

**NOTIFICATION OF FORMULARY CHANGES\***

**The following summary describes changes to the 2024 Presbyterian Senior Care (HMO)/(HMO-POS), Presbyterian UltraFlex (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, Presbyterian UltraFlex  
and Presbyterian MediCare PPO:**



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



**[www.phs.org/Medicare](http://www.phs.org/Medicare)**



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 Presbyterian Insurance Company, Inc.

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 Presbyterian UltraFlex (HMO-POS)  
 Presbyterian Dual Plus (HMO D-SNP)

Effective Date of Change	Drug Name	Description of Change	Tier	Additional Information	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/01/2024	HEPLISAV-B 20MCG/0.5ML SOLUTION	B/D ADDED	3	B/D	
01/01/2024	ABILIFY MYCITE 10 MG STARTER KIT AND 2 MG, 5 MG, 15 MG, 20 MG MAINTENANCE KIT	FORMULARY ADDITION	5	PA QL 1 PER 1 DAY NDS	
01/01/2024	AMJEVITA 20MG/0.4ML PREFILLED SYRINGE, 40MG/0.8ML AUTO-INJECTOR	FORMULARY ADDITION	5	PA QL .80ML PER 28 DAYS, 6 PER 28 DAYS NDS	
01/01/2024	ASTAGRAF XL 0.5MG, 1MG, 5MG CP24	FORMULARY ADDITION	2	B/D	
01/01/2024	BRONCHITOL 40MG CAPS	FORMULARY ADDITION	5	PA NDS	
01/01/2024	CEFEPIME-DEXTROSE SOLUTION RECONSTITUTED 2-5 GM-%(50ML) INTRAVENOUS	FORMULARY ADDITION	2		
01/01/2024	COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	FORMULARY ADDITION	5	PA	
01/01/2024	DEPO-SUBQ PROVERA 104 104MG/0.65ML	FORMULARY ADDITION	3		
01/01/2024	ENDARI 5GM PACK	FORMULARY ADDITION	5	PA QL 6 PER 1 DAY NDS	

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01/01/2024	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG, 500 MG	FORMULARY ADDITION	4		
01/01/2024	HYDROCORTISONE (PERIANAL) 2.5% CREAM	FORMULARY ADDITION	2		
01/01/2024	INSULIN ASPART INJ 100 UNIT/ML SOLUTION, 100 UNIT/ML FLEXPEN, 100 UNIT/ML PENFILL	FORMULARY ADDITION	3	QL 50ML PER 30 DAY, 45ML PER 30 DAY, 45ML PER 30 DAY	
01/01/2024	INSULIN ASPART PROT & ASPART (70-30) 100UNIT/ML SUSPENSION	FORMULARY ADDITION	3	QL 50ML PER 30 DAY	
01/01/2024	MOXIFLOXACIN HCL IN NAACL SOLUTION 400 MG/250ML INTRAVENOUS	FORMULARY ADDITION	4		
01/01/2024	RECORLEV ORAL TABLET 150 MG	FORMULARY ADDITION	5	NDS	
01/01/2024	REZUROCK 200MG TABS	FORMULARY ADDITION	5	PA NDS	
01/01/2024	REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	PA 45ML PER 30 DAYS	
01/01/2024	VANCOMYCIN HCL 50MG/ML SOLUTION RECONSTITUTED	FORMULARY ADDITION	3		
01/01/2024	VERQUVO 2.5MG, 5MG, 10MG	FORMULARY ADDITION	4	PA QL 1 PER 1 DAY	
01/01/2024	VIGADRONE ORAL TABLET 500 MG	FORMULARY ADDITION	5	ST NDS	

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01/01/2024	ZOVIA 1/35 (28)	FORMULARY ADDITION	3		
01/01/2024	ALREX SUSPENSION 0.2 % OPTHALMIC	FORMULARY DELETION			DICLOFENAC OPTHALMIC SOLUTION 0.1% T2, FLUOROMETHOLONE OPTHALMIC SUSPENSION 0.1% T2, FLUBIPROFEN OPTHALMIC SOLUTION 0.03% T2, KETOROLAC TROMETHAMINE OPTHALMIC SOLUTION 0.4% AND 0.5% T2, LOTEPREDNOL OPTHALMIC GEL T3 AND SUSPENSION 0.5% T4, PREDNISOLONE OPTHALMIC SOLUTION AND SUSPENSION 0.1% T3
01/01/2024	AVYCAZ SOLUTION RECONSTITUTED 2.5 (2-0.5) GM INTRAVENOUS	FORMULARY DELETION			
01/01/2024	BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	FORMULARY DELETION			REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS T3
01/01/2024	BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML , ER 2 MG SUBCUTANEOUS RECONSTITUTED SOLUTION	FORMULARY DELETION			OZEMPIC 0.25 MG, 0.5 MG, 1 MG, 2 MG PER DOSE PEN INJECTOR T3; RYBELSUS 3 MG T3, 7MG, 14 MG ORAL TABLETS; TRULICITY 0.75 MG, 1.5 MG, 3 MG 4.5 MG PEN INJECTOR T3; VICTOZA 18 MG PEN INJECTOR T3
01/01/2024	CHLORZOXAZONE TABLET 500 MG ORAL	FORMULARY DELETION			BACLOFEN 10 MG AND 20 MG ORAL TABLETS T2; CYCLOBENZAPRINE 5 MG AND 10 MG ORAL TABLETS (PA REQUIRED IF OVER 65 YEARS) T2; ORPHENADRINE 100 MG ORAL TABLETS T2; TIZANIDINE 2 MG AND 4 MG ORAL TABLETS T2

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01/01/2024	EUCRISA OINTMENT 2 % EXTERNAL	FORMULARY DELETION			TACROLIMUS 0.03% AND 0.1% EXTERNAL OINTMENT T4
01/01/2024	HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS, MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS, MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS, MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS, MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	FORMULARY DELETION			INSULIN ASPART 100 UNITS/ML FLEXPEN T3; INSULIN ASPART SOLUTION 100 UNITS/ML T3; INSULIN ASPART PROTEAMINE & ASPART SUSPENSION 70/30 100 UNITS/ML T3
01/01/2024	HUMIRA 80 MG/0.8ML & 40 MG/0.4ML, 80 MG/0.8ML PEDIATRIC CHROHNS START PREFILLED SYRINGE KITS; 40 MG/0.8ML, 80 MG/0.8ML CD/UC/HS STARTER PEN INJECTOR KITS; 80 MG/0.8ML PEDIATRIC UC START PEN-INJECTOR KIT; 80 MG/0.8ML & 40MG/0.4ML PSOR/UEVIT STARTER PEN-INJECTOR KIT; 40 MG/0.8ML PS/UV/ADOL HS START PEN-INJECTOR KIT; 40 MG/0.4ML, 40 MG/0.8ML, 80	FORMULARY DELETION			AMJEVITA 20MG/0.4ML PREFILLED SYRINGE, 40MG/0.8ML AUTO-INJECTOR T5

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	MG/0.8ML PEN-INJECTOR KITS; 10 MG/0.1ML, 20 MG/ 0.2ML, 40 MG/0.4ML, 40 MG/0.8ML PREFILLED SYRINGE KITS				
01/01/2024	HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML, 70/30 SUSPENSION (70-30) 100 UNIT/ML, N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML, N SUSPENSION 100 UNIT/ML, R SOLUTION 100 UNIT/ML SUBCUTANEOUS	FORMULARY DELETION			INSULIN ASPART 100 UNITS/ML FLEXPEN; INSULIN ASPASRT SOLUTION 100 UNITS/ML; INSULIN ASPART PROTEAMINE & ASPART SUSPENSION 70/30 100 UNITS/ML
01/01/2024	IMBRUVICA 560MG TABLET	FORMULARY DELETION			NONE – REMOVED FROM MARKET
01/01/2024	INSULIN LISPRO (1 UNIT DIAL) SOLUTION PEN-INJECTOR 100 UNIT/ML, JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML, PROT & LISPRO SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML, 100 UNIT/ML SUBCUTANEOUS SOLUTION 100 UNIT/ML	FORMULARY DELETION			INSULIN ASPART 100 UNITS/ML FLEXPEN T3; INSULIN ASPASRT SOLUTION 100 UNITS/ML T3; INSULIN ASPART PROTEAMINE & ASPART SUSPENSION 70/30 100 UNITS/ML T3
01/01/2024	NOVOLOG 100 UNIT/ML FLEXPEN SOLUTION PEN-INJECTOR, PENFILL SOLUTION, SOLUTION INJECTION; MIX 70/30 FLEXPEN SOLUTION PEN-	FORMULARY DELETION			INSULIN ASPART 100 UNITS/ML FLEXPEN T3; INSULIN ASPASRT SOLUTION 100 UNITS/ML T3; INSULIN ASPART PROTEAMINE & ASPART SUSPENSION 70/30 100 UNITS/ML T3

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	INJECTOR AND SUBCUTANEOUS SUSPENSION				
01/01/2024	NOXAFIL ORAL SUSPENSION 40 MG/ML	FORMULARY DELETION			POSACONAZOLE ORAL SUSPENSION 40 MG/ML T5
01/01/2024	OXYMORPHONE HCL ER TABLET EXTENDED RELEASE 12 HOUR 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 40 MG ORAL	FORMULARY DELETION			MORPHINE SULFATE 15MG, 30MG, 60MG, 100MG, 200MG EXTENDED-RELEASE TABLETS T2
01/01/2024	REVLIMID 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG CAPSULE	FORMULARY DELETION			LENALIDOMIDE 2.5 MG, 5 MG, 10MG, 15MG, 20MG, 25MG CAPSULE T5
01/01/2024	TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT, 400 MCG/ACT INHALATION (30 ACTUATE) INHALATION	FORMULARY DELETION			ATROVENT INHALATION 17 MCG/ACT T3; SPIRIVA HANDIHALER 18 MCG INHALATION CAPSULE T3; SPIRIVA 1.25 MCG/ACT AND 2.5 MCG/ACT AEROSOL SOLUTION T3
01/01/2024	TURALIO 200 MG CAPSULE	FORMULARY DELETION			TURALIO 125 MG CAPSULE T5
01/01/2024	ZILEUTON ER TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	FORMULARY DELETION			MONTELUKAST 4 MG AND 5 MG CHEWABLE T2; MONTELUKAST 10 MG TABLET T2; ZAFIRLUKAST 10 MG AND 20 MG TABLET T3
01/01/2024	ALMOTRIPTAN MALATE 6.25 MG, 12.5 MG TABLET	ST ADDITION	4	ST QL 18 PER 30 DAYS	
01/01/2024	ALOSETRON 0.5 MG, 1 MG ORAL TABLET	PA ADDITION	5	QL 2 PER DAY NDS	
01/01/2024	AUSTEDO XR 6 MG, 12 MG, 24 MG XR	QL INCREASED	5	PA QL 2 PER 1 DAY, 3 PER 1 DAY, 2 PER 1 DAY NDS	

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01/01/2024	CELECOXIB CAPSULE 50 MG, 100 MG, 200 MG, 400 MG ORAL	TIER DECREASED	2		
01/01/2024	DARUNAVIR 600MG, 800MG TABLET	TIER INCREASED	5	QL 2 PER DAY, 1 PER DAY NDS	
01/01/2024	DEFERASIROX 125 MG SOLUBLE TABLET	TIER DECREASED	4	PA NDS	
01/01/2024	DENAVIR 1% CREAM	TIER DECREASED	4	QL 5 PER 30 DAYS NDS	
01/01/2024	DIHYDROERGOTAMINE MESYLATE SOLUTION 4 MG/ML NASAL	ST ADDITION	5	ST QL 8 PER 28 DAYS NDS	
01/01/2024	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE 200MG; 300MG TABLET	TIER DECREASED	4	QL 1 PER 1 DAY	
01/01/2024	ENOXAPARIN SODIUM SOLUTION 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML, 100 MG/ML, 120 MG/0.8ML, 150 MG/ML SUBCUTANEOUS	TIER INCREASED	4	QL 9 ML per 90 days, 12 ML per 90 days, 18 ML per 90 days, 24 ML per 90 days, 30 ML per 90 days, 24 ML per 90 days, 30 ML per 90 days	
01/01/2024	FEBUXOSTAT TABLET 40 MG, 80 MG ORAL	TIER DECREASED	3	QL 1 PER 1 DAY	
01/01/2024	ICOSAPENT ETHYL CAPSULE 1 GM ORAL	ST ADDITION	4	ST QL 4 PER 1 DAY	
01/01/2024	IMBRUVICA ORAL SUSPENSION 70 MG/ML	QL INCREASED	5	PA QL 7.2ML PER DAY NDS	
01/01/2024	JANUMET 1000MG; 50MG TABLET	ST DELETION	3	QL 2 PER 1 DAY	

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01/01/2024	JANUMET XR 500MG-50MG, 1000MG-50MG, 1000MG-100MG	ST DELETION	3	QL 1 PER 1 DAY, 2 PER 1 DAY, 2 PER 1 DAY	
01/01/2024	JANUVIA 25 MG, 50 MG, 100 MG TABLET	ST DELETION	3	QL 1 PER 1 DAY	
01/01/2024	LANTHANUM CARBONATE TABLET CHEWABLE 500 MG, 750 MG, 1000 MG ORAL	ST ADDITION	5	ST NDS	
01/01/2024	MESALAMINE 1000MG SUPPOSITORY	QL DELETION	4		
01/01/2024	OZEMPIC 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML PEN-INJECTOR	PA ADDITION	3	PA QL 1.5 ML per 28 days, 3 ML per 28 days, 3 ML per 28 days, 3 ML per 28 days	
01/01/2024	PIRFENIDONE 267 MG CAPSULE	QL DELETION	5	PA NDS	
01/01/2024	PROMETHAZINE HCL SUPPOSITORY 12.5 MG, 25 MG RECTAL	TIER INCREASED	4		
01/01/2024	RINVOQ 45MG EXTENDED RELEASE	QL INCREASED	5	PA QL 180 PER 365 DAYS NDS	
01/01/2024	ROFLUMILAST TABLET 250 MCG, 500 MCG ORAL	TIER INCREASED	4	PA QL 1 PER 1 DAY NDS	
01/01/2024	RYBELSUS 3 MG, 7 MG, 14 MG TABLET	PA ADDITION	3	PA	
01/01/2024	SELZENTRY 20MG/ML SOLUTION	QL DELETION	5	NDS	
01/01/2024	SEVELAMER CARBONATE 0.8 GM, 2.4 GM PACKET	TIER DECREASED	4		

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01/01/2024	SIROLIMUS 2 MG TABLET	TIER DECREASED	4	B/D NDS	
01/01/2024	SUNLENCA 4 X 300MG, 5 X 300MG THERAPY PACK	QL UPDATE	5	QL 4 PER 180 DAYS, 5 PER 180 DAYS NDS	
01/01/2024	TAFINLAR ORAL TABLET SOLUBLE 10 MG	QL DELETION	5	PA LA NDS	
01/01/2024	THEOPHYLLINE ER 300 MG, 450 MG	TIER DECREASED	3		
01/01/2024	TRULICITY 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML PEN INJECTOR	PA ADDITION	3	PA QL 2 ML per 28 days	
01/01/2024	VICTOZA 18MG/3ML PEN-INJECTOR	PA ADDITION	3	PA QL 9 ML per 30 days	
01/01/2024	VYVANSE CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ORAL	PA ADDITION	4	PA QL 1 PER 1 DAY NDS	
01/01/2024	XIFAXAN 200MG TABLET	TIER DECREASED	4	PA QL 3 PER 1 DAY NDS	
02/01/2024	VYVANSE CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ORAL CAPSULE	FORMULARY DELETION			LISDEXAMFETAMINE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ORAL CAPSULE T4
02/01/2024	LISDEXAMFETAMINE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ORAL CAPSULE	FORMULARY ADDITION	4	PA QL 1 PER DAY NDS	
02/01/2024	HUMULIN R U-500 KWIKPEN PEN-INJECTOR 500 UNIT/ML SOLUTION	PA REMOVAL & TIER DECREASE	3	QL 18ML PER 30 DAYS, 1ML PER 1 DAY	

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	AND (CONCENTRATED) 500 UNIT/ML SUBCUTANEOUS SOLUTION				
02/01/2024	ENILLORING RING 0.12-0.015 MG/24HR VAGINAL	FORMULARY ADDITION	4		
	FLOVENT PROPIONATE DISKUS 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT AND FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	FORMULARY DELETION			FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT AND FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT T3
02/01/2024	FLUTICASONE PROPIONATE DISKUS 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT AND FLUTICASONE PROPIONATE HFA 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	FORMULARY ADDITION	3		
02/01/2024	FRUZAQLA CAPSULE 1 MG ORAL FRUZAQLA CAPSULE 5 MG ORAL	FORMULARY ADDITION	5	PA QL 84 PER 28 DAYS, 21 PER 28 DAYS NDS	
02/01/2024	HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML, PUSHTOUCH SOLUTION AUTO- INJECTOR 40 MG/0.8ML, PREFILLED SYRINGE 40 MG/0.4ML, PREFILLED SYRINGE 40 MG/0.8ML	FORMULARY ADDITION	5	PA QL 2.4ML PER 28 DAYS, 48ML PER 28 DAYS, 2.4ML PER 28 DAYS	
02/01/2024	LAGEVRIO CAPSULE 200 MG ORAL	FORMULARY ADDITION	4	QL 80 PER 365 DAYS	



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02/01/2024	OJJAARA 100 MG, 150 MG, 200 MG ORAL TABLET	FORMULARY ADDITION	5	PA QL 1 PER DAY NDS	
02/01/2024	PAZOPANIB HCL TABLET 200 MG ORAL	FORMULARY ADDITION	5	PA QL 5 PER DAY NDS	
02/01/2024	TRUQAP 160 MG, 200 MG ORAL TABLET	FORMULARY ADDITION	5	PA QL 64 PER 28 DAYS NDS	
02/01/2024	TURQOZ TABLET 0.3-30 MG-MCG ORAL	FORMULARY ADDITION	3		
02/01/2024	VANFLYTA 17.7 MG, 26.5 MG ORAL TABLET	FORMULARY ADDITION	5	PA QL 2 PER DAY NDS	
02/01/2024	VOTRIENT TABLET 200 MG ORAL	FORMULARY DELETION			PAZOPANIB HCL TABLET 200 MG ORAL T5
02/01/2024	ZURZUVAE 20 MG, 25 MG, 30 MG ORAL CAPSULE	FORMULARY ADDITION	5	PA QL 28 PER 365 DAYS, 28 PER 365 DAYS, 14 PER 365 DAYS NDS	
03/01/2024	AKEEGA 50-500 MG, 100-500 MG ORAL TABLET	FORMULARY ADDITION	5	PA QL 2 PER 1 DAY NDS	
03/01/2024	AUGTYRO 40 MG ORAL CAPSULE	FORMULARY ADDITION	5	PA QL 8 PER 1 DAY NDS	
03/01/2024	FIASP 100 UNIT/ML PENFILL SOLUTION CARTRIDGE, PUMPCART SOLUTION CARTRIDGE	FORMULARY ADDITION	3	QL 45 ML PER 30 DAYS	
03/01/2024	NORELGESTROMIN-ETH ESTRADIOL PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	FORMULARY ADDITION	4		

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03/01/2024	OGSIVEO 50 MG ORAL TABLET	FORMULARY ADDITION	5	PA QL 6 PER 1 DAY NDS	
	PAXLOVID (150/100) THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL TABLET, (300/100) THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL TABLET	TIER DECREASED	3	QL 40 PER 365 DAYS, 60 PER 365 DAYS	
03/01/2024	VIGPODER 500 MG ORAL PACKET	FORMULARY ADDITION	5	NDS	
03/01/2024	ZURZUVAE 20 MG, 25 MG, 30 MG ORAL CAPSULE	PA UPDATED	5	PA QL 28 PER 365 DAYS, 28 PER 365 DAYS, 14 PER 365 DAYS NDS	
04/01/2024	AMJEVITA-PED 15KG TO <30KG 20MG/0.2ML PREFILLED SYRINGE; 40MG/0.4ML PREFILLED SYRINGE; 40MG/0.4ML AUTO-INJECTOR, 80MG/0.8ML AUTO-INJECTOR	FORMULARY ADDITION	5	PA NDS	
04/01/2024	BOLSUIF 50 MG, 100 MG ORAL CAPSULE	FORMULARY ADDITION	5	PA QL 1 PER DAY, 3 PER DAY NDS	
04/01/2024	IQILFIN 192 MG ORAL TABLET	FORMULARY ADDITION	5	PA QL 8 PER DAY NDS	
04/01/2024	MAVYRET 50-20 MG ORAL PACKET	FORMULARY ADDITION	5	PA NDS	
04/01/2024	MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML SUBCUTANEOUS	FORMULARY ADDITION	3	PA QL 2 PER 28 DAYS	

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	SOLUTION PEN INJECTOR				
04/01/2024	PENBRAYA RECONSTITUTED INTRAMUSCULAR SUSPENSION	FORMULARY ADDITION	3		
04/01/2024	RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG RECONSTITUTED INTRAMUSCULAR SUSPENSION	FORMULARY DELETION			RISPERIDONE MICROSPHERES ER 12.5 MG RECONSTITUTED INTRAMUSCULAR SUSPENSION T4; RISPERIDONE MICROSPHERES ER 25 MG, 37.5 MG, 50 MG RECONSTITUTED INTRAMUSCULAR SUSPENSION T5
04/01/2024	RISPERIDONE MICROSPHERES ER 12.5 MG RECONSTITUTED INTRAMUSCULAR SUSPENSION	FORMULARY ADDITION	4		
04/01/2024	RISPERIDONE MICROSPHERES ER 25 MG, 37.5 MG, 50 MG RECONSTITUTED INTRAMUSCULAR SUSPENSION	FORMULARY ADDITION	5	NDS	
04/01/2024	VIGABATRIN 500 MG ORAL TABLET, 500 MG ORAL PACKET	ST REMOVED	5	NDS	
04/01/2024	VIGADRONE 500 MG ORAL TABLET, 500 MG ORAL PACKET	ST REMOVED	5	NDS	
04/01/2024	XALKORI 20 MG, 50 MG, 150MG SPRINKLE ORAL CAPSULE	FORMULARY ADDITION	5	PA QL 2 PER DAY, 2 PER DAY, 3 PER DAY NDS	
05/01/2024	DABIGATRAN ETEXILATE MESYLATE 110 MG ORAL CAPSULE	FORMULARY ADDITION	4	QL 2 PER 1 DAY	
05/01/2024	ENOXAPARIN 30 MG/0.3 ML, 40 MG/ 0.4 ML, 60 MG/0.6 ML, 80	TIER LOWERED	2		

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 Presbyterian Insurance Company, Inc.

Presbyterian MediCare PPO  
 Presbyterian Senior Care (HMO)/(HMO-POS)  
 Presbyterian UltraFlex (HMO-POS)  
 Presbyterian Dual Plus (HMO D-SNP)

	MG/0.8 ML, 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML SYRINGE				
05/01/2024	ESTRADIOL 0.025 MG/24 HOUR, 0.0375 MG/24 HOUR, 0.05 MG/24 HOUR, 0.06 MG/24 HOUR, 0.075 MG/24 HOUR, 0.1 MG/24 HOUR WEEKLY PATCH; 0.025 MG/24 HOUR, 0.0375 MG/24 HOUR, 0.05 MG/24 HOUR, 0.075 MG/24 HOUR, 0.1 MG/24 HOUR TWICE WEEKLY PATCH	PA REMOVED	4		
05/01/2024	ESTRADIOL 0.5 MG, 1 MG ORAL TABLET	PA REMOVED	4		
05/01/2024	HYDROXYZINE HCL 10 MG, 25 MG, 50 MG ORAL TABLET	PA REMOVED	4		
05/01/2024	HYDROXYZINE PAMOATE 25 MG, 50 MG, 100 MG ORAL CAPSULE	PA REMOVED	4		
05/01/2024	IXCHIQ RECONSTITUTED SOLUTION	FORMULARY ADDITION	3		
05/01/2024	KORLYM 300 MG ORAL TABLET	FORMULARY DELETION			MIFEPRISTONE 300 MG ORAL TABLET T5
05/01/2024	MIFEPRISTONE 300 MG ORAL TABLET	FORMULARY ADDITION	5	PA, QL 4 PER 1 DAY, NDS	
05/01/2024	PRADAXA 110 MG ORAL CAPSULE	FORMULARY DELETION			DABIGATRAN 110MG ORAL CAPSULE T4

05/01/2024	ROZLYTREK 50 MG PACKET	FORMULARY ADDITION	5	PA, QL 12 PER 1 DAY, NDS	
05/01/2024	TACROLIMUS 0.03 %, 0.1% OINTMENT	PA REMOVED	4	QL 100 GM PER 60 DAYS, 120 GRAMS PER 60 DAYS	
05/01/2024	TRIENTINE HCL 500 MG ORAL CAPSULE	FORMULARY ADDITION	5	PA, QL 4 PER 1 DAY, NDS	
05/01/2024	XOLAIR 75 MG/0.5ML, 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR; 300 MG/2ML PREFILLED SYRINGE	FORMULARY ADDITION	5	PA, NDS	
06/01/2024	MAVYRET 50-20MG PACKET, 100-40MG TABLET	PA UPDATE	5	PA, QL 3 PER DAY, NDS	
06/01/2024	NITROGLYCERIN 0.4% RECTAL OINTMENT	FORMULARY ADDITION	4	QL 30 GM PER 30 DAYS	
06/01/2024	RECTIV 0.4% RECTAL OINTMENT	FORMULARY DELETION			NITROGLYCERIN 0.4% RECTAL OINTMENT T4
06/01/2024	XOLAIR 75 MG/0.5ML, 150 MG/ML, 300 MG/2ML PREFILLED SYRINGE AND AURTO-INJECTOR; 150 MG RECONSTITUTED SOLUTION	PA UPDATE	5	PA, NDS	
07/01/2024	ACTEMRA 162MG/0.9ML PREFILLED SYRINGE AND AUTO-INJECTOR	PA UPDATE	5	PA, QL 3.6 ML PER 28 DAYS, NDS	
07/01/2024	JYLAMVO 2MG/ML ORAL SOLUTION	FORMULARY ADDITION	5	PA, NDS	
07/01/2024	KINERET 100 MG/0.67ML PREFILLED SYRINGE	PA UPDATE	5	PA, NDS	



