

## Pharmacy Program Quarterly Update: Changes Effective Jan. 1, 2024 – Part 2

### Contents

---

#### **Pharmacy Benefit Reminders**

#### **Drug List Changes**

##### **Drug List Additions – Effective Jan. 1, 2024**

- Balanced Drug List Additions
- Performance Drug List Additions
- Performance Select Drug List Additions
- Basic and Enhanced Drug List Additions
- Basic Multi-Tier and Enhanced Multi-Tier Drug List Additions

##### **Other Drug List Additions**

- Balanced Drug List Additions
- Performance Drug List Additions
- Performance Select Drug List Additions
- Basic and Enhanced Additions, Basic Multi-Tier and Enhanced Multi-Tier Additions

##### **Drug Tier Changes – Effective Jan. 1, 2024**

- Balanced Drug List Tier Changes
- Performance Drug List Tier Changes
- Performance Select Drug List Tier Changes

##### **Other Drug List Tier Changes**

- Balanced Drug List Tier Changes
- Performance Drug List Tier Changes
- Performance Select Drug List Tier Changes

#### **Utilization Management Program Changes**

##### **Dispensing Limit Changes**

- Balanced, Performance, and Performance Select, Basic, Basic Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Annual Multi-Tier Drug Lists, Health Information Exchange (HIE)

##### **Standard Utilization Management Program Updates**

##### **Change in Benefit Coverage for Select High-Cost Products**

#### **Pharmacy Benefits Updates**

##### **BCBSNM Offers LifeScan as Preferred Option for Glucose Management**

##### **Appropriate Use of Opioids Program to be Retired January 2024**

##### **Reminder: BCBSNM's Updated Approach to Managing GLP-1 Agonist Medications**

**Reminder:** The Quarterly Pharmacy Changes awareness article is published in two parts. This article is a continuation of the previously published [January Quarterly Pharmacy Changes Part 1 article](#), which included changes that require member notification — drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This Part 2 article contains recent coverage additions, utilization management updates and any other pharmacy program updates.

## Pharmacy Benefit Reminders

A new year often welcomes new members to Blue Cross and Blue Shield of New Mexico or updates to benefits for our current members. Discussing your patient's pharmacy benefits can help with this transition.

As you visit with your patients, also consider the following:

- Your patient's pharmacy benefits may be new to them or apply to an updated drug list. The [drug lists](#) are available on our member and provider websites to help both you and your patients when prescribing medication.
- Review the prescription drug list before prescribing medications. Some drugs may have been excluded from coverage or have updated requirements applied to their utilization management program.
- If your patients need a coverage exception or prior authorization request, visit the [prior authorization and step therapy](#) site for both forms and more information.
- Some members' plans may experience changes to the pharmacy network, such as moving to a new pharmacy network or changes to pharmacies participating within the network. Those impacted members received letters alerting of them of these potential out-of-pocket changes.  
In most cases, no action is required on your part for these pharmacy network changes. Members can easily transfer prescriptions to an in-network pharmacy. You may want to ask which pharmacy is their preferred choice if your office stores pharmacy information on patient records.
- If you or your patients are concerned about a particular drug benefit change, call the number on their ID card to confirm any new or updated pharmacy benefits.

Treatment decisions are always between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

## Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of New Mexico (BCBSNM) drug lists. **Additions effective January 1, 2024, and previous updates are outlined below.**

**Please note:** Revisions (drugs still covered but moved to a higher, out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the [January Quarterly Pharmacy Changes Part 1 article](#). Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes].

You can view the January drug lists on our [member website](#).

## Drug List Additions – Effective Jan. 1, 2024

### Balanced Drug List Additions

Drug <sup>1</sup>	Condition
brey-na (budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
CARBINOXAMINE MALEATE (carbinoxamine maleate soln 4 mg/5 ml)	Allergic Symptoms, Allergic Reactions
CUVRIOR (trientine tetrahydrochloride tab 300 mg)	Wilson disease
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA CONTROL (blood glucose calibration - liquid)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO CONTROL SOLUTION HIGH (blood glucose calibration - liquid - high)	Diabetes
ONETOUCH VERIO IN VITRO MEDI-CAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

### Balanced Drug List Additions

Drug <sup>1</sup>	Condition
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
VOWST (fecal microbiota spores, live-brpk caps)	<i>C. difficile</i> infection
ZOLPIDEM TARTRATE (zolpidem tartrate cap 7.5 mg)	Insomnia

### Performance Drug List Additions

Drug <sup>1</sup>	Condition
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml (1:1000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA CONTROL (blood glucose calibration - liquid)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO CONTROL SOLUTION HIGH (blood glucose calibration - liquid - high)	Diabetes
ONETOUCH VERIO IN VITRO MEDI-CAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
VOWST (fecal microbiota spores, live-brpk caps)	<i>C. difficile</i> infection

### Performance Select Drug List Additions

Drug	Condition
breyana (budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Performance Select Drug List Additions

Drug	Condition
budesonide-formoterol dihydrate aero 80-4.5 mcg/act, 160-4.5 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
HEMANGEOL (propranolol hcl oral soln 4.28 mg/ml)	Infantile Hemangioma
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA CONTROL (blood glucose calibration - liquid)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO CONTROL SOLUTION HIGH (blood glucose calibration - liquid - high)	Diabetes
ONETOUCH VERIO IN VITRO MEDI-CAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
VOWST (fecal microbiota spores, live-brpk caps)	C. difficile infection

Basic and Enhanced Drug List Additions

Drug <sup>1</sup>	Condition
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml, 0.15 mg/0.15 ml, 0.3 mg/0.3 ml)	Anaphylaxis, Severe Hypersensitivity Reactions
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Contraception
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

### Basic and Enhanced Drug List Additions

Drug <sup>1</sup>	Condition
ONETOUCH VERIO IN VITRO MEDICAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma

### Basic Multi-Tier and Enhanced Multi-Tier Drug List Additions

Drug <sup>1</sup>	Condition
amitriptyline hcl tab 75 mg	Depression
amoxicillin & k clavulanate for susp 400-57 mg/5 ml	Infections
amphetamine-dextroamphetamine tab 5 mg	ADHD, Narcolepsy/Daytime Sleepiness
armodafinil tab 50 mg	Sleep Disorders
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml, 0.15 mg/0.15 ml, 0.3 mg/0.3 ml)	Anaphylaxis, Severe Hypersensitivity Reactions
azithromycin for susp 200 mg/5 ml	Infections
baclofen tab 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions
bisoprolol & hydrochlorothiazide tab 10-6.25 mg, 2.5-6.25 mg	Hypertension
bumetanide tab 0.5 mg	Edema, Volume Overload
bupropion hcl tab 100 mg	Depression
cefuroxime axetil tab 250 mg	Infections
cephalexin for susp 125 mg/5 ml	Infections
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Hypertriglyceridemia
cimetidine tab 200 mg	Heartburn
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia
cyproheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions
desloratadine tab 5 mg	Allergic Rhinitis, Urticaria
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Basic Multi-Tier and Enhanced Multi-Tier Drug List Additions

Drug <sup>1</sup>	Condition
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina
diphenhydramine hcl elixir 12.5 mg/5 ml	Allergic symptoms, adjunct in treatment of anaphylaxis, insomnia
doxepin hcl cap 25 mg	Depression
doxycycline hyclate tab 20 mg	Acne, Infections
doxycycline monohydrate tab 50 mg	Acne, Infections
drosiprenone-ethinyl estradiol tab 3-0.03 mg	Contraception
esomeprazole magnesium cap delayed release 20 mg (base eq)	Gastroesophageal Reflux Disease, H. pylori eradication, pathological hypersecretory conditions, risk reduction of NSAID-associated gastric ulcer
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5 ml	Cough
hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml	Cough
hydrocodone-acetaminophen tab 10-325 mg	Pain
hydrocortisone lotion 2.5%	Pruritus, Dermatoses
ketorolac tromethamine tab 10 mg	Pain
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy
lidocaine oint 5%	Local anesthetic
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Contraception
mafenide acetate packet for topical soln 5% (50 gm)	Burns
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception
MEKINIST (trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq))	Cancer
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception
nystatin susp 100,000 unit/ml	Oral Candidiasis
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Basic Multi-Tier and Enhanced Multi-Tier Drug List Additions

