

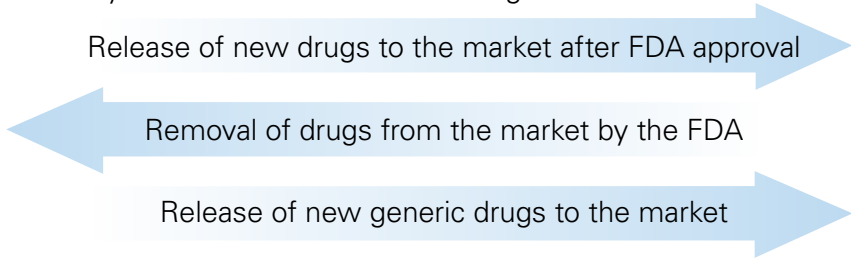


2021

Essential Formulary Changes

This list is subject to change throughout the year. You should always check your formulary for the most up-to-date drug coverage information. You can always call us at the member service number on the back of your ID card to log in to BlueAccess at bcbst.com.

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



Please note that the **tier structure** for the Essential Formulary is different based on the type of plan you have. The drug content, exclusions, and rules are the same for both types of plans. Check with us to determine your type of coverage at the phone number on the back of your Member ID card.

The Essential Formulary is a **five tier plan**:

- Tier 1** = Generic Drugs
- Tier 2** = Preferred Brand Drugs
- Tier 3** = Non-Preferred Brand Drugs
- Tier 4** = Specialty Drugs
- Tier 5** = Drugs with \$0 Cost Share per the Affordable Care Act (ACA) \$0 Copay Preventive List

The Essential Plus Formulary is a **six tier plan**:

- Tier 1** = Generic Drugs with copay based on the BlueCross Preventive List
- Tier 2** = Preferred Brand Drugs with copay based on the BlueCross Preventive List
- Tier 3** = Non-Preferred Brand Drugs with copay based on the BlueCross Preventive List
- Tier 4** = Specialty Drugs with deductible/coinsurance
- Tier 5** = Drugs with \$0 Cost Share per the Affordable Care Act (ACA) \$0 Copay Preventive List
- Tier 6** = Generic or Brand Non-Specialty Drugs with deductible/coinsurance

Multi-Source Brand Drugs Moving to Excluded Status

NOTE: All of these drugs have generic equivalents that are covered on the Essential Formulary. They might have a different shape or color, but they have the same active ingredients.

Afinitor 2.5 mg, 5 mg, 7.5 mg Oral Tablet

Amicar Oral Solution

Apriso Oral Capsule, Ext Release 24 Hr

Colcrys Oral Tablet

Daraprim Oral Tablet

Depen Oral Tablet

Emend Oral Capsule

Eryped Oral Suspension

Ery-Tab 500 mg Oral Tablet, Enteric Coated

Exjade Oral Tablet

Firazyr Subcutaneous Syringe

Halog Topical Cream

Isordil 40 mg Tablet

Jadenu Oral Tablets

Lotemax Ophthalmic Drops Suspension

Mestinon Oral Syrup

Naftin 1% Topical Gel

Nebupent Inhalation Vial

Nexium Packet Granules

Noxafil DR 100 mg Oral Tablet

Nuvaring Vaginal Ring

Orfadin 2 mg, 5 mg, 10 mg Oral Capsule

ProAir HFA Aerosol Inhaler

Proglycem 50 mg/mL Oral Suspension

Renagel 400 mg Oral Tablet

Revatio Oral Suspension

Rozerem 8 mg Oral Tablet

Sulfamylon Powder Packet

Tarceva Oral Tablet

Tracleer 62.5 mg, 125 mg Tablet

Travatan Z Ophthalmic Drops

Uloric Oral Tablet

Zortress 0.25 mg, 0.5 mg, 0.75 mg Oral Tablet

Formulary Removals

Non-Formulary Drug	Preferred Alternative(s)
Amitiza Oral Capsule	Linzess
Arcapta Neohaler Capsule with Inhalation Device	Serevent Diskus, Striverdi Respima
Bunavail Buccal Film	Buprenorphine-Naloxone Sublingual Film
Insulin Aspart Mix 70/30 Pen & Vial **removed 5/1/2020 and member notification via letter**	Novolog Mix 70/30
Insulin Aspart, Insulin Aspart Penfill & Insulin Aspart Flexpen **removed 5/1/2020 and member notification via letter**	Novolog, Novolog Flexpen, Fiasp Flextouch, Fiasp Penfill
Metopirone Oral Capsule	None
Omnipod Insulin Pump Cartridge	None
Osmoprep Oral Tablet	Trilyte with Flavor Packs, Gavilyte-C, PEG 3350 with Electrolytes, Suprep
Proventil HFA Aerosol Inhaler	Albuterol Sulfate HFA, ProAir RespiClick, Ventolin HFA
Recombinant Intravenous Recon. Solution	Advate, Kogenate, Novoeight, Jivi, Kovaltry, Eloctate
Sulconazole Topical Cream	Ciclopirox, Clotrimazole/Betamethasone, Econazole, Ketoconazole, Naftifine
Sulconazole Topical Solution	Ciclopirox, Clotrimazole/Betamethasone, Econazole, Ketoconazole, Naftifine
Utibron Neohaler Inhalation Capsule, with Inhalation Device	Anoro, Bevespi, Stiolto
Xopenex HFA Aerosol Inhaler	Albuterol Sulfate HFA, ProAir RespiClick, Ventolin HFA
Xyntha Intravenous Solution	Advate, Kogenate, Novoeight, Jivi, Kovaltry, Eloctate
Xyntha Solofuse Intravenous Syringe	Advate, Kogenate, Novoeight, Jivi, Kovaltry, Eloctate
Zelapar Oral Tablet, Disintegrating	Selegiline, Entacapone

2021 Essential Formulary Additions

Drug Name	Formulary Status
Cequa Ophthalmic Dropperette	Tier 2
Teriparatide Subcutaneous Pen Injector	Tier 3

2021 Essential Plus Formulary Additions

Drug Name	Formulary Status
Cequa Ophthalmic Dropperette	Tier 6
Teriparatide Subcutaneous Pen Injector	Tier 6

2021 Essential Formulary Tier Changes

Drug	2020 Tier	2021 Tier
Divigel Transdermal Gel in Packet	Tier 3	Tier 2
Enstilar Topical Foam	Tier 3	Tier 2
Estrogel Transdermal Gel in Metered-Dose Pump	Tier 2	Tier 3
Evamist Transdermal Spray, Non-Aerosol	Tier 3	Tier 2
Nucynta IR/ER Oral Tablet	Tier 3	Tier 2
Picato	Tier 3	Tier 2
Ventolin HFA Inhalation Aerosol Inhaler	Tier 3	Tier 2

2021 Essential Plus Formulary Tier Changes

Drug	2020 Tier	2021 Tier
Ventolin HFA Inhalation Aerosol Inhaler	Tier 6	Tier 2

New Prior Authorizations

Drug
Abiraterone Oral Tablet
Cystagon Oral Capsule
Imatinib Oral Tablet
Octreotide Acetate Injection Solution & Syringe
Somavert Subcutaneous Recon Solution

New Prior Authorizations (cont'd)

Drug

Tasigna Oral Capsule

Xtandi Oral Capsule

Zytiga Oral Tablet

Step Therapy Removals

Drug

Ventolin HFA Inhalation Aerosol Inhaler

Quantity Limit Changes

Drug Name	2020 Quantity Limit	2021 Quantity Limit
Actemra Actpen Subcutaneous Pen Injector	No quantity Limit	2 units per 28 days
Actemra Subcutaneous Syringe	No quantity Limit	2 units per 28 days
Cimzia 2x200 mg/mL Syringe Kit	No Quantity Limit	2 syringes per 28 days
Cimzia 2x200 mg/mL (x3) Starter Kit	No Quantity Limit	6 syringes per 365 days
Cosentyx 150 mg/mL Pen Injector	No Quantity Limit	2 pens per 28 days
Cosentyx 150 mg/mL Syringe	No Quantity Limit	2 syringes per 28 days
Cosentyx 300 mg Dose- 2 Pens	No Quantity Limit	2 pens per 28 days
Cosentyx 300 mg Dose- 2 Syringe	No Quantity Limit	2 syringes per 28 days
Enoxaparin Subcutaneous Solution & Syringe	42 day supply per 365 days	No Quantity Limit
Fondaparinux Subcutaneous Syringe	42 day supply per 365 days	No Quantity Limit
Fragmin Subcutaneous Solution & Syringe	42 day supply per 365 days	No Quantity Limit
Enbrel 25 mg/0.5 mL Syringe	No Quantity Limit	8 syringes per 28 days
Enbrel 50 mg/mL Syringe	No Quantity Limit	4 syringes per 28 days
Enbrel 50 mg/mL Sureclick	No Quantity Limit	4 pens per 28 days
Enbrel 25 mg Kit	No Quantity Limit	8 vials per 28 days
Enbrel 50 mg/mL Mini Cartridge	No Quantity Limit	4 cartridges per 28 days
Freestyle Libre 14 Day sensor Kit	9 per 90 days	6 per 90 days
Humira (CF) Pen Crohn-UC-HS 80 mg	No Quantity Limit	3 pens per 365 days

Quantity Limit Changes (cont'd)

Drug Name	2020 Quantity Limit	2021 Quantity Limit
Humira (CF) 40 mg/0.4 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira (CF) Pen 40 mg/0.4 mL	No Quantity Limit	2 pens per 28 days
Humira(CF) 20 mg/0.2 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira(CF) 10 mg/0.1 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira(CF) Pen PS-UV-AHS 80-40	No Quantity Limit	3 pens per 365 days
Humira 40 mg/0.8 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira Pen 40 mg/0.8 mL	No Quantity Limit	2 pens per 28 days
Humira Pen Crohn-UC-HS 40 mg	No Quantity Limit	6 pens per 365 days
Humira Pen PS-UV-ADOL HS 40 mg	No Quantity Limit	4 pens per 365 days
Humira 10 mg/0.2 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira 20 mg/0.4 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira(CF) Pedi Crohn 80-40 mg	No Quantity Limit	2 syringes per 365 days
Humira(CF) Pedi Crohn 80 mg/0.8	No Quantity Limit	3 syringes per 365 days
Kevzara 150 mg/1.14 mL Syringe	No Quantity Limit	2 syringes per 28 days
Kevzara 200 mg/1.14 mL Syringe	No Quantity Limit	2 syringes per 28 days
Kevzara 150 mg/1.14 mL Pen Injector	No Quantity Limit	2 pens per 28 days
Kevzara 200 mg/1.14 mL Pen Injector	No Quantity Limit	2 pens per 28 days
Kineret 100 mg/0.67 mL Syringe	No Quantity Limit	28 syringes per 28 days
Olumiant 2 mg Tablet	No Quantity Limit	30 tablets per Rx
Olumiant 1 mg Tablet	No Quantity Limit	30 tablets per Rx
Orencia 125 mg/mL Syringe	No Quantity Limit	4 syringes per 28 days
Orencia 50 mg/0.4 mL Syringe	No Quantity Limit	4 syringes per 28 days
Orencia 87.5 mg/0.7 mL Syringe	No Quantity Limit	4 syringes per 28 days
Orencia Clickject 125 mg/mL	No Quantity Limit	4 auto-injectors per 28 days
Otezla Starter Pack	No Quantity Limit	27 tablets per 365 days
Otezla 30 mg Tablet	No Quantity Limit	60 tablets per 30 days
Otezla 28 Day Starter Pack	No Quantity Limit	55 tablets per 365 days
Rinvoq ER 15 mg Tablet	No Quantity Limit	30 tablets per Rx
Siliq 210 mg/1.5 mL Syringe	No Quantity Limit	2 syringes per 28 days
Simponi 50 mg/0.5 mL Syringe	No Quantity Limit	1 syringe per 28 days

Quantity Limit Changes (cont'd)

Drug Name	2020 Quantity Limit	2021 Quantity Limit
Simponi 50 mg/0.5 mL Pen Injector	No Quantity Limit	1 injector per 28 days
Simponi 100 mg/mL Syringe	No Quantity Limit	1 syringe per 28 days
Simponi 100 mg/mL Pen Injector	No Quantity Limit	1 injector per 28 days
Skyrizi 150 mg Dose Kit- 2 Syringes	No Quantity Limit	1 kit per 84 days
Stelara 45 mg/0.5 mL Syringe	No Quantity Limit	1 syringe per 84 days
Stelara 90 mg/mL Syringe	No Quantity Limit	1 syringe per 56 days
Taltz 80 mg/mL Autoinjector	No Quantity Limit	1 auto-injector per 28 days
Taltz 80 mg/mL Autoinjector (2-Pak)	No Quantity Limit	1 auto-injector per 28 days
Taltz 80 mg/mL Autoinjector (3-Pak)	No Quantity Limit	1 auto-injector per 28 days
Taltz 80 mg/mL Syringe	No Quantity Limit	1 syringe per 28 days
Tremfya 100 mg/mL Syringe	No Quantity Limit	1 syringe per 56 days
Tremfya 100 mg/mL Injector	No Quantity Limit	1 injector per 56 days
Xeljanz 5 mg Tablet	No Quantity Limit	60 tablets per Rx
Xeljanz 10 mg Tablet	No Quantity Limit	60 tablets per Rx
Xeljanz XR 11 mg Tablet	No Quantity Limit	30 tablets per Rx
Xeljanz XR 22 mg Tablet	No Quantity Limit	30 tablets per Rx

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

