

## Medicare PLUS Blue<sup>SM</sup> Group PPO Prescription Blue<sup>SM</sup> Group PDP



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 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 Healthy Value Enhanced Comprehensive formulary since its initial release in October 2024

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](http://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 Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value 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
5/1/2025		donepezil HCl/memantine HCl 10-14mg, 10-21mg, 10-28mg extended-release oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025		esomeprazole magnesium 20mg, 40mg capsule delayed release	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
5/1/2025		feirza 1.5/30, 28-day oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2025		feirza 1/20, 28-day oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
5/1/2025	HUMALOG 100UNIT/ML SOLUTION CARTRIDGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMALOG 100UNIT/ML INJECTION SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

## Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value 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
5/1/2025	HUMALOG KWIKPEN 100UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMALOG JUNIOR KWIKPEN 100UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMALOG TEMPO PEN 50UNIT/ML PEN INJECTOR WITH TRANSMITTER PORT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMALOG MIX KWIKPEN 50/50, 75/25 PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMALOG MIX 75/25 SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMULIN KWIKPEN 70/30 PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy  
Value Enhanced 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>
5/1/2025	HUMULIN 70/30 SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMULIN N 100UNIT/ML SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMULIN N KWIKPEN 100UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	HUMULIN R 100UNIT/ML SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	INSULIN LISPRO 100UNIT/ML SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	INSULIN LISPRO JUNIOR KWIKPEN 100UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

## Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value 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
5/1/2025	INSULIN LISPRO KWIKPEN 100UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN 25UNIT/ML; 75UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025		isosorbide mononitrate 10mg, 20mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 1
5/1/2025	LAGEVRIO 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
5/1/2025	LYUMJEV 100UNIT/ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	LYUMJEV KWIKPEN 100UNIT/ML, 200UNIT/ML PEN INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy  
Value Enhanced 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>
5/1/2025	LYUMJEV TEMPO PEN 100UNIT/ML PEN INJECTOR WITH TRANSMITTER PORT		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	NURTEC 75MG ORAL DISINTEGRATING TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2025		testosterone pump 1% transdermal gel	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
5/1/2025	VIVOTIF DELAYED RELEASE ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
5/1/2025	WEZLANA 45MG/0.5ML 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  
Healthy Value Enhanced Comprehensive Formulary**

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy  
Value 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
5/1/2025	WEZLANA 45MG/0.5ML, 90MG/ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2025		donepezil 10mg oral tablet	Increase Quantity Limits	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
5/1/2025		donepezil 10mg oral disintegrating tablet	Increase Quantity Limits	General Formulary Maintenance	Drug is on Tier 2 with Quantity Limits
5/1/2025	HUMALOG KWIKPEN 200 UNIT/ML		Decrease Tier	General Formulary Maintenance	Drug is on Tier 3

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

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy  
Value Enhanced 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>
4/1/2025	HARVONI 45MG/200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
4/1/2025		mesna 400mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2025	PREVYMIS 20MG, 120MG ORAL PELLET PACKETS		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization and Quantity Limits
4/1/2025		topiramate 50mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2



## Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary (additions, deletions, changes in coverage)**

**Most recent changes appear at the beginning**

**The following drugs were updated to remove quantity limit restrictions *only*; there are no changes to tiering or other utilization management information:**

ABIRATERONE ACETATE 250MG ORAL TABLET	AKEEGA 500MG-50MG, 500MG-100MG ORAL TABLETS	ALECENSA 150MG ORAL CAPSULE
APREPITANT 80MG CAPSULE, 80MG & 125MG CAPSULE THERAPY PACK	AUGTYRO 40MG, 160MG ORAL CAPSULES	AYVAKIT 25MG, 50MG, 100MG, 200MG, 300MG ORAL TABLETS
BALVERSA 3MG, 4MG, 5MG ORAL TABLETS	BESREMI 500MCG/ML PREFILLED SYRINGE	BEXAROTENE 1% TOPICAL GEL
BOSULIF 50MG, 100MG ORAL CAPSULES	BOSULIF 100MG, 400MG, 500MG ORAL TABLETS	BRAFTOVI 75MG ORAL CAPSULE
BRUKINSA 80MG ORAL CAPSULE	CABOMETYX 20MG, 40MG, 60MG ORAL TABLETS	CALQUENCE 100MG ORAL TABLETS
DASATINIB 20MG, 50MG, 70MG, 80MG, 100MG, 140MG ORAL TABLETS	DRONABINOL 2.5MG, 5MG, 10MG ORAL CAPSULES	ERLEADA 60MG, 240MG ORAL TABLETS
ERLOTINIB HCL 25MG, 100MG, 150MG ORAL TABLETS	EVEROLIMUS 2.5MG, 5MG, 7.5MG, 10MG ORAL TABLETS	FLUOROURACIL 5% TOPICAL CREAM
FOTIVDA 0.89MG, 1.34MG ORAL CAPSULES	FRUZAQLA 1MG, 5MG ORAL CAPSULES	GAVRETO 100MG ORAL CAPSULES
GILOTRIF 20MG, 30MG, 40MG ORAL TABLETS	GRANISETRON HCL 1MG ORAL TABLET	IBRANCE 75MG, 100MG, 125MG ORAL TABLETS
IBRANCE 75MG, 100MG, 125MG ORAL CAPSULES	IDHIFA 50MG, 100MG ORAL TABLETS	IMATINIB MESYLATE 100MG, 400MG ORAL TABLETS

## Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary (additions, deletions, changes in coverage)**

**Most recent changes appear at the beginning**

IMBRUVICA 70MG, 140MG ORAL CAPSULES	IMBRUVICA 70MG/ML ORAL SUSPENSION	IMBRUVICA 420MG ORAL TABLET
IMIQUIMOD 5% TOPICAL CREAM	INLYTA 1MG, 5MG ORAL TABLETS	INQOVI 100MG-35MG ORAL TABLET
INREBIC 100MG ORAL CAPSULE	ITOVEBI 3MG, 9MG ORAL TABLETS	IWILVIN 192MG ORAL TABLET
JAKAFI 5MG, 10MG, 15MG, 20MG, 25MG ORAL TABLETS	JAYPIRCA 50MG, 100MG ORAL TABLETS	KRAZATI 200MG ORAL TABLETS
LAZCLUZE 80MG, 240MG ORAL TABLETS	LENALIDOMIDE 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG ORAL CAPSULES	LOBRENA 25MG, 100MG ORAL TABLETS
LUMAKRAS 120MG, 240MG, 320MG ORAL TABLETS	LYNPARZA 100MG, 150MG ORAL TABLETS	LYTGOBI 4MG TABLET THERAPY PACKS (12MG, 16MG, 20MG DAILY DOSE)
MEKINIST 0.05MG/ML ORAL SOLUTION	MEKINIST 0.5MG, 2MG ORAL TABLETS	MEKTOVI 15MG ORAL TABLETS
NEULASTA 6MG/0.6ML PREFILLED SYRINGE	NINLARO 2.3MG, 3MG, 4MG ORAL CAPSULES	NUBEQA 300MG ORAL TABLETS
OGSIVEO 50MG, 100MG, 150MG ORAL TABLETS	OJEMDA 100MG ORAL TABLET	OJEMDA 25MG/ML ORAL SUSPENSION
OJJAARA 100MG, 150MG, 200MG ORAL TABLETS	ONDANSETRON HCL 4MG/5ML ORAL SOLUTION	ONUREG 200MG, 300MG ORAL TABLETS
ORGOVYX 120MG ORAL TABLET	ORSERDU 86MG, 345MG ORAL TABLETS	PAZOPANIB HCL 200MG ORAL TABLET
PEGASYS 180MCG/0.5ML PREFILLED SYRINGE	PEMAZYRE 4.5MG, 9MG, 13.5MG ORAL TABLETS	PIMECROLIMUS 1% TOPICAL CREAM

## Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary (additions, deletions, changes in coverage)**

