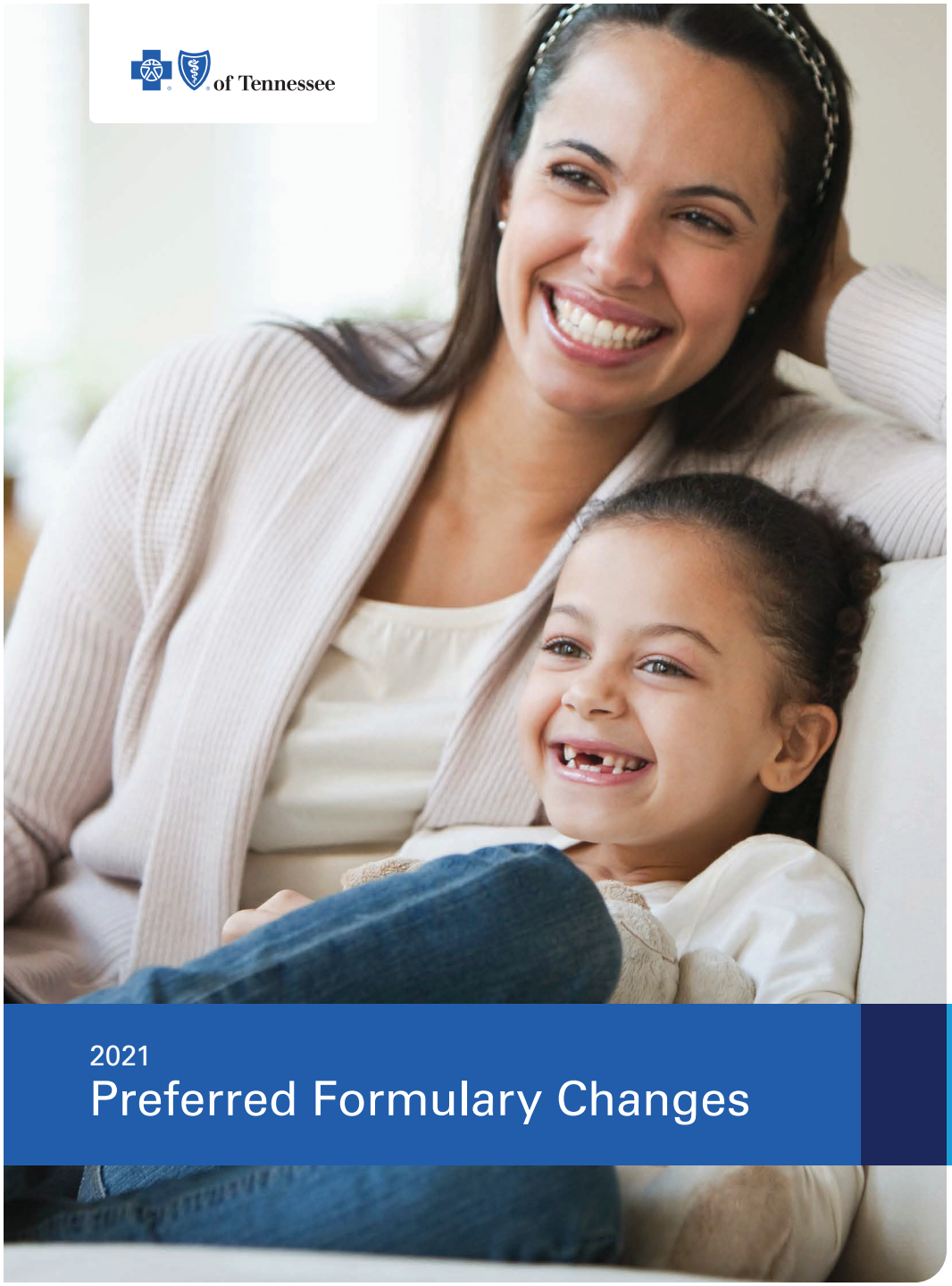
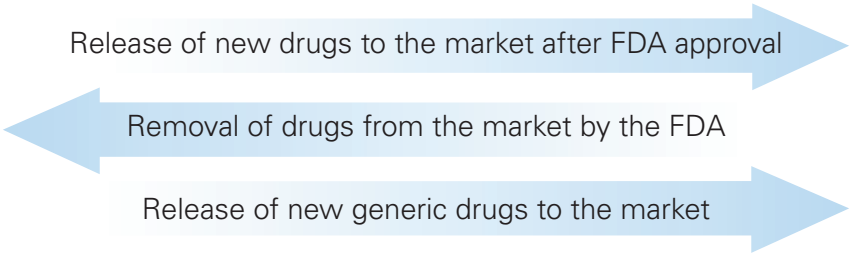


2021

Preferred Formulary Changes

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.

