

Your Guide to Prescription Drug Benefits

2016 Preferred Formulary and Prescription Drug List



How to Contact Us

By Telephone

For more information about your prescription drug benefit, call BlueCross BlueShield of Tennessee member service. The telephone number is on the back of your member ID card.

Online

Visit the BlueCross website at bcbst.com to find out more about your prescription drug benefit. Log into BlueAccessSM to see the latest version of Your Guide to Prescription Drug Benefits.

Take Note

Use this page to list your medications and any questions to ask your doctor or pharmacist.

Prescription Drugs I Take	Generic?	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Questions to ask:

Important Information About Your Drug Plan

This guide lists common brand name and generic prescription drugs that have been reviewed by BlueCross BlueShield of Tennessee. Please refer to this formulary guide for information about the availability of frequently prescribed medications covered by your plan. This guide is not meant to be comprehensive but to provide a list of the most commonly prescribed drugs.

This guide is subject to change. If you are unable to find a particular drug in this guide, it does not necessarily mean that it is not covered. For a more complete listing of drug coverage and costs, you may use our Prescription Drug Search in BlueAccess at bcbst.com. You may also call member service at the number listed on the back your member ID card to confirm a drug's tier status or verify prescription drug benefits.



A formulary is an expanded list of prescription drugs recommended by a health plan. BlueCross' Pharmacy & Therapeutics (P&T) Committee consists of pharmacists and physicians, some of whom are community practitioners. On a quarterly basis, the P&T Committee reviews new drugs for possible placement on the formulary. The committee also routinely reviews all drugs for new safety and efficacy information.

Please refer to your benefit booklet for detailed information regarding your pharmacy benefits, including your tiered benefit structure, out-of-pocket costs and applicable exclusions.

Check the Prescription Drug List

As a first step, check the Prescription Drug List on pages 6-12 to see if it includes drugs you currently take. You'll see generic drugs are on the list, along with many popular brand drugs. If a drug you take is not on this list, talk with your doctor to see if one of the preferred drugs would be just as effective for you.

Working with your doctor and pharmacist, you can use the information in this brochure to make smart choices about the drugs you take and the amount you pay.

Please become familiar with these lists:

- **Prescription Drug List (PDL)** – A convenient list of the preferred and non-preferred brand drugs and generic medications that help save you money on your prescription costs. Depending on your drug plan and copay levels, your savings could be considerable.
- **Specialty Drug List** – These expensive injectable, infusion and oral medications are used to treat serious, chronic conditions such as multiple sclerosis, rheumatoid arthritis, cancer and hemophilia. They often require special handling, education and monitoring during treatment. It's important to know some specialty drugs must be given in a doctor's office (provider-administered), but others can be used at home (self-administered).
- **Prior Authorization List (PA)** – Specific drugs that may need authorization from your benefit plan before they are dispensed by your pharmacy.
- **Step Therapy (ST)** – Before using a brand-name drug, you may need to first try a similar, alternative medication.
- **Quantity Limitations List (QL)** – In keeping with standard medical practices, certain drugs have limits on the amount that can be purchased at one time.
- **Formulary Exclusions List** – Many plans do not reimburse for certain drugs. In some cases, there are alternative products available.



Tips on Using Your Prescription Drug Benefits

It's important to understand how your benefits work and be familiar with the drug choices that are appropriate for you. More information is provided on the BlueCross website at bcbst.com. Simply log into BlueAccess for tips that can help make the most of your prescription drug benefits:

- 1. Talk with your doctor.** Doctors are your partners in achieving and maintaining your good health, so discuss every aspect of the prescribed treatment, including the selection of drugs. The more you know, the better your choices. Show your doctor the Prescription Drug List and discuss the options appropriate for you.
- 2. Ask for generic drugs.** The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength and purity as brand-name drugs. You will pay less for generic drugs almost every time. Under most BlueCross plans, if you request a brand name drug that has a generic equivalent, you will incur a penalty. When a penalty is applied, it will require you to pay the Tier 1 copay plus the cost difference between the brand name drug and the generic equivalent. Check your Evidence of Coverage (EOC) to see if this applies to your plan.
- 3. Turn to your pharmacist.** Your pharmacist can answer questions about the drugs you take, help you avoid harmful drug interactions, and help you select appropriate, lower-cost generics and preferred brands whenever available.
- 4. Use a network pharmacy.** Network pharmacies fill your prescriptions and file the claims for you, making the process quicker and easier. Check bcbst.com for a list of network pharmacies.
- 5. Above all, be a smart consumer.** The prescription drug industry spends more than \$4 billion on advertising each year to promote its brands. Those costs are passed along to consumers, insurance companies and businesses. So choose a drug based on its effectiveness – not its advertising slogan.

It's Also Important to Remember:

- 1. Some medications are available through Preferred Specialty Drug Vendors.** (See page 13-15 for the list.) You get the highest level of benefits when you order specialty drugs through one of the preferred specialty drug vendors.
- 2. Some medications require prior authorization or step therapy.** (See page 16-17 for the list.) Network doctors are usually familiar with these lists and know how to get authorizations. However, you may want to show this list to your doctor – especially if you use an out-of-network doctor or a doctor outside Tennessee.
- 3. Some medications have quantity limitations.** Benefits for most covered prescriptions are provided for up to a month's supply. But some drugs are limited to a specific amount or dose. (See pages 18-19 for the list.)
- 4. Quantities of less than a month's supply.** Coverage for prescription drugs commercially packaged or commonly dispensed in quantities less than a one-month supply will be subject to one copay, as long as the quantity does not exceed the FDA-approved dosage for four calendar weeks.
- 5. You can appeal denials.** If you or your doctor disagree with a denial for a drug that requires prior authorization or has quantity limits, you have the right to appeal the decision. Please read your Evidence of Coverage (EOC) or member handbook for more information.
- 6. Some types of medications are not covered by your plan.** (See page 20-21 for exclusions list.) Please also review the Limitations and Exclusions section of your EOC or member handbook so you will know what is not covered. An exclusion does not mean you cannot have a particular drug. It simply means that no benefits will be provided, and you will be responsible for the total cost of the drug.
- 7. You can visit our website.** With the multi-level approach to prescription copays from BlueCross, you play an important role in managing your benefits costs. Visit our website at bcbst.com for more information about how to get the most out of your drug benefits.

What You'll Find on Our Website

Your prescription drug benefits from BlueCross include many useful tools to help you get the most from your pharmacy benefits. In addition to the information in this booklet, you can log into BlueAccess at bcbst.com and look under the Manage My Plan tab to find the Pharmacies & Prescriptions link where you can access these easy-to-use tools:

- **Online prescription services** — place mail order refill requests and track prescription orders
- **Check drug cost** — get the estimated cost of your medication and find out about possible generic alternatives, mail order options, and savings opportunities
- **Consumer Reports** — link to Consumer Reports Best Buy Drugs™ that includes cost, effectiveness and safety information
- **Specialist Pharmacists** — get an extra level of prescription drug support for members with ongoing conditions that use mail order
- **Personal reminders** — create and schedule refill reminders and order status alerts for mail order prescriptions
- **Drug and health information** — search the formulary to find out the tier status of your drug, check drug interaction and side effects, compare your drug to other drugs in the same therapy class, and get health and wellness information
- **Pharmacy locator** — find a participating pharmacy
- **Methods of payment** — pay by credit card, check or money order.



Over-the-counter medications — Relief you need, when you need it

Did you know some over-the-counter (OTC) medications are exactly the same as some prescription drugs – and usually cost significantly less? Whether you need relief from seasonal allergies, heartburn, certain skin problems or other minor health concerns, you can often get the relief you need, without a prescription from your doctor.

You can learn more about OTC medications and which ones are available at their original prescription-strength without a prescription at bcbst.com.

It's important to know your benefit plan may not

cover prescription drugs that have OTC equivalents. There are more than 100,000 OTC products that contain ingredients previously available by prescription only, so talk with your doctor or pharmacist about which ones might work for you. Most plans do not cover OTC products, but since these usually cost less than prescription drugs, you could end up spending less on the medications you need.

Please check your EOC or member handbook to find out how your plan covers prescription drugs that have equivalents available over the counter.

2016 Prescription Drug List

Use Your Prescription Drug List to Save Time and Money

This guide lists drugs most commonly prescribed for BlueCross members; it is not a complete listing of drugs. It encourages you and your doctor to select drugs recognized as the safest and most effective. Referring to this guide can help you understand how your drug plan works and save money on your prescriptions.

Generic drugs offer the best value

Prescription drugs can be costly, but many are now available as generics. Generic drugs work the same as brand-name drugs, but cost less. Depending on your drug benefit, using generic drugs may lower your cost share. **Generic Equivalents** are made with the same active ingredients in the same dosage form as a brand-name product, and provides the same therapeutic effects as the brand-name drug. Not all brand-name drugs have generic equivalents, but many do. **Generic Alternatives** may be used to treat the same condition as a brand-name drug. However, it may have a different chemical formula and ingredients. Talk to your doctor or pharmacist if you have questions about generic alternatives.

What's a Drug Tier?

The drug list includes three tiers of medications: generic, preferred brand-name drugs and non-preferred brand-name drugs. Your copay or coinsurance for your prescription is based on which tier your drug falls into.

Some plans only have two tiers. In this case, this type of plan covers one tier at the lower cost and the second tier at a higher cost. For more details, refer to your EOC or plan documents, or log into BlueAccess at bcbst.com.

Tier 1 — Generic

Tier 1 drugs are typically the most affordable and offer you the lowest available copayment or coinsurance. The active ingredient in a generic drug is chemically identical to the active ingredient of the corresponding brand-name drug. To help lower your out-of-pocket costs, we encourage you to choose a generic medication whenever possible. Look for these drugs under "Tier 1" in this guide.

Tier 2 — Preferred brand

Tier 2 drugs are usually available at a slightly higher copay or coinsurance than generic drugs. These drugs are designated preferred brand because they have been proven to be safe, effective, and favorably priced compared to other brand drugs that treat the same condition. Look for these drugs under "Tier 2" in this guide.

Tier 3 — Non-preferred brand

Tier 3 drugs usually have the highest copay or coinsurance. These drugs are listed as non-preferred because they have not been found to be any more cost effective than available generics, preferred brands, or over-the-counter drugs. Look for these drugs under "Tier 3" in this guide.

Drug Benefit Appeals

Remember: You or your physician may appeal the denial of a drug benefit or a drug quantity limit by faxing supportive documents and information to 1-888-343-4232. Please refer to your EOC or member handbook for more information on your grievance rights.

Prescription Drug List for 2016

Allergy/Cough & Cold

Tier 1

azelastine
benzonate
brompheniramine/pseudoephedrine
budesonide

codeine/guaifenesin
cyproheptadine
desloratadine
flunisolide

fluticasone
hydroxyzine
levocetirizine **QL**

Tier 2

Astepro
Auvi-Q **QL**

EpiPen **QL**

EpiPen Jr. **QL**

Tier 3

Grastek **PA**

Oralair **PA SPRx**

Ragwitek **PA**

Asthma/COPD

Tier 1

albuterol nebulizer soln
budesonide nebulizer susp
ipratropium

levabuterol nebulizer soln
montelukast
theophylline

zafirlukast

Tier 2

Adcirca **PA**
Advair Diskus
Advair HFA
Anoro Ellipta
Arnuity Ellipta
Asmanex
Asmanex HFA
Breo Ellipta

Brovana
Combivent Respimat
Daliresp
Dulera
Flovent HFA
Foradil
Perforomist
ProAir HFA

ProAir Respiclick
QVAR
Serevent Diskus
Spiriva
Spiriva Respimat
Symbicort
Tudorza Pressair

Tier 3

Aerospan
Arcapta Neohaler
Atrovent HFA

Proventil HFA **ST**
Pulmicort Flexhaler
Striverdi Respimat

Ventolin HFA **ST**
Xopenex HFA **ST**

Anti-Infectives Antibiotics/Antifungal/Antiviral

Tier 1

amoxicillin
amoxicillin/potassium clavulanate
ampicillin
azithromycin
cefdinir
cefuroxime
cephalexin
ciprofloxacin tabs
clarithromycin
clarithromycin ext-rel
clindamycin

clindamycin cream
doxycycline
erythromycin
famciclovir
fluconazole
ketoconazole
levofloxacin
linezolid **QL**
metronidazole
minocycline immediate-release
moxifloxacin

nitrofurantoin macrocrystals
nystatin
penicillin VK
ribavirin **PA SPRx**
sulfamethoxazole/trimethoprim
terconazole
tetracycline
valacyclovir
valganciclovir
Zovirax ointment

Tier 2

Cleocin Ovules
Clindesse
Harvoni **PA SPRx**

Pegasys **PA SPRx**
Sovaldi **PA SPRx**
Tobi Podhaler **QL SPRx**

Xifaxan 550mg
Zovirax cream

Tier 3

Avelox
Cresemba

Noxafil

Nuversa

Antivirals HIV/AIDS

Tier 1

didanosine
lamivudine/zidovudine
nevirapine

stavudine
zidovudine

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 Specialty Pharmacy

Visit www.bcbst.com for updates to the drug list.

This list is not all-inclusive and does not guarantee coverage. Please refer to your EOC or member handbook for specific terms, conditions, limitations and exclusions relative to your drug coverage.

Tier 3

Atripla **SPRx**
 Complera **SPRx**
 Crixivan
 Edurant
 Emtriva
 Epzicom
 Evotaz **SPRx**

Isentress
 Kaletra
 Lexiva
 Norvir
 Prezcoibix **SPRx**
 Prezista
 Rescriptor

Reyataz
 Selzentry
 Stribild **SPRx**
 Sustiva
 Tivicay **SPRx**
 Triumeq **SPRx**
 Trizivir

Truvada
 Tybost
 Viracept
 Viramune XR
 Viread
 Vitekta **SPRx**
 Ziagen

Antineoplastics and Immunosuppressants**Tier 1**

anastrozole
 azathioprine
 bicalutamide
 cyclosporine

exemestane
 letrozole
 mercaptopurine
 methotrexate

mycophenolate mofetil
 sirolimus
 tacrolimus
 tamoxifen

Tier 2

Alkeran

Leukeran

Tier 3

Cyclophosphamide

Purixan

Cardiovascular Drugs Coagulation Therapy**Tier 1**

clopidogrel
 dipyridamole

enoxaparin **QL**
 fondaparinux **QL**

Jantoven
 warfarin

Tier 2

Brilinta
 Effient

Eliquis
 Pradaxa

Xarelto

Tier 3

Advate **SPRx**
 Advate H **SPRx**
 Advate L **SPRx**
 Advate M **SPRx**
 Advate UH **SPRx**
 Alphanate **SPRx**
 Alphanate SD **SPRx**

Bebulin **SPRx**
 BeneFIX **SPRx**
 Corifact **SPRx**
 Fragmin **QL**
 Helixate FS **SPRx**
 Hemofil-P **SPRx**
 Humate-P **SPRx**

Koate-DVI **SPRx**
 Kogenate FS **SPRx**
 Monoclate-P **SPRx**
 Profilnine **SPRx**
 Recombinate **SPRx**
 Tretten **SPRx**
 Wilate **SPRx**

Cardiovascular Drugs High Blood Pressure**Tier 1**

amlodipine
 amlodipine/benazepril
 amlodipine/valsartan
 amlodipine/vasartan/hctz
 atenolol
 benazepril
 benazepril/hctz
 bisoprolol
 bisoprolol/hctz
 bumetanide
 candesartan/hctz
 captopril
 captopril/hctz
 carvedilol
 clonidine
 diltiazem ext-rel

enalapril
 enalapril/hctz
 eplerenone
 eprosartan
 fosinopril
 fosinopril/hctz
 furosemide
 guanfacine
 hydrochlorothiazide
 indapamide
 irbesartan
 irbesartan/hctz
 lisinopril
 lisinopril/hctz
 losartan
 losartan/hctz

metoprolol
 metoprolol ext-rel
 nifedipine ext-rel
 propranolol
 quinapril
 quinapril/hctz
 ramipril
 spironolactone
 telmisartan
 telmisartan/amlodipine
 telmisartan/hctz
 triamterene/hctz
 valsartan
 valsartan/hctz
 verapamil ext-rel

Tier 2

Azor
 Benicar
 Benicar HCT

Bystolic
 Coreg CR

Tribenzor

Tier 3

Atacand
 Diovan
 Diovan HCT
 Edarbi **ST**

Edarbyclor **ST**
 Micardis
 Micardis HCT

Teveten **ST**
 Teveten HCT **ST**
 Twynsta

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Cardiovascular Drugs *High Cholesterol*

Tier 1

atorvastatin
cholestyramine
fenofibrate
fenofibric acid

fluvastatin
gemfibrozil
lovastatin

niacin ext-rel
pravastatin
simvastatin

Tier 2

Crestor
Liptruzet

Simcor
Vytorin

Zetia

Tier 3

Altoprev
Lescol XL

Livalo
Niaspan

Trilipix
Welchol

Cardiovascular Drugs *Other*

Tier 1

amiodarone
digoxin

propafenone
quinidine

sotalol

Tier 3

Corlanor

Central Nervous System *Anxiety/Depression*

Tier 1

alprazolam
bupropion
bupropion ext-rel
chlordiazepoxide
citalopram
clorazepate

diazepam
duloxetine
escitalopram
fluoxetine
lorazepam
mirtazapine

paroxetine
paroxetine ext-rel
sertraline
venlafaxine
venlafaxine ext-rel

Tier 2

Pristiq ER

Tier 3

Cymbalta

Central Nervous System *Attention Deficit Disorder*

Tier 1

Adderall XR
clonidine ext-rel

Concerta
dextroamphetamine ext-rel

guanfacine ext-rel
methylphenidate

Tier 2

Quillivant XR

Strattera

Vyvanse

Tier 3

Daytrana

Focalin XR

Intuniv

Central Nervous System *Migraine*

Tier 1

almotriptan **QL**
butalbital combos

naratriptan **QL**
rizatriptan **QL**

sumatriptan **QL**
zolmitriptan **QL**

Tier 2

Relpax **QL**

Tier 3

Sumavel Dosepro **QL**

Central Nervous System *Seizure Disorders*

Tier 1

carbamazepine
clonazepam
divalproex
divalproex ext-rel
felbamate

gabapentin **QL**
lamotrigine **QL**
levetiracetam
oxcarbazepine
phenobarbital

phenytoin
primidone
topiramate
valproic acid
zonisamide

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Tier 2 Dilantin Oxtellar XR	Qudexy XR Trokendi XR	Vimpat
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Tier 3 Aptiom Fycompa	Onfi	Potiga
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Central Nervous System Sleep Agents

Tier 1 eszopiclone zaleplon	zolpidem	zolpidem ext-rel
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Tier 3 Rozerem		
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Central Nervous System Other

Tier 1 amantadine aripiprazole PA benztropine carbidopa/levodopa carbidopa/levodopa/entacapone clozapine PA donepezil	gabapentin galantamine Glatopa SPRx memantine modafinil PA olanzapine PA olanzapine/fluoxetine PA	pramipexole quetiapine PA risperidone PA rivastigmine ropinirole ziprasidone PA
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Tier 2 Ampyra PA SPRx Avonex SPRx Copaxone SPRx Exelon Patch	Gilenya PA SPRx Latuda PA Lyrica Namenda XR Nuvigil PA	Rebif SPRx Savella Seroquel XR PA Tecfidera PA SPRx
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Tier 3 Abilify PA Aubagio PA SPRx Betaseron ST SPRx Extavia SPRx	Fanapt PA Fazaclo PA Geodon PA Invega PA	Namzaric Nuedexta Plegridy SPRx Saphris PA
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Dermatology

Tier 1 adapalene Amnesteem betamethasone Claravis clindamycin/benzoyl peroxide clindamycin topical clobetasol clotrimazole/betamethasone desonide	desoximetasone econazole erythromycin topical fluocinonide fluticasone hydrocortisone 2.5% ketoconazole lindane metronidazole topical	mometasone mupirocin Namzaric nystatin nystatin/triamcinolone Retin-A Micro PA silver sulfadiazine tacrolimus triamcinolone
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Tier 2 Acanya Atralin PA	Elidel Epiduo	
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Tier 3 Dermasorb HC Dermasorb TA Differin	Fabior PA Finacea Picato	Tazorac PA Zyclara
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Diabetes Blood Glucose Monitoring

Tier 2 Bayer Contour/Breeze2 products QL	Lifescan OneTouch products QL	
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Tier 3 Abbott Freestyle products QL ST	Roche Accu-Chek products QL ST	
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Diabetes Diabetic Drugs

Tier 1

glimepiride
glipizide
glipizide ext-rel
glyburide

glyburide/metformin
metformin
metformin ext-rel
nateglinide

pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide

Tier 2

Bydureon
Byetta
Farxiga
Glucagon emergency kit
Glyxambi

Invokamet
Invokana
Janumet
Janumet XR
Januvia

Jentadueto
Tradjenta
Victoza
V-Go
Xigduo XR

Diabetes Insulin

Tier 2

BD syringes
Lantus pens and vials
Levemir vials/pens

Novolin
Novolog
Novolog Mix

Toujeo
SoloStar

Tier 3

Afrezza
Apidra **ST**

Humalog **ST**
Humulin **ST**

Humulin Kwikpen **ST**

Eye/Ear

Tier 1

bimatoprost 0.03%
brimonidine
bromfenac
carteolol solution
ciprofloxacin otic
diclofenac sodium ophthalmic
gentamicin ophthalmic

ketotifen
latanoprost
naphazoline
ofloxacin
olopatadine
polymyxin B/bacitracin/neomycin ophthalmic

polymyxin B/neomycin/hydrocortisone otic
polymyxin B/trimethoprim ophthalmic
timolol maleate
tobramycin ophthalmic
travoprost

Tier 2

Alrex
Azopt
Bepreve
Betimol
Ciprodex
Durezol
Lotemax

Lumigan
Moxeza
Pataday
Patanol
Pazeo
Prolensa
Restasis

Tobradex Ointment
TobraDex **ST**
Travatan Z
Vigamox
Zylet

Tier 3

Rescula **ST**

Simbrinza

Xalatan **ST**
Zioptan **ST**

Gastrointestinal Agents

Tier 1

cimetidine
diphenoxylate/atropine
famotidine
granisetron
lactulose

lansoprazole **QL**
metoclopramide
Nexium
nizatidine
omeprazole **QL**

ondansetron
pantoprazole
promethazine
ranitidine
sulfasalazine

Tier 2

Amitiza
Analpram Advanced
Analpram HC
Apriso
Canasa

Creon
Kristalose
Lialda
Linzess
Pentasa

Prepopik
Suclear
Suprep
Uceris
Zenpep

Tier 3

Anzemet

Emend

Fulyzaq

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Gout Therapy

Tier 1	
allopurinol	probenecid

probenecid

Tier 2	
Colcrys	Uloric

Uloric

Hormone Replacement

Tier 1		
estradiol	estropipate	progesterone

progesterone

Tier 2		
Androgel PA	Enjuvia	Premphase
Cenestin	Evamist	Prempro
Divigel	Premarin	Vagifem

Premphase
Prempro
Vagifem

Tier 3		
Androderm PA	Combipatch	Estrace
Climara Pro	Duavee	Vivelle-Dot

Estrace
Vivelle-Dot

Miscellaneous Drugs OB/GYN

Tier 2	
Qsphena	

Osphena

Oral Contraceptives *Monophasic*

Tier 1		
all generic monophasic	Junel Fe	Necon 1/35
Apri	Levora	Necon 1/50
Aviane	Low-Ogestrel	Ocella
Gianvi	Microgestin	
Junel	Microgestin Fe	

Necon 1/35
Necon 1/50
Ocella

Tier 2
Minastrin 24 FE

Minastrin 24 FF

Tier 3	
Bevaz	

Beyaz

Oral Contraceptives *Biphasic*

Tier 1	
all generic biphasic	Kariva

Kariva

Oral Contraceptives *Triphasic*

Tier 1		
all generic triphasic	Tilia FE	Trinessa
Enpresse	Tri-Legest FE	Trivora
Necon 7/7/7	Tri-Previfem	
norgestimate/ethinyl estradiol	Tri-Sprintec	

Trinessa
Trivora

Tier 2
Lo Loestrin FE

Lo Loestrin FE

Tier 3
Ortho Tri-Cyclen Lo

Ortho Tri-Cyclen Lo

Oral Contraceptives *Other*

Tier 1		
all generic extended-cycle	Camila	Jolivette
all generic progestin	Camrese Lo	Xulane
Amethia Lo	Errin	

Jolivette
Xulane

Tier 2
NuvaRing

NuvaRing

Visit www.bcbst.com for updates to the drug list.

Osteoporosis/Bone Diseases

Tier 1

alendronate
alendronate plus OTC Vitamin D

calcitonin-salmon
ibandronate

raloxifene
risedronate

Tier 2

Forteo **SPRx**

Tier 3

Actonel

Atelvia

Rheumatology

Tier 1

celecoxib
diclofenac **QL**
diclofenac/misoprostol
etodolac
ibuprofen

indomethacin
ketoprofen **QL**
leflunomide
meloxicam **QL**
methotrexate

nabumetone
naproxen
naproxen sodium
piroxicam
sulindac

Tier 3

Actemra **SQ PA ST SPRx**
Enbrel **PA SPRx**

Humira **PA SPRx**
Orencia **SQ PA ST SPRx**

Xeljanz **PA ST SPRx**

Thyroid Medications

Tier 1

levothyroxine

Tier 3

Armour Thyroid

Synthroid

Urologic Disorders

Tier 1

alfuzosin
doxazosin
finasteride
oxybutynin

oxybutynin ext-rel
prazosin
tamsulosin

terazosin
tolterodine
tospium

Tier 2

Enablex
Gelnique

Myrbetriq
Vesicare

Tier 3

Avodart
Detrol LA

Jalyn
Rapaflo

Vitamins (prescription only)

Tier 1

all generics

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 Specialty Pharmacy

Visit www.bcbst.com for updates to the drug list.

This list is not all-inclusive and does not guarantee coverage. Please refer to your EOC or member handbook for specific terms, conditions, limitations and exclusions relative to your drug coverage.

Specialty Pharmacy Network

Specialty drugs are expensive injectable, infusion and oral medications used to treat serious, chronic conditions such as multiple sclerosis, rheumatoid arthritis, cancer and hemophilia. And they often require special handling, education and monitoring during treatment. It's important to know some specialty drugs must be given in a doctor's office (provider-administered), but others can be used at home (self-administered).

The Specialty Pharmacy Network includes experts in these high-cost, biologic drugs and to offer these medications at special rates. When your doctor writes your prescription and faxes it to the specialty pharmacy your medicine will be sent to your home or other designated location. Plus, pharmacists and nurse specialists are available to answer any questions or concerns about your medication.

Depending on your specific plan, your copay may be higher or the medication may not be covered if you purchase self-administered specialty drugs from another pharmacy instead of a pharmacy in the BlueCross BlueShield of Tennessee Specialty Pharmacy Network. Please check your EOC or member handbook for details about your specific benefits.

The physician may obtain approval and order Specialty Pharmacy Products by calling one of these Specialty Pharmacies. You may also order self-administered drugs from one of these Specialty Pharmacies:

AcariaHealth, Inc.	1-855-405-6923	fax 1-866-892-3223
Accredo Health Group	1-888-239-0725	fax 1-866-387-1003
Acro Pharmaceutical Services	1-800-906-7798	fax 1-844-612-9057
Amerita, Inc.	1-855-778-2229	fax 1-877-801-1540
Axiom Healthcare Pharmacy	1-888-315-3395	fax 1-888-315-3270
BioPlus Specialty Pharmacy	1-888-292-0744	fax 1-800-269-5493
BriovaRx	1-866-791-8679	fax 1-888-791-7666
Caremark Specialty Pharmacy Services	1-800-237-2767	fax 1-800-323-2445
EntrustRx	1-855-273-3924	fax 1-855-273-3925
HPC Specialty Pharmacy	1-800-757-9192	fax 1-855-813-0583
NPS Pharmacy	1-866-406-9266	fax 1-866-420-4686
Restore Rx, Inc.	1-877-388-0507	fax 1-901-388-0407
Transcript Pharmacy, Inc.	1-866-420-4041	fax 1-844-407-4040

*Requests for participation in the BlueCross BlueShield of Tennessee Specialty Pharmacy Network are accepted in the months of June and July.

Provider-Administered Medications Available Through the Specialty Pharmacy Network

Provider-administered specialty pharmacy products are ordered by a doctor and administered in an office or outpatient setting. To get Prior Authorization for provider-administered specialty drugs (shown below), your network doctor must do one of the following:

- Call BlueCross BlueShield of Tennessee at **1-800-924-7141**
- Log on to BlueAccess, the secure area of bcbst.com, select Service Center from the Main menu, followed by Authorization/Advance Determination Submission. If your doctor is not registered with BlueAccess or needs help using bcbst.com, he or she can call eBusiness Solutions at **1-800-924-7141** (option 4) or **423-535-5717** (option 2).

Abilify Maintena	Elelyso ^{PA}	Kadcyla ^{PA}	Prolia ^{PA}	Unituxim ^{PA}
Abraxane	Eligard IM ^{MPC}	Krystexxa ^{PA}	Provenge ^{PA**}	Vantas
Actemra ^{PA}	Eloxatin	Kyprolis ^{PA}	Qutenza	Vectibix ^{PA}
Acthar H.P. Gel ^{PA}	Entyvio ^{PA}	Lemtrada ^{PA}	Remicade ^{PA}	Velcade ^{PA}
Adagen	Epogen ^{PA}	Leukine	Remodulin ^{PA}	Vidaza ^{MPC}
Adcetris ^{PA}	epoprostenol ^{PA}	Lucentis	Retisert	Vimizim ^{PA}
Aldurazyme ^{MPC}	(Flolan, Veletri)	Lumizyme ^{MPC}	RiaSTAP	Vistide
Alferon N	Erbix ^{PA}	Lupron Depot ^{MPC}	Risperdal Consta	Visudyne
Alimta ^{PA}	Erwinaze ^{PA}	Macugen	Rituxan ^{PA}	Vivitrol
Amevive	Euflexxa ^{MPC}	Makena	Ruconest ^{PA}	Vpriv ^{MPC}
Aralast NP	Eylea	Marqibo ^{PA}	Sandostatin LAR	Xeomin ^{MPC}
Aranesp ^{PA}	Fabrazyme ^{MPC}	mitoxantrone	Signifor LAR	Xgeva ^{PA}
Arranon	Firmagon	(Novantrone)	Simponi Aria ^{PA}	Xiaflex ^{MPC}
Arzerra ^{PA}	Folotylin ^{PA}	Mozobil	Soliris ^{PA}	Xolair ^{PA}
Avastin ^{PA}	Gazyva ^{PA}	Myobloc ^{MPC}	Somatuline	Yervoy ^{PA}
Beleodaq ^{PA}	Gel One ^{MPC}	Myozyme ^{MPC}	Stelara ^{PA}	Zaltrap ^{PA}
Benlysta ^{PA}	Gemzar	Naglazyme ^{MPC}	Supartz ^{MPC}	Zemaira
Beriner ^{PA}	Granix ^{PA}	Neulasta ^{MPC}	Supprelin	Zoladex
Blincyto ^{PA}	Halaven ^{PA}	Neumega	Sylvant ^{PA}	zoledronic acid
Botox ^{MPC}	Herceptin	Neupogen ^{MPC}	Synagis ^{PA}	(Reclast, Zometa) ^{MPC}
Campath ^{MPC}	Hyalgan ^{MPC}	NovoSeven RT	Synribo ^{PA}	
Camptosar	Hycamtin inj	Nplate	Synvisc ^{MPC}	
Cerezyme ^{MPC}	Hylenex	Opdivo ^{PA}	Synvisc One ^{MPC}	
Cimzia vials ^{PA}	Ilaris ^{MPC}	Orencia ^{PA}	Temodar inj ^{PA}	
Cinryze ^{PA}	Immune Globulins ^{MPC}	Orthovisc ^{MPC}	Thyrogen	
Cyramza ^{PA}	Intron A IV	Ozurdex	Torisel	
Cytovene IV	Istodax ^{PA}	Perjeta ^{PA}	Treanda ^{PA}	
Dacogen	Ixempra	Prialit	Trelstar	
Dysport ^{MPC}	Jetrea ^{PA}	Procrit ^{PA}	Trisenox	
Elaprase	Jevtana	Proleukin	Tysabri ^{PA}	

^{PA} This drug requires prior authorization before dispensing/administration.

^{MPC} Medical policy criteria must be satisfied. The criteria can be found at <http://www.bcbst.com/mpmanual/ISSLI/WebHelp/mpmprov.htm>

** Provenge is not available through Bluecross' Preferred SP Rx Pharmacies. Information on obtaining Provenge may be found at <http://www.provenge.com/contact-us.aspx>

Self-Administered Medications Available Through the Specialty Pharmacy Network

This is a specialty drug you give yourself, usually by injection. To obtain Prior Authorization for self-administered specialty drugs (as noted below), your network physician must call Express Scripts at **1-877-916-2271**.

Actemra SQ ^{PA ST}	Duopa ^{PA}	Increlex ^{PA}	Otezla ^{PA ST}	temozolomide (Temodar oral) ^{PA}
Acthar H.P. Gel ^{PA}	Enbrel ^{PA}	Infergen ^{PA}	Pegasys ^{PA}	Thalomid ^{PA}
Actimmune ^{PA}	Epogen ^{PA}	Inlyta ^{PA}	Peg-Intron ^{PA}	Tivicay
Advate	epoprostenol ^{PA}	Intron A SQ ^{PA}	Plegridy	Tobi ^{QL}
Advate H	(Flolan, Velettri)	Jadenu	Pomalyst ^{PA}	Tracleer ^{PA}
Advate L	Erivedge ^{PA}	Jakafi ^{PA}	Prezcobix	Tretten
Advate M	Esbriet ^{PA}	Juxtapid ^{PA}	Procrit ^{PA}	Triumeq
Advate UH	Evotaz	Kalydeco ^{PA}	Procysbi ^{PA}	Tykerb ^{PA}
Adcirca ^{PA}	Exjade	Kineret ^{PA ST}	Profilnine	Tyvaso ^{PA}
Adempas ^{PA}	Extavia	Koate-DVI	Promacta	Valchlor ^{PA}
Afinitor ^{PA}	Farydak ^{PA}	Kogenate FS	Pulmozyme	Ventavis ^{PA}
Alphanate	Ferriprox	Korlym ^{PA}	Ravicti	Victrelis ^{PA}
Alphanate SD	Firazyr ^{PA}	Kuvan	Recombinant	Vitekta
Ampyra ^{PA}	Forteo	Kynamro ^{PA}	Rebif	Votrient ^{PA}
Apokyn	Fuzeon	Lenvima ^{PA}	Remodulin ^{PA}	Wilate
Aranesp ^{PA}	Gammagard Liquid ^{PA}	leuprolide SQ (Lupron SQ)	Revlimid ^{PA}	Xalkori ^{PA}
Arcalyst	Gamunex C ^{PA}	Lynparza ^{PA}	ribavirin (Copegus,	Xeljanz ^{PA ST}
Astagraf XL	Gattex ^{PA}	Mekinist ^{PA}	Rebetol, Ribasphere) ^{PA}	capecitabine (Xeloda)
Atripila	Gilenya ^{PA}	Monoclate-P	Sabril	Xenazine ^{PA}
Aubagio ^{PA}	Gilotrif ^{PA}	Mozobil	Samsca	Xtandi ^{PA}
Avonex	Glatopa	Myalept ^{PA}	Sensipar	Zavesca ^{PA}
Bebulin	Gleevec	Natpara ^{PA}	Signifor ^{PA}	Zelboraf ^{PA}
BeneFIX	Growth Hormone	Neulasta	sildenafil (Revatio) ^{PA}	Zolinza
Berinert ^{PA}	(Norditropin) ^{PA}	Neumega	Simponi ^{PA ST}	Zydelig ^{PA}
Betaseron ST	Harvoni ^{PA}	Neupogen	Somavert	Zykadia ^{PA}
Bosulif ^{PA}	Helixate FS	Nexavar ^{PA}	Sovaldi ^{PA}	Zytiga
Caprelsa ^{PA}	Hemofil-P	Northra ^{PA}	Sprycel	
Cayston ^{PA}	Hizentra ^{PA}	NovoSeven RT	Stimate	
Cerdelga ^{PA}	Humate-P	octreotide SQ	Stivarga ^{PA}	
Cholbam ^{PA}	Humira ^{PA}	(Sandostatin SQ)	Stribild	
Cimzia syringes ^{PA ST}	Hycamtin oral	Ofev ^{PA}	Sutent ^{PA}	
Cinryze ^{PA}	Ibrance ^{PA}	Opsumit ^{PA}	Sylatron ^{PA}	
Cometriq	Hyquvia ^{PA}	Oralair ^{PA}	Tafinlar ^{PA}	
Complera	Iclusig ^{PA}	Orencia SQ ^{PA ST}	Tarceva ^{PA}	
Copaxone	Imbruvica ^{PA}	Orenitram ^{PA}	bexarotene (Targretin) ^{PA}	
Corifact	Incivek ^{PA}	Orfadin	Tasigna	
Cystadane	Increlex ^{PA}	Orkambi ^{PA}	Tecfidera ^{PA}	
Cystaran				

