

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2018

### 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 or drugs moving to a lower out-of-pocket payment level, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of New Mexico (BCBSNM) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes that were effective Jan. 1, 2018 are outlined below.

**Please Note:** If you have patients with an individual benefit plan offered on/off the New Mexico Health Insurance Exchange, they may be impacted by annual drug list changes. You can view a list of these changes on our [Member Services website](#).

### Drug List Updates (Coverage Additions) – As of Jan. 1, 2018

Preferred Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Basic, Basic 5-Tier, Enhanced, Enhanced 5-Tier Drug Lists</b>	
ADYNOVATE	Hemophilia
COSENTYX	Psoriasis/Psoriatic arthritis
COSENTYX SENSOREADY PEN	Psoriasis/Psoriatic arthritis
MAVYRET	Hepatitis C
NITYR	Tyrosinemia
NUWIQ	Hemophilia
VOSEVI	Hepatitis C
<b>Enhanced, Enhanced 5-Tier Drug Lists</b>	
APRISO	Ulcerative Colitis/Crohn's Disease
<b>Performance and Performance Select Drug Lists</b>	
abacavir sulfate soln 20 mg/mL	HIV/Anit-Infectives
adapalene-benzoyl peroxide gel 0.1-2.5%	Acne
Afluria 2017-2018, Afluria PF 2017-2018	Influenza Vaccine
Afluria Quadrivalent 2017	Influenza Vaccine
aprepitant capsule 40 mg, 125 mg	Nausea/Vomiting
BENLYSTA SC auto-injector, BENLYSTA SC prefilled syringe	Systemic Lupus Erythematosus (SLE)
BUTALBITAL/ASPIRIN/CAFFEINE	Headache
DIAZEPAM RECTAL GEL	Seizures
eletriptan hydrobromide tab 20 mg, 40 mg	Migraines
ENBREL MINI	Rheumatoid Arthritis
FERROUS SULFATE	Iron Supplement
Flublok Quadrivalent 2017	Influenza Vaccine
fosamprenavir calcium tab 700 mg	HIV/Anit-Infectives
glatiramer acetate soln prefilled syringe 40 mg/ML	Multiple Sclerosis
HAEGARDA	Hereditary Angioedema (HAE)
IDHIFA	Cancer
INGREZZA	Tardive Dyskinesia
IRON UP	Iron Supplement

lamotrigine tab 25 mg (35) starter kit	Bipolar Disorder
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	Bipolar Disorder
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	Bipolar Disorder
lanthanum carbonate chew tab 750 mg, 500 mg, 1000 mg	Kidney Disease
LYNPARZA	Cancer
MAVYRET	Hepatitis C
NERLYNX	Cancer
NITYR	Tyrosinemia
NOVAFERRUM PEDIATRIC DROP	Iron Supplement
NUWIQ	Hemophilia
pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg	Phosphorus Supplement
prasugrel hcl tab 5 mg, 10 mg	Cardiovascular Event Prophylaxis
scopolamine td patch 72 hr 1 mg/3 days	Nausea/Vomiting
sodium citrate & citric acid soln 500-334 mg/5 mL	Kidney Disease
sodium phenylbutyrate tab 500 mg	Urea Cycle Disorders
TRIMPEX	Anti-Infective
vigabatrin powder pack 500 mg	Infantile Spasms
VOSEVI	Hepatitis C

#### Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2018

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Performance and Performance Select Drug Lists</b>		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Preferred Generic	Hypertension
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	Non-Preferred Generic	Hypertension
ADDERALL XR 24 hr capsule 10 mg, 15 mg, 20 mg, 25 mg †	Non-Preferred Generic	ADHD
benzonatate cap 150 mg	Non-Preferred Generic	Cough/Cold
BROVANA	Preferred Brand	Bronchitis/COPD/Emphysema
cholecalciferol oral liquid 400 unit/mL	Preferred Generic	Vitamin/Supplement
clindamycin hcl cap 75 mg	Preferred Generic	Anti-Infectives
CONCERTA tablet 18 mg, 27 mg, 36 mg, 54 mg †	Non-Preferred Generic	ADHD
COSENTYX	Preferred Brand	Psoriasis/Psoriatic Arthritis
COSENTYX SENSOREADY PEN	Preferred Brand	Psoriasis/Psoriatic Arthritis
dipyridamole tab 50 mg	Preferred Generic	Thromboembolism Prophylaxis
doxepin hcl cap 75 mg	Non-Preferred Generic	Depression/Anxiety/Insomnia
duloxetine hcl enteric coated pellets cap 60 mg	Preferred Generic	Depression/Anxiety
dutasteride cap 0.5 mg	Preferred Generic	BPH
flurbiprofen tab 100 mg	Preferred Generic	Pain
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg, 25-5 mg)	Non-Preferred Brand	Diabetes
LUPANETA PACK	Non-Preferred Brand	Endometriosis
LUPRON DEPOT	Preferred Brand	Endometriosis/Cancer
LUPRON DEPOT-PED	Preferred Brand	Endometriosis/Cancer
methotrexate sodium inj pf 100 mg/4 mL, 200 mg/8 mL	Preferred Generic	Cancer/Arthritis
methyldopa tab 500 mg	Preferred Generic	Hypertension

methylprednisolone tab 16 mg	Preferred Generic	Inflammatory Conditions
NEUPOGEN	Preferred Brand	Neutropenia
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Preferred Generic	Contraception
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Non-Preferred Generic	Hypertension
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Non-Preferred Generic	Hypertension
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg	Non-Preferred Generic	Hypertension
propranolol hcl tab 40 mg	Preferred Generic	Hypertension
sucralfate tab 1 gm	Preferred Generic	Ulcers
theophylline tab er 12 hr 200 mg	Preferred Generic	Asthma/COPD
theophylline tab sr 12 hr 200 mg	Preferred Generic	Asthma/COPD
VAGIFEM tablet 10 mg †	Non-Preferred Generic	Menopausal Changes
venlafaxine hcl tab 100 mg	Preferred Generic	Depression/Anxiety
ZAMICET	Non-Preferred Brand	Pain
<b>Performance Drug List</b>		
cromolyn sodium soln nebu 20 mg/2 MI	Non-Preferred Generic	Asthma
moxifloxacin hcl ophth soln 0.5%	Non-Preferred Generic	Ophthalmic Anti-Infectives
<b>Performance Select Drug List</b>		
BELSOMRA (suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg)	Preferred Brand	Insomnia
EUCRISA (crisaborole oint 2%)	Preferred Brand	Atopic Dermatitis
GRALISE (gabapentin once-daily tab 300 mg, 600 mg)	Non-Preferred Brand	Postherpetic Neuralgia
GRALISE STARTER	Non-Preferred Brand	Postherpetic Neuralgia
HORIZANT (gabapentin enacarbil tab cr 300 mg, 600 mg)	Non-Preferred Brand	Restless Leg Syndrome
ILEVRO (nepafenac ophth susp 0.3%)	Non-Preferred Brand	Ocular Pain/Inflammation
MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/mL)	Preferred Brand	Ophthalmic Anti-Infectives
OXTELLAR XR (oxcarbazepine tab sr 24hr 150 mg, 300 mg, 600 mg)	Non-Preferred Brand	Seizures
RELISTOR (methylnaltrexone bromide inj 8 mg/0.4 mL, 12 mg/0.6 mL)	Non-Preferred Brand	OIC
RELISTOR (methylnaltrexone bromide tab 150 mg)	Non-Preferred Brand	OIC
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Preferred Brand	Fibromyalgia
SAVELLA TITRATION PACK	Preferred Brand	Fibromyalgia
ZOHYDRO ER (hydrocodone bitartrate cap sr 12hr abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg)	Non-Preferred Brand	Pain

† Members only have coverage for the brand, even if a generic is available. Member cost share for the brand drug aligns with a non-preferred generic tier.

**Drug List Updates (Revisions/Exclusions) – As of Jan. 1, 2018**

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition Used For	Generic Preferred Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
Basic 5-Tier, Enhanced, Enhanced 5-Tier Drug Lists Revisions			
ALKERAN	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
BENICAR/ BENICAR HCT	Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
CYCLOSPORINE MODIFIED 50 mg capsule	Immunosuppressant	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EMEND 80 mg, EMEND Tripack	Antiemetic	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
EPZICOM	HIV/ Antivirals	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
IMITREX nasal spray 5 mg/act, 20 mg/act	Headache	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
KALETRA solution	HIV/ Antivirals	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
NITROSTAT	Antianginal	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SEROQUEL XR	Depression/ Bipolar Disorder	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TAZORAC (tazarotene cream 0.1%)	Acne	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VAGIFEM	Menopause	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
VALCYTE solution	Antiviral	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
Basic 5-Tier Drug List Revisions			
ATROVENT HFA	Asthma/ COPD	Ipratropium Bromide	SPIRIVA, INCRUSE, ELLIPTA
AZILECT	Parkinson's Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
DAKLINZA	Hepatitis C	N/A	HARVONI, EPCLUSA
NILANDRON	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	

Drug <sup>1</sup>	Drug Class/Condition Used For	Preferred Alternative(s) <sup>1,2</sup>
<b>Performance and Performance Select Drug List Revisions</b>		
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	Headache	butalbital-acetaminophen-caffeine-codeine capsule 50-325-40-30 mg, butalbital-aspirin-caffeine-codeine capsule 50-325-40-30 mg
AUGMENTED BETAMETHASONE DIPROPIONATE, BETAMETHASONE DIPROPIONATE	Topical Steroid	betamethasone dipropionate cream, betamethasone dipropionate lotion, betamethasone dipropionate augmented oint
LEVONORGESTREL AND ETHINYL ESTRADIOL	Birth Control	Ashlyna, Daysee, Fayosim
METHYLPHENIDATE HCL	ADHD	amphetamine-dextroamphetamine tablet, methylphenidate tablet, CONCERTA
METOPROLOL/HYDROCHLOROTHIAZIDE	Hypertension	hydrochlorothiazide tablet, metoprolol tablet
<b>Performance and Performance Select Drug List Exclusions</b>		
ALKERAN	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
amphetamine-dextroamphetamine XR 24 hr capsule 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	ADHD	ADDERALL XR †
AXIRON	Low Testosterone	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
CIPRO HC	Otic Anti-Infective	ofloxacin otic soln 0.3%, CIPRODEX
EGRIFTA	Lipodystrophy	<i>This medication has been determined not safe or not effective by Prime's Pharmacy and Therapeutics Committee. Members should talk to their doctor or pharmacist about other medications available for their condition.</i>
estradiol vaginal tablet 10 mg	Menopausal Changes	VAGIFEM †
FORTEO	Osteoporosis	TYMLOS
LIALDA	Ulcerative Colitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
methylphenidate CR tablet 18 mg, 27 mg, 36 mg, 54 mg	ADHD	CONCERTA †
PERFORMIST	Asthma/COPD/ Bronchitis	BROVANA
REVELA	Hyperphosphatemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
rimantadine hydrochloride tab 100 mg	Influenza	<i>This medication has been determined not safe or not effective by Prime's Pharmacy and Therapeutics Committee. Members should talk to their doctor or pharmacist about other medications available for their condition.</i>
ROZEREM	Insomnia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other</i>

		<i>medication(s) available for their condition.</i>
SEROQUEL XR	Antidepressant/ Bipolar Disorder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
STRATTERA	ADHD	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ZELAPAR	Parkinson's Disease	rasagiline tablet, selegiline tablet
ZETIA	High Cholesterol	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Removal of select over-the-counter (OTC) controlled substance schedule V products (i.e., CAPCOF, CODITUSSIN AC, etc.)	Cough & Cold	benzonatate capsule, cheraussin ac (guaifenesin-codeine solution 100-10 Mg/5ml), virtussin a/c (guaifenesin-codeine solution 100-10 Mg/5ml), OTC cough and cold products
<b>Performance Drug List Exclusions</b>		
CLINDAGEL	Acne	clindamycin phosphate gel 1% (generic), clindamycin phosphate lotion 1%
DICLEGIS	Nausea/Vomiting	<i>Members should talk to their pharmacist or doctor about over-the-counter options.</i>
MINOCYCLINE HCL ER	Antibiotic	minocycline capsule, tablet
minocycline hcl tab sr 24 hr 90 mg, 135 mg	Antibiotic	minocycline capsule, tablet
<b>Performance Select Drug List Exclusions</b>		
ACTICLATE (doxycycline hyclate tab 150 mg)	Acne	doxycycline hyclate tab 100 mg, doxycycline hyclate cap 50 mg, doxycycline hyclate cap 100 mg, Oracea, Solodyn
BENICAR (olmesartan medoxomil tab)	Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide tab)	Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
clindamycin phosphate-tretinoin gel	Acne	clindamycin phosphate gel 1%, tretinoin gel
PATADAY (olopatadine hcl ophth soln 0.2%)	Allergic Conjunctivitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TIVORBEX (indomethacin cap 20 mg, 40 mg)	Pain	diclofenac tablet, ibuprofen tab, indomethacin capsule, meloxicam tablet
VIGAMOX (moxifloxacin hcl ophth soln 0.5%)	Ophthalmic Anti-Infective	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
VIVLODEX (meloxicam cap 10 mg)	Pain	diclofenac tablet, ibuprofen tab, indomethacin capsule, meloxicam tablet
ZORVOLEX (diclofenac cap 18 mg)	Pain	diclofenac tablet, ibuprofen tab, indomethacin capsule, meloxicam tablet

† Members only have coverage for the brand, even if a generic is available. Member cost share for the brand drug aligns with a non-preferred generic tier.



**DISPENSING LIMIT CHANGES**

The BCBSNM prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

**Effective Jan. 1, 2018:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Enhanced, Performance and Performance Select Drug Lists Changes</b>	
<b>Antimalarials</b>	
Malarone 62.5-25, 250-100	30 tablets per 90 days
<b>Egrifta</b>	
Egrifta 1 mg solution	60 vials per 30 days
Egrifta 2 mg solution	30 vials per 30 days
<b>HAE</b>	
Berinert	10 vials per 30 days
Haegarda 2000 unit	24 vials per 30 days
Haegarda 3000 unit	16 vials per 30 days
Ruconest	8 vials per 30 days
<b>Huntington's Disease</b>	
Austedo 6 mg	60 tablets per 30 days
Austedo 9 mg, 12 mg	120 tablets per 30 days
<b>Idiopathic Pulmonary Fibrosis</b>	
Esbriet 267 mg	180 capsules per 30 days
<b>Parathyroid Hormone Analog for Osteoporosis</b>	
Tymlos	1.56 mLs per 30 days
<b>Tardive Dyskinesia</b>	
Ingrezza	60 capsules per 30 days
<b>Therapeutic Alternatives</b>	
Allzital 325/25 mg	360 tablets per 30 days
Daraprim 25 mg	116 tablets per 180 days
Fexmid 7.5 mg	90 tablets per 30 days
Librax 5/2.5	240 capsules per 30 days
Lorzone 375 mg, 750 mg	120 tablets per 30 days
Naprelan 375 mg, 500 mg, 750 mg	60 tablets per 30 days
Tivorbex 20 mg, 40 mg	90 capsules per 30 days
Zipsor 25 mg	120 capsules per 30 days
Zorvolex 18 mg, 35 mg	90 capsules per 30 days
<b>Vitamin B12 Deficiency</b>	
Nascobal	1 bottle per 28 days
<b>Enhanced Drug List Changes</b>	
<b>Antibiotics</b>	
Sivextro	6 tablets per 180 days
<b>Insulin Combinations</b>	
Soliqua	15 mLs per 30 days
Xultophy	15 mLs per 30 days
<b>Neuromuscular Agent (cumulative across strengths)</b>	
Lyrica 25, 50, 75, 100, 150, 200, 225, 300	90 capsules per 30 days
<b>Opioid Dependence (cumulative across agents and strengths)</b>	
Bunavail 2.1, 4.2, 6.3	60 films per 30 days
buprenorphine-naloxone 2/0.5 tablet, 8/2 tablet	60 tablets per 30 days
Suboxone 2/0.5 film, 4/1 film, 8/2 film, 12/3 film	60 films per 30 days
Zubsolv 0.7, 1.4, 2.7, 5.9, 8.6, 11.4	60 tablets per 30 days

