



2023 True Health New Mexico Large Group Formulary Changes

Effective 1/1/2023

Utilization Management (UM) Changes

| Drug | UM Change |
|----------------------------|--|
| Travoprost 0.004% eye drop | Require ST through Latanoprost 0.005% eye drop |
| Entresto tablet | PA removed |

PA = prior authorization; ST = step therapy

Formulary Additions

| Drug | Formulary Addition |
|-----------|--|
| Dupixent | Add to tier 5 with PA and QL |
| Mavenclad | Add to tier 5 with PA and QL |
| Mounjaro | Add to tier 3 with ST through metformin and QL |

*PA = prior authorization; ST = step therapy; QL = quantity limit

Formulary Removals

| Remove | Alternatives (if clinically appropriate) |
|-----------------------------------|--|
| Adapalene cream/gel | Over-the-counter Differin gel* |
| Afinitor tablet | Everolimus tablet (<i>generic Afinitor</i>) |
| Bystolic tablet | Nebivolol tablet (<i>generic Bystolic</i>) |
| Carafate suspension | Sucralfate suspension (<i>generic Carafate</i>) |
| Cephalexin tablet | Cephalexin capsule |
| Cuvposa suspension | Glycopyrrolate suspension (<i>generic Cuvposa</i>) |
| Cyclosporine eye drop | Restasis eye drop |
| Durezol eye drop | Difluprednate eye drop (<i>generic Durezol</i>) |
| Dutasteride-tamsulosin capsule | Separate dutasteride and tamsulosin |
| Narcan nasal spray | Naloxone nasal spray (<i>generic Narcan</i>) |
| Perforomist inhaler | Formoterol nebulizer (<i>generic Perforomist</i>) |
| ProAir/Proventil/Ventolin inhaler | Albuterol inhaler (<i>generic Proair/Proventil/Ventolin</i>) |
| Sutent capsule | Sunitinib capsule (<i>generic Sutent</i>) |
| Timoptic eye drop | Timolol eye drop (<i>generic Timoptic</i>) |
| Vascepa capsule 1gm | Icosapent ethyl capsule 1gm (<i>generic Vascepa</i>) |
| Viiibryd tablet | Vilazodone tablet (<i>generic Viiibryd</i>) |
| Vimpat tablet | Lacosamide tablet (<i>generic Vimpat</i>) |

*Please note that over-the-counter (OTC) products are not covered.