

## Prescription Blue<sup>SM</sup> PDP



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

### Attention Blue Cross Blue Shield of Michigan members:

### This is a list of changes made to the Prescription Blue Select Comprehensive formulary since its initial release in October 2022

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 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 Blue Cross 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 Prescription Blue ever denies coverage for your prescription drugs, we'll explain our decision to you. 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, please review your Prescription Blue *Formulary* or *Evidence of Coverage*.

If you have questions about the Blue Cross drug formulary, call Customer Service at 1-800-565-1770. Hours are from 8 a.m. to 9 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.

**Prescription Blue PDP Select  
Core Comprehensive Formulary**

(Updated 6/1/2023)

**Changes made to the drugs in the Medicare Prescription Blue PDP Select  
Core Comprehensive Formulary (additions, deletions, changes in coverage)  
Most recent changes appear at the beginning**

<b>Effective Date</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Type of Change</b>	<b>Reason for Change</b>	<b>Notes</b>
6/1/2023		endocet 325mg; 2.5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
6/1/2023	ERLEADA 240MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2023		teriflunomide 7mg and 14mg oral tablets	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization and Quantity Limits

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5/1/2023	JAYPIRCA 50MG, 100MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2023		lamotrigine 25mg, 50mg, 100mg, 200mg oral disintegrating tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
5/1/2023		lurasidone hydrochloride 20mg, 40mg, 60mg, 80mg, 120mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
5/1/2023	LYTGOBI 12MG, 16MG, 20MG ORAL TABLET THERAPY PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2023		neo-polycin ophthalmic ointment	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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5/1/2023	ORSERDU 86MG, 345MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2023		polycin ophthalmic ointment	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2023	QUETIAPINE 150MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
5/1/2023	REZLIDHIA 150MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2023	SOVALDI 200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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5/1/2023		subvenite 25mg, 100mg, 150mg, 200mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2023		tasimelteon 20mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2023	ZTALMY 50MG/ML ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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4/1/2023		estradiol valerate 10mg/ml injection	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2023	HEPLISAV-B 20MCG/0.5ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with BvsD Prior Authorization
4/1/2023	KRAZATI 200 MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
4/1/2023	LEUPROLIDE ACETATE 22.5 MG INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization
4/1/2023	OZEMPIC 2MG/3ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits

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4/1/2023		pirfenidone 267mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
4/1/2023	SODIUM OXYBATE 500MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
4/1/2023	SUNLENCA 300 MG; 4-TABLET PACK, 5-TABLET PACK ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits

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3/1/2023	AUVELITY 105MG; 45MG EXTENDED-RELEASE ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits & Step Therapy
3/1/2023	GLEOSTINE 10MG, 40MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
3/1/2023	GLEOSTINE 100MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
3/1/2023	MENEST 2.5MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
3/1/2023		roflumilast 0.25mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization



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3/1/2023	SKYRIZI 180MG/1.2ML SUBCUTANEOUS SOLUTION CARTRIDGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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2/1/2023	ADLARITY 5MG/DAY, 10MG/DAY TRANSDERMAL PATCH		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
2/1/2023	CALQUENCE 100MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2023	CAPLYTA 10.5MG, 21MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Step Therapy & Quantity Limits
2/1/2023		dabigatran 75mg, 150mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
2/1/2023	DESCOVY 120MG;15MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5

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2/1/2023		fingolimod 0.5mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2023	HYFTOR 0.2% TOPICAL GEL		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2023		icosapent ethyl 0.5 gm oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2023	IMBRUVICA 70MG/ML ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2023	JYNNEOS 0.5ML INJECTION SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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2/1/2023		lansoprazole/amoxicillin/clarithromycin 500mg; 500mg; 30mg combination package	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2023		lenalidomide 2.5mg, 20mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2023	LUPRON DEPOT 22.5MG, 3- MONTH/30MG, 4-MONTH/45MG, 6- MONTH INTRAMUSCULAR KIT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2023		neomycin/polymixin/dexamethasone 0.1% ophthalmic ointment	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2023		neomycin/polymixin/dexamethasone 0.1% ophthalmic suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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2/1/2023	ORKAMBI 94MG; 75MG ORAL PACKET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2023	PROSOL 20% SOLUTION, INTRAVENOUS		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with BvsD Prior Authorization
2/1/2023	RADICAVA ORS 105MG/5ML ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2023	REVLIMID 5MG, 10MG, 15MG, 25MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2023		roflumilast 500 mcg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization

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2/1/2023		tazarotene 0.05%, 0.1% topical gel	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
2/1/2023	VENLAFAXINE BESYLATE ER 112.5MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
2/1/2023	VIVJOA 18-COUNT 150MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
2/1/2023	ZONISADE 100MG/5ML ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits