



BlueCross BlueShield of New Mexico

Pharmacy Program Quarterly Update – Changes Effective July 1, 2023 – Part 1

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Reminder: The Quarterly Pharmacy Changes awareness article is published in two parts. 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 July 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 on or after July 1, 2023. **Changes by drug list are listed on the charts below.**

Drug List Updates (Revisions/Exclusions) – As of July 1, 2023

Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions

Non-Preferred Brand ¹	Drug Class/Condition	Preferred Alternatives ^{1,2}
TAZORAC (tazarotene gel 0.05%, 0.1%)	Plaque Psoriasis, Acne Vulgaris	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.

Balanced Drug List Exclusions

Drug ¹	Drug Class/Condition	Alternatives ^{1,2}
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAMBIA (diclofenac potassium (migraine) packet 50 mg)	Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DENAVIR (penciclovir cream 1%)	Herpes Labialis (cold sores)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEXILANT (dexlansoprazole cap delayed release 30 mg, 60 mg)	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet

ESBRIET (pirfenidone cap 267 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.
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KEVEYIS (dichlorphenamide tab 50 mg)	Primary Periodic Paralysis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NEONATAL VITAMIN (prenatal vit w/ fe fumarate-fa tab 27-0.8 mg)	Prenatal Vitamin	Please talk to your doctor or pharmacist about medication(s) available for your condition.
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

Performance Drug List Exclusions

Drug ¹	Drug Class/Condition	Alternatives ^{1,2}
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

calcitriol oral soln 1 mcg/ml	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
colesevelam hcl packet for susp 3.75 gm	Hypercholesterolemia	colesevelam tablet
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
diltiazem hcl coated beads tab er 24hr 420 mg	Angina, Hypertension	diltiazem hcl coated beads capsule er 24 hr
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	calcitriol capsule
ESBRIET (pirfenidone cap 267 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.
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine cap 2.5 mg, 5 mg	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nicardipine hcl cap 20 mg, 30 mg	Hypertension/ Angina	amlodipine besylate tablet, nifedipine tablet er 24 hr
NISOLDIPINE ER (nisoldipine tab sr 24hr 20 mg, 25.5 mg, 30 mg, 40 mg)	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
NITROMIST (nitroglycerin lingual aerosol 400 mcg/spray)	Angina	nitroglycerin lingual 400 mcg/spray
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
sapropterin dihydrochloride (Javygtor) powder packet 100 mg, 500 mg	Phenylketonuria	sapropterin dihydrochloride powder packet

sapropterin dihydrochloride (Javygtor) tab 100 mg	Phenylketonuria	sapropterin dihydrochloride tablet
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	Hypertension	losartan-hydrochlorothiazide tablet, telmisartan tablet, hydrochlorothiazide tablet
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg 4-240 mg)	Hypertension	amlodipine-benazepril capsule
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg, 360 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
VERELAN PM (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr

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

Performance Select Drug List Exclusions

Drug ¹	Drug Class/Condition	Alternatives ^{1,2}
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
calcitriol oral soln 1 mcg/ml	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
CAMBIA (diclofenac potassium (migraine) packet 50 mg)	Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
colesevelam hcl packet for susp 3.75 gm	Hypercholesterolemia	colesevelam tablet
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DENAVIR (penciclovir cream 1%)	Herpes Labialis (cold sores)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

DEXILANT (dexlansoprazole cap delayed release 30 mg, 60 mg)	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
diltiazem hcl coated beads tab er 24hr 420 mg	Angina, Hypertension	diltiazem hcl coated beads capsule er 24 hr
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	calcitriol capsule
ESBRIET (pirfenidone cap 267 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.
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine cap 2.5 mg, 5 mg	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NEONATAL VITAMIN (prenatal vit w/ fe fumarate-fa tab 27-0.8 mg)	Prenatal Vitamin	Please talk to your doctor or pharmacist about medication(s) available for your condition.
nicardipine hcl cap 20 mg, 30 mg	Hypertension/ Angina	amlodipine besylate tablet, nifedipine tablet er 24 hr
NISOLDIPINE ER (nisoldipine tab sr 24hr 20 mg, 25.5 mg, 30 mg, 40 mg)	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
NITROMIST (nitroglycerin lingual aerosol 400 mcg/spray)	Angina	nitroglycerin lingual 400 mcg/spray
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
sapropterin dihydrochloride (Javygtor) powder packet 100 mg, 500 mg	Phenylketonuria	sapropterin dihydrochloride powder packet
sapropterin dihydrochloride (Javygtor) tab 100 mg	Phenylketonuria	sapropterin dihydrochloride tablet

telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	Hypertension	losartan-hydrochlorothiazide tablet, telmisartan tablet, hydrochlorothiazide tablet
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2- 240 mg 4-240 mg)	Hypertension	amlodipine-benazepril capsule
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg, 360 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
VERELAN PM (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr

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

Health Insurance Exchange (HIE) Drug List Exclusions

Drug ¹	Drug Class/Condition	Alternatives ^{1,2}
calcitriol sol 1 mcg/mL	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DELESTROGEN - (ESTRADIOL VALERATE IM IN OIL 10 mg/ML)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEXILANT - (DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 mg, 60 mg)	Gastroesophageal Reflux Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ESBRIET - (PIRFENIDONE CAP 267 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.
HETLIOZ - (TASIMELTEON CAPSULE 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine capsule 2.5 mg, 5 mg	Hypertension	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

JAVYGTOR - (sapropterin dihydrochloride powder packet 100 mg, 500 mg)	Hyperphenylalaninemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
JAVYGTOR - (sapropterin dihydrochloride tab 100 mg)	Hyperphenylalaninemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
LATUDA - (LURASIDONE HCL TAB 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO - (BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nicardipine capsule 20 mg, 30 mg	Hypertension/ Angina	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL - (verapamil hcl cap ER 24HR 360 mg)	Hypertension/ Angina/ Atrial Fibrillation/ Atrial Flutter/ Supraventricular Tachycardia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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Drug List Updates (Tier Changes) – As of July 1, 2023

The drug changes listed below apply to members on a managed drug list. Members may pay more for these drugs after July 1, 2023.

Balanced Drug List Tier Changes		
Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
ALLZITAL (butalbital-acetaminophen tab 25-325 mg)	butalbital-acetaminophen tablet 50-325 mg, butalbital/aspirin/caffeine tablet	Tension Headache
BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen tab 25-325 mg)	butalbital-acetaminophen tablet 50-325 mg, butalbital/aspirin/caffeine tablet	Tension Headache
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Please talk to your doctor or pharmacist about medication(s) available for your condition.	Hypothyroidism
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets	Hypertension

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

Performance Drug List Tier Changes

Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Please talk to your doctor or pharmacist about medication(s) available for your condition.	Hypothyroidism
QUINAPRIL/HYDROCHLOROT HIA ZIDE (quinapril- hydrochlorothiazide tab 20- 12.5 mg, 20-25 mg)	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets	Hypertension

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

Performance Select Drug List Tier Changes

Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Please talk to your doctor or pharmacist about medication(s) available for your condition.	Hypothyroidism
QUINAPRIL/HYDROCHLOROT HIA ZIDE (quinapril- hydrochlorothiazide tab 20- 12.5 mg, 20-25 mg)	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets	Hypertension

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

Health Insurance Exchange (HIE) Drug List Tier Changes

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
HETLIOZ LQ (tasimelteon susp 4 mg/mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sleep Disorders
QUANPRIL/HCTZ (QUINAPRIL- HYDROCHLOROTHIAZI DE TAB 20-12.5 MG, 20- 25 MG)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypertension
REVCovi (elapegadomase-lvlr IM soln 2.4 mg/1.5 mL (1.6 mg/mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Adenosine Deaminase Severe Combined Immune Deficiency
SYNRIBO (omacetaxine mepesuccinate for INJ 3.5 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
tasimelteon capsule 20 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sleep Disorders

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Utilization Management Program 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 with a standard UM package and/or subcategory selection with auto updates. For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

Remember: 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. Members were notified about the PA standard program changes listed in the table below.

Drug categories or targets added to current pharmacy PA standard programs, effective July 1, 2023, are listed below.

Balanced, Basic, Enhanced, Multi-Tier Basic, Multi-Tier Enhanced
Performance, and Performance Select Drug Lists

Drug Category	Targeted Medication(s) ¹
Therapeutic Alternatives PAQL	Tobi Podhaler 28 mg (tobramycin inhal cap)

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Other Pharmacy Prior Authorization (PA) or Step Therapy (ST) Standard Program Updates

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
July 1, 2023	Atypical Antipsychotics STQL	Adding target drug Latuda	Balanced, Basic, Enhanced, Performance, Performance Select	Step Therapy
July 1, 2023	Furoscix PAQL	New program with drug target Furoscix (furosemide) 80mg/ 10 mL subcutaneous cartridge kit	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization
July 1, 2023	Hetlioz PAQL	Program changing to Prior Authorization Specialty	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty

July 1, 2023	Northera PAQL	Program changing to Prior Authorization Specialty	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
June 1, 2023	Relyvrio PAQL	New program with target Relyvrio (sodium Phenylbutyrate-taurursodiol) powd pack	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
July 1, 2023	Tezspire PAQL	New program with drug target Tezspire (tezepelumab) inj 210 mg	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty

View the most up-to-date [drug list](#) and [list of drug dispensing limits](#).

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.

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}
FLUTICASONE-SALMETEROL HFA 45-21 mcg/ACT, 115-21 mcg/ACT, 230-21 mcg/ACT	Asthma	Advair

Introducing MyBlueRxNM– A New Mobile Pharmacy App

Submitted by: Karolyn Farkas

What's new: MyBlueRxNM is a personalized, digital pharmacy app where members can easily access, understand and manage their prescription-drug care and out-of-pocket costs.

How it works: The app lists current information about prescription drugs and pharmacy benefits, and helps members do the following:

- Find available lower-cost drug options
- Compare drug costs at different pharmacies
- Manage prescription-drug care for dependents (dependents over age 18 can activate their own account)
- Receive refill reminder alerts
- Access information about their prescription drugs including claims history, medication details, coverage, clinical review approvals and more
- Search for and contact in-network pharmacies

The MyBlueRxNM app is available for most commercial group plan members with pharmacy benefits administered by Prime Therapeutics®. Members can download the free app from the [App Store](#) or [Google Play](#). If they already have a Blue Access for MembersSM account, they can use the same credentials to log in, or create a new account.

To verify coverage and confirm access before downloading the app, members can call the number on their ID card. If you have any questions, contact your BCBSNM representative.

For more information, please reach out to your [Pharmacy Management Team](#).

Updates to the Member Pay the Difference (MPTD) Program

What's new: In 2023, some operational changes are being 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. In the past, the MPTD program has been 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. Members with a Q3 2023 renewal will receive letters in late April 2023.

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

Reminder of Split Fill Program Category Expansion

What's new: The Split Fill Program has been expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity. A Split Fill program drug list is posted on the member pharmacy programs section of BCBSNM.com.

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 apply.

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

Coverage Change for OTC COVID-19 Test Kits after May 11

Once the COVID-19 Public Health Emergency (PHE) expires on May 11, 2023, there will be a change in coverage for over-the-counter (OTC) COVID-19 home test kits. Most BCBSNM commercial plan members will no longer have coverage for these test kits under their pharmacy benefit. This includes members on an individual and family markets plan and both fully insured and ASO group plans. Some

ASO groups may have opted in to continue covering these OTC COVID-19 test kits under the pharmacy benefit.

[†]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](https://www.mypriime.com) is an online resource offered by Prime Therapeutics.