**Most recent changes appear at the beginning**

PIQRAY 200MG, 250MG, 300MG DAILY DOSE TABLET THERAPY PACKS	POMALYST 1MG, 2MG, 3MG, 4MG ORAL CAPSULES	QINLOCK 50MG ORAL TABLET
RETEVMO 40MG, 80MG ORAL CAPSULES	RETEVMO 40MG, 80MG, 120MG, 160MG ORAL TABLETS	REZLIDHIA 150MG ORAL CAPSULE
REZUROCK 200MG ORAL TABLET	ROZLYTREK 50MG PELLET PACK	ROZLYTREK 100MG, 200MG ORAL CAPSULES
RYDAPT 25MG ORAL CAPSULE	SCEMBLIX 20MG, 40MG, 100MG ORAL TABLETS	SORAFENIB TOSYLATE 200MG ORAL TABLET
SPRYCEL 20MG, 50MG, 70MG, 80MG, 100MG, 140MG ORAL TABLETS	SUNITINIB MALATE 12.5MG, 25MG, 37.5MG, 50MG ORAL CAPSULES	TABRECTA 150MG, 200MG ORAL TABLETS
TAFINLAR 50MG, 75MG ORAL CAPSULES	TAFINLAR 10MG TABLET FOR ORAL SUSPENSION	TAGRISSO 40MG, 80MG ORAL TABLETS
TASIGNA 50MG, 150MG, 200MG ORAL CAPSULES	TAZVERIK 200MG ORAL TABLET	TEPMETKO 225MG ORAL TABLET
THALOMID 50MG, 100MG ORAL CAPSULES	TORPENZ 2.5MG, 5MG, 7.5MG, 10MG ORAL TABLETS	TRUQAP 160MG, 200MG ORAL TABLETS
TUYKYSA 50MG, 150MG ORAL TABLETS	TURALIO 125MG ORAL CAPSULE	VALCHLOR 0.016% TOPICAL GEL
VANFLYTA 17.7MG, 26.5MG ORAL TABLETS	VENCLEXTA TABLET THERAPY STARTER PACK	VENCLEXTA 10MG, 50MG, 100MG ORAL TABLETS
VERZENIO 50MG, 100MG, 150MG, 200MG ORAL TABLETS	VITRAKVI 25MG, 100MG ORAL CAPSULES	VONJO 100MG ORAL CAPSULE

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

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy  
Value Enhanced Comprehensive Formulary (additions, deletions, changes in coverage)**

**Most recent changes appear at the beginning**

VORANIGO 10MG, 40MG ORAL TABLETS	WELIREG 40MG ORAL TABLET	XALKORI 200MG, 250MG ORAL CAPSULES
XALKORI 20MG, 50MG, 150MG ORAL SPRINKLE CAPSULES	XERMELO 250MG ORAL TABLET	XPOVIO 40MG WEEKLY, 60MG WEEKLY, 80MG WEEKLY, 100MG WEEKLY TABLET THERAPY PACK
XPOVIO 40MG, 60MG, 80MG TWICE WEEKLY TABLET THERAPY PACK	XTANDI 40MG ORAL CAPSULE	XTANDI 40MG, 80MG ORAL TABLETS
ZEJULA 100MG, 200MG, 300MG ORAL TABLETS	ZELBORAF 240MG ORAL TABLET	ZYDELIG 100MG, 150MG ORAL TABLETS

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

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy  
Value Enhanced 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>
3/1/2025	IMKELDI 80MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
3/1/2025	LAGEVRIO 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
3/1/2025	REVUFORJ 110MG, 160MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

## Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value 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
2/1/2025	AUGTYRO 160MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	COBENFY 20MG/50MG, 30MG/125MG, 20MG/100MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	COBENFY 28-DAY STARTER PACK ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025		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

## Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value 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
2/1/2025		gallifrey 5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
2/1/2025	ITOVEBI 3MG, 9MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	LAZCLUZE 80MG, 240MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	LUMAKRAS 240MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025		quinapril/hydrochlorothiazide 12.5mg/10mg, 12.5mg/20mg, 25mg/20mg 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 Healthy Value Enhanced Comprehensive Formulary

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy Value 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
2/1/2025	RINVOQ LQ 1MG/ML ORAL SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025		tazarotene 0.05% topical cream	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
2/1/2025	VORANIGO 10MG, 40MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	VOYDEYA 150MG DOSE, 200MG DOSE ORAL TABLET PACK		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2025	NAMZARIC 7MG/10MG, 14MG/10MG, 21MG/10MG, 28MG/10MG EXTENDED-RELEASE ORAL CAPSULE		Decrease to Tier 3	General Formulary Maintenance	Drug is on Tier 3



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

(Updated 5/1/2025)

**Changes made to the drugs in the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Healthy  
Value Enhanced 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>
2/1/2025	NAMZARIC EXTENDED-RELEASE ORAL CAPSULE TITRATION PACK		Decrease to Tier 3	General Formulary Maintenance	Drug is on Tier 3
2/1/2025		nebivolol 2.5mg, 5mg, 10mg, 20mg oral tablet	Remove Step Therapy	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits