

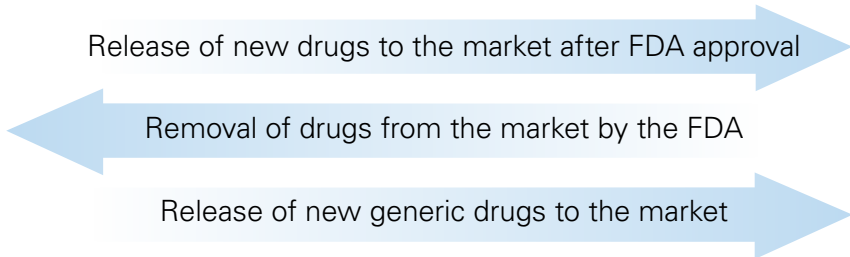


2019

# Essential 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:



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 BlueCross Member Services to determine your type of coverage at the phone number listed on your BlueCross BlueShield of Tennessee member ID card.

The Essential Formulary **without** BlueCross Preventive Copays is a **5 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 Formulary **with** BlueCross Preventive Copays is a **6 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

## Tier Changes for the 5 TIER PLAN effective 1/1/19:

Drug	2018 Tier	2019 Tier
Combipatch	Tier 3	Tier 2
Divigel	Tier 2	Tier 3
Estrogel	Tier 3	Tier 2
Jardiance	NF	Tier 2
Morphabond ER <sup>PA/QL</sup>	NF	Tier 2
Movantik	NF	Tier 2
Mydayis	NF	Tier 2
Osphena	Tier 3	Tier 2
Ozempic	NF	Tier 2
Synjardy	NF	Tier 2
Synjardy XR	NF	Tier 2
Xiidra	NF	Tier 2
Xtampza ER <sup>PA/QL</sup>	NF	Tier 2
Zubsolv <sup>QL</sup>	Tier 3	Tier 2

**NF** – Non-Formulary

**QL** – Quantity limit applies.

**PA** – Prior authorization is required.

## Tier Changes for the 6 TIER PLAN effective 1/1/19:

Drug	2018 Tier	2019 Tier
Jardiance	NF	Tier 2
Morphabond ER <sup>PA/QL</sup>	NF	Tier 6
Movantik	NF	Tier 6
Mydayis	NF	Tier 6
Ozempic	NF	Tier 2
Synjardy	NF	Tier 2
Synjardy XR	NF	Tier 2
Xiidra	NF	Tier 6
Xtampza ER <sup>PA/QL</sup>	NF	Tier 6

**NF** – Non-Formulary

**QL** – Quantity limit applies.

**PA** – Prior authorization is required.

## Non-Formulary Drugs effective 1/1/19:

Non Formulary Drug	Preferred Alternative(s)
betaxolol 0.5% drops	Alphagan-P, Combigan
Betoptic S	Alphagan-P, Combigan
Flarex 0.1% drops	Durezol, fluorometholone
Golytely	Clenpiq, Suprep, Gavilyte-G
Moviprep	Clenpiq, Suprep Gavilyte-G
Moxeza	Besivance, moxifloxacin 0.5% drops
Oxycontin	Xtampza ER <sup>PA/QL</sup> , Morphabond ER <sup>PA/QL</sup>
Prepopik	Clenpiq, Suprep, Gavilyte-G
Restasis	Xiidra
timolol maleate 0.5% drops (generic Istalol)	timolol maleate 0.5% drops (generic Timoptic)
Tobradex ST	Tobramycin 0.3%/dexamethasone 0.1% drops
Xultophy	Soliqua

**PA** – Prior authorization is required.  
**QL** – Quantity limit applies.

## Multi-Source Brand Exclusions effective 1/1/19:

**NOTE:** The generic equivalents of the following brand name medications are covered under the Essential Formulary. These generic medications meet strict standards and have been approved by the FDA. Generic drugs contain the same active ingredients as their corresponding brand name medications, although they may have a different color or shape.

Alkeran tablet	Lexiva tablet	Safyral
Buphenyl tablet	Lialda	Sarafem
Copaxone	Naftin 2% cream	Strattera
Emend 80 mg, 125 mg capsules, 125 mg/80 mg dosepak	Namenda XR capsule	Sustiva capsule/tablet
Epiduo	Norvir tablet	Transderm-Scop patch
Epzicom	Pataday	Vigamox
Estrace cream	Prevacid Solutab	Viread 300 mg tablet
Fosrenol chewable tablet	Relpax	
Istalol	Renvela powder pack/ tablet	
Kaletra solution	Reyataz capsule	

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

Additions	Removals
Balcoltra	Safyral (brand name only)
EContra One-Step <sup>QL</sup>	
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](http://bcbst.com) for the most up-to-date information.

BlueCross BlueShield of Tennessee

1 Cameron Hill Circle | Chattanooga, TN 37402 | [bcbst.com](http://bcbst.com)

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