NOTIFICATION OF FORMULARY CHANGES*
The following summary describes changes to the 2026 Presbyterian Senior Care (HMO) / (HMO-POS) 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:



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



www.phs.org/Medicare

Positive and Neutral Formulary Changes

Effective Date of Change	Drug Name	Description of Change	Tier	Additional Information	Formulary Alternative(s) and Tier (if applicable for FORMULARY DELETIONs)
1/1/2026	ABIGALE TABLET 0.5-0.1 MG, 1-0.5 MG ORAL	FORMULARY ADDITION	4	PA	
1/1/2026	ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	TIER DECREASED	4		
1/1/2026	ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG, 400 MG INTRAMUSCULAR	TIER DECREASED	4	NDS	
1/1/2026	ABIRTEGA TABLET 250 MG ORAL	TIER DECREASED	2	QL (4 PER 1 DAY)	
1/1/2026	ALBENDAZOLE TABLET 200 MG ORAL	TIER DECREASED	4	NDS	
1/1/2026	ARIPIPRAZOLE TABLET DISPERSIBLE 10 MG, 15 MG ORAL	TIER DECREASED	4	PA, QL (2 PER 1 DAY), NDS	
1/1/2026	AUGTYRO CAPSULE 160 MG ORAL	QL INCREASED	5	PA, QL (2 PER 1 DAY), NDS	
1/1/2026	AZTREONAM SOLUTION RECONSTITUTED 2 GM INJECTION	TIER DECREASED	4	NDS	
1/1/2026	BUCAPSOL CAPSULE 15 MG ORAL	FORMULARY ADDITION	4		
1/1/2026	BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG, 8 MG SUBLINGUAL	QL INCREASED	2	QL (4 PER 1 DAY)	
1/1/2026	BUPRENORPHINE HCL-NALOXONE FILM 12-3 MG SUBLINGUAL	QL INCREASED	4	QL (3 PER 1 DAY), NDS	

1/1/2026	BUPRENORPHINE FILM 2 MG, 4 MG, 8 MG SUBLINGUAL	QL INCREASED	4	QL (4 PER 1 DAY)	
1/1/2026	BUPRENORPHINE HCL-NALOXONE TABLET SUBLINGUAL 2-0.5 MG, 8-2 MG SUBLINGUAL	QL INCREASED	2	QL (4 PER 1 DAY)	
1/1/2026	CIBINQO TABLET 50 MG, 100 MG, 200 MG ORAL	FORMULARY ADDITION	5	PA, QL (1 PER 1 DAY), NDS	
1/1/2026	CLINDAMYCIN PHOS-BENZOYL GEL 1.2-2.5% EXTERNAL	FORMULARY ADDITION	2		
1/1/2026	COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (34 PER 365 DAYS), NDS	
1/1/2026	COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (34 PER 365 DAYS), NDS	
1/1/2026	COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (9 PER 365 DAYS), NDS	
1/1/2026	COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (34 PER 365 DAYS), NDS	
1/1/2026	CRESEMBA CAPSULE 186 MG ORAL	FORMULARY ADDITION	5	PA, QL (6 PER 1 DAY), NDS	
1/1/2026	CRESEMBA CAPSULE 74.5 MG ORAL	FORMULARY ADDITION	5	PA, QL (15 PER 1 DAY), NDS	
1/1/2026	CYCLOBENZAPRINE HCL TABLET 5 MG, 7.5 MG, 10 MG ORAL	PA CRITERIA UPDATED	2	PA, QL (3 PER 1 DAY)	
1/1/2026	DAPAGLIFLOZIN PROPANEDIOL TABLET 5 MG, 10 MG ORAL	GENERIC SUBSTITUTION	3	QL (1 PER 1 DAY)	

1/1/2026	DARUNAVIR TABLET 600 MG ORAL	TIER DECREASED	4	QL (2 PER 1 DAY), NDS	
1/1/2026	EDURANT PED TABLET SOLUBLE 2.5 MG ORAL	FORMULARY ADDITION	5	NDS	
1/1/2026	EFAVIRENZ-EMTRICITAB-TENOFO DF TABLET 600 MG ORAL	TIER DECREASED	4	QL (1 PER 1 DAY), NDS	
1/1/2026	ELTROMBOPAG OLAMINE PACKET 12.5 MG ORAL	QL INCREASED	5	PA, QL (12 PER 1 DAY), NDS	
1/1/2026	ELTROMBOPAG OLAMINE PACKET 25 MG ORAL	QL INCREASED	5	PA, QL (6 PER 1 DAY), NDS	
1/1/2026	ELTROMBOPAG OLAMINE TABLET 12.5 MG, 25 MG ORAL	AL UPDATED	5	PA, QL (1 PER 1 DAY), NDS	
1/1/2026	EPRONTIA SOLUTION 25 MG/ML ORAL	FORMULARY ADDITION	4	QL (16 PER 1 DAY), ST	
1/1/2026	ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	TIER DECREASED	4	NDS	
1/1/2026	ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	AL UPDATED	5	PA, QL (1 PER 28 DAYS), NDS, AGE	
1/1/2026	EUCRISA OINTMENT 2 % EXTERNAL	FORMULARY ADDITION	4		
1/1/2026	FANAPT TABLET 1 MG, 2 MG, 6 MG, 8 MG, 10 MG, 12 MG ORAL	PA CRITERIA UPDATED	5	PA, QL (2 PER 1 DAY), NDS	
1/1/2026	FANAPT TABLET 4 MG ORAL	PA CRITERIA UPDATED	4	PA, QL (2 PER 1 DAY)	
1/1/2026	IBTROZI CAPSULE 200 MG ORAL	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	IMATINIB MESYLATE TABLET 100 MG ORAL	TIER DECREASED	4	PA, QL (2 PER 1 DAY), NDS	

