



Blue Cross Blue Shield of Michigan and Blue Care Network Drug List Updates

Blue Cross and BCN update our drug lists monthly. This document includes recent changes or updates that may not yet be reflected on our drug lists.

Some drugs have letters next to them to indicate which ones may have coverage requirements or limits.

PA	Prior authorization – Your doctor is required to give more information to determine coverage.
ST	Step therapy – Requires you try one or more preferred drugs before a higher-cost medication can be covered.
QL	Quantity limit – The quantity of medication dispensed at one time is limited.
15DS	15-day supply – Limits the amount of certain specialty drugs to a 15-day supply to help reduce out-of-pocket costs and waste.
ABA	Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand out-of-pocket cost will apply for these medications. Some authorized brand alternatives may not be covered.

This list is intended as a reference guide. Your drug plan determines how these drugs may be covered. For coverage information specific to your drug benefit, check your plan documents.

For a complete list of drugs and coverage requirements, go to bcbsm.com/pharmacy.

		Drug List Status			
Product Name (Brand Name)	Generic Name	Clinical Drug List	Custom Drug List	Custom Select Drug List	Preferred Drug List
BROMFENAC DRO 0.075% (Generic BROMSITE)	BROMFENAC SODIUM OPTH SOLN 0.075%	Not covered (Brand Bromsite also not covered)	Not covered (Brand Bromsite also not covered)	Not covered (Brand Bromsite also not covered)	Not covered (Brand Bromsite also not covered)
DEFLAZACORT TAB (Generic EMFLAZA)	DEFLAZACORT TAB	Generic specialty PA; QL	Generic specialty PA; QL	Generic specialty PA; QL	Generic specialty PA; QL
GABAPENTIN 300MG, 600MG TAB (Generic GRALISE)	GABAPENTIN (ONCE-DAILY) TAB	Generic PA; QL (Brand Gralise covered nonpreferred)	Nonpreferred generic PA; QL (Brand Gralise covered nonpreferred)	Not covered (Brand Gralise not covered)	Generic PA; QL (Brand Gralise not covered)
INDOMETHACIN SUSPENSION (Generic INDOCIN)	INDOMETHACIN SUSP 25 MG/5ML	Not covered (Brand Indocin suspension also not covered)	Not covered (Brand Indocin suspension also not covered)	Not covered (Brand Indocin suspension also not covered)	Not covered (Brand Indocin suspension also not covered)
LOTEPREDNOL SUS 0.2% (Generic ALREX)	LOTEPREDNOL ETABONATE OPTH SUSP 0.2%	Generic (Brand Alrex covered nonpreferred)	Nonpreferred generic (Brand Alrex covered nonpreferred)	Nonpreferred generic (Brand Alrex not covered)	Generic (Brand Alrex not covered)
MIFEPRISTONE TAB 300MG (Generic KORLYM)	MIFEPRISTONE TAB 300 MG	Generic specialty PA; QL (Brand Korlym covered nonpreferred)	Generic specialty PA; QL (Brand Korlym covered nonpreferred)	Generic specialty PA; QL (Brand Korlym not covered)	Generic specialty PA; QL (Brand Korlym not covered)
NITROGLYCERIN OINTMENT 0.4% (Generic RECTIV)	NITROGLYCERIN OINT 0.4%	Generic QL	Nonpreferred generic QL	Nonpreferred generic QL	Generic QL
PAXLOVID (government supply only)	NIRMATRELVIR-RITONAVIR	Not covered (Effective 3/9)	Not covered (Effective 3/9)	Not covered (Effective 3/9)	Not covered (Effective 3/9)
RIVFLOZA	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR	Nonpreferred specialty PA; QL	Nonpreferred specialty PA; QL	Nonpreferred specialty PA; QL	Nonpreferred specialty PA; QL
TETRACYCLINE 250MG, 500MG TAB	TETRACYCLINE HCL TAB	Not covered	Not covered	Not covered	Not covered

Product Name (Brand Name)	Generic Name	Drug List Status			
		Clinical Drug List	Custom Drug List	Custom Select Drug List	Preferred Drug List
XOLAIR AUTO-INJECTOR	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR	Preferred specialty PA; QL	Preferred specialty PA; QL	Preferred specialty PA; QL	Preferred specialty PA; QL
ZYMFENTRA	INFLIXIMAB-DYYB SOLN AUTO- INJECTOR KIT	Not covered	Not covered	Not covered	Not covered