Drug <sup>1</sup>	Condition
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting
ONETOUCH ULTRA (glucose blood test strip)	Diabetes
ONETOUCH ULTRA BLUE (glucose blood test strip)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes
ONETOUCH VERIO IN VITRO MEDICAL (glucose blood test strip)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes
oxcarbazepine tab 150 mg	Seizures
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis
pseudoephed-bromphen-dm syrup 30-2-10 mg/5 ml	Upper respiratory tract conditions
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia
rabeprazole sodium ec tab 20 mg	Gastroesophageal Reflux Disease, H. pylori eradication, pathological hypersecretory conditions, peptic ulcer disease
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine
solifenacin succinate tab 10 mg	Overactive Bladder
TAFINLAR (dabrafenib mesylate tab for oral susp 10 mg (base equiv))	Cancer
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotropic hypogonadism
TEZSPIRE (tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91 ml)	Asthma
tizanidine hcl cap 2 mg (base equivalent)	Spasticity
triazolam tab 0.125 mg	Insomnia
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.



## Other Drug List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter then added to the list. Those drugs are listed below.

### Balanced Drug List Additions

Drug <sup>1</sup>	Condition	Date Added
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 750 unit)	Hemophilia A	11/5/2023
BACLOFEN (baclofen oral soln 5 mg/5 ml)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	10/22/2023
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	12/1/2023
FASTEP COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)*	COVID-19 Test	10/15/2023
GLIPIZIDE (glipizide tab 2.5 mg)	Diabetes	10/22/2023
GOTOKNOW COVID-19 ANTIGEN RAPID TEST (covid-19 at home antigen test kit)*	COVID-19 Test	10/8/2023
JOENJA (leniolisib phosphate tab 70 mg)	Activated Phosphoinositide 3-Kinase Delta Syndrome (APDS)	11/1/2023
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19	11/5/2023
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Central Precocious Puberty	12/1/2023
NOVAVAX COVID-19 VACCINE/ 2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	COVID-19 Vaccine	10/3/2023
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OMNITROPE (somatropin solution cartridge 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1 ml (base equiv))	Opioid Overdose	12/1/2023
OSPHEA (ospemifene tab 60 mg)	Dyspareunia, Vaginal Dryness	10/8/2023
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak, 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023
pazopanib hcl tab 200 mg (base equiv)	Cancer	10/22/2023
pitavastatin calcium tab 1 mg, 2 mg, 4 mg	Hyperlipidemia, Hypercholesterolemia	11/5/2023
spironolactone susp 25 mg/5 ml	Heart Failure, Hypertension, Edema	10/29/2023
TRIENTINE HYDROCHLORIDE (trientine hcl cap 500 mg)	Wilson disease	10/8/2023

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

### Balanced Drug List Additions

Drug <sup>1</sup>	Condition	Date Added
VITAMEDMD ONE RX/QUATREFO LIC (prenat w/o a w/feum-methfol-fa-dha cap 30-0.6-0.4-200 mg)	Prenatal Vitamin	10/8/2023

### Performance Drug List Additions

Drug <sup>1</sup>	Condition	Date Added
ALTUVIII (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 750 unit)	Hemophilia A	11/5/2023
BREO ELLIPTA (fluticasone furoate-vilanterol aero powder 50-25 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	12/1/2023
GLIPIZIDE (glipizide tab 2.5 mg)	Diabetes	10/22/2023
INSULIN GLARGINE-YFGN (insulin glargine-yfgn inj 100 unit/ml)	Diabetes	10/22/2023
JOENJA (leniolisib phosphate tab 70 mg)	Activated Phosphoinositide 3-Kinase Delta Syndrome (APDS)	11/1/2023
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19	11/5/2023
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Central Precocious Puberty	12/1/2023
NOVAVAX COVID-19 VACCINE/ 2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	COVID-19 Vaccine	10/3/2023
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OMNITROPE (somatropin solution cartridge 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1 ml (base equiv))	Opioid Overdose	12/1/2023
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023
pazopanib hcl tab 200 mg (base equiv)	Cancer	10/22/2023

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Performance Select Drug List Additions

Drug <sup>1</sup>	Condition	Date Added
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 750 unit)	Hemophilia A	11/5/2023
BREO ELLIPTA (fluticasone furoate-vilanterol aero powder 50-25 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	12/1/2023
GLIPIZIDE (glipizide tab 2.5 mg)	Diabetes	10/22/2023
JOENJA (leniolisib phosphate tab 70 mg)	Activated Phosphoinositide 3-Kinase Delta Syndrome (APDS)	11/1/2023
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19	11/5/2023
LUPRON DEPOT-PED (leuprolide acet (6 month) for im inj pediatric kit 45 mg)	Central Precocious Puberty	12/1/2023
NOVAVAX COVID-19 VACCINE/ 2023-24 (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	COVID-19 Vaccine	10/3/2023
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OMNITROPE (somatropin solution cartridge 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1 ml (base equiv))	Opioid Overdose	12/1/2023
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak, 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023
pazopanib hcl tab 200 mg (base equiv)	Cancer	10/22/2023
pitavastatin calcium tab 1 mg, 2 mg, 4 mg	Hyperlipidemia, Hypercholesterolemia	11/5/2023

Basic and Enhanced Additions, Basic Multi-Tier and Enhanced Multi-Tier Additions

Drug <sup>1</sup>	Condition	Date Added
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 750 unit)	Hemophilia A	11/5/2023
OMNITROPE (somatropin for inj 5.8 mg)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OMNITROPE (somatropin inj 5 mg/1.5 ml, 10 mg/1.5 ml)	Growth Hormone Deficiency, Short Stature, Growth Failure	11/15/2023
OPVEE (nalmefene hcl nasal spray 2.7 mg/0.1 ml (base equiv))	Opioid Overdose	12/1/2023
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak, 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	COVID-19	10/22/2023

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

## Drug Tier Changes – Effective Jan. 1, 2024

The tier changes listed below apply to members on a managed drug list.

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
amitriptyline hcl tab 75 mg	Depression	Preferred Generic
amoxicillin & k clavulanate for susp 400-57 mg/5 ml	Bacterial Infections	Preferred Generic
amphetamine-dextroamphetamine tab 5 mg	ADHD, Narcolepsy/Daytime Sleepiness	Preferred Generic
armodafinil tab 50 mg	Sleep Disorders	Preferred Generic
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml, 0.15 mg/0.15 ml, 0.3 mg/0.3 ml)	Anaphylaxis, Severe Hypersensitivity Reactions	Preferred Brand
azithromycin for susp 200 mg/5 ml	Infections	Preferred Generic
baclofen tab 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	Preferred Generic
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	Hypertension	Preferred Generic
bumetanide tab 0.5 mg	Edema, Volume Overload	Preferred Generic
bupropion hcl tab 100 mg	Depression	Preferred Generic
cefuroxime axetil tab 250 mg	Infections	Preferred Generic
cephalexin for susp 125 mg/5 ml	Infections	Preferred Generic
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Preferred Generic
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia	Preferred Generic
cyproheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions	Preferred Generic
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception	Preferred Generic
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures	Preferred Generic
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
doxepin hcl cap 25 mg	Depression	Preferred Generic
doxycycline hyclate tab 20 mg	Acne, Infections	Preferred Generic
doxycycline monohydrate tab 50 mg	Acne, Infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.03 mg	Contraception	Preferred Generic
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Preferred Generic
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD	Preferred Generic
HEMANGEOL (propranolol hcl oral soln 4.28 mg/ml)	Infantile Hemangioma	Preferred Brand
hydrocodone-acetaminophen tab 10-325 mg	Pain	Preferred Generic
hydrocortisone lotion 2.5%	Pruritus, Dermatoses	Preferred Generic
ketorolac tromethamine tab 10 mg	Pain	Preferred Generic
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy	Preferred Generic
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception	Preferred Generic
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	Preferred Generic
methyl dopa tab 500 mg	Hypertension	Preferred Generic
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy	Preferred Generic
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis	Preferred Generic
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception	Preferred Generic
nystatin susp 100,000 unit/ml	Oral Candidiasis	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension	Preferred Generic
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting	Preferred Generic
oxcarbazepine tab 150 mg	Seizures	Preferred Generic
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine	Preferred Generic
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions	Preferred Generic
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis	Preferred Generic
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quetiapine fumarate tab sr 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quinidine sulfate tab 200 mg	Atrial Fib/Flutter, Ventricular arrhythmias	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine	Preferred Generic
solifenacin succinate tab 10 mg	Overactive Bladder	Preferred Generic
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)	Preferred Generic
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction	Preferred Generic
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotrophic hypogonadism	Preferred Generic
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Preferred Generic

### Performance Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
amitriptyline hcl tab 75 mg	Depression	Preferred Generic
amoxicillin & k clavulanate for susp 400-57 mg/5 ml	Bacterial Infections	Preferred Generic
amphetamine-dextroamphetamine tab 5 mg	ADHD, Narcolepsy/Daytime Sleepiness	Preferred Generic
armodafinil tab 50 mg	Sleep Disorders	Preferred Generic
azithromycin for susp 200 mg/5 ml	Infections	Preferred Generic
baclofen tab 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	Preferred Generic
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	Hypertension	Preferred Generic
bumetanide tab 0.5 mg	Edema, Volume Overload	Preferred Generic
bupropion hcl tab 100 mg	Depression	Preferred Generic
cefuroxime axetil tab 250 mg	Infections	Preferred Generic
cephalexin for susp 125 mg/5 ml	Infections	Preferred Generic
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Preferred Generic
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia	Preferred Generic
cyproheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions	Preferred Generic
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception	Preferred Generic
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Performance Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
doxepin hcl cap 25 mg	Depression	Preferred Generic
doxycycline hyclate tab 20 mg	Acne, Infections	Preferred Generic
doxycycline monohydrate tab 50 mg	Acne, Infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.03 mg	Contraception	Preferred Generic
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Preferred Generic
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD	Preferred Generic
hydrocodone-acetaminophen tab 10-325 mg	Pain	Preferred Generic
hydrocortisone lotion 2.5%	Pruritus, Dermatoses	Preferred Generic
ketorolac tromethamine tab 10 mg	Pain	Preferred Generic
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy	Preferred Generic
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	Contraception	Preferred Brand
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception	Preferred Generic
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	Preferred Generic
methyl dopa tab 500 mg	Hypertension	Preferred Generic
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy	Preferred Generic
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis	Preferred Generic
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception	Preferred Generic
nystatin susp 100,000 unit/ml	Oral Candidiasis	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension	Preferred Generic
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting	Preferred Generic
oxcarbazepine tab 150 mg	Seizures	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Performance Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine	Preferred Generic
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions	Preferred Generic
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis	Preferred Generic
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quetiapine fumarate tab sr 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quinidine sulfate tab 200 mg	Atrial Fib/Flutter, Ventricular arrhythmias	Preferred Generic
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine	Preferred Generic
solifenacin succinate tab 10 mg	Overactive Bladder	Preferred Generic
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)	Preferred Generic
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction	Preferred Generic
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotrophic hypogonadism	Preferred Generic
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Preferred Generic

Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
amitriptyline hcl tab 75 mg	Depression	Preferred Generic
amoxicillin & k clavulanate for susp 400-57 mg/ ml	Bacterial Infections	Preferred Generic
amphetamine-dextroamphetamine tab 5 mg	ADHD, Narcolepsy/Daytime Sleepiness	Preferred Generic
armodafinil tab 50 mg	Sleep Disorders	Preferred Generic
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15 ml (1:1000), 0.3 mg/0.3ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions	Preferred Brand
azithromycin for susp 200 mg/5 ml	Infections	Preferred Generic
baclofen tab 20 mg	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	Preferred Generic
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	Hypertension	Preferred Generic
bumetanide tab 0.5 mg	Edema, Volume Overload	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.



Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
bupropion hcl tab 100 mg	Depression	Preferred Generic
cefuroxime axetil tab 250 mg	Infections	Preferred Generic
cephalexin for susp 125 mg/5 ml	Infections	Preferred Generic
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Preferred Generic
clozapine tab 25 mg	Schizophrenia, suicidal behavior in schizophrenia	Preferred Generic
cyproheptadine hcl syrup 2 mg/5 ml	Allergic Symptoms, Allergic Reactions	Preferred Generic
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg (21/5)	Contraception	Preferred Generic
diazepam oral soln 1 mg/ml	Alcohol withdrawal syndrome, anxiety, muscle spasm, spasticity, or rigidity, seizures	Preferred Generic
diltiazem hcl cap er 24 hr 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 240 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
doxepin hcl cap 25 mg	Depression	Preferred Generic
doxycycline hyclate tab 20 mg	Acne, Infections	Preferred Generic
doxycycline monohydrate tab 50 mg	Acne, Infections	Preferred Generic
drosiprenone-ethinyl estradiol tab 3-0.03 mg	Contraception	Preferred Generic
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Preferred Generic
guanfacine hcl tab er 24 hr 1 mg, 2 mg, 3 mg, 4 mg (base equiv)	ADHD	Preferred Generic
HEMANGEOL (propranolol hcl oral soln 4.28 mg/ml)	Infantile Hemangioma	Preferred Brand
hydrocodone-acetaminophen tab 10-325 mg	Pain	Preferred Generic
hydrocortisone lotion 2.5%	Pruritus, Dermatoses	Preferred Generic
ketorolac tromethamine tab 10 mg	Pain	Preferred Generic
lactulose (encephalopathy) solution 10 gm/15 ml	Hepatic Encephalopathy	Preferred Generic
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	Contraception	Preferred Generic
methotrexate sodium tab 2.5 mg (base equiv)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	Preferred Generic
methylodopa tab 500 mg	Hypertension	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
methylphenidate hcl tab 10 mg	ADHD, Narcolepsy	Preferred Generic
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Cystitis	Preferred Generic
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	Contraception	Preferred Generic
nystatin susp 100,000 unit/ml	Oral Candidiasis	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension	Preferred Generic
ondansetron hcl oral soln 4 mg/5 ml	Nausea and Vomiting	Preferred Generic
oxcarbazepine tab 150 mg	Seizures	Preferred Generic
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine	Preferred Generic
prednisone tab therapy pack 10 mg (21)	Inflammatory Conditions	Preferred Generic
propranolol hcl oral soln 20 mg/5 ml	Angina, atrial fibrillation, essential tremor, hypertension, migraine, myocardial infarction, pheochromocytoma, hypertrophic subaortic stenosis	Preferred Generic
quetiapine fumarate tab er 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quetiapine fumarate tab sr 24 hr 150 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
quinidine sulfate tab 200 mg	Atrial Fib/Flutter, Ventricular arrhythmias	Preferred Generic
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base eq)	Migraine	Preferred Generic
solifenacin succinate tab 10 mg	Overactive Bladder	Preferred Generic
tamoxifen citrate tab 20 mg (base equivalent)	Breast cancer (treatment and risk reduction)	Preferred Generic
telmisartan tab 20 mg	Hypertension, cardiovascular risk reduction	Preferred Generic
testosterone cypionate im inj in oil 100 mg/ml	Primary hypogonadism, hypogonadotropic hypogonadism	Preferred Generic
valsartan tab 320 mg	Heart failure, Hypertension, Cardiovascular risk reduction post-myocardial infarction	Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

## Other Drug List Tier Changes

Most tier changes become effective quarterly, however, some drugs are moved to a new tier as part of formulary maintenance or re-evaluated during the quarter. Those drugs are listed below with their addition date.

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Condition	Date Added	New Lower Tier
dexamethasone tab 0.5 mg, 0.75 mg,	Inflammatory Conditions	11/5/2023	Preferred Generic
dexamethasone tab 1 mg	Inflammatory Conditions	11/5/2023	Non-Preferred Generic
diazepam rectal gel delivery system 10 mg, 20 mg	Acute Repetitive Seizures	10/29/2023	Non-Preferred Generic
nortriptyline hcl soln 10 mg/5 ml	Depression	10/29/2023	Non-Preferred Generic
phenytoin sodium extended cap 200 mg	Seizures	10/8/2023	Non-Preferred Generic
sevelamer hcl tab 400 mg	Hyperphosphatemia	11/5/2023	Non-Preferred Generic
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equivalent))	Chronic Obstructive Pulmonary Disease (COPD)	10/15/2023	Non-Preferred Generic

