

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – Part 1

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## **PHARMACY NETWORK CHANGES**

Some Blue Cross and Blue Shield of New Mexico (BCBSNM) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2021. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the 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 patients' records, you may want to ask your patient which pharmacy is their preferred choice.

## **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 Jan. 1, 2021 are outlined below.**

You can view a preview of the January drug lists on our Member Services website. The final lists will be available on both the [Member Services website](#) and Pharmacy Program section of our Provider website closer to the January 1 effective date.

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

**Please Note:** If you have patients with an individual benefit plan offered on/off the New Mexico Health Insurance Marketplace, 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 (Revisions/Exclusions) – As of Jan. 1, 2021**

Non-Preferred Brand <sup>1</sup>	Drug Class/ Condition Used For	Preferred Generic Alternatives <sup>2</sup>	Preferred Brand Alternatives <sup>1, 2</sup>
<b>Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug List Revisions</b>			
DARAPRIM (pyrimethamine tab 25 mg)	Malaria, Parasitic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
JADENU (deferasirox tab 180 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>	
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg, 24hr 5-500 mg, 24hr 5-1000 mg)	Diabetes		Janumet XR
ONGLYZA (saxagliptin hcl tab 2.5 mg, 5 mg (base equiv))	Diabetes		Januvia
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Asthma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Asthma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release 120 mg, 240 mg)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release starter pack 120 mg & 240 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate 120 mg, dimethyl fumarate 240 mg	
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Relapsing Multiple Sclerosis		Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia
VUMERITY (diroximel fumarate capsule delayed release starter bottle 231 mg)	Relapsing Multiple Sclerosis		Aubagio, Avonex, Betaseron, Copaxone, dimethyl fumarate, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia

<b>Basic and Multi-Tier Basic Drug List Revisions</b>			
MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/ml)	Migraine	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NEXIUM (esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg)	Gastroesophageal Reflux Disease (GERD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>	<b>Generic Alternatives<sup>1,2</sup></b>	<b>Brand Alternatives<sup>1,2</sup></b>
<b>Balanced, Performance and Performance Select Drug List Revisions</b>			
CARBINOXAMINE MALEATE (carbinoxamine maleate tab 4 mg)	Allergic Conditions	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 500 mg)	Malaria	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DIDANOSINE (didanosine delayed release capsule 250 mg)	Viral Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ERYTHROMYCIN (erythromycin w/ delayed release particles cap 250 mg)	Infections	erythromycin tablet	
<b>Balanced Drug List Revisions</b>			
NAFTIFINE HCL (naftifine hcl cream 1%)	Fungal Infections (Topical)	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>	<b>Generic Alternatives<sup>1,2</sup></b>	<b>Brand Alternatives<sup>1,2</sup></b>
<b>Balanced, Performance and Performance Select Drug List Exclusions</b>			
BELVIQ (lorcaserin hcl tab 10 mg)	Weight Loss	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BELVIQ XR (lorcaserin hcl tab er 24hr 20 mg)	Weight Loss	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CONCERTA (methylphenidate hcl tab er osmotic release 18 mg, 27 mg, 36 mg, 54 mg)	Attention-Deficit Hyperactivity Disorder (ADHD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DARAPRIM (pyrimethamine tab 25 mg)	Malaria, Parasitic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

JADENU (deferasirox tab 180 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>	
KOMBIGLYZE XR (saxagliptin-metformin hcl tab sr 24hr 2.5-1000 mg, 24hr 5-500 mg, 24hr 5-1000 mg)	Diabetes		Janumet tablet, Janumet XR tablet
NEXIUM (esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg)	Gastroesophageal Reflux Disease (GERD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ONGLYZA (saxagliptin hcl tab 2.5 mg, 5 mg (base equiv))	Diabetes		Januvia tablet
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Asthma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Asthma	generic ProAir HFA, generic Proventil HFA	Ventolin
PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ranitidine capsules	Gastroesophageal Reflux Disease (GERD)	famotidine tablets 40 mg	
ranitidine syrup	Gastroesophageal Reflux Disease (GERD)	famotidine suspension 40 mg/5 ml	
ranitidine tablets	Gastroesophageal Reflux Disease (GERD)	famotidine tablets 40 mg	
SAMSCA (tolvaptan tab 30 mg)	Kidney Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release 120 mg, 240 mg)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TECFIDERA (dimethyl fumarate capsule delayed release starter pack 120 mg & 240 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate 120 mg, dimethyl fumarate 240 mg	
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate	Aubagio, Avonex, Betaseron, Copaxone, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia

VUMERITY (diroximel fumarate capsule delayed release starter bottle 231 mg)	Relapsing Multiple Sclerosis	dimethyl fumarate	Aubagio, Avonex, Betaseron, Copaxone, Gilenya, Glatopa, Mavenclad, Plegridy, Rebif, Zeposia
Various Injection Devices such as AUTOPEN and HUMAPEN LUXURA HD	Injection Device	<i>Members should talk to their doctor or pharmacist about product(s) available for their condition.</i>	
Various Respiratory Devices such as Nebulizers and Peak flow meters	Respiratory Therapy Supplies and Devices	<i>Members should talk to their doctor or pharmacist about product(s) available for their condition.</i>	
<b>Performance and Performance Select Drug List Exclusions</b>			
diclofenac sodium gel 1%	Pain (Topical)	<i>Members should talk to their doctor or pharmacist about over-the-counter medication(s) available for their condition.</i>	
diclofenac sodium tab er 24hr 100 mg	Pain, Inflammation	diclofenac 50 mg DR tablet, ibuprofen tablet, naproxen tablet	
diclofenac sodium tab sr 24hr 100 mg	Pain, Inflammation	diclofenac 50 mg DR tablet, ibuprofen tablet, naproxen tablet	
lamotrigine orally disintegrating tab 25 mg, 50 mg, 100 mg, 200 mg	Seizures	lamotrigine chewable tablet, lamotrigine tablet	
minocycline hcl tab 50 mg, 75 mg, 100 mg	Acne, Infections	minocycline capsules	
olopatadine hcl ophth soln 0.1% (base equivalent)	Ophthalmic Allergic Conditions	<i>Members should talk to their doctor or pharmacist about over-the-counter medication(s) available for their condition.</i>	
<b>Balanced and Performance Select Drug List Exclusions</b>			
MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/ml)	Migraine	dihydroergotamine injection solution	
Various Prenatal Vitamins such as AZESCHEW CHW 13-1 MG, AZESCO TAB 13-1 MG, PREGENNA TAB, PRENARA CAP, TRINAZ TAB 12-1 MG, ZALVIT TAB 13-1 MG	Prenatal Vitamin	<i>Members should talk to their doctor or pharmacist about product(s) available for their condition.</i>	
<b>Performance Drug List Exclusions</b>			
butalbital/acetaminophen/caffeine 50-300-40 mg	Pain	butalbital/acetaminophen/caffeine 50-325-40 mg tablet	

<b>Balanced Drug List Exclusions</b>		
buprenorphine td patch weekly 7.5 mcg/hr	Malaria, Parasitic Infections	Belbuca film
GIALAX (polyethylene glycol 3350 - kit)	Constipation, Colonoscopy Prep	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
PCP 100 (mag cit-bisacodyl-petrolat-peg-metoclopramide-electrol kit)	Constipation	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
RIOMET (metformin hcl oral soln 500 mg/5 ml)	Diabetes	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
<b>Performance Select Drug List Exclusions</b>		
minocycline hcl tab er 24hr 55 mg, 24hr 65 mg, 24hr 80 mg, 24hr 105 mg, 24hr 115 mg	Acne, Infections	minocycline capsules
olopatadine hcl ophth soln 0.2% (base equivalent)	Ophthalmic Allergic Conditions	<i>Members should talk to their doctor or pharmacist about over-the-counter medication(s) available for their condition.</i>

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This 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, 2021

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, 2021. Members may pay more for these drugs.

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Multi-Tier Basic, Multi-Tier Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
acebutolol hcl cap 200 mg, 400 mg	Hypertension, Arrhythmia
alendronate sodium tab 5 mg	Osteoporosis
bisoprolol fumarate tab 5 mg	Hypertension
diltiazem hcl cap er 24hr 120 mg	Hypertension
fluoxetine hcl solution 20 mg/5 ml	Depression
flurbiprofen sodium ophth soln 0.03%	Ophthalmic Pain/Anti-Inflammatory
guanfacine hcl tab 1 mg, 2 mg	Hypertension
hydrocodone w/ homatropine tab 5-1.5 mg	Cough
theophylline tab er 12hr 100 mg	Asthma, Bronchitis, Emphysema, Chronic Obstructive Pulmonary Disease (COPD)
thyroid tab 60 mg (1 grain)	Hypothyroidism

<sup>1</sup>Third-party brand names are the property of their respective owner.

## **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 Sept. 7, 2020:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists</b>	
<b>Risdiplam</b>	
Evryssi for solution 0.75 mg/mL*	8 mL per day (3 bottles per 30 days)

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

### **Effective Jan. 1, 2021:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists</b>	
<b>Alternative Dosage Form</b>	
Indocin 50 mg suppositories	120 suppositories per 30 days
<b>Foot Baths and Soaks</b>	
Ciclopirox 0.77% cream	180 grams per 30 days
Ciclopirox 0.77% gel	180 grams per 30 days
Ciclopirox 0.77% topical suspension	180 mL per 30 days
Erythromycin 2% gel	180 grams per 30 days
Erythromycin 2% solution	180 mL per 30 days
Ketoconazole 2% cream	180 grams per 30 days
Ketoconazole 2% foam	100 grams per 30 days
Ketoconazole 2% gel	45 grams per 30 days
<b>Insulin Pump</b>	
Omnipod <sup>†</sup>	30 pods per 30 days
Omnipod DASH <sup>†</sup>	30 pods per 30 days
Omnipod DASH Kit <sup>†</sup>	1 kit per 4 years
V-Go 20 Kit <sup>†</sup>	1 kit per 30 days
V-Go 30 Kit <sup>†</sup>	1 kit per 30 days
V-Go 40 Kit <sup>†</sup>	1 kit per 30 days
<b>Substrate Reduction Therapy</b>	
Zavesca <sup>†</sup>	90 capsules per 30 days
<b>Basic, Enhanced and Performance Drug Lists</b>	
<b>Therapeutic Alternatives</b>	
Brimonidine Sol 0.15%	5 mL per 20 days
Ketoprofen 200 mg ER capsules	30 capsules per 30 days
Oxiconazole Nitrate Cream 1%	180 grams per 30 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Bempedoic Acid</b>	
Nexletol 180 mg tablet	30 tablets per 30 days



Nexlizet 180-10 mg tablet	30 tablets per 30 days
<b>Isturisa</b>	
Isturisa 1 mg	240 tablets per 30 days
Isturisa 5 mg	300 tablets per 30 days
Isturisa 10 mg	180 tablets per 30 days
<b>Balanced, Performance and Performance Select Drug Lists</b>	
<b>Fintepla</b>	
Fintepla 2.2 mg/mL*	360 mL per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- Effective **Sept. 7, 2020**, the Risdiplam Specialty Prior Authorization (PA) program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Evrysdi.
- Effective **Jan. 1, 2021**, the following changes will be applied:
  - Select target drugs of the Glaucoma ST program will be recategorized into a separate program:
    - Rocklatan and Rhopressa will be included in the new Rho Kinase Inhibitor ST program. This program will be added to the Balanced and Performance Select Drug Lists. This program will also apply to the Basic and Enhanced Drug Lists. Grandfathering is in place. Members with a drug regimen history will not be impacted.
  - Tecfidera Brand and Vumerity will be added as targets to the Multiple Sclerosis Specialty ST Program, which applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists. Grandfathering is in place. Members with a drug regimen history will not be impacted.
  - The Orilissa PA program will change its name to Elagolix. A new target, Oriahnn will be added. This program applies to the Balanced, Performance and Performance Select Drug Lists.\*
  - The Fintepla Specialty PA program and target drug Fintepla will be added to the Balanced, Performance and Performance Select Drug Lists.\*
  - The Dojolvi Specialty PA program and target drug Dojolvi will be added to the Balanced, Performance and Performance Select Drug Lists.\*
  - The Insulin Pump PA program and target drugs Omnipod, Omnipod Dash and V-Go will be added to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.\*
  - The Cerdelga Specialty PA program will change its name to Substrate Reduction Therapy. A new target, Zavesca will be added. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.\*
  - The following targets will be added to the Hemophilia Factor VIII Specialty PA Program: Advate, Helixate, Hemofil M, Koate/Koate DVI, Kogenate FS, Kovaltry, Monoclate-P, NovoEight, Nuwiq, Recombinate, Xyntha/Xyntha Solofuse. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.\*



- The following targets will be added to the Hemophilia Factor IX Specialty PA Program: Alphanine SD, Bebulin, BeneFIX, Ixinity, Mononine, Profilnine SD, Rixubis. This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.\*

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

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

**Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2021:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic and Enhanced Drug Lists</b>	
Bempedoic Acid	Nexleto <sup>*</sup>
Isturisa	Isturisa <sup>*</sup>

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

**Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2021:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced and Performance Drug Lists</b>	
Oral Tetracycline Derivatives	minocycline generic
Therapeutic Alternatives	Alphagan-P 0.15%, Bethkis nebs 300 mg/4 mL, Ketoprofen ER 200 mg caps, Oxistat 1% cream and lotion, Rytary caps, TOBI nebs 300 mg/5 mL
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
Alternative Dosage Form	Indocin suppositories

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

**Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2021:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic and Enhanced Drug Lists</b>	
DPP-4	Jentaducto <sup>*</sup> , Jentaducto XR <sup>*</sup> , Kazano <sup>*</sup> , Kombiglyze XR <sup>*</sup> , Nesina <sup>*</sup> , Onglyza <sup>*</sup> , Oseni <sup>*</sup> , Tradjenta <sup>*</sup>

<sup>1</sup>Third-party brand names are the property of their respective owner.

