

Blue Cross and Blue Shield of New Mexico

Medical Drug Benefit List

Summary of Formulary Benefits Drugs Covered under Medical Benefit (Medical Drug Benefits)

The information in this document is designed to help you understand the Medical Drug Benefits offered under this plan and compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare, both the value and scope of formulary benefits.

How to Find Information on the Cost of Prescription Drugs

Your Summary of Benefits and Coverage (SBC) document lists information about your plan, including medical deductibles and out-of-pocket maximums. This formulary document lists drugs covered under the medical benefit of this plan and any special requirements for each drug.

Medical drug pricing, which applies to drug claims paid under your medical benefit, noted in this document is based on the median allowable cost from 2024 medical claims (professional and facility claims) for each of the drugs listed below. If a medication had no previous claims history, pricing was based on the professional NDC fee schedule with average units expected.

Site of Care Medications are a list of select infused medications which members may experience a lower cost for using a professional setting (doctor's office, infusion suite or home infusion).

Legend:

\$ = under \$100

\$\$ = \$100-\$250

\$\$\$ = \$251-\$500

\$\$\$\$ = \$501-\$1,000

\$\$\$\$\$ = over \$1,000

A = drug not subject to medical deductible or member cost share

* = drug may require prior authorization in order to be covered

SoC = Site of Care

This formulary document includes a link on the bottom of each page to the Find a Medicine web-based tool on myPrime.com, which you may use to search for drugs that may be covered on the prescription benefit if not found on this list to get estimate prices. The Health Insurance Exchange Drug List is regularly updated on myPrime.com.

Drug List by Health Benefit Plan: Most 2026 Individual Plans use the 2026 Health Insurance Exchange 6 Tier Drug List. Some Individual Plans use the 2026 Health Insurance Exchange 5 Tier Drug List. These are the Clear Cost plans.

Blue Cross and Blue Shield of New Mexico employer-offered small group plans use the 2026 Health Insurance Exchange 6 Tier Drug List. These plans are offered on or off the New Mexico Health Insurance Exchange.

How Prescription Drugs are Covered Under the Plan

Cost-Sharing: Your deductible (if part of your plan) is listed on your Summary of Benefits and Coverage document. A deductible is the amount of money that you and anyone covered by your plan must pay out-of-pocket each plan year for covered services before your plan starts to pay. A certain set

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Blue Cross and Blue Shield of New Mexico Medical Drug Benefit List

of drugs may be covered without cost-sharing, even before meeting the deductible. These are often used for preventive services. Cost share details are listed on your Summary of Benefits and Coverage. Your cost share may be a copayment (an amount you pay out-of-pocket for your prescription medicines after you've met any deductible) or coinsurance (a percentage of the total cost that you pay for your medicines, after you've met any deductible).

Medical Management Requirements: Medical or utilization management is a process that is part of your health plan. Utilization management helps to make sure that you are getting the right drugs -- all while helping to make medicine more affordable. Health plans call for utilization management on some medicines to keep you safe, by helping to make sure the medicines you take are prescribed by your doctor and used correctly. Health plan companies, hospitals, doctors and pharmacists share information — working together to help improve medicine for members. These programs help to catch mistakes, reduce waste, improve safety and keep medicine affordable by lowering costs. Medical or utilization management is made up of programs that include:

Prior Authorization or Pre-Determination: Prior authorization or pre-determination (sometimes called pre-approval) means that your medicine needs to be approved by your health plan before it will be covered.

Right to Appeal: If your request for coverage is denied, but your doctor has determined that the drug is medically necessary, you have the right to appeal and request coverage.

Continuation of Coverage: You have the right to continued coverage for a prescription drug at the benefit coverage level at which the drug was covered at the beginning of the plan year, until your plan renewal date, provided that the drug continues to be medically necessary and safe.

Off-Label Drug Use: Off-label use of FDA approved drugs occurs when a drug is prescribed for a reason that has not been approved by the FDA. Off-label use may be covered when all of the following apply:

- The medicine has been approved by the FDA for at least one use
- The medicine is prescribed by a doctor
- The medicine is intended to treat chronic, disabling, or life-threatening illnesses
- Sufficient clinical evidence is provided by your doctor for the off-label use requested, and
- The services and medicine are medically necessary

Off-Label use of FDA approved drugs is not covered when these conditions are not met or when the FDA has determined its use to be contraindicated for treatment of the condition for which coverage is requested.

Limitations and Exclusions

Medical Drug Benefits are not available for:

- Drugs required by law to be labeled: “**Caution - Limited by Federal Law to Investigational Use,**” or
- **Experimental** drugs, even though a charge is made for the drugs, or
- **Legend** Drugs which are not approved by the FDA for a particular use or purpose or when used for a purpose other than the purpose for which the FDA approval is given, except as required by law or regulation.

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Experimental/Investigational means the use of any treatment, procedure, facility, equipment, drug, device or supply not accepted as Standard Medical Treatment of the condition being treated or any of such items requiring federal or other governmental agency approval not granted at the time services were provided. "Approval" by a federal agency means that the treatment, procedure, facility, equipment, drug, device or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient. Medical treatment includes medical, surgical or dental treatment. "Standard Medical Treatment" means the services or supplies that are in general use in the medical community in the United States, and:

- have been demonstrated in peer-reviewed literature to have scientifically established medical value for curing or alleviating the condition being treated;
- are appropriate for the Hospital or Participating Provider; and
- the Health Care Professional has had the appropriate training and experience to provide the treatment or procedure.

Drug Name	Member Cost Share Estimate
ABECMA *	\$\$\$\$
ABELCET	\$
ABILIFY ASIM	\$\$\$\$\$
ABILIFY MAIN	\$\$\$\$\$
ABLYSINOL	\$\$\$\$\$
ABRAXANE	\$\$\$\$\$
ABRYSVO	A
ACETAMINOPHEN	\$
ACETAMINOPHEN EXTRA STRENGTH	\$
ACETAZOLAMID	\$
ACTEMRA * SoC	\$\$\$\$\$
ACTHAR	\$
ACTHIB	A
ACTIMMUNE	\$\$\$\$\$
ACYCLOVIR	\$
ADACEL	\$
ADAKVEO * SoC	\$\$\$\$\$
ADCETRIS	\$\$\$\$\$
ADENOSINE	\$
ADRENALIN	\$
ADRIAMYCIN	\$
ADSTILADRIN *	\$\$\$\$\$
ADUHELM *	\$

Drug Name	Member Cost Share Estimate
ADVAIR DISKUS	\$
AFLURIA	A
AGGRASTAT	\$
AIMOVIG	\$
AJOVY	\$
ALBUKED	\$
ALBUMIN	\$\$\$\$\$
ALBUMINEX	\$\$\$\$\$
ALBURX	\$\$\$\$\$
ALBUTEIN	\$\$\$\$\$
ALBUTEROL SULFATE	\$
ALDURAZYME * SoC	\$\$\$\$\$
ALFERON N	\$
ALIMTA	\$\$\$\$\$
ALIQOPA	\$\$\$\$\$
ALLOPURINOL	\$
ALOPRIM	\$\$\$\$\$
ALPHANATE	\$
AMBISOME	\$\$\$\$\$
AMELUZ GEL	\$
AMIKACIN	\$
AMINOPHYLLIN	\$
AMITRIPTYLINE HCL	\$

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Drug Name	Member Cost Share Estimate
AMOXICILLIN/CLAVULANATE POTASSIUM	\$
AMP/SULBACTA	\$
AMPHADASE	\$\$
AMPHOTERICIN	\$
AMPICILLIN	\$
AMP-SULBACTA	\$
AMTAGVI	\$\$\$\$
AMVUTTRA	\$\$\$\$
AMYTAL SOD	\$\$\$\$
ANASTROZOLEA	A
ANDEXXA	\$\$\$\$
ANUCORT-HC	\$
ANUSOL-HC	\$
APHEXDA	\$\$\$\$
APOKYN	\$\$
APOMORPHINE	\$\$\$\$
APONVIE	\$
APRETUDE	A
AQUASTAT SFR	\$
ARALAST NP	\$\$\$\$
ARANESP * SoC	\$\$\$\$
ARCALYST	\$\$\$\$
AREXVY	A
ARFORMOTEROL TARTRATE	\$
ARGATRB/NACL	\$\$\$\$
ARGATROBAN	\$\$\$
ARISTADA	\$\$\$\$
ARRANON	\$\$\$\$
ARSENIC TRIO	\$\$\$\$
ARTESUNATE	\$\$\$\$
ARTZ FX	\$\$\$\$
ASCLERA	\$\$
ASPARLAS	\$\$\$\$
ASPIRIN 81	A
ATGAM	\$\$\$\$
ATIVAN	\$
ATROPINE SUL	\$

Drug Name	Member Cost Share Estimate
AVEED	\$\$\$\$
AVSOLA * SoC	\$\$\$\$
AVYCAZ	\$\$\$\$
AZACITIDINE	\$\$\$
AZACTAM	\$\$\$
AZATHIOPRINE	\$\$\$
AZITHROMYCIN	\$
AZTREONAM	\$\$\$
BABYBIG	\$\$\$\$
BACLOFEN	\$\$\$\$
BALFAXAR	\$
BARHEMSYS	\$\$
BAVENCIO	\$\$\$\$
BAXDELA	\$
BCG VACCINE	\$
B-COMPLEX	\$
BD POSIFLUSH	\$
BELEODAQ	\$\$\$\$
BELLA/OPIUM	\$
BELRAPZO	\$\$\$\$
BENDAMUSTINE	\$
BENDEKA	\$\$\$\$
BENLYSTA * SoC	\$\$\$\$
BENTYL	\$\$
BENZTROPINE	\$
BEOVU *	\$\$\$\$
BERINERT	\$\$\$\$
BESPONSA	\$\$\$\$
BESREMI	\$\$\$\$
BETA-PHOS/AC	\$
BETASEPT SURGICAL SCRUB	\$\$
BEXSERO	\$\$\$\$
BEYFORTUS	\$\$\$\$
BICILLIN C-R	\$\$\$\$
BICILLIN L-A	\$\$\$\$
BIOTHRAX	\$
BLEOMYCIN	\$\$
BLINCYTO	\$\$\$\$