### Performance Drug List Tier Changes

Drug <sup>1</sup>	Condition	Date Added	New Lower Tier
dexamethasone tab 0.5 mg, 0.75 mg	Inflammatory Conditions	11/5/2023	Preferred Generic
dexamethasone tab 1 mg	Inflammatory Conditions	11/5/2023	Non-Preferred Generic
diazepam rectal gel delivery system 10 mg, 20 mg	Acute Repetitive Seizures	10/29/2023	Non-Preferred Generic
nortriptyline hcl soln 10 mg/5 ml	Depression	10/29/2023	Non-Preferred Generic
phenytoin sodium extended cap 200 mg	Seizures	10/8/2023	Non-Preferred Generic
sevelamer hcl tab 400 mg	Hyperphosphatemia	11/5/2023	Non-Preferred Generic

### Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Condition	Date Added	New Lower Tier
dexamethasone tab 0.5 mg, 0.75 mg	Inflammatory Conditions	11/5/2023	Preferred Generic
dexamethasone tab 1 mg	Inflammatory Conditions	11/5/2023	Non-Preferred Generic
diazepam rectal gel delivery system 10 mg, 20 mg	Acute Repetitive Seizures	10/29/2023	Non-Preferred Generic
nortriptyline hcl soln 10 mg/5 ml	Depression	10/29/2023	Non-Preferred Generic
phenytoin sodium extended cap 200 mg	Seizures	10/8/2023	Non-Preferred Generic
sevelamer hcl tab 400 mg	Hyperphosphatemia	11/5/2023	Non-Preferred Generic
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equivalent))	Chronic Obstructive Pulmonary Disease (COPD)	10/15/2023	Non-Preferred Generic

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

# Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

## Dispensing Limit Changes

BCBSNM's prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits, or quantity limits (QLs), are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **New dispensing limits and effective dates are listed on the chart below.**

Balanced, Performance, and Performance Select, Basic, Basic Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Annual Multi-Tier, Health Information Exchange (HIE) Drug Lists

Medication(s) <sup>1</sup>	Former Dispensing Limit	New Dispensing Limit	Effective Date
Prevymis (letermovir) 240 mg tab, 480 mg tab	112 tabs per 180 days	200 tabs per 365 days	12/1/2023
Vanos 0.1% cream	120 grams per 180 days	120 grams per 90 days	1/1/2024

## Standard Utilization Management Program Updates

The prior authorization (PA) programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of [bcbsnm.com](https://bcbsnm.com). View the most up-to-date drug list and list of drug dispensing limits on [bcbsnm.com](https://bcbsnm.com).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [bcbsnm.com](https://bcbsnm.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](https://MyPrime.com) for a variety of online resources.

### Program Removals

The following standard utilization management programs were updated to remove target drugs on the dates indicated below.

- **Alternative Dosage Form PAQL:** removed Digoxin oral soln 0.05 mg/mL and spironolactone susp 25 mg/mL from this program effective Jan. 1, 2024.
- **Oral Tetracycline Derivatives PA:** removed Doxycycline Monohydrate 150 mg tab from this program effective Dec. 15, 2023.
- **Supplemental Therapeutic Alternatives** removed Auvi-Q and Winlevi from this program effective Jan. 1, 2024. Winlevi has moved to the Winlevi PA, effective Jan. 1, 2024.
- **Therapeutic Alternatives PAQL:** removed Cardizem CD, Dexamethasone therapy Pak, Prolate and Vanos, effective Jan. 1, 2024.

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

## Program Retirements

The following standard utilization management programs have been retired on the dates indicated below.

- **Amantadine ER PAQL program was retired Nov. 15, 2023.**  
This program included the following drugs: Gocovri (Amantadine HCL) ER cap 24 hr 68.5 mg, 137 mg (base), Osmolex ER (Amantadine HCL) 24 hr 129 mg tab, 193 mg tab, 258 mg tab, and Osmolex ER (Amantadine HCL) 24 hr Pak 129 mg & 193 mg (322 mg dose)
- **Amylin Analogues QL program was retired Nov. 15, 2023.**  
This program included the following drugs: Symlinpen (pramlintide acetate) 120 and Symlinpen (pramlintide acetate) 60.
- **Natpara PAQL was retired effective Nov. 15, 2023.**  
This program included the following drugs: Natpara parathyroid hormone (recombinant) for Inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg.
- **Nuvigil, Provigil PAQL was retired effective Nov. 15, 2023.**  
This program included the following drugs: NUVIGIL (armodafinil) tab 50 mg, 150 mg, 200 mg, 250 mg and PROVIGIL (modafinil) tab 100 mg.
- **Rho Kinase Inhibitors STQL was retired effective Nov. 15, 2023.**  
This program included the following drugs Rhopressa (Netarsudil dimesylate) oph soln 0.02% and Rocklatan (Netasurdil dimesylate-latanoprost) ophl soln 0.02-0.005%.

## Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSNM members who have prescription-drug benefits administered by Prime Therapeutics†. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

**Please note:** Members were not notified of this change because either there is no utilization, or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists.

Product(s) No Longer Covered <sup>1</sup>	Condition	Covered Alternative(s) <sup>1, 2</sup>
Diclofenac Potassium 25 mg Tablets	Pain	Diclofenac Potassium 50 mg, meloxicam, ibuprofen, naproxen

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*Not all plans cover these products. Plans must opt-in to cover this product. Check your benefits packet for more details.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

# Pharmacy Benefits Updates

## BCBSNM Offers LifeScan as Preferred Option for Glucose Management

**New for Members with Diabetes:** The LifeScan® One Touch test strips and supplies have been added as preferred options for BCBSNM members with diabetes effective Jan. 1, 2024. LifeScan products include the OneTouch family of meters, such as the OneTouch Verio Reflect®, Verio Flex®, Ultra Plus Flex™, and Ultra 2® test strips and supplies.

All preferred diabetic glucose-monitoring devices and supplies are available to members with Prime Therapeutics as their pharmacy benefit manager. Members can use a coupon to receive a free OneTouch meter.

- Contour and Contour Next test strips remain preferred options for managing diabetes. Members can use a coupon to obtain the Contour Next Gen and Contour Next EZ meters at no cost, as well.
- LifeScan's OneTouch test strips have been removed from the Glucose Test Strip STQL effective Jan. 1, 2024.

**Note:** The [member flier](#) contains a coupon for members to obtain a free blood glucose monitor.

## Appropriate Use of Opioids Program to be Retired January 2024

**What's new:** The Appropriate Use of Opioids program will be retired effective January 1, 2024. However, BCBSNM will continue to promote safe and effective use of prescription opioids through an approach that more closely aligns with the Center for Disease Control's 2022 Guidelines for Prescribing Opioids for Pain, which emphasize flexibility and individualized care.

**New Approach:** BCBSNM's new approach will eliminate hard edits – or benefit rejections at the pharmacy counter – and instead be updated to soft edits, which will allow the pharmacy or provider to determine whether to dispense.

The soft edits are in place to alert the pharmacy if: an opioid naïve member has an opioid prescription that exceeds seven days; or, if a member has exceeded dosage limits and has filled overlapping opioid prescriptions at two or more pharmacies and from two or more providers.

A member is considered opioid naïve if they have not filled an opioid prescription within the past 60 days, based on pharmacy claims data. Examples of medications targeted by these new standards are opioid agonists like codeine, oxycodone, hydromorphone, morphine, and opioid combination products like oxycodone/acetaminophen and hydrocodone/acetaminophen.

Also new on Jan. 1, 2024, is the Opioids Extended Release Prior Authorization Quantity Limits program with Oxycontin as the lone target. Other opioid quantity limits which existed under AUO will continue under the new Opioids ER PAQL.

## Reminder: BCBSNM's Updated Approach to Managing GLP-1 Agonist Medications

Blue Cross and Blue Shield of New Mexico is committed to providing its members access to safe, appropriate, and cost-effective health care within their plan benefits. To ensure the appropriate use of GLP-1s as indicated for diabetes, we are making it easier for providers to bypass our prior authorization (PA) process for some of our members with diabetes. For more information, review the full article on [bcbsnm.com](https://www.bcbsnm.com).

*†Prime Therapeutics LLC is a pharmacy benefit management company. BCBSNM contracts with Prime to provide pharmacy benefit management and related other services. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.*

*The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.*