

## NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the Presbyterian Centennial Care Formulary effective 2023.

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. You can reach them Monday through Friday from 8:00 a.m. to 5:00 p.m.

Phone: (505) 923-5678 or 1-855-356-2219

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Online: [www.phs.org](http://www.phs.org)

Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2023	Actemra® (tocilizumab) 80 mg/4 mL, 200 mg/10 mL, and 400 mg/20 mL Single-dose vials and 162 mg/0.9 mL Single-dose prefilled syringe	Criteria Update	F, PA, QL, SP	
01/01/2023	Austedo® (deutetetrabenazine) 6mg, 9mg, and 12mg tablets	Criteria Update	F, QL, PA, SP	
01/01/2023	Cimzia® (certolizumab pegol) 200 mg Single-dose vial and 200 mg/mL Single-dose prefilled syringe	Criteria Update	F, PA, QL, SP	
01/01/2023	Cosentyx® (secukinumab) 75mg/0.5mL prefilled syringe, 150mg/mL Sensoready pen and prefilled syringe, and 150mg single-dose vial	Criteria Update	F, QL, PA, SP	
01/01/2023	Cosentyx® (secukinumab)	Criteria Update	F, PA, QL, SP	

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	75 mg/0.5 mL Single-dose prefilled syringe, 150 mg/mL Single-dose Sensoready pen, and 150 mg Single-dose vial			
01/01/2023	DexCom® (Continuous glucose monitor)	Criteria Update	F, QL, PA	
01/01/2023	Dupixent® (dupilumab) 200 mg/1.14 mL and 300 mg/2 mL Single dose prefilled pens and 100 mg/0.67 mL, 200 mg/1.14 mL and 300 mg/2 mL Single-dose prefilled syringes	Criteria Update	F, PA, QL, SP	
01/01/2023	Feraheme® (ferumoxytol) 510mg/710mL	Criteria Update	MB, PA	
01/01/2023	Ferrlecit® (ferric gluconate) 62.5 mg/5 mL	Criteria Update	MB, PA	
01/01/2023	Freestyle Libre® (Continuous glucose monitor)	Criteria Update	F, QL, PA	
01/01/2023	Guardian® (Continuous glucose monitor)	Criteria Update	F, QL, PA	
01/01/2023	Humira® (adalimumab) 10mg, 20mg, 4mg and 80mg prefilled syringes and pens	Criteria Update	F, QL, PA, SP	
01/01/2023	Humira® (adalimumab) 40 mg/0.4 mL, 40 mg/0.8 mL, and 80 mg/0.8 mL Single-dose prefilled pen and 10 mg/0.1 mL, 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.4 mL, 40 mg/0.8 mL, and 80 mg/0.8 mL Single-dose prefilled glass syringe	Criteria Update	F, PA, QL, SP	
01/01/2023	INFeD® (iron dextran)	Criteria Update	MB, PA	

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	100 mg/2 mL			
01/01/2023	Injectafer® (ferric carboxymaltose) 750 mg/15 mL	Criteria Update	MB, PA	
01/01/2023	Mavenclad® (cladribine) 10mg tablets	Criteria Update	F, QL, PA, SP	
01/01/2023	Orencia® (abatacept) 50 mg/0.4 mL, 87.5 mg/0.7 mL, and 125 mg/mL Single-dose prefilled syringe, 125 mg/mL Single-dose prefilled ClickJect autoinjector, and 250 mg Single-dose vial	Criteria Update	F, PA,QL, SP	
01/01/2023	Otezla® (apremilast) 10mg, 20mg and 30mg tablets	Criteria Update	F, QL, PA, SP	
01/01/2023	Otezla® (apremilast) 10 mg, 20 mg, and 30 mg Oral tablets	Criteria Update	F, PA,QL, SP	
01/01/2023	Rinvoq® (upadacitinib) 15mg, 30mg and 45mg extended-release oral tablets	Criteria Update	F, QL, PA, SP	
01/01/2023	Rinvoq® (upadacitinib) 15 mg, 30 mg, and 45 mg Extended-release oral tablets	Criteria Update	F, PA,QL, SP	
01/01/2023	Siliq® (brodalumab) 210mg/1.5mL prefilled syringe	Criteria Update	F, QL, PA, SP	
01/01/2023	Skyrizi® (risankizumab-rzaa) 75mg/0.83mL prefilled syringe and 150mg/mL prefilled syringe	Criteria Update	F, QL, PA, SP	
01/01/2023	Skyrizi® (risankizumab-rzaa)	Criteria Update	F, PA,QL, SP	

