PRESBYTERIAN
Health Plan, Inc.

Presbyterian Dual Plus (HMO D-SNP)
Formulary Step Therapy Criteria
Effective January 1, 2027

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 resources, visit **www.phs.org/Medicare** or contact our Presbyterian Customer Service Center at:



myPRES app or
phs.org/myPRES



info@phs.org



(505) 923-7675 or
1-855-465-7737
(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)

Learn about Presbyterian's Nondiscrimination Notice and Interpreter Services.

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 2028.

Anti-Convulsant

Products Affected

- Brivaracetam Solution 10 MG/ML Oral
- Brivaracetam Tablet 10 MG Oral
- Brivaracetam Tablet 100 MG Oral
- Brivaracetam Tablet 25 MG Oral
- Brivaracetam Tablet 50 MG Oral
- Brivaracetam Tablet 75 MG Oral
- Briviact Solution 10 MG/ML Oral
- Briviact Tablet 10 MG Oral
- Briviact Tablet 100 MG Oral
- Briviact Tablet 25 MG Oral
- Briviact Tablet 50 MG Oral
- Briviact Tablet 75 MG Oral
- Diacomit Capsule 250 MG Oral
- Diacomit Capsule 500 MG Oral
- Diacomit Packet 250 MG Oral
- Diacomit Packet 500 MG Oral
- Eprontia Solution 25 MG/ML Oral
- Eslicarbazepine Acetate Tablet 200 MG Oral
- Eslicarbazepine Acetate Tablet 400 MG Oral
- Eslicarbazepine Acetate Tablet 600 MG Oral
- Eslicarbazepine Acetate Tablet 800 MG Oral
- Fycompa Suspension 0.5 MG/ML Oral
- Lacosamide Solution 10 MG/ML Oral
- Lacosamide Tablet 100 MG Oral
- Lacosamide Tablet 150 MG Oral
- Lacosamide Tablet 200 MG Oral
- Lacosamide Tablet 50 MG Oral
- Perampanel Suspension 0.5 MG/ML Oral
- Perampanel Tablet 10 MG Oral
- Perampanel Tablet 12 MG Oral
- Perampanel Tablet 2 MG Oral
- Perampanel Tablet 4 MG Oral
- Perampanel Tablet 6 MG Oral
- Perampanel Tablet 8 MG Oral
- Xcopri (250 MG Daily Dose) Tablet Therapy Pack 100 & 150 MG Oral
- Xcopri (250 MG Daily Dose) Tablet Therapy Pack 50 & 200 MG Oral
- Xcopri (350 MG Daily Dose) Tablet Therapy Pack 150 & 200 MG Oral
- Xcopri Tablet 100 MG Oral
- Xcopri Tablet 150 MG Oral
- Xcopri Tablet 200 MG Oral
- Xcopri Tablet 25 MG Oral
- Xcopri Tablet 50 MG Oral
- Xcopri Tablet Therapy Pack 14 x 12.5 MG & 14 x 25 MG Oral
- Xcopri Tablet Therapy Pack 14 x 150 MG & 14 x200 MG Oral
- Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x100 MG Oral

Details

Criteria	You must have taken the following drugs: two (2) formulary anti-convulsants.

Anti-Depressants

Products Affected

- Exxua Tablet Extended Release 24 Hour 18.2 MG Oral
- Exxua Tablet Extended Release 24 Hour 36.3 MG Oral
- Exxua Tablet Extended Release 24 Hour 54.5 MG Oral
- Exxua Tablet Extended Release 24 Hour 72.6 MG Oral
- Exxua Titration Pack Tablet Extended Release 24 Hour 18.2 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral
- Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral
- Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral
- Vilazodone HCl Tablet 10 MG Oral
- Vilazodone HCl Tablet 20 MG Oral
- Vilazodone HCl Tablet 40 MG Oral

Details

Criteria	You must have taken two (2) of the following drugs: a selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI).

Anti-Seizure

Products Affected

- cloBAZam Suspension 2.5 MG/ML Oral
- cloBAZam Tablet 10 MG Oral
- cloBAZam Tablet 20 MG Oral
- Rufinamide Suspension 40 MG/ML Oral
- Rufinamide Tablet 200 MG Oral
- Rufinamide Tablet 400 MG Oral
- Sympazan Film 10 MG Oral
- Sympazan Film 20 MG Oral
- Sympazan Film 5 MG Oral

Details

Criteria	You must have taken lamotrigine and topiramate within the past 180 days. Lamotrigine and topiramate are not required prior to rufinamide for seizures associated with Lennox-Gastaut in pediatric patients 1 to less than 2 years.

Asthma

Products Affected

- Advair HFA Aerosol 115-21 MCG/ACT Inhalation
- Advair HFA Aerosol 230-21 MCG/ACT Inhalation
- Advair HFA Aerosol 45-21 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation
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- Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation

Details

Criteria	You must have taken one of the following drugs in the past 150 days: beclomethasone inhaled, mometasone inhaled, budesonide inhaled, budesonide/formoterol inhaled, tiotropium inhaled, tiotropium/olodaterol inhaled, ipratropium inhaled, or ipratropium/albuterol inhaled.

