

True Health New Mexico

Small Group

Formulary changes effective April 1, 2023

Affected Products	Formulary Change	Formulary Alternatives
Tafluprost 0.0015% eye drop	Add to tier 2 with ST	Latanoprost eye drop
Etravirine tablet	Add to tier 2 with PA and QL of 60 tablets per 30 days	N/A
Nitisinone capsule	Add to tier 5 with PA	N/A
Amjevita auto-injector	Add to tier 5 with PA and QL of 2 pens per 28 days	N/A
Aripiprazole tablet	No longer requires ST	N/A

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limit