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Drug Name	Member Cost Share Estimate
BLOXIVERZ	\$
BOOSTRIX	A
BORTEZOMIB	\$\$\$
BOTOX * SoC	\$\$\$\$\$
BREYANZI *	\$\$\$\$\$
BRINEURA	\$\$\$\$\$
BRIUMVI	\$\$\$\$\$
BRIVIACT	\$
BUPIV/DEXTRO SPINAL	\$
BUPIVACAINE	\$
BUPIVACAINE SPINAL	\$
BUPIVACAINE/ EPI	\$
BUPRENORPHINE	\$
BUPRENORPHINE HYDROCHLORIDE	\$
BUPROPION HYDROCHLORIDE ER (XL)	\$
BUSULFAN	\$\$\$\$\$
BUSULFEX	\$\$\$\$\$
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	\$
BUTORPHANOL	\$
BYFAVO	\$
BYOOVIZ *	\$\$\$\$\$
CABENUVA *	\$\$\$\$\$
CABLIVI	\$\$\$
CAFFEINE CIT	\$
CAFFEINE/SOD BENZOATE	\$
CAL GLU/NACL	\$
CALCITRIOL	\$\$\$
CALDOLOR	\$
CALSODORE PAK	\$\$\$\$\$
CAMCEVI	\$\$\$\$\$
CAMPTOSAR	\$\$
CANCIDAS	\$\$\$
CARBAMAZEPINE ER	\$
CARBOPLATIN	\$\$
CARBOPRO TRO	\$
CARMUSTINE	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
CARNITOR	\$\$
CARVEDILOL	\$
CARVYKTI *	\$\$\$\$\$
CASPOFUNGIN	\$\$\$
CAVERJECT	\$
CAVERJECT IMPULSE	\$
CEFAZOL/DEXTROSE	\$
CEFAZOLIN	\$
CEFEPIME HCL	\$
CEFEPIME/DEXTROSE	\$
CEFOTAXIME	\$\$
CEFOTETAN	\$
CEFOXITIN	\$
CEFTAZIDIME	\$
CEFTRIAZONE	\$
CEFTRIAZONE/DEXTROSE	\$
CEFUROXIME	\$
CELESTONE	\$
CELLCEPT	\$
CEREBYX	\$\$
CHLORAMPHEN	\$\$
CHLOROTHIAZ	\$\$
CHLORPROMAZ	\$
CHLORPROMAZINE HYDROCHLORIDE	\$
CIDOFOVIR	\$\$\$\$\$
CIMERLI *	\$\$\$\$\$
CINQAIR * SoC	\$\$\$\$\$
CINRYZE * SoC	\$\$\$\$\$
CINVANTI	\$\$\$\$\$
CIPROFLOXACIN	\$
CISPLATIN	\$
CLADRIBINE	\$\$\$\$
CLEOCIN PHOS	\$
CLINDAMY/DEXTROSE	\$
CLINDAMYCIN	\$
CLINDAMYC/NACL	\$
CLOBETAVIX	\$\$\$\$\$

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CLOFARABINE	\$
CLOLAR	\$\$\$\$\$
CLONIDINE	\$
CLOPIDOGREL	\$
COCAINE HCL	\$\$\$
COLCRYS	\$
COLISTIMETH	\$
COLUMVI	\$\$\$\$\$
COLY-MYCIN M	\$\$
COMIRNATY	A
COMPRO	\$
COPAXONE	\$
CORTROPHIN GEL	\$\$\$\$\$
COSELA	\$\$\$\$\$
CRESEMBA	\$
CRYSVITA * SoC	\$\$\$\$\$
CUBICIN RF	\$\$\$
CUTAQUIG * SoC	\$\$\$\$\$
CYANOCOBALAMIN	\$
CYCLOPHOSPH	\$\$\$\$\$
CYCLOSPORINE	\$\$\$\$\$
CYKLOKAPRON	\$
CYRAMZA	\$\$\$\$\$
CYTARABINE	\$
CYTOGAM	\$\$\$\$\$
CYTOTEC	\$
DACARBAZINE	\$
DACTINOMYCIN	\$\$\$\$\$
DALVANCE	\$\$\$\$\$
DANYELZA	\$\$\$\$\$
DAPTACEL	A
DAPTOMY/NACL	\$\$
DAPTOMYCIN	\$\$\$\$\$
DARZALEX	\$\$\$\$\$
DARZALEX FASPRO	\$\$\$\$\$
DAUNORUBICIN	\$\$\$
DDAVP	\$\$\$\$\$
DECITABINE	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
DEFITELIO	\$
DELESTROGEN	\$
DEMEROL	\$
DENGVAIXIA	\$
DEPO-ESTRADI	\$
DEPO-MEDROL	\$
DEPO-PROVERA	A
DEPO-TESTOST	\$
DESMOPRESSIN	\$\$\$\$\$
DEXAMETHASONE	\$
DEXMED/DEXTROSE	\$
DEXMEDE/NACL	\$\$
DEXMEDETOMID	\$
DEXPANTHENOL	\$
DEXRAZOXANE	\$\$\$\$\$
DEXTROSE/SODIUM CHLORIDE	\$\$
DIAZEPAM	\$\$
DIAZEPAM GEL	\$
DICLOFENAC	\$
DICYCLOMINE	\$
DIGOXIN	\$
DIHYDROERGOT	\$\$\$\$\$
DILTIAZEM HYDROCHLOR/DEXTROSE	\$
DIMENHYDRIN	\$
DIPHENHYDRAM	\$
DIVALPROEX SODIUM DR	\$
DOBUTAM/DEXTROSE	\$
DOBUTAMINE	\$
DOCETAXEL	\$\$\$\$\$
DOCUSATE CALCIUM	\$\$
DODEX	\$
DOPAMINE	\$
DOPAMINE/DEXTROSE	\$\$
DOPRAM	\$
DOXEPIN HYDROCHLORIDE	\$
DOXERCALCIF	\$
DOXIL	\$\$\$\$\$

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DOXORUBICIN	\$\$\$\$\$
DRONABINOL	\$
DROPERIDOL	\$
DULOXETINE HCL	\$
DUOBRII	\$
DUOPA	\$\$
DURACLON	\$
DURAMORPH	\$
DUROLANE	\$\$\$\$\$
DURYSTA	\$\$\$\$\$
DYSPORT *	\$\$\$\$\$
ECTAFER	\$\$\$\$\$
EDEX	\$
ELAHERE	\$\$\$\$\$
ELAPRASE * SoC	\$\$\$\$\$
ELEVIDYS *	\$\$\$\$\$
ELFABRIO *	\$\$\$\$
ELIGARD	\$\$\$\$\$
ELITEK	\$\$\$\$\$
ELLENCE	\$\$
ELREXFIO	\$\$\$\$\$
ELZONRIS	\$\$\$\$\$
EMEND	\$\$\$\$
EMGALITY	\$
EMPAVELI	\$\$\$\$\$
EMPLICITI	\$\$\$\$\$
EMTRICITABIN/TENOFOVIR DISPRXL FUMARAT	A
ENALAPRILAT	\$
ENBREL	\$\$\$\$\$
ENBREL MINI	\$\$\$\$\$
ENBREL SRCLK	\$\$\$\$\$
ENGERIX-B	A
ENHERTU	\$\$\$\$\$
ENJAYMO * SoC	\$\$\$\$\$
ENSPRYNG	\$\$\$\$\$
ENTYVIO	\$\$\$\$\$
ENTYVIO * SoC	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
EPINEPHRINE	\$
EPKINLY	\$\$\$\$\$
EPOGEN	\$\$\$\$\$
EPOGEN * SoC	\$\$\$\$\$
EPOPROSTENOL	\$\$
EPTIFIBATIDE	\$\$\$\$\$
ERAXIS	\$\$\$
ERBITUX	\$\$\$\$\$
ERTAPENEM	\$\$
ERYTHROCIN	\$\$
ERYTHROMYCIN	\$
ESOMEPRAZOLE	\$
ESTRAD VAL	\$
ETHAMOLIN	\$\$\$\$\$
ETHYOL	\$\$\$\$\$
ETOMIDATE	\$
ETOPOPHOS	\$\$
ETOPOSIDE	\$\$
EUFLEXXA	\$\$\$\$\$
EVENITY * SoC	\$\$\$\$\$
EVKEEZA * SoC	\$\$\$\$\$
EVOMELA	\$\$\$\$\$
EYLEA *	\$\$\$\$\$
EYLEA HD *	\$\$\$\$\$
FABRAZYME * SoC	\$\$\$\$\$
FASENRA * SoC	\$\$\$\$\$
FASENRA PEN * SoC	\$
FASLODEX	\$\$\$\$\$
FENTANYL CIT	\$
FENTANYL PATCH	\$
FENVI	\$\$\$\$\$
FERAHEME	\$\$\$\$\$
FERRIC GLUCO	\$\$
FERRLECIT	\$
FERUMOXYTOL	\$\$\$\$\$
FETROJA	\$\$\$\$\$
FIASP	\$
FIRAZYR	\$\$\$\$\$

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FIRMAGON	\$\$\$\$\$
FLEXBUMIN	\$\$\$\$
FLOLAN	\$\$
FLOXURIDINE	\$\$\$\$
FLUAD	A
FLUARIX	A
FLUBLOK	A
FLUCLVX	A
FLUCONAZOLE/NACL	\$
FLUDARABINE	\$\$\$\$
FLUDARABINE PHOSPHATE	\$\$\$\$
FLULAVAL	A
FLUMIST	A
FLUOROURACIL	\$\$
FLUPHENAZINE	\$
FLUSH SYRING	\$
FLUZONE HD	A
FLUZONE	A
FOLOTYN	\$\$\$\$\$
FOSAPREPITAN	\$\$\$
FOSCARNET	\$
FOSCAVIR	\$\$\$\$\$
FOSPHENYTOIN	\$
FT NASAL SPRAY	\$\$
FULPHILA	\$\$\$\$\$
FULVESTRANT	\$\$\$\$\$
FUZEON	\$
FYARRO	\$\$\$\$\$
GABAPENTIN	\$
GABLOFEN	\$\$\$\$\$
GAMASTAN	\$
GAMIFANT	\$\$\$\$\$
GAMMAKED	\$\$\$\$\$
GAMMAKED * SoC	\$\$\$\$\$
GAMMAPLEX	\$\$\$\$\$
GAMUNEX-C	\$\$\$\$\$
GAMUNEX-C * SoC	\$\$\$\$\$
GANCICLOVIR	\$

Drug Name	Member Cost Share Estimate
GARDASIL	A
GAZYVA	\$\$\$\$\$
GEL-ONE	\$\$\$\$\$
GELSYN	\$\$\$\$\$
GEMCITABINE	\$\$
GENOTROPIN	\$\$\$\$
GENTAM/NACL	\$
GENTAMICIN	\$
GENVISC	\$\$\$\$\$
GEODON	\$
GIMOTI	\$\$\$\$
GIVLAARI * SoC	\$\$\$\$\$
GLASSIA	\$\$\$\$\$
GLATIRAMER	\$
GLATOPA	\$\$\$\$
GLUCAGON EMR	\$\$\$\$
GLYCOPYRROLATE	\$
GOHIBIC	\$\$
GOPRELTO	\$\$
GRANISETRON	\$
GVOKE	\$\$\$
GVOKE HYPO	\$\$\$
GVOKE PFS	\$\$\$
HAEGARDA	\$\$\$\$\$
HALAVEN	\$\$\$\$\$
HALDOL DEC	\$
HALOPER DEC	\$
HALOPER LAC	\$
HALOPERIDOL DECANOATE	\$
HALOPERIDOL LACTATE	\$
HAVRIX	A
HECTOROL	\$
HEMABATE	\$\$
HEMGENIX *	\$\$\$\$\$
HEMMOREX-HC	\$
HEPAGAM B	\$\$
HEPARIN SOD (PORCINE)	\$

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HEPARIN SOD (PORCINE)/DEXTROSE	\$
HEPARIN SOD (PORCINE)/NACL	\$
HEPLISAV-B	A
HEXATRIONE	\$
HIBERIX	\$
HIBICLENS	\$
HIZENTRA * SoC	\$\$\$\$\$
HUMATROPE	\$\$\$\$
HYALGAN	\$\$\$\$\$
HYCAMTIN	\$\$\$\$\$
HYDROC/PRAM	\$
HYDROCODONE BITARTRATE/ACETAMINOPHEN	\$
HYDROCORT	\$
HYDROMORPHONE HCL	\$
HYDROXOCOBAL	\$
HYDROXYUREA	\$
HYDROXYZINE HCL	\$
HYLENEX	\$
HYMOVIS	\$\$\$\$\$
HYOSCYAMINE	\$
HYPERHEP B	\$
HYPERRAB	\$\$\$\$\$
HYPERRHO S/D	\$\$
HYPERTET	\$\$\$\$\$
HYQVIA * SoC	\$\$\$\$\$
IBANDRONATE	\$\$
IBUPROFEN LYSINE	\$
ICATIBANT	\$\$\$\$\$
IDAMYCIN PFS	\$\$
IDARUBICIN	\$\$
IFEX	\$\$
IFOSFAMIDE	\$
IGALMI	\$\$\$\$
ILARIS * SoC	\$\$\$\$\$
IMCIVREE	\$
IMFINZI	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
IMIPENEM/CIL	\$
IMJUDO	\$\$\$\$\$
IMLYGIC	\$
IMOGAM	\$\$\$
IMOVAX	\$\$\$\$
INCRELEX	\$\$\$\$\$
INDOCIN	\$\$\$
INDOMETHACIN	\$\$\$
INFANRIX	\$
INFED	\$\$\$\$\$
INFLECTRA * SoC	\$\$\$\$\$
INFUMORPH	\$\$\$
INSULIN LISPRO	\$
INVEGA	\$\$\$\$\$
IPOL	A
IRINOTECAN	\$\$
ISONIAZID	\$
ISOPROTEREN	\$\$\$\$\$
ISTODAX	\$\$\$\$\$
IXCHIQ	\$\$\$\$\$
IXEMPRA	\$\$\$\$\$
IXIARO	\$\$\$\$\$
IZERVAY *	\$\$\$\$\$
JELMYTO	\$\$\$\$\$
JEMPERLI	\$
JEVTANA	\$\$\$\$\$
JYNNEOS	A
KADCYLA	\$\$\$\$\$
KALBITOR * SoC	\$\$\$\$\$
KANJINTI	\$\$\$\$\$
KANUMA * SoC	\$\$\$\$\$
KEDBUMIN	\$\$
KEDRAB	\$\$\$\$\$
KENALOG	\$
KENGREAL	\$\$\$\$\$
KEPIVANCE	\$\$\$\$\$
KEPPRA	\$\$\$\$\$
KETOROLAC	\$

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Drug Name	Member Cost Share Estimate
KEYTRUDA	\$\$\$\$\$
KHAPZORY	\$\$\$\$\$
KIMMTRAK	\$\$\$\$\$
KIMYRSA	\$\$\$\$\$
KINRIX	A
KORSUVA	\$
KOVALTRY	\$
KRYSTEXXA * SoC	\$\$\$\$\$
KYLEENA IUD	\$\$\$\$\$
KYMRIAH *	\$\$\$\$\$
KYPROLIS	\$\$\$\$\$
LABETALOL	\$
LACOSAMIDE	\$\$
LACTATED RIN IRRIGAT	\$\$
LAMZEDE	\$\$\$\$\$
LANOXIN	\$\$\$\$
LANREOTIDE	\$\$\$\$\$
LANTIDRA	\$\$\$\$\$
LEMTRADA	\$\$\$\$\$
LEQEMBI *	\$\$\$\$\$
LEQVIO * SoC	\$\$\$\$\$
LETROZOLE	\$
LEUCOVOR CA	\$\$
LEUKINE	\$\$\$\$
LEUPROLIDE	\$\$\$
LEVETIRACETAM	\$
LEVETIRACETAM/NACL	\$
LEVOCARNITIN	\$
LEVOFLOXACIN	\$
LEVOFLOXACIN/DEXTROSE	\$
LEVOLEUCOVOR	\$\$\$\$\$
LEVOTHYROXIN	\$\$\$
LEVULAN KERA	\$\$\$\$\$
LIBTAYO	\$\$\$\$\$
LICART	\$\$\$\$
LIDOCAINE HCL/EPINEPHRINE BUFFERED	\$
LILETTA IUD	\$

Drug Name	Member Cost Share Estimate
LINCOCIN	\$
LINCOMYCIN	\$
LINEZOLID	\$\$
LIORESAL INT	\$\$\$\$\$
LIOTHYRONINE	\$
LORAZEPAM	\$
LUCENTIS *	\$\$\$\$\$
LUGOLS IODINE	\$
LUMIZYME * SoC	\$\$\$\$\$
LUNSUMIO	\$\$\$\$\$
LUPRON DEP-PED	\$\$\$\$\$
LUPRON DEPOT	\$\$\$\$\$
LUXTURNA *	\$\$\$\$\$
LYUMJEV	\$
MACI	\$\$\$\$\$
MANNITOL	\$
MARCAINE	\$
MARGENZA	\$
MEDROXYPR AC	A
MELPHALAN	\$\$\$\$\$
MELPHALAN HYDROCHLORIDE	\$\$\$\$\$
MENQUADFI	A
MENVEO	A
MEPERIDINE	\$
MEPSEVII * SoC	\$\$\$\$\$
MEROPENEM	\$\$\$
MEROPENEM/NACL	\$\$
MESALAMINE ENE	\$\$\$
MESNA	\$\$
MESNEX	\$\$
METHADONE	\$
METHOCARBAM	\$
METHOTREXATE	\$
METHYLERGON	\$
METHYLPRED ACETATE	\$
METHYLPRED SOD	\$
METOCLOPRAM	\$
METRONIDAZOL	\$

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Drug Name	Member Cost Share Estimate
MICAFUNGIN	\$\$
MICRHOGAM PL	\$
MIDAZOLAM	\$
MIDAZOLAM NACL	\$
MIFEPRISTONE	\$
MILK OF MAGNESIA	\$\$
MILRINONE	\$\$
MILRINONE/DEXTROSE	\$
MINOCIN	\$\$\$\$\$
MIRCERA	\$\$\$\$
MIRENA IUD SYSTEM	\$\$\$\$\$
MISOPROSTOL	\$
MITIGO	\$\$
MITOMYCIN	\$\$\$\$
MITOXANTRON	\$\$
M-M-R II	\$\$
MODERNA	A
MONJUVI	\$\$\$\$\$
MONOFERRIC	\$\$\$\$
MONOVISC	\$\$\$\$\$
MORPHINE SUL	\$
MORPHINE SUL PF	\$
MOUNJARO	\$\$\$\$\$
MOXIFLOXACIN	\$
MOZOBIL	\$\$\$\$\$
MUPIROCIN	\$
MUTAMYCIN	\$\$
MVASI	\$\$\$\$\$
MYCAMINE	\$\$\$\$\$
MYCOPHENOLAT	\$
MYLOTARG	\$\$\$\$\$
MYOBLOC SoC	\$
MYXREDLIN	\$
NABI-HB	\$\$\$\$
NAGLAZYME * SoC	\$\$\$\$\$
NALBUPHINE	\$
NALOXONE	\$
NARCAN	\$\$

Drug Name	Member Cost Share Estimate
NAROPIN	\$
NAYZILAM SPR	\$
NELARABINE	\$\$\$\$\$
NEOPROFEN	\$
NEOSTIG METH	\$
NEOSTIGMINE	\$
NEULASTA	\$\$\$\$\$
NEXAVIR	\$
NEXIUM I.V.	\$
NEXPLANON IMP	\$\$\$
NEXVIAZYME * SoC	\$\$\$\$\$
NGENLA	\$\$\$\$\$
NIPENT	\$\$\$\$\$
NITROFURANTOIN MACROCRYSTALS	\$
NIVESTYM	\$\$\$
NORDITROPIN	\$\$\$\$\$
NOREPINEPHRINE BITARTRATE	\$
NORML SALINE IV FLUSH	\$
NOVAVAX	\$
NOXAFIL	\$\$\$\$\$
NUCALA * SoC	\$\$\$\$\$
NUDERMRXPAK PAK	\$\$\$
NULIBRY	\$\$\$\$
NULOJIX * SoC	\$\$\$\$\$
NUTROPIN AQ	\$\$\$\$
NUZYRA	\$\$\$
OCREVUS * SoC	\$\$\$\$\$
OCTAGAM	\$\$\$\$\$
OCTAGAM * SoC	\$\$\$\$\$
OCTREOTIDE * SoC	\$
OGIVRI	\$\$\$\$\$
OLANZAPINE	\$\$
OLANZAPINE ODT	\$
OLINVYK	\$\$\$
OMISIRGE	\$\$\$\$\$
OMNITROPE	\$\$\$\$\$
ONCASPAR	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
ONDANSETRON	\$
ONIVYDE	\$\$\$\$\$
ONPATTRO * SoC	\$\$\$\$\$
OPDIVO	\$\$\$\$\$
OPDUALAG	\$\$\$\$\$
ORBACTIV	\$\$\$\$\$
ORENCIA * SoC	\$\$\$\$\$
ORPHENADRINE	\$
ORTHOVISC	\$\$\$\$\$
OSMITROL	\$
OXACILLIN	\$\$\$
OXALIPLATIN	\$\$\$
OXLUMO * SoC	\$
OXYCODONE HYDROCHLORIDE	\$
OXYTOCIN	\$
PACLITAXEL	\$
PADCEV	\$\$\$\$\$
PALONOSETRON	\$\$
PALYNZIQ	\$\$
PAMIDRONATE	\$\$
PAPAVERINE	\$
PARAGARD IUD	\$\$\$
PARAPLATIN	\$\$\$\$\$
PARICALCITOL	\$
PARSABIV	\$\$\$\$\$
PEDIARIX	A
PEDMARK	\$\$
PEDVAX HIB	\$
PEMETREXED	\$\$\$\$\$
PEMFEXY	\$\$\$\$\$
PEMRYDI RTU	\$\$
PEN G SODIUM	\$
PEN GK/DEXTROSE	\$\$
PENBRAYA	A
PENICILLIN G POTASSIUM	\$\$
PENICILLIN V POTASSIUM	\$
PENNSAID	\$

Drug Name	Member Cost Share Estimate
PENTACEL	\$\$
PENTAMIDINE	\$\$\$
PENTOBARB	\$\$
PERJETA	\$\$\$\$\$
PERSERIS	\$\$\$\$\$
PFIZER	A
PFIZERPEN	\$
PHENERGAN	\$
PHENOBARB	\$\$
PHENTOLAMINE	\$
PHENYLEPHRINE HYDROCHLORIDE	\$
PHENYLEPHRINE HYDROCHLORIDE/ SODIUM CHLORIDE	\$
PHENYTOIN	\$
PHESGO	\$\$\$\$\$
PHOTOFIN *	\$\$\$\$\$
PIPER/TAZOBA	\$
PITOCIN	\$
PLERIXAFOR	\$\$\$\$\$
PNEUMOVAX	\$\$\$
POLIVY	\$\$\$\$\$
POLOCAINE	\$
POLYMYXIN B	\$
POMBILITI *	\$\$\$\$\$
PORTRAZZA	\$\$\$\$\$
POSACONAZOLE	\$
POSIMIR	\$\$
POTASSIUM CHLORIDE	\$\$
POTELIGEO	\$\$\$\$\$
PRALATREXATE	\$\$\$\$\$
PRASUGREL HYDROCHLORIDE	\$
PRECEDEX	\$\$
PREDNISOLONE	\$
PREDNISOLONE SODIUM PHOSPHATE	\$
PREDNISONE	\$
PREGABALIN	\$

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Drug Name	Member Cost Share Estimate
PREHEVBRIO	A
PRELIN LA	\$\$\$\$\$
PREMARIN	\$\$\$\$\$
PREVNAR	\$\$\$\$\$
PREVYMIS	\$\$
PRIALT	\$\$\$\$\$
PRIMAXIN IV	\$
PRIMIDONE	\$
PRIORIX	A
PRIVIGEN	\$\$\$\$\$
PRIVIGEN * SoC	\$\$\$\$\$
PROCHLORPER	\$
PROCHLORPERAZINE MALEATE	\$
PROCRT	\$\$\$\$\$
PROCRT * SoC	\$\$\$\$\$
PROGESTERONE	\$
PROGRAF	\$\$
PROLASTIN-C	\$\$\$\$\$
PROLEUKIN	\$\$\$\$\$
PROLIA	\$\$\$\$\$
PROMETHAZINE	\$
PROMETHAZINE HYDROCHLORIDE	\$
PROMETHEGAN	\$
PROQUAD	A
PROSTIN VR	\$
PROVENGE	\$\$\$\$\$
QALSODY *	\$\$\$\$\$
QUADRACEL	A
QUZYTIR	\$\$\$\$\$
RABAVERT	\$\$\$\$\$
RADICAVA * SoC	\$\$\$\$\$
RAMIPRIL	\$
RAPIVAB	\$\$\$
RAYASORE	\$\$\$\$\$
REBLOZYL	\$\$\$\$\$
REBYOTA FECAL *	\$\$\$\$\$
RECARBRIO	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
RECLAST	\$\$\$
RECOMBIVA HB	A
REGONOL	\$
REMIFENTANIL	\$\$
REMODULIN	\$\$\$\$\$
RETACRIT	\$\$\$\$\$
RETACRIT * SoC	\$\$\$\$\$
RETHYMIC IMP	\$\$\$\$\$
RETROVIR	\$\$
REVATIO	\$
REVCovi	\$\$\$\$\$
REZZAYO	\$\$\$\$\$
RHOGAM PLUS	\$\$\$
RHOPHYLAC	\$\$\$
RIABNI * SoC	\$\$\$\$\$
RINGERS IRR	\$
RISPERDAL	\$\$\$\$\$
RISPERIDONE	\$\$\$\$\$
RIVFLOZA	\$\$\$\$\$
ROBAXIN	\$
ROCTAVIAN *	\$\$\$\$\$
ROCURONIUM BROMIDE	\$
ROMIDEPSIN	\$\$\$\$\$
ROPIVACAINE	\$
ROTARIX	A
ROTATEQ	A
RUCONEST	\$\$\$\$\$
RUXIENCE * SoC	\$\$\$\$\$
RYBREVANT	\$
RYKINDO	\$\$\$\$\$
RYLAZE	\$\$\$\$\$
RYPLAZIM	\$\$\$\$\$
RYSTIGGO *	\$\$\$\$\$
SAIZEN	\$\$\$\$\$
SAJAZIR	\$\$\$\$\$
SANDIMMUNE	\$
SANDOSTATIN * SoC	\$\$\$\$\$
SAPHNELO * SoC	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
SARCLISA	\$\$\$\$\$
SCARZEN SKIN REPAIR	\$
SCENESSE IMP	\$
SENSORCAINE	\$
SENSORCAINE EPI	\$
SENSORCAINE MPF	\$
SENSORCAINE MPF/EPI	\$
SEROSTIM	\$\$\$
SEZABY	\$\$\$\$
SFROWASA ENE	\$\$\$
SHINGRIX	A
SIGNIFOR LAR	\$\$\$\$\$
SILDENAFIL	\$\$\$\$\$
SIMPONI ARIA * SoC	\$\$\$\$\$
SIMULECT	\$\$\$\$\$
SIVEXTRO	\$\$
SKYLA IUD	\$\$\$\$\$
SKYRIZI *	\$\$\$\$\$
SKYSONA	\$\$\$\$\$
SKYTROFA	\$\$\$\$\$
SOD CHLORIDE	\$
SOD TETRADEC	\$\$
SODIUM NITROPRUSSIDE	\$
SOGROYA	\$\$\$\$\$
SOLU-CORTEF	\$
SOMATULINE * SoC	\$\$\$\$\$
SOTRADECOL	\$\$
SPIKEVAX	A
SPINRAZA	\$\$\$\$\$
SPRAVATO *	\$\$\$\$\$
STAMARIL	\$\$
STELARA * SoC	\$\$\$\$\$
STERIL WATER IRRIG	\$
STREPTOMYCIN	\$
SUFENTANIL	\$
SUNLENCA	\$\$\$\$\$
SUSTOL	\$\$\$\$
SYFOVRE	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
SYLVANT	\$\$\$\$\$
SYNAGIS *	\$\$\$\$\$
SYNOJOYNT	\$\$
SYNVISC	\$\$\$\$\$
TACROLIMUS	\$
TAKHZYRO	\$\$\$\$\$
TALVEY	\$\$\$\$\$
TAMSULOSIN HYDROCHLORIDE	\$
TAZICEF	\$
TDVAX	A
TECARTUS *	\$\$\$\$\$
TECENTRIQ	\$\$\$\$\$
TECVAYLI	\$\$\$\$\$
TEFLARO	\$\$\$\$
TEGSEDI	\$\$\$\$\$
TEMODAR	\$\$\$\$\$
TEMSIROLIMUS	\$\$\$\$
TENIVAC	\$\$
TEPADINA	\$\$\$\$\$
TEPEZZA * SoC	\$\$\$\$\$
TERBUTALINE	\$
TERLIVAZ	\$\$\$\$\$
TESTOPEL MIS PELLETS	\$\$
TESTOST CYP	\$
TESTOST ENAN	\$
TEZSPIRE * SoC	\$
THIOTEPA	\$\$\$\$\$
THROMBAT III	\$\$\$\$\$
THYMOGLOBULN	\$\$\$\$\$
TICE BCG	\$\$\$
TICOVAC	\$\$
TIGAN	\$
TIGECYCLINE	\$\$\$\$
TIROFIBAN	\$
TIS-U-SOL	\$
TIVDAK	\$\$\$\$\$
TOBRAMYCIN	\$

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TOLTERODINE TARTRATE ER	\$
TOPOTECAN	\$
TORISEL	\$\$\$\$\$
TRANEXAMIC	\$
TRANEXAMIC / NACL	\$\$
TRAZIMERA	\$\$\$\$\$
TREANDA	\$\$\$\$\$
TRELSTAR MIX	\$\$\$\$\$
TREPROSTINIL	\$\$\$\$\$
TRIAMCIN ACE	\$
TRIASIL PAK	\$\$\$\$\$
TRILURON	\$\$\$\$\$
TRIPTODUR	\$\$\$\$\$
TRISENOX	\$\$\$\$\$
TRIVISC	\$\$\$\$\$
TRODELVY	\$\$\$\$\$
TROGARZO * SoC	\$\$\$\$\$
TROPICAMIDE	\$
TRUMENBA	A
TRUXIMA * SoC	\$\$\$\$\$
TWINRIX	\$
TYGACIL	\$\$\$\$\$
TYPHIM VI	\$\$\$
TYRVAYA	\$\$\$\$\$
TYSABRI * SoC	\$\$\$\$\$
TZIELD	\$\$\$\$\$
ULTIVA	\$\$
ULTOMIRIS * SoC	\$\$\$\$\$
U-MEDROL	\$
UNASYN	\$
UNITUXIN	\$
UPLIZNA * SoC	\$\$\$\$\$
UPTRAVI	\$\$
UZEDY	\$\$\$\$\$
VABOMERE	\$\$\$\$\$
VABYSMO	\$\$\$\$\$
VALPROATE	\$
VALRUBICIN	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
VALSARTAN	\$
VALSTAR	\$\$\$\$\$
VALTOCO SPR	\$\$\$\$\$
VANCOMYC/DEXTROSE	\$\$
VANCOMYCIN	\$
VANISH LIQ	\$
VAQTA	A
VARITHENA AER	\$\$
VARIVAX	A
VARIZIG	\$\$\$\$\$
VASOPRESSIN	\$
VASOSTRICT	\$\$
VAXELIS	A
VAXNEUVANCE	A
VECTIBIX	\$\$\$\$\$
VECURONIUM BROMIDE	\$
VEKLURY *	\$\$\$\$\$
VELCADE	\$\$\$\$\$
VELETRI	\$\$
VENOFER	\$\$\$\$\$
VEOPOZ *	\$\$\$\$\$
VFEND IV	\$\$\$\$\$
VIBATIV	\$\$\$\$\$
VIDAZA	\$\$\$\$\$
VIMIZIM * SoC	\$\$\$\$\$
VIMO *	\$\$\$\$\$
VIMPAT	\$
VINBLASTINE	\$\$\$\$\$
VINCRIStINE	\$
VINORELBINE	\$\$\$\$\$
VISCO	\$\$\$\$\$
VISUDYNE *	\$\$\$\$\$
VITAMIN B-12	\$
VIVIMUSTA	\$\$\$\$\$
VIVITROL	\$\$\$\$\$
VORAXAZE	\$\$\$\$\$
VORICONAZOLE	\$\$\$\$\$
VOXZOGO	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
VPRIV * SoC	\$\$\$\$\$
VYEPTI * SoC	\$\$\$\$\$
VYLEESI	\$\$
VYVGART * SoC	\$\$\$\$\$
VYVGART HYTRULO *	\$\$\$\$\$
VYXEOS	\$\$\$\$\$
WAINUA	\$\$\$\$\$
WARFARIN SODIUM	\$
WINRHO SDF	\$\$\$\$\$
WIXELA INHUB	\$\$
XACDURO	\$\$\$\$
XARACOLL IMP	\$
XEMBIFY * SoC	\$\$\$\$\$
XENPOZYME *	\$\$\$\$\$
XEOMIN SoC	\$\$\$\$\$
XERAVA	\$\$
XGEVA	\$\$\$\$\$
XIAFLEX *	\$\$\$\$\$
XOLAIR * SoC	\$\$\$\$\$
XYOSTED	\$
YCANTH	\$\$\$\$\$
YERVOY	\$\$\$\$\$
YESCARTA *	\$\$\$\$\$
YF-VAX	\$\$
YONDELIS	\$\$\$\$\$
ZALTRAP	\$\$\$\$\$
ZANOSAR	\$\$\$\$
ZARXIO	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
ZAVZPRET SPR	\$\$\$\$
ZEGALOGUE	\$\$\$\$
ZEMAIRA	\$\$\$\$\$
ZEMDRI	\$\$\$\$
ZEMPLAR	\$
ZEPBOUND	\$\$\$\$\$
ZEPZELCA	\$\$\$\$\$
ZERBAXA	\$\$\$\$\$
ZILBRYSQ	\$\$\$\$\$
ZILRETTA	\$\$\$\$\$
ZIMHI	\$\$\$\$
ZINPLAVA	\$\$\$\$\$
ZIPRASIDONE	\$\$\$
ZIRABEV	\$\$\$\$\$
ZITHROMAX	\$
ZOLADEX IMP	\$\$\$\$\$
ZOLEDRONIC	\$\$
ZOLGENSMA *	\$\$\$\$\$
ZOMACTON	\$\$
ZONISAMIDE	\$
ZORTRESS	\$
ZOSYN	\$\$
ZULRESSO	\$\$\$\$\$
ZYNLONTA	\$
ZYNRELEF	\$\$\$
ZYNYZ	\$\$\$\$
ZYPREXA	\$\$\$\$
ZYVOX	\$

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Blue Cross and Blue Shield of New Mexico Medical Drug Benefit List

Regardless of benefits, the final decision about any medication is between the member and their health care provider. Physicians and other health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The majority of medical drugs listed are for injectable formulations or those typically covered when administered by a health care professional in a hospital, doctor's office, or other medical setting.

This list is subject to change without notification. Legend: \$ = under \$100, \$\$ = \$100-\$250, \$\$\$ = \$251-\$500, \$\$\$\$ = \$501-\$1,000, \$\$\$\$\$ = over \$1,000, A = drug not subject to medical deductible or member cost share, * = drug may require prior authorization for coverage, SoC = Site of Care.

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