Atypical Anti-Psychotics

Products Affected

- Asenapine Maleate Tablet Sublingual 10 MG Sublingual
- Asenapine Maleate Tablet Sublingual 2.5 MG Sublingual
- Asenapine Maleate Tablet Sublingual 5 MG Sublingual
- Paliperidone ER Tablet Extended Release 24 Hour 1.5 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 3 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 6 MG Oral
- Paliperidone ER Tablet Extended Release 24 Hour 9 MG Oral

Details

Criteria	You must have taken the following drugs: two (2) atypical anti-psychotics.

Belsomra (suvorexant)

Products Affected

- Belsomra TABLET 10 MG ORAL
- Belsomra TABLET 15 MG ORAL
- Belsomra TABLET 20 MG ORAL
- Belsomra TABLET 5 MG ORAL
- DayVigo Tablet 10 MG Oral
- DayVigo Tablet 5 MG Oral

Details

Criteria	You must have taken one (1) of the following drugs: eszopiclone, ramelteon, temazepam, trazodone, triazolam, zaleplon or zolpidem.

Clozapine ODT

Products Affected

- cloZAPine Tablet Dispersible 100 MG Oral
- cloZAPine Tablet Dispersible 12.5 MG Oral
- cloZAPine Tablet Dispersible 150 MG Oral
- cloZAPine Tablet Dispersible 200 MG Oral
- cloZAPine Tablet Dispersible 25 MG Oral

Details

Criteria	Must have taken the non-ODT form of clozapine within the past 180 days

Hypertension

Products Affected

- Aliskiren Fumarate Tablet 150 MG Oral
- Aliskiren Fumarate Tablet 300 MG Oral

Details

Criteria	You must have taken two (2) of the following drugs: a formulary angiotensin converting enzyme inhibitor (ACE inhibitor), an ACE inhibitor-diuretic combination, an angiotensin II receptor blocker (ARB) or an ARB-diuretic combination.

Migranal (dihydroergotamine)

Products Affected

- Dihydroergotamine Mesylate Solution 4 MG/ML Nasal

Details

Criteria	Inadequate response to at lease two of the following: almotriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan.

Prevymis (letermovir)

Products Affected

- Prevymis Tablet 480 MG Oral

Details

Criteria	ST applies to new starts only - You must have taken valganciclovir.

Rhopressa (netarsudil)

Products Affected

- Rhopressa Solution 0.02 % Ophthalmic

Details

Criteria	You must have taken one (1) of the following drugs in the last 120 days: latanoprost, Lumigan (bimatoprost), travoprost.

Rivastigmine Transdermal

Products Affected

- Rivastigmine Patch 24 Hour 13.3 MG/24HR Transdermal
- Rivastigmine Patch 24 Hour 4.6 MG/24HR Transdermal
- Rivastigmine Patch 24 Hour 9.5 MG/24HR Transdermal

Details

Criteria	Must have tried the oral formulations of rivastigmine within the past 180 days.

Trintellix (vortioxetine)

Products Affected

- Trintellix Tablet 10 MG Oral
- Trintellix Tablet 20 MG Oral
- Trintellix Tablet 5 MG Oral

Details

Criteria	You must have taken the following drugs: two(2) formulary selective serotonin reuptake inhibitors(SSRI).

Triptans - Almotriptan, Frovatriptan, Zolmitriptan

Products Affected

- Almotriptan Malate Tablet 12.5 MG Oral
- Almotriptan Malate Tablet 6.25 MG Oral
- Eletriptan Hydrobromide Tablet 20 MG Oral
- Eletriptan Hydrobromide Tablet 40 MG Oral
- Frovatriptan Succinate Tablet 2.5 MG Oral
- ZOLMitriptan Tablet 2.5 MG Oral
- ZOLMitriptan Tablet 5 MG Oral

Details

Criteria	You must have taken any two (2) of the following in the past 180 days: sumatriptan (tablets, nasal spray, or injection), naratriptan or rizatriptan.

Vascepa (icosapent)

Products Affected

- Icosapent Ethyl Capsule 1 GM Oral

Details

Criteria	Member has had an inadequate response to omega-3=acid ethyl esters oral capsules

Xopenex HFA (levalbuterol)

Products Affected

- Levalbuterol Tartrate Aerosol 45 MCG/ACT Inhalation

Details

Criteria	You must have taken albuterol within the past 120 days.

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Nepali नेपाली	ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।
Bengali বাংলা	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফর্ম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা এবং পরিষেবাগুলিও বিনামূল্যে পাওয়া যায়। 1-855-592-7737 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।
Hindi हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायताएँ और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Arabic اللغة العربية	تنبيه: إذا كنت تتحدث العربية، فمتاح لك خدمات لغوية بالمجان. ومتاح بالمجان أيضًا مساعدات وخدمات إضافية مناسبة لتقديم المعلومات بتنسيقات يسهل الحصول عليها. اتصل بالرقم 1-855-592-7737 (TTY: 711) (خدمة الهاتف النصي) أو تحدث إلى مزود الخدمة المعني بك.
Turkish Türkçe	DİKKATİNİZE: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerinden faydalanabilirsiniz. Ayrıca ücretsiz olarak, uygun yardımcı araçlarla ve hizmetlerle erişilebilir formatlarda bilgi de sağlanmaktadır. 1-855-592-7737 (TTY (İşitme ve Konuşma Engelli Destek Hattı): 711) numaralı telefondan bize ulaşabilir veya hizmet sağlayıcınız ile görüşebilirsiniz.