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	75 mg, 150 mg, 180 mg, and 360 mg Single-dose prefilled pens and syringes and 600 mg Single-dose vial			
01/01/2023	Stelara® (ustekinumab) 45 mg/0.5mL or 90 mg/mL solution in a single-dose prefilled syringe, 130 mg/26 mL solution in a single-dose vial	Criteria Update	F, QL, PA, SP	
01/01/2023	Stelara® (ustekinumab) 45 mg/0.5 mL and 90 mg/mL Single-dose prefilled syringe and 130 mg/26 mL Single-dose vial	Criteria Update	F, PA, QL, SP	
01/01/2023	Venofer® (iron sucrose) 100 mg/5mL	Criteria Update	MB, PA	
01/01/2023	Vyvanse® (lisdexamfetamine dimesylate) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg and 70mg	Criteria Update	F, QL, PA, AL	
01/01/2023	Xeljanz® (tofacitinib) 5 mg, 10 mg Oral tablets; 11 mg, 22 mg Extended-release oral tablets; and 1 mg/mL Oral solution	Criteria Update	F, PA, QL, SP	
01/01/2023	Calquence® (acalabrutinib) 100mg tablets	Formulary Addition	F, QL, PA, SP	
01/01/2023	Caplyta® (lumateperone) 10.5mg and 21mg capsules	Formulary Addition	F, QL, PA, AL	
01/01/2023	carmustine (BiCNU®) 50mg and 300mg of lyophilized powder for reconstitution in a single-dose vial	Formulary Addition	MB	

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01/01/2023	Depo-Subq Provera® (medroxyprogesterone acetate) 104mg/0.65mL prefilled syringe	Formulary Addition	F	
01/01/2023	Enbrel® (etanercept) 25 mg/0.5 mL and 50 mg/mL Single-dose prefilled syringe, 50 mg/mL Single-dose prefilled SureClick Autoinjector, and 25 mg/0.5 mL vial for reconstitution	Formulary Addition	F, PA, QL, SP	
01/01/2023	Injectafer® (ferric carboxymaltose) 100mg/2mL in a single-dose vial	Formulary Addition	MB, PA	
01/01/2023	Insulin degludec 100 units/mL in a 10 mL multiple-dose vial and 100 units/mL and 200 units/mL FlexTouch prefilled pens	Formulary Addition	F, ST, QL	
01/01/2023	Oncaspar® (pegaspargase) 3,750iu/5mL in a single-dose vial	Formulary Addition	MB, PA	
01/01/2023	Taltz® (ixekizumab) 80 mg/mL Single-dose prefilled syringe and Single-dose prefilled autoinjector	Formulary Addition	F, PA, QL, SP	
01/01/2023	Viibryd® (vilazodone) 10mg, 20mg and 40mg tablets	Formulary Addition	F, QL, PA	vilazodone 10mg, 20mg and 40mg tablets (F, QL, PA)
01/01/2023	vilazodone (generic for Viibryd®) 10mg, 20mg and 40mg tablets	Formulary Addition	F, QL, PA	
01/01/2023	Kineret® (anakinra) 100 mg/0.67 mL Single-use prefilled syringe	Formulary Deletion		Enbrel 25 mg/0.5 mL and 50 mg/mL Single-dose prefilled syringe, 50 mg/mL Single-dose prefilled SureClick Autoinjector, and 25 mg/0.5 mL vial for reconstitution (F, PA, QL, SP) ; Humira 40 mg/0.4 mL, 40 mg/0.8 mL,

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				and 80 mg/0.8 mL Single-dose prefilled pen and 10 mg/0.1 mL, 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.4 mL, 40 mg/0.8 mL, and 80 mg/0.8 mL Single-dose prefilled glass syringe (F, PA,QL, SP) ; Orenzia 50 mg/0.4 mL, 87.5 mg/0.7 mL, and 125 mg/mL Single-dose prefilled syringe, 125 mg/mL Single-dose prefilled ClickJect autoinjector, and 250 mg Single-dose vial (F, PA,QL, SP)
01/01/2023	Siliq® (brodalumab) 210 mg/1.5 mL Single-dose prefilled syringe	Formulary Deletion		Enbrel 25 mg/0.5 mL and 50 mg/mL Single-dose prefilled syringe, 50 mg/mL Single-dose prefilled SureClick Autoinjector, and 25 mg/0.5 mL vial for reconstitution (F, PA,QL, SP) ; Humira 40 mg/0.4 mL, 40 mg/0.8 mL, and 80 mg/0.8 mL Single-dose prefilled pen and 10 mg/0.1 mL, 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.4 mL, 40 mg/0.8 mL, and 80 mg/0.8 mL Single-dose prefilled glass syringe (F, PA,QL, SP); Taltz 80 mg/mL Single-dose prefilled syringe and Single-dose prefilled autoinjector (F, PA,QL, SP)
01/01/2023	Tresiba® 100 units/mL in a 10 mL multiple-dose vial and 100 units/mL and 200 units/mL FlexTouch prefilled pens	Formulary Deletion		Insulin degludec 100 units/mL in a 10 mL multiple-dose vial and 100 units/mL and 200 units/mL FlexTouch prefilled pens (F, ST, QL)
02/01/2023	Freestyle Libre 3 (continuous glucose monitor)	Formulary Addition	F, PA, QL	

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03/01/2023	Dexcom® G6 (Continuous Glucose Monitor)	Criteria Update	F, QL, PA	
03/01/2023	Dupixent® (dupilumab) injection: 100 mg/0.0.67 mL, 200 mg/1.14 mL, and 300 mg/2 mL prefilled syringes/pens	Criteria Update	F, PA, QL, SP	
03/01/2023	Firdapse® (amifampridine) 10 mg oral tablets	Criteria Update	F, PA, QL, SP	
03/01/2023	Forteo® (teriparatide) Injection: 600 mcg/2.4 mL in a prefilled pen containing 28 daily doses of 20 mcg.	Criteria Update	F, PA, QL	
03/01/2023	Freestyle® (Continuous Glucose Monitor) 14 Day, Libre 2, Libre 3	Criteria Update	F, QL, PA	
03/01/2023	Guardian® (Continuous Glucose Monitor) Connect	Criteria Update	F, QL, PA	
03/01/2023	Tymlos® (abaloparatide) Injection: 3120 mcg/1.56 mL in a prefilled pen	Criteria Update	F, PA, SP	
03/01/2023	Vraylar® (cariprazine) Oral capsules: 1.5 mg, 3 mg, 4.5 mg, and 6 mg	Criteria Update	F, PA, QL	
03/01/2023	roflumilast (generic for Daliresp®) 500 mcg oral tablets	Formulary Addition	F, QL, PA	
03/01/2023	Sunlenca® (lenacapavir) 300 mg oral tablets and 463.5 mg/1.5 mL injection in single-dose vials	Formulary Addition	F, PA	
03/01/2023	Daliresp® (roflumilast)	Formulary Deletion		roflumilast 500 mcg oral tablets (F, QL, PA)

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	500 mcg oral tablets			
03/01/2023	acamprosate (generic for Campral®) 333 mg delayed release oral tablets	PA Removed	F, QL	
06/01/2023	Kevzara® (sarilumab) 150 mg/1.14 mL or 200 mg/1.14 mL solution in a single-dose prefilled syringe or prefilled pen	Criteria Update	F, PA, QL, SP, NDS	
06/01/2023	Takhzyro® (lanadelumab-flyo) 300 mg/2 mL solution in a single-dose prefilled syringe, 300 mg/2 mL solution in a single-dose vial	Criteria Update	F, PA, QL, SP, NDS	
06/01/2023	Xtandi® (enzalutamide) 40 mg, 80 mg oral tablets and 40 mg oral capsules	Criteria Update	F, PA, QL, SP, NDS	
06/01/2023	Erleada™ (apalutamide) 240 mg oral tablets	Formulary Addition	F, PA, QL	
06/01/2023	Jaypirca™ (pirtobrutinib) 50 mg and 100 mg oral tablets	Formulary Addition	F, PA, QL, SP, NDS	
06/01/2023	lurasidone (generic for Latuda®) 20 mg, 40 mg, 60 mg, 80 mg, 120 mg oral tablets	Formulary Addition	F, PA, QL, AL	
06/01/2023	Orserdu™ (elacestrant) 86 mg and 345 mg oral tablets	Formulary Addition	F, PA, QL, SP, NDS	
06/01/2023	Takhzyro® (lanadelumab-flyo) 150 mg/1 mL solution in a single-dose prefilled syringe	Formulary Addition	F, PA, QL, SP, NDS	
06/01/2023	teriflunomide (generic for Aubagio®) 7 mg and 14 mg oral tablets	Formulary Addition	F, QL, SP, NDS	



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06/01/2023	Aubagio® (teriflunomide) 7 mg and 14 mg oral tablets	Formulary Deletion		teriflunomide 7 mg and 14 mg oral tablets (T5, QL, SP, NDS)
04/19/2023	hydroxyprogesterone caproate (generic for Makena®) 250 mg/mL intramuscular oil	Formulary Deletion		
06/01/2023	Latuda® (lurasidone) 20 mg, 40 mg, 60 mg, 80 mg, 120 mg oral tablets	Formulary Deletion		lurasidone 20 mg, 40 mg, 60 mg, 80 mg, 120 mg oral tablets (T5, PA, QL, AL)
06/01/2023	tranexamic acid (generic for Lysteda®) 650 mg oral tablets	QL Update	F, QL	
06/01/2023	pimecrolimus (generic for Elidel®)	ST Removal + QL Addition	F, QL, AL	
06/01/2023	tacrolimus (generic for Protopic®)	ST Removal + QL Addition	F, QL, AL	

**MB**= Medical Benefit, **PA** = Prior Authorization required, **QL** = Quantity Limit, **SP** = Specialty Pharmacy required, **ST** = Step Therapy, **AL**=Age Limit, **F** =Formulary

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