



BlueCross BlueShield
of New Mexico

Pharmacy Program Quarterly Update Changes Effective Oct. 1, 2024 – Part 2

Sept. 27, 2024

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Reminder: The Quarterly Pharmacy Changes are published as articles in two parts. This part-2 article is a continuation of the [October Quarterly Pharmacy Changes Part 1](#), which included changes that required member notification - drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This article contains coverage additions, utilization management updates and any other pharmacy program updates.

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 (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of New Mexico drug lists. **Additions effective Oct. 1, 2024, and prior updates are outlined below.**

Drug List Additions – Effective Oct. 1, 2024

Balanced Drug List Additions

| Drug ¹ | Condition |
|--|-----------------------------|
| AGAMREE (vamorolone oral susp 40 mg/mL) | Duchenne Muscular Dystrophy |
| EOHILIA (budesonide oral suspension 2 mg/10 mL) | Esophagitis |
| FILSUVEZ (birch triterpenes gel 10%) | Epidermolysis bullosa |
| HUMALOG (insulin lispro (human) soln cartridge 100 unit/mL) | Diabetes |
| HUMALOG (insulin lispro inj soln 100 unit/mL) | Diabetes |
| HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial)) | Diabetes |
| HUMALOG KWIKPEN (insulin lispro (human) soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| HUMALOG MIX 50/50 (insulin lispro prot and lispro (human) inj 100 unit/mL (50-50)) | Diabetes |
| HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50)) | Diabetes |
| HUMALOG MIX 75/25 (insulin lispro prot and lispro (human) inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL) | Diabetes |
| HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL) | Diabetes |
| HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL) | Diabetes |
| HUMULIN R (insulin regular (human) inj 100 unit/mL) | Diabetes |
| LYUMJEV (insulin lispro-aabc inj 100 unit/mL) | Diabetes |
| LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL) | Diabetes |
| OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL) | Ulcerative Colitis |
| OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL) | Ulcerative Colitis |

Balanced Drug List Additions

| Drug ¹ | Condition |
|---|--------------------------------------|
| Seysara (sarecycline hcl tab 60 mg, 100 mg, 150 mg) | Infections |
| SOVUNA (hydroxychloroquine sulfate tab 200 mg, 300 mg) | Malaria, Lupus, Rheumatoid Arthritis |
| WAINUA (eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8 mL) | Polyneuropathy |

Performance Drug List Additions

| Drug ¹ | Condition |
|--|------------------------------|
| alose tron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) | Irritable bowel syndrome |
| FILS UVEZ (birch triterpenes gel 10%) | Epidermolysis bullosa |
| HUMALOG (insulin lispro (human) soln cartridge 100 unit/mL) | Diabetes |
| HUMALOG (insulin lispro inj soln 100 unit/mL) | Diabetes |
| HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial)) | Diabetes |
| HUMALOG KWIKPEN (insulin lispro (human) soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| HUMALOG MIX 50/50 (insulin lispro prot and lispro (human) inj 100 unit/mL (50-50)) | Diabetes |
| HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50)) | Diabetes |
| HUMALOG MIX 75/25 (insulin lispro prot and lispro (human) inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL) | Diabetes |
| HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL) | Diabetes |
| HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL) | Diabetes |
| HUMULIN R (insulin regular (human) inj 100 unit/mL) | Diabetes |
| LYUMJEV (insulin lispro-aabc inj 100 unit/mL) | Diabetes |
| LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL) | Diabetes |
| OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL) | Ulcerative Colitis |
| OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL) | Ulcerative Colitis |
| silodosin cap 4 mg, 8 mg | Benign prostatic hyperplasia |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL) | Autoimmune disorders |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL) | Autoimmune disorders |
| WAINUA (eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8 mL) | Polyneuropathy |

Performance Select Drug List Additions

| Drug ¹ | Condition |
|--|------------------------------|
| alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) | Irritable bowel syndrome |
| FILSUEZ (birch triterpenes gel 10%) | Epidermolysis bullosa |
| HUMALOG (insulin lispro (human) soln cartridge 100 unit/mL) | Diabetes |
| HUMALOG (insulin lispro inj soln 100 unit/mL) | Diabetes |
| HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial)) | Diabetes |
| HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50)) | Diabetes |
| HUMALOG MIX 50/50 (insulin lispro prot and lispro (human) inj 100 unit/ml (50-50)) | Diabetes |
| HUMALOG MIX 75/25 (insulin lispro prot and lispro (human) inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL) | Diabetes |
| HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL) | Diabetes |
| HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL) | Diabetes |
| HUMULIN R (insulin regular (human) inj 100 unit/mL) | Diabetes |
| LYUMJEV (insulin lispro-aabc inj 100 unit/mL) | Diabetes |
| LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL) | Diabetes |
| OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL) | Ulcerative Colitis |
| OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL) | Ulcerative Colitis |
| Seysara (sarecycline hcl tab 60 mg, 100 mg, 150 mg) | Infections |
| silodosin cap 4 mg, 8 mg | Benign prostatic hyperplasia |

Performance Select Drug List Additions

| Drug ¹ | Condition |
|---|----------------|
| WAINUA (eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8 mL) | Polyneuropathy |

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug List Additions

| Drug ¹ | Drug Class/Condition |
|--|----------------------|
| HUMALOG (insulin lispro inj soln 100 unit/mL) | Diabetes |
| HUMALOG (insulin lispro soln cartridge 100 unit/mL) | Diabetes |
| HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial)) | Diabetes |
| HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| HUMALOG MIX 50/50 (insulin lispro protamine and lispro inj 100 unit/mL (50-50)) | Diabetes |
| HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50)) | Diabetes |
| HUMALOG MIX 75/25 (insulin lispro prot and lispro inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25)) | Diabetes |
| HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL) | Diabetes |
| HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30)) | Diabetes |
| HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL) | Diabetes |
| HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL) | Diabetes |
| HUMULIN R (insulin regular (human) inj 100 unit/mL) | Diabetes |
| LYUMJEV (insulin lispro-aabc inj 100 unit/mL) | Diabetes |
| LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL) | Diabetes |
| LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL) | Diabetes |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL) | Autoimmune Disorders |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL) | Autoimmune Disorders |

Other Drug List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter then added to the list. Those drugs are listed below.

Balanced Drug List Additions

| Drug ¹ | Condition | Effective Date |
|--|---|----------------|
| ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL, 80 unit/mL) | Inflammatory Conditions, Multiple Sclerosis, Infantile Spasms | 7/14/2024 |
| AFLURIA 2024-2025 (influenza virus vaccine split im susp) | Flu vaccine | 7/14/2024 |
| AFLURIA 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/14/2024 |
| AUSTEDO XR (deutetrabenazine tab er 24 hr 18 mg) | Huntington dz-associated Chorea, Tardive Dyskinesia | 7/14/2024 |
| AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 12 mg, 18 mg, 24 mg, 30 mg) | Huntington dz-associated Chorea, Tardive Dyskinesia | 7/14/2024 |
| BOSULIF (bosutinib cap 50 mg, 100 mg) | Cancer | 9/1/2024 |
| CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip) | Diabetes | 7/28/2024 |
| ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg) | Heart Failure | 7/7/2024 |
| FLUAD 2024-2025 (influenza vac types a and b surface ant adj susp pref syr 0.5 mL) | Flu vaccine | 7/14/2024 |
| FLUARIX 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUBLOK 2024-2025 (influenza virus vac recombinant ha pf soln pref syr 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit im susp) | Flu vaccine | 7/14/2024 |
| FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit susp pref syr 0.5 mL) | Flu vaccine | 7/14/2024 |
| FLULAVAL 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUMIST NASAL VACCINE 2024-2025 (influenza virus vaccine live intranasal liquid) | Flu vaccine | 8/11/2024 |
| FLUZONE 2024-2025 (influenza virus vaccine split im susp) | Flu vaccine | 7/21/2024 |
| FLUZONE 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUZONE HIGH-DOSE 2024-2025 (influenza virus vac split high-dose pf susp pref syr 0.5 mL) | Flu vaccine | 7/21/2024 |

Balanced Drug List Additions

| Drug ¹ | Condition | Effective Date |
|--|---|----------------|
| glutamine (sickle cell) powd pack 5 gm | Sickle Cell Disease | 7/21/2024 |
| ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) | Heart Failure | 7/21/2024 |
| IWILFIN (eflornithine hcl tab 192 mg) | Neuroblastoma | 8/1/2024 |
| MENQUADFI (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine) | Meningococcal/Tetanus Vaccine | 7/28/2024 |
| METHOCARBAMOL (methocarbamol tab 1000 mg) | Muscle Relaxant | 8/4/2024 |
| OTEZLA (apremilast tab 20 mg) | Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers | 8/4/2024 |
| OTEZLA (apremilast tab starter therapy pack 10 mg (4s) and 20 mg (51s)) | Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers | 8/4/2024 |
| OXYCODONE HYDROCHLORIDE (oxycodone hcl tab abuse deter 15 mg) | Pain | 8/4/2024 |
| RETEVMO (selpercatinib tab 40 mg, 80 mg 120 mg, 160 mg) | Cancer | 8/11/2024 |
| REXTOVY (naloxone hcl nasal spray 4 mg/0.25 mL) | Opioid Overdose | 9/4/2024 |
| TANLOR (methocarbamol tab 1000 mg) | Muscle Relaxant | 8/4/2024 |

Performance Drug List Additions

| Drug ¹ | Condition | Date Added |
|--|---|------------|
| ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL and 80 unit/mL) | Inflammatory Conditions, Multiple Sclerosis, Infantile Spasms | 7/14/2024 |
| AFLURIA 2024-2025 (influenza virus vaccine split im susp) | Flu vaccine | 7/14/2024 |
| AFLURIA 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/14/2024 |
| AUSTEDO XR (deutetrabenazine tab er 24 hr 18 mg) | Huntington dz-associated Chorea, Tardive Dyskinesia | 7/14/2024 |
| AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 12 mg, 18 mg, 24 mg, 30 mg) | Huntington dz-associated Chorea, Tardive Dyskinesia | 7/14/2024 |
| BOSULIF (bosutinib cap 50 mg, 100 mg) | Cancer | 9/1/2024 |
| CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip) | Diabetes | 7/28/2024 |
| ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg) | Heart Failure | 7/7/2024 |
| FLUAD 2024-2025 (influenza vac types A and B surface ant adj susp pref syr 0.5 mL) | Flu vaccine | 7/14/2024 |

Performance Drug List Additions

| Drug ¹ | Condition | Date Added |
|---|---|------------|
| FLUARIX 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUBLOK 2024-2025 (influenza virus vac recombinant ha pf soln pref syr 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit im susp) | Flu vaccine | 7/14/2024 |
| FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit susp pref syr 0.5 mL) | Flu vaccine | 7/14/2024 |
| FLULAVAL 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUMIST NASAL VACCINE 2024-2025 (influenza virus vaccine live intranasal liquid) | Flu vaccine | 8/11/2024 |
| FLUZONE 2024-2025 (influenza virus vaccine split im susp) | Flu vaccine | 7/21/2024 |
| FLUZONE 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUZONE HIGH-DOSE 2024-2025 (influenza virus vac split high-dose pf susp pref syr 0.5 mL) | Flu vaccine | 7/21/2024 |
| glutamine (sickle cell) powd pack 5 gm | Sickle Cell Disease | 7/21/2024 |
| ivabradine hcl tab 5 mg (base equiv) and 7.5 mg (base equiv) | Heart Failure | 7/21/2024 |
| IWILFIN (eflornithine hcl tab 192 mg) | Neuroblastoma | 8/1/2024 |
| MENQUADFI (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine) | Meningococcal/Tetanus Vaccine | 7/28/2024 |
| OTEZLA (apremilast tab 20 mg) | Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers | 8/4/2024 |
| OTEZLA (apremilast tab starter therapy pack 10 mg (4s) and 20 mg (51s)) | Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers | 8/4/2024 |
| RETEVMO (selpercatinib tab 40 mg, 80 mg 120 mg, 160 mg) | Cancer | 8/11/2024 |
| REXTOVY (naloxone hcl nasal spray 4 mg/0.25 mL) | Opioid Overdose | 9/4/2024 |

Performance Select Drug List Additions

| Drug ¹ | Condition | Date Added |
|--|---|------------|
| ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL, 80 unit/mL) | Inflammatory Conditions, Multiple Sclerosis, Infantile Spasms | 7/14/2024 |
| AFLURIA 2024-2025 (influenza virus vaccine split im susp) | Flu vaccine | 7/14/2024 |

Performance Select Drug List Additions

| Drug ¹ | Condition | Date Added |
|--|---|------------|
| AFLURIA 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/14/2024 |
| AUSTEDO XR (deutetrabenazine tab er 24 hr 18 mg) | Huntington dz-associated Chorea, Tardive Dyskinesia | 7/14/2024 |
| AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 12 mg, 18 mg, 24 mg, 30 mg) | Huntington dz-associated Chorea, Tardive Dyskinesia | 7/14/2024 |
| BOSULIF (bosutinib cap 50 mg, 100 mg) | Cancer | 9/1/2024 |
| CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip) | Diabetes | 7/28/2024 |
| ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg) | Heart Failure | 7/7/2024 |
| FLUAD 2024-2025 (influenza vac types A and B surface ant adj susp pref syr 0.5 mL) | Flu vaccine | 7/14/2024 |
| FLUARIX 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUBLOK 2024-2025 (influenza virus vac recombinant ha pf soln pref syr 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit im susp) | Flu vaccine | 7/14/2024 |
| FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit susp pref syr 0.5 mL) | Flu vaccine | 7/14/2024 |
| FLULAVAL 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUMIST NASAL VACCINE 2024-2025 (influenza virus vaccine live intranasal liquid) | Flu vaccine | 8/11/2024 |
| FLUZONE 2024-2025 (influenza virus vaccine split im susp) | Flu vaccine | 7/21/2024 |
| FLUZONE 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL) | Flu vaccine | 7/21/2024 |
| FLUZONE HIGH-DOSE 2024-2025 (influenza virus vac split high-dose pf susp pref syr 0.5 mL) | Flu vaccine | 7/21/2024 |
| glutamine (sickle cell) powd pack 5 gm | Sickle Cell Disease | 7/21/2024 |
| ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv) | Heart Failure | 7/21/2024 |
| IWILFIN (eflornithine hcl tab 192 mg) | Neuroblastoma | 8/1/2024 |
| MENQUADFI (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine) | Meningococcal/Tetanus Vaccine | 7/28/2024 |
| OTEZLA (apremilast tab 20 mg) | Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers | 8/4/2024 |

Performance Select Drug List Additions

| Drug ¹ | Condition | Date Added |
|---|---|------------|
| OTEZLA (apremilast tab starter therapy pack 10 mg (4s) and 20 mg (51s)) | Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers | 8/4/2024 |
| RETEVMO (selpercatinib tab 40 mg, 80 mg 120 mg, 160 mg) | Cancer | 8/11/2024 |
| REXTOVY (naloxone hcl nasal spray 4 mg/0.25 mL) | Opioid Overdose | 9/4/2024 |

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug List Additions

| Drug ¹ | Condition | Date Added |
|---------------------------------------|-----------|------------|
| BOSULIF (bosutinib cap 50 mg, 100 mg) | Cancer | 9/1/2024 |

Other Drug Tier Changes

Most tier changes become effective quarterly, however, some drugs are moved to a new tier as part of formulary maintenance or re-evaluated during the quarter. Those drugs are listed below with their effective date.

Balanced Drug List Tier Changes

| Drug ¹ | Condition | New Lower Tier | Effective Date |
|---|--------------------------|-----------------------|----------------|
| isosorbide mononitrate tab 10 mg, 20 mg | Angina | Preferred Generic | 8/18/2024 |
| levorphanol tartrate tab 3 mg | Pain | Non-Preferred Generic | 8/18/2024 |
| promethazine and phenylephrine syrup 6.25-5 mg/5 mL | Allergies and Congestion | Non-Preferred Generic | 8/11/2024 |

Performance Drug List

| Drug ¹ | Condition | New Lower Tier | Effective Date |
|---|--------------------------|-----------------------|----------------|
| isosorbide mononitrate tab 10 mg, 20 mg | Angina | Preferred Generic | 8/18/2024 |
| promethazine and phenylephrine syrup 6.25-5 mg/5 mL | Allergies and Congestion | Non-Preferred Generic | 8/11/2024 |

Performance Select Drug List Tier Changes

| Drug ¹ | Condition | New Lower Tier | Effective Date |
|---|--------------------------|-----------------------|----------------|
| isosorbide mononitrate tab 10 mg and 20 mg | Angina | Preferred Generic | 8/18/2024 |
| promethazine and phenylephrine syrup 6.25-5 mg/5 mL | Allergies and Congestion | Non-Preferred Generic | 8/11/2024 |

Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

Dispensing Limit Changes

BCBSNM's prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits, or quantity limits (QLs), are based on U.S. Food and Drug Administration approved dosage regimens and product labeling.

New dispensing limits and effective dates are listed on the chart below.

Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Exchange Drug Lists

| Clinical Program | Medication(s) ¹ | New Dispensing Limit | Effective Date |
|--------------------|---|---|----------------|
| Amifampridine PAQL | Firdapse (Amifampridine phosphate) 10 mg tab | 300 tabs per 30 days | 8/15/2024 |
| Relyvrio PAQL | Relyvrio (sodium phenylbutyrate- taurursodiol) powd pack 3 gm-1 gm | Program retired. Manufacturer removed drug from market. | 8/15/2024 |

Standard Utilization Management Program Updates

Prior authorization and Step Therapy programs for standard-pharmacy benefit plans correlate to a member's drug list. Not all standard programs apply since updates are based on the member's current drug list. The prescription drugs tab on [bcbsnm.com](https://www.bcbsnm.com) the current [drug lists](#) and [dispensing limits](#). Members may also log in to [Blue Access for MembersSM](#) or [MyPrime.com](https://www.MyPrime.com) for a variety of online resources.

Please Note: The PA programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of [bcbsnm.com](https://www.bcbsnm.com).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card or log into any of the online resources.

Program Changes

The following standard utilization management programs were updated on the dates indicated below.

- **Rapid to Intermediate Acting Insulins PAQL:** removed targets Humalog, Humalog Junior KwikPen, Humalog KwikPen U-200, Humalog Mix 75/25, Humalog Mix 50/50, Humalog Tempo, Humulin R U-100, Humulin N, Humulin 70/30, Lyumjev, Lyumjev Tempo effective Oct. 1, 2024.
This update applies to the Basic, Enhanced, and Health Insurance Exchange Drug Lists
- **Rapid to intermediate Acting Insulins PAQL:** Prior Authorization program for the Basic and Enhanced Drug Lists will retire Oct. 1, 2024. Quantity Limits will stay in effect.

Program Retirements

The following standard utilization management programs have been retired on the dates indicated below.

- **Relyvrio PAQL** was retired Aug. 15, 2024, because the drug manufacturer removed Relyvrio from the market.

Please Note: The prior authorization (PA) programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of [bcbsnm.com](https://www.bcbsnm.com).

Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSNM's members who have prescription-drug benefits administered by Prime Therapeutics[†]. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications.

Please note: Members were not notified of this change because either 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 | Covered Alternative(s) ^{1, 2} |
|--|--------------------|--|
| methocarbamol tab 1000 mg (Tanlor) (NDC: 72245087310) | Muscle spasms/pain | baclofen, cyclobenzaprine, tizanidine, methocarbamol 500 mg 750 mg |
| methocarbamol tab 1000 mg (NDC: 72887087303) | Muscle spasms/pain | baclofen, cyclobenzaprine, tizanidine, methocarbamol 500 mg 750 mg |
| GLIMEPIRIDE tab 3 mg | type 2 Diabetes | glimepiride 1 mg, 2 mg, 4 mg |

Pharmacy Benefits Updates

Visit the [Pharmacy Program page](#) for resource materials. Stay tuned to [BCBSNM's news and updates](#) or [Blue Review](#) for additional Pharmacy Program updates.

Reminder: Zero Dollar Emergency-Use Medications

Starting Jan. 1, 2025, or upon renewal, select acute medications in the following categories will be available at \$0 member cost share (this list is subject to change):

- Severe allergic reactions (product example: epinephrine auto-injector)
- Hypoglycemia (product example: glucagon injection kit)
- Opioid overdoses (product example: naloxone injectables/nasal spray)
- Nitrates (product example: nitroglycerin sublingual)

These medications are typically used for emergency use or life-saving situations. By removing cost barriers to these medications, it will improve clinical outcomes, increase member satisfaction and overall benefit experience.

The \$0 cost share will apply at any in-network pharmacy *Excludes grandfathered, transitional and closed plans. Not available for HSA plans.

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.

³Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

⁴This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

¹Prime Therapeutics LLC is a separate company contracted by BCBSNM to provide pharmacy solutions. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

[MyPrime.com](https://www.myprime.com) is a pharmacy benefit website offered by Prime Therapeutics LLC.

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 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.