PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

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

**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**

| 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 | |
| 01/01/2024 | ERYTHROMYCIN TAB DELAYED RELEASE 333 MG, 500 MG | FORMULARY ADDITION | 4 | | |

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| 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 NACL 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 | |
| 01/01/2024 | ZOVIA 1/35 (28) | FORMULARY ADDITION | 3 | | |
| 01/01/2024 | ALREX SUSPENSION 0.2 % OPHTHALMIC | FORMULARY DELETION | | | DICLOFENAC OPTHALMIC SOLUTION 0.1% T2, FLUOROMETHOLONE OPTHALMIC SUSPENSION 0.1% T2, FLUBIPROFEN OPTHALMIC SOLUTION 0.03% T2, KETOROLAC |

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| | | | | | 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 |
| 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 ASPASRT 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 | FORMULARY DELETION | | | AMJEVITA 20MG/0.4ML PREFILLED SYRINGE, 40MG/0.8ML AUTO-INJECTOR T5 |

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| | 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/UVEIT 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 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-INJECTOR AND SUBCUTANEOUS SUSPENSION | 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 | 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 |

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| 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 | |
| 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 | TIER | 4 | QL 9 ML per 90 days, 12 ML per 90 | |

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| | MG/0.6ML, 80 MG/0.8ML, 100 MG/ML, 120 MG/0.8ML, 150 MG/ML SUBCUTANEOUS | INCREASED | | 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 | |
| 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 | | |

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| 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 | | |
| 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 | |

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| 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 AND (CONCENTRATED) 500 UNIT/ML SUBCUTANEOUS SOLUTION | PA REMOVAL & TIER DECREASE | 3 | QL 18ML PER 30 DAYS, 1ML PER 1 DAY | |
| 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 | | |
| 03/01/2024 | OGSIVEO 50 MG ORAL TABLET | FORMULARY ADDITION | 5 | PA QL 6 PER 1 DAY NDS | |

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| | 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 SOLUTION PEN INJECTOR | FORMULARY ADDITION | 3 | PA QL 2 PER 28 DAYS | |
| 04/01/2024 | PENBRAYA RECONSTITUTED INTRAMUSCULAR SUPENSION | FORMULARY ADDITION | 3 | | |
| 04/01/2024 | RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG RECONSTITUTED INTRAMUSCULAR SUPENSION | FORMULARY DELETION | | | RISPERIDONE MICROSPHERES ER 12.5 MG RECONSTITUTED INTRAMUSCULAR SUPENSION T4; RISPERIDONE MICROSPHERES ER 25 MG, 37.5 MG, 50 MG RECONSTITUTED INTRAMUSCULAR SUPENSION T5 |

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| 04/01/2024 | RISPERIDONE MICROSPHERES ER 12.5 MG RECONSTITUTED INTRAMUSCULAR SUPENSION | FORMULARY ADDITION | 4 | | |
| 04/01/2024 | RISPERIDONE MICROSPHERES ER 25 MG, 37.5 MG, 50 MG RECONSTITUTED INTRAMUSCULAR SUPENSION | 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 MG/0.8 ML, 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML SYRINGE | TIER LOWERED | 2 | | |
| 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 | | |

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| 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 | |

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| 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 SUBLIGUAL 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 | |

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| 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 | | |
| 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 | |
| 10/01/2024 | CORLANOR 5 MG, 7.5 MG TABLET | FORMULARY DELETION | | | IVABRADINE 5 MG, 7.5 MG TABLET T4 |
| 10/01/2024 | ENTRESTO 6-6 MG, 15-16 MG SPRINKLE CAPSULE | FORMULARY ADDITION | 3 | | |
| 10/01/2024 | IVABRADINE 5 MG, 7.5 MG TABLET | FORMULARY ADDITION | 4 | PA, QL 2 PER 1 DAY | |

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| 10/01/2024 | RINVOQ 1 MG/ML ORAL SOLUTION | FORMULARY ADDITION | 5 | PA, QL 360ML PER 30 DAYS, NDS | |
| 10/01/2024 | SKYRIZI 75 MG/0.83 ML PREFILLED SYRINGE KIT; 150 MG/ML PREFILLED SYRINGE; 150 MG/ML AUTO-INJECTOR; 180 MG/1.2 ML, 360 MG/2.4 ML CARTRIDGE | PA UPDATE | 5 | PA, QL 2 PER 84 DAYS; 7 ML PER 365 DAYS; 7 ML PER 365 DAYS; 1.2 ML PER 56 DAYS; 2.4 ML PER 56 DAYS, NDS | |
| 11/01/2024 | AUSTEDO 6 MG, 9 MG, 12 MG TABLET; 6 MG, 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG XR TABLET EXTENDED RELEASE; PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG; XR PATIENT TITRATION ORAL TABLET EXTENDED-RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG; XR PATIENT TITRATION ORAL TABLET EXTENDED-RELEASE THERAPY PACK 6 & 12 & 24 MG | PA UPDATE | 5 | PA, QL 2 PER 1 DAY; 4 PER 1 DAY; 4 PER 1 DAY; 2 PER 1 DAY; 3 PER 1 DAY; 2 PER 1 DAY; 2 PER 1 DAY; 1 PER 1 DAY; 1 PER 1 DAY; 1 PER 1 DAY; 1 PER 1 DAY; 28 PER 180 DAYS NDS | |
| 11/01/2024 | OJEMDA 100 MG (16 PACK), 100 MG (20 PACK) | FORMULARY ADDITION | 5 | PA, LA, QL 24 EA PER 28 DAYS, NDS | |
| 11/01/2024 | RINVOQ 15 MG, 30 MG, 45 MG EXTENDED-RELEASE TABLET; 1 MG/ML ORAL SOLUTION | PA UPDATE | 5 | PA, QL 1 PER DAY; 1 PER DAY; 1 PER DAY; 360 ML PER 30 DAYS, NDS | |
| 12/01/2024 | DASATINIB ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | FORMULARY ADDITION | 5 | PA; QL 1 EA PER 1 DAY; NDS | |
| 12/01/2024 | LAZCLUZE ORAL TABLET 80 MG, 240 MG | FORMULARY ADDITION | 5 | PA; LA; QL 2 PER DAY; 1 PER DAY NDS | |
| 12/01/2024 | SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | FORMULARY DELETION | | | DASATINIB ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG T5 |
| 12/01/2024 | VORANIGO TAB 10MG, 40 MG | FORMULARY ADDITION | 5 | PA; LA; QL 2 PER DAY; 1 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.

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.