

## NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the Presbyterian Individual and Family Metal Plan/Employer Group Metal Plan Formularies effective 2019.

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)
01/15/2019	<b>Asmanex®(mometasone furoate)</b> 110mcg/inhalation, 220mcg/inhalation powder inhaler	Removed from Formulary	Non-Formulary	Flovent Diskus- T3 Flovent HFA- T3 Pulmicort Flexhaler- T4 Qvar Redihaler- T3, QL
01/15/2019	<b>Asmanex®(mometasone furoate)</b> 110mcg/actuation, 220mcg/actuation HFA	Removed from Formulary	Non-Formulary	Flovent Diskus- T3 Flovent HFA- T3 Qvar Redihaler- T3, QL
01/15/2019	<b>Azedra®(iobenguane I 131 solution for intravenous administration)</b> 555MGq vial	Formulary Addition	MB, PA, QL	
01/15/2019	<b>entecavir</b> (generic for Baraclude®) 0.5mg, 1mg tablet	PA requirement Added	T5, PA, QL	
01/15/2019	<b>Byetta® (exenatide)</b> 5mcg/0.02mL, 10mcg/0.04mL pen	Removed from Formulary	Non-Formulary	Bydureon Bcise Auto-Injector- T3, ST, QL, Bydureon Pen- T3, ST, QL,

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				Trulicity Injector Pen-T4, ST, QL, Victoza Injector-T3, ST, QL

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01/15/2019	<b>dorzolamide HCl/timolol maleate</b> (generic for Cosopt®) 22.3-6.8mg/mL solution	Tier Change (moved from T4 to T2)	T2	
01/15/2019	<b>Farxiga® (dapagliflozin)</b> 5mg, 10mg tablet	Tier Change (moved from T3 to T4)	T4,ST,QL	Steglatro- T3, ST, QL
01/15/2019	<b>Firvanq® (vancomycin)</b> 25mg/mL, 50mg/mL solution	Formulary Addition	T3, QL	
01/15/2019	<b>Fulphila® (pegfilgrastim-jmdb)</b> 6mg prefilled syringe	Formulary Addition	T5, SP(if self-administered), MB(if office administered), PA	
01/15/2019	<b>Invokana®(canagliflozin)</b> 100mg and 300mg tablets	Formulary Removal	Non-Formulary	Farxiga-T4,ST,QL Steglatro-T3,ST,QL
01/15/2019	<b>isotretinoin</b> (generic for Amnesteem®, Claravis®, Myorisan®, ZenataneR®)	Continuation Criteria Updated	T4, QL, PA(for continuation therapy past 24weeks)	
01/15/2019	<b>Linzess®(linaclotide)</b> 72mcg, 145mcg, 290mcg capsules	Formulary Removal	Non-Formulary	Amitiza- T3, ST, QL lactulose solution 10gm/15mL- T2 polyethylene glycol 3350 powder- T2
01/15/2019	<b>Lo-Loestrin Fe (norethindrone acetate/ethinyl estradiol/ferrous fumarate)</b>	Formulary Addition	T4,PA	

	1mg-10mcg(24)/10mcg(2)/75mg Fe(2) tablets			
01/15/2019	<b>mycophenolate mofetil</b> (generic for Cellcept®) 200mg/mL suspension	Tier Increase, Age Limit and PA requirement Added	T5, PA, AL	mycophenolate mofetil capsule 250mg- T2 mycophenolate mofetil tablet 500mg- T2
01/15/2019	<b>Neulasta® (pegfilgrastim)</b> 6mg/0.6mL prefilled syringe	Formulary Removal	Non-Formulary	Fulphila- T5, SP, PA
01/15/2019	<b>Neulasta On-Pro® (pegfilgrastim)</b> 6mg/0.6mL prefilled syringe	PA Criteria Addition	T5, SP, PA	

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01/15/2019	<b>Ofev® (nintedanib)</b> 100mg, 150mg capsules	Formulary Addition	T5, PA, SP, QL	
01/15/2019	<b>Onpatro® (patisiran)</b> 10mg/5mL vial	Formulary Addition	MB, PA	
01/15/2019	<b>Orilissa® (elagolix)</b> 150mg and 200mg tablets	Formulary Addition	T5, PA, QL, SP	
01/15/2019	<b>Poteligeo® (mogamulizumab-kpkc)</b> 20mg/5mL vial	Formulary Addition	MB, PA	
01/15/2019	<b>Qvar®(beclomethasone dipropionate)</b> 40mcg/actuation, 80mcg/actuation inhaler	PA requirement removed	T3, QL	
01/15/2019	<b>Rhopressa®(netarsudil)</b> 0.02% solution, 2.5mL bottle	Formulary Addition	T3,ST	
01/15/2019	<b>Steglatro®(ertugliflozin)</b> 5mg and 15mg tablet	Formulary Addition	T3, ST, QL	
01/15/2019	<b>Sublocade®(buprenorphine)</b> 100mg and 300mg prefilled syringe	Formulary Addition	T5, SP, PA	

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01/15/2019	<b>Symtuza® (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)</b> 800mg/150mg/200mg/10mg	Formulary Addition	T5, QL	
01/15/2019	<b>Tibsovo®(ivosidenib)</b> 250mg tablet	Formulary Addition	T5,PA,QL	
01/15/2019	<b>Tresiba® (insulin degludec)</b> 100units/mL and 200units/mL pens	Formulary Addition	T3,QL	
01/15/2019	<b>Vancomycin (generic for Vancocin®)</b> 125mg capsules	ST Criteria Removal	T4, QL	
03/01/2019	<b>albendazole (generic for Albenza®)</b> 200mg tablet	Tier Increase (changed from Tier 3 to Tier 5)	T5	
03/01/2019	<b>Atripla® (Efavirenz/ emtricitabine/tenofovir DF)</b> 600/200/300mg tablet	Formulary Removal	NF	Symfi-T5, QL Symfi Lo- T5, QL
03/01/2019	<b>azelaic acid (generic for Finacea® gel)</b> 15% gel	Tier Increase (changed from Tier 3 to Tier 4)	T4	Metronidazole 0.75% (cream, gel or lotion)- T2
03/01/2019	<b>colesevelam (generic for Welchol®)</b> 3.75 gram packets	Tier Increase (changed from Tier 3 to Tier 5)	T5, QL	Colesevelam tablets 625mg- T2
03/01/2019	<b>Copiktra (duvelisib)</b> 15 mg and 25 mg capsules	Formulary Addition	T5,PA,QL	
03/01/2019	<b>Daurismo (glasdegib)</b> 25mg and 100mg tablets	Formulary Addition	T5,PA,QL	
03/01/2019	<b>Empliciti (elotuzumab)</b> 300mg or 400mg single-dose vial	Formulary Addition	MB, PA	
03/01/2019	<b>Eucrisa®(crisaborole)</b> 2% ointment	Formulary Addition	T5, PA, QL, SP	

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03/01/2019	<b>famciclovir (generic for Famvir®)</b> 125mg, 250mg, 500mg tablet	Tier Increase (changed from Tier 2 to Tier 4)	T4	acyclovir capsule 200mg- T2 acyclovir tablet (400mg, 800mg)- T2 acyclovir suspension 200mg/5mL-T2
03/01/2019	<b>Firdapse (amifampridine)</b> 10mg tablet	Formulary Addition	T5, PA, SP, QL	
03/01/2019	<b>Gamifant (emapalumab-lzsg)</b> 10 mg/2mL and 50 mg/10mL solution in a single-use vial	Formulary Addition	MB,PA	
03/01/2019	<b>Invokamet/Invokamet XR (canagliflozin/metformin and canagliflozin/metformin extended release)</b> 50/500mg, 50/1000mg, 150/500mg, 150/1000mg	Formulary Removal	NF	Farxiga-T4, ST, QL Steglatro-T3, ST, QL Xigduo XR- T4, ST, QL
03/01/2019	<b>Libtayo (cemiplimab-rwlc)</b> 350mg/7mL solution in single dose vial	Formulary Addition	MB, PA	
03/01/2019	<b>Lorbrena (lorlatinib)</b> 25mg and 100mg tablets	Formulary Addition	T5, PA, QL	
03/01/2019	<b>mesalamine (generic for Lialda®)</b> 1.2 gram delayed release tablet	Formulary Addition	T4, ST, QL	
03/01/2019	<b>Mesnex® (mesna)</b> 400mg tablet	Tier Increase (changed from Tier 3 to Tier 5)	T5	
03/01/2019	<b>Mulpleta (lusutrombopag)</b> 3mg tablets	Formulary Addition	T5, PA, QL, SP	
03/01/2019	<b>Symfi (Efavirenz/lamivudine/tenofovir DF)</b> 600/300/300mg tablet	Formulary Addition	T5, QL	

