

## NOTIFICATION OF FORMULARY CHANGES

The following summary describes changes to the Presbyterian Centennial Care Formulary 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

TTY: 711

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>Alvesco® Aerosol Solution (ciclesonide)</b> 80mcg/actuation, 160mcg/actuation	Formulary Addition	QL	
01/15/2019	<b>Asmanex®(mometasone furoate)</b> 110mcg/actuation, 220mcg/actuation HFA	Removed from Formulary	Non-Formulary	Flovent Diskus, Flovent HFA, Pulmicort Flexhaler, Qvar Redihaler- Formulary
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	PA, QL	
01/15/2019	<b>isotretinoin</b> (generic for Amnesteem®, Claravis®, Myorisan®, ZenataneR®)	Continuation Criteria Updated	QL, PA (for continuation therapy past 24weeks)	

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01/15/2019	<b>Farxiga® (dapagliflozin)</b> 5mg, 10mg tablet	Formulary Removal	Non-Formulary	Steglatro- Formulary, PA, QL
01/15/2019	<b>Firvanq® (vancomycin)</b> 25mg/mL, 50mg/mL solution	Formulary Addition	QL	

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01/15/2019	<b>Fulphila® (pegfilgrastim-jmdb)</b> 6mg prefilled syringe	Formulary Addition	SP(if self-administered), MB(if office administered), PA	
01/15/2019	<b>Linzess®(linaclotide)</b> 72mcg, 145mcg, 290mcg capsules	Formulary Removal	Non-Formulary	Amitiza-Formulary, PA, QL lactulose solution 10gm/15mL-Formulary, polyethylene glycol 3350 powder-formulary
01/15/2019	<b>mycophenolate mofetil</b> (generic for Cellcept®) 200mg/mL suspension	Age Limit and PA requirement Added	PA, AL	mycophenolate mofetil capsule 250mg, mycophenolate mofetil tablet 500mg
01/15/2019	<b>Neulasta® (pegfilgrastim)</b> 6mg/0.6mL prefilled syringe	Formulary Removal	Non-Formulary	Fulphila- Formulary, PA
01/15/2019	<b>Neulasta On-Pro® (pegfilgrastim)</b> 6mg/0.6mL prefilled syringe	PA Criteria Addition	SP, PA	
01/15/2019	<b>Ofev® (nintedanib)</b> 100mg, 150mg capsules	Formulary Addition	PA, SP, QL	
01/15/2019	<b>Onpattro® (patisiran)</b> 10mg/5mL vial	Formulary Addition	MB, PA	
01/15/2019	<b>Orilissa® (elagolix)</b> 150mg and 200mg tablets	Formulary Addition	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	QL	
01/15/2019	<b>Rhopressa®(netarsudil)</b> 0.02% solution, 2.5mL bottle	Formulary Addition	ST	

01/15/2019	<b>Steglatro®(ertugliflozin)</b> 5mg and 15mg tablet	Formulary Addition	PA, QL	
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01/15/2019	<b>Sublocade®(buprenorphine)</b> 100mg and 300mg prefilled syringe	Formulary Addition	SP, PA	
01/15/2019	<b>Symtuza® (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)</b> 800mg/150mg/200mg/10mg	Formulary Addition	QL	
01/15/2019	<b>Tibsovo®(ivosidenib)</b> 250mg tablet	Formulary Addition	PA,QL	
01/15/2019	<b>torsemide</b> (generic for Demadex®) 5mg,10mg,20mg, 100mg tablets	Formulary Addition	Formulary	
01/15/2019	<b>Vancomycin (generic for Vancocin®)</b> 125mg capsules	Formulary Removal	Non-Formulary	Firvanq- Formulary, QL
03/15/2019	<b>albendazole (generic for Albenza®)</b> 200mg tablet	Formulary Addition	PA	
03/15/2019	<b>Atripla® (Efavirenz/ emtricitabine/tenofovir DF)</b> 600/200/300mg tablet	Formulary Removal	Non-Formulary	
03/15/2019	<b>cabergoline</b> 0.5mg tablet	Formulary Addition	QL	
03/15/2019	<b>Copiktra (duvelisib)</b> 15 mg and 25 mg capsules	Formulary Addition	PA,QL	
03/15/2019	<b>Daurismo (glasdegib)</b> 25mg and 100mg tablets	Formulary Addition	PA,QL	

