

The Blue Cross and Blue Shield of New Mexico (BCBSNM) and Prime Therapeutics Pharmacy and Therapeutics Committee meeting was held February 23, 2009, and the following changes to the BCBSNM Drug List were recommended.

### Brand Name Medications Moved to Third Tier Copay

Effective April 1, 2009

Third-Tier Brand	Second-Tier Alternatives	First-Tier Generic Alternatives
Renagel	Renvela	
Betoptic S 0.25%		betaxolol

### Brand Name Medications Added to Second Tier Copay

Effective January 1, 2009

New Second Tier Medications
Vfend
Noxafil
Stimate

Effective April 1, 2009

New Second Tier Medications
Azilect
Astepro

### New or Updated Prior Authorization, Step Therapy or Quantity Limits

Effective April 1, 2009

New Quantity Limits	
Alvesco 80 mcg (ciclesonide)	2 inh per month
Alvesco 160 mcg	2 inh per month
Omnaris (ciclesonide) 50 mcg nasal spray	1 bottle per month
Zolpimist oral spray (zolpidem)	1 unit/month
Kapidex 30 mg & 60 mg (dexlansoprazole)	60/30 days