^{PA} This drug requires prior authorization before dispensing/administration.

^{PA} This product requires step therapy or prior authorization

ST This drug requires other selected drugs to be tried first.

2016 Prior Authorization List

To maximize your benefits, the drugs listed below need authorization from your benefit plan before they are dispensed by your pharmacy. Your network physician is responsible for obtaining prior authorization when prescribing a drug on this list. Ask your physician to make the call at the same time the medication is prescribed so there will be no delay when you go to the pharmacy.

The following list of drugs requires prior authorization:

Drug	Requirement
allergy (e.g. Grastek, Ragwitek)	PA required
anabolic steroids (e.g., Anadrol-50, Oxandrin)	PA required
androgens (e.g., Androderm, Androgel)	PA required for males 30 years and younger; PA required for all females
atypical antipsychotics (e.g., Abilify, Risperdal, Seroquel, Zyprexa)	PA required for patients 17 years and younger
modafinil	PA required
Nuvigil	PA required
retinoids (e.g., Avita, Retin-A, Tazorac)	PA required for patients 40 years and older
Specialty Pharmacy Products	Many of these drugs also require prior authorization. See Specialty Pharmacy Drug List.
Xyrem	PA required

The following drugs may not be covered by your plan. Check with customer service to determine coverage. If covered by the plan, these drugs also require prior authorization.

anti-obesity drugs (e.g., benzphetamine, diethylpropion, orlistat (Xenical), phendimetrazine, phentermine, Belviq, Qsymia)

chemical dependency/detoxification (e.g., buprenorphine/naloxone, Campral, disulfiram, Revia, Suboxone)

erectile dysfunction drugs (e.g., Caverject, Cialis, Edex, Levitra, Muse, Staxyn, Viagra)

growth hormone (Norditropin)

2016 Step Therapy List

A form of prior authorization that begins drug therapy for a medical condition with the most cost-effective and safest drug therapy. To have these medications covered under your prescription drug benefit, you may be required to first try an alternative or complete the prior authorization process. It progresses to alternate drugs only if necessary. Prescription drugs subject to step therapy guidelines are: (1) used only for patients with certain conditions; (2) Covered only for patients who failed to respond to or demonstrated an intolerance to alternate prescription drugs as supported by appropriate medical documentation; and (3) when used with selected prescription drugs to treat your condition.

The following list of drugs requires step therapy:

Drug	Requirement
Angiotensin II Receptor Blocker Edarbi/Edarbyclor Teveten/Teveten HCT	trial and failure of generic ARB or Benicar/Benicar HCT
Betaseron	trial and failure of Avonex, Copaxone, Extavia, or Rebif
Diabetic Test Strips (Freestyle/Accu-Chek)	trial and failure of preferred products made by Lifescan (OneTouch) or Bayer (Contour or Breeze2)
Glaucoma Agents Rescula Xalatan Zioptan	trial and failure of latanoprost or Lumigan or Travatan Z
Humulin	trial and failure of Novolin
Humalog / Apidra	trial and failure of Novolog
Short-acting Beta Agonists Proventil HFA Ventolin HFA Xopenex HFA	trial and failure of ProAir HFA and ProAir Respiclick

2016 Quantity Limit List

Quantity limits help promote appropriate use of selected drugs and enhance patient safety. If your prescription is written for more than the allowed quantity, it will be filled to the allowed quantity. Your doctor can request a greater quantity for medical necessity reasons.

The following list of drugs require quantity limits:

Drug	Limit
Anaphylaxis Agents (e.g., Auvi-Q, EpiPen, EpiPen Jr.)	2 kits/30 days
Diabetic supplies	306 qty/30 days; 918 qty/90 days
Low molecular weight heparins (e.g., enoxaparin, fondaparinux, Arixtra, Fragmin, Lovenox)	42 day supply/365 days
Migraine drug, injections and nasal spray:	
Migranal	Up to 1 kit in a 30-day period
sumatriptan (Imitrex, Alsuma) Injection	Up to 8 syringes or vials/4 kits in a 30-day period
sumatriptan (Imitrex) nasal spray	Up to 12 devices in a 30-day period
Sumavel Dosepro	Up to 8 syringes or vials/4 kits in a 30-day period
Zomig nasal spray	Up to 2 cartons (40mg) in a 30-day period
Migraine drugs, tablets:	18 tablets in a 30-day period
almotriptan	
naratriptan (Amerge)	
Relpax	
rizatriptan	
sumatriptan (Imitrex)	
zolmitriptan	
Relenza	One treatment course per 180-day period
Specialty Pharmacy Products	Limited to one month's supply
Tamiflu	One treatment course per 180-day period
Tobi Podhaler	224 capsules/28 days
Tobi, tobramycin ampules	56 ampules/28 days
linezolid (Zyvox)	14 days of therapy, then PA required

Some plans do not cover the following medications. Check your benefit materials or call customer service to determine coverage before your doctor writes the prescription.

2016 Quantity Limit List, Cont'd

Drug	Limit
Erectile dysfunction:	
Caverject	8 injections/30 days
Cialis	8 tablets/30 days
Edex	8 injections/30 days
Levitra	8 tablets/30 days
MUSE	8 urethral suppositories/30 days
Staxyn	8 tablets/30 days
Stendra	8 tablets/30 days
Viagra	8 tablets/30 days
Ella	one tablet/Rx; 3 tablets/365 days
Pain Medications:	
apap/cafeine/dihydrocodeine (Trexix)	360 tablets/ 30 days
buprenorphine/naloxone (Suboxone, Zubsolv)	90 tablets/ 30 days
butalbital combinations	180 units/30 days
codeine	180 units/30 days
codeine/APAP	180 units/30 days
fentanyl lozenges & tablets (Abstral, Actiq, Fentora & Onsolis)	6-8 units/30 days then prior authorization up to 120 units/30 days
hydrocodone/APAP	240 tabs/30 days
hydrocodone/ibuprofen	150 tablets/30 days
hydromorphone IR (Dilaudid)	180 tablets/30 days
levorphanol (Levo Dromoran)	180 tablets/30 days
meperidine (Demerol)	180 tablets/30 days
methadone (Dolophine, Methadose)	180 tablets/30 days
morphine CR (MS Contin)	90 tablets/30 days
morphine ER (Avinza)	120 capsules/30 days (max 480mg/day)
morphine IR	180 tablets/30 days
morphine SR (Kadian)	60 tablets/30 days
oxycodone IR	120 tablets/30 days
oxycodone ER (OxyContin)	120 tablets/30 days
oxycodone/APAP or oxycodone/ASA (Percocet, Percodan)	240 tabs/30 days
oxycodone/ibuprofen	150 tablets/30 days
oxymorphone (Opana ER)	120 tabs/30 days (max 160mg/day)
oxymorphone (Opana IR)	120 tablets/30 days
tapentadol (Nucynta/Nucynta ER)	180 tablets/30 days

2016 Formulary Exclusion List

Most plans do not reimburse for the following drugs. Refer to your EOC or member handbook for coverage details.

Excluded	Alternatives
Absorica	isotretinoin
Aciphex	omeprazole 20 mg
Acticlate	doxycycline
Acuvail	ketorolac, Prolensa
Akynzeo	granisetron, ondansetron, Anzemet
Alvesco	Asmanex HFA, Arnuity, Flovent, Flovent HFA, Qvar
Amrix	cyclobenzaprine
Analpram E	hydrocortisone/pramoxine
Androgel PA	Natesto
Aplenzin	bupropion ext-rel
Aptensio XR	methylphenidate ER
Asacol HD	Apriso, Lialda, Pentasa
Aurstat	
Axert	almotriptan, naratriptan, Relpax, rizatriptan, sumatriptan, zolmitriptan
Axiron	Androgel PA
Belsomra	eszopiclone, zaleplon, zolpidem, zolpidem ext-rel
Beconase AQ	budesonide, flunisolide, fluticasone propionate
Besivance	Moxeza, Vigamox
Bethkis	tobramycin ampules QL , Tobi QL , Tobi Podhaler QL
Brintellix	generic SSRI
Brisdelle	paroxetine hcl
Bulk Powders & Select Bulk Chemicals	
buprenorphine	buprenorphine/naloxone, Bunavail, Suboxone, Zubsolv
Cambia	diclofenac tablets
capsaicin/menthol patches	OTC capsaicin
Carac	fluorouracil
Cetraxal	ciprofloxacin otic soln
Clindacin Pac	clindamycin topical
Comfort Pac-Cyclobenzaprine	cyclobenzaprine
Comfort Pac-Ibuprofen	ibuprofen
Comfort Pac-Naproxen	naproxen
Comfort Pac-Tizanidine	tizanidine
Conzip	tramadol or tramadol ext-rel
Cosentyx	Enbrel PA SPRx , Humira PA SPRx
Delzicol	Apriso, Lialda, Pentasa
Deprizine	ranitidine
Dexilant	omeprazole, pantoprazole, Nexium
Dexvenlafaxine ER	generic SSRI, generic SNRI
Diclegis	OTC doxylamine, OTC pyridoxine
Dicopanor	OTC diphenhydramine
Disalcid	salsalate
Doryx	doxycycline immediate-release
Duexis	ibuprofen and OTC famotidine
Dymista	budesonide, flunisolide, fluticasone propionate
Ecoza	econazole nitrate
Edular	zolpidem tartrate oral
Egrifta	

Excluded	Alternatives
Eligen B12	cyanocobalamin
Eloctate	Advate SPRx
Embeda	morphine sulfate ext-rel QL , Nucynta ER QL , Opana ER QL , Oxycontin QL
esomeprazole strontium	omeprazole, pantoprazole, Nexium
Evzio	naloxone
Exalgo	hydromorphone
Fanatrex	gabapentin
Fentanyl 37.5mcg, 62.5mcg, 87.5mcg	fentanyl patch 12mcg, 25mcg, 50mcg, 75mcg, 100mcg
Fetzima	generic SSRI, generic SNRI
Fortesta	Androgel PA
Forfivo XL	bupropion ext-rel
Frova	almotriptan, naratriptan, Relpax, rizatriptan, sumatriptan, zolmitriptan
Gralise	gabapentin
Growth Hormones (other than Norditropin PA , including but not limited to: Genotropin, Humatrope, Nutropin, and Omnitrope)	Norditropin PA
Hemangeol	propranolol oral solution
Hetlioz	OTC melatonin
hydromorphone er	hydromorphone
Hysingla ER	hydrocodone/apap
Ilevro	bromfenac, Prolensa
Incruse Ellipta	Spiriva, Tudorza Pressair
Intermezzo	zaleplon, zolpidem, zolpidem ext-rel
Ixinity	BeneFIX SPRx
Jardiance	Farxiga, Invokana
Jublia	ciclopirox topical solution
Karbinal ER	carbinoxamine maleate
Kazano	Janumet, Jentadueto
Kerydin	ciclopirox topical solution
Khedeza	generic SSRI, generic SNRI
Kitabis	tobramycin ampules QL , Tobi QL , Tobi Podhaler QL
Kombiglyze XR	Janumet
Lamisil Oral Granules	terbinafine tablets
Latisse	
Lazanda	fentanyl lozenges QL
Letairis	Tracleer losing patent Nov. 2015, bosentan
Lorzone	chlorzoxazone
Lovaza	OTC fish oil, fenofibrate, gemfibrozil
Luzu	econazole nitrate
Maxalt, Maxalt MLT	almotriptan, naratriptan, Relpax, rizatriptan, sumatriptan, zolmitriptan
Medical foods	
methylphenidate ext-rel	Concerta
Metozolv ODT	metoclopramide
Migralam	isometheptene/cafeine/APAP
Mimyx	OTC moisturizers and emollients
Minocin Combo Pack	minocycline
minocycline ext-rel	minocycline immediate-release
Mirvaso	Finacea, topical metronidazole
Momexin	mometasone, OTC Lac-Hydrin

2016 Formulary Exclusion List

Most plans do not reimburse for the following drugs. Refer to your EOC or member handbook for coverage details.

Excluded	Alternatives
Monodox	doxycycline monohydrate
Morgidox	doxycycline
Movantik	Amitiza
Moxatag	amoxicillin
Nalfon 400 mg	fenoprofen 200 mg, 300 mg
Nascobal	cyanocobalamin
Nasacort AQ	budesonide, flunisolide, fluticasone propionate
Nasonex	budesonide, flunisolide, fluticasone propionate
Nesina	Januvia or Tradjenta
Nevanac	bromfenac, Prolensa
Novoeight	Advate SPRx
Nymalize	nimodipine
Obivan CF	acetaminophen/butalbital
Olepto	trazodone
Olysio	Harvoni PA SPRx , Sovaldi PA SPRx
omega-3 acid ethyl esters	OTC fish oil, fenofibrate, gemfibrozil
omeprazole/sodium bicarbonate	omeprazole 20 mg
Omnares	budesonide, flunisolide, fluticasone propionate
Onexton	Acanya, benzoyl peroxide/ clindamycin
Onglyza	Januvia, Tradjenta
Oracea	doxycycline
Oseni	Januvia or Tradjenta, plus pioglitazone
Otrexup	methotrexate
Oxycodone ER	OxyContin
Pancreaze	Creon, Zenpep
Pediaderm HC	OTC hydrocortisone cream
Pennsaid	oral diclofenac
Pertyze	Creon, Zenpep
Prescription drugs with over-the-counter (OTC) equivalents	
Prodrin	isometheptene/apap/caffeine
Provigil	Nuvigil PA , modafinil PA
Prumyx	OTC moisturizers and emollients
Qnasl	budesonide, flunisolide, fluticasone propionate
rabeprazole	omeprazole, pantoprazole, Nexium
Rayos	prednisone
Rectiv	nitroglycerin ointment
Regimex	diethylpropion, phendimetrazine, phentermine
Rytary	carbidopa/levodopa ext-rel
Sancuso	oral granisetron
Silenor	doxepin
Single-source brand generics	
Sitavig	acyclovir, famciclovir, valacyclovir
Sivextro	linezolid
Sklice	Lindane
Sodium Sulfacetamide Kit	sulfacetamide sodium/sulfur
Solodyn	minocycline
Soolantra	Finacea, topical metronidazole
Subsys	fentanyl lozenges QL

Excluded	Alternatives
Sumadan	sulfacetamide/sulfur
Sumaxin CP	sulfacetamide/sulfur
Synapryn	tramadol & OTC glucosamine
Tabradol	cyclobenzaprine & OTC MSM
Tanzeum	Bydureon, Byetta, Victoza
Terbinex Kit	terbinafine
Testim	Androderm PA , Androgel PA
Tirosint	levothyroxine
Tivorbex	indomethacin
Toviaz	oxybutynin, oxybutynin ER, Enablex, Vesicare
Treximet	sumatriptan & naproxen, almotriptan, naratriptan, rizatriptan, zolmitriptan, & ibuprofen
Trezix	acetaminophen/caffeine/ dihydrocodeine
triamcinolone acetonide	budesonide, flunisolide, fluticasone propionate
Trulicity	Bydureon, Byetta, and Victoza
Uceris rectal foam	Cortifoam
Ultresa	Creon, Zenpep
UTA	Urogesic-Blue, Uro-Blue
Vascepa	OTC fish oil, fenofibrate, gemfibrozil
Vecamyl	generic ACE inhibitor, ARB, beta-blocker, or calcium channel blocker
Veltin	clindamycin topical & tretinoin
Versacloz	clozapine
Veramyst	budesonide, flunisolide, fluticasone propionate
Viekira	Harvoni PA SPRx , Sovaldi PA SPRx
Viibryd	generic SSRI
Vimovo	naproxen & OTC omeprazole
Vituz	hydrocodone/chlorpheniramine suspension
Vogelxo	Androgel PA
Xartemis XR	oxycodone/acetaminophen
Xerese	Zovirax & OTC hydrocortisone cream
Zegerid	omeprazole 20 mg
Zetonna	budesonide, flunisolide, fluticasone propionate
Ziana	clindamycin topical & tretinoin
Zipsor	diclofenac potassium
Zohydro ER	hydrocodone/apap
Zolpimist	zolpidem
Zomig, Zomig ZMT	almotriptan, naratriptan, Relpax, rizatriptan, sumatriptan, zolmitriptan
Zorvolex	diclofenac sodium
Zuplenz	ondansetron
Zyflo, Zyflo CR	montelukast, zafirlukast
Zymar	Moxeza, Vigamox
Zymaxid	Moxeza, Vigamox
Zyram	hydrocortisone acetate/pramoxine

2016 Preventive Drug List

Medications on the Preventive Drug List help prevent and manage several health concerns.

Some of these conditions, if not prevented or managed, can lead to serious illnesses and complications. Following your doctor's treatment plan, including taking prescribed medications as directed, can help you live a healthier life today, and avoid serious illness and high health care costs in the future.

If your health plan includes the Preventive Drug List option, you just pay a copay for preventive care medications instead of having to meet your plan's deductible for certain prescription drugs. Prescription drugs on the Preventive Drug List will be covered as if you already met your deductible, so you are only responsible for paying the appropriate copay. This enhanced benefit to your health plan makes it easier for you to purchase the medications you and your family need to stay healthy today – and tomorrow.

Some plans may differ. Check your Evidence of Coverage (EOC) to see if this applies to your plan. This list contains some of the most commonly prescribed preventive care drugs and is not all-inclusive. This list does not guarantee coverage for preventive care drugs that are not listed. This list is subject to change throughout the year. Check bcbst.com for the current list. To ensure coverage, check your Schedule of Benefits or call Member Services at 1-800-565-9140.

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
Asthma and Other Respiratory Conditions		
albuterol soln	Advair Diskus	
budesonide nebulizer soln	Advair HFA	
cromolyn sodium	Arcapta Neohaler	
ipratropium bromide inhaler	Asmanex	
	Asmanex HFA	
ipratropium-albuterol	Breo Ellipta	
levalbuterol	Brovana	
metaproterenol sulfate	Combivent Respimat	
montelukast	Dulera	
terbutaline sulfate	Flovent Diskus	
zafirlukast	Flovent HFA	
	Foradil	
	Perforomist	
	ProAir HFA	
	ProAir Respiclick	
	QVAR	
	Serevent Diskus	
	Spiriva	
	Spiriva Respimat	
	Symbicort	
	Tudorza Pressair	
Conditions Related to Blood Clots		
anagrelide	Brilinta	Aggrenox
cilostazol	Effient	Coumadin
clopidogrel	Eliquis	Fragmin QL
dipyridamole	Pradaxa	
enoxaparin QL	Xarelto	
fondaparinux QL		
Jantoven		
pentoxifylline		
ticlopidine		
warfarin sodium		
Contraception		
Altavera		
Alyacen		

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
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Contraception (cont.)

Amethia
 Amethia Lo
 Amethyst
 Apri
 Aranelle
 Ashlyna
 Aubra
 Aviane
 Azurette
 Balziva
 Briellyn
 Camila
 Camrese
 Camrese Lo
 Caziant
 Chateal
 Cryselle
 Cyclofem
 Cyclofem 7/7/7
 Cyred
 Dasetta
 Daysee
 Deblitane
 Delyla
 desogestrel-ethinyl estradiol
 drospirenone-ethinyl estradiol
 Elinest
 Emoquette
 Enpresse
 Enskyce
 Errin
 Estarylla
 Falmina
 Gianvi
 Gildagia
 Gildess
 Gildess 24 FE
 Gildess FE
 Heather
 Introvale
 Jencycla
 Jolessa
 Jolivette
 Junel 1.5/30
 Junel 1/20
 Junel FE 1.5/30
 Junel FE 1/20
 Kariva
 Kelnor 1/35
 Kimidess
 Kurvelo
 Larin
 Larin 24 FE
 Larin FE
 Layolis FE

Covered Generics
(always your lowest copay)

Preferred Covered Brands
(may have a reduced copay)

Non-Preferred Covered Brands
(always your highest copay)

Contraception (cont.)

Leena
 Lessina
 Levonest
 levonorgestrel-est estradiol
 Levora
 Lomedia 24 Fe
 Loryna
 Low-Ogestrel
 Luteru
 Lyza
 Marlissa
 medroxyprogesterone acetate
 Microgestin 1.5/30
 Microgestin 1/20
 Microgestin FE 1.5/30
 Microgestin FE 1/20
 Mono-Linyah
 Mononessa
 Myzilra
 Necon 0.5/35
 Necon 1/35
 Necon 1/50
 Necon 7/7/7
 Nikki
 Nora-Be
 norethindrone acetate 0.35
 norgestimate-ethinyl estradiol
 norgestrel-ethinyl estra
 Norlyroc
 Nortrel 0.5/35
 Nortrel 1/35
 Nortrel 7/7/7
 Ocella
 Ogestrel
 Orsythia
 Philith
 Pimtrea
 Pirmella
 Portia
 Previfem
 Quasense
 Reclipsen
 Sharobel
 Sprintec
 Sronyx
 Syeda
 Tarina FE
 Tilia FE
 Tri-Estarylla
 Tri-Legest FE
 Tri-Linyah
 Trinessa
 Tri-Previfem
 Tri-Sprintec

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
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Contraception (cont.)

Trivora
Velivet
Vestura
Viorele
Vyfemia
Wera
Wymzya FE
Xulane
Zarah
Zenchent
Zenchent FE
Zeosa
Zovia 1/35
Zovia 1/50

Diabetes

acarbose	Bydureon (pens & vials)	Actoplus Met XR
chlorpropamide	Byetta	Apidra ST
glimepiride	Farxiga	Apidra SoloSTAR ST
glipizide	Invokana	Avandamet
glipizide ext-rel	Janumet	Avandaryl
glipizide-metformin	Janumet XR	Avandia
glyburide	Januvia	Glumetza
glyburide micronized	Jentadueto	Glyset
glyburide-metformin	Lantus SoloSTAR	Humalog ST (pens & vials)
Lanuts (vials)*	Levemir (pens)	Humulin (pens) ST
Levemir (vials)*	Novolin (pens)	Humulin (vials) ST
metformin	Novolog (pens)	Prandimet
metformin ext-rel	Tradjenta	Riomet
nateglinide	Victoza	SymlinPen
Novolin (vials)*		
Novolog (vials)*		
pioglitazone		
pioglitazone-glimepiride		
pioglitazone-metformin		
repaglinide		
tolazamide		
tolbutamide		

Diabetic Supplies

Bayer Contour/Breeze2 diabetic products* QL	alcohol preps and lancets QL
Lifescan One Touch diabetic products* QL	BD insulin syringes QL

*Under your plan, this brand-name product is available at the lowest copay level.

Emotional Health

amitriptyline	Latuda PA	Abilify PA
amitriptyline-chlordiazepoxide	Seroquel XR PA	
amitriptyline-perphenazine		
amoxapine		
aripiprazole PA		
bupropion		
bupropion ext-rel		
chlorpromazine		
citalopram		
clomipramine		

Covered Generics
(always your lowest copay)

Preferred Covered Brands
(may have a reduced copay)

Non-Preferred Covered Brands
(always your highest copay)

Emotional Health (cont.)

clozapine **PA**
desipramine
doxepin
duloxetine
escitalopram
fluoxetine
fluphenazine
fluvoxamine
haloperidol
imipramine
loxapine
maprotiline
mirtazapine
nefazodone
nortriptyline
olanzapine **PA**
olanzapine-fluoxetine **PA**
paroxetine
paroxetine ext-rel
perphenazine
phenelzine
protriptyline
quetiapine **PA**
risperidone **PA**
sertraline
thioridazine
thiothixene
tranylcypromine
trazodone
trifluoperazine
venlafaxine
venlafaxine ext-rel
ziprasidone **PA**

High Blood Pressure & Other Heart Conditions

acebutolol
acetazolamide
Afeditab CR
amiloride
amiloride-hctz
amiodarone
amlodipine
amlodipine-atorvastatin
amlodipine-benazepril
atenolol
atenolol-chlorthalidone
benazepril
benazepril-hctz
betaxolol
bisoprolol fumarate
bisoprolol-hctz
bumetanide
candesartan
candesartan-hctz

Azor
Benicar
Benicar HCT
Bystolic
Coreg CR
Lanoxin
Tribenzor

Covered Generics
(always your lowest copay)

Preferred Covered Brands
(may have a reduced copay)

Non-Preferred Covered Brands
(always your highest copay)

High Blood Pressure & Other Heart Conditions (Cont.)

captopril
 captopril-hctz
 Cartia XT
 carvedilol
 chlorothiazide
 chlorthalidone
 clonidine tablets
 Clorpres
 digoxin
 diltiazem
 diltiazem 24 HR CD
 diltiazem ext-rel
 Dilt-XR
 disopyramide phosphate
 doxazosin
 enalapril
 enalapril-hctz
 eplerenone
 eprosartan
 felodipine ext-rel
 flecainide acetate
 fosinopril
 fosinopril-hctz
 furosemide
 guanfacine
 hydralazine
 hydrochlorothiazide
 indapamide
 irbesartan
 irbesartan-hctz
 isosorbide dinitrate/mononitrate
 isradipine
 K-effervescent
 Klor-Con 8mEq
 Klor-Con 10mEq
 Klor-Con20mEq
 Klor-Con M
 Klor-Con EF
 labetalol
 lisinopril
 lisinopril-hctz
 losartan
 losartan-hctz
 Matzim LA
 methazolamide
 methyclothiazide
 methyl dopa
 methyl dopa-hctz
 metolazone
 metoprolol succinate ext-rel
 metoprolol tartrate
 metoprolol-hctz
 mexiletine

Covered Generics
(always your lowest copay)

Preferred Covered Brands
(may have a reduced copay)

Non-Preferred Covered Brands
(always your highest copay)

High Blood Pressure & Other Heart Conditions (Cont.)

minoxidil
 moexipril
 moexipril-hctz
 nadolol
 quinidine gluconate
 nicardipine
 Nifediac CC
 Nifedical XL
 nifedipine ext-rel
 nimodipine
 nisoldipine ext-rel
 NitroBid
 nitroglycerin
 Nitro-Time
 Pacerone
 perindopril
 pindolol
 potassium bicarbonate
 potassium chloride
 prazosin
 propafenone
 propranolol
 propranolol ext-rel
 propranolol-hctz
 quinapril
 quinapril-hctz
 quinidine sulfate
 ramipril
 reserpine
 Sorine
 sotalol
 sotalol AF
 spironolactone
 spironolactone-hctz
 Taztia XT
 telmisartan
 telmisartan-amlodipine
 telmisartan-hctz
 terazosin
 timolol maleate
 torsemide
 trandolapril
 trandolapril-verapamil ext-rel
 triamterene-hctz
 valsartan
 valsartan-hctz
 verapamil
 verapamil ER PM
 verapamil ext-rel

High Cholesterol

atorvastatin	Crestor
cholestyramine	Liptruzet
colestipol	Simcor

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
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High Cholesterol (Cont.)

fenofibrate	Vytorin
fenofibric acid	Zetia
fluvastatin	
gemfibrozil	
lovastatin	
niacin	
niacin ext-rel	
pravastatin	
Prevalite	
simvastatin	

Multiple Sclerosis

Glatop SPRx	Ampyra PA
	Avonex
	Copaxone
	Gilenya PA
	Rebif
	Rebif Rebidose
	Tecfidera PA

Osteoporosis (a bone disease)

alendronate	Miacalcin injection	Actonel
calcitonin-salmon nasal spray		Atelvia
Fortical		Fosamax Plus D
ibandronate		
raloxifene		
risedronate		

Prenatal Care (Vitamins)

all generic vitamins

Seizure Conditions

carbamazepine	Dilantin	Banzel
carbamazepine ER	Oxtellar XR	Celontin
clonazepam	Vimpat	Diastat
divalproex delayed-rel		Onfi
divalproex ext-rel		Peganone
Epitol		Potiga
ethosuximide		Sabril
felbamate		Stavzor
gabapentin QL		
lamotrigine QL		
lamotrigine ext-rel		
lamotrigine ODT		
levetiracetam		
levetiracetam ext-rel		
oxcarbazepine		
phenobarbital		
phenytoin sodium extended		
primidone		
tiagabine		
Topiragen		
topiramate QL		
valproic acid		
zonisamide		

Covered Generics (always your lowest copay)	Preferred Covered Brands (may have a reduced copay)	Non-Preferred Covered Brands (always your highest copay)
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Thyroid Modifiers

levothyroxine
 Levoxyl
 liothyronine
 methimazole
 Nature-Thyroid
 NP Thyroid
 propylthiouracil
 Unithroid
 Westhroid

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 IDcard or visit our website at bcbs.tn.com for the most up-to-date information.

Affordable Care Act Requirements

The Affordable Care Act (ACA) requires certain categories of drugs and immunizations are included in preventive care services coverage based on recommendations from the U.S. Preventive Services Task Force (USPSTF). These recommendations are important in preventing diseases as well as providing additional women's services such as contraception. The following products may be available to you at out-of-pocket cost depending on your plan. Some plans may differ, so check your Evidence of Coverage (EOC) for details.

Drug or Drug Category	Description	Coverage Criteria	Reason
Aspirin	Generic OTC 81mg and 325mg	Males ages 45-79 years and Females ages 55 to 79 years	Prevent cardiovascular disease
Bowel preparation agents	Generic OTC and prescription products plus brand products that do not have a generic equivalent	Males and Females ages 50 to 75 Limit 2 scripts filled per 365 days	Preparation for colonoscopy screening
Breast Cancer	Generic tamoxifen & raloxifene	Asymptomatic women age 35 years and older who are at increased risk for breast cancer	Prevention of breast cancer in women at high-risk
Fluoride	Generic OTC and prescription products	Children older than 6 months through 5 years old	Prevent dental cavities if water source is deficient in fluoride
Folic Acid	Generic OTC and prescription products 0.4mg - 0.8mg	Females through age 50 years	Prevent birth defects
Iron Supplements	Generic OTC and prescription products	Children ages 6-12 months	Prevent anemia due to iron deficiency
Smoking Cessation	Generic OTC and prescription products plus brand Chantix	Males and Females age 18 years and older who use tobacco products	Increase in health benefits from successfully quitting smoking
Vaccines	All prescription vaccines	Ages per Advisory Committee on Immunization Practices (ACIP) recommendations	Prevention of infectious diseases
Vitamin D	Generic OTC and prescription products (doses less than 1000 IU per dosage form)	Males and Females ages 65 and older who are at increased risk for falls	Prevent falls in community-dwelling adults who are at increased risk of falls
Women's Contraceptives	Generic prescription oral contraceptives plus brand oral contraceptives that do not have a generic equivalent	Females only - See Contraceptive Drug List	Prevent pregnancy

Prescription Contraceptive Drug List

According to the Women's Preventive Services provision of the Affordable Care Act, BlueCross BlueShield of Tennessee offers access to prescription contraceptive drugs in this drug list to eligible members at no cost when filled by in-network pharmacies. This provision is effective during your employer group's benefit enrollment period.

The drugs listed below are prescription generic oral and injectable contraceptives, vaginal ring and hormonal patch, and are covered at no cost to you. Other brand name prescription contraceptives and other drugs may be covered subject to cost share under the prescription drug rider, if applicable to your plan. For members with the Contraceptive Only rider, only the items on this list are covered. Some plans may differ. Check your Evidence of Coverage (EOC) to see if this applies to your plan.

Monophasic

Altavera	Estarylla	Low-Ogestrel	Reclipsen
Alyacen	Falmina	Lutera	Safryal
Amethyst	Generess Fe	Marlissa	Sprintec
Apri	Gianvi	Microgestin	Sronyx
Aubra	Gildagia	Microgestin FE	Syeda
Aviane	Gildess	Minastrin 24 Fe	Tarina FE
Balziva	Gildess 24 FE	Moni-Linyah	Vestura
Beyaz	Gildess FE	Mononessa	Vyfemia
Briellyn	Introvale	Necon	Wera
Chateal	Junel	Nikki	Wymzya FE
Cryselle	Junel FE	norgestimate-ethinyl estradiol	Zarah
Cyclafem	Kelnor 1-35	norgestrel-ethinyl estra	Zenchant
Cyred	Kurvelo	Nortrel	
Dasetta	Larin 24 FE	Ocella	Zenchant FE
Delyla	Larin FE	Ogestrel	Zeosa
Desogestrel-ethinyl estradiol	Layolis FE	Orsythia	Zovia 1-35
drospirenone-ethinyl estradiol	Lessina	Philith	Zovia 1-50
Elinest	Levora-28	Pirmella 1-35	
Emoquette	Lomedia 24 FE	Portia	
Enskyce	Loryna	Previfem	

Biphasic

Ashlyna	Kariva	Lo Loestrin Fe	Pimtrea
Azurette	Kimidess	Lo Minastrin Fe	Viorele
Daysee			

Triphasic

Alyacen	Kimidess	Nortrel	Tri-Linyah
Aranelle	Leena	Ortho Tri-Cyclen Lo	Tri-Previfem
Ashlyna	Levonest	Pirmella 7/7/7	Tri-Sprintec
Caziant	levonorgestrel-eth estradiol	Tilia FE	Trinessa
Cyclafem	Myzilra	Tri-Estarylla	Trivora-28
Dasetta	Necon	Tri-Legest FE	Velivet
Enpresse	norgestimate-ethinyl estradiol		

Prescription Contraceptive Drug List

Extended-Cycle

Amethia	Camrese	Jolessa	Quartette
Amethia Lo	Camrese Lo	levonorgestrel-ethinyl estradiol	Quasense

Progestin-Only

Camila	Depo SubQ 104mg	Jolivette	Norlyroc
depot medroxyprogesterone acetate (eq. to Depo Provera 150mg)	Errin	Lyza	norethindrone acetate 0.35
	Heather	Nora-BE	Sharobel
Deblitane	Jencycla	Norlyrae	

Miscellaneous/Alternate Therapeutic Options

Ella QL	Natazia	Nuvaring
My Way QL	Next Choice OneDose QL	Xulane

IUD's

Intrauterine Devices are available through the prescribing provider as a Medical Benefit at zero member liability; in accordance with the Women's Preventive Services provision. These are not covered via the Pharmacy Benefit.

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.



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbst.com

For TDD/TTY help call 1-800-848-0299.

Spanish: Para obtener asistencia en Español, llame al 1-800-565-9140 | Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140 |
Chinese: 如果需要中文的帮助, 请拨打这个号码 1-800-565-9140 | Navajo: Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-565-9140

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RX-11 (10/15)
Prescription Formulary and
Prescription Drug List