Medicare PLUS Blue℠ Group PPO **Prescription Blue℠ 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.

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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 Healthy Value Enhanced Comprehensive formulary since its initial release in October 2025

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
Healthy Value Enhanced Comprehensive Formulary

(Updated 10/1/2026)

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
10/1/2026		glipizide 15mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 1 with Quantity Limits
10/1/2026	SKYRIZI 55MG/0.37ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
10/1/2026	VASCEPA 0.5GM, 1GM ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
10/1/2026		yulithira 2.5mg, 5mg, 7.5mg, 10mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization

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

(Updated 10/1/2026)

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
9/1/2026	AVTOZMA 162MG/0.9ML PREFILLED SYRINGE INJECTION AND AUTO-INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2026		azilsartan medoxomil 40mg, 80mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
9/1/2026		bosutinib 400mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
9/1/2026	BREZTRI AEROSPHERE 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT INHALER		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
9/1/2026	FANAPT TITRATION PACK B ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits

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Healthy Value Enhanced Comprehensive Formulary

(Updated 10/1/2026)

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
9/1/2026	FANAPT TITRATION PACK C ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
9/1/2026	LIFYORLI CAPSULE THERAPY PACK 125MG DOSE, 150MG DOSE ORAL CAPSULE (1 DOSE SUPPLY, 3 DOSE SUPPLY, 9 DOSE SUPPLY)		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
9/1/2026		macitentan 10mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization & Quantity Limits
9/1/2026		sitagliptin phosphate/metformin hydrochloride 500mg; 50mg, 1000mg; 50mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
9/1/2026		tofacitinib citrate 5mg, 10mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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Healthy Value Enhanced Comprehensive Formulary

(Updated 10/1/2026)

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
9/1/2026		tofacitinib citrate 1mg/ml oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2026		tofacitinib citrate er 11mg, 22mg oral extended release tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
9/1/2026	BOSULIF 400MG ORAL TABLET		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary
9/1/2026	EDARBI 40MG, 80MG ORAL TABLET		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary
9/1/2026	OPSUMIT 10MG ORAL TABLET		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary

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

(Updated 10/1/2026)

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
9/1/2026	XELJANZ 5MG, 10MG ORAL TABLET		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary
9/1/2026	XELJANZ 1MG/ML ORAL SOLUTION		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary
9/1/2026	XELJANZ XR 11MG, 22MG ORAL EXTENDED RELEASE TABLET		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary

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

(Updated 10/1/2026)

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
8/1/2026	IDVYNSO 100MG/0.25MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits
8/1/2026	JAKAFI XR 11MG, 22MG, 33MG, 44MG, 55MG EXTENDED RELEASE 24 HOUR ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
8/1/2026		rilpivirine 25mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
8/1/2026		tacrolimus er 0.5mg, 1mg, 5mg extended release 24 hour oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with B vs D Prior Authorization

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

(Updated 10/1/2026)

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
7/1/2026	KOMZIFTI 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
7/1/2026		nintedanib esylate 100mg, 150mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
7/1/2026	OZEMPIC 1.5MG, 4MG, 9MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization & Quantity Limits
7/1/2026	FARXIGA 5MG, 10MG ORAL TABLET		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary
7/1/2026	OFEV 100MG, 150MG ORAL CAPSULE		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary

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(Updated 10/1/2026)

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
6/1/2026		brivaracetam 10mg, 25mg, 50mg, 75mg, 100mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization & Quantity Limits
6/1/2026		brivaracetam 10mg/ml oral solution	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Prior Authorization & Quantity Limits
6/1/2026	TRUQAP 160MG ORAL TABLET THERAPY PACKET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
6/1/2026	BRIVIACT 10MG, 25MG, 50MG, 75MG, 100MG ORAL TABLET		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary
6/1/2026	BRIVIACT 10MG/ML ORAL SOLUTION		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary

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(Updated 10/1/2026)

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
5/1/2026		ceftaroline fosamil 400mg, 600mg injection	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
5/1/2026	EBGLYSS 250MG/2ML SOLUTION, PRE-FILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2026	EBGLYSS 250MG/2ML SOLUTION, AUTO INJECTOR		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
5/1/2026	LEVETIRACETAM 250MG, 500MG TABLET DISINTEGRATING SOLUBLE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits
5/1/2026		pomalidomide 1mg, 2mg, 3mg, 4mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

Medicare Plus Blue Group PPO and Prescription Blue Group PDP
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(Updated 10/1/2026)

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5/1/2026	XPOVIO 80MG ORAL TABLET THERAPY PACK, ONCE WEEKLY		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
5/1/2026	POMALYST 1MG, 2MG, 3MG, 4MG ORAL CAPSULE		Deletion to Formulary	General Formulary Maintenance	Drug is removed from Formulary

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(Updated 10/1/2026)

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
4/1/2026		calcium acetate 667mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2026		calcium acetate 667mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
4/1/2026		ciprofloxacin hydrochloride/hydrocortisone 0.2%; 1% otic suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
4/1/2026	DOPTELET 10MG ORAL SPRINKLE CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
4/1/2026	EXXUA TITRATION PACK 18.2MG EXTENDED RELEASE ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits & Step Therapy
4/1/2026	FULPHILA 6MG/0.6ML PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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4/1/2026		hailey fe 1/20 20mcg; 75mg; 1mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
4/1/2026	HYRNUO 10MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
4/1/2026	LAGEVRIO 200MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
4/1/2026	MIEBO 1.338GM/ML OPHTHALMIC SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
4/1/2026	OSENVELT 120MG/1.7ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization

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4/1/2026		perampanel 0.5mg/ml oral suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
4/1/2026		sevelamer carbonate 800mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
4/1/2026		sevelamer carbonate 0.8gm, 2.4gm powder for oral suspension packet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
4/1/2026	SHINGRIX 50MCG/0.5ML INJECTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits
4/1/2026		sodium polystyrene sulfonate 15gm/60ml oral suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
4/1/2026		ticagrelor 60mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits
4/1/2026		ticagrelor 90mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
4/1/2026	VRAYLAR 0.5MG, 0.75MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits & Step Therapy
4/1/2026	XIIDRA 5% OPHTHALMIC SOLUTION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Quantity Limits

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3/1/2026	ENSACOVE 25MG, 100MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
3/1/2026	KOSELUGO 5MG, 7.5MG ORAL GRANULES		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
3/1/2026		liomny 5mcg, 25mcg, 50mcg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
3/1/2026	PREZCOBIX 150MG; 675MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits
3/1/2026	STOBOCLO 60MG/ML SOLUTION PREFILLED SYRINGE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization & Quantity Limits

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
3/1/2026	SUBVENITE 10MG/ML ORAL SUSPENSION		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4 with Prior Authorization

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Effective Date	Brand Name	Generic Name	Type of Change	Reason for Change	Notes
2/1/2026		bosentan 32mg tablet for oral suspension	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2026	BRUKINSA 160MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2026	DROXIA 200MG, 300MG, 400MG ORAL CAPSULE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2026	EXXUA 18.2MG, 36.3MG, 54.5MG, 72.6MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Step Therapy & Quantity Limits
2/1/2026		fidaxomicin 200mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Quantity Limits

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2/1/2026		glycerol phenylbutyrate 1.1gm/ml oral liquid	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2026	INLURIYO 200MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization
2/1/2026		lomustine 10mg, 40mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2026		lomustine 100mg oral capsule	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5
2/1/2026	OTEZLA XR 75MG ORAL TABLET EXTENDED RELEASE		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits

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2/1/2026	OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 5 with Prior Authorization & Quantity Limits
2/1/2026	REXTOVY 4MG/0.25ML ORAL LIQUID		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3
2/1/2026		valtya 35mcg; 1 mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 4
2/1/2026	XIGDUO XR 2.5MG/1000MG, 5MG/500MG, 5MG/1000MG, 10MG/500MG, 10MG/1000MG ORAL TABLET		Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with Quantity Limits