Blue Cross Blue Shield Blue Care Network of Michigan

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Premium Drug List changes for 2027

For Blue Cross commercial and Blue Care Network commercial

Effective Jan. 1, 2027

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Starting Jan. 1, 2027, certain medications on the Premium Drug List will no longer be covered and brand-name drugs will transition to generic alternatives when available. Additionally, certain covered medications may move to a different coverage tier, be subject to quantity limits or require step therapy to ensure appropriate clinical use.

The changes below will appear in the Premium Drug List starting Jan. 1, 2027, at **bcbsm.com/premiumdruglist.**

We plan to send letters in mid- to late October to notify affected members, their groups and their healthcare providers about these changes.

Medications that won't be covered

These medications will no longer be covered. If your patients fill a prescription for one of these medications on or after Jan. 1, 2027, they'll be responsible for the full cost.

The medications that won't be covered on the Premium Drug List are listed along with suggested alternatives that have similar effectiveness, quality and safety. Additional coverage requirements may apply for covered alternatives, such as prior authorization.

Common use or drug class	Medications that won't be covered	Alternatives
Cardiovascular agents, other	Amlodipine-olmesartan	Amlodipine tablet and olmesartan tablet
Antidepressants	Aplenzin®	Bupropion SR tablet, bupropion XL tablet
Genitourinary agents, other	Avanafil	Sildenafil, tadalafil

Common use or drug class	Medications that won't be covered	Alternatives
Respiratory tract agents, other	Azelastine-fluticasone nasal spray	Use over-the-counter nasal spray products containing an active ingredient such as fluticasone, budesonide or triamcinolone. Consult your pharmacist or provider about the appropriate option.
Anti-migraine agents	Brekiya® Inj 1 mg/ml	Dihydroergotamine, sumatriptan injection, Nurtec®, Ubrelvy®, Zavzpret®
Ophthalmic antiglaucoma agent	Brinzolamide	Dorzolamide ophthalmic solution
Ophthalmic anti-inflammatories	Bromfenac sodium ophthalmic solution 0.07%, bromfenac sodium ophthalmic solution 0.09%	Diclofenac ophthalmic solution, ketorolac ophthalmic solution
Angiotensin-converting enzyme, or ACE, inhibitors	Captopril	Lisinopril tablet, enalapril tablet, ramipril capsule
Antihistamines	Carbinoxamine solution 4 mg/5 ml	Use over-the-counter products containing an active ingredient such as loratadine, cetirizine, or fexofenadine, or consider generic prescription carbinoxamine 4 mg tablet. Consult your pharmacist or provider about the appropriate option.
Antihistamines	Clemastine fumarate oral tablet	Use over-the-counter products containing an active ingredient such as loratadine, cetirizine, or fexofenadine or consider generic prescription carbinoxamine 4mg tablet. Consult your pharmacist or provider about the appropriate option.
Antihistamines	Desloratadine oral solution 0.5 mg/ml	Cetirizine, fexofenadine, levocetirizine tablet, loratidine

Common use or drug class	Medications that won't be covered	Alternatives
Antihistamines	Dicopanol™ suspension (compound kit), diphenhydramine HCL oral elixir	Use over-the-counter products containing an active ingredient such as loratadine, cetirizine, or fexofenadine or consider generic prescription carbinoxamine 4 mg tablet. Consult your pharmacist or provider about the appropriate option.
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	Dutasteride-tamsulosin HCL capsules 0.5-0.4 mg	Dutasteride capsule and tamsulosin capsule
Antivirals	Epclusa®	Mavyret®, Vosevi®
Ophthalmic anti-allergy agents	Epinastine HCL ophthalmic solution 0.05%	Use over-the-counter ophthalmic products containing an active ingredient such as olopatadine, ketotifen or alcaftadine. Consult your pharmacist or provider about the appropriate option.
Hormonal agents, stimulant/replacement/modifying (adrenal)	Fluticasone lotion 0.05%	Betamethasone lotion, hydrocortisone lotion, triamcinolone lotion
Antivirals	Harvoni®	Mavyret®, Vosevi®
Central nervous system agents — miscellaneous	Horizant®	Gabapentin IR capsule/tablet, gabapentin ER (once daily) tablet
Anxiolytics, other	Hydroxyzine pamoate capsule 100 mg	Hydroxyzine capsule (25 mg, 50 mg)/tablet
Dermatological agents	Imiquimod external cream 3.75%	Imiquimod cream 5%
Nonsteroidal anti-inflammatory drugs	Ketoprofen oral capsule 50 mg	Celecoxib capsule, diclofenac ER/DR tablet, etodolac capsule/tablet, ibuprofen tablet, meloxicam tablet, indomethacin capsule

Common use or drug class	Medications that won't be covered	Alternatives
Estrogens	Megestrol acetate suspension 625 mg/ 5ml	Megestrol suspension 40 mg/mL
Ophthalmic quinolones	Moxifloxacin HCL (twice a day)	Moxifloxacin ophthalmic solution (three times daily)
Gastrointestinal agents	Omeprazole capsule	OTC omeprazole, OTC lansoprazole or generic prescription pantoprazole
Analgesics — drugs for pain	Oxycontin®	Hydrocodone ER tablet, morphine ER, oxymorphone HCl ER, Xtampza® ER
Attention deficit hyperactivity disorder agents, non-amphetamines	QuilliChew®	Amphetamine-dextroamphetamine, methylphenidate, dexmethylphenidate, Azstarys®, Jornay PM®
Dermatologic agents	Retin-A Micro® 0.06% Gel Pump, Retin-A Micro® 0.08% Gel Pump	Adapalene/benzoyl peroxide, tazarotene, erythromycin/benzoyl peroxide, clindamycin phosphate/benzoyl peroxide, Onexton®, Epiduo® Forte
Dermatologic agents	Rhofade®	Brimonidine gel, Mirvaso®
Analgesics — drugs for pain	RoxyBond™ tablet	Oxycodone IR tablet
Nasal agents	Ryaltris®	OTC Flonase® nasal spray, OTC budesonide nasal spray or OTC triamcinolone nasal spray
Antihistamines	RyClora™	Cetirizine, fexofenadine, levocetirizine tablet, loratadine
Phosphate binders	Sevelamer HCL tablet	Sevelamer carbonate tablet, calcium acetate capsule, calcium carbonate tablet
Immunological agents — drugs for immune system stimulation or suppression	Sotyktu®	Please talk to your provider about your options.
Antivirals	Sovaldi®	Mavyret®, Vosevi®
Ophthalmic antiglaucoma agents	Timolol hemihydrate	Timolol maleate ophthalmic solution

Common use or drug class	Medications that won't be covered	Alternatives
Cardiovascular agents, other	Trandolapril-verapamil HCL ER	Trandolapril tablet and verapamil tablet ER
Dermatological agents	Tretinoin microsphere external gel 0.08%	Adapalene/benzoyl peroxide, tazarotene, erythromycin/benzoyl peroxide, clindamycin phosphate/benzoyl peroxide
Antispasmodics, urinary	Trospium chloride ER 60 mg	Trospium tablet
Calcium channel blocking agents	Verapamil ER capsule	Verapamil ER tablet, amlodipine, diltiazem ER capsule, propranolol
Wakefulness-promoting agents	Xyrem®	Sodium oxybate oral solution, amphetamine, amphetamine/dextroamphetamine, armodafinil, dextroamphetamine, methylphenidate, Sunosi
Opioid reversal agents	Zimhi®	Naloxone, Narcan®
Local anesthetics	Ztlido™ patch1.8%	Lidocaine patch 5%
Dermatological agents	Zyclara®, imiquimod cream 3.75%	Imiquimod cream 5%

Brand-name medications that won't be covered and will have a generic equivalent

These brand-name medications will no longer be covered. If your patients fill a prescription for one of these medications on or after Jan. 1, 2027, they'll be responsible for the full cost.

The medications that won't be covered on the Premium Drug List are listed along with suggested covered generic equivalent alternatives that have similar effectiveness, quality and safety. Additional coverage requirements may apply for covered generic equivalent alternatives, such as prior authorization.

Common use or drug class	Medications that won't be covered	Generic equivalent alternatives
Respiratory tract / pulmonary agents — drugs for asthma and other lung conditions	Atrovent® HFA	Ipratropium HFA aerosol
Ophthalmic antiglaucoma agents	Betimol® solution 0.5% OP	Timolol maleate ophthalmic solution
Anticonvulsants — drugs for seizures	Briviact®	Brivaracetam tablet
Cardiovascular agents — drugs for heart and circulation conditions	Corlanor®	Ivabradine tablet
Cardiovascular agents — drugs for heart and circulation conditions	Edarbi®	Azilsartan tablet, enalapril tablet, lisinopril tablet, losartan tablet, olmesartan tablet, ramipril capsule, telmisartan tablet, valsartan tablet
Antivirals	Edurant®	Rilpivirine tablet
Miscellaneous therapeutic agents	Endari™	L-glutamine powder
Cardiovascular agents — other	Entresto®	Sacubitril/valsartan tablet
Diabetes— antidiabetic agents	Farxiga®	Dapagliflozin tablet
Analgesics — drugs for pain	Hysingla® ER	Hydrocodone ER capsule/tablet, Xtampza® ER
Diabetes — antidiabetic agents	Janumet®	Sitagliptin-metformin tablet
Diabetes — antidiabetic agents	Janumet® XR	Sitagliptin-metformin ER tablet
Diabetes — antidiabetic agents	Januvia®	Sitagliptin tablet
Electrolytes/minerals/ metals/vitamins	Jynarque®	Tolvaptan tablet

Common use or drug class	Medications that won't be covered	Generic equivalent alternatives
Ophthalmic agents — drugs for glaucoma	Lumigan®	Bimatoprost 0.01% ophthalmic solution
Central nervous system agents — drugs for multiple sclerosis	Mavenclad®	Cladribine tablet therapy pack, Bafiertam®, Kesimpta®, Mayzent®, Vumerity®, Zeposia®
Gastrointestinal agents — drugs for bowel, intestine and stomach conditions	Motegrity™	Prucalopride tablet
Genitourinary agents — drugs for bladder, genital and kidney conditions	Myrbetriq®	Mirabegron ER tablet, mirabegron ER granules for oral suspension
Analgesics — drugs for pain and inflammation	Naprelan®	Naproxen sodium tablet
Respiratory tract/ pulmonary agents — drugs for asthma and other lung conditions	Ofev®	Nintedanib capsule
Respiratory tract/ pulmonary agents — drugs for pulmonary hypertension	Opsumit®	Macitentan tablet
Antineoplastics — drugs for cancer	Pomalyst®	Pomalidomide capsule
Antineoplastics — drugs for cancer	Revlimid®	Lenalidomide capsule
Central nervous system agents — miscellaneous	Savella®, Savella® Titration Pack	Milnacipran tablet, milnacipran titration pack
Central nervous system agents — Miscellaneous	Saxenda®	Liraglutide injection, phentermine capsule/tablet, phentermine-topiramate capsule, Qsymia®, Wegovy® Auto Injector, Zepbound® Auto Injector

Common use or drug class	Medications that won't be covered	Generic equivalent alternatives
Dermatological agents — drugs for skin conditions	Taclonex®	Calcipotriene-betamethasone dipropionate suspension 0.005-0.064%
Antidepressants	Viibryd®	Vilazodone tablet
Immunological agents — drugs for immune system stimulation or suppression	Xeljanz®, Xeljanz® XR	Tofacitinib tablet, tofacitinib ER tablet
Diabetes — antidiabetic agents	Xigduo® XR ablet	Dapagliflozin-metformin ER tablet

Medications that will have a higher copayment

The medications that will have a higher copayment on the Premium Drug List are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Common use or drug class	Medications that will have a higher copayment	Formulary tier change	Covered preferred alternatives
Inflammatory bowel disease agents	Apriso®	1 to 2	Mesalamine ER capsule
Central nervous system agents — miscellaneous	Radicava® ORS, Radicava® starter kit	2 to 3	Riluzole tablet
Anti-infectives: antiretrovirals, HIV	Tenofovir 300 mg tablet	Preventive to 1	Removed from Health Care Reform, or HCR, List
Miscellaneous therapeutic agents	V-Go® 20, V-Go® 30, V-Go® 40	2 to 3	Omnipod®, Twiist™

Medications that will have quantity limit coverage changes

These medications will have changes to the quantity-limit coverage requirements on the Premium Drug List, such as the need to provide additional information or meet additional clinical criteria before coverage is approved.

Common use or drug class	Medications that will have quantity limit coverage requirement changes	New or revised quantity limit coverage requirement changes
Anti-infectives: antiretrovirals, HIV	Cabenuva	1 kit per 28 days
Cardiology: antilipemic	Juxtapid® 10 mg, 5 mg	56 capsules per 365 days (revised from 1 capsule per day)
Endocrinology and metabolism: diabetic supplies	Glucose test strips (all brands)	100 strips per 30 days without insulin use **or** 300 strips per 30 days with insulin use
	Omnipod® DASH Pods (Gen 4) Omnipod® 5 Dexcom G7 and G6 Pods (Gen 5) Omnipod® 5 Libre 2 Plus G6 Pods	10 pods per 30 days
	Twiist™ Refill Kit/Infusion Set Twiist™ Refill Kit V-Go® Kit	1 kit per 30 days
Gastroenterology: bowel prep agents	Peg 3350-kcl-nacl-na-sulfate-na ascorbate-c (generic MoviPrep®)	2 kits per 365 days
Oncology: kinase and molecular target inhibitors	Copiktra®	2 capsules per day
	Itovebi® tablet 9 mg	1 tablet per day
	Piqray® Therapy Pack	2 tablets per day
	Piqray® 200 mg Therapy Pack	1 tablet per day
	Zydelig® tablet	2 tablets per day
Immunomodulators	Leqselvi™ Tablet 8 mg	2 tablets per day

Common use or drug class	Medications that will have quantity limit coverage requirement changes	New or revised quantity limit coverage requirement changes
	Icotyde™ Tablet 200 mg	1 tablet per day
	Starjemza™ Injection 130 mg/26 ml	1 vial per 56 days
	Starjemza™ Injection 45 mg/0.5 ml Starjemza™ Injection 90 mg/ml	1 syringe per 56 days

Medications that require step therapy

These medications will have step therapy requirements on the Premium Drug List. These medications will require a trial of a Step 1 drug listed to meet additional clinical criteria before coverage is approved.

Common use or drug class	Step 2 drugs that will require a trial of step 1 drugs	Step 1 drugs
Urology: overactive bladder	Gelnique gel Oxytrol® patch	Any two of the following: darifenacin ER, fesoterodine ER. oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium, mirabegron
Diabetes supplies	V-Go® 20 Kit, V-Go® 30 Kit, V-Go® 40 Kit	Any one of the following: Omnipod® or Twiist™
Ophthalmology: antiglaucoma agents	Xelpros®	All the following generic ophthalmic solutions: latanoprost, travoprost, bimatoprost

We'll update the pertinent drug list to reflect the information in this document before the effective date.