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Pharmacy Reminders

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- **New Proactive Utilization Management Approval Renewal Program: SmartRenew™**
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Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2023 – Part 1

IMPORTANT PHARMACY BENEFIT REMINDERS

Jan. 1, 2023 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of New Mexico (BCBSNM) members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2023. You can view a preview of the January drug lists on our [Member website](#). The final lists will be available on both the member website and Pharmacy Program section of our Provider website closer to the January 1 effective date.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsnm.com/provider for the form and more information.

Some members' plans may experience changes to the pharmacy network starting Jan. 1, 2023. This includes plans that may have moved to a new pharmacy network or changes to pharmacies participating within the network. Based on claims data, members impacted by these changes will receive letters from BCBSNM to alert them.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patient's records, you may want to ask which pharmacy is their preferred choice.

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 revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered)

will be made to the 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 effective on or after Jan. 1, 2023 are outlined below.**

The January Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will be published closer to the Jan. 1 effective date.

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions			
NEXAVAR (sorafenib tosylate tab 200 mg (base equivalent))	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VIMPAT (lacosamide oral solution 10 mg/ml)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Drug¹ Drug Class/Condition Used For Generic Alternatives^{1,2} Brand Alternatives^{1,2}			
Balanced, Performance and Performance Select Drug List Revisions			
ALENDRONATE SODIUM (alendronate sodium oral soln 70 mg/75 ml)	Osteoporosis	alendronate tablets, ibandronate tablets	
CLOMID (clomiphene citrate tab 50 mg)	Ovulation Induction	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CLOMIPHENE CITRATE (clomiphene citrate tab 50 mg)	Ovulation Induction	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 10-200 mg)	Pain/Inflammation	hydrocodone/acetaminophen tablets	
Health Insurance Exchange (HIE) Revisions			
CLOMID - clomiphene citrate tab 50 mg	Infertility	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CLOMIPHENE - clomiphene citrate tab 50 mg	Infertility	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
HYDROCODONE-IBUPROFEN - hydrocodone/ibuprofen TAB 10-200 MG	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PHENELZINE - phenelzine sulfate tab 15 mg	Depression	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Balanced, Performance and Performance Select Drug List Exclusions			
AKTEN (lidocaine hcl ophth gel 3.5%)	Anesthesia-Ophthalmic	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ARTISS (fibrin sealant component solution)	Fibrin Sealant	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

clopidogrel bisulfate tab 300 mg (base equivalent)	Acute Coronary Syndrome	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
PRADAXA (dabigatran etexilate mesylate cap 75 mg (etexilate base equivalent))	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
proparacaine hcl ophth soln 0.5%	Anesthesia-Ophthalmic	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RADIOGARDASE (prussian blue insoluble cap 0.5 gm)	Cesium or Thallium Contamination	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RECOTHROM (thrombin (recombinant) for soln 20000 unit, 5000 unit)	Pseudoaneurysms	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RECOTHROM SPRAY KIT (thrombin (recombinant) for soln 20000 unit)	Pseudoaneurysms	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RECOTHROM/SPRAY APPLICATOR KIT (thrombin (recombinant) for soln 20000 unit)	Pseudoaneurysms	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
THROMBIN-JMI DILUENT (thrombin for soln 20000 unit, 5000 unit)	Pseudoaneurysms	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
THROMBIN-JMI EPISTAXIS (thrombin for soln kit 5000 unit)	Pseudoaneurysms	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
THROMBIN-JMI SYRINGE SPRAY KIT (thrombin for soln kit 5000 unit, 20000 unit)	Pseudoaneurysms	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
THROMBIN-JMI W/DIL SPRAY PUMP ACTUATOR (thrombin for soln kit 20000 unit)	Pseudoaneurysms	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
TISSEEL (fibrin sealant component kit 2 ml, 4 ml, 10 ml)	Fibrin Sealant	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
TISSEEL (fibrin sealant component solution)	Fibrin Sealant	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
VAGIFEM (estradiol vaginal tab 10 mcg)	Vulvovaginal Atrophy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
VIIBRYD (vilazodone hcl tab 10 mg, 20 mg, 40 mg)	Depression	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

