

2019
CoverKids
Formulary Changes



Every year, we review our prescription drug formularies. A formulary is a list of prescription drugs your health plan covers. We want to make sure these drugs are safe, effective and affordable. Sometimes this means we have to make changes to the drugs your plan covers.

While many drug list changes occur at the first of the year, they can also happen at other times. This may be due to:

Release of new drugs after U.S. Food and Drug Administration (FDA) approval



Removal of drugs by the FDA

Release of a new generic drug (generic drugs work the same as brand-name drugs but cost less)



CoverKids Formulary Tier Changes as of Jan. 1, 2019:

Drug	2018 Tier	2019 Tier
Besivance	NF	Tier 2
Clenpiq	NF	Tier 2
Combipatch	Tier 3	Tier 2
Enstilar foam	Tier 3	Tier 2
Jardiance	NF	Tier 2
Morphabond ER ^{PA/QL}	NF	Tier 2
Movantik	NF	Tier 2
Moxeza	Tier 2	Tier 3
Mydayis	NF	Tier 2
Osphena	Tier 3	Tier 2
Ozempic	NF	Tier 2
Synjardy	NF	Tier 2
Synjardy XR	NF	Tier 2
Taclonex suspension	Tier 3	Tier 2
Xiidra	NF	Tier 2
Xtampza ER ^{PA/QL}	NF	Tier 2
Zubsolv ^{QL}	Tier 3	Tier 2

NF – Non-formulary. That means it wasn't on the drug list before.

PA – Prior Authorization is required. This means an OK is needed from us for this drug to be covered under your plan.

QL – Quantity limit applies. That means you can only get a certain amount of this drug.

Non-Formulary Drugs as of Jan. 1, 2019:

Non Formulary Drug	Preferred Alternative(s) (Another drug you can use that works the same way)
Acular	ketorolac tromethamine 0.5% drops
Acular LS	ketorolac tromethamine 0.4% drops
Dipentum	sulfasalazine, mesalamine
Lialda	mesalamine
OxyContin	Xtampza ER ^{PA/QL} , Morphabond ER ^{PA/QL}
Restasis	Xiidra
Syprine	Depen
Trientine	Depen
Xultophy	Soliqua

PA – Prior Authorization is required. This means an OK is needed from us for this drug to be covered under your plan.

QL – Quantity limit applies. That means you can only get a certain amount of this drug.

Prior Authorization* Changes as of Jan. 1, 2019:

Additions

Neulasta

Gabapentin capsules, tablets,
and solution

Short-acting opioids

* Prior Authorization (PA) means an OK is needed from us for this drug to be covered under your plan.

Step Therapy* Changes effective Jan. 1, 2019:

Removals

Osphena

Premarin cream

ST = Step Therapy. In some cases, your plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.



This list can change at any time during the year.
To check, just give us a call in CoverKids Member Services at
1-888-325-8386, (TTY: **1-866-591-2908**),
Monday through Friday, 8 a.m. - 6 p.m. ET.
Or visit **bluecare.bcbst.com/ckpf**.

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-325-8386. (TRS: 711: 1-866-591-2908).

Kurdish: کوردی

ئەگەر بە کوردی سۆرانی قسە دەکەن، خزمەتگوزارییەکانی وەرگیران بەخۆرای دەخریتە بەردەستتان. پەیوەندی بکەن بە ژمارە 1-888-325-8386 . (TRS: 711: 1-866-591-2908)



Do you need help with your health care, talking with us, or reading what we send you? Call us for free at 1-888-325-8386. We can connect you with the free help or service you need. (For TRS call: 1-866-591-2908)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or treated you differently? Then call CoverKids 1-888-325-8386 * (TRS 711) for free.



BlueCare Tennessee
1 Cameron Hill Circle, Suite 73 | Chattanooga, TN 37402

bluecare.bcbst.com

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