

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

Brand Name Medications Moved to Third Tier Copay

Effective October 1, 2009

Third-Tier Brand	Second-Tier Alternatives	First-Tier Generic Alternatives
Xopenex HFA	ProAir HFA	
Zomig Tabs, Zomig Nasal Spray, Zomig ZMT	Maxalt, Maxalt-MLT	sumatriptan

Brand Name Medications Added to Second Tier Copay

Effective October 1, 2009

New Second Tier Medications
Aerochamber
Asacol HD (mesalamine tabs)
Creon (pancrelipase delayed-release caps, 6 U, 12 U, 24 U)
Mebendazole tabs
Suprax (cefixime tabs)

Effective November 1, 2009

New Second Tier Medications
Yasmin

Effective January 1, 2010

New Second Tier Medications
Astepro 205.5 mcg/spray

New or Updated Prior Authorization, Step Therapy or Quantity Limits

Effective October 1, 2009

New Quantity Limits	
Actiq (fentanyl)	120 units/30 days
Kadian (morphine sulfate)	120 caps/30 days
Onsolis (fentanyl)	120 units/30 days
Onglyza (saxagliptin)	30 tabs/30 days
Savella (milnacipran) tabs	60 tabs/30 days
Savella (milnacipran) titration pack	1 kit/30 days

Effective January 1, 2010

New Quantity Limits	
Embeda (morphine and naltrexone)	60 caps/30 days (100 mg/4.0mg – 120 caps/days)
Nucynta (tapentadol)	180 tabs/30 days
Astepro (azelastine)	0.15% 2 inhalers/month
Extavia (interferon beta 1b)	package per 30 days