1/1/2026	JARDIANCE TABLET 10 MG ORAL	FORMULARY ADDITION	3	QL (1 PER 1 DAY)	
1/1/2026	JARDIANCE TABLET 25 MG ORAL	FORMULARY ADDITION	3		
1/1/2026	KLOXXADO LIQUID 8 MG/0.1ML NASAL	FORMULARY ADDITION	4		
1/1/2026	LEVEMIR FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	QL (45 PER 30 DAYS)	
1/1/2026	LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	QL (45 PER 30 DAYS)	
1/1/2026	LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	QL (50 PER 30 DAYS)	
1/1/2026	LUBIPROSTONE CAPSULE 8 MCG, 24 MCG ORAL	QL UPDATED	3		
1/1/2026	LURASIDONE HCL TABLET 20 MG, 40 MG, 60 MG, 120 MG ORAL	ST REMOVED	4	QL (1 PER 1 DAY)	
1/1/2026	LURASIDONE HCL TABLET 80 MG ORAL	ST REMOVED	4	QL (2 PER 1 DAY)	
1/1/2026	LUTRATE DEPOT INJECTABLE 22.5 MG INTRAMUSCULAR	NDS REMOVED	4		
1/1/2026	MICAFUNGIN SODIUM SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	FORMULARY ADDITION	4		
1/1/2026	MIRABEGRON ER TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ORAL	GENERIC SUBSTITUTION	3	QL (1 PER 1 DAY)	
1/1/2026	NEXLETOL TABLET 180 MG ORAL	FORMULARY ADDITION	4	PA, QL (1 PER 1 DAY)	

1/1/2026	NILOTINIB HCL CAPSULE 50 MG, 150 MG, 200 MG ORAL	QL UPDATED	5	PA, QL (4 PER 1 DAY), NDS	
1/1/2026	NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	QL (45 PER 30 DAYS)	
1/1/2026	NURTEC TABLET DISPERSIBLE 75 MG ORAL	FORMULARY ADDITION	5	PA, QL (18 PER 30 DAYS), NDS	
1/1/2026	ORQUIDEA TABLET 0.35 MG ORAL	FORMULARY ADDITION	2		
1/1/2026	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML ORAL	ST REMOVED	2		
1/1/2026	OXYBUTYNIN CHLORIDE SYRUP 5 MG/5ML ORAL	ST REMOVED	2		
1/1/2026	OXYBUTYNIN CHLORIDE TABLET 5 MG ORAL	ST REMOVED	2		
1/1/2026	OXYBUTYNIN CHLORIDE TABLET EXTENDED RELEASE 24 HOUR 5 MG, 10 MG, 15 MG ORAL	ST REMOVED	2		
1/1/2026	PENMENVY SUSPENSION RECONSTITUTED INTRAMUSCULAR	FORMULARY ADDITION	3		
1/1/2026	PERAMPANEL TABLET 2 MG ORAL	GENERIC SUBSTITUTION	4	QL (1 PER 1 DAY), ST, NDS	
1/1/2026	PERAMPANEL TABLET 4 MG, 6 MG, 8 MG, 10 MG, 12 MG ORAL	GENERIC SUBSTITUTION	5	QL (1 PER 1 DAY), ST, NDS	
1/1/2026	PERSERIS PREFILLED SYRINGE 90 MG, 120 MG SUBCUTANEOUS	PA CRITERIA UPDATED	5	PA, NDS	
1/1/2026	PREDNISOLONE TABLET 5 MG ORAL	FORMULARY ADDITION	2		
1/1/2026	QUETIAPINE FUMARATE TABLET EXTENDED RELEASE 24 HOUR 50	FORMULARY ADDITION	2		

