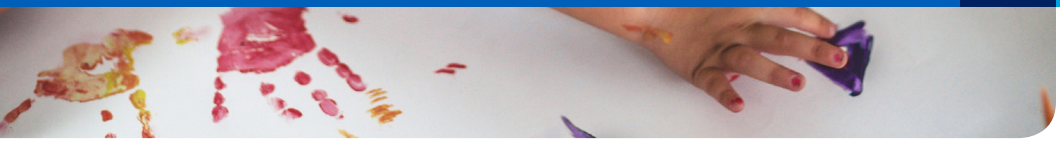
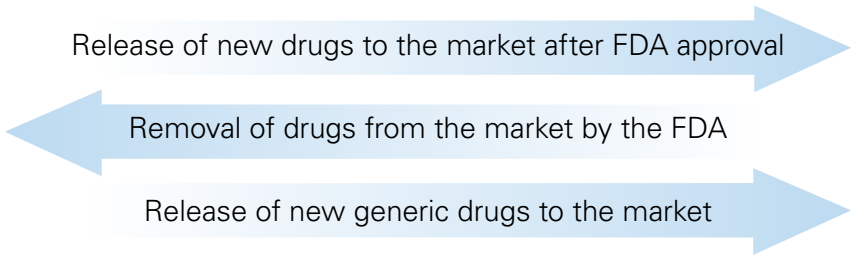
of Tennessee

2020

Preferred Formulary Changes



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:



Preferred Formulary Tier Changes effective 1/1/20:

Drug	2019 Tier	2020 Tier
Abilify Maintena ER Intramuscular Suspension	Tier 3 Specialty	Tier 2
Aristada ER & Aristada Initio Intramuscular ER Suspension	Tier 3 Specialty	Tier 2
Ascensia (Bayer) Blood Glucose Meters[QL]	NF	Tier 2
Butrans Transdermal Patch[PA/QL]	Tier 2	Tier 3
Estrace Vaginal Cream	Tier 2	Tier 3
Incruse Ellipta	NF	Tier 2
Ingrezza Capsule[PA]	NF	Tier 3 Specialty
Invega Sustenna & Invega Trinza Intramuscular Syringe	Tier 3 Specialty	Tier 3
Nuvaring Vaginal Ring	Tier 2	Tier 3
One Touch (Life Scan) Blood Glucose Meters[QL]	NF	Tier 2
Opsumit Oral Tablet[PA]	Tier 3 Specialty	Tier 2 Specialty
Perseris ER Subcutaneous Suspension	Tier 3 Specialty	Tier 2
Premarin Vaginal Cream	Tier 3	Tier 2
Risperdal Consta Intramuscular Syringe	Tier 3 Specialty	Tier 3
Suboxone Sublingual Film[QL]	Tier 2	Tier 3
Vesicare Tablet	Tier 2	Tier 3
Zyprexa Relprevv Intramuscular Suspension	Tier 3 Specialty	Tier 3

NF – Non-Formulary
PA – Prior authorization is required.
QL – Quantity limit applies.

Non-Formulary Drugs effective 1/1/20:

Non Formulary Drug	Preferred Alternative(s)
Aerospan HFA Inhaler	Qvar, Asmanex HFA, Asmanex Twisthaler, Flovent Diskus, Flovent HFA
Androgel 1.62% Gel and Androgel 1% Gel	Testosterone gel[PA], testosterone cypionate[PA]
Chlorzoxazone 250 mg, 375 mg, and 750 mg Oral Tablet	cyclobenzaprine[QL], tizanidine[QL], metaxalone[QL], baclofen, methocarbamol[QL]
Ciloxan Ophthalmic Ointment	ciprofloxacin, ofloxacin, gatifloxacin, levofloxacin, moxifloxacin
Hydrocortisone-Pramoxine 2.5-1 % Rectal Cream	Hydrocortisone-Pramoxine 1-1 % Rectal Cream
Moxeza Ophthalmic Drops	moxifloxacin, ciprofloxacin, ofloxacin, gatifloxacin, levofloxacin
Pulmicort Flexhaler	Qvar, Asmanex HFA, Asmanex Twisthaler, Flovent Diskus, Flovent HFA
Pylera Oral Capsule	lansoprazole-amoxicillin-clarithromycin, amoxicillin, clarithromycin
Tudorza Pressair Inhaler	Spiriva, Spiriva Respimat, Incruse Ellipta
Xyrem Oral Solution	modafinil[PA], armodafinil[PA]

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

BlueCross Preventive Drug List* Changes effective 1/1/20:

Additions	Removals
Ascensia (Bayer) Blood Glucose Meters[QL]	Coreg CR capsule (MSB only)
Dexcom G5-G4 Sensor[QL]	Tudorza Pressair Inhaler
Dexcom G6 Sensor[QL]	
Dexcom Receiver[QL]	
Dexcom Transmitter Device[QL]	
Freestyle Libre 10 Day Reader[QL]	
Freestyle Libre 14 Day Reader[QL]	
Freestyle Libre 10 Day Sensor[QL]	
Freestyle Libre 14 Day Sensor[QL]	
Incruse Ellipta	
One Touch (Life Scan) Blood Glucose Meters[QL]	

***** 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.
QL – Quantity limit applies.

Prior Authorization Changes effective 1/1/20:

Additions
Gleevec and Imatinib Mesylate Oral Tablet
Lyrica Oral Capsule[QL] and Solution[QL]
Lyrica CR Extended-Release Oral Tablet[QL]
Pregabalin Oral Capsule[QL] and Solution[QL]
Somavert Subcutaneous Solution
Tasigna Oral Capsule

QL – Quantity limit applies.

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 for the most up-to-date information.

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.

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 નિ:શુલ્ક 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).