2024

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/preferredrx** 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

Formulary Removals

Drug Name		
ABACAVIR SULFATE/LAMIVUDINE/ ZIDOVUDINE TABLET	ADVAIR HFA	AFREZZA
ANORO ELLIPTA	APTIVUS CAPSULE	ARNUITY ELLIPTA
CONTOUR BLOOD GLUCOSE TEST STRIPS	CONTOUR GLUCOMETERS	EASY TOUCH INSULIN SYRINGE
ESTRING	FEMRING	FLOVENT DISKUS
FLOVENT HFA	FOLTABS 800	FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR	FREESTYLE LIBRE 3 SENSOR	FREESTYLE LIBRE READER
FREESTYLE LIBRE SENSOR	INVIRASE TABLET	ISORDIL TABLET
ISOSORBIDE DINITRATE 40 MG TABLET	LAMICTAL ODT KIT	LAMICTAL XR KIT
MINIMED RESERVOIR 1.8ML	MINIMED RESERVOIR 3ML	PARADIGM PUMP RESERVOIR 1
PARADIGM PUMP RESERVOIR 3	PEXEVA TABLET	SPRITAM TABLET
TRUEPLUS GLUCOSE CHEW TAB	VIIBRYD STARTER PACK	

Multi-Source Brand Drug Removals

Drug Name		
ADVAIR DISKUS	AUBAGIO TABLET	DAYTRANA PATCH
LAMICTAL TABLET	LAMICTAL CHEWABLE TABLET	LAMICTAL ODT KIT
LAMICTAL ODT TABLET	LAMICTAL STARTER KIT	LAMICTAL XR TABLET
LATUDA TABLET	PAXIL TABLET	PAXIL ORAL SOLUTION
PAXIL CR TABLET	QUDEXY XR CAPSULE	SAPHRIS TABLET
SYMBICORT	TOPAMAX TABLET	TOPAMAX SPRINKLE CAPSULE
VAGIFEM VAGINAL TAB	VIIBRYD TABLET	VIRAMUNE ORAL SOLUTION
VIRAMUNE XR TABLET	ZIOPTAN OPHTHALMIC SOLUTION	ZYPREXA TABLET
ZYPREXA ZYDIS TABLET		

New Prior Authorizations

Drug Name		
ANDRODERM PATCH	ARAZLO LOTION	AVITA CREAM
DEPO-TESTOSTERONE	EPIDIOLEX	FABIOR FOAM
METHITEST TABLET	METHYLTESTOSTERONE CAPSULE	OXANDROLONE TABLET
RETIN-A CREAM	TAZAROTENE FOAM	TAZAROTENE GEL
TAZORAC CREAM	TAZORAC GEL	TAZAROTENE CREAM
TESTOSTERONE CYPIONATE	TESTOSTERONE GEL	TRETINOIN CREAM
TRETINOIN GEL	SPRYCEL TABLET	

Step Therapy Removals

Drug Name
EPIDIOLEX

Quantity Limit Change

Drug Name
TALZENNA 0.25MG CAPSULE

Preventive Drug List Additions

Drug Name		
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE INHALER	BREYNA INHALER	MOUNJARO

Preventive Drug List Removals

Drug Name		
ADVAIR DISKUS	ADVAIR HFA	ANORO ELLIPTA
ARNUITY ELLIPTA	FLOVENT DISKUS	FLOVENT HFA
LAMICTAL TABLET	LAMICTAL CHEWABLE TABLET	LAMICTAL ODT TABLET
LAMICTAL ODT KIT	LAMICTAL STARTER KIT	LAMICTAL XR KIT
LAMICTAL XR TABLET	LATUDA TABLET	PAXIL TABLET
PAXIL CR TABLET	SAPHRIS TABLET	TOPAMAX TABLET
TOPAMAX SPRINKLE CAPSULE	VIIBRYD TABLET	ZYPREXA TABLET
ZYPREXA ZYDIS TABLET		

Tier Changes

Drug Name	2023 Tier Placement	2024 Tier Placement	Tier Change
ABACAVIR ORAL SOLUTION	2	5	-
ABACAVIR TABLET	2	5	-
APTIVUS CAPSULE	4	6	-
ARMOUR THYROID	1	2	-
BIKTARVY TABLET	6	5	+
CIMDUO TABLET	6	5	+
COMBIGAN OPHTHALMIC SOLUTION	3	4	-
COMBIVIR TABLET	4	6	-
DESCOVY TABLET	6	5	+
DOVATO TABLET	6	5	+
EDURANT TABLET	4	6	-
EFAVIRENZ CAPSULE AND TABLET	2	5	-
EMTRICITABINE CAPSULE	2	5	-
EMTRIVA CAPSULE	4	6	-
EPIVIR ORAL SOLUTION	4	6	-
EPIVIR TABLET	4	6	-
ETRAVIRINE TABLET	2	5	-
EVOTAZ TABLET	6	5	+
FOSAMPRENAVIR CALCIUM TABLET	2	5	-
GENVOYA TABLET	6	5	+
INTELENCE TABLET	4	6	-
INTRAROSA INSERT	3	4	-
KALETRA ORAL SOLUTION	4	6	-
KALETRA TABLET	4	6	-
LAMIVUDINE / ZIDOVUDINE TABLET	2	5	-
LAMIVUDINE ORAL SOLUTION	2	5	-
LAMIVUDINE TABLET	2	5	-
LEXIVA ORAL SUSPENSION	4	6	-
LEXIVA TABLET	4	6	-

Tier Changes

Drug Name	2023 Tier Placement	2024 Tier Placement	Tier Change
LOPINAVIR / RITONAVIR ORAL SOLUTION	2	5	-
LOPINAVIR RITONAVIR TABLET	2	5	-
MARAVIROC TABLET	2	5	-
NEVIRAPINE ER TABLET	2	5	-
NEVIRAPINE ORAL SUSPENSION	2	5	-
NEVIRAPINE TABLET	2	5	-
NORVIR ORAL SOLUTION	4	6	-
NORVIR POWDER PACKET	4	6	-
NORVIR TABLET	4	6	-
NP THYROID	1	2	-
ODEFSEY TABLET	6	5	+
OSPHENA TABLET	3	4	-
PREZCOBIX TABLET	6	5	+
RETROVIR CAPSULE	4	6	-
RITONAVIR TABLET	2	5	-
SELZENTRY ORAL SOLUTION	4	6	-
SELZENTRY TABLET	4	6	-
STAVUDINE CAPSULE	2	5	-
SUSTIVA CAPSULE	4	6	-
SYMTUZA TABLET	6	5	+
TEMIXYS TABLET	6	5	+
TENOFOVIR DISOPROXIL FUMARATE TABLET	2	5	-
TRIUMEQ PD TABLET	6	5	+
TRIUMEQ TABLET	6	5	+
TRIZIVIR TABLET	4	6	-
TROKENDI XR CAPSULE	3	4	-
TYBOST TABLET	4	6	-
VIRACEPT TABLET	4	6	-
VIREAD ORAL POWDER	4	6	-
VIREAD TABLET	4	6	-

Tier Changes

Drug Name	2023 Tier Placement	2024 Tier Placement	Tier Change
ZIAGEN ORAL SOLUTION	4	6	-
ZIAGEN TABLET	4	6	-
ZIDOVUDINE CAPSULE	2	5	-
ZIDOVUDINE ORAL SYRUP	2	5	-
ZIDOVUDINE TABLET	2	5	-

Formulary Additions

Drug Name		
BREYNA INHALER	BUDESONIDE / FORMOTEROL FUMARATE DIHYDRATE INHALER	MOUNJARO
WIXELA INHUB INHALER		

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.
Si usted es miembro, llame al número de Servicio de atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلامجان.
إذا كنت عضوًا، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم 1-800-565-9140 (الهاتف النصي: 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。
若您是會員，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）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Nếu quý vị là hội viên, hãy gọi đến số Dịch vụ Hội viên ở mặt sau thẻ ID Hội viên của quý vị hoặc 1-800-565-9140 (TTY: 1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
가입자의 경우, 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 d'aide linguistique vous sont proposés gratuitement. Si vous êtes adhérent, appelez le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou appelez le 1-800-565-9140 (TTY/ ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໂທຫາເບີ ຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡
አባል ከሆኑ፣ በአባልነት መታወቂያዎ ጀርባ ላይ በሚገኘው የአባላት አገልግሎት ቁጥር ወይም በ 1-800-565-9140 (መስማት ለተሳናቸው፣
TTY: 1-800-848-0298) ይደውሉ።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. જો તમે સભ્ય છો, તો તમારા સભ્ય આઈડી કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

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。会員のお客様は、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。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng iyong 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 मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।अगर आप सदस्य हैं तो अपने सदस्य आईडी कार्ड के पीछे दिए गए नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर सदस्य सेवा नंबर पर फ़ोन करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Если Вы являетесь участником, 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 گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
درصورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 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. Si ou se yon manm, rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Członkowie mogą dzwonić pod numer działu Member Service podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Caso seja membro, ligue para o 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: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Se è un membro, 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).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló. Naaltsoos bee ná ha'dít'éego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nitł'ízí bee nééhozinígíí bine'dęę' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anída'awo'í bibéésh bee hane'í biká'ígíí bee hodílnih doodago 1-800 -565-9140 (Doo Adinits'agóógo ǫ TTY: 1-800-848-0298) bee hodíilnih.