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:



Formulary Removals

Non-Formulary Drug	Preferred Alternative(s)
Acanya Topical Gel with Pump	Clindamycin-Benzoyl Peroxide, Clindamycin Phosphate, Tretinoin, Adapalene, Adapalene-Benzoyl Peroxide
Apriso Oral Capsule, Ext Release 24 Hr	Mesalamine Oral Capsule
Arcapta Neohaler Capsule with Inhalation Device	Serevent Diskus, Striverdi Respimat
Bunavail Buccal Film	Buprenorphine-Naloxone Sublingual Film
Colcrys Oral Tablet	Colchicine Oral Tablet
Innopran XL Oral Capsule	Propranolol, Nadolol, Timolol, Atenolol, Metoprolol Tartrate, Bisoprolol, Betaxolol
Insulin Aspart Mix 70/30 Pen & Vial ** removed 5/1/2020 and member notification via mail**	Novolog Mix 70/30
Insulin Aspart, Insulin Aspart Penfill & Insulin Aspart Flexpen ** removed 5/1/2020 and member notification via mail**	Novolog, Novolog Flexpen, Fiasp Flextouch, Fiasp Penfill
Lotemax Ophthalmic Drops Suspension	Dexamethasone Sodium Phosphate, Prednisolone Sodium Phosphate, Prednisolone Acetate, Diclofenac Sodium, Fluorometholone
Metopirone Oral Capsule	None
Nivestym Injection Solution & Subcutaneous Syringe	Neupogen Injection Solution & Syringe, Zarxio Injection Syringe
Non-Preferred Diabetic Test Strips (e.g. Accu-Check, Freestyle, etc.)	Lifescan(OneTouch), Ascensia(Contour)
Omnipod Insulin Pump Cartridge	None
Osmoprep Oral Tablet	Trilyte with Flavor Packs, Gavilyte-C, PEG 3350 with Electrolytes, Suprep
ProAir HFA Aerosol Inhaler	Albuterol Sulfate HFA, ProAir RespiClick, Ventolin HFA
Sovaldi Oral Tablet	Epclusa, Mavyret, Vosevi, Harvoni
Sulconazole Topical Cream	Ciclopirox, Clotrimazole/Betamethasone, Econazole, Ketoconazole, Naftifine
Sulconazole Topical Solution	Ciclopirox, Clotrimazole/Betamethasone, Econazole, Ketoconazole, Naftifine
Travatan Z Ophthalmic Drops	Bimatoprost, Latanoprost, Travoprost, Lumigan
Utibron Neohaler Inhalation Capsule, with Inhalation Device	Anoro, Bevespi, Stiolto

Formulary Additions

Drug Name	Formulary Status
Arazlo Topical Lotion	Tier 2 with PA
Cequa Ophthalmic Dropperette	Tier 2
Teriparatide Subcutaneous Pen Injector	Tier 3

Tier Changes

Drug Name	2020 Tier Placement	2021 Tier Placement
Amitiza Oral Capsule	Tier 2	Tier 3
Aranesp Injection Solution & Syringe	Tier 3 Specialty	Tier 2 Specialty
Cosentyx Pen Injector & Syringe	Tier 2 Specialty	Tier 3 Specialty
Epogen Injection Solution	Tier 3 Specialty	Tier 2 Specialty
Erleada Oral Tablet	Tier 3 Specialty	Tier 2 Specialty
Fulphila Subcutaneous Syringe	Tier 3 Specialty	Tier 2 Specialty
Mircera Injection Syringe	Tier 3 Specialty	Tier 2 Specialty
Morphabond ER Oral tablet	Tier 2	Tier 3
Neulasta Syringe	Tier 3 Specialty	Tier 2 Specialty
Neupogen Injection Solution & Syringe	Tier 3 Specialty	Tier 2 Specialty
Nubeqa Oral Tablet	Tier 3 Specialty	Tier 2 Specialty
Nucynta ER/IR Oral Tablet	Tier 3	Tier 2
Picato Topical Gel	Tier 3	Tier 2
Procrit Injection Solution	Tier 3 Specialty	Tier 2 Specialty
Retacrit Injection Solution	Tier 3 Specialty	Tier 2 Specialty
Taltz Autoinjector & Syringe	Tier 3 Specialty	Tier 2 Specialty
Tecfidera Oral Capsule	Tier 2 Specialty	Tier 3 Specialty
Udenyca Subcutaneous Syringe	Tier 3 Specialty	Tier 2 Specialty
Ventolin HFA Aerosol Inhaler	Tier 3	Tier 2
Xtandi Oral Capsule	Tier 3 Specialty	Tier 2 Specialty
Yonsa Oral Tablet	Tier 3 Specialty	Tier 2 Specialty
Zarxio Injection Syringe	Tier 3 Specialty	Tier 2 Specialty
Ziextenzo Subcutaneous Syringe	Tier 3 Specialty	Tier 2 Specialty
Zioptan (PF) Ophthalmic Dropperette	Tier 3	Tier 2
Zytiga 500 mg Oral Tablet	Tier 3 Specialty	Tier 2 Specialty

New Prior Authorizations

Drug Name
Abiraterone Oral Tablet
Cystagon Oral Capsule
Octreotide Acetate Injection Solution & Syringe
Xtandi Oral Capsule
Zytiga Oral Tablet

Step Therapy Additions

Drug Name
Pentasa Oral Capsule, Extended Release

Step Therapy Removals

Drug Name
Ventolin HFA Inhalation Aerosol Inhaler

Quantity Limit Changes

Drug Name	2020 Quantity Limit	2021 Quantity Limit
Actemra Actpen Subcutaneous Pen Injector	No Quantity Limit	2 auto-injectors per 28 days
Actemra Subcutaneous Syringe	No Quantity Limit	2 syringes per 28 days
Arixtra Subcutaneous Syringe	42 day supply per 365 days	No Quantity Limit
Cimzia 2x200 mg/mL Syringe Kit	No Quantity Limit	2 syringes per 28 days
Cimzia 2x200 mg/mL (x3) Starter Kit	No Quantity Limit	6 syringes per 365 days
Cosentyx 150 mg/mL Pen Injector	No Quantity Limit	2 pens per 28 days
Cosentyx 150 mg/mL Syringe	No Quantity Limit	2 syringes per 28 days
Cosentyx 300 mg Dose- 2 Pens	No Quantity Limit	2 pens per 28 days
Cosentyx 300 mg Dose- 2 Syringe	No Quantity Limit	2 syringes per 28 days
Enoxaparin Subcutaneous Solution & Syringe	42 day supply per 365 days	No Quantity Limit
Enbrel 25 mg/0.5 mL Syringe	No Quantity Limit	8 syringes per 28 days

Quantity Limit Changes (cont'd)

Drug Name	2020 Quantity Limit	2021 Quantity Limit
Enbrel 50 mg/mL Syringe	No Quantity Limit	4 syringes per 28 days
Enbrel 50 mg/mL Sureclick	No Quantity Limit	4 pens per 28 days
Enbrel 25 mg Kit	No Quantity Limit	8 vials per 28 days
Enbrel 50 mg/mL Mini Cartridge	No Quantity Limit	4 cartridges per 28 days
Fondaparinux Subcutaneous Syringe	42 day supply per 365 days	No Quantity Limit
Fragmin Subcutaneous Solution & Syringe	42 day supply per 365 days	No Quantity Limit
Freestyle Libre 14 Day Sensor Kit	9 per 90 days	6 per 90 days
Humira (CF) Pen Crohn-UC-HS 80 mg	No Quantity Limit	3 pens per 365 days
Humira (CF) 40 mg/0.4 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira (CF) Pen 40 mg/0.4 mL	No Quantity Limit	2 pens per 28 days
Humira(CF) 20 mg/0.2 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira(CF) 10 mg/0.1 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira(CF) Pen PS-UV-AHS 80-40	No Quantity Limit	3 pens per 365 days
Humira 40 mg/0.8 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira Pen 40 mg/0.8 mL	No Quantity Limit	2 pens per 28 days
Humira Pen Crohn-UC-HS 40 mg	No Quantity Limit	6 pens per 365 days
Humira Pen PS-UV-ADOL HS 40 mg	No Quantity Limit	4 pens per 365 days
Humira 10 mg/0.2 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira 20 mg/0.4 mL Syringe	No Quantity Limit	2 syringes per 28 days
Humira(CF) Pedi Crohn 80-40 mg	No Quantity Limit	2 syringes per 365 days
Humira(CF) Pedi Crohn 80 mg/0.8	No Quantity Limit	3 syringes per 365 days
Kevzara 150 mg/1.14 mL Syringe	No Quantity Limit	2 syringes per 28 days
Kevzara 200 mg/1.14 mL Syringe	No Quantity Limit	2 syringes per 28 days
Kevzara 150 mg/1.14 mL Pen Injector	No Quantity Limit	2 pens per 28 days

Quantity Limit Changes (cont'd)

Drug Name	2020 Quantity Limit	2021 Quantity Limit
Kevzara 200 mg/1.14 mL Pen Injector	No Quantity Limit	2 pens per 28 days
Kineret 100 mg/0.67 mL Syringe	No Quantity Limit	28 syringes per 28 days
Lovenox Subcutaneous Solution & Syringe	42 day supply per 365 days	No Quantity Limit
Olumiant 2 mg Tablet	No Quantity Limit	30 tablets per Rx
Olumiant 1 mg Tablet	No Quantity Limit	30 tablets per Rx
Orencia 125 mg/mL Syringe	No Quantity Limit	4 syringes per 28 days
Orencia 50 mg/0.4 mL Syringe	No Quantity Limit	4 syringes per 28 days
Orencia 87.5 mg/0.7 mL Syringe	No Quantity Limit	4 syringes per 28 days
Orencia Clickject 125 mg/mL	No Quantity Limit	4 auto-injectors per 28 days
Otezla Starter Pack	No Quantity Limit	27 tablets per 365 days
Otezla 30 mg Tablet	No Quantity Limit	60 tablets per 30 days
Otezla 28 Day Starter Pack	No Quantity Limit	55 tablets per 365 days
Rinvoq ER 15 mg Tablet	No Quantity Limit	30 tablets per Rx
Siliq 210 mg/1.5 mL Syringe	No Quantity Limit	2 syringes per 28 days
Simponi 50 mg/0.5 mL Syringe	No Quantity Limit	1 syringe per 28 days
Simponi 50 mg/0.5 mL Pen Injector	No Quantity Limit	1 injector per 28 days
Simponi 100 mg/mL Syringe	No Quantity Limit	1 syringe per 28 days
Simponi 100 mg/mL Pen Injector	No Quantity Limit	1 injector per 28 days
Skyrizi 150 mg Dose Kit- 2 Syringes	No Quantity Limit	1 kit per 84 days
Stelara 45 mg/0.5 mL Syringe	No Quantity Limit	1 syringe per 84 days
Stelara 90 mg/mL Syringe	No Quantity Limit	1 syringe per 56 days
Taltz 80 mg/mL Autoinjector	No Quantity Limit	1 auto-injector per 28 days
Taltz 80 mg/mL Autoinjector (2-Pak)	No Quantity Limit	1 auto-injector per 28 days
Taltz 80 mg/mL Autoinjector (3-Pak)	No Quantity Limit	1 auto-injector per 28 days
Taltz 80 mg/mL Syringe	No Quantity Limit	1 syringe per 28 days
Tremfya 100 mg/mL Syringe	No Quantity Limit	1 syringe per 56 days

Quantity Limit Changes (cont'd)

Drug Name	2020 Quantity Limit	2021 Quantity Limit
Tremfya 100 mg/mL Injector	No Quantity Limit	1 injector per 56 days
Xeljanz 5 mg Tablet	No Quantity Limit	60 tablets per Rx
Xeljanz 10 mg Tablet	No Quantity Limit	60 tablets per Rx
Xeljanz XR 11 mg Tablet	No Quantity Limit	30 tablets per Rx
Xeljanz XR 22 mg Tablet	No Quantity Limit	30 tablets per Rx

BlueCross Preventive Drug List Changes

Additions	Removals
Ventolin HFA Inhalation Aerosol Inhaler	Arcapta Neohaler Capsule with Inhalation Device
	Insulin Aspart Cartridge, Pen & Vial
	Insulin Aspart Mix 70/30 Pen & Vial
	ProAir HFA Aerosol Inhaler
	Proventil HFA Aerosol Inhaler
	Utibron Neohaler Inhalation Capsule, with Inhalation Device

Affordable Care Act (ACA) $0 Copay Preventive List

Removals
Nuvaring Vaginal Ring

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.

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: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ,ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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 નઃશુલ્ક 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).