



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.

Product Name (Brand Name)	Generic Name	Drug List Status			
		Clinical Drug List	Custom Drug List	Custom Select Drug List	Preferred Drug List
BACLOFEN 15MG TABLET	BACLOFEN	Generic	Nonpreferred generic	Nonpreferred generic	Generic
CONTOUR NEXT KIT ONE	BLOOD GLUCOSE MONITORING KIT	Covered \$0 QL	Covered \$0 QL	Covered \$0 QL	Covered \$0 QL
DEXTROAMPHETAMINE SULFATE (Generic ZENZEDI)	DEXTROAMPHETAMINE SULFATE	Generic QL (Brand Zenzedi covered nonpreferred)	Nonpreferred generic QL (Brand Zenzedi covered nonpreferred)	Nonpreferred generic QL (Brand Zenzedi not covered)	Generic QL (Brand Zenzedi not covered)
ESTRADIOL GEL 0.06% (Generic ESTROGEL)	ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)	Generic	Preferred generic	Preferred generic	Generic
HUMIRA (CORDAVIS manufacturer ONLY)	ADALIMUMAB	Not covered	Not covered	Not covered	Not covered
HYDROXYM 2% CREAM	HYDROCORTISONE CREAM 2%	Not covered	Not covered	Not covered	Not covered
MIRABEGRON TAB (Generic MYRBETRIQ)	MIRABEGRON TAB ER 24 HR	Generic PA; QL	Nonpreferred generic PA; QL	Nonpreferred generic PA; QL	Generic PA; QL
SITAGLIPTIN (ABA for ZITUVIO)	SITAGLIPTIN	Not covered	Not covered	Not covered	Not covered
TYENNE	TOCILIZUMAB-AAZG	Not covered	Not covered	Not covered	Not covered