

NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the Presbyterian Commercial Large Group Plans (Non-Metal Plans) 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.

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Effective Date of Change	Drug Name	Description of Change	Formulary Coverage	Formulary Alternative(s) and Tier (if applicable for formulary removals)
01/15/2019	Asmanex®(mometasone furoate) 110mcg/inhalation, 220mcg/inhalation powder inhaler	Removed from Formulary	Non-Formulary	Flovent Diskus- T2 Flovent HFA- T2 Pulmicort Flexhaler-T3 Qvar Redihaler- T2, QL
01/15/2019	Asmanex®(mometasone furoate) 110mcg/actuation, 220mcg/actuation HFA	Removed from Formulary	Non-Formulary	Flovent Diskus- T2 Flovent HFA- T2 Pulmicort Flexhaler-T3 Qvar Redihaler- T2, QL
01/15/2019	Azedra®(iobenguane I 131 solution for intravenous administration) 555MGq vial	Formulary Addition	MB, PA, QL	
01/15/2019	entecavir (generic for Baraclude®) 0.5mg, 1mg tablet	PA requirement Added	T4, PA, QL	
01/15/2019	Byetta® (exenatide) 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	dorzolamide HCl/timolol maleate (generic for Cosopt®) 22.3-6.8mg/mL solution	Tier change (moved from T3 to T1)	T1	
01/15/2019	isotretinoin (generic for Amnesteem®, Claravis®, Myorisan®, ZenataneR®)	Continuation Criteria Updated	T3, QL, PA (for continuation therapy past 24weeks)	
01/15/2019	Farxiga® (dapagliflozin) 5mg, 10mg tablet	Tier Change (moved from T2 to T3)	T3,ST,QL	Steglatro- T2, ST, QL
01/15/2019	Firvanq® (vancomycin) 25mg/mL, 50mg/mL solution	Formulary Addition	T2, QL	
01/15/2019	Fulphila® (pegfilgrastim-jmdb) 6mg prefilled syringe	Formulary Addition	T4, SP(if self-administered), MB(if office administered), PA	
01/15/2019	Linzess®(linaclotide) 72mcg, 145mcg, 290mcg capsules	Formulary Removal	Non-Formulary	Amitiza- T2, ST, QL lactulose solution 10gm/15mL- T1 polyethylene glycol 3350 powder- T1
01/15/2019	Lo-Loestrin Fe (norethindrone acetate/ethinyl estradiol/ferrous fumarate) 1mg-10mcg(24)/10mcg(2)/75mg Fe(2) tablets	Formulary Addition	T3,PA	

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01/15/2019	mycophenolate mofetil (generic for Cellcept®) 200mg/mL suspension	Tier Increase, Age Limit and PA requirement Added	T4, PA, AL	mycophenolate mofetil capsule 250mg- T1 mycophenolate mofetil tablet 500mg- T1
01/15/2019	Neulasta® (pegfilgrastim) 6mg/0.6mL prefilled syringe	Formulary Removal	Non-Formulary	Fulphila- T4, SP, PA
01/15/2019	Neulasta On-Pro® (pegfilgrastim) 6mg/0.6mL prefilled syringe	PA Criteria Addition	T4, SP, PA	
01/15/2019	Ofev® (nintedanib) 100mg, 150mg capsules	Formulary Addition	T4, PA, SP, QL	

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01/15/2019	Onpattro® (patisiran) 10mg/5mL vial	Formulary Addition	MB, PA	
01/15/2019	Orilissa® (elagolix) 150mg and 200mg tablets	Formulary Addition	T4, PA, QL, SP	
01/15/2019	Poteligeo® (mogamulizumab-kpkc) 20mg/5mL vial	Formulary Addition	MB, PA	
01/15/2019	Qvar®(beclomethasone dipropionate) 40mcg/actuation, 80mcg/actuation inhaler	PA requirement removed	T2, QL	
01/15/2019	Rhopressa®(netarsudil) 0.02% solution, 2.5mL bottle	Formulary Addition	T2,ST	