	MG ORAL				
1/1/2026	REVCOVI SOLUTION 2.4 MG/1.5ML INTRAMUSCULAR	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	REZDIFFRA TABLET 60 MG, 80 MG, 100 MG ORAL	FORMULARY ADDITION	5	PA, QL (1 PER 1 DAY), NDS	
1/1/2026	ROFLUMILAST TABLET 250 MCG ORAL	PA CRITERIA UPDATED	4	QL (1 PER 1 DAY), NDS	
1/1/2026	ROFLUMILAST TABLET 500 MCG ORAL	PA CRITERIA UPDATED	4	QL (1 PER 1 DAY)	
1/1/2026	SACUBITRIL-VALSARTAN TABLET 24 MG, 49 MG, 97 MG ORAL	GENERIC SUBSTITUTION	3	QL (2 PER 1 DAY)	
1/1/2026	SIROLIMUS SOLUTION 1 MG/ML ORAL	TIER DECREASED	4	PA, NDS	
1/1/2026	TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	PA CRITERIA UPDATED	5	PA, QL (2 PER 28 DAYS), NDS	
1/1/2026	TERIPARATIDE SOLUTION PEN-INJECTOR 620 MCG/2.48ML SUBCUTANEOUS	PA CRITERIA UPDATED	5	PA, QL (2 PER 28 DAYS), NDS	
1/1/2026	TETRABENAZINE TABLET 12.5 MG ORAL	TIER INCREASED	4	PA, QL (3 PER 1 DAY), NDS	
1/1/2026	THALOMID CAPSULE 100 MG ORAL	QL INCREASED	5	PA, QL (4 PER 1 DAY), NDS	
1/1/2026	THALOMID CAPSULE 50 MG ORAL	QL INCREASED	5	PA, QL (8 PER 1 DAY), NDS	
1/1/2026	TICAGRELOR TABLET 60 MG ORAL	GENERIC SUBSTITUTION	3	QL (2 PER 1 DAY)	
1/1/2026	TICAGRELOR TABLET 90 MG ORAL	GENERIC SUBSTITUTION	3		

1/1/2026	TOLTERODINE TARTRATE CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ORAL	ST REMOVED	4	QL (1 PER 1 DAY)	
1/1/2026	TOLTERODINE TARTRATE TABLET 1 MG, 2 MG ORAL	ST REMOVED	2		
1/1/2026	TOLVAPTAN TABLET 30 MG ORAL	FORMULARY ADDITION	5	PA, QL (2 PER 1 DAY), NDS	
1/1/2026	TOLVAPTAN TABLET THERAPY PACK 15 MG, 3015 MG, 4515 MG, 6030 MG, 9030 MG ORAL	FORMULARY ADDITION	5	PA, QL (2 PER 1 DAY), NDS	
1/1/2026	TOPIRAMATE SOLUTION 25 MG/ML ORAL	ST REMOVED	4		
1/1/2026	TORPENZ TABLET 2.5 MG, 5 MG, 7.5 MG, 10 MG ORAL	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	TRIKAFTA TABLET THERAPY PACK 50 MG, 100 MG ORAL	FORMULARY ADDITION	5	PA, QL (84 PER 28 DAYS), NDS	
1/1/2026	TRIKAFTA THERAPY PACK 80 MG, 100 MG ORAL	FORMULARY ADDITION	5	PA, QL (56 PER 28 DAYS), NDS	
1/1/2026	TROSPIUM CHLORIDE CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	ST REMOVED	4	QL (1 PER 1 DAY)	
1/1/2026	TYENNE SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (4 PER 28 DAYS), NDS	
1/1/2026	TYENNE SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (4 PER 28 DAYS), NDS	
1/1/2026	TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	PA CRITERIA UPDATED	5	PA, QL (2 PER 30 DAYS), NDS	
1/1/2026	TYVASO DPI MAINTENANCE KIT POWDER 16 MCG, 16 & 32 & 48	FORMULARY ADDITION	5	PA, NDS	

	MCG, 32 MCG, 48 MCG, 64 MCG INHALATION				
1/1/2026	TYVASO DPI TITRATION KIT POWDER 16 MCG, 16 & 32 & 48 MCG, 32 MCG, 48 MCG, 64 MCG INHALATION	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	USTEKINUMAB SOLUTION 45 MG/0.5ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	USTEKINUMAB SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	USTEKINUMAB SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	VIMKUNYA SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML INTRAMUSCULAR	FORMULARY ADDITION	3		
1/1/2026	VIVOTIF CAPSULE DELAYED RELEASE ORAL	FORMULARY ADDITION	3		
1/1/2026	WINREVAIR KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG SUBCUTANEOUS	FORMULARY ADDITION	5	PA, NDS	
1/1/2026	XPOVIO TABLET THERAPY PACK 10 MG, 20 MG ORAL	QL UPDATED	5	PA, QL (16 PER 28 DAYS), NDS	
1/1/2026	ZTALMY SUSPENSION 50 MG/ML ORAL	PA CRITERIA UPDATED	5	NDS	
1/1/2026	ZYMFENTRA AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (1 PER 28 DAYS), NDS	
1/1/2026	ZYMFENTRA PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	PA, QL (1 PER 28 DAYS), NDS	

1/1/2026	XATMEP SOLUTION 2.5 MG/ML ORAL	PA CRITERIA REMOVED	4		
2/1/2026	AMJEVITA SOLUTION 40 MG/0.8ML PREFILLED SYRINGE	FORMULARY ADDITION	5	PA; NDS	
2/1/2026	AMJEVITA-PED SOLUTION 10 MG/ 0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML PREFILLED SYRINGE	FORMULARY ADDITION	5	PA	
2/1/2026	BRUKINSA MG 160 TABLET	FORMULARY ADDITION	5	QL (2 per 1 day); NDS	
2/1/2026	ESCITALOPRAM OXALATE MG 15 CAPSULE	FORMULARY ADDITION	4		
2/1/2026	EXXUA MG 18.2, 54.5, 72.6 TABLET EXTENDED RELEASE 24 HOUR	FORMULARY ADDITION	5	QL (1 per 1 day); NDS	
2/1/2026	EXXUA MG 36.3 TABLET EXTENDED RELEASE 24 HOUR	FORMULARY ADDITION	5	QL (1 per 1 day)	
2/1/2026	FIDAXOMICIN MG 200 TABLET	GENERIC SUBSTITUTION	5	QL (2 per 3 days); NDS	
2/1/2026	GLYCEROL PHENYLBUTYRATE 1.1 GM/ML LIQUID	GENERIC SUBSTITUTION	5	NDS	
2/1/2026	INLURIYO MG 200 TABLET	FORMULARY ADDITION	5	QL (2 per 1 day); NDS	
2/1/2026	LOMUSTINE MG 10, 100, 40 CAPSULE	GENERIC SUBSTITUTION	4		
2/1/2026	LUIZZA 1/20 1-20 MG-MCG 1-20, 1.5-30 TABLET	FORMULARY ADDITION	3		
2/1/2026	OTEZLA XR MG 75 TABLET EXTENDED RELEASE 24 HOUR	FORMULARY ADDITION	5	PA; QL (1 per 1 day); NDS	
2/1/2026	RIVAROXABAN MG 2.5 TABLET	FORMULARY ADDITION	3	QL (2 per 1 day)	

2/1/2026	STEQEYMA MG/ML 90 SOLUTION PREFILLED SYRINGE	FORMULARY ADDITION	5	PA	
2/1/2026	VABRINTY MG 22.5 KIT	FORMULARY ADDITION	5	NDS	
2/1/2026	VABRINTY MG 30 KIT	FORMULARY ADDITION	5		
2/1/2026	VABRINTY MG 45 KIT	FORMULARY ADDITION	5	NDS	
2/1/2026	VALTYA 1/35 1-35 MG-MCG 1-35 TABLET	FORMULARY ADDITION	3		
2/1/2026	YESINTEK MG/ML 90 SOLUTION PREFILLED SYRINGE	FORMULARY ADDITION	5	PA; NDS	
2/1/2026	MIRABEGRON ER 25, 50 MG TABLET EXTENDED RELEASE 24 HOUR	TIER DECREASED	2	QL (1 per 1 day)	
3/1/2026	BUPROPION HCL ER (XL) 450 MG TABLET EXTENDED RELEASE 24 HOUR	FORMULARY ADDITION	4	QL (1 per 1 day)	
3/1/2026	ENSACOVE 100 MG CAPSULE	FORMULARY ADDITION	5	QL (2 per 1 day); NDS	
3/1/2026	ENSACOVE 25 MG CAPSULE	FORMULARY ADDITION	5	QL (1 per 1 day); NDS	
3/1/2026	HADLIMA 40 MG SOLUTION PREFILLED SYRINGE	FORMULARY ADDITION	5	PA	
3/1/2026	KOSELUGO 5 MG, 7.5 MG CAPSULE SPRINKLE	FORMULARY ADDITION	5	NDS	
3/1/2026	LIOMNY 5 MCG, 25 MCG, 50 MCG TABLET	FORMULARY ADDITION	2		
3/1/2026	OTEZLA / OTEZLA XR INITIATION PK 10 MG, 20 MG, 30 MG & (ER) 75 MG	FORMULARY ADDITION	5	PA; QL (82 per 365 days)	

	TABLET THERAPY PACK				
3/1/2026	PREZCOBIX 675-150 MG TABLET	FORMULARY ADDITION	5	QL (1 per 1 day); NDS	
3/1/2026	SUBVENITE 10 MG/ML SUSPENSION	FORMULARY ADDITION	5	NDS	
3/1/2026	TELMISARTAN 20 MG, 40 MG, 80 MG TABLET	FORMULARY ADDITION	2		
3/1/2026	TYVASO DPI MAINTENANCE 112 × 32 MCG, 112 × 48 MCG, 80 MCG POWDER	FORMULARY ADDITION	5	PA; NDS	
3/1/2026	VYNDAMAX 61 MG CAPSULE	FORMULARY ADDITION	5	PA; QL (1 per 1 day); NDS	
4/1/2026	HYRNUO 10 MG TABLET	FORMULARY ADDITION	5	QL (4 per 1 day); NDS	
4/1/2026	NILOTINIB D-TARTRATE 50, 150, 200, MG CAPSULE	FORMULARY ADDITION	5	QL (4 per 1 day); NDS	
4/1/2026	PERAMPANEL 0.5 MG/ML SUSPENSION	FORMULARY ADDITION	5	NDS	
4/1/2026	PHYRAGO 20, 50, 70, 80, 100, 120 MG TABLET	FORMULARY ADDITION	5	QL (1 per 1 day); NDS	
4/1/2026	PHYRAGO 20 MG TABLET	FORMULARY ADDITION	5	QL (1 per 1 day)	
4/1/2026	SHINGRIX SUSPENSION PREFILLED SYRINGE	FORMULARY ADDITION	3		
4/1/2026	VRAYLAR 0.5, 0.75 MG CAPSULE	FORMULARY ADDITION	5	QL (1 per 1 day); NDS	
4/1/2026	EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 18.2 MG	FORMULARY ADDITION	5	QL (1 per 1 day); NDS	