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03/01/2019	<b>Talzenna (talazoparib)</b> 0.25mg and 1mg capsules	Formulary Addition	T5,PA,QL	
03/01/2019	<b>Temixys (lamivudine/tenofovir disoproxil fumarate)</b> 300mg/300 mg tablet	Formulary Addition	T5, QL	
03/01/2019	<b>testosterone gel 1.62% (generic for Androgel®)</b> 1.62% gel	Tier Increase (changed from Tier 3 to Tier 4)	T4, PA, QL	Testostosterone 1% gel- T2, PA, QL
03/01/2019	<b>testosterone gel 1% (generic for Androgel®)</b> 1% gel	Formulary Addition	T2, PA, QL	
03/01/2019	<b>valacyclovir (generic for Valtrex®)</b> 500mg and 1 gram tablet	Tier Increase (changed from Tier 2 to Tier 4)	T4	acyclovir capsule 200mg- T2 acyclovir tablet (400mg, 800mg)- T2 acyclovir suspension 200mg/5mL-T2
03/01/2019	<b>Vizimpro (dacomitinib)</b> 15 mg, 30 mg, and 45 mg tablets	Formulary Addition	T5,PA,QL	
03/01/2019	<b>Xigduo XR (dapagliflozin/metformin extended release)</b> 2.5/1000mg, 5/500mg, 2.5/1000mg, 5/1000mg, 10/1000mg Tablets	Tier Increase (changed from Tier 3 to Tier 4)	T4,ST, QL	Farxiga-T4, ST, QL Steglatro-T3, ST, QL Xigduo XR- T4, ST, QL
03/01/2019	<b>Xospata (gilteritinib)</b> 40mg tablet	Formulary Addition	T5, PA, QL	
03/01/2019	<b>Xyrem (sodium oxybate)</b> 500mg/mL oral solution	Criteria Updated (age minimum updated to 7 years of age)	T5,PA,QL	
03/01/2019	<b>Zytiga (abiraterone acetate)</b> 500mg tablet	Formulary Removal	NF	abiraterone 250mg tablet- T5, PA, QL, SP
04/01/2019	<b>Renflexis (infliximab-ABDA)</b> 100mg vial	Formulary Addition	MB, PA, SP	

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04/01/2019	<b>Remicade (infliximab)</b> 100mg vial	Criteria Update (covered for Pediatric Ulcerative Colitis and Juvenile Rheumatoid Arthritis only)	MB,PA,SP	Renflexis- MB, PA, SP
06/01/2019	<b>Ultomiris (ravuliumab-cwvz)</b> 300mg/30mL vial	Formulary Addition	MB, SP, PA	
06/01/2019	<b>Lumoxiti (moxetumomab pasudotox-tdfk)</b> 1mg powder vial	Formulary Addition	MB, PA	
06/01/2019	<b>Advair Diskus (fluticasone/salmeterol)</b> 100/50mcg, 250/50mcg, 500/50mcg Powder Diskus	Formulary Removal	NF	Anoro Ellipta-T4,ST,QL Dulera- T4,ST,QL fluticasone/salmeterol powder diskus-T4, ST, QL fluticasone/salmeterol breath actuated inhaler (Airduo authorized generic)-T3,ST,QL Stiolto Respimat-T3,ST,QL Symbicort- T3, ST, QL Wixela- T4, ST, QL
06/01/2019	<b>Jasmiel (drospirenone/ethinyl estradiol)</b> 3/0.02mg tablet	Formulary Addition	T2	
06/01/2019	<b>Vivitrol (naltrexone)</b> 380mg vial	Criteria Removal	T5, QL, SP	
06/01/2019	<b>Sublocade (buprenorphine)</b> 100mg/0.5mL; 300mg/0.5mL syringe	Criteria Updated	T5, PA,QL,SP	
06/01/2019	<b>Astagraf XL (tacrolimus)</b> 0.5mg, 1mg, 5mg capsules	Formulary Addition	0.5mg- T4, PA,QL 1mg, 5mg- T5, PA, QL	
06/01/2019	<b>Omnitrope (somatotropin)</b> 5mg/1.5mL syringe, 10mg/1.5ml syringe, 5.8mg Vial	Criteria Update	T5, PA, SP	