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01/15/2019	Steglatro®(ertugliflozin) 5mg and 15mg tablet	Formulary Addition	T2, ST, QL	
01/15/2019	Sublocade®(buprenorphine) 100mg and 300mg prefilled syringe	Formulary Addition	T4, SP, PA	
01/15/2019	Symtuza® (darunavir/cobicistat/emtricitabine/tenofovir alafenamide) 800mg/150mg/200mg/10mg	Formulary Addition	T4, QL	
01/15/2019	Tibsovo®(ivosidenib) 250mg tablet	Formulary Addition	T4,PA,QL	
01/15/2019	Tresiba® (insulin degludec) 100units/mL and 200units/mL pens	Formulary Addition	T2,QL	
01/15/2019	Vancomycin (generic for Vancocin®) 125mg capsules	ST Criteria Removal	T3, QL	
03/01/2019	albendazole (generic for Albenza®) 200mg tablet	Tier Increase (changed from Tier 3 to Tier 4)	T4	
03/01/2019	Atripla® (Efavirenz/ emtricitabine/tenofovir DF) 600/200/300mg tablet	Formulary Removal	NF	Symfi-T4, QL Symfi Lo- T4, QL
03/01/2019	azelaic acid (generic for Finacea® gel) 15% gel	Tier Increase (changed from Tier 2 to Tier 3)	T3	Metronidazole 0.75% (cream, gel or lotion)- T1
03/01/2019	Copiktra (duvelisib) 15 mg and 25 mg capsules	Formulary Addition	T4,PA,QL	
03/01/2019	colesevelam (generic for Welchol®) 3.75 gram packets	Tier Increase (changed from Tier 2 to Tier 4)	T4, QL	colesevelam tablets 625mg- T1
03/01/2019	Daurismo (glasdegib) 25mg and 100mg tablets	Formulary Addition	T4,PA,QL	

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03/01/2019	Empliciti (elotuzumab) 300mg or 400mg single-dose vial	Formulary Addition	MB, PA	
03/01/2019	Eucrisa®(crisaborole) 2% ointment	Formulary Addition	T4, PA, QL, SP	
03/01/2019	famciclovir (generic for Famvir®) 125mg, 250mg, 500mg tablet	Tier Increase (changed from Tier 1 to Tier 3)	T3	acyclovir capsule 200mg- T1 acyclovir tablet (400mg, 800mg)- T1 acyclovir suspension 200mg/5mL-T1
03/01/2019	Firdapse (amifampridine) 10mg tablet	Formulary Addition	T4, PA, SP, QL	
03/01/2019	Gamifant (emapalumab-lzsg) 10 mg/2mL and 50 mg/10mL solution in a single-use vial	Formulary Addition	MB,PA	
03/01/2019	Lorbrena (lorlatinib) 25mg and 100mg tablets	Formulary Addition	T4, PA, QL	
03/01/2019	Libtayo (cemiplimab-rwlc) 350mg/7mL solution in single dose vial	Formulary Addition	MB, PA	
03/01/2019	mesalamine (generic for Lialda®) 1.2 gram delayed release tablet	Formulary Addition	T3, ST, QL	
03/01/2019	Mesnex® (mesna) 400mg tablet	Tier Increase (changed from Tier 2 to Tier 4)	T4	
03/01/2019	Mulpleta (lusutrombopag) 3mg tablets	Formulary Addition	T4, PA, QL, SP	
03/01/2019	Symfi (Efavirenz/ lamivudine/tenofovir DF) 600/300/300mg tablet	Formulary Addition	T4, QL	
03/01/2019	Talzenna (talazoparib) 0.25mg and 1mg capsules	Formulary Addition	T4, PA,QL	

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03/01/2019	Temixys (lamivudine/tenofovir disoproxil fumarate) 300mg/300 mg tablet	Formulary Addition	T4, QL	
03/01/2019	testosterone gel 1.62% (generic for Androgel®) 1.62% gel	Tier Increase (changed from Tier 3 to Tier 4)	T3, PA, QL	testosterone 1% gel- T1, PA, QL
03/01/2019	testosterone gel 1% (generic for Androgel®) 1% gel	Formulary Addition	T1, PA, QL	
03/01/2019	valacyclovir (generic for Valtrex®) 500mg and 1 gram tablet	Tier Increase (changed from Tier 1 to Tier 3)	T3	acyclovir capsule 200mg- T1 acyclovir tablet (400mg, 800mg)- T1 acyclovir suspension 200mg/5mL-T1
03/01/2019	Vizimpro (dacomitinib) 15 mg, 30 mg, and 45 mg tablets	Formulary Addition	T4,PA,QL	
03/01/2019	Xigduo XR (dapagliflozin/metformin extended release) 2.5/1000mg, 5/500mg, 2.5/1000mg, 5/1000mg, 10/1000mg Tablets	Tier Increase (changed from Tier 2 to Tier 3)	T3,ST, QL	Farxiga-T3, ST, QL Steglatro-T2, ST, QL Xigduo XR- T3, ST, QL
03/01/2019	Xospata (gilteritinib) 40mg tablet	Formulary Addition	T4, PA, QL	
03/01/2019	Xyrem (sodium oxybate) 500mg/mL oral solution	Criteria Updated (age minimum updated to 7 years of age)	T4,PA,QL	
03/01/2019	Zytiga (abiraterone acetate) 500mg tablet	Formulary Removal	NF	abiraterone 250mg tablet- T4, PA, QL, SP
04/01/2019	Renflexis (infliximab-ABDA) 100mg vial	Formulary Addition	MB, PA, SP	

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04/01/2019	Remicade (infliximab) 100mg vial	Criteria Update (covered for Pediatric Ulcerative Colitis and Juvenile Rheumatoid Arthritis only)	MB, PA, SP	Renflexis- MB, PA, SP
06/01/2019	Ultomiris (ravuliumab-cwvz) 300mg/30mL vial	Formulary Addition	MB, SP, PA	
06/01/2019	Lumoxiti (moxetumomab pasudotox-tdfk) 1mg powder vial	Formulary Addition	MB, PA	
06/01/2019	Lotemax SM (loteprednol) 3.8mg/gram gel	Formulary Addition	T2, ST	
06/01/2019	Advair Diskus (fluticasone/salmeterol) 100/50mcg, 250/50mcg, 500/50mcg Powder Diskus	Formulary Removal	NF	Anoro Ellipta-T3,ST,QL Dulera- T3,ST,QL fluticasone/salmeterol powder diskus-T3, ST, QL fluticasone/salmeterol breath actuated inhaler (Airduo authorized generic)-T2,ST,QL Stiolto Respimat-T2,ST,QL Symbicort- T2, ST, QL Wixela- T3, ST, QL
06/01/2019	Jasmiel (drospirenone/ethinyl estradiol) 3/0.02mg tablet	Formulary Addition	T1	
06/01/2019	Vivitrol (naltrexone) 380mg vial	Criteria Removal	T4, QL, SP	
06/01/2019	Sublocade (buprenorphine) 100mg/0.5mL; 300mg/0.5mL syringe	Criteria Updated	T4, PA,QL,SP	
06/01/2019	Astagraf XL (tacrolimus) 0.5mg, 1mg, 5mg capsules	Formulary Addition	0.5mg- T3, PA,QL 1mg, 5mg- T4, PA, QL	
06/01/2019	Omnitrope (somatotropin)	Criteria Update	T4, PA, SP	

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	5mg/1.5mL syringe, 10mg/1.5ml syringe, 5.8mg Vial			
06/01/2019	Buprenorphine and methadone containing products	Criteria Addition (preventing concurrent use with other central nervous system depressants)	Various	
06/01/2019	Xarelto (rivaroxaban) 2.5mg tablet	Formulary Addition	T2, PA, QL	
06/01/2019	Xatmep (methotrexate) 2.5mg/mL oral solution	Formulary Addition	T4, PA	
06/01/2019	Epaned (enalapril) 1mg/mL oral solution	Formulary Addition	T4, PA	
06/01/2019	Qbrelis (lisinopril) 1mg/mL oral solution	Formulary Addition	T4, PA	
09/01/2019	Symjepi™ (epinephrine) 0.3 milligram pre-filled syringe	Formulary Addition	T1	
09/01/2019	Spravato™ (esketamine) 28 milligram/spray (two sprays per device)	Formulary Addition	MB, PA, SP	
09/01/2019	Balversa™ (erdafitinib) 3, 4 and 5 milligram tablets	Formulary Addition	T4, PA, SP	
09/01/2019	modafinil (generic for Provigil®) 100 and 200 milligram tablets	Criteria Update	T1, PA, QL	
09/01/2019	armodafinil (generic for Nuvigil®) 50, 150, 200 and 250 milligram	Criteria Update	T1, PA, QL	
09/01/2019	Divigel® (estradiol) 0.75 milligram/0.75 gram; 0.1% topical gel	Formulary Addition	T2	

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09/01/2019	Trulicity® (dulaglutide) 0.75 milligram/0.5 milliliter; 1.5 milligram/0.5 milliliter solution	Tier Change (moved from T4 to T3)	T2, ST, QL	
09/01/2019	Amicar® (aminocaproic acid) 0.25 gram/milliliter oral solution	Criteria Addition	T4, PA, QL	
09/01/2019	budesonide nebulizing solution (generic for Pulmicort™) 0.25 milligram/2 milliliter, 0.5 milligram/2 milliliter	Age Limit Removal	T1, QL	
09/01/2019	fluticasone/salmeterol (authorized generic for Airduo®) 55/14 microgram/actuation, 113/14 microgram/actuation, 232/14 microgram/actuation inhalers	Step Removal	T2	
09/01/2019	Symbicort® (budesonide/ formoterol fumarate dehydrate) 80/4.5 microgram/actuation; 160/4.5 microgram/actuation inhalers	Step Removal	T2, QL	
09/01/2019	Wixela and fluticasone/salmeterol (authorized generic for Advair®) 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)	T3, ST, QL	fluticasone/salmeterol (55/14 microgram/actuation, 113/14 microgram/actuation, 232/14 microgram/actuation inhalers) – Tier 2 Symbicort- Tier 2, QL
09/01/2019	Dulera® (mometasone/ formoterol) 100/5 microgram/actuation; 200/5 microgram/actuation inhalers	Step Criteria Change (Require pharmacy claims for fluticasone/salmeterol 55-	T3, ST, QL	fluticasone/salmeterol (55/14 microgram/actuation, 113/14 microgram/actuation, 232/14 microgram/actuation inhalers) – Tier 2

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		14mcg/actuation, 113-14, 232-14 and Symbicort		Symbicort- Tier 2, QL
09/01/2019	loteprednol etabonate (generic for Lotemax®) 0.5% ophthalmic suspension	Tier Change (moved from Tier 3 to Tier 4)	T3, ST	dexamethasone sodium phosphate solution 0.1% - Tier 1 fluorometholone suspension 0.1% - Tier 1 FML Forte suspension 0.25%- Tier 2 FML Ointment 0.1% - Tier 2 Lotemax SM Gel 0.38%- Tier 2, ST Pred Mild Suspension 0.12%- Tier 2 prednisolone acetate suspension 1%- Tier 1
09/01/2019	Xenazine® (tetrabenazine) 12.5 and 25 milligram oral tablet	Prior Authorization Criteria Update	T4, PA, QL, SP	

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