

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the 2022 Presbyterian Senior Care (HMO)/(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 (HMO)/(HMO-POS)
and Presbyterian MediCare PPO:**

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



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

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

Presbyterian Dual Plus (HMO D-SNP):

(505) 923-7675
1-855-465-7737
(TTY 711)



www.phs.org/Medicare

Effective Date of Change	Drug Name	Description of Change	Tier	Additional Information	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2022	MENQUADFI INTRAMUSCULAR INJECTION	FORMULARY ADDITION	3		
01/01/2022	PREVMIS 240 MG, 480 MG ORAL TABLET	FORMULARY ADDITION	5	ST QL NDS	
01/01/2022	REYVOW 50 MG, 100 MG ORAL TABLET	FORMULARY ADDITION	4	ST QL NDS	
01/01/2022	PILOCARPINE 1%, 2%, 4% OPHTHALMIC SOLUTION	FORMULARY ADDITION	2		
01/01/2022	TESTOSTERONE 1% PUMP	FORMULARY ADDITION	3	PA QL	
01/01/2022	DEXILANT 30 MG, 60 MG CAPSULE	FORMULARY DELETION			T2 ESOMEPRAZOLE, T2 OMEPRAZOLE, T2 PANTOPRAZOLE, T3 RABEPRAZOLE, T4 LANSOPRAZOLE
01/01/2022	TESTOSTERONE 25MG/2.5GM GEL	QL INCREASED	3	PA QL	
01/01/2022	FIRVANQ 25MG/ML, 50MG/ML SOLUTION	QL INCREASED	3	QL	
01/01/2022	ROZLYTREK 100 MG ORAL CAPSULE	QL INCREASED	5	PA QL	
01/01/2022	DIFICID 40MG/ML SUSPENSION	QL INCREASED	5	QL	
01/01/2022	ENBREL 25MG/0.5ML SOLUTION	QL INCREASED	5	QL	
01/01/2022	LINZESS 72 MCG, 145 MCG, 290 MCG ORAL CAPSULE	ST REMOVED	4	QL	
01/01/2022	CLOZAPINE 150MG DISPERSIBLE ORAL TABLET	TIER DECREASED	4	ST	

01/01/2022	CLOBAZAM 2.5MG/ML SUSPENSION	TIER DECREASED	4	ST	
01/01/2022	MESALAMINE 1000MG SUPPOSITORY	TIER DECREASED	4		
01/01/2022	LOPINAVIR/RITONAVIR 400-100 MG/5ML ORAL SOLUTION	TIER DECREASED	4		
01/01/2022	VALGANCICLOVIR 450 MG ORAL TABLET	TIER DECREASED	3		
01/01/2022	PALIPERIDONE 9 MG ER ORAL TABLET	TIER DECREASED	4	ST QL	
01/01/2022	ACITRETIN 17.5 MG ORAL CAPSULE	TIER DECREASED	4		
01/01/2022	BYDUREON BCISE 2MG/0.85ML AUTO INJECTOR	TIER INCREASED	4	QL	
01/01/2022	PROGRAF 0.2MG ORAL PACKET	TIER INCREASED	4	PA	
01/01/2022	BICILLIN C-R 300000UNIT/ML SOLUTION	TIER INCREASED	4		
02/01/2022	EVEROLIMUS 2MG, 3MG, 5MG ORAL TABLET SOLUBLE	FORMULARY ADDITION	5	PA	
02/01/2022	PANRETIN 0.1% GEL	FORMULARY ADDITION	5		
02/01/2022	SERTRALINE 150mg, 200MG ORAL CAPSULE	FORMULARY ADDITION	4		
02/01/2022	TRUSELTIQ 100MG THERAPY PACK (100MG DAILY DOSE), 100MG & 25MG THERAPY PACK (125MG DAILY DOSE), 25MG THERAPY PACK (50MG DAILY DOSE), 25MG THERAPY PACK (75MG DAILY DOSE) ORAL CAPSULE	FORMULARY ADDITION	5	PA, QL	

