What’s Changing on the Prescription Drug List?  
Preferred, Limited and CoverKids Formularies

Every year BlueCross BlueShield of Tennessee reviews the Prescription Drug List (PDL) to determine changes based on a drug’s effectiveness, safety, and affordability. While many changes to the PDL occur at the beginning of the year, changes can occur at any time because of market changes including:

- Release of new drugs to the market after FDA approval
- FDA removal of drugs from the market
- Release of new generic drugs to the market

The following changes to the PDL for 2017 apply to the formularies listed below:

- Preferred Formulary
- Limited Formulary
- CoverKids Formulary

Moving to the Preferred Brand (Tier 2) Effective 1/1/17:

- Alphagan P 0.1% drops
- Bunavail QL
- Combigan
- Estrace 0.01% cream
- Finacea
- Renvela
- Striverdi Respimat
- Trulicity
- Viibryd

Moving to the Non-Preferred Brand (Tier 3) Effective 1/1/17:

- Androgel 1.25 G, 25 mg & 50 mg (1%) gel PA
- Astepro
- Benicar ST
- Benicar HCT ST
- Crestor
- Enstilar
- Foradil
- Niaspan
- Nucynta QL
- Nucynta ER PA, QL
- Nuvigil PA
- Opana ER PA, QL
- Osphena ST
- Oxycontin PA, QL
- Oxycontin
- Pradaxa
- Premarin cream ST
- Trintellix
- Utibron Neohaler
- Vagifem ST
- Zenpep 5K-17K-27K
Moving to Non-formulary Status (Excluded From Formulary) Effective 1/1/17:

- Aczone 5% gel
- Adderall XR
- Alocril
- Alodox 20 mg kit
- Alomide
- Alrex
- Atralin
- Azopt
- Benzaclin
- Bepevre
- Betimol
- Betoptic S
- Brand prenatal vitamins
- Concerta
- Cosopt PF
- Daytrana
- Detrol LA
- Differin 0.1% cream
- Differin 0.3% gel
- Dovone
- Duac
- Elestat
- Emadine
- Enablex
- Exelon patch
- Flector patch
- Fluoroplex
- Focalin
- Focalin XR
- Hpr/Hpr Plus foam, cream
- Hpr Plus Hydrogel
- Hpr Plus MB Hydrogel
- Hylatopic/Hylatopic Plus foam, cream
- Istalol
- Lastacaft
- Limbrel
- Mb Hydrogel
- Metadate CD
- Metrogel 1% topical gel
- Moviprep

Changes to the BlueCross Specialty Drug List Effective 1/1/17:

Additions:
- Cosentyx PA, SPRX
- Kitabis Pak QL, SPRX
- leuprolide SQ PA, SPRX

Deletions:
- Glatopa
- TobiPodhaler

Changes to Prior Authorization Requirements Effective 1/1/17:

- Prior authorization required for all long-acting opioids

Changes to Quantity Limitation Requirements Effective 1/1/17:

- Diabetic test strips ................................................................. 102 strips/month
- Short-acting beta agonist inhalers (ProAir HFA/ Respiclick, Proventil HFA, Ventolin HFA, Xopenex HFA)............................ 2 inhalers/month

Changes to Step Therapy Requirements Effective 1/1/17:

- Non-preferred diabetic test strips ........ ReQUIRES trial and failure of Bayer® (Contour/Breeze2) or Lifescan® (One Touch) test strips
- Osphena, Premarin cream, Vagifem ................................................................. Requires trial and failure of Estrace 0.01% cream

Changes to the 2017 Affordable Care Act (ACA) $0 Copay Contraceptive List Effective 1/1/17:

Additions:
- Larissia

Deletions:
- Ortho Tri Cyclen Lo
- Ovcon-35

Changes to the 2017 Affordable Care Act (ACA) $0 Copay Preventive List Effective 1/1/17:

Deletions:
- Iron supplements
Changes to the 2017 Blue Cross High Deductible Health Plan (HDHP) Preventive List Effective 1/1/17:

Additions:
- Aptiom
- Fycompa tablets
- Humulin R U-500
- Kaitlib FE
- Larissia
- molindone
- Novolog Flexpen
- olmesartan medoxomil
- olmesartan medoxomil -hctz
- Pulmicort Flexhaler
- rosuvastatin
- roweepra
- Spritam
- Stiolto Respimat
- Striverdi Respimat
- trimiprimine
- Trinessa Lo
- Vienna
- Viibryd

Deletions:
- Foradil
- Glatopa
- Victoza

Tier Changes:
- Pradaxa
  (Moving to Non-Preferred Brand)

Legend:
PA – This drug requires prior authorization.
ST – Requires other selected drugs to be tried first.
QL – This drug has quantity limits on amount covered.
SPRx – Specialty drug; many plans require you to get this type of drug from a Preferred Specialty Pharmacy.