

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	T4, PA	
1/1/2026	ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	TIER DECREASED	4	T4	
1/1/2026	ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG, 400 MG INTRAMUSCULAR	TIER DECREASED	4	T4, NDS	
1/1/2026	ABIRTEGA TABLET 250 MG ORAL	TIER DECREASED	2	T2, QL (4 PER 1 DAY)	
1/1/2026	ALBENDAZOLE TABLET 200 MG ORAL	TIER DECREASED	4	T4, NDS	
1/1/2026	ARIPIRAZOLE TABLET DISPERSIBLE 10 MG, 15 MG ORAL	TIER DECREASED	4	T4, PA, QL (2 PER 1 DAY), NDS	
1/1/2026	AUGTYRO CAPSULE 160 MG ORAL	QL INCREASED	5	T5, PA, QL (2 PER 1 DAY), NDS	
1/1/2026	AZTREONAM SOLUTION RECONSTITUTED 2 GM INJECTION	TIER DECREASED	4	T4, NDS	
1/1/2026	BUCAPSOL CAPSULE 15 MG ORAL	FORMULARY ADDITION	4	T4	
1/1/2026	BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG, 8 MG SUBLINGUAL	QL INCREASED	2	T2, QL (4 PER 1 DAY)	
1/1/2026	BUPRENORPHINE HCL-NALOXONE FILM 12-3 MG SUBLINGUAL	QL INCREASED	4	T4, QL (3 PER 1 DAY), NDS	

1/1/2026	BUPRENORPHINE FILM 2 MG, 4 MG, 8 MG SUBLINGUAL	QL INCREASED	4	T4, QL (4 PER 1 DAY)	
1/1/2026	BUPRENORPHINE HCL-NALOXONE TABLET SUBLINGUAL 2-0.5 MG, 8-2 MG SUBLINGUAL	QL INCREASED	2	T2, QL (4 PER 1 DAY)	
1/1/2026	CIBINQO TABLET 50 MG, 100 MG, 200 MG ORAL	FORMULARY ADDITION	5	T5, PA, QL (1 PER 1 DAY), NDS	
1/1/2026	CLINDAMYCIN PHOS-BENZOYL GEL 1.2-2.5% EXTERNAL	FORMULARY ADDITION	2	T2	
1/1/2026	COSENTYX (300 MG DOSE) SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (34 PER 365 DAYS), NDS	
1/1/2026	COSENTYX SENSOREADY (300 MG) SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (34 PER 365 DAYS), NDS	
1/1/2026	COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (9 PER 365 DAYS), NDS	
1/1/2026	COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (34 PER 365 DAYS), NDS	
1/1/2026	CRESEMBA CAPSULE 186 MG ORAL	FORMULARY ADDITION	5	T5, PA, QL (6 PER 1 DAY), NDS	
1/1/2026	CRESEMBA CAPSULE 74.5 MG ORAL	FORMULARY ADDITION	5	T5, 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	T2, PA, QL (3 PER 1 DAY)	
1/1/2026	DAPAGLIFLOZIN PROPANEDIOL TABLET 5 MG, 10 MG ORAL	GENERIC SUBSTITUTION	3	T3, QL (1 PER 1 DAY)	

1/1/2026	DARUNAVIR TABLET 600 MG ORAL	TIER DECREASED	4	T4, QL (2 PER 1 DAY), NDS	
1/1/2026	EDURANT PED TABLET SOLUBLE 2.5 MG ORAL	FORMULARY ADDITION	5	T5, NDS	
1/1/2026	EFAVIRENZ-EMTRICITAB-TENOFO DF TABLET 600 MG ORAL	TIER DECREASED	4	T4, QL (1 PER 1 DAY), NDS	
1/1/2026	ELTROMBOPAG OLAMINE PACKET 12.5 MG ORAL	QL INCREASED	5	T5, PA, QL (12 PER 1 DAY), NDS	
1/1/2026	ELTROMBOPAG OLAMINE PACKET 25 MG ORAL	QL INCREASED	5	T5, PA, QL (6 PER 1 DAY), NDS	
1/1/2026	ELTROMBOPAG OLAMINE TABLET 12.5 MG, 25 MG ORAL	AL UPDATED	5	T5, PA, QL (1 PER 1 DAY), NDS	
1/1/2026	EPRONTIA SOLUTION 25 MG/ML ORAL	FORMULARY ADDITION	4	T4, QL (16 PER 1 DAY), ST	
1/1/2026	ERAXIS SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	TIER DECREASED	4	T4, NDS	
1/1/2026	ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	AL UPDATED	5	T5, PA, QL (1 PER 28 DAYS), NDS, AGE	
1/1/2026	EUCRISA OINTMENT 2 % EXTERNAL	FORMULARY ADDITION	4	T4	
1/1/2026	FANAPT TABLET 1 MG, 2 MG, 6 MG, 8 MG, 10 MG, 12 MG ORAL	PA CRITERIA UPDATED	5	T5, PA, QL (2 PER 1 DAY), NDS	
1/1/2026	FANAPT TABLET 4 MG ORAL	PA CRITERIA UPDATED	4	T4, PA, QL (2 PER 1 DAY)	
1/1/2026	IBTROZI CAPSULE 200 MG ORAL	FORMULARY ADDITION	5	T5, PA, NDS	
1/1/2026	IMATINIB MESYLATE TABLET 100 MG ORAL	TIER DECREASED	4	T4, PA, QL (2 PER 1 DAY), NDS	

1/1/2026	JARDIANCE TABLET 10 MG ORAL	FORMULARY ADDITION	3	T3, QL (1 PER 1 DAY)	
1/1/2026	JARDIANCE TABLET 25 MG ORAL	FORMULARY ADDITION	3	T3	
1/1/2026	KLOXXADO LIQUID 8 MG/0.1ML NASAL	FORMULARY ADDITION	4	T4	
1/1/2026	LEVEMIR FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	T3, QL (45 PER 30 DAYS)	
1/1/2026	LEVEMIR FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	T3, QL (45 PER 30 DAYS)	
1/1/2026	LEVEMIR SOLUTION 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	T3, QL (50 PER 30 DAYS)	
1/1/2026	LUBIPROSTONE CAPSULE 8 MCG, 24 MCG ORAL	QL UPDATED	3	T3	
1/1/2026	LURASIDONE HCL TABLET 20 MG, 40 MG, 60 MG, 120 MG ORAL	ST REMOVED	4	T4, QL (1 PER 1 DAY)	
1/1/2026	LURASIDONE HCL TABLET 80 MG ORAL	ST REMOVED	4	T4, QL (2 PER 1 DAY)	
1/1/2026	LUTRATE DEPOT INJECTABLE 22.5 MG INTRAMUSCULAR	NDS REMOVED	4	T4	
1/1/2026	MICAFUNGIN SODIUM SOLUTION RECONSTITUTED 100 MG INTRAVENOUS	FORMULARY ADDITION	4	T4	
1/1/2026	MIRABEGRON ER TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ORAL	GENERIC SUBSTITUTION	3	T3, QL (1 PER 1 DAY)	
1/1/2026	NEXLETOL TABLET 180 MG ORAL	FORMULARY ADDITION	4	T4, PA, QL (1 PER 1 DAY)	

