

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 Standard and Standard Enhanced Comprehensive formularies since their initial release in October 2021

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 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 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, they're available on the Blue Cross website at www.bcbsm.com/medicare.

Coverage determinations will be made for standard and urgent requests within 72 and 24 hours, respectively. If Blue Cross 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 Blue Cross prescription drug coverage, review your Blue Cross Medicare Plus Blue/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. Hours are 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
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 11/1/2022)

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

Most recent changes appear at the beginning

Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
11/1/2022	ENGERIX -B (PF) INTRAMUSCULAR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with BvD Prior Authorization
11/1/2022	PENTACEL (PF) INTRAMUSCULAR KIT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
11/1/2022	QUADRACEL (PF) INTRAMUSCULAR SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
11/1/2022	RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with BvD Prior Authorization
11/1/2022	TENIVAC (PF) INTRAMUSCULAR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
11/1/2022	TYVASO DPI 16MCG, 32MCG, 48MCG, 64MCG INHALATION CARTRIDGE WITH INHALER		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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11/1/2022	TYVASO DPI 16 MCG (112)-32 MCG(84), 16(112)-32(112)-48(28) MCG INHALATION CARTRIDGE WITH INHALER		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
11/1/2022	TYVASO DPI 32-48 MCG INHALATION CARTRIDGE WITH INHALER		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
11/1/2022	YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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10/1/2022	JARDIANCE 10MG, 25MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
10/1/2022	NUCALA 40MG/0.4ML SUBCUTANEOUS SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
10/1/2022	PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
10/1/2022	PROSOL 20% INTRAVENOUS PARENTERAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with BvsD Prior Authorization
10/1/2022	SODIUM, POTASSIUM, MAG SULFATES 17.5-3.13-1.6GM ORAL RECON SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
10/1/2022	TICOVAC 1.2MCG/0.25ML INTRAMUSCULAR SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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9/1/2022		amoxicil-clarithromy-lansopraz 500-500-30mg oral combo pack	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
9/1/2022		bexarotene 1% topical gel	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2022	CAMZYOS 2.5MG, 5MG, 10MG, 15MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2022	COPIKTRA 15MG, 25MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
9/1/2022		fesoterodine 4mg, 8mg oral tablet extended release 24 hr	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
9/1/2022	LIVTENCITY 200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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9/1/2022		sorafenib 200mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
9/1/2022	VIJOICE 50MG, 125MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2022	VIJOICE 250 MG/DAY (200MG x1-50MG x1) ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2022		vilazodone 10mg, 20mg, 40mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits

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8/1/2022		chlorzoxazone 250mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
8/1/2022		lacosamide 10mg/ml oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
8/1/2022		pirfenidone 267mg, 801mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
8/1/2022		terbinafine HCl 250mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
8/1/2022	TRIZIVIR 300-150-300MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
8/1/2022	VONJO 100MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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7/1/2022		apomorphine 10mg/ml subcutaneous cartridge	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
7/1/2022		baclofen 5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
7/1/2022	OZEMPIC 2MG/DOSE (8MG/3ML) SUBCUTANEOUS PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
7/1/2022	PREHEVBRIO (PF) 10MCG/ML INTRAMUSCULAR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with BvsD Prior Authorization
7/1/2022	REVCovi 2.4MG/1.5ML (1.6MG/ML) INTRAMUSCULAR SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
7/1/2022	TRIUMEQ PD 60-5-30MG ORAL TABLET FOR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits

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7/1/2022	VALSARTAN 4MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
7/1/2022		varenicline 0.5mg (11)-1mg (42) oral tablets, dose pack	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
7/1/2022	XARELTO 1MG/ML ORAL SUSPENSION FOR RECONSTITUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits

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6/1/2022		betaine 1gram/scoop oral powder	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
6/1/2022		crotan 10% topical lotion	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
6/1/2022	EPRONTIA 25MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization
6/1/2022		flurandrenolide 0.05% topical cream	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
6/1/2022		glycopyrrolate 1.5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
6/1/2022	GVOKE 1MG/0.2ML SUBCUTANEOUS SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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6/1/2022		lacosamide 50mg, 100mg, 150mg, 200mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
6/1/2022		lenalidomide 5mg, 10mg, 15mg, 25mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
6/1/2022		maraviroc 150mg, 300mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
6/1/2022		niacin 500mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
6/1/2022	PROVENTIL HFA 90MCG/ACTUATION AEROSOL INHALER		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
6/1/2022	PYRUKYND 5MG, 5MG (4 WEEK PACK), 20MG, 50MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
6/1/2022	PYRUKYND 20MG (7)-5MG (7), 50MG (7)-20MG (7) ORAL TABLETS, DOSE PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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6/1/2022	QUADRACEL (PF) 15 LF-48 mcg-5 LF UNIT/0.5ML (58 UNT/ML) INTRAMUSCULAR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
6/1/2022	TALZENNA 0.5MG, 0.75MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2022		ivermectin 3mg oral tablet	Add Prior Authorization	General Formulary Maintenance	Drug is on Tier 2 with Prior Authorization
6/1/2022		megestrol 625 mg/5 mL (125 mg/mL), 400 mg/10 mL (40 mg/mL) oral suspension	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 4
6/1/2022		megestrol 20mg, 40mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 2
6/1/2022	MEMANTINE 5-10MG ORAL TABLETS, DOSE PACK		Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
6/1/2022		memantine 5mg, 10mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits

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6/1/2022		memantine 7mg, 14mg, 21mg, 28mg capsule, sprinkle, ER 24hr	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
6/1/2022		memantine 2mg/ml oral solution	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
6/1/2022		methotrexate sodium 2.5mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 1
6/1/2022	NAMENDA TITRATION PAK 5-10MG ORAL TABLETS, DOSE PACK		Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
6/1/2022	XATMEP 2.5MG/ML ORAL SOLUTION		Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 4

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4/1/2022		accutane 10mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Prior Authorization
4/1/2022	BIKTARVY 30-120-15MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits
4/1/2022		caspofungin 50mg, 70mg intravenous recon soln	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 4

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3/1/2022	BESREMI 500MCG/ML SUBCUTANEOUS SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
3/1/2022	EPCLUSA 150-37.5MG, 200-50MG ORAL PELLETS IN PACKET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
3/1/2022		everolimus (immunosuppressive) 1mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with BvsD PA
3/1/2022	EXKIVITY 40MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
3/1/2022		naloxone 4mg/actuation nasal spray, non-aerosol	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
3/1/2022	OXYBRYTA 300MG TABLET FOR SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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3/1/2022		oxycodone-acetaminophen 7.5-300mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
3/1/2022	SCSEMBLIX 20MG, 40MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
3/1/2022	TICOVAC 2.4MCG/0.5 ML INTRAMUSCULAR SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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2/1/2022		azathioprine 75mg, 100mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with PA BvsD
2/1/2022		dextroamphetamine 15mg, 20mg, 30mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
2/1/2022		difluprednate 0.05% ophthalmic (eye) drops	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
2/1/2022		everolimus (antineoplastic) 2mg, 3mg, 5mg oral tablet for suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2022		everolimus (antineoplastic) 10mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization with Quantity Limits
2/1/2022	INVEGA HAFYERA 1,092MG/3.5 ML, 1,560MG/5 ML INTRAMUSCULAR SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits & Step Therapy
2/1/2022	LYBALVI 5-10MG, 10-10MG, 15-10MG, 20-10MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits & Step Therapy
2/1/2022	PANRETIN 0.1% TOPICAL GEL		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization with Quantity Limits

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2/1/2022		paroxetine hcl 10mg/5ml oral suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
2/1/2022	PENTACEL (PF) 15Lf-48mcg-62DU-10 mcg/0.5mL INTRAMUSCULAR KIT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
2/1/2022	RESTASIS 0.05% OPHTHALMIC (EYE) DROPPERETTE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
2/1/2022		sajazir 30mg/3ml subcutaneous syringe	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2022		tritocin 0.05% topical ointment	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2022	TRUSELTIQ 100 MG/DAY(100 MG x 1), 50 MG/DAY(25 MG x 2), 75 MG/DAY(25 MG x 3), 125 MG/DAY(100MG x1-25MG x1) ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2022		varenicline 0.5mg, 1mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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2/1/2022	WELIREG 40MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2022	ENTRESTO 24-26MG, 49-51MG, 97-103MG ORAL TABLET		Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
2/1/2022	HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40MG/0.4 ML SUBCUTANEOUS PEN INJECTOR KIT		Update Quantity Limit to 3 per 28 days	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits