



True Health New Mexico
Small Group Formulary Changes
March 1, 2019 – April 1, 2019

Affected Drug	Formulary Change	Alternative Drug(s)
Aimovig subcutaneous solution	Add to Tier 5 with PA and QL	N/A
Emgality subcutaneous solution	Add to Tier 5 with PA and QL	N/A
Ajovy subcutaneous solution	Add to Tier 5 with PA and QL	N/A
albendazole tablets	Add to Tier 2	N/A
buprenorphine-naloxone films	Add to Tier 2 with QL	N/A
phytonadione tablets	Add to Tier 4	N/A
pimecrolimus cream	Add to Tier 4 with PA	N/A

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