2026

Essential Formulary Changes

of Tennessee

This list is subject to change throughout the year.

Please call us at the Member Service number listed on your Member ID card or visit **bcbst.com/rx** for the most up-to-date information.

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 when:

- New drugs are released after FDA approval
- The FDA removes drugs from the market
- New generic drugs are introduced

We've made fewer changes to the Essential and Essential Plus formularies than in years past. For 2026, we focused on:

- Removing Humira and covering the following preferred biosimilars:
  - Adalimumab-adaz
  - Hadlima
  - Simlandi
- Removing Stelara and covering the following preferred biosimilars:
  - Imuldosa
  - Selarsdi
  - Yesintek
- Replacing expensive, multi-source brand drugs with more affordable generic alternatives
- Moving Dexcom Continuous Blood Glucose Monitors to tier 6 on the Essential Plus Formulary
- Removing OneTouch products and replacing them with Accu-Chek products

Please see the 2026 Essential and Essential Plus Formularies to see the full list of drugs that will be covered starting in January.

Formulary Removals

Drug Name		
ANGELIQ	FYCOMPA	PHOSLYRA
APOKYN	HUMIRA	PREFEST
AURYXIA	INTRAROSA	PROMACTA
BRILINTA	ISOSORBIDE DINITRATE 40MG	PYRUKYND
CAPLYTA	KRISTALOSE	PYRUKYND TAPER PACK
DEFERIPRONE	LACTULOSE	REVLIMID
DOJOLVI	LANTUS	SANTYL
DULERA	LANTUS SOLOSTAR	SOFOSBUVIR/VELPATASVIR
EMPAVELI	LEDIPASVIR/SOFOSBUVIR	SPRYCEL
ENTRESTO	LUCEMYRA	STELARA
FANAPT	MESNEX	SYNDROS
FANAPT TITRATION PACK A	NIACIN	TAVNEOS
FANAPT TITRATION PACK B	NITYR	THALOMID
FANAPT TITRATION PACK C	NUCYNTA	TIOPRONIN
FARXIGA	ONETOUCH GLUCOSE MONITOR	VELPHORO
FERRIPROX	ONETOUCH TEST STRIP	XHANCE
FINASTERIDE 1MG	OXBRYTA	XIGDUO XR
FOSRENOL	PANTOPRAZOLE SODIUM 40MG PACK	

2026 ESSENTIAL FORMULARY

Tier Changes

Drug Name	2025 Essential Tier	2025 Essential Plus Tier	2026 Essential Tier	2026 Essential Plus Tier
DEXCOM G5 MIS RECEIVER	TIER 4	TIER 4	NO CHANGE	TIER 6
DEXCOM G5 MIS TRANSMIT	TIER 4	TIER 4	NO CHANGE	TIER 6
DEXCOM G6 MIS RECEIVER	TIER 4	TIER 4	NO CHANGE	TIER 6
DEXCOM G6 MIS SENSOR	TIER 4	TIER 4	NO CHANGE	TIER 6
DEXCOM G6 MIS TRANSMIT	TIER 4	TIER 4	NO CHANGE	TIER 6
DEXCOM G7 MIS 15 DAY	TIER 4	TIER 4	NO CHANGE	TIER 6
DEXCOM G7 MIS RECEIVER	TIER 4	TIER 4	NO CHANGE	TIER 6
DEXCOM G7 MIS SENSOR	TIER 4	TIER 4	NO CHANGE	TIER 6

2026 ESSENTIAL FORMULARY

Formulary Additions

Drug Name	
ACCU-CHEK GLUCOSE MONITORS	INSULIN GLARGINE-YFGN
ACCU-CHEK TEST STRIPS	SELARSDI
HADLIMA	YESINTEK
IMULDOSA	

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[1]. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

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

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 Grievance; 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.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

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

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

[1] Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))

ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

انتباه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298)

注意：如果您說中文，我們提供免費的語言協助服務，以及適當的輔助協助和服務。請撥打會員 ID 卡背面的會員服務部號碼或 1-800-565-9140（聽障專線 (TTY)：1-800-848-0298）。

LƯU Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມໃຫ້ທ່ານ. ກະລຸນາໂທຫາເບີ້ຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስጠንዘቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ અને યોગ્ય સહાયક સાધનો અને સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય ID કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

お知らせ：日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyong tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong Kard ng ID ng Miyembro o sa 1-800-565-9140
(TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140
(TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. Позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا
(TTY: 1-800-848-0298) 1-800-565-9140
تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu
obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer
1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número
de telefone do serviço de Atendimento ao Membro informado no verso de seu cartão
de identificação de membro ou para
1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. Chiami il numero del Servizio per
i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

BAA’áKOHWIINIDZIN: Diné bizaad bee yáníłti’go, t’áá jiik’eh saad bee áka’anáwo’ bee áka’anída’awo’í dóó t’áadoole’é binahji’ bee adahodooníłígíí diné bich’į’ anídahazt’i’í bee bika’aanída’awo’í ná dahóló. T’áá shóódí Bił Ha’dít’éhí Bika’aná’awo’ Bił Ha’dít’éhí ID naaltsoos nitł’izí bine’dęę’ binámboo bee hodíilnih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDICH: Wann du Deitsch schwetzscht un brauchscht Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf
der Member Service Number uff die hinnerscht Seit vun dei Member ID Card uff odder
1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auaunaga fesoasoani mo gagana e aunoa ma se totogi faapea ma fesoasoani fa‘aopo‘opo ma auaunaga talafeagai. Faamolemole vala‘au le numera o le Member Service (Auaunaga mo Tagata Auai) o lo‘o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hågu yanggen fifino’ CHamoru hao, dibåtde na setbision inayudon fumino‘ CHamoru yan propriu na inasisten tråstes yan setbisio siha. Put fabot ågang i numiron Setbision Membro
gi santatten i kattå-mu Member ID pat
1-800-565-9140 (TTY: 1-800-848-0298).