VIMPAT (lacosamide oral solution 10 mg/ml)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Performance and Performance Select Drug List Exclusions			
amiodarone hcl tab 400 mg	Arrhythmia	amiodarone tablet 200 mg	
bromfenac sodium ophth soln 0.09% (base equivalent) (once-daily)	Inflammation-Ophthalmic	diclofenac ophth soln 0.1%, ketorolac tromethamine ophth soln 0.5%	
CETRALAX (ciprofloxacin hcl otic soln 0.2% (base equivalent))	Infections- Otic		Ciprofloxacin otic soln 0.2%
cholestyramine light powder packets 4 gm	Hypercholesterolemia	cholestyramine light powder pak 4 gm	
cholestyramine powder packets 4 gm	Hypercholesterolemia	cholestyramine powder pak 4 gm	
ciclopirox olamine susp 0.77% (base equivalent)	Fungal Infections- Topical	ciclopirox gel 0.77%, ciclopirox cream 0.77%	
diltiazem hcl coated beads tab er 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 240 mg	
diltiazem hcl coated beads cap er 24hr 180 mg, 360 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 180 mg	
diltiazem hcl coated beads tab er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 300 mg	
diltiazem hcl coated beads tab sr 24 hr 180 mg, 360 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 180 mg	
diltiazem hcl coated beads tab sr 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 240 mg	
diltiazem hcl coated beads tab sr 24 hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	diltiazem hcl coated beads capsule er 24 hr 300 mg	
leucovorin calcium tab 10 mg	High Dose Methotrexate or Methotrexate Overdose	leucovorin calcium tablet 5 mg	
megestrol acetate susp 625 mg/5 ml	Anorexia, Cachexia	megestrol acetate suspension 40 mg/ml	
oxycodone hcl cap 5 mg	Pain	oxycodone hcl tablet 5 mg	
PREDNISONE INTENSOL (prednisone conc 5 mg/ml)	Inflammatory Conditions		Prednisone solution 5 mg/5 ml
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	Migraine	zolmitriptan tablet, rizatriptan orally disintegrating tablet	
Balanced and Performance Select Drug List Exclusions			

NEXAVAR (sorafenib tosylate tab 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
PENNSAID (diclofenac sodium soln 2%)	Inflammation- Topical	diclofenac sodium solution 1.5%	
PICATO (ingenol mebutate gel 0.015%, 0.05%)	Actinic Keratosis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
SPIRO PD (respiratory therapy supplies - devices)	Respiratory supplies/devices	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
THRESHOLD PEP (respiratory therapy supplies - devices)	Respiratory supplies/devices	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	
Balanced Drug List Exclusions			
BUPROPION HYDROCHLORIDE E R (XL) (bupropion hcl tab er 24hr 450 mg)	Depression	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	Plaque Psoriasis		Enstilar, Duobrii, Tazorac
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Plaque Psoriasis		Enstilar, Duobrii, Tazorac
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg)	Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
FORFIVO XL (bupropion hcl tab er 24 hr 450 mg)	Depression	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
LIDOCAINE HCL JELLY (lidocaine hcl urethral/mucosal gel 2%)	Anesthesia- Urethral/ Mucosal	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NALFON (fenoprofen calcium cap 400 mg)	Pain/ Inflammation	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PENTASA (mesalamine cap er 500 mg)	Ulcerative Colitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Performance Select Drug List Exclusions			
diclofenac sodium soln 2%	Inflammation- Topical	diclofenac sodium solution 1.5%	
penicillamine cap 250 mg	Cystinuria, Rheumatoid Arthritis, Wilson's Disease	penicillamine tablet 250 mg	

