

Medicare PLUS BlueSM Group PPO Prescription BlueSM Group PDP



Blue Cross
Blue Shield
of Michigan

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



Blue Cross
Blue Shield
of Michigan

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 Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard and Standard 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 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 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
12/1/2024		dasatinib 20mg, 50mg, 70mg, 80mg, 100mg, 140mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
12/1/2024	LAZCLUZE 80MG, 240MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
12/1/2024	RINVOQ LQ 1MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
12/1/2024	VORANIGO 10MG, 40MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
12/1/2024	VOYDEYA 150MG DOSE, 200MG DOSE ORAL TABLET PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
11/1/2024		gavilyte-n/flavor pack 420gm; 1.48gm; 5.72gm; 11.2gm powder for oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
11/1/2024	MRESVIA 50MCG/0.5ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
11/1/2024	OJEMDA 400 MG ONCE WEEKLY CARTON ORAL TABLET PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
11/1/2024	OJEMDA 600 MG ONCE WEEKLY CARTON ORAL TABLET PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
11/1/2024	OTEZLA 20MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
11/1/2024	OTEZLA 28 DAY 10/20 ORAL TABLET STARTER PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
11/1/2024	RETEVMO 40MG, 80MG, 120MG, 160MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
11/1/2024	VAXCHORA ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
11/1/2024		abiraterone 500mg oral tablet	Deletion to Formulary	General Formulary Maintenance	Remove from formulary (affects new starts only)

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary

(Updated 12/1/2024)

Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
10/1/2024	DRIZALMA SPRINKLE 20MG, 30MG, 40MG, 60MG DELAYED RELEASE ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
10/1/2024		ivabradine hydrochloride 5mg, 7.5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
10/1/2024		l-glutamine 5gm powder for oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
10/1/2024		torpenz 2.5mg, 5mg, 7.5mg, 10mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary

(Updated 12/1/2024)

Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
10/1/2024	WINREVAIR 45MG, 60MG INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
10/1/2024		abiraterone acetate 250mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
10/1/2024		imatinib mesylate 100mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
10/1/2024		imatinib mesylate 400mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
9/1/2024	AMCINONIDE 0.1% TOPICAL CREAM		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
9/1/2024		doxycycline monohydrate 50mg, 100mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
9/1/2024		doxycycline monohydrate 50mg, 100mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
9/1/2024		hydrocortisone 1% topical ointment	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
9/1/2024		lidocaine hydrochloride viscous 2% solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
9/1/2024	OGSIVEO 100MG, 150MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2024	OJEMDA 25MG/ML ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2024	OJEMDA 100MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2024	QULIPTA 10 MG, 30MG, 60MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary

(Updated 12/1/2024)

Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
9/1/2024	RYTARY 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG ORAL EXTENDED-RELEASE CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits & Step Therapy
9/1/2024	SCEMBLIX 100MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2024		tadalafil 2.5mg, 5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization & Quantity Limits
9/1/2024	TYRVAYA 0.03MG/ACT NASAL SPRAY		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
9/1/2024	LIVALO 1MG, 2MG, 4MG ORAL TABLET		Decrease Tier	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard
Comprehensive Formulary and Standard Enhanced 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
9/1/2024	SIMBRINZA 0.2%; 1% OPHTHALMIC SUSPENSION		Decrease Tier	General Formulary Maintenance	Drug is on Tier 3

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
8/1/2024	FASENRA 10MG/0.5ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
8/1/2024	LIBERVANT 5MG, 7.5MG, 10MG, 12.5MG, 15MG BUCCAL FILM		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
8/1/2024		varenicline 1mg oral tablet pack	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
8/1/2024	IMBRUVICA 140MG, 280MG ORAL TABLET		Deletion to Formulary	General Formulary Maintenance	Remove from formulary (affects new starts only)

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
7/1/2024	JYLAMVO 2MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
7/1/2024	XCOPRI 25MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
7/1/2024		yargesa 100mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
7/1/2024	ZILBRYSQ 16.6MG/0.416ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
7/1/2024	TERIPARATIDE 620MCG/2.48ML PEN INJECTION		Increase Day Supply 2.48/28 Days	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
6/1/2024		clindamycin 1% topical gel	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
6/1/2024	FILSUEZ 10% TOPICAL GEL		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
6/1/2024	MOTPOLY XR 100MG EXTENDED-RELEASE CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization & Quantity Limits
6/1/2024		nitroglycerin 0.4% rectal ointment	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
5/1/2024	FLUTICASONE PROPIONATE HFA 44MCG/ACT, 110MCG/ACT, 220MCG/ACT INHALATION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
5/1/2024	FLUTICASONE PROPIONATE DISKUS 50MCG/ACT, 100MCG/ACT, 250MCG/ACT INHALATION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
5/1/2024		heather 0.35mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2024	IXCHIQ INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2024	JOENJA 70MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
5/1/2024		mifepristone 300mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
5/1/2024	MOTPOLY XR 150MG, 200MG EXTENDED RELEASE ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2024	RIVFLOZA 80MG/0.5ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2024	RIVFLOZA 128MG/0.8ML, 160MG/ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
5/1/2024	ROZLYTREK 50MG ORAL PELLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2024	TERIPARATIDE 620MCG/2.48ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2024	TRIENTINE HYDROCHLORIDE 500MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
5/1/2024	XOLAIR 75MG/0.5ML, 150MG/ML, 300MG/2ML AUTO INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
5/1/2024	XOLAIR 300MG/2ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
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	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 & Quantity Limits
4/1/2024		risperidone er 25mg, 37.5mg, 50mg injection	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Step Therapy & Quantity Limits

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
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 SPRINKLE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
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

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
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

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard
Comprehensive Formulary and Standard Enhanced 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
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

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
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 with Quantity Limits
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

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
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		lithium 8meq/5ml oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
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

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
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
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

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
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	VANFLYTA 17.7MG, 26.5MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2024	XDEMVIY 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

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
2/1/2024		amitriptyline hcl 25mg, 75mg, 150mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 2
2/1/2024		amitriptyline hydrochloride 10mg, 50mg, 100mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 2
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
2/1/2024		clomipramine hydrochloride 25mg, 50mg, 75mg oral capsule	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 4
2/1/2024		doxepin hcl 10mg/ml oral concentrate	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Standard Comprehensive Formulary and Standard Enhanced Comprehensive Formulary**

(Updated 12/1/2024)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Comprehensive Formulary and Standard Enhanced 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
2/1/2024		doxepin hcl 75mg oral capsule	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3
2/1/2024		doxepin hydrochloride 10mg, 25mg, 50mg, 100mg, 150mg oral capsule	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 3
2/1/2024		imipramine hcl 25mg, 50mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 2
2/1/2024		imipramine hydrochloride 10mg oral tablet	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 2
2/1/2024		imipramine pamoate 75mg, 100mg, 125mg, 150mg oral capsule	Remove Prior Authorization	General Formulary Maintenance	Drug is on Tier 4