2022

Preferred 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/docs/providers/2022-preferred-formulary-prescription-drug-list.pdf** for the most up-to-date information.

2022 Preferred Formulary

Tier Changes for 2022

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

Beginning Jan. 1, 2022, the Preferred Formulary will have **six tiers** instead of three. The tiers break down into preferred and non-preferred drugs across three main categories: generics, brand drugs, and specialty drugs. Please check your formulary for all the drugs you take to see which tier they're on for 2022.

Classification	2022 Tiers	2022 Cost Share Example
Preferred Generic Drugs	Tier 1	$10
Non-Preferred Generic Drugs	Tier 2	$20
Preferred Brand Drugs	Tier 3	$35
Non-Preferred Brand Drugs	Tier 4	$50
Preferred Specialty Drugs	Tier 5	$100
Non-Preferred Specialty Drugs	Tier 6	$200

Formulary Removals

Formulary Removals

Non-Formulary Drugs
DICLOFENAC SODIUM 1% GEL
NAPRELAN CR 375 MG TABLET
NAPRELAN CR 500 MG TABLET
OLOPATADINE EYE DROPS

Multi-Source Brand Drug Formulary Removals

Non-Formulary Drugs
ADDERALL
DEXEDRINE
INTUNIV ER
METHYLIN
RITALIN
STRATTERA

2022 Preferred Formulary

Formulary Additions

Formulary Additions

Drug Name	
ANNOVERA VAGINAL RING	PARAGARD IUD T380A
GEMMILY CAPSULE	PLENVU
KYLEENA IUD 19.5MG	SKYLA IUD 13.5MG
LILETTA IUD 52MG	SUTAB
MIRENA IUD SYSTEM	TWIRLA PATCH
NEXPLANON IMP 68MG	TYBLUME CHEW TAB
NORE/ETH/FER CAPSULE	

2022 Preferred Formulary

Prior Authorization Removed

Drug Name
RIBAVIRIN

2022 Preferred Formulary

Step Therapy Removals

Drug Name
PROVENTIL HFA
XOPENEX HFA

New Prior Authorizations and Quantity Limits

New Prior Authorizations and Quantity Limits on ADHD Medications

Drug Name	
ATOMOXETINE	METADATE
CLONIDINE ER	METHAMPHETAMINE
DAYTRANA	METHYLPHENIDATE
DEXMETHYLPHENIDATE	METHYLPHENIDATE ER
DEXMETHYLPHENIDATE ER	MYDAYIS
DEXTROAMPHETAMINE	PROCENTRA
DEXTROAMPHETAMINE ER	QUILLICHEW
DEXTROAMPHETAMINE-AMPHETAMINE	QUILLIVANT
DEXTROAMPHETAMINE-AMPHETAMINE ER	VYVANSE
GUANFACINE ER	ZENZEDI

New Prior Authorizations and Quantity Limits on Multiple Sclerosis Medications

Drug Name	
AMPYRA	GLATIRAMER
AUBAGIO	GLATOPA
AVONEX	KESIMPTA
BETASERON	MAYZENT
COPAXONE	PLEGRIDY
DALFAMPRIDINE	REBIF
DIMETHYL FUMARATE	TECFICERA
EXTAVIA	VUMERITY
GILENYA	ZEPOSIA

New Quantity Limits on Insulin Products

Drug Name		
ADEMLOG	INSULIN LISPRO	NOVOLOG
APIDRA	LANTUS	SOLIQUA
FIASP	LEVEMIR	TOUJEO
HUMALOG	LYUMJEV	TRESIBA
HUMULIN	NOVOLIN	

New Quantity Limits on Medications that Treat Inflammatory Conditions

Drug Name		
ACTEMRA	OLUMIANT	STELARA
CIMZIA	ORENCIA	TALTZ
COSENTYX	OTEZLA	TREMFYA
ENBREL	RINVOQ	XELJANZ
HUMIRA	SILIQ	XELJANZ XR
KEVZARA	SIMPONI	ZEPOSIA
KINERET	SKYRIZI	

New Prior Authorizations and Quantity Limits

Drug Name
XIFAXAN

New Prior Authorizations and Quantity Limits on GLP-1 Agonists

Drug Name		
BYDUREON	OZEMPIC	TRULICITY
BYETTA	RYBELSUS	

New Quantity Limits

New Quantity Limits on Oncology Medications

Drug Name		
ABIRATERONE	INLYTA	TAFINLAR
AFINITOR	INQOVI	TAGRISSO
ALECENSA	INREBIC	TALZENNA
ALUNBRIG	IRESSA	TARCEVA
AYVAKIT	JAKAFI	TASIGNA
BALVERSA	LAPATINIB	TAZVERIK
BOSULIF	LENVIMA	TEPMETKO
BRAFTOVI	LORBRENA	THALOMID
BRUKINSA	LYNPARZA	TIBSOVO
CABOMETYX	MEKINIST	TURALIO
CALQUENCE	MEKTOVI	TYKERB
CAPRELSA	NEXAVAR	UKONIQ
COPIKTRA	NINLARO	VENCLEXTA
COTELLIC	NUBEQA	VERZENIO
DAURISMO	ODOMZO	VITRAKVI
ERIVEDGE	ONUREG	VIZIMPRO
ERLEADA	ORGOVYX	VOTRIENT
ERLOTINIB	PIQRAY	XALKORI
EVEROLIMUS	POMALYST	XOSPATA
FARYDAK	QINLOCK	XPOVIO
GAVRETO	RETEVMO	XTANDI
GILOTRIF	REVLIMID	YONSA
GLEEVEC	RUBRACA	ZEJULA
IBRANCE	SPRYCEL	ZELBORAF
ICLUSIG	STIVARGA	ZYDELIG
IDHIFA	SUTENT	ZYKADIA
IMATINIB	TABRECTA	ZYTIGA
IMBRUVICA		

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-565-9140 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອ ພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ ທ່ານ. ໂທຣ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-565-9140 (TTY: 1-800-848-0298).