5/1/2026	XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK	FORMULARY ADDITION	5	QL (1 per 7 days); NDS	
5/1/2026	CEFTAROLINE FOSAMIL 400, 600 MG SOLUTION RECONSTITUTED	FORMULARY ADDITION	5	NDS	
5/1/2026	POMALIDOMIDE 1, 2, 3, 4 MG CAPSULE	FORMULARY ADDITION	5	QL (3 per 4 days); NDS	
5/1/2026	DAPAGLIFLOZIN 5, 10 MG TABLET	TIER DECREASED	2	QL (1 per 1 day)	
6/1/2026	BRIVARACETAM 10, 100, 25, 50, 75 MG TABLET	GENERIC SUBSTITUTION	5	QL (2 PER 1 DAY), NDS	
6/1/2026	BRIVARACETAM 10 MG/ML SOLUTION	GENERIC SUBSTITUTION	5	QL (20 PER 1 DAY), NDS	
6/1/2026	IMULDOSA 45, 90 SOLUTION PREFILLED SYRINGE	FORMULARY ADDITION	5	PA, NDS	
6/1/2026	TRUQAP 160 MG TABLET THERAPY PACK	FORMULARY ADDITION	5	QL (16 PER 7 DAYS), NDS	
6/1/2026	KIRSTY 100 UNIT/ML SOLUTION	FORMULARY ADDITION	3	QL (50 PER 30 DAYS)	
6/1/2026	KIRSTY 100 UNIT/ML SOLUTION PEN-INJECTOR	FORMULARY ADDITION	3	QL (50 PER 30 DAYS)	
8/1/2026	BUCAPSOL 7.5 MG CAPSULE	FORMULARY ADDITION	4		
8/1/2026	DAPAGLIFLOZ BASE-METFORMIN ER 5-1000 MG TABLET EXTENDED RELEASE 24 HOUR	GENERIC SUBSTITUTION	3	QL (2 PER 1 DAY)	
8/1/2026	DAPAGLIFLOZ BASE-METFORMIN ER 10-1000, 10-500, 5-500 MG TABLET EXTENDED RELEASE 24 HOUR	GENERIC SUBSTITUTION	3	QL (1 PER 1 DAY)	
8/1/2026	IDVYNSO 100-0.25 MG TABLET	FORMULARY ADDITION	5	QL (1 PER 1 DAY), NDS	

8/1/2026	IPRATROPIUM BROMIDE HFA 17 MCG/ACT AEROSOL SOLUTION	GENERIC SUBSTITUTION	3	ST	
8/1/2026	JAKAFI XR 11, 22, 33, 44, 55 MG TABLET EXTENDED RELEASE 24 HOUR	FORMULARY ADDITION	5	QL (1 PER 1 DAY), NDS	
8/1/2026	KOMZIFTI 200 MG CAPSULE	FORMULARY ADDITION	5	QL (3 PER 1 DAY), NDS	
8/1/2026	NINTEDANIB ESYLATE 100, 150 MG CAPSULE	GENERIC SUBSTITUTION	5	PA, QL (2 PER 1 DAY), NDS	
8/1/2026	RILPIVIRINE HCL 25 MG TABLET	GENERIC SUBSTITUTION	5	QL (1 PER 1 DAY), NDS	
8/1/2026	TACROLIMUS ER 0.5, 1, 5 MG CAPSULE EXTENDED RELEASE 24 HOUR	GENERIC SUBSTITUTION	2		
8/1/2026	TOLVAPTAN (HYPONATREMIA) 30 MG TABLET	PA REMOVED	5	QL (2 PER 1 DAY), NDS	
8/1/2026	TICAGRELOR 90 MG TABLET	TIER DECREASED	2		
9/1/2026	BOUTINIB 400MG TABLET	GENERIC SUBSTITUTION	5	PA; QL (1 EA per 1 day); NDS	
9/1/2026	TOFACITINIB ORAL SOLUTION 1 MG/ML; 10 MG, 5 MG ORAL TABLET; EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ORAL TABLET	GENERIC SUBSTITUTION	5	PA; QL (10 ML per 1 day); NDS;	
9/1/2026	TOFACITINIB 10 MG, 5 MG ORAL TABLET	GENERIC SUBSTITUTION	5	PA; QL (2 EA per 1 day); NDS	
9/1/2026	TOFACITINIB EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ORAL TABLET	GENERIC SUBSTITUTION	5	PA; QL (1 EA per 1 day); NDS	
9/1/2026	MACITENTAN 10 MG ORAL TABLET	GENERIC SUBSTITUTION	4	PA; QL (1 EA per 1 day); NDS	

10/1/2026	DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 80 MG, 90 MG, 120MG	FORMULARY ADDITION	4	PA; QL (1 EA PER 1 DAY)	
10/1/2026	METHENAMINE HIPPURATE ORAL TABLET 1 GM	FORMULARY ADDITION	2	QL (2 EA PER 1 DAY)	
11/1/2026	DEXTROMETHORPHAN-QUINIDINE ORAL CAPSULE 20-10 MG	FORMULARY ADDITION	5		
11/1/2026	GABAPENTIN ORAL CAPSULE 200 MG	FORMULARY ADDITION	3	QL (2 EA per 1 day); NDS	
11/1/2026	JIDEYTRO ORAL TABLET 25 MG	FORMULARY ADDITION	5	PA; QL (3 EA per 1 day); NDS	
11/1/2026	JIDEYTRO ORAL TABLET 100 MG	FORMULARY ADDITION	5	PA; QL (1 EA per 1 day); NDS	
11/1/2026	BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	FORMULARY ADDITION	5	PA; QL (1 ML per 28 days); NDS	
11/1/2026	ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	FORMULARY ADDITION	3	QL (28 EA per 7 days)	
11/1/2026	ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	FORMULARY ADDITION	3	QL (84 EA per 7 days)	
11/1/2026	ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	FORMULARY ADDITION	3	QL (112 EA per 7 days)	
11/1/2026	ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	FORMULARY ADDITION	3	QL (28 EA per 7 days)	
11/1/2026	ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	FORMULARY ADDITION	5	PA; QL (1 EA per 1 day); NDS	
11/1/2026	MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 250 MG	FORMULARY ADDITION	4		

Negative Formulary Changes

Effective Date of Change	Drug Name	Description of Change	Tier	Additional Information	Formulary Alternative(s) and Tier (if applicable for FORMULARY DELETIONs)	Member Notification
1/1/2026	ACETAMINOPHEN-CODEINE #2 TABLET 300-15 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ACETAMINOPHEN-CODEINE #3 TABLET 300-15 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ACETAMINOPHEN-CODEINE #4 TABLET 300-15 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ACETAMINOPHEN-CODEINE SOLUTION 120 MG/5ML ORAL	TIER INCREASED	3	NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ACETAMINOPHEN-CODEINE SOLUTION 300-15 MG/12.5ML ORAL	TIER INCREASED	3	NDS		--Members were sent advanced general notice of new plan year formulary changes in their

						Evidence of Coverage (EOC).
1/1/2026	ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	GENERIC SUBSTITUTION			T5: TYENNE SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	GENERIC SUBSTITUTION			T5: TYENNE SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8 & 200 MG ORAL	QL DECREASED	5	PA, QL (66 PER 28 DAYS), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	BRILINTA TABLET 60 MG, 90 MG ORAL	GENERIC SUBSTITUTION			: TICAGRELOR TABLET 60 MG, 90 MG ORAL	--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	BUPROPION HCL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL	FORMULARY DELETION				--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ENTRESTO TABLET 24 MG, 49 MG, 97 MG ORAL	GENERIC SUBSTITUTION			: SACUBITRIL-VALSARTAN TABLET 24 MG, 49 MG, 97 MG ORAL	--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

1/1/2026	FORTEO SOLUTION 600 MCG/2.4ML SUBCUTANEOUS	GENERIC SUBSTITUTION			T5: TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	FORTEO SOLUTION SOLUTION PEN-INJECTOR 620 MCG/2.48ML SUBCUTANEOUS	GENERIC SUBSTITUTION			T5: TERIPARATIDE SOLUTION PEN-INJECTOR 620 MCG/2.48ML SUBCUTANEOUS	--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	FYCOMPA TABLET 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG ORAL	GENERIC SUBSTITUTION			T5: PERAMPANEL TABLET 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG ORAL	--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	QL UPDATED	3	QL (45 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	HUMALOG MIX SUSPENSION 75 UNIT/ML SUBCUTANEOUS	QL UPDATED	3	QL (50 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	HUMALOG MIX SUSPENSION PEN-INJECTOR 75 UNIT/ML SUBCUTANEOUS	QL UPDATED	3	QL (45 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	HUMALOG SOLUTION 100 UNIT/ML INJECTION	QL UPDATED	3	QL (50 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG, 7.5-325 MG, 10-325 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

1/1/2026	HYDROCODONE-IBUPROFEN TABLET 7.5 MG-200 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	HYDROMORPHONE HCL TABLET 2 MG, 4 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	HYDROMORPHONE HCL TABLET 8 MG ORAL	TIER INCREASED	3	QL (3 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INSULIN LISPRO SOLUTION 100 UNIT/ML INJECTION	QL UPDATED	3	QL (50 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INSULIN LISPRO SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	QL UPDATED	3	QL (45 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, QL (4.0 PER 180 DAYS), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, QL (5 PER 180 DAYS), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION 117 MG/0.75ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

1/1/2026	INVEGA SUSTENNA SUSPENSION 156 MG/ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION 234 MG/1.5ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION 39 MG/0.25ML INTRAMUSCULAR	PA CRITERIA UPDATED	4	PA		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION 78 MG/0.5ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	PA CRITERIA UPDATED	4	PA		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

	INTRAMUSCULAR					
1/1/2026	INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION 273 MG/0.875ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION 410 MG/1.315ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION 546 MG/1.75ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION 819 MG/2.625ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

1/1/2026	INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	INVOKANA TABLET 100 MG, 300 MG ORAL	FORMULARY DELETION				--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	QL UPDATED	3	QL (45 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	QL UPDATED	3	QL (50 PER 30 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

1/1/2026	METHADONE HCL TABLET 10 MG ORAL	TIER INCREASED	3	QL (4 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	METHADONE HCL TABLET 5 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	MORPHINE SULFATE TABLET EXTENDED RELEASE 15 MG, 30 MG ORAL	TIER INCREASED	3	QL (3 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	MORPHINE SULFATE TABLET EXTENDED RELEASE 60 MG, 100 MG, 200 MG ORAL	TIER INCREASED	3	QL (2 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ORPHENADRINE CITRATE TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL	PA CRITERIA UPDATED	2	PA		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	OXYCODONE HCL TABLET 15 MG ORAL	TIER INCREASED	3	QL (5 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	OXYCODONE HCL TABLET 20 MG ORAL	TIER INCREASED	3	QL (4 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	OXYCODONE HCL TABLET 30 MG ORAL	TIER INCREASED	3	QL (2 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

1/1/2026	OXYCODONE HCL TABLET 5 MG, 10 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	OXYCODONE HCL TABLET ABUSE-DETERRENT 15 MG ORAL	TIER INCREASED	3	QL (5 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	OXYCODONE-ACETAMINOPHEN TABLET 2.5-325 MG, 5-325 MG, 7.5-325 MG, 10-325 MG ORAL	TIER INCREASED	3	QL (6 PER 1 DAY), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	PAXLOVID (150/100) TABLET THERAPY PACK 10 X 100MG ORAL	QL UPDATED	3	QL (60 PER 365 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	PAXLOVID (300/100) TABLET THERAPY PACK 10 X 100MG ORAL	QL UPDATED	3	QL (90 PER 365 DAYS)		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	REGRANEX GEL 0.01 % EXTERNAL	FORMULARY DELETION				--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	RISPERIDONE MICROSPHERES SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	UPTRAVI TABLET 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG ORAL	FORMULARY DELETION				--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

1/1/2026	UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL	FORMULARY DELETION				--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	XDEMVY SOLUTION 0.25 % OPHTHALMIC	PA CRITERIA UPDATED	5	PA, QL (30 PER 365 DAYS), NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	PA CRITERIA UPDATED	4	PA		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
1/1/2026	ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG, 405 MG INTRAMUSCULAR	PA CRITERIA UPDATED	5	PA, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).
2/1/2026	DIFICID MG 200 TABLET	GENERIC SUBSTITUTION	5		FIDAXOMICIN MG 200 TABLET QL, NDS	
2/1/2026	GLEOSTINE MG 10, 100, 40 CAPSULE	GENERIC SUBSTITUTION	4		LOMUSTINE MG 10, 100, 40 CAPSULE	
2/1/2026	RAVICTI 1.1 GM/ML 1.1 LIQUID	GENERIC SUBSTITUTION	5		GLYCEROL PHENYLBUTYRATE GM/ML 1.1 LIQUID T5	
2/1/2026	OMNIPOD DEXG7G6 INTRO GEN KIT	FORMULARY DELETION			OMNIPOD LIBRE2 G6 INTRO GEN5 KIT,	--Current members using this product are grandfathered in and will not be affected.
2/1/2026	OMNIPOD DEXG7G6 PODS	FORMULARY DELETION			OMNIPOD LIBRE2 PLUS G6 PODS,	--Current members using this product are grandfathered in and will not be affected.
5/1/2026	POMALYST 1, 2, 3, 4 MG CAPSULE	GENERIC SUBSTUTITION	5	QL (3 per 4 days); NDS		

5/1/2026	TEFLARO 400, 600 MG SOLUTION RECONSTITUTED	GENERIC SUBSTUTITION	5	NDS		
6/1/2026	BRIVIACT 10, 100, 25, 50, 75 MG TABLET	GENERIC SUBSTITUTION			BRIVARACETAM 10, 100, 25, 50, 75 MG TABLET QL (2 PER 1 DAY), NDS	
6/1/2026	BRIVIACT 10 MG/ML SOLUTION	GENERIC SUBSTITUTION			BRIVARACETAM 10 MG/ML SOLUTION QL (20 PER 1 DAY), NDS	
8/1/2026	ASTAGRAF XL 0.5, 1, 5 MG CAPSULE EXTENDED RELEASE 24 HOUR	GENERIC SUBSTITUTION			TACROLIMUS ER 0.5, 1, 5 MG CAPSULE EXTENDED RELEASE 24 HOUR	
8/1/2026	ATROVENT HFA 17 MCG/ACT AEROSOL SOLUTION	GENERIC SUBSTITUTION			IPRATROPIUM BROMIDE HFA 17 MCG/ACT AEROSOL SOLUTION ST	
8/1/2026	EDURANT 25 MG TABLET	GENERIC SUBSTITUTION			RILPIVIRINE HCL 25 MG TABLET QL (1 PER 1 DAY), NDS	
8/1/2026	OFEV 100, 150 MG CAPSULE	GENERIC SUBSTITUTION			NINTEDANIB ESYLATE 100, 150 MG CAPSULE PA, QL (2 PER 1 DAY), NDS	
8/1/2026	XIGDUO XR 5-1000 MG TABLET EXTENDED RELEASE 24 HOUR	GENERIC SUBSTITUTION			DAPAGLIFLOZ BASE-METFORMIN ER 5-1000 MG TABLET EXTENDED RELEASE 24 HOUR QL (2 PER 1 DAY)	
8/1/2026	XIGDUO XR 10-1000, 10-500, 5-500 MG TABLET EXTENDED RELEASE 24 HOUR	GENERIC SUBSTITUTION			DAPAGLIFLOZ BASE-METFORMIN ER 10-1000, 10-500, 5-500 MG TABLET EXTENDED RELEASE 24 HOUR QL (1 PER 1 DAY)	
9/1/2026	BOSULIF 400MG TABLET	GENERIC SUBSTITUTION	5	PA; QL (1 EA per 1 day); NDS	BOSULIF 400MG TABLET: PA; QL (1 EA per 1 day); NDS	