<b>PCSK9</b>	
Repatha 140 syringe, 140 autoinjector	2 syringes per 28 days
<b>SSIA</b>	
Nuplazid	60 tablets per 30 days
<b>Therapeutic Alternatives</b>	
Azelex cream 20%	30 grams per 30 days
levorphanol	120 tablets per 30 days
Noritate cream 1%	60 grams per 30 days
Vanatol LQ	1000 mLs per 30 days
<b>URAT1 Inhibitor</b>	
Zurampic 200 mg tablet	30 tablets per 30 days
<b>Misc</b>	
Diclegis	120 tablets per 30 days
Royaldee	60 capsules per 30 days

#### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective Oct. 1, 2017**, the Tardive Dyskinesia Prior Authorization (PA) program was added for standard pharmacy benefit plans. This program includes the target drug Ingrezza.
- **Effective Jan. 1, 2018**, the following changes were applied:
  - The Combination GI Protectant Step Therapy (ST) program became a standard PA program. The target drugs remain the same: Duxexis, Vimovo and Yosprala. Members who may have had a prior authorization approval for a target drug within the program are not impacted until their current PA approval expires in 2018. After their PA expires, they will need to have a prior authorization request submitted for coverage consideration.
  - The target drug Doxepin 5% cream was removed from the Therapeutic Alternatives standard PA program and separated into a new standard PA program. The new standard PA program Topical Doxepin includes this target drug as well as the targets Prudoxin and Zonalon. Members on a current drug regimen for Doxepin but did not have the Therapeutic Alternatives PA program as part of their pharmacy benefit prior to Jan. 1, 2018, are being notified of the change.
  - Several drug categories and/or targeted medications will be added to current PA and ST programs for standard pharmacy benefit plans. *As a reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

#### **Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2018**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic, Enhanced, Performance and Performance Select Drug Lists</b>	
Multisource Brand	AirDuo Respiclick
<b>Basic, Enhanced and Performance Drug Lists</b>	
Bonjesta/Diclegis	Diclegis
<b>Basic and Enhanced Drug Lists</b>	
Vitamin B12 Deficiency	Nascobal



<b>Enhanced Drug List</b>	
Regranex	Regranex
Selective Serotonin Inverse Agonist (SSIA)	Nuplazid
Strensiq	Strensiq
URAT1 Inhibitor	Zurampic

**Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2018:**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic, Enhanced, Performance and Performance Select Drug Lists</b>	
Huntington's Disease	Austedo
Osteoporosis	Tymlos
<b>Basic, Enhanced and Performance Drug Lists</b>	
Doxycycline/ Minocycline	Targadox
Therapeutic Alternatives	Allzital, Fexmid, Librax, Lorzone, Naprelan, Tivrobex, Zipsor, Zorvolex
<b>Enhanced Drug List</b>	
Therapeutic Alternatives	Auvi-Q, Azelex, generic metformin ER (Fortamet), levorphanol, Noritate, Vanatol LQ, Vanos

**Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2018:**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Enhanced Drug List</b>	
Gabapentin ER	Gralise, Horizant
Insulin Combination Agents	Soliqua, Xultophy
Methotrexate Injectable	Otrexup, Rasuvo

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

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

<sup>1</sup>Third party brand names are the property of their respective owners

<sup>2</sup>These lists are not all inclusive. Other medications may be available in this drug class.

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 particular 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.