

Pharmacy Program Quarterly Update – Changes Effective Oct. 1, 2022 – Part 1

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UPDATE: As a reminder, the Quarterly Pharmacy Changes awareness article has been separated into a Part 1 and Part 2 article. This part 1 article includes changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Our intention is to alert you of these changes as our members are receiving letters on changes to their drug list and/or pharmacy benefit. The part 2 article will be published closer to the October 1 effective date.

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, effective Oct. 1, 2022. **Changes by drug list are listed on the charts below.**

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2022

| 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 Lists Revisions | | | |
| CYSTADANE (betaine powder for oral solution) | Homocystinuria | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200, mg) | Seizures | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| | | | |
| Multi-Tier Basic and Multi-Tier Enhanced Drug Lists Revisions | | | |
| DEXAMETHASONE (dexamethasone tab 0.5 mg, 0.75 mg) | Inflammatory Conditions | methylprednisolone tablets, prednisone tablets | |

| Drug ¹ | Drug Class/ Condition Used For | Generic Alternatives ^{1,2} | Brand Alternatives ^{1,2} |
|---|--|---|-----------------------------------|
| Balanced, Performance and Performance Select Drug Lists Revisions | | | |
| DEXAMETHASONE (dexamethasone tab 0.5 mg, 0.75 mg) | Inflammatory Conditions | methylprednisolone tablets, prednisone tablets | |
| MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 ml) | Pain | morphine sulfate solution 10 mg/5 ml | |
| MORPHINE SULFATE ER (morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg) | Pain | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| QUINIDINE SULFATE (quinidine sulfate tab 200 mg, 300 mg) | Arrhythmia | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| SULFADIAZINE (sulfadiazine tab 500 mg) | Infections | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| TRAMADOL HCL ER (tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg) | Pain | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| TRIHEXYPHENIDYL HCL (trihexyphenidyl hcl oral soln 0.4 mg/ml) | Parkinson's Disease, Extrapyramidal Disorders | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| VANDAZOLE (metronidazole vaginal gel 0.75%) | Bacterial Vaginosis | metronidazole vaginal gel 0.75% | |
| Balanced and Performance Select Drug Lists Revisions | | | |
| MOXIFLOXACIN HYDROCHLORIDE (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)) | Antibacterial- Ophthalmic | ciprofloxacin ophthalmic solution, gatifloxacin ophthalmic solution, ofloxacin ophthalmic solution, moxifloxacin ophthalmic solution | |
| Balanced Drug List Revisions | | | |
| ZOLPIDEM TARTRATE (zolpidem tartrate sl tab 1.75 mg, 3.5 mg) | Insomnia | eszopiclone tablets, zaleplon capsules, zolpidem tablets | |
| Health Insurance Exchange (HIE) Drug List Revisions | | | |
| DEXAMETHASONE - dexamethasone tab 0.5 mg, 0.75 mg | Inflammatory Conditions | methylprednisolone tablets, prednisone tablets | |
| MORPHINE SULFATE - morphine sulfate oral soln 20 mg/5 ml | Pain | morphine sulfate solution 10 mg/5 ml | |

