



**Attention BCN Advantage members:**

**This is a list of changes made to the BCN Advantage Formulary since its initial release in October 2020**

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

- Remove drugs from our formulary
- Add prior authorization, quantity limits and/or step therapy to a drug
- Move the 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, they're available on the BCNA website at [www.bcbsm.com/medicare](http://www.bcbsm.com/medicare).

Coverage determinations will be made for standard and urgent requests within 72 and 24 hours, respectively. If BCN Advantage ever 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 BCN Advantage prescription drug coverage, review your BCN Advantage *Formulary* or *Evidence of Coverage*.

If you have questions about the BCN Advantage drug formularies, call Customer Service at 1-800-450-3680. Hours are from 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

From October 1 through March 31, hours are from 8 a.m. to 8 p.m. Eastern time, seven days a week. TTY users call 711.

**BCN Advantage<sup>SM</sup> HMO-POS Classic, Prestige and Prime Value and HMO ConnectedCare  
BCN Advantage Comprehensive Formulary**

(Updated 10/1/2021)

**Changes made to the drugs in the BCN Advantage<sup>SM</sup> HMO-POS Classic, Prestige and Prime Value and  
HMO ConnectedCare BCN Advantage Comprehensive Formulary (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
10/1/2021		arformoterol 15mcg/2ml inhalation solution for nebulization	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with BvsD Prior Authorization & Quantity Limits
10/1/2021	AYVAKIT 25MG, 50MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
10/1/2021		etravirine 100mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
10/1/2021		etravirine 200mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
10/1/2021	KLOXXADO 8MG NASAL SPRAY, NON-AEROSOL (EA)		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
10/1/2021		lopinavir-ritonavir 100mg-25mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
10/1/2021		lopinavir-ritonavir 200mg-50mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
10/1/2021	LUMAKRAS 120MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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10/1/2021	TRIKAFTA 50-25-37.5MG ORAL TABLET, SEQUENTIAL		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
10/1/2021	HUMIRA (CF) PEN PSOR-UV-ADOL HS 80MG-40MG SUBCUTANEOUS PEN INJECTOR KIT (EA)		Update Quantity Limit to 3 per 28 days	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
10/1/2021	STELARA 45MG/0.5ML, 90MG/ML SUBCUTANEOUS SYRINGE (EA)		Remove Quantity Limit	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
10/1/2021	STELARA 45MG/0.5ML SUBCUTANEOUS SOLUTION		Remove Quantity Limit	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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9/1/2021	INFANRIX (DTaP) (PF) 25-58-10LF-MCG-LF/0.5ML INTRAMUSCULAR SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
9/1/2021		rufinamide 200mg, 400mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5

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8/1/2021		isotretinoin 25mg, 35mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization
8/1/2021	TOBRADEX ST 0.3-0.05% OPHTHALMIC (EYE) DROPS, SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
8/1/2021		tobramycin 300mg/4ml inhalation solution for nebulization	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with BvsD PA
8/1/2021	TRULICITY 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5 ML, 4.5MG/0.5ML SUBCUTANEOUS PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
8/1/2021	XCOPRI MAINTENANCE PACK 250MG/DAY (150MG x1-100MG x1) ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
8/1/2021	XPOVIO 40 MG/WEEK (40 MG x 1), 60MG/WEEK (60 MG x 1), 40MG TWICE/WEEK (40 MG x 2), 80 MG/WEEK (40 MG x 2), 100MG/WEEK (50 MG x 2) ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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7/1/2021		brinzolamide 1% ophthalmic (eye) drops, suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
7/1/2021		fluoxetine (PMDD) 10mg, 20mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
7/1/2021	FOTIVDA 0.89MG, 1.34MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
7/1/2021	HUMIRA (CF) PEN PEDIATRIC UC 80MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
7/1/2021		unithroid 137mcg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 1
7/1/2021		vestura (28) 3-0.02mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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7/1/2021	XTANDI 40MG, 80MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
7/1/2021		zafemy 150-35mcg/24 hr transdermal patch weekly	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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6/1/2021		accutane 20mg, 30mg, 40mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization
6/1/2021		desogestrel-ethinyl estradiol 0.15-0.03mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
6/1/2021		dimethyl fumarate 120mg, 240mg, 120-240mg oral capsule, delayed release (dr/ec)	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
6/1/2021		droxidopa 100mg, 200mg, 300mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
6/1/2021	OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
6/1/2021	SYMJEPI 0.15MG/0.3ML, 0.3MG/0.3ML INJECTION SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
6/1/2021	UKONIQ 200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits



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5/1/2021	BRONCHITOL 40MG CAPSULE, WITH INHALATION DEVICE		Addition to Formulary	General Formulary Maintenance	Drug is Tier 5 with Prior Authorization
5/1/2021		disulfiram 500mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2021		emtricitabine-tenofovir disoproxil fumarate 100-150mg, 133-200mg, 167-250mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits
5/1/2021		nymyo 0.25mg-35mcg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2021		periogard 0.12% mucous membrane mouthwash	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2021		roweepra 500mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2021	TEMIXYS 300-300MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
5/1/2021	TEPMETKO 225MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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5/1/2021		tri-nymyo 0.18/0.215/0.25mg-35mcg (28) oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2021	XELJANZ 1MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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4/1/2021	DIFICID 40MG/ML ORAL SUSPENSION FOR RECONSTITUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits
4/1/2021		fluocinonide 0.05% topical cream	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2021	HEMADY 20MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization
4/1/2021	ICLUSIG 10MG, 30MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
4/1/2021		ivermectin 0.5% topical lotion	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
4/1/2021		lyleq 0.35mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
4/1/2021		nitazoxanide 500mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2021	TRELEGY ELLIPTA 200-62.5-25MCG INHALATION BLISTER WITH DEVICE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits

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6/1/2021	TECFIDERA 120MG, 240MG ORAL CAPSULE, DELAYED RELEASE (DR/EC)	dimethyl fumarate 120mg, 240mg oral capsule, delayed release (DR/EC)	Brand Drug Removal from Formulary	General Formulary Maintenance	Generic drug will be covered on Tier 5 with Prior Authorization and Quantity Limits
6/1/2021	TECFIDERA 120MG-240MG ORAL CAPSULE, DELAYED RELEASE (DR/EC) STARTER PACK	dimethyl fumarate 120mg-240mg oral capsule, delayed release (DR/EC) starter pack	Brand Drug Removal from Formulary	General Formulary Maintenance	Generic drug will be covered on Tier 5 with Prior Authorization and Quantity Limits

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3/1/2021		abiraterone 500mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
3/1/2021		ala-cort 2.5% topical cream	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
3/1/2021		asenapine maleate 2.5mg, 5mg, 10mg sublingual tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
3/1/2021		diltiazem hcl 180mg, 240mg, 300mg, 360mg oral tablet extended release 24 hr	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 1
3/1/2021	EPCLUSA 200-50MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits

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3/1/2021	HUMIRA (CF) 80MG/0.8 ML SUBCUTANEOUS PEN INJECTOR KIT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
3/1/2021		icosapent ethyl 1gram oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
3/1/2021	ONUREG 200MG, 300MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
3/1/2021		rufinamide 40mg/mL oral suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5

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2/1/2021	DIACOMIT 250MG, 500MG ORAL CAPUSLE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2021	DIACOMIT 250MG, 500MG ORAL POWDER IN PACKET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2021		efavirenz-emtricitabin-tenofof 600-200-300mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
2/1/2021		efavirenz-lamivu-tenofof disop 400-300-300mg, 600-300-300mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
2/1/2021		emtricitabine 200mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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2/1/2021		emtricitabine-tenofovir (tdf) 200-300mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits
2/1/2021	ENSPRYNG 120MG/ML SUBCUATNEOUS SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2021	EVRYSDI 0.75MG/ML ORAL RECON SOLN		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2021	FARYDAK 15MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
2/1/2021	FLUOROURACIL 0.5% TOPICAL CREAM		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3



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2/1/2021		fosfomycin tromethamine 3gm oral packet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2021	GAVRETO 100MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2021		lapatinib 250mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2021		levo-t 25mcg, 50mcg, 75mcg, 100mcg, 125mcg, 150mcg, 200mcg, 300mcg, 112mcg, 175mcg, 88mcg, 137mcg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 1
2/1/2021	MENQUADFI (PF) 10MCG/0.5 ML INTRAMUSCULAR SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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2/1/2021		metyrosine 250mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
2/1/2021	PEGASYS 180MCG/0.5 ML SUBCUTANEOUS SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits
2/1/2021		sapropterin 100mg, 500mg oral powder in packet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2021		sapropterin 100mg oral tablet, soluble	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2021	TOLVAPTAN 15MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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2/1/2021		triderm 0.5% topical cream	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2021		euthyrox 137mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg oral tablet	Tier Decrease	General Formulary Maintenance	Drug is on Tier 1