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06/01/2019	<b>Buprenorphine and methadone containing products</b>	Criteria Addition (preventing concurrent use with other central nervous system depressants)	Various	
06/01/2019	<b>Xarelto (rivaroxaban)</b> 2.5mg tablet	Formulary Addition	T3, PA, QL	
06/01/2019	<b>Xatmep (methotrexate)</b> 2.5mg/mL oral solution	Formulary Addition	T5, PA	
06/01/2019	<b>Epaned (enalapril)</b> 1mg/mL oral solution	Formulary Addition	T5, PA	
06/01/2019	<b>Qbrelis (lisinopril)</b> 1mg/mL oral solution	Formulary Addition	T5, PA	
09/01/2019	<b>Symjepi™ (epinephrine)</b> 0.3 milligram pre-filled syringe	Formulary Addition	T2	
09/01/2019	<b>Spravato™ (esketamine)</b> 28 milligram/spray (two sprays per device)	Formulary Addition	MB, PA, SP	
09/01/2019	<b>Balversa™ (erdafitinib)</b> 3, 4 and 5 milligram tablets	Formulary Addition	T5, PA, SP	
09/01/2019	<b>modafinil (generic for Provigil®)</b> 100 and 200 milligram tablets	Criteria Update	T2, PA, QL	
09/01/2019	<b>armodafinil (generic for Nuvigil®)</b> 50, 150, 200 and 250 milligram	Criteria Update	T2, PA, QL	
09/01/2019	<b>Divigel® (estradiol)</b> 0.75 milligram/0.75 gram; 0.1% topical gel	Formulary Addition	T3	
09/01/2019	<b>Trulicity® (dulaglutide)</b> 0.75 milligram/0.5 milliliter; 1.5 milligram/0.5 milliliter solution	Tier Change (moved from T4 to T3)	T3, ST, QL	



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09/01/2019	<b>Amicar® (aminocaproic acid)</b> 0.25 gram/milliliter oral solution	Criteria Addition	T5, PA, QL	
09/01/2019	<b>budesonide nebulizing solution (generic for Pulmicort™)</b> 0.25 milligram/2 milliliter, 0.5 milligram/2 milliliter	Age Limit Removal	T2, QL	
09/01/2019	<b>fluticasone/salmeterol (authorized generic for Airduo®)</b> 55/14 microgram/actuation, 113/14 microgram/actuation, 232/14 microgram/actuation inhalers	Step Removal	T3	
09/01/2019	<b>Symbicort® (budesonide/ formoterol fumarate dehydrate)</b> 80/4.5 microgram/actuation; 160/4.5 microgram/actuation inhalers	Step Removal	T3, QL	
09/01/2019	<b>Wixela and fluticasone/salmeterol (authorized generic for Advair)</b> 100/50 microgram/dose, 250/50 microgram/dose, 500/50 microgram/dose inhalers	Step Criteria Change (Require pharmacy claims for fluticasone/salmeterol 55-14mcg/actuation, 113-14, 232-14 and Symbicort	T4, ST, QL	fluticasone/salmeterol (55/14 microgram/actuation, 113/14 microgram/actuation, 232/14 microgram/actuation inhalers) – Tier 3 Symbicort- Tier 3, QL
09/01/2019	<b>Dulera® (mometasone/ formoterol)</b> 100/5 microgram/actuation; 200/5 microgram/actuation inhalers	Step Criteria Change (Require pharmacy claims for fluticasone/salmeterol 55-14mcg/actuation, 113-14, 232-14 and Symbicort	T4, ST, QL	fluticasone/salmeterol (55/14 microgram/actuation, 113/14 microgram/actuation, 232/14 microgram/actuation inhalers) – Tier 3 Symbicort- Tier 3, QL

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09/01/2019	<b>loteprednol etabonate (generic for Lotemax®)</b> 0.5% ophthalmic suspension	Tier Change (moved from Tier 3 to Tier 4)	T4, ST	dexamethasone sodium phosphate solution 0.1% - Tier 2 fluorometholone suspension 0.1% - Tier 2 FML Forte suspension 0.25%- Tier 3 FML Ointment 0.1% - Tier 3 Lotemax SM Gel 0.38%- Tier 3, ST Pred Mild Suspension 0.12%- Tier 3 prednisolone acetate suspension 1%- Tier 2
09/01/2019	<b>Xenazine® (tetrabenazine)</b> 12.5 and 25 milligram oral tablet	Prior Authorization Criteria Update	T5, PA, QL, SP	

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