9/1/2026	XELJANZ ORAL SOLUTION 1 MG/ML	GENERIC SUBSTITUTION	5	PA; QL (10 ML per 1 day); NDS;	TOFACITINIB ORAL SOLUTION 1 MG/ML: PA; QL (10 ML per 1 day); NDS;	
9/1/2026	XELJANZ 10 MG, 5 MG ORAL TABLET	GENERIC SUBSTITUTION	5	PA; QL (2 EA per 1 day); NDS	TOFACITINIB 10 MG, 5 MG ORAL TABLET: PA; QL (2 EA per 1 day); NDS	
9/1/2026	XELJANZ EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ORAL TABLET	GENERIC SUBSTITUTION	5	PA; QL (1 EA per 1 day); NDS	TOFACITINIB EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ORAL TABLET: PA; QL (1 EA per 1 day); NDS	
9/1/2026	OPSUMIT 10 MG ORAL TABLET	GENERIC SUBSTITUTION	4	PA; QL (1 EA per 1 day); NDS	MACITENTAN 10 MG ORAL TABLET: PA; QL (1 EA per 1 day); NDS	
10/1/2026	TICAGRELOR ORAL TABLET 60 MG	TIER DECREASE	3			
10/1/2026	EVEROLIMUS ORAL TABLET 2.5MG, 5MG, 7.5MG, 10 MG	TIER DECREASE, QL ADDED	3	PA; QL (1 EA PER 1 DAY)		
10/1/2026	PRASUGREL HCL ORAL TABLET 5MG 10 MG	TIER DECREASE	2			
11/1/2026	NUEDEXTA ORAL CAPSULE 20-10 MG	GENERIC SUBSTITUTION	5	QL (2 EA per 1 day); NDS	DEXTROMETHORPHAN-QUINIDINE ORAL CAPSULE 20-10 MG	
11/1/2026	PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	GENERIC SUBSTITUTION	4		MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 250 MG	

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.

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.

Notice of Availability

English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.
Spanish Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.
Navajo Diné	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'j' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjj' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'j' hanidziih.
Vietnamese Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-592-7737 (Người khuyết tật: TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.
German Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-592-7737 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
Chinese Simplified 简体中文	注意：如果您使用简体中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以提供无障碍格式版信息。请拨打 1-855-592-7737 (TTY: 711) 或咨询您的服务提供者。
Chinese Traditional 繁體中文	注意：如果您使用繁體中文，我們將免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服務，以提供無障礙格式版資訊。請致電 1-855-592-7737 (TTY:711) 或諮詢您的服務提供者。
Japanese 日本語	注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-592-7737（TTY:711）までお電話ください。または、ご利用の事業者にご相談ください。
Filipino	ATTENTION: Kung marunong kang magsalita ng Filipino, makakagamit ka ng mga libreng serbisyo sa tulong sa wika. Ang mga angkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din nang libre. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Korean 한국어	주의: 한국어를 사용하는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 1-855-592-7737(TTY: 711)로 전화하거나 서비스 제공업체에 문의하세요.

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French Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-592-7737 (TTY : 711) ou parlez à votre fournisseur.
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-592-7737 (TTY: 711) o makipag-usap sa iyong provider.
Russian РУССКИЙ	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-592-7737 (TTY: 711) или обратитесь к своему поставщику услуг.
Urdu اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو، مفت لسانی اعانت کی خدمات آپ کے لیے دستیاب ہیں۔ مناسب ضمنی امداد اور خدمات بھی قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے بلا معاوضہ دستیاب ہیں۔ 1-855-592-7737 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Nepali नेपाली	ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लादि दनिः शुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रिान िनन उपयुक्त सहायक सहायताहरू र सेवाहरू पदन दनिः शुल्क उपलब्ध छन्। 1-855-592-7737 (TTY: 711) मा फोन िनुनहोस् वा आफ्नो प्रियकसुँि कुरा िनुनहोस्।
Bengali বাংলা	মনNানhাগ দিN: আপদN hদি বাংলায় কথা বনলN, তাহনল দবNামূনলে ভাষা সহায়তা পদিনষবা আপNাি জNে উপলব্ধ। অ্েনেসনhাগে ফম্েনে তথে প্রিানNি জNে উপhুক্ত সহায়ক সহায়তা এবাং পদিনষবাগুদলও দবNামূনলে পাওয়া hায়। 1-855-592-7737 (TTY: 711) Nম্বনি কল করুN অ্থবা আপNাি প্রিাNকাি্ীি সানথ কথা বলুN।
Hindi दहंि्ी	ध्यान िदे: यदि आप दहंि्ी बोलते हैं तो आपके दलए दनिः शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रिान करने केदलए उपयुक्त सहायक सहायताएँ और सेवाएँ भी दनिः शुल्क उपलब्ध हैं। 1-855-592-7737 (TTY: 711) पर कॉल करें या अपने प्रिाता 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 (711 :TTY) 1-855-592-7737)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.

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