



Blue Cross Blue Shield of Michigan and Blue Care Network Drug List Updates

Blue Cross and BCN update our drug lists monthly. This document includes recent changes or updates that may not yet be reflected on our drug lists.

Some drugs have letters next to them to indicate which ones may have coverage requirements or limits.

PA	Prior authorization – Your doctor is required to give more information to determine coverage.
ST	Step therapy – Requires you try one or more preferred drugs before a higher-cost medication can be covered.
QL	Quantity limit – The quantity of medication dispensed at one time is limited.
15DS	15-day supply – Limits the amount of certain specialty drugs to a 15-day supply to help reduce out-of-pocket costs and waste.
ABA	Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand out-of-pocket cost will apply for these medications. Some authorized brand alternatives may not be covered.

This list is intended as a reference guide. Your drug plan determines how these drugs may be covered. For coverage information specific to your drug benefit, check your plan documents.

For a complete list of drugs and coverage requirements, go to bcbsm.com/pharmacy.

		Drug List Status			
Product Name (Brand Name)	Generic Name	Clinical Drug List	Custom Drug List	Custom Select Drug List	Preferred Drug List
EXENATIDE SOLN PEN-INJECTOR	EXENATIDE SOLN PEN-INJECTOR	Not covered	Not covered	Not covered	Not covered
FERRIC CITRATE TAB (ABA for AURYXIA)	FERRIC CITRATE TAB	Not covered	Not covered	Not covered	Not covered
HUMIRA (CORDAVIS manufacturer ONLY)	ADALIMUMAB	N/A	N/A	N/A	Not covered
IQIRVO TAB	ELAFIBRANOR TAB	No change	No change	No change	Nonpreferred specialty PA; QL
UMECLIDINIUM-VILANTEROL AERO (ABA for ANORO ELLIPTA)	UMECLIDINIUM-VILANTEROL AERO	Not covered	Not covered	Not covered	Not covered
WELZLANA NDCs: 84612008901, 84612007601, 84612005501 ONLY	USTEKINUMAB-AUUB	N/A	N/A	N/A	Not covered