| | | | |
|---|--|--|--|
| QUINIDINE SULFATE - quinidine sulfate tab 200 mg, 300 mg | Arrhythmia | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| SULFADIAZINE - sulfadiazine tab 500 mg | Infections | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| TRIHEXYPHENIDYL HCL (trihexyphenidyl hcl oral soln 0.4 mg/ml) | Parkinson's Disease, Extrapyramidal Disorders | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| | | | |
| Balanced, Performance and Performance Select Drug Lists Exclusions | | | |
| BIDIL (isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg) | Heart Failure | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| CONTRAVE (naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg) | Weight Loss | Qsymia, Saxenda, Wegovy | |
| ESBRIET (pirfenidone tab 267 mg, 801 mg) | Idiopathic Pulmonary Fibrosis | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| FERRIPROX (deferiprone tab 1000 mg) | Transfusional Iron Overload | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| K-PHOS (potassium phosphate monobasic tab 500 mg) | Urinary Acidification | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| SAMSCA (tolvaptan tab 15 mg) | Hyponatremia | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| STALEVO 50 (carbidopa- levodopa-entacapone tabs 12.5-50-200 mg) | Parkinson's Disease | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| STALEVO 75 (carbidopa- levodopa-entacapone tabs 18.75-75-200 mg) | Parkinson's Disease | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| STALEVO 100 (carbidopa- levodopa-entacapone tabs 25-100-200 mg) | Parkinson's Disease | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| STALEVO 125 (carbidopa- levodopa-entacapone tabs 31.25-125-200 mg) | Parkinson's Disease | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| STALEVO 150 (carbidopa- levodopa-entacapone tabs 37.5-150-200 mg) | Parkinson's Disease | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| STALEVO 200 (carbidopa- levodopa-entacapone tabs 50-200-200 mg) | Parkinson's Disease | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| UKONIQ (umbralisib tosylate tab 200 mg) | Cancer | <i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> | |
| VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg) | 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 Lists Exclusions | | | |
|--|-------------------------------|---|--|
| metronidazole lotion 0.75% | Rosacea | metronidazole cream 0.75%, metronidazole gel 0.75% | |
| testosterone td gel 20.25 mg/1.25 gm (1.62%), 40.5 mg/2.5 gm (1.62%) | Hypogonadism | testosterone gel pump 1.62% | |
| tretinoin gel 0.025% | Acne | tretinoin cream 0.025% | |
| Balanced Drug List Exclusions | | | |
| ACZONE (dapsone gel 7.5%) | Acne | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| COMBIGAN (brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%) | Glaucoma, Ocular Hypertension | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| ZIPSOR (diclofenac potassium cap 25 mg) | Pain/ Inflammation | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| Performance Select Drug List Exclusions | | | |
| adapalene-benzoyl peroxide gel 0.3-2.5% | Acne | tretinoin cream 0.1% | |
| Health Insurance Exchange (HIE) Drug List Exclusions | | | |
| COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% | Glaucoma, Ocular Hypertension | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| ESBRIET - pirfenidone tab 267 mg, 801 mg | Idiopathic Pulmonary Fibrosis | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| FERRIPROX - deferiprone tab 1000 mg | Iron Overload | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| K-PHOS - potassium phosphate monobasic tab 500 mg | Hypophosphate mia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| SAMSCA - tolvaptan tab 15 mg | Hyponatremia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| testosterone td gel 20.25 mg/1.25 gm (1.62%), 40.5 mg/2.5 gm (1.62%) | Hypogonadism | testosterone gel pump 1.62% | |
| Ukoniq - umbralisib tosylate tab 200 mg | Cancer | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| VIMPAT - lacosamide oral solution 10 mg/mL | Seizures | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |
| VIMPAT - lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg | Seizures | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | |

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

BCBSNM's 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 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.

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 June 15, 2022:

| Drug Class and Medication(s) ¹ | Dispensing Limit(s) |
|--|------------------------|
| 2021 Health Insurance Exchange (HIE), 2022 HIE, Performance and Performance Select Drug Lists | |
| Oxbryta | |
| Oxbryta (voxelotor)* | 90 tablets 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.

Effective Sept. 1, 2022:

| Drug Class and Medication(s) ¹ | Dispensing Limit(s) |
|--|---------------------|
| 2021 Health Insurance Exchange (HIE), 2022 HIE, Balanced, Performance and Performance Select Drug Lists | |
| IL-13 Antagonist | |
| Adbry (tralokinumab-ldrm)* | 4 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.

Effective Oct. 1, 2022:

| Drug Class and Medication(s) ¹ | Dispensing Limit(s) |
|---|-------------------------|
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Alternative Dosage Form | |
| Dartisla ODT* | 120 tablets per 30 days |
| Lyvispah (baclofen) 5 mg Granule packet ² | 120 packets per 30 days |
| Lyvispah (baclofen) 10 mg Granule packet ² | 120 packets per 30 days |
| Lyvispah (baclofen) 20 mg Granule packet ² | 120 packets per 30 days |
| Valsartan oral solution* | 2400 mL per 30 days |
| Miscellaneous | |
| Emla (lidocaine-prilocaine) 2.5%-2.5% | 60 grams per 30 days |
| Therapeutic Alternatives | |
| METAXALONE TAB 400 MG* | 240 tablets per 30 days |
| PHOSPHOLINE SOL 0.125%OP* | 5 mL per 30 days |
| Basic, Enhanced, 2021 Health Insurance Exchange (HIE), 2022 HIE, Balanced, Performance and Performance Select Drug Lists | |
| Cibinqo | |
| Cibinqo (abrocitinib) 50 mg tablets* | 30 tablets per 30 days |
| Cibinqo (abrocitinib) 100 mg tablets* | 30 tablets per 30 days |

