



Coverage for Specialty Medications

The Specialty Drug Management List is a list of medications that our plans identify as being a specialty medication. Specialty medications are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These medications may have special handling and/or storage needs. Coverage for specialty medications that are FDA approved for *self-administration* are often provided through your *pharmacy* benefit plan. Specialty medications that are FDA approved for administration by a health care professional are often covered under your *medical* benefit plan. Some medications on the Specialty Drug Management List may be covered by either the pharmacy or medical benefit. So, these medications will appear under both the pharmacy and medical sections. The Specialty Drug Management List is not all inclusive and is subject to change. The listing of the drug on this list does not guarantee coverage. If you have any questions, call the number on your member ID card.

Drugs Covered Under Your Pharmacy Benefits:

Please note: You may need approval before these drugs can be considered for coverage. Your doctor can find request forms at bcbstx.com/provider. Your doctor can also call the number on your ID card with any questions about your benefits. Based on the terms of your benefit plan, you may need to fill these prescriptions at an in-network specialty pharmacy to get the most out of your benefits. Call the number on your member ID card to help locate an in-network specialty pharmacy near you. BCBSTX members who use oral oncology or hemophilia specialty drugs may have other in-network specialty pharmacy options.

Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
ABIRATERONE	CANCER-ORAL	OR
ABIRATERONE ACETATE	CANCER-ORAL	OR
ABIRTEGA	CANCER-ORAL	OR
ABRILADA	AUTOIMMUNE	SC
ABRILADA 1 PEN	AUTOIMMUNE	SC
ABRILADA 2 PEN	AUTOIMMUNE	SC
ACTEMRA	AUTOIMMUNE	SC
ACTEMRA ACTPEN	AUTOIMMUNE	SC
ACTHAR	ENDOCRINE	IJ
ACTHAR	ENDOCRINE	SC
ACTIMMUNE	LUNG DISORDERS	SC
ADALIMUMAB-AACF	AUTOIMMUNE	SC
ADALIMUMAB-AATY	AUTOIMMUNE	SC
ADALIMUMAB-ADAZ	AUTOIMMUNE	SC
ADALIMUMAB-ADBIM	AUTOIMMUNE	SC
ADALIMUMAB-BWWD	AUTOIMMUNE	SC
ADALIMUMAB-FKJP	AUTOIMMUNE	SC
ADALIMUMAB-RYVK	AUTOIMMUNE	SC
ADBRY	AUTOIMMUNE	SC
ADCIRCA	PULMONARY HYPERTENSION	OR
ADEMPAS	PULMONARY HYPERTENSION	OR
ADVATE	HEMOPHILIA	IV
ADYNOVATE	HEMOPHILIA	IV
AFINITOR	CANCER-ORAL	OR
AFINITOR DISPERZ	CANCER-ORAL	OR
AFSTYLA	HEMOPHILIA	IV
AGAMREE	CORTICOSTEROIDS	OR
AKEEGA	CANCER-ORAL	OR
ALECENSA	CANCER-ORAL	OR
ALHEMO	HEMOPHILIA	SC
ALKINDI SPRINKLE	CORTICOSTEROIDS	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
ALPHANATE	HEMOPHILIA	IV
ALPHANINE SD	HEMOPHILIA	IV
ALPROLIX	HEMOPHILIA	IV
ALTUVIIO	HEMOPHILIA	IV
ALUNBRIG	CANCER-ORAL	OR
ALVAIZ	BLOOD MODIFIERS	OR
ALYFTREK	CYSTIC FIBROSIS	OR
ALYQ	PULMONARY HYPERTENSION	OR
AMBRISENTAN	PULMONARY HYPERTENSION	OR
AMJEVITA	AUTOIMMUNE	SC
AMPYRA	MULTIPLE SCLEROSIS	OR
ANDEMBRY	HEMATOLOGICAL	SC
APOKYN	PARKINSON	SC
APOMORPHINE	PARKINSON	SC
AQNEURSA	OTHER NON-CATEGORIZED	OR
AQVESME	HEMATOLOGICAL	OR
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARCALYST	AUTOIMMUNE	SC
ARIKAYCE	OTHER NON-CATEGORIZED	IN
ATTRUBY	OTHER NON-CATEGORIZED	OR
AUBAGIO	MULTIPLE SCLEROSIS	OR
AUGTYRO	CANCER-ORAL	OR
AUSTEDO	OTHER NON-CATEGORIZED	OR
AUSTEDO XR	OTHER NON-CATEGORIZED	OR
AVMAPKI	CANCER-ORAL	OR
AVONEX PEN	MULTIPLE SCLEROSIS	IM
AVONEX PREFILL	MULTIPLE SCLEROSIS	IM
AYVAKIT	CANCER-ORAL	OR
BAFIERTAM	MULTIPLE SCLEROSIS	OR
BALVERSA	CANCER-ORAL	OR
BENEFIX	HEMOPHILIA	IV
BENLYSTA	AUTOIMMUNE	SC
BERINERT	HEMATOLOGICAL	IV
BESREMI	CANCER	SC
BETAINE ANHYDROUS	ENZYME DEFICIENCIES	OR
BETASERON	MULTIPLE SCLEROSIS	SC
BETHKIS	CYSTIC FIBROSIS	IN
BEXAROTENE	CANCER-ORAL	EX
BEXAROTENE	CANCER-ORAL	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
BIMZELX	AUTOIMMUNE	SC
BONSITY	BONE DENSITY	SC
BOSENTAN	PULMONARY HYPERTENSION	OR
BOSULIF	CANCER-ORAL	OR
BRAFTOVI	CANCER-ORAL	OR
BRINSUPRI	OTHER NON-CATEGORIZED	OR
BRONCHITOL	CYSTIC FIBROSIS	IN
BRONCHITOL TOLERANCE TEST	CYSTIC FIBROSIS	IN
BRUKINSA	CANCER-ORAL	OR
BUPHENYL	ENZYME DEFICIENCIES	OR
BYLVAY	OTHER NON-CATEGORIZED	OR
BYNFEZIA	ENDOCRINE	SC
CABLIVI	BLOOD MODIFIERS	IJ
CABOMETYX	CANCER-ORAL	OR
CALQUENCE	CANCER-ORAL	OR
CAMZYOS	OTHER NON-CATEGORIZED	OR
CAPECITABINE	CANCER-ORAL	OR
CAPRELSA	CANCER-ORAL	OR
CARBAGLU	ENZYME DEFICIENCIES	OR
CARGLUMIC	ENZYME DEFICIENCIES	OR
CASODEX	CANCER-ORAL	OR
CAYSTON	CYSTIC FIBROSIS	IN
CERDELGA	ENZYME DEFICIENCIES	OR
CETRORELIX	FERTILITY & PREGNANCY	SC
CETROTIDE	FERTILITY & PREGNANCY	SC
CHENODAL	GASTROINTESTINAL	OR
CHOLBAM	GASTROINTESTINAL	OR
CHORIONIC GONADOTROPIN	FERTILITY & PREGNANCY	IM
CIBINQO	AUTOIMMUNE	OR
CIMZIA	AUTOIMMUNE	SC
CIMZIA STARTER KIT	AUTOIMMUNE	SC
CINRYZE	HEMATOLOGICAL	IV
CLADRIBINE	MULTIPLE SCLEROSIS	OR
COAGADEX	HEMOPHILIA	IV
COMETRIQ	CANCER-ORAL	OR
COPAXONE	MULTIPLE SCLEROSIS	SC
COPIKTRA	CANCER-ORAL	OR
CORIFACT	HEMOPHILIA	IV
CORTROPHIN	ENDOCRINE	IJ

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
COSENTYX	AUTOIMMUNE	SC
COSENTYX SENSOREADY PEN	AUTOIMMUNE	SC
COSENTYX UNOREADY	AUTOIMMUNE	SC
COTELLIC	CANCER-ORAL	OR
CRENESSITY	ENDOCRINE	OR
CTEXTLI	GASTROINTESTINAL	OR
CUPRIMINE	OTHER NON-CATEGORIZED	OR
CUVRIOR	OTHER NON-CATEGORIZED	OR
CYLTEZO	AUTOIMMUNE	SC
CYSTADANE	ENZYME DEFICIENCIES	OR
CYSTADROPS	OPHTHALMIC	OP
CYSTAGON	OTHER NON-CATEGORIZED	OR
CYSTARAN	OPHTHALMIC	OP
DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	OR
DANZITEN	CANCER-ORAL	OR
DASATINIB	CANCER-ORAL	OR
DAURISMO	CANCER-ORAL	OR
DAWNZERA	HEMATOLOGICAL	SC
DAYBUE	OTHER NON-CATEGORIZED	OR
DAYBUE STIX	OTHER NON-CATEGORIZED	OR
DEFERASIROX	OTHER NON-CATEGORIZED	OR
DEFERIPRONE	OTHER NON-CATEGORIZED	OR
DEFLAZACORT	CORTICOSTEROIDS	OR
DEPEN TITRATABS	OTHER NON-CATEGORIZED	OR
DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	OR
DIMETHYL FUMARATE STARTERPACK	MULTIPLE SCLEROSIS	OR
DOJOLVI	VITAMINS & SUPPLEMENTS	OR
DOPTELET	BLOOD MODIFIERS	OR
DOPTELET SPRINKLE	BLOOD MODIFIERS	OR
DUPIXENT	AUTOIMMUNE	SC
DUVYZAT	OTHER NON-CATEGORIZED	OR
EBGLYSS	AUTOIMMUNE	SC
EGRIFTA SV	HIV	SC
EGRIFTA WR	HIV	SC
EKTERLY	HEMATOLOGICAL	OR
ELIGARD	CANCER	SC
ELOCTATE	HEMOPHILIA	IV
ELTROMBOPAG	BLOOD MODIFIERS	OR
EMCYT	CANCER-ORAL	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
EMFLAZA	CORTICOSTEROIDS	OR
EMPAVELI	HEMATOLOGICAL	SC
ENBREL	AUTOIMMUNE	SC
ENBREL MINI	AUTOIMMUNE	SC
ENBREL SURECLICK	AUTOIMMUNE	SC
ENDARI	BLOOD MODIFIERS	