Health Insurance Exchange (HIE) Exclusions		
cholestyramine powder packets 4 gm	Hypercholesterolemia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
cholestyramine light powder packets 4 gm	Hypercholesterolemia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ciclopirox olamine susp 0.77% (BASE EQUIV)	Fungal Skin Infections	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition</i>
diltiazem hcl coated beads tab ER 24HR 180mg, 240 mg	Hypertension/Angina	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition</i>
leucovorin calcium tabs 10 mg	Cancer	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition</i>
lidocaine hcl urethral/mucosal gel 2%	Anesthesia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition</i>
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
PRADAXA - dabigatran etexilate mesylate cap 75 mg (etexilate base equivalent)	Anticoagulation	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
proparacaine hcl ophth soln 0.5%	Anesthesia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition</i>
VIIBRYD - vilazodone hcl tab 10 mg, 20 mg, 40 mg	Depression	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
zolmitriptan orally disintegrating tab 2.5 mg, 5 mg	Migraine	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

¹Third-party brand names are the property of their respective owner.

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

Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2023

The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2023. Members may pay more for these drugs.

Drug ¹	Drug Class/Condition Used For
Multi-Tier Basic, Multi-Tier Enhanced and Performance Drug Lists	
amantadine hcl soln 50 mg/5 ml	Parkinson's Disease
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 10-6.25 mg	Hypertension
carbidopa & levodopa tab 25-100 mg	Parkinson's Disease
diltiazem hcl coated beads cap er 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
haloperidol tab 2 mg	Psychosis, Tourette Syndrome, Behavioral Disorders
hydrocodone-acetaminophen tab 10-325 mg	Pain
hydroxyzine hcl syrup 10 mg/5 ml	Anxiety, Pruritus/Urticaria, Sedation, Nausea/Vomiting
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 40-25 mg	Hypertension
oxcarbazepine tab 150 mg	Seizures
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Bowel Prep
rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg (base equivalent)	Migraine
thyroid tab 30 mg (1/2 grain)	Hypothyroidism
valsartan-hydrochlorothiazide tab 80-12.5 mg	Hypertension
Multi-Tier Basic and Multi-Tier Enhanced Drug Lists	
stannous fluoride conc 0.63%	Dental Caries Prophylaxis
Performance Drug List	
diltiazem hcl coated beads cap sr 24hr 240 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Urinary Tract Infection

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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. **Changes by drug list are listed on the charts below.**

BCBSNM letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Effective Jan. 1, 2023:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIE) Drug Lists	
Alternative Dosage Form PAQL	
Fleqsuvy (baclofen) suspension 25 mg/ 5 mL	600 mL per 30 days
Meloxicam suspension 7.5 mg/5 mL	300 mL per 30 days

Basic and Enhanced Drug Lists	
Vijoice PAQL	
Vijoice (alpelisib) Pak 250mg daily dose (200 mg & 50 mg)	56 tablets per 28 days
Vijoice (alpelisib) tab therapy Pack 50 mg, 125 mg daily dose	28 tablets per 28 days
Health Insurance Exchange (HIE) Drug List	
Alternative Dosage Form PAQL	
Dartisla (glycopyrrolate) 1.7 mg ODT	120 tablets per 30 days
Lyvisphah (baclofen) 5 mg, 10 mg, 20 mg Granule packet	120 packets per 30 days
Valsartan 20 mg/5 mL oral solution	2400 mL per 30 days
Antibiotics QL	
clarithromycin 500 mg tablet ER	28 tablets per 180 days
Anti-Influenza Agents QL	
Tamiflu (oseltamivir) 6 mg/mL suspension	300 mL/ 120 days
Iron Chelation QL	
Ferriprox 100 mg/mL oral solution (deferiprone)	2700 mL per 30 days
Ferriprox 1000 mg tablets (deferiprone)	270 tablets per 30 days
Ferriprox 500 mg tablets (deferiprone)	540 tablets per 30 days
Ferriprox twice-a-day 1000 mg tablets (deferiprone)	270 tablets per 30 days
Miscellaneous QL	
Emla (lidocaine-prilocaine) 2.5%-2.5% cream	60 grams per 30 days
prednisolone 20mg per 5 mL solution	450 mL per 30 days
Soolantra (ivermectin) 1% Cream	45 grams per 30 days
Therapeutic Alternatives QL	
metaxalone tab 400mg	240 tablets per 30 days
Phospholine (echothiophate) ophthalmic sol 0.125%	5mL per 30 days
Prednisolone 10mg per 5 mL solution	900 mL per 30 days

Health Insurance Marketplace (HIE) Drug List	
Miscellaneous QL	
Edarbi 40, 80 mg tablets (azilsartan medoxomil)	30 tablets per 30 days
Edarbyclor 40/12.5 mg, 40/25 mg tablets (azilsartan medoxomil-chlorthalidone)	30 tablets per 30 days
Therapeutic Alternatives PAQL	
naftifine cream 1%	60 grams per 30 days
NAFTIN 2% (naftifine cream)	60 grams per 30 days
NAFTIN 1% (naftifine gel)	60 grams per 30 days
NAFTIN 2% (naftifine gel)	60 grams per 30 days
Oxistat 1% cream (oxiconazole)	120 grams per 30 days
Oxistat 1% lotion (oxiconazole)	120 mL per 30 days

¹Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Please note: The dispensing limits listed below may not apply to BCBSNM members on the 2021 or 2022 Health Insurance Exchange (HIE) Drug Lists. Dispensing limits may be applied to these drug lists on or after Jan. 1, 2023.

UTILIZATION MANAGEMENT PROGRAM CHANGES

Members were notified about the PA standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2023:

Drug Category	Targeted Medication(s) ¹
Basic, Basic Multi-tier, Enhanced and Enhanced Multi-tier Drug Lists	
GLP-1 (Glucagon-like peptide-1) Agonists	Adlyxin (lixisenatide) injection, Bydureon (exenatide) injection, Byetta (exanatide) injection, Mounjaro (tirzepatide) injection, Ozempic (semaglutide) injection, Rybelsus (semaglutide) tablet, Trulicity (dulaglutide) injection, Victoza (liraglutide) injection
Health Insurance Exchange (HIE) Drug List	
Alternative Dosage Form	Dartisla ODT (glycopyrrolate), Lyvispah (baclofen) 5 mg Granule packet*, Lyvispah (baclofen) 10 mg Granule packet*, Lyvispah (baclofen) 20 mg Granule packet*, Valsartan oral solution*
Androgens and Anabolic Steroids	testosterone cypionate, testosterone enanthate
Iron Chelation (formerly Deferasirox)	Ferriprox (deferiprone)
Therapeutic Alternatives	METAXALONE TAB 400 MG, PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5ML (BASE EQUIV), PHOSPHOLINE SOL 0.125%OP
Basic, Basic Multi-tier, Enhanced, Enhanced Multi-tier, Balanced, Performance, Performance Select and Health Insurance Exchange (HIE) Drug Lists	
Alternative Dosage Form	Fleqsuvy (baclofen) suspension 25 mg/ 5 mL*, Meloxicam suspension 7.5 mg/5 mL*
Vtama	VTAMA (tapinarof) 1% CREAM*

Basic, Basic Multi-tier, Enhanced and Enhanced Multi-tier Drug Lists

Vioice

Vioice (alpelisib) tablets

¹Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Other program changes being applied to pharmacy PA or Step Therapy (ST) standard programs include:

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
Dec. 1, 2022	Vioice	New PA program with target Vioice (alpelisib) tablets*	Balanced, Performance,, Performance Select, Health Insurance Exchange (HIE) 2022, HIE 2023	Specialty PA
Jan. 1, 2023	GLP-1 (Glucagon-like peptide-1) Agonists	<p>New PA program with various target drugs. This was a ST program that was retired, changed to a PA program and now apply to these additional drug lists.*</p> <p>New drug therapy starts will require PA review. Grandfathering is in place and members with a drug regimen history will not be impacted, except for those using the target drugs Adlyxin, Byetta and Mounjaro.</p>	Balanced, Performance, Performance Select	PA
Jan. 1, 2023	Vtama	<p>New PA program with target VTAMA (tapinarof) 1% CREAM*</p> <p>The target was part of the Therapeutics Alternatives PA program effective 10/1/22 and will now</p>	Basic, Enhanced, Enhanced, HIE 2022, HIE 2023, Balanced, Performance, Performance Select	PA