07/01/2024	ORENCIA 125MG/ML CLICKJECT AUTO-INJECTOR ANDN PREFILLED SYRINGE, 50 MG/0.4ML AND 87.5 MG/0.7ML	PA UPDATE	5	PA, QL 4 ML PER 28 DAYS, NDS	
07/01/2024	OTEZLA 30 MG TABLET, 10-20-30 MG TABLET THERAPY PACK	PA UPDATE	5	PA, QL 2 PER DAY, NDS	
07/01/2024	RINVOQ 15MG, 30MG, 45MG EXTENDED RELEASE TABLET	PA UPDATE	5	PA, QL 1 PER DAY; 1 PER DAY; 180 PER 365 DAYS, NDS	
07/01/2024	STELARA 45MG/0.5ML, 90MG/ML PREFILLED SYRINGE	PA UPDATE	5	PA, NDS	
07/01/2024	XCOPRI 25MG TABLET	FORMULARY ADDITION	5	ST, QL 3 PER DAY, NDS	
07/01/2024	XELJANZ 5MG AND 10MG TABLET, 11MG AND 22MG EXTENDED RELEASE TABLET, 1MG/ML ORAL SOLUTION	PA UPDATE	5	PA, QL 2 PER DAY; 2 PER DAY; 1 PER DAY; 1 PER DAY; 10ML PER DAY, NDS	
08/01/2024	BUPRENORPHINE 8 MG SUBLINGUAL TABLET	QL INCREASED	2	QL 4 PER 1 DAY, GC	
08/01/2024	BUPRENORPHINE-NALOXONE 8-2 MG TABLET	QL INCREASED	2	QL 4 PER 1 DAY, GC	
08/01/2024	DALFAMPRIDINE 10 MG EXTENDED RELEASE TABLET	TIER LOWERED	2	QL 2 PER DAY, NDS	
08/01/2024	FASENRA 10 MG/0.5ML PREFILLED SYRINGE	FORMULARY ADDITION	5	PA, LA, NDS	
08/01/2024	FINGOLIMOD 0.5 MG CAPSULE	FORMULARY ADDITION	5		

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08/01/2024	LIBERVANT 5MG, 7.5 MG, 10 MG, 12.5 MG, AND 15 MG BUCCAL FILM	FORMULARY ADDITION	5	QL 10 PER 30 DAYS, NDS	
08/01/2024	TERIFLUNOMIDE 7 MG AND 14 MG TABLET	TIER LOWERED & PA REMOVED	2	QL 1 PER 1 DAY, NDS	
09/01/2024	AUSTEDO 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG XR TABLET EXTENDED RELEASE	FORMULARY ADDITION	5	PA, QL 1 PER DAY, NDS	
09/01/2024	FEBUXOSTAT 40 MG, 80 MG TABLET	PA REMOVED	3	QL 1 PER DAY	
09/01/2024	DIMETHYL FUMURATE 120 MG, 240 MG DELAYED RELEASE CAPSULE	FORMULARY ADDITION	2	QL 2 PER DAY	
09/01/2024	OGSIVEO 100 MG, 150 MG TABLET	FORMULARY ADDITION	5	PA, QL 2 PER DAY, NDS	
09/01/2024	OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML, 100 MG TABLET	FORMULARY ADDITION	5	PA, QL 96ML PER 28 DAYS; 24 PER 28 DAYS, NDS	
09/01/2024	SCEMBLIX 100 MG TABLET	FORMULARY ADDITION	5	PA, QL 4 PER DAY, NDS	

**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.



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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 2025.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-592-7737 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-592-7737 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Navajo/Diné:** Díí ats'íís dóó azee' bínda'í dílkidgo, Dinék'ehjí yadałti'iigi ła' bich'íł **Chinese Mandarin:** 我们提供 hadiídzhí. Béesh bee hane'é t'áá jíik'e be' hódíilnih 1-855-592-7737 (TTY: 711). 供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-855-592-7737 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-855-592-7737 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-592-7737 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-592-7737 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-592-7737 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-592-7737 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-592-7737 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-592-7737 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-592-7737 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-592-7737 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-592-7737 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-592-7737 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-592-7737 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.



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**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-592-7737 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-592-7737 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。