\* Not all members may have been notified due to limited utilization. Grandfathering will not be in place. Members on a current drug regimen will be impacted.

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, prior authorization program and step therapy 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](http://bcbsnm.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for a variety of online resources.

### **Split Fill Program Available to Select Members**

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 specialty medicines included in the Split Fill Program are often intolerable for patients. This program allows members to decide if they can tolerate the medicine and any potential side effects before continuing ongoing therapy.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of a split fill. The specific list of drugs is subject to change at any time. You will be able to view a current list of drugs in the Split Fill Program on the Specialty Program section of our Provider website.

Members must use AllianceRx Walgreens Prime Specialty Pharmacy or an in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member’s pharmacy benefit plan.

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

### **Appropriate Use of Opioids Program Update – Adding Liquid Opioid Medicines**

BCBSNM is making a change to the Appropriate Use of Opioids Program.\* On Jan. 1, 2021, oral liquid formulations will be included in the review of members’ prescription orders for any opioid medication (e.g., tablet, capsule or liquid forms) at the pharmacy as a safety check before they may be filled.

This change impacts a small population of members who have prescription drug benefits administered by Prime Therapeutics. Patients and their prescribing physician will be notified of this change in November.

This safety check is a review of the daily morphine equivalent dose (MED), which is calculated across the submitted claim and select prior claims. This point of sale edit rejects claims for an opioid medication (in any form) when the total MED is greater than or equal to 200 mg per day for 30 days in a row.

Prior authorization is required for members to fill an opioid prescription at the pharmacy if they exceed the program limit. Prescribing physicians can find the authorization request form on the Prior Authorization/Step Therapy Programs section of our provider website at [bcbsnm.com/provider](http://bcbsnm.com/provider).

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

As a reminder, the Appropriate Use of Opioids Program was implemented in August 2018. It is meant to encourage the appropriate use of opioids and support patient safety.

\* Changes to be implemented for all members effective Jan. 1, 2021, regardless of plan renewal dates. The changes listed here do not apply to members with Medicare Part D or Medicaid coverage.

### Select Injection, Respiratory and Other Devices Removed from Pharmacy Benefit Coverage

Starting on Jan. 1, 2021, certain injection, respiratory and other devices will be excluded from coverage on the pharmacy benefit for all drug lists. This change impacts BCBSNM members who have prescription drug benefits administered by Prime Therapeutics. Impacted members will be notified of this change in November.

These devices may be covered under the medical benefit, depending on the member's benefit plan. The amount a member pays for a device may change, based on the terms of the plan.

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

Common examples of injection devices are HUMAPEN LUXURA HD and AUTOPEN.<sup>1</sup> Common examples of respiratory devices are nebulizers and peak flow meters. Please talk to your patient about other products that may be available.

<sup>1</sup> All brand names are the property of their respective owners.

### Change in Benefit Coverage for Select High Cost Products

Starting Jan. 1, 2021, several high cost products with 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.

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

Members will be notified about these excluded high cost products with lower cost alternatives listed in the table below. Please talk to your patient about other products that may be available.

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
AZESCHEW CHW 13-1 MG <sup>†</sup>	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
AZESCO TAB 13-1 MG <sup>†</sup>	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
BUTAL/APAP/CAF CAP 50-325-40 MG	HEADACHE	BUTAL/APAP/CAF TAB 50-325-40
CHLORZOXAZONE TAB 250 MG	MUSCULOSKELETAL PAIN	BACLOFEN, CHLORZOXAZONE 500 MG
FENOPROFEN CALCIUM CAP 200 MG	PAIN	IBUPROFEN, MELOXICAM, NAPROXEN

HALOBETASOL AEROSOL FOAM 0.05%	PLAQUE PSORIASIS	CLOBETASOL FOAM AEROSOL
KETOPROFEN 25 MG CAP	PAIN	IBUPROFEN, MELOXICAM, NAPROXEN
PREGENNA TAB <sup>†</sup>	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
PRENARA CAP PRENATAL <sup>†</sup>	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
PRENATRIX TAB <sup>**†</sup>	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
TRINAZ TAB 12-1 MG <sup>†</sup>	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
VIVLODEX CAP 5 MG, 10 MG	PAIN	MELOXICAM
ZALVIT TAB 12-1 MG <sup>†</sup>	PREGNANCY	PRENATAL 19 VINATE M PRENATAL+FE
ZUPLENZ FILM 4 MG, 8 MG	NAUSEA AND VOMITING	ONDANSETRON ODT

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.

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

† The prenatal products also apply to members on the Balanced, Performance and Performance Select Drug Lists.

### HDHP-HSA Preventive Drug Program Reminder

Select BCBSNM members' High Deductible Health Plan (with a Health Savings Account) 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.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSNM contracts with Prime to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSNM and contracting pharmacies is that of independent contractors. 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. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

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.