



2025

# Essential 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/rx](https://www.bcbst.com/rx)** 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

Please note that the **tier structure** for the Essential Formulary is different based on the type of plan you have. The drug content, exclusions, and rules are the same for both types of plans. Check with us to determine your type of coverage at the Member Service number on the back of your Member ID card.

**The Essential Formulary is a five-tier plan:**

<b>Tier 1</b>	Drugs on the Affordable Care Act (ACA) \$0 Copay Preventive List
<b>Tier 2</b>	Generic Drugs
<b>Tier 3</b>	Preferred Brand Drugs
<b>Tier 4</b>	Non-Preferred Brand Drugs
<b>Tier 5</b>	Specialty Drugs

**The Essential Plus Formulary is a six-tier plan:**

<b>Tier 1</b>	Drugs on the Affordable Care Act (ACA) \$0 Copay Preventive List
<b>Tier 2</b>	Generic Drugs With Preventive Copay
<b>Tier 3</b>	Preferred Brand Drugs With Preventive Copay
<b>Tier 4</b>	Non-Preferred Brand Drugs With Preventive Copay
<b>Tier 5</b>	Specialty Drugs With Deductible/Coinsurance
<b>Tier 6</b>	Generic or Brand Non-Specialty Drugs With Deductible/Coinsurance

# Formulary Removals

## Drug Name

BETAMETHASONE DIPROPIONATE GEL	BETAMETHASONE DIPROPIONATE OINTMENT	BETAMETHASONE VALERATE OINTMENT
CALCIPOTRIENE OINTMENT	CELECOXIB 400 MG	DESOXIMETASONE GEL
DESOXIMETASONE OINTMENT	DEXLANSOPRAZOLE	DOXYCYCLINE DR 40 MG CAPSULE
FLUCYTOSINE	GELNIQUE	HADLIMA
HADLIMA PUSH TOUCH	HYOSYNE	HYRIMOZ
HYRIMOZ SENSOREADY PENS	KETOPROFEN	KETOROLAC TROMETHAMINE NASAL
LANSOPRAZOLE ODT	MOZOBIL	NAPROXEN DR
NAPROXEN SODIUM 275 MG	NAPROXEN SODIUM 550 MG	NAPROXEN SUSPENSION
NOXAFIL PAK	REGANEX	RHOPRESSA
ROCKLATAN	SPRIX	SUCRALFATE SUSPENSION
TALTZ	VEREGEN	VICTOZA
ZONTIVITY		

# Multi-Source Brand Drug Removals

Drug Name		
ALPHAGAN P	BALCOLTRA	CELONTIN
CORLANOR TABLET	EMFLAZA ORAL SUSPENSION	EMFLAZA TABLET
FIRVANQ	FORTEO	GILENYA
KORLYM	LIVALO	MYDAYIS
MYRBETRIQ	ORFADIN	PENTASA 500 MG
PREZISTA	RISPERDAL CONSTA	SPIRIVA HANDIHALER
VIMPAT	VOTRIENT	VYVANSE

# Tier Changes

Drug Name	2024 Essential Tier	2024 Essential Plus Tier	2025 Essential Tier	2025 Essential Plus Tier
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	TIER 5	TIER 5	TIER 4	TIER 4
EPLCLUSA	TIER 5	TIER 5	TIER 3	TIER 3
GLATIRAMER ACETATE 20 MG/ML	TIER 5	TIER 5	TIER 4	TIER 4
GLATOPA 20 MG/ML	TIER 5	TIER 5	TIER 4	TIER 4
HARVONI	TIER 5	TIER 5	TIER 3	TIER 3
HYDROXYCHLOROQUINE SULFATE	TIER 2	TIER 6	NO CHANGE	TIER 2
LEDIPASVIR/SOFOSBUVIR	TIER 5	TIER 5	TIER 3	TIER 3
LEFLUNOMIDE	TIER 2	TIER 6	NO CHANGE	TIER 2
METHOTREXATE	TIER 2	TIER 6	NO CHANGE	TIER 2
METHOTREXATE SODIUM	TIER 2	TIER 6	NO CHANGE	TIER 2
SOFOSBUVIR/VELPATASVIR	TIER 5	TIER 5	TIER 3	TIER 3
SULFASALAZINE	TIER 2	TIER 6	NO CHANGE	TIER 2
VOSEVI	TIER 5	TIER 5	TIER 3	TIER 3

# New Prior Authorizations

**Drug Name**

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MIGLUSTAT

PROMACTA

YARGESA

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# Formulary Additions

**Drug Name**

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BRIVIACT

ERGOMAR

SIMLANDI

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# Quantity Limit Additions

**Drug Name**

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ALBENDAZOLE

EMVERM

PRAZIQUANTEL

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# Quantity Limit Removal

**Drug Name**

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TAVALISSE

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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<sup>1</sup>. BlueCross does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 Grievance; 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>.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination\_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: [bcbst.com](http://bcbst.com).

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

<sup>1</sup> Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))

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 انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. إذا كنت عضواً، فاتصل برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو أو بالرقم (الهاتف النصي: 1-800-565-9140) 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).

ໂປດຊານ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ຖ້າທ່ານເປັນສະມາຊິກ, ໃຫ້ໃບທາຍບີຂອງຝ່າຍບໍລິການສະມາຊິກທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).



ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የኮርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ አባል ከሆኑ፣ በአባልነት መታወቂያ ጀርባ ላይ በሚገኘው የአባልነት 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.

સુચના: જો તમે યુજરની ઓલના છો, 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 ડ્રોલ 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 फोन 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 بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. در صورتیکه 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 nínzín: Díí saad bee yáńíłtí'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hółó. Naaltsoos bee ná ha'dít'éeego, Naaltsoos Bá Hada'dít'éhígíí ninaaltsoos nít'ízíí bee neéhozinígíí bine'déé' Naaltsoos Bá Hada'dít'éhígíí Bee Áka'anida'awo'í bibéesh bee hane'í biká'ígíí bee hodílnih doodago 1-800-565-9140 (Doo Adinits'agóógo q TTY: 1-800-848-0298) bee hodílnih.

**WICHDICH:** Wann du Deutsch schwetzschst un witt en Translator, kenne mer eener griege fer dich unni as es dich ennich ebbes koschte zellt. Wann du en Member bischt, ruf der Member Service Number uff as uff die hinnitusch Seit vun dei Member ID Card is odder ruf 1-800-565-9140 (TTY: 1-800-848-0298) uff.

**FAAMATALAGA:** Afai e te tautala i le Gagana Samoa, o lo'o avanoa mo oe auanaga fesoasoani i le gagana e leai se togoti. Afai o oe o se sui, fa'amolemole vala'au le numera o le Member Service o lo'o i tua o lau pepa ID po'o le 1-800-565-9140 (TTY: 1-800-848-0298).

**ATENSHUN:** Gare iga gogal Kapasal Falawasch, ye fri ngalug yamem bwe tepangug rel iye kepat kaale. Nge gare iga gel gosa fasiul log bwe semal member, gosa kol yegili nampal Member Service woal pak rel Member ID kard la yamw gare kol yegili 1-800-565-9140 (TTY: 1-800-848-0298).

**ATENSIÓN:** Kumu un tungo funinu' Chamoru, guaha dibatdi na setbision asistimentun lengguahì para hàgu. Kumu membro hao, pot fabot agang i Setbision Membro na numeru gi santatin iyomu ID card Membro pat 1-800-565-9140 (TTY: 1-800-848-0298).

