

**Presbyterian Senior Care (HMO)/(HMO-POS)
Presbyterian MediCare PPO
Presbyterian Dual Plus (HMO D-SNP)
Formulary Step Therapy Criteria
Effective December 1, 2022**

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

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

Anti-Convulsant

Products Affected

- Aptiom TABLET 200 MG ORAL
- Aptiom TABLET 400 MG ORAL
- Aptiom TABLET 600 MG ORAL
- Aptiom TABLET 800 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
- Fintepla Solution 2.2 MG/ML Oral
- Fycompa SUSPENSION 0.5 MG/ML ORAL
- Fycompa TABLET 10 MG ORAL
- Fycompa TABLET 12 MG ORAL
- Fycompa TABLET 2 MG ORAL
- Fycompa TABLET 4 MG ORAL
- Fycompa TABLET 6 MG ORAL
- Fycompa TABLET 8 MG 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
- Vimpat Tablet 100 MG Oral
- Vimpat Tablet 150 MG Oral
- Vimpat Tablet 200 MG Oral
- Vimpat Tablet 50 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 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 x 200 MG Oral
- Xcopri Tablet Therapy Pack 14 x 50 MG & 14 x 100 MG Oral

Details

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

Products Affected

- 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
- Viibryd Starter Pack KIT 10 & 20 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).
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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.

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
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation
- Fluticasone-Salmeterol Aerosol Powder Breath Activated 500-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 100-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/ACT Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 250-50 MCG/DOSE Inhalation
- Wixela Inhub Aerosol Powder Breath Activated 500-50 MCG/ACT Inhalation
- 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: fluticasone inhaled, beclomethasone inhaled, mometasone inhaled, budesonide inhaled, budesonide/formoterol inhaled, aclidinium bromide inhaled, tiotropium inhaled, ipratropium inhaled, or ipratropium/albuterol inhaled.
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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
- Caplyta Capsule 10.5 MG Oral
- Caplyta Capsule 21 MG Oral
- Caplyta Capsule 42 MG Oral
- Fanapt Tablet 1 MG Oral
- Fanapt Tablet 10 MG Oral
- Fanapt Tablet 12 MG Oral
- Fanapt Tablet 2 MG Oral
- Fanapt Tablet 4 MG Oral
- Fanapt Tablet 6 MG Oral
- Fanapt Tablet 8 MG Oral
- Latuda TABLET 120 MG ORAL
- Latuda TABLET 20 MG ORAL
- Latuda Tablet 40 MG Oral
- Latuda Tablet 60 MG Oral
- Latuda Tablet 80 MG Oral
- 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.
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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: temazepam, triazolam, zaleplon or zolpidem.
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Delzicol (mesalamine)

Products Affected

- Mesalamine Capsule Delayed Release 400 MG Oral

Details

Criteria	You must have taken one (1) of the following drugs: balsalazide or sulfasalazine within the past 120 days.
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Diabetes

Products Affected

- Alogliptin Benzoate Tablet 12.5 MG Oral Oral
- Alogliptin Benzoate Tablet 25 MG Oral • Alogliptin-Pioglitazone Tablet 25-30 MG Oral
- Alogliptin Benzoate Tablet 6.25 MG Oral Oral
- Alogliptin-metFORMIN HCl Tablet 12.5-1000 MG Oral • Alogliptin-Pioglitazone Tablet 25-45 MG Oral
- Alogliptin-Metformin HCl Tablet 12.5-500 MG Oral • Tradjenta Tablet 5 MG Oral
- Alogliptin-Pioglitazone Tablet 12.5-15 MG Oral • Trulicity Solution Pen-Injector 0.75 MG/0.5ML Subcutaneous
- Alogliptin-Pioglitazone Tablet 12.5-30 MG Oral • Trulicity Solution Pen-Injector 1.5 MG/0.5ML Subcutaneous
- Alogliptin-Pioglitazone Tablet 12.5-45 MG Oral • Trulicity Solution Pen-Injector 3 MG/0.5ML Subcutaneous
- Alogliptin-Pioglitazone Tablet 25-15 MG Oral • Trulicity Solution Pen-Injector 4.5 MG/0.5ML Subcutaneous

Details

Criteria	
	You must have taken metformin or a medication that contains metformin. Exceptions for dulaglutide will be made if documentation of underlying multiple cardiovascular risk factors, or a high risk of major cardiovascular event.

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.
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Opana ER (oxymorphone ER)

Products Affected

- oxyMORphone HCl ER Tablet Extended Release 12 Hour 10 MG Oral
- oxyMORphone HCl ER Tablet Extended Release 12 Hour 15 MG Oral
- oxyMORphone HCl ER Tablet Extended Release 12 Hour 20 MG Oral
- oxyMORphone HCl ER Tablet Extended Release 12 Hour 30 MG Oral
- OxyMORphone HCl ER Tablet Extended Release 12 Hour 40 MG Oral
- oxyMORphone HCl ER Tablet Extended Release 12 Hour 5 MG Oral
- oxyMORphone HCl ER Tablet Extended Release 12 Hour 7.5 MG Oral

Details

Criteria
You must have taken morphine sulfate extended release tablets within the past 120 days.

Over Active Bladder

Products Affected

- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 2 MG Oral
- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 4 MG Oral
- Trospium Chloride ER Capsule Extended Release 24 Hour 60 MG Oral

Details

Criteria	You must have taken two (2) of the following drugs: oxybutynin immediate release tablets, oxybutynin extended release tablets, oxybutynin syrup or tolterodine immediate release tablets.
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Prevymis (letermovir)

Products Affected

- Prevymis Tablet 240 MG Oral
- Prevymis Tablet 480 MG Oral

Details

Criteria	ST applies to new starts only; You must have taken valganciclovir.
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Reyvow (lasmiditan)

Products Affected

- Reyvow Tablet 100 MG Oral
- Reyvow Tablet 50 MG Oral

Details

Criteria	You must have taken sumatriptan, naratriptan, rizatriptan, almotriptan, frovatriptan, and zolmitriptan
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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.
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SGLT2 Inhibitor

Products Affected

- Invokamet TABLET 150-1000 MG ORAL
- Invokamet TABLET 150-500 MG ORAL
- Invokamet TABLET 50-1000 MG ORAL
- Invokamet TABLET 50-500 MG ORAL
- Invokamet XR Tablet Extended Release 24 Hour 150-1000 MG Oral
- Invokamet XR Tablet Extended Release 24 Hour 150-500 MG Oral
- Invokamet XR Tablet Extended Release 24 Hour 50-1000 MG Oral
- Invokamet XR Tablet Extended Release 24 Hour 50-500 MG Oral
- Invokana TABLET 100 MG ORAL
- Invokana Tablet 300 MG Oral

Details

Criteria	For the treatment of diabetes mellitus type 2 you must have taken dapagliflozin and metformin or a medication that contains metformin. Trial of dapagliflozin or metformin is not required for the following situations: reducing the risk of major adverse cardiovascular events, hospitalization for heart failure, cardiovascular death, treatment of diabetic nephropathy, reducing the risk of end-stage kidney disease, doubling of serum creatinine.
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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).
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Triptans - Almotriptan, Frovatriptan, Zolmitriptan

Products Affected

- Almotriptan Malate Tablet 12.5 MG Oral Oral
- Almotriptan Malate Tablet 6.25 MG Oral • ZOLMitriptan Tablet 2.5 MG Oral
- Frovatriptan Succinate Tablet 2.5 MG • 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.
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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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