

# Blue Cross and BCN Drug List Updates

## June 2019

This page shows the updates made to the [BCBSM Clinical Drug List](#), [BCBSM/BCN Custom Drug List](#) and [BCBSM/BCN Custom Select Drug List](#), since the last monthly drug list publication.

To help ensure that you receive the highest quality, most affordable care, we routinely assess new and existing drugs to determine their safety and effectiveness. The drugs listed below are either new or their status has recently changed based on our routine assessment. Drugs that are removed from a drug list are no longer covered. To see all drugs included in your plan's drug list, visit us online.

- Go to [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy)
- Click on Drug Lists

Drug Name	Drug Chapter	Drug List Status		
		Clinical Drug List	Custom Drug List	Custom Select Drug List
<b>Azor</b> (amlodipine bes/olmesartan med)	<i>Cardiovascular, hypertension, cholesterol</i>	No change	QL removed (HMO)	QL removed (HMO)
<b>Balversa &lt;s&gt;</b> (erdafitinib)	<i>Antineoplastics and immunosuppressants</i>	Added to drug list	Added to drug list	Added to drug list
<b>Benicar</b> (olmesartan medoxomil)	<i>Cardiovascular, hypertension, cholesterol</i>	No change	QL removed (HMO)	QL removed (HMO)
<b>Benicar HCT</b> (olmesartan hydrochlorothiazide)	<i>Cardiovascular, hypertension, cholesterol</i>	No change	QL removed (HMO)	QL removed (HMO)
<b>Diacomit &lt;s&gt;</b> (stiripentol)	<i>Central nervous system</i>	Added to drug list	Added to drug list	Added to drug list
<b>Mavenclad &lt;s&gt;</b> (cladribine)	<i>Immunology and hematology</i>	Added to drug list	Added to drug list	Added to drug list
<b>Mayzent &lt;s&gt;</b> (siponimod)	<i>Immunology and hematology</i>	Added to drug list	Added to drug list	Added to drug list
<b>Orilissa</b> (elagolix sodium)	<i>Obstetrics and gynecology</i>	Changed to preferred brand	Changed to preferred brand	Changed to preferred brand
<b>Pennsaid 1.5%</b> (diclofenac sodium)	<i>Central nervous system</i>	No change	QL added (HMO)	Not covered

<s> - Specialty Drug

PA, ST - May require prior authorization or step therapy. Member must meet clinical criteria for approval

QL - Quantity limits may apply

No Change - No changes in drug coverage for this drug list.

Refer to drug lists for any restrictions in coverage such as PA, ST and QL for new drugs added.

Drug Name	Drug Chapter	Drug List Status		
		Clinical Drug List	Custom Drug List	Custom Select Drug List
<b>Pennsaid 2%</b> (diclofenac sodium)	<i>Central nervous system</i>	No change	QL added (HMO)	Not covered
<b>Perseris</b> (risperidone)	<i>Central nervous system</i>	QL added	QL added	QL added
<b>Plavix</b> (clopidogrel bisulfate)	<i>Cardiovascular, hypertension, cholesterol</i>	No change	QL removed (HMO)	QL removed (HMO)
<b>Revatio suspension</b> (sildenafil citrate)	<i>Respiratory, cough and cold</i>	No change	QL added (HMO)	QL added (HMO)
<b>Suprax capsule</b> (cefixime)	<i>Anti-infectives</i>	New generic	New generic	New generic
<b>Vesicare</b> (solifenacin succinate)	<i>Urology</i>	New generic	New generic	New generic

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