

Medicare PLUS BlueSM Group PPO Prescription BlueSM Group PDP



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



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Attention Blue Cross Blue Shield of Michigan members:

This is a list of changes made to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Group Comprehensive and Group Enhanced Comprehensive formularies since their initial release in October 2023

Blue Cross may add or remove drugs from our formulary during the year. If we make any of the following changes, we'll notify you at least 30 days before the effective date:

- Remove drugs from our formulary
- Add prior authorization, quantity limits or step therapy to a drug
- Move a drug to a higher cost-sharing tier

Some formulary changes don't require advance notice but will be posted on this [link](#). If your physician prescribes a drug that isn't on our formulary, isn't a preferred drug or is subject to additional utilization requirements, you can ask us to make a coverage exception. You or your physician can initiate an exception request. While the use of a form isn't always required, it's available on the Blue Cross website at www.bcbsm.com/medicare.

We'll make coverage determinations for standard and urgent requests within 72 and 24 hours, respectively. If Blue Cross denies coverage for your prescription drugs, we'll explain our decision. You always have the right to appeal and ask us to review a claim denial. For more detailed information about your Blue Cross prescription drug coverage, review your Medicare Plus Blue or Prescription Blue *Formulary* or *Evidence of Coverage*.

If you have questions about the Blue Cross drug formulary, call Customer Service at **1-866-684-8216** from 8:30 a.m. to 5 p.m. Eastern time Monday through Friday. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week. TTY users call 711.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Group Comprehensive and Group Enhanced Comprehensive Formularies

(Updated 4/1/2024)

**Changes made to the drugs in Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Group Comprehensive and Group Enhanced Comprehensive Formularies (additions, deletions, changes in
coverage)**

Most recent changes appear at the beginning

Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
4/1/2024	BOSULIF 50MG, 100MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
4/1/2024		bromfenac sodium 0.07% ophthalmic solution	Addition to Formulary	General Formulary Maintenance	Drug is on tier 4
4/1/2024	IWILFIN 192MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
4/1/2024	PENBRAYA 0.5ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2024		risperidone er 12.5mg injection	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Step Therapy

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4/1/2024		risperidone er 25mg, 37.5mg, 50mg injection	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Step Therapy
4/1/2024		sodium sulfate/potassium sulfate/magnesium sulfate 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
4/1/2024	SYNJARDY XR 5MG/1000MG, 10MG/1000MG, 12.5MG/1000MG, 25MG/1000MG EXTENDED-RELEASE ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
4/1/2024	XALKORI 20MG, 50MG, 150MG ORAL CAPSULE SPRINKL/E		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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4/1/2024	ZILBRYSQ 23MG/0.574ML, 32.4MG/0.81ML PREFILLED SYRINGE INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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3/1/2024	AKEEGA 500MG/50MG, 500MG/100MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
3/1/2024	AUGTYRO 40MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
3/1/2024		ethinyl estradiol/norelgestromin 35mcg/24hr; 150mcg/24hr transdermal system	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
3/1/2024	KALYDECO 5.8 MG ORAL GRANULES		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
3/1/2024	OGSIVEO 50MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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3/1/2024	ZENPEP 252,600/60,000/189,600 UNITS DELAYED RELEASE ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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2/1/2024	BREO ELLIPTA 50MCG/INH; 25MCG/INH AEROSOL POWDER BREATH ACTIVATED		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
2/1/2024		brimonidine tartrate 0.1% ophthalmic solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
2/1/2024		enilloring 0.015mg/24hr; 0.12mg/24hr vaginal ring	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2024	FRUZAQLA 1MG, 5MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2024		glipizide 2.5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits

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2/1/2024		kourzeq 0.1% dental paste	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2024	LAGEVRIO 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
2/1/2024		lisdexamfetamine dimesylate 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization
2/1/2024		lithium 8meq/5ml oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2024	NUVESSA 1.3% VAGINAL GEL		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4

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2/1/2024	OJJAARA 100MG, 150MG, 200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2024	OPVEE 2.7MG/0.1ML NASAL SPRAY		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
2/1/2024	PAXLOVID 150MG; 100MG ORAL TABLET PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
2/1/2024		pazopanib hydrochloride 200mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2024		phenytek 200mg, 300mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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2/1/2024		pitavastatin calcium 1mg, 2mg, 4mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 1 with Quantity Limits
2/1/2024	SOHONOS 1MG, 1.5MG, 2.5MG, 5MG, 10MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2024	TRUQAP 160MG, 200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2024		turqoz 30mcg; 0.3mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2024	VANFLYTA 17.7MG, 26.5MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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2/1/2024	XDEMZY 0.25% OPHTHALMIC SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2024	ZURZUVAE 20MG, 25MG, 30MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2024		budesonide 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml inhalation suspension	Tier Decrease	General Formulary Maintenance	Drug is on Tier 3 with BvsD Prior Authorization