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03/15/2019	<b>Empliciti (elotuzumab)</b> 300mg or 400mg single-dose vial	Formulary Addition	MB, PA	
03/15/2019	<b>famciclovir (generic for Famvir®)</b> 125mg, 250mg, 500mg tablet	Step Criteria Added	ST	acyclovir capsule 200mg acyclovir tablet (400mg, 800mg) acyclovir suspension 200mg/5mL
03/15/2019	<b>Firdapse (amifampridine)</b> 10mg tablet	Formulary Addition	PA, SP, QL, SP	
03/15/2019	<b>Gamifant (emapalumab-lzsg)</b> 10 mg/2mL and 50 mg/10mL solution in a single-use vial	Formulary Addition	MB,PA	
03/15/2019	<b>Latuda®(lurasidone)</b> 20mg,40mg,60mg,80mg,120mg tablets	Formulary Addition	PA, QL	
03/15/2019	<b>Libtayo (cemiplimab-rwlc)</b> 350mg/7mL solution in single dose vial	Formulary Addition	MB, PA	
03/15/2019	<b>Lidocaine 4% patches</b>	Criteria Removal	QL	
03/15/2019	<b>Lorbrena (lorlatinib)</b> 25mg and 100mg tablets	Formulary Addition	PA, QL	
03/15/2019	<b>mesalamine (generic for Lialda®)</b> 1.2 gram delayed release tablet	Formulary Addition	ST, QL	
03/15/2019	<b>Mulpleta (lusutrombopag)</b> 3mg tablets	Formulary Addition	PA, QL, SP	
03/15/2019	<b>olmesartan (generic for Benicar®)</b> 20mg,40mg,80mg tablet	Formulary Addition	QL	
03/15/2019	<b>Symfi (Efavirenz/ lamivudine/tenofovir DF)</b> 600/300/300mg tablet	Formulary Addition	QL	

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03/15/2019	<b>Talzenna (talazoparib)</b> 0.25mg and 1mg capsules	Formulary Addition	PA,QL	
03/15/2019	<b>Temixys (lamivudine/tenofovir disoproxil fumarate)</b> 300mg/300 mg tablet	Formulary Addition	QL	
03/15/2019	<b>valacyclovir (generic for Valtrex®)</b> 500mg and 1 gram tablet	Formulary Addition	ST	acyclovir capsule 200mg acyclovir tablet (400mg, 800mg) acyclovir suspension 200mg/5mL
03/15/2019	<b>valsartan (generic for Diovan®)</b> 40mg, 80mg, 160mg, 320mg tablets	Formulary Addition	QL	
03/15/2019	<b>Vizimpro (dacomitinib)</b> 15 mg, 30 mg, and 45 mg tablets	Formulary Addition	PA,QL	
03/15/2019	<b>Xospata (gilteritinib)</b> 40mg tablet	Formulary Addition	PA, QL	
03/15/2019	<b>Xyrem (sodium oxybate)</b> 500mg/mL oral solution	Criteria Updated (age minimum updated to 7 years of age)	PA,QL	
03/15/2019	<b>Zytiga (abiraterone acetate)</b> 500mg tablet	Formulary Removal	NF	abiraterone 250mg tablet- T5, PA, QL, 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>Lotemax SM (loteprednol)</b> 3.8mg/gram gel	Formulary Addition	F, ST	
06/01/2019	<b>Advair Diskus (fluticasone/salmeterol)</b> 100/50mcg, 250/50mcg, 500/50mcg Powder Diskus	Formulary Removal	NF	Dulera-ST,QL fluticasone/salmeterol powder diskus-PA, QL fluticasone/salmeterol breath actuated inhaler (Airduo authorized generic)-ST,QL

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				Stiolto Respimat-ST,QL Symbicort- ST, QL Wixela- PA, QL
06/01/2019	<b>Jasmiel (drospirenone/ethinyl estradiol) 3/0.02mg tablet</b>	Formulary Addition	F	
06/01/2019	<b>Vivitrol (naltrexone) 380mg vial</b>	Criteria Removal	QL, SP	
06/01/2019	<b>Sublocade (buprenorphine) 100mg/0.5mL; 300mg/0.5mL syringe</b>	Criteria Updated	PA,QL,SP	
06/01/2019	<b>Astagraf XL (tacrolimus) 0.5mg, 1mg, 5mg capsules</b>	Formulary Addition	0.5mg- PA, QL 1mg, 5mg- PA, QL	
06/01/2019	<b>Omnitrope (somatotropin) 5mg/1.5mL syringe, 10mg/1.5ml syringe, 5.8mg Vial</b>	Criteria Update	PA, SP	
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) 2.5mg tablet</b>	Formulary Addition	PA, QL	
06/01/2019	<b>Xatmep (methotrexate) 2.5mg/mL oral solution</b>	Formulary Addition	PA	
06/01/2019	<b>Epaned (enalapril) 1mg/mL oral solution</b>	Formulary Addition	PA	
06/01/2019	<b>Qbrelis (lisinopril) 1mg/mL oral solution</b>	Formulary Addition	PA	
09/01/2019	<b>Symjepi™ (epinephrine) 0.3 milligram pre-filled syringe</b>	Formulary Addition	F	

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09/01/2019	<b>Fetzima® (levomilnacipran ER)</b> 20, 40, 80 and 120 milligram capsules	Formulary Addition	PA, QL	
09/01/2019	<b>Sarafem® (fluoxetine)</b> 10 and 20 milligram tablets	Formulary Addition	PA, QL	
09/01/2019	<b>protriptyline</b> 5 and 10 milligram tablets	Formulary Addition	PA, QL	
09/01/2019	<b>trimipramine</b> 25, 50 and 100 milligram capsules	Formulary Addition	PA, QL	
09/01/2019	<b>Trintellix® (vortioxetine)</b> 5, 10 and 20 milligram tablets	Formulary Addition	PA, QL	
09/01/2019	<b>Marplan® (isocarboxazid)</b> 10 milligram tablets	Formulary Addition	PA, QL	
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	PA, SP	
09/01/2019	<b>Symbyax® (olanzapine/fluoxetine)</b> 3/25, 6/25, 6/50, 12/25 and 12/50 milligram capsules	Formulary Addition	PA, QL	
09/01/2019	<b>Abilify Maintena® (aripiprazole injection)</b> Vial: 300 and 400 milligrams Syringe: 300 and 400 milligrams	Formulary Addition	PA, AL, QL, SP	
09/01/2019	<b>Aristada Initio™ (aripiprazole lauroxil)</b> 675 milligram pre-filled syringe	Formulary Addition	PA, AL, QL, SP	
09/01/2019	<b>Perseris® (risperidone)</b> 90 and 120 milligram prefilled syringe	Formulary Addition	PA, AL, QL, SP	



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09/01/2019	<b>Zyprexa® Relprevv (olanzapine)</b> 210, 300 and 405 milligram vials for reconstitution	Formulary Addition	PA, AL, QL, SP	
09/01/2019	<b>desvenlafaxine ER (generic for Pristiq®)</b> 25, 50 and 100 milligram tablets	Formulary Addition	PA, QL	
09/01/2019	<b>nefazodone</b> 50, 100, 150, 200 and 250 milligram tablets	Formulary Addition	PA, QL	
09/01/2019	<b>pimozide</b> 1 and 2 milligram tablets	Formulary Addition	PA, QL	
09/01/2019	<b>rivastigmine (generic for Exelon®)</b> 1.5, 3, 4.5 and 6 milligram oral capsules	Formulary Addition	PA, QL	
09/01/2019	<b>modafinil (generic for Provigil®)</b> 100 and 200 milligram tablets	Criteria Update	PA, QL	
09/01/2019	<b>armodafinil (generic for Nuvigil®)</b> 50, 150, 200 and 250 milligram	Criteria Update	PA, QL	
09/01/2019	<b>Xarelto® (rivaroxaban)</b> 10, 15 and 20 milligram tablets	Criteria Update	PA, QL	
09/01/2019	<b>aminocaproic acid (generic for Amicar®)</b> 500 and 1000 milligram tablets	Formulary Addition	F	
09/01/2019	<b>Amicar® (aminocaproic acid)</b> 0.25 gram/milliliter oral solution	Criteria Addition	PA, AL	aminocaproic acid 500mg and 1000mg tablets
09/01/2019	<b>budesonide nebulizing solution (generic for Pulmicort™)</b> 0.25 milligram/2 milliliter, 0.5 milligram/2 milliliter	Age Limit Removal	QL	

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09/01/2019	<b>Nutritional Supplements</b> all covered products	Criteria Update	PA	
09/01/2019	<b>Sublocade™ (buprenorphine for injection)</b> 100 milligram/0.5 milliliter; 300 milligram/0.5 milliliter	Criteria Removal	QL, SP	
09/01/2019	<b>Xenazine® (tetrabenazine)</b> 12.5 and 25 milligram oral tablet	Criteria Update	PA, SP, QL	

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