/2023	OTEZLA 30MG TABLET, 10 & 20 & 30MG THERAPY PACK	PA UPDATE	5	PA QL 2 PER DAY LA NDS	
05/01/2023	QUETIAPINE 150MG TABLET	FORMULARY ADDITION	2	NDS	
05/01/2023	REZLIDHIA 150MG CAPSULE	FORMULARY ADDITION	5	PA QL 2 PER DAY NDS	
05/01/2023	RINVOQ 15MG, 30MG, 45MG 24 HOUR EXTENDED RELEASE TABLET	PA UPDATE		PA QL 1 PER DAY, 1 PER DAY, 60 PER 365 DAYS NDS	
05/01/2023	STELARA 130MG/26ML IV SOLUTION, 45MG/0.5ML SOLUTION, 45MG/0.5ML AND 90MG/ML PREFILLED SYRINGE	PA UPDATE	5	PA NDS	
05/01/2023	TAKHZYRO 150MG/ML	FORMULARY ADDITION	5	PA NDS	
05/01/2023	TASIMELTEON 20MG CAPSULE	FORMULARY ADDITION	5	PA QL 1 PER DAY NDS	
05/01/2023	XELJANZ 1MG/ML SOLUTION	PA UPDATE	5	PA QL 10ML PER DAY NDS	



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

Presbyterian MediCare PPO
 Presbyterian Senior Care (HMO)/(HMO-POS)
 Presbyterian UltraFlex (HMO-POS)
 Presbyterian Dual Plus (HMO D-SNP)

05/01/2023	ZTALMY 50MG/ML SUSPENSION	FORMULARY ADDITION	5	PA NDS	
06/01/2023	AUBAGIO 7MG, 14MG TABLET	FORMULARY DELETION			TERIFLUNOMIDE 7MG, 14MG TABLET T5
06/01/2023	BELSOMRA 5MG, 10, MG, 15MG, 20MG TABLET	ST UPDATE	4	ST QL 1 PER DAY	
06/01/2023	DAYVIGO 5MG, 10MG TALBET	ST UPDATE	4	ST QL 1 PER DAY	
06/01/2023	ERLEADA 240MG TABLET	FORMULARY ADDITION	5	PA QL 1 PER DAY NDS	
06/01/2023	HYDROXYZINE 10MG, 25MG, 50MG TALBET AND 25MG, 50MG, 100MG CAPSULE	PA UPDATE	4	PA	
06/01/2023	TERIFLUNOMIDE 7MG, 14MG TABLET	FORMULARY ADDITION	5	PA QL 1 PER DAY NDS	
06/01/2023	TYBLUME 20MCG; 0.1MG	FORMULARY ADDITION	3		

GC = Gap Coverage, **B/D** = This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination, **NDS** = Drug is limited to a one-month supply, **PA** = Prior Authorization required, **QL** = Quantity Limit, **SP** = Specialty Pharmacy required, **ST** = Step Therapy. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.



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

Presbyterian MediCare PPO
Presbyterian Senior Care (HMO)/(HMO-POS)
Presbyterian UltraFlex (HMO-POS)
Presbyterian Dual Plus (HMO D-SNP)

Based on a Model of Care review, Presbyterian Dual Plus (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2025.