02/01/2022	WELIREG 40MG ORAL TABLET	FORMULARY ADDITION	5	PA, QL	
02/01/2022	SAJAZIR 30MG/3ML	FORMULARY ADDITION	5	PA	
02/01/2022	LYBALVI 5MG-10MG, 10MG-10MG, 15MG-10MG, 20MG-10MG ORAL TABLET	FORMULARY ADDITION	5	PA, QL	
02/01/2022	INVEGA HAFYERA 1092MG/3.5ML, 1560MG/5ML SUSPENSION PREFILLED SYRINGE	FORMULARY ADDITION	5	QL	
02/01/2022	RESTASIS 0.05% OPHTHALMIC EMULSION	FORMULARY ADDITION	3	QL	
02/01/2022	PAROXETINE 10MG/5ML ORAL SUSPENSION	FORMULARY ADDITION	3	PA	
02/01/2022	AZATHIOPRINE 75MG, 100MG ORAL TABLET	FORMULARY ADDITION	4	B/D	
02/01/2022	NEBIVOLOL 2.5MG, 5MG, 10MG, 20MG ORAL TABLET	FORMULARY ADDITION	4		
02/01/2022	VARENICLINE 0.5MG, 1MG ORAL TABLET	FORMULARY ADDITION	4	QL	
02/01/2022	EVEROLIMUS 10MG ORAL TABLET	FORMULARY ADDITION	5	PA	
02/01/2022	CHLORPROMAZINE 30MG/ML ORAL CONCENTRATE	FORMULARY ADDITION	4		
02/01/2022	BYSTOLIC 2.5MG, 5MG, 10MG, 20MG ORAL TABLET	FORMULARY DELETION			T4 NEBIVOLOL 2.5MG, 5MG, 10MG, 20MG ORAL TABLET
02/01/2022	AFINITOR DISPERZ 2MG, 3MG, 5MG ORAL TABLET SOLUBLE	FORMULARY DELETION			T5 EVEROLIMUS 2MG, 3MG, 5MG ORAL TABLET SOLUBLE
02/01/2022	AFINITOR 10MG ORAL TABLET	FORMULARY DELETION			T5, PA EVEROLIMUS 10MG ORAL TABLET

03/01/2022	IVERMECTIN 3MG ORAL TABLET	CRITERIA ADDITION	2	PA	
03/01/2022	NALOXONE 4MG/0.1ML NASAL SPRAY	FORMULARY ADDITION	3		
03/01/2022	NYLIA 1MG/35MCG ORAL TABLET	FORMULARY ADDITION	3		
03/01/2022	DUPIXENT 300MG/2ML, 200MG/1.14ML, 300MG/2ML, 200MG/1.14ML PREFILLED PES & SYRINGE; 100MG/0.67ML PREFILLED SYRINGE	FORMULARY ADDITION	5	PA QL	
03/01/2022	EXKIVITY 40MG ORAL CAPSULE	FORMULARY ADDITION	5	PA QL	
03/01/2022	SCEMBLIX 20MG, 40MG ORAL TABLET	FORMULARY ADDITION	5	PA QL	
03/01/2022	EPRONTIA 25MG/ML ORAL SOLUTION	FORMULARY ADDITION	4	ST QL	
03/01/2022	BESREMI 500MCG/ML PREFILLED SYRINGE	FORMULARY ADDITION	5	PA QL	
03/01/2022	NARCAN 4MG/0.1ML NASAL SPRAY	FORMULARY DELETION			T3 NALOXONE 4MG/0.1ML NASAL SPRAY
04/01/2022	ACCUTANE 10MG ORAL CAPSULE	FORMULARY ADDITION	4		
04/01/2022	BIKTARVY 30-120-15MG ORAL TABLET	FORMULARY ADDITION	5		
04/01/2022	EVEROLIMUS 1MG ORAL TABLET	FORMULARY ADDITION	5	PA QL	
04/01/2022	ZORTRESS 1MG ORAL TABLET	FORMULARY DELETION	NF		T5, PA, QL EVEROLIMUS 1MG ORAL TABLET

