

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
AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE	AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE TAB	Nonpreferred generic (Brand Exforge HCT covered nonpreferred)	Nonpreferred generic (Brand Exforge HCT covered nonpreferred)	Nonpreferred generic (Brand Exforge HCT not covered)	Nonpreferred generic (Brand Exforge HCT not covered)

Product Name (Brand Name)	Generic Name	Drug List Status			
		Clinical Drug List	Custom Drug List	Custom Select Drug List	Preferred Drug List
ASA-OMEPRAZO TAB 81-40MG	ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 81-40 MG7	Not covered	Not covered	Not covered	Not covered
CALQUENCE TAB 100MG	ACALABRUTINIB MALEATE TAB 100 MG	Preferred brand specialty PA; 15DS; SP; QL	Preferred brand specialty PA; 15DS; SP; QL	Preferred brand specialty PA; 15DS; SP; QL	Preferred brand specialty PA; 15DS; SP; QL
CORDRAN OIN 0.05%	FLURANDRENOLIDE OINT 0.05%	Nonpreferred brand	Nonpreferred brand	Nonpreferred brand	Not covered
DORYX MPC 60MG	DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 60 MG	Nonpreferred brand ST	Nonpreferred brand ST	Not covered	Not covered
DYANAVAL XR CHEW TAB	AMPHETAMINE CHEW TAB EXTENDED RELEASE	Nonpreferred brand PA; QL	Nonpreferred brand PA; QL	Not covered	Not covered
ENTADFI CAPSULE	FINASTERIDE-TADALAFIL CAP 5-5 MG	Not covered	Not covered	Not covered	Not covered
EXFORGE HCT	AMLODIPINE-VALSARTAN- HYDROCHLOROTHIAZIDE TAB	Brand covered nonpreferred; Generic: covered	Brand covered nonpreferred; Generic: covered	Brand not covered; Generic: covered	Brand not covered; Generic: covered
HYFTOR GEL 0.2%	SIROLIMUS GEL 0.2%	Preferred brand specialty PA; SP; QL	Preferred brand specialty PA; SP; QL	Preferred brand specialty PA; SP; QL	Preferred brand specialty PA; SP; QL
MESALAMINE CAP 500MG ER	MESALAMINE CAP ER 500 MG	Nonpreferred generic	Nonpreferred generic	Nonpreferred generic	Nonpreferred generic
NEBUSAL NEB 6%	SODIUM CHLORIDE SOLN NEBU 6%	Nonpreferred brand	Nonpreferred brand	Nonpreferred brand	Nonpreferred brand
OSENI TAB 12.5-15	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-15 MG	Not covered	Not covered	Not covered	Not covered
PIRFENIDONE TAB 534MG	PIRFENIDONE TAB 534 MG	Generic specialty PA; SP; QL	Generic specialty PA; SP; QL	Generic specialty PA; SP; QL	Generic specialty PA; SP; QL
PRIORIX	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP	Preventive PV1; QL	Preventive PV1; QL	Preventive PV1; QL	Preventive PV1; QL

Product Name (Brand Name)	Generic Name	Drug List Status			
		Clinical Drug List	Custom Drug List	Custom Select Drug List	Preferred Drug List
TASCENSO ODT TAB 0.25MG	FINGOLIMOD LAURYL SULFATE TABLET DISINTEGRATING 0.25 MG	Nonpreferred brand specialty PA; SP; QL	Nonpreferred brand specialty PA; SP; QL	Nonpreferred brand specialty PA; SP; QL	Not covered