		be a standalone program. Most members were lettered prior to that change.		
Jan. 1, 2023	Camzyos	New PA program with target drug Camzyos. (mavacamten)*	Basic, Enhanced, Enhanced, HIE 2022, HIE 2023, Balanced, Performance, Performance Select	Specialty PA
Jan. 1, 2023	Factor VIII and von Willebrand Factor PAQL	Name change (formerly Hemophilia VIII)	Basic, Enhanced, HIE 2022, HIE 2023, Balanced, Performance, Performance Select	Specialty PA
Jan. 1, 2023	Ophthalmic Prostaglandins	Name change (formerly Glaucoma)	Basic, Enhanced, HIE 2022, HIE 2023	ST
Jan. 1, 2023	Atypical Antipsychotics – Extended Maintenance Agents	ST program retiring	Basic, Enhanced, HIE 2022, HIE 2023	ST

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* Not all members may have been notified due to limited utilization.

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 number on their member ID card. Members may also visit bcbsnm.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Change in Benefit Coverage for Select High Cost Products

Several high cost product 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 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 ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
RELAFEN DS TAB 1000MG	INFLAMMATION AND PAIN	RELAFEN 500 MG OR 750 MG TABS
FLUTICASONE FUROATE-VILANTEROL ELLIPTA INH 100 MCG-25 MCG, 200 MCG-25 MCG	ASTHMA	BREO ELLIPTA
FLUTICASONE PROPIONATE HFA AER 44 MCG, 110 MCG, 220 MCG	ASTHMA	FLOVENT HFA
INSULIN GLARGINE (WINTHROP)	DIABETES	INSULIN GLARGINE-YFGN, SEMGLEE-YFGN
INSULIN GLARGINE SOLOSTAR (WINTHROP)	DIABETES	INSULIN GLARGINE-YFGN, SEMGLEE-YFGN

¹ All brand names are the property of their respective owners.

² This list is not all-inclusive. Other products may be available.

* This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.

Implementation of New to Market Clinical Review Program for Select Prescription Drug Lists

Reminder: A New to Market program applies to FDA-approved drugs launched into the market on or after Oct. 1, 2022. This replaces a similar program that was offered on our Basic and Enhanced prescription drug lists for select BCBSNM commercial plan members.

Program details: The program implements coverage exception clinical evaluation processes on new-to-market drug products until coverage evaluation decisions can be determined. Once the final clinical evaluation criteria is implemented, members that started drug therapy and have approval are not disrupted. Oral oncology and anti-retroviral drugs are not included.

Please call the number on the member's ID card to start any coverage exception review process, to verify coverage, or for further assistance or clarification on your patient's benefits.

New Proactive Utilization Management Approval Renewal Program: SmartRenew™

Reminder: Certain prescription drugs require utilization management (UM) program approval year over year. This can include prior authorization approval, step therapy exception requests and dispensing/quantity limits override requests. To help avoid you having to submit the request each year for your patients, a new proactive UM renewal program, **SmartRenew™**, was launched on Oct. 1, 2022.

This program helps save both you and your patient time and effort in needing to submit a new request, reduces frustration and potential coverage delays from not having an updated approval and provides a better overall experience.

Program Details:

- Applies to a pre-determined and regularly updated list of prescription drugs covered under the member's BCBSNM pharmacy benefit. These drugs are typically used for maintenance and have a high reapproval rate.
- The member and you do not need to do anything for drugs included in the program. Authorization approvals are automatically extended for 12 months, based on set program criteria. Members will need to meet program criteria, such as having:
 - a prior approval for a duration of at least six to 12 months,
 - a current prescription for an included drug product,
 - claims history within the past 180 days and
 - no change in coverage for their medication.
- Members are sent a notification of the drug's automatic approval confirmation and new expiration date. Identification of members will be ongoing. Letters will be sent at least 60 days prior to the original approval expiration date.

Please call the number on the member's ID card to for further assistance or clarification on your patient's benefits.

Split Fill Program Category Expansion

Starting on Jan. 1, 2023, the Split Fill Program will be expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

Reminder:

BCBSNM offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

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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.