05/01/2022	CARBAGLU 200MG ORAL TABLET	FORMULARY DELETION	NF		T5, PA, LA CARGLUMIC ACID
05/01/2022	CARGLUMIC ACID 200MG ORAL TABLET	FORMULARY ADDITION	5	PA LA	
05/01/2022	XARELTO 1MG/ML SUSPENSION	FORMULARY ADDITION	3		
06/01/2022	CYSTADANE 1000MG POWDER FOR ORAL SUSPENSION	FORMULARY DELETION	NF		T5, NDS BETAINE 1000 MG POWDER FOR ORAL SUSPENSION
06/01/2022	BETAINE 1000MG POWDER FOR ORAL SUSPENSION	FORMULARY ADDITION	5	NDS	
06/01/2022	LACOSAMIDE 50MG ORAL TABLETS	FORMULARY ADDITION	4	QL ST	
06/01/2022	RINVOQ 15MG, 30MG ORAL TABLETS	FORMULARY ADDITION	5	PA QL NDS	
06/01/2022	SKYRIZI 75MG/0.83 ML PREFILLED SYRINGE & 150MG/ML PEN & PREFILLED SYRINGE	FORMULARY ADDITION	5	PA QL NDS	
06/01/2022	TALZENNA 0.5MG, 0.75MG ORAL CAPSULES	FORMULARY ADDITION	5	PA QL NDS	
07/01/2022	DEFERIPRONE 1000MG ORAL TABLETS	FORMULARY ADDITION	5	PA	
07/01/2022	CYCLOSPORINE 0.05% OPHTHALMIC EMULSION	FORMULARY ADDITION	3	QL	
07/01/2022	TAKHZYRO 300MG/2ML SOLUTION PREFILLED SYRINGE	FORMULARY ADDITION	5	PA LA	
07/01/2022	RINVOQ 45MG 24 HOUR EXTENDED RELEASE ORAL TABLETS	FORMULARY ADDITION	5	PA QL	
07/01/2022	TRIUMEQ PD 60MG-5MG-30MG SOLUBLE ORAL TABLETS	FORMULARY ADDITION	5	QL	

07/01/2022	MARAVIROC 150MG, 300MG ORAL TABLETS	FORMULRAY ADDITION	5		
07/01/2022	VARENICLINE STARTING MONTH BOX	FORMULRAY ADDITION	4		
07/01/2022	LACOSAMIDE 100MG, 150MG, 200MG ORAL TABLETS	FORMULRAY ADDITION	4	ST QL	
07/01/2022	BRIMONIDINE TARTRATE/TIMOLOL MALEATE 0.2%-0.5% OPHTHALMIC SOLUTION	FORMULRAY ADDITION	4		
07/01/2022	PAXLOVID 10 X 150MG & 10 X 100MG, 20 X 150MG & 10 X 100MG ORAL TABLET THERAPY PACKS	FORMULRAY ADDITION	4	QL	
07/01/2022	MOLNUPIRAVIR 200MG ORAL CAPSULES	FORMULRAY ADDITION	4	QL	
07/01/2022	LOSARTAN/HYDROCHLOROTHIAZIDE 12.5MG-50MG, 12.5MG-100MG, 25MG-100MG ORAL TABLETS	TIER DECREASED	1		
07/01/2022	LOSARTAN 25MG, 50MG, 100MG ORAL TABLETS	TIER DECREASED	1		
07/01/2022	FERRIPROX 1000MG ORAL TABLETS	FORMULARY DELETION			T5, PA DEFERIPRONE 1000MG ORAL TABLETS
07/01/2022	RESTASIS 0.05% OPHTHALMIC EMULSION	FORMULARY DELETION			T3, QL CYCLOSPORINE 0.05% OPHTHALMIC EMULSION
07/01/2022	CHANTIX STARTING MONTH PAK	FORMULARY DELETION			T4 VARENICLINE STARTING MONTH BOX
08/01/2022	PIRFENIDONE 267MG, 801MG ORAL TABLETS	FORMULRAY ADDITION	5	PA QL	
08/01/2022	VONJO 100MG ORAL CAPSULES	FORMULRAY ADDITION	5	PA QL	

08/01/2022	TRIZIVIR 300-150-300MG ORAL TABLETS	FORMULRAY ADDITION	5		
08/01/2022	OMNIPOD 5 G6 POD AND 5 G6 INTRO AND DASH INTRO KITS	FORMULRAY ADDITION	4	QL NDS	
08/01/2022	LACOSAMIDE 10MG/ML ORAL SOLUTION	FORMULRAY ADDITION	4	ST	
08/01/2022	XELJANZ 5MG, 10MG ORAL TABLETS AND 11MG EXTENDED RELEASE, 22MG EXTENDED RELEASE ORAL TABLETS	CRITERIA UPDATE	5	PA QL NDS	
08/01/2022	ESBRIET 267MG, 801MG ORAL TABLETS	FORMULARY DELETION			T5, PA, QL PIRFENIDONE 267MG, 801MG ORAL TABLETS
08/01/2022	VIMPAT 10MG/ML ORAL SOLUTION	FORMULARY DELETION			T4, ST LACOSAMIDE 10MG/ML ORAL SOLUTION
09/01/2022	VILAZODONE 10MG, 20MG, 40MG ORAL TABLETS	FORMULRAY ADDITION	4	QL ST	
09/01/2022	BEXAROTENE 1% GEL	FORMULRAY ADDITION	5	PA	
09/01/2022	SORAFENIB 200MG ORAL TABLETS	FORMULRAY ADDITION	5	PA QL	
09/01/2022	VIIBRYD 10MG, 20MG, 40MG ORAL TABLETS	FORMULARY DELETION			T4, QL, ST VILAZODONE 10MG, 20MG, 40MG ORAL TABLETS
09/01/2022	NEXAVAR 200MG ORAL TABLETS	FORMULARY DELETION			T5, PA, QL SORAFENIB 200MG ORAL TABLETS
09/01/2022	TARGRETIN 1% GEL	FORMULARY DELETION			T5, PA BEXAROTENE 1% GEL
10/01/2022	DUPIXENT 200MG/1.14ML, 300MG/2ML PEN-INJECTORS AND 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML PREFILLED SYRINGES	CRITERIA UPDATE	5	PA QL	

10/01/2022	LENALIDOMIDE 5MG, 10MG, 15MG, 25MG ORAL CAPSULES	FORMULRAY ADDITION	5	PA QL	
10/01/2022	RINVOQ 15MG, 30MG, 45MG EXTENDED RELEASE ORAL TABLETS	CRITERIA UPDATE	5	PA QL NDS	
10/01/2022	SKYRIZI 360MG/2.4ML SINGLE DOSE PREFILLED CARTRIDGES	FORMULRAY ADDITION	5	PA QL NDS	
11/01/2022	PENTACEL INTRAMUSCULAR SUSPENSION	FORMULRAY ADDITION	3		
11/01/2022	DUPIXENT 300MG/2ML, 200MG/1.14ML, 300MG/2ML, 200MG/1.14ML PREFILLED PES & SYRINGE; 100MG/0.67ML PREFILLED SYRINGE	CRITERIA UPDATE	5	PA QL	
12/01/2022	DABIGATRAN 75MG, 150MG ORAL CAPSULES	FORMULRAY ADDITION	4	QL	
12/01/2022	LENALIDOMIDE 2.5MG, 20MG ORAL CAPSULES	FORMULRAY ADDITION	5	PA QL	
12/01/2022	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE 0-75MG-1MG ORAL TABLETS	FORMULRAY ADDITION	3		
12/01/2022	PENTACEL INTRAMUSCULAR SUSPENSION	FORMULRAY ADDITION	3		
12/01/2022	CAPLYTA 10.5MG, 21MG ORAL CAPSULES	FORMULRAY ADDITION	5	ST QL	
12/01/2022	CALQUENCE 100MG ORAL TABLETS	FORMULRAY ADDITION	5	PA QL	
12/01/2022	IMBUVICA 70MG/ML SUSPENSION	FORMULRAY ADDITION	5	PA QL	
12/01/2022	TAZAROTENE 0.05%, 0.1% GEL	FORMULRAY ADDITION	4		

12/01/2022	MESALAMINE 500MG EXTENDED RELEASE ORAL CAPSULES	FORMULRAY ADDITION	5	QL	
12/01/2022	PRADAXA 75MG, 150MG ORAL CAPSULES	FORMULARY DELETION			T4, QL DABIGATRAN 75MG, 150MG ORAL CAPSULES
12/01/2022	TAZORAC 0.05%, 0.1% GEL	FORMULARY DELETION			T4 TAZAROTENE 0.05%, 0.1% GEL
12/01/2022	PENTASA 500MG EXTENDED RELEASE ORAL CAPSULES	FORMULARY DELETION			T5, QL MESALAMINE 500MG EXTENDED RELEASE ORAL CAPSULES

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.

Learn more about Presbyterian’s Nondiscrimination Notice and Interpreter Services.