1/1/2026	NILOTINIB HCL CAPSULE 50 MG, 150 MG, 200 MG ORAL	QL UPDATED	5	T5, PA, QL (4 PER 1 DAY), NDS	
1/1/2026	NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	FORMULARY ADDITION	3	T3, QL (45 PER 30 DAYS)	
1/1/2026	NURTEC TABLET DISPERSIBLE 75 MG ORAL	FORMULARY ADDITION	5	T5, PA, QL (18 PER 30 DAYS), NDS	
1/1/2026	ORQUIDEA TABLET 0.35 MG ORAL	FORMULARY ADDITION	2	T2	
1/1/2026	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML ORAL	ST REMOVED	2	T2	
1/1/2026	OXYBUTYNIN CHLORIDE SYRUP 5 MG/5ML ORAL	ST REMOVED	2	T2	
1/1/2026	OXYBUTYNIN CHLORIDE TABLET 5 MG ORAL	ST REMOVED	2	T2	
1/1/2026	OXYBUTYNIN CHLORIDE TABLET EXTENDED RELEASE 24 HOUR 5 MG, 10 MG, 15 MG ORAL	ST REMOVED	2	T2	
1/1/2026	PENMENVY SUSPENSION RECONSTITUTED INTRAMUSCULAR	FORMULARY ADDITION	3	T3	
1/1/2026	PERAMPANEL TABLET 2 MG ORAL	GENERIC SUBSTITUTION	4	T4, 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	T5, QL (1 PER 1 DAY), ST, NDS	
1/1/2026	PERSERIS PREFILLED SYRINGE 90 MG, 120 MG SUBCUTANEOUS	PA CRITERIA UPDATED	5	T5, PA, NDS	
1/1/2026	PREDNISOLONE TABLET 5 MG ORAL	FORMULARY ADDITION	2	T2	
1/1/2026	QUETIAPINE FUMARATE TABLET EXTENDED RELEASE 24 HOUR 50	FORMULARY ADDITION	2	T2	

	MG ORAL				
1/1/2026	REVCOSI SOLUTION 2.4 MG/1.5ML INTRAMUSCULAR	FORMULARY ADDITION	5	T5, PA, NDS	
1/1/2026	REZDIFFRA TABLET 60 MG, 80 MG, 100 MG ORAL	FORMULARY ADDITION	5	T5, PA, QL (1 PER 1 DAY), NDS	
1/1/2026	ROFLUMILAST TABLET 250 MCG ORAL	PA CRITERIA UPDATED	4	T4, QL (1 PER 1 DAY), NDS	
1/1/2026	ROFLUMILAST TABLET 500 MCG ORAL	PA CRITERIA UPDATED	4	T4, QL (1 PER 1 DAY)	
1/1/2026	SACUBITRIL-VALSARTAN TABLET 24 MG, 49 MG, 97 MG ORAL	GENERIC SUBSTITUTION	3	T3, QL (2 PER 1 DAY)	
1/1/2026	SIROLIMUS SOLUTION 1 MG/ML ORAL	TIER DECREASED	4	T4, PA, NDS	
1/1/2026	TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	PA CRITERIA UPDATED	5	T5, PA, QL (2 PER 28 DAYS), NDS	
1/1/2026	TERIPARATIDE SOLUTION PEN-INJECTOR 620 MCG/2.48ML SUBCUTANEOUS	PA CRITERIA UPDATED	5	T5, PA, QL (2 PER 28 DAYS), NDS	
1/1/2026	TETRABENAZINE TABLET 12.5 MG ORAL	TIER INCREASED	4	T4, PA, QL (3 PER 1 DAY), NDS	
1/1/2026	THALOMID CAPSULE 100 MG ORAL	QL INCREASED	5	T5, PA, QL (4 PER 1 DAY), NDS	
1/1/2026	THALOMID CAPSULE 50 MG ORAL	QL INCREASED	5	T5, PA, QL (8 PER 1 DAY), NDS	
1/1/2026	TICAGRELOR TABLET 60 MG ORAL	GENERIC SUBSTITUTION	3	T3, QL (2 PER 1 DAY)	
1/1/2026	TICAGRELOR TABLET 90 MG ORAL	GENERIC SUBSTITUTION	3	T3	

1/1/2026	TOLTERODINE TARTRATE CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ORAL	ST REMOVED	4	T4, QL (1 PER 1 DAY)	
1/1/2026	TOLTERODINE TARTRATE TABLET 1 MG, 2 MG ORAL	ST REMOVED	2	T2	
1/1/2026	TOLVAPTAN TABLET 30 MG ORAL	FORMULARY ADDITION	5	T5, 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	T5, PA, QL (2 PER 1 DAY), NDS	
1/1/2026	TOPIRAMATE SOLUTION 25 MG/ML ORAL	ST REMOVED	4	T4	
1/1/2026	TORPENZ TABLET 2.5 MG, 5 MG, 7.5 MG, 10 MG ORAL	FORMULARY ADDITION	5	T5, PA, NDS	
1/1/2026	TRIKAFTA TABLET THERAPY PACK 50 MG, 100 MG ORAL	FORMULARY ADDITION	5	T5, PA, QL (84 PER 28 DAYS), NDS	
1/1/2026	TRIKAFTA THERAPY PACK 80 MG, 100 MG ORAL	FORMULARY ADDITION	5	T5, PA, QL (56 PER 28 DAYS), NDS	
1/1/2026	TROSPIUM CHLORIDE CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	ST REMOVED	4	T4, QL (1 PER 1 DAY)	
1/1/2026	TYENNE SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (4 PER 28 DAYS), NDS	
1/1/2026	TYENNE SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (4 PER 28 DAYS), NDS	
1/1/2026	TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	PA CRITERIA UPDATED	5	T5, PA, QL (2 PER 30 DAYS), NDS	
1/1/2026	TYVASO DPI MAINTENANCE KIT POWDER 16 MCG, 16 & 32 & 48	FORMULARY ADDITION	5	T5, 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	T5, PA, NDS	
1/1/2026	USTEKINUMAB SOLUTION 45 MG/0.5ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, NDS	
1/1/2026	USTEKINUMAB SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, NDS	
1/1/2026	USTEKINUMAB SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, NDS	
1/1/2026	VIMKUNYA SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML INTRAMUSCULAR	FORMULARY ADDITION	3	T3	
1/1/2026	VIVOTIF CAPSULE DELAYED RELEASE ORAL	FORMULARY ADDITION	3	T3	
1/1/2026	WINREVAIR KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, NDS	
1/1/2026	XPOVIO TABLET THERAPY PACK 10 MG, 20 MG ORAL	QL UPDATED	5	T5, PA, QL (16 PER 28 DAYS), NDS	
1/1/2026	ZTALMY SUSPENSION 50 MG/ML ORAL	PA CRITERIA UPDATED	5	T5, NDS	
1/1/2026	ZYMFENTRA AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (1 PER 28 DAYS), NDS	
1/1/2026	ZYMFENTRA PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS	FORMULARY ADDITION	5	T5, PA, QL (1 PER 28 DAYS), NDS	

1/1/2026	XATMEP SOLUTION 2.5 MG/ML ORAL	PA CRITERIA REMOVED	4	T4	
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	STEQYMA 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 x 32 MCG, 112 x 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	

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	T3, 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	T3, 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	T3, 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	T3, 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	T3, NDS		--Members were sent advanced general notice of new plan year formulary changes in their Evidence of Coverage (EOC).

						Evidence of Coverage (EOC).
1/1/2026	ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL	TIER INCREASED	3	T3, 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	T5, 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			T3: 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			T3: 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T4, 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	T5, 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	T5, 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	T5, 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	T5, 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	T4, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T5, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T2, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	T3, 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	REGGRANEX 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	T5, 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	XDEMVIY SOLUTION 0.25 % OPHTHALMIC	PA CRITERIA UPDATED	5	T5, 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	T4, 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	T5, 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 T5, QL, NDS	
2/1/2026	GLEOSTINE MG 10, 100, 40 CAPSULE	GENERIC SUBSTITUTION	4		LOMUSTINE MG 10, 100, 40 CAPSULE T4	
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, T4	--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, T4	--Current members using this product are grandfathered in and will not be affected.

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.