| | |
|--|--------------------------|
| Cibinqo (abrocitinib) 200 mg tablets* | 30 tablets per 30 days |
| Insulin Pumps | |
| Omnipod DASH kit/Omnipod 5 kit* | 1 kit per 720 days |
| Pyrukynd | |
| Pyrukynd (mitapivat) Therapy Pack 5 MG* | 7 tablets per 365 days |
| Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7 x 5 MG* | 14 tablets per 365 days |
| Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7 x 20 MG* | 14 tablets per 365 days |
| Pyrukynd (mitapivat) 5 mg tablets* | 56 tablets per 28 days |
| Pyrukynd (mitapivat) 20 mg tablets* | 56 tablets per 28 days |
| Pyrukynd (mitapivat) 50 mg tablets* | 56 tablets per 28 days |
| Recorlev | |
| Recorlev (levoketoconazole)* | 240 tablets per 30 days |
| Tarpeyo | |
| TARPEYO (budesonide)* | 120 capsules per 30 days |
| Basic, Enhanced and Balanced Drug Lists | |
| Oxbryta | |
| Oxbryta (voxelotor) | 90 tablets per 30 days |
| Basic and Enhanced Drug Lists | |
| IL-13 Antagonist | |
| Adbry (tralokinumab-ldrm) | 4 mL per 30 days |
| Vuity | |
| Vuity (pilocarpine HCL) ophthalmic solution | 2.5 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.

² The target drug Lyvispah is misspelled on the dispensing limits letter for Basic and Enhanced Drug Lists.

Clarification to the July 2022 Quarterly Changes Dispensing Limit Letter

The dispensing limit letter incorrectly listed Edarbi, Edarbyclor and Soolantra as target drugs included in the Therapeutic Alternatives program. **These target drugs belong to the Miscellaneous program, effective July 1, 2022.**

Letters mailed in late April to impacted members on the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists. Clarification letters will not be sent to members because the dispensing limits are accurate on the letter and both programs apply to the drug lists mentioned above.

Standard Utilization Management Program Package Changes

Prior Authorization (PA) Program Changes

Several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans. This includes ASO groups that have selected auto updates. For groups that have not selected auto updates, these programs will be available for selection as of the program effective date. Contact your BCBSNM representative for more information.

New Target Drugs Added to Existing PA Programs

Effective Oct. 1, 2022, the following changes will be applied:

- Target drugs Dartisla ODT, Valsartan oral solution and Lyvispah (baclofen) granule packet will be added to the Alternative Dosage Form PA program. This change applies to the Performance and Performance Select Drug Lists.*

- Target drug Omnipod DASH kit/Omnipod 5 kit will be added to the Insulin Pumps PA program. This change applies to the 2021 Health Insurance Exchange (HIE), 2022 HIE, Balanced, Performance and Performance Select Drug Lists.*

New Programs Added to Select Drug Lists

- Effective Sept. 1, 2022, the Interleukin-13 (IL-13) Antagonist Specialty PA program and target drug Adbry (tralokinumab-ldrm) will be added to the 2021 HIE, 2022 HIE, Balanced, Performance and Performance Select Drug Lists.*
- Effective Oct. 1, 2022, the following changes will be applied:
 - The Cibinqo Specialty PA program and target drug Cibinqo will be added to the 2021 HIE, 2022 HIE, Balanced, Performance and Performance Select Drug Lists.*
 - The Pyrukynd Specialty PA program and target drug Pyrukynd (mitapivat) will be added to the 2021 HIE, 2022 HIE, Balanced, Performance and Performance Select Drug Lists.*
 - The Recorlev Specialty PA program and target drug Recorlev (levoketoconazole) will be added to the 2021 HIE, 2022 HIE, Balanced, Performance and Performance Select Drug Lists.*
 - The Tarpeyo PA program and target drug TARPEYO (budesonide) will be added to the 2021 HIE, 2022 HIE, Balanced, Performance and Performance Select Drug Lists.*

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

Please Note: As a reminder, 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 and prescription plan information section of bcbsnm.com.

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

Drug categories added to current pharmacy PA standard programs, effective July 1, 2022:

| Drug Category | Targeted Medication(s) ¹ |
|--------------------------------------|---|
| Basic and Enhanced Drug Lists | |
| Cibinqo | Cibinqo (abrocitinib) ^{2*} |
| IL-13 Antagonist | Adbry (tralokinumab-ldrm) ^{2*} |

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

²Member level PAs were entered through Oct. 1, 2022, for Basic and Enhanced Drug Lists.

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

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2022:

| Drug Category | Targeted Medication(s) ¹ |
|--------------------------------------|--|
| Basic and Enhanced Drug Lists | |
| Pyrukynd | Pyrukynd (mitapivat) Therapy Pack 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7 x 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7 x 20 MG*, Pyrukynd (mitapivat) 5 mg tablets*, Pyrukynd (mitapivat) 20 mg tablets*, Pyrukynd (mitapivat) 50 mg tablets* |
| Recorlev | Recorlev (levoketoconazole)* |
| Tarpeyo | TARPEYO (budesonide)* |

¹Third-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 Oct. 1, 2022:

| Drug Category | Targeted Medication(s) ¹ |
|---|---|
| Basic, Enhanced and Balanced Drug Lists | |
| Alternative Dosage Form | Dartisla ODT*, Lyvispah (baclofen) 5 mg Granule packet*, Lyvispah (baclofen) 10 mg Granule packet*, Lyvispah (baclofen) 20 mg Granule packet*, Valsartan oral solution* |
| Basic and Enhanced Drug Lists | |
| Insulin Pumps | Omnipod DASH kit/Omnipod 5 kit* |
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Therapeutic Alternatives | METAXALONE TAB 400 MG*, METFORMIN TAB 625 MG*, PHOSPHOLINE SOL 0.125% OP*, PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5 ML (BASE EQUIV)*, VTAMA (tapinarof) 1% CREAM* |

¹Third-party brand names are the property of their respective owner.
 * Not all members may have been notified due to limited utilization.

Targeted mailings were sent to members affected by drug list revisions and/or exclusions, prior authorization program and dispensing limit changes per our usual process of notifying members prior to the effective date.

View the most up-to-date drug list and list of drug dispensing limits on [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 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.

High cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes 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} |
|---|--------------------|--|
| DICLOFENAC TAB 25 MG | PAIN | DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN |
| METFORMIN TAB 625 MG | DIABETES | METFORMIN 500 MG TABS |
| ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG | MUSCLE PAIN | CYCLOBENZAPRINE, ORPHENADRINE |

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.

Updates to the Member Pay the Difference (MPTD) Program

What's new: In 2023, some operational changes will be made to the MPTD program in efforts to standardize the program and help drive generic utilization.

Background: MPTD requires members who fill a brand name prescription, for which there is an exact generic equivalent, to pay the applicable copay or coinsurance plus the difference in cost between the brand and generic drug. Currently, the MPTD program is being managed differently depending on the line of business, the prescription drug list and state/plan.

Member notices: Impacted members will receive a letter at least 60 days prior to the effective date.

If you have any questions regarding these changes, contact your BCBSNM representative.

Split Fill Program Category Expansion

2023 change: The Split Fill Program will be expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

Background: The Split Fill Program provides a partial, or "split" fill, of a member's monthly prescription for select medications for up to three months of therapy. This helps minimize waste and reduces health plan costs by identifying drugs associated with early discontinuation or dose modifications.

Reminder: There are no changes as to how the Split Fill Program works. Groups cannot pick and choose the categories that will now apply.

If you have any questions regarding these changes, contact your BCBSNM representative.

BCBSNM contracts with Prime Therapeutics 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 Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics.