



Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – Part 1

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 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 effective Oct. 1, 2020 are outlined below.**

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

Please note: The drug list changes listed below do not apply to BCBSNM members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2021.

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2020

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, Multi-Tier Enhanced Drug Lists Revisions			
APRISO (mesalamine cap er 24hr 0.375 gm)	Ulcerative Colitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DEPEN TITRATABS (penicillamine tab 250 mg)	Wilson's Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
FIRAZYR (icatibant acetate inj 30 mg/3 ml (base equivalent))	Hereditary Angioedema (HAE)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
JADENU (deferasirox tab 90 mg, 360 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ORFADIN (nitisinone cap 2 mg, 5 mg, 10 mg)	Hereditary Tyrosinemia Type 1 (HT-1)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Basic and Multi-Tier Basic Drug Lists Revisions			
AFINITOR (everolimus tab 2.5 mg, 5 mg, 7 mg)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Glaucoma, Ocular Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

Drug ¹	Drug Class/Condition Used For	Preferred Alternative(s) ^{1,2}
Balanced, Performance and Performance Select Drug Lists Revisions		
CARBINOXAMINE MALEATE (carbinoxamine maleate soln 4 mg/5 ml)	Allergic Conditions	carbinoxamine tablet 4 mg
CLOZAPINE ODT (clozapine orally disintegrating tab 12.5 mg)	Schizophrenia	clozapine tablet
CROTAN (crotamiton lotion 10%)	Scabies	permethrin 5% cream
DIDANOSINE (didanosine delayed release capsule 200 mg, 400 mg)	Viral Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
DILT-XR (diltiazem hcl cap er 24hr 180 mg, 24hr 240 mg)	Hypertension	diltiazem tablet, diltiazem ER capsule, verapamil tablet
ERY (erythromycin pads 2%)	Acne	clindamycin topical solution, erythromycin gel
GAVILYTE-C (peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm)	Colonoscopy Prep/Laxative	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, peg 3350-kcl-sod bicarb-nacl for soln 420 gm
LEVOBUNOLOL HCL (levobunolol hcl ophth soln 0.5%)	Glaucoma	betaxolol ophth solution 0.5%, timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%
METHSCOPOLAMINE BROMIDE (methscopolamine bromide tab 2.5 mg, 5 mg)	Peptic Ulcers	glycopyrrolate tablet
NEVIRAPINE ER (nevirapine tab er 24hr 100 mg)	Viral Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
NITROGLYCERIN ER (nitroglycerin cap er 2.5 mg)	Angina	isosorbide dinitrate tablet, isosorbide mononitrate tablet
NITRO-TIME (nitroglycerin cap er 2.5 mg)	Angina	isosorbide dinitrate tablet, isosorbide mononitrate tablet
ONDANSETRON HCL (ondansetron hcl tab 24 mg)	Nausea/Vomiting	ondansetron orally disintegrating tablet, ondansetron 8 mg tablet
PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg)	Parasitic Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
PROMETHEGAN (promethazine hcl suppos 50 mg)	Nausea/Vomiting	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TESTOSTERONE ENANTHATE (testosterone enanthate im inj in oil 200 mg/ml)	Low Testosterone	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
THEOPHYLLINE CR (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
THEOPHYLLINE ER (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
THEOPHYLLINE SR (theophylline tab er 12hr 300 mg)	Asthma, Bronchitis, Emphysema	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

VERAPAMIL HCL ER (verapamil hcl cap er 24hr 200 mg)	Hypertension	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Balanced Drug List Revisions		
LIDOCAINE HCL JELLY (lidocaine hcl urethral/mucosal gel 2%)	Pain, Numbing Agent	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia	duloxetine capsule, pregabalin capsule
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia	duloxetine capsule, pregabalin capsule
Balanced, Performance and Performance Select Drug Lists Exclusions		
AFINITOR (everolimus tab 2.5 mg, 5 mg, 7.5 mg)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
AMICAR (aminocaproic acid oral soln 0.25 gm/ml)	Hemorrhage, Hyperfibrinolysis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
APRISO (mesalamine cap er 24hr 0.375 gm)	Ulcerative Colitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
DEPEN TITRATABS (penicillamine tab 250 mg)	Wilson's Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ISORDIL TITRADOSE (isosorbide dinitrate tab 40 mg)	Angina	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
JADENU (deferasirox tab 90 mg, 360 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
K-TAB (potassium chloride tab er 20 meq (1500 mg))	Hypokalemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
NEBUPENT (pentamidine isethionate for nebulization soln 300 mg)	Fungal Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
OCTREOTIDE ACETATE (octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml))	Excess Growth Hormone	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ORFADIN (nitisinone cap 2 mg, 5 mg, 10 mg)	Hereditary Tyrosinemia Type 1 (HT-1)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

Performance and Performance Select Drug Lists Exclusions		
brimonidine tartrate ophth soln 0.15%	Glaucoma, Ocular Hypertension	brimonidine tartrate ophth soln 0.2%
bupirone hcl tab 7.5 mg	Anxiety	bupirone 5 mg tablet, bupirone 15 mg tablet
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
DORAL (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule
doxycycline monohydrate cap 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75 mg tablet, doxycycline monohydrate 150 mg tablet
fenofibrate micronized cap 130 mg	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
fluoxetine hcl tab 10 mg, 20 mg	Premenstrual Dysphoric Disorder (PMDD)	fluoxetine capsule
KETOPROFEN (ketoprofen cap 25 mg)	Pain, Inflammation	ibuprofen tablet, naproxen tablet
mefenamic acid cap 250 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet
naproxen susp 125 mg/5 ml	Pain, Inflammation	ibuprofen tablet, ibuprofen liquid (OTC), naproxen tablet
QUAZEPAM (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia	duloxetine capsule, pregabalin capsule
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia	duloxetine capsule, pregabalin capsule
TIMOLOL MALEATE OPTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.25%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.25%
TIMOLOL MALEATE OPTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.5%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.5%
ULESFIA (benzyl alcohol lotion 5%)	Lice	Natroba, Sklice
Balanced and Performance Select Drug Lists Exclusions		
MOXEZA (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Ophthalmic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SILENOR (doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv))	Insomnia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Glaucoma, Ocular Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

ZOHYDRO ER (hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg, 12hr abuse-deterrent 15 mg, 12hr abuse-deterrent 20 mg, 12hr abuse-deterrent 30 mg, 12hr abuse-deterrent 40 mg, 12hr abuse-deterrent 50 mg)	Pain	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Balanced Drug List Exclusions		
ACZONE (dapsone gel 7.5%)	Acne	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen cap 50-300 mg)	Pain	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
CARAFATE (sucralfate susp 1 gm/10 ml)	Ulcers	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
EVZIO (naloxone hcl solution auto-injector 2 mg/0.4 ml)	Opioid Overdose	Narcan nasal spray, naloxone auto-injector (authorized generic for Evzio)
NAFTIN (naftifine hcl gel 1%)	Fungal Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Performance Select Drug List Exclusions		
doxycycline hyclate tab 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75mg tablet, doxycycline monohydrate 150 mg tablet

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.

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. Please note:** The dispensing limits listed below do not apply to BCBSNM members on the Enhanced Annual Drug List. Dispensing limits will be applied to this drug list on or after Jan. 1, 2021.

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 Oct. 1, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Alternative Dosage Form	
AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML (BASE EQUIVALENT)	300 mL/30 days
BACLOFEN ORAL SOLN 5 MG/5 ML	2400 mL/30 days
CHLOROTHIAZIDE SUSP 250 MG/5 ML	1200 mL/30 days
CIMETIDINE HCL SOLN 300 MG/5 ML	1200 mL/30 days
ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	1200 mL/30 days
FUROSEMIDE ORAL SOLN 8 MG/ML	2250 mL/30 days
LISINOPRIL ORAL SOLN 1 MG/ML	2400 mL/30 days
METFORMIN HCL ORAL SOLN 500 MG/5 ML	780 mL/30 days
NIZATIDINE ORAL SOLN 15 MG/ML	600 mL/30 days
PROPRANOLOL ORAL SOLUTION 20 MG/5 ML	4800 mL/30 days
PROPRANOLOL ORAL SOLUTION 40 MG/5 ML	2400 mL/30 days
SOTALOL HCL ORAL SOLUTION 5 MG/ML	1920 mL/30 days
Foot Baths and Soaks	
Cleocin-T (clindamycin) solution 1%	180 mL per 30 days
econazole cream 1%	170 grams per 30 days
gentamicin 0.1% cream	120 grams per 90 days
gentamicin 0.1% ointment	120 grams per 90 days
Tobrex (tobramycin) ophthalmic solution 0.3%	15 mL per 30 days
Vancocin (vancomycin) 125 mg capsules	120 capsules per 30 days
Vancocin (vancomycin) 250 mg capsules	120 capsules per 30 days
GLP-1	
Rybelsus 3 mg tablets	30 tablets per 180 days
SA Oncology	
Imbruvica 140 mg capsules	90 capsules per 30 days
Kisqali 200 mg daily dose pack	21 tablets per 28 days
Kisqali 400 mg daily dose pack	42 tablets per 28 days
Kisqali Femara 200 mg daily dose pack	49 tablets per 28 days
Kisqali Femara 400 mg daily dose pack	70 tablets per 28 days
Basic, Enhanced and Performance Drug Lists	
Therapeutic Alternatives	
Fenoprofen 600 mg tablets	150 tablets per 30 days
Balanced, Performance and Performance Select Drug Lists	
Bempedoic Acid	
Nexletol 180 mg tablet	30 tablets per 30 days
Isturisa	
Isturisa 1 mg	240 tablets per 30 days
Isturisa 5 mg	300 tablets per 30 days
Isturisa 10 mg	180 tablets per 30 days
Basic and Enhanced Drug Lists	
Nasal Antiepileptics	
Nayzilam	10 sprays per 30 days
Valtoco 5 mg	10 packs per 30 days
Valtoco 10 mg	10 packs per 30 days
Valtoco 15 mg	10 packs per 30 days

Valtoco 20 mg	10 packs per 30 days
Oxbryta	
Oxbryta 500 mg tablets*	90 tablets per 30 days
Wakix	
Wakix 4.45 mg	60 tablets per 30 days
Wakix 17.8 mg	60 tablets per 30 days

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* This change applied on the Balanced, Performance and Performance Select drug lists effective July 1, 2020.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Sept. 1, 2020**, the Acute Migraine Agents Prior Authorization (PA) program will be added to all drug lists as a standard PA program. This program will include these target drugs from current PA programs: Reyvow (5HT-1F PA Program), Nurtec ODT and Ubrelvy (both in the Calcitonin Gene-Related Peptide PA Program). In addition, the dispensing limit for Reyvow 50 mg will be changed to 8 tablets per 30 days and the dispensing limit for Nurtec ODT will be changed to 45 tablets per 90 days. The previous 5HT-1F PA program will retire on Sept. 1, 2020.
- Effective **Oct. 1, 2020**, the following changes will be applied:
 - The Bempedoic Acid PA program will be added to the Balanced, Performance and Performance Select Drug Lists.* This program includes the target drug Nexletol.
 - The Isturisa PA program will be added to the Balanced, Performance and Performance Select Drug Lists.* This program includes the target drug Isturisa.
 - Several drug categories and/or targeted medications will be added to the prior authorization (PA) 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 for the medication being prescribed to your patient.

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

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

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2020

Drug Category	Targeted Medication(s)¹
Basic and Enhanced Drug Lists	
Oxbryta	Oxbryta
Wakix	Wakix

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Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2020

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML (BASE EQUIVALENT), BACLOFEN ORAL SOLN 5 MG/5 ML, CHLOROTHIAZIDE SUSP 250 MG/5 ML, CIMETIDINE HCL SOLN 300 MG/5 ML, Digoxin oral solution 0.05 mg/mL, ENALAPRIL MALEATE ORAL SOLN 1 MG/ML, FUROSEMIDE ORAL SOLN 8 MG/ML, GLYCOPYRROLATE ORAL SOLN 1 MG/5 ML, LISINOPRIL ORAL SOLN 1 MG/ML, METFORMIN HCL ORAL SOLN 500 MG/5 ML, NIZATIDINE ORAL SOLN 15 MG/ML, PROPRANOLOL ORAL SOLUTION 20 MG/5 ML, PROPRANOLOL ORAL SOLUTION 40 MG/5 ML, SOTALOL HCL ORAL SOLUTION 5 MG/ML
Basic, Enhanced and Performance Drug Lists	
Therapeutic Alternatives	Fenoprofen 600 mg tabs

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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.

Reminder: Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSNM members with a group health plan, though some exceptions may apply.

Letters were sent in July to members who have plans renewing in Q4 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

HSA Preventive Drug Program Updates

Select members' Health Savings Account plans may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

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

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Without Cost-Sharing

Starting July 1, 2020, BCBSNM will be offering HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan. The Truvada® 200 mg/300 mg tablet will be available at \$0 if members are using the drug for PrEP. This addition is based on the United States Preventive Services Task Force recommendation.

Members using Truvada for pre-exposure prophylaxis (PrEP) will pay a \$0 cost share for Truvada when using a pharmacy or doctor in their health plan network. Members using Truvada for treatment of HIV will continue to pay their applicable cost share, based on the member's benefit.

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

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSNM contracts with Prime to provide 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.