



**Attention Blue Cross Blue Shield of Michigan members:**

**This is a list of changes made to the Medicare Plus Blue PPO Healthy Value 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 the 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 BCBSM website at [www.bcbsm.com/medicare](http://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 Medicare Plus Blue *Formulary or Evidence of Coverage*.

If you have questions about the Medicare Plus Blue + Meijer, Part B Credit, and Essential drug formulary, call Customer Service at 1-877-241-2583. Hours are from 8 a.m. to 9 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<sup>SM</sup> + Meijer PPO, Medicare Plus Blue<sup>SM</sup> + Part B Credit PPO,  
Healthy Value Comprehensive Formulary**

Updated 2/1/2025

**Changes made to the drugs in the Medicare Plus Blue + Meijer, Part B Credit, and Essential Healthy  
Value Comprehensive Formulary (additions, deletions, changes in coverage)**

**Most recent changes appear at the beginning**

<b>Effective Date</b>	<b>Brand Name</b>	<b>Generic Name</b>	<b>Type of Change</b>	<b>Reason for Change</b>	<b>Notes</b>
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

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2/1/2025		gallifrey 5mg oral tablet	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 2
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	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		wixela inhub 110mcg/50mcg, 250mcg/50mcg, 500mcg/50mcg inhalation powder	Addition to Formulary	General Formulary Maintenance	Drug is on Tier 3 with 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

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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