

Medicare PLUS BlueSM Group PPO Prescription BlueSM Group PDP



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 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.

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 2/1/2025)

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
2/1/2025		gallifrey 5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2

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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

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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**

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Value Enhanced Comprehensive Formulary (additions, deletions, changes in coverage)**

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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