





2019

Preferred Formulary Changes

Every year, BlueCross Formularies are reviewed to determine changes based on a drug's effectiveness, safety, and affordability. While many changes to BlueCross Formularies occur at the beginning of the year, formulary changes may occur at any time because of market changes such as:



Release of new drugs to the market after FDA approval



Removal of drugs from the market by the FDA



Release of new generic drugs to the market

Preferred Formulary Tier Changes effective 1/1/19:

Drug	2018 Tier	2019 Tier
Besivance	NF	Tier 2
Clenpiq	NF	Tier 2
Combipatch	Tier 3	Tier 2
Enstilar foam	Tier 3	Tier 2
Jardiance	NF	Tier 2
Morphabond ER ^{PA/QL}	NF	Tier 2
Movantik	NF	Tier 2
Moxeza	Tier 2	Tier 3
Mydayis	NF	Tier 2
Osphena	Tier 3	Tier 2
Ozempic	NF	Tier 2
Synjardy	NF	Tier 2
Synjardy XR	NF	Tier 2
Taclonex suspension	Tier 3	Tier 2
Xiidra	NF	Tier 2
Xtampza ER ^{PA/QL}	NF	Tier 2
Zubsolv ^{QL}	Tier 3	Tier 2

- NF** – Non-Formulary
PA – Prior authorization is required.
QL – Quantity limit applies.

Non-Formulary Drugs effective 1/1/19:

Non Formulary Drug	Preferred Alternative(s)
Acular	ketorolac tromethamine 0.5% drops
Acular LS	ketorolac tromethamine 0.4% drops
Dipentum	sulfasalazine, mesalamine
Lialda	mesalamine
OxyContin	Xtampza ER ^{PA/QL} , Morphabond ER ^{PA/QL}
Restasis	Xiidra
Syprine	Depen
Trientine	Depen
Xultophy	Soliqua

PA – Prior authorization is required.

QL – Quantity limit applies.

ACA \$0 Copay Contraceptive List Changes effective 1/1/19:

Additions	Removals
Balcoltra	Safyral (brand name only)
EContra One-Step ^{QL}	
Mili	
Tri-Mili	
Tulana	
Tydemy	
Other generic contraceptives as they are released to market	

ACA – Affordable Care Act. The products with the ACA indicator may be available to you at no out-of-pocket cost depending on your plan. Some plans may differ, so check your Evidence of Coverage (EOC) for details.

QL – Quantity limit applies.

BlueCross Preventive Drug List* Changes effective 1/1/19:

Additions	Removals
Jardiance	Xultophy
Ozempic	
Synjardy	
Synjardy XR	

* Only applies to plans that utilize the BlueCross Preventive Drug List. Check with BlueCross Member Services to determine coverage at the phone number listed on your BlueCross BlueShield of Tennessee member ID card.

Prior Authorization Changes effective 1/1/19:

Additions
Neulasta
Gabapentin capsules, tablets, and solution
Short-acting opioids

Step Therapy Changes effective 1/1/19:

Removals
Osphena
Premarin cream

This list is subject to change throughout the year.
Please call Member Service at the phone number
listed on your BlueCross BlueShield of Tennessee
member ID card or visit our website at bcbst.com
for the most up-to-date information.

BlueCross BlueShield of Tennessee

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For TDD/TTY help call 1-800-848-0298.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電
1-800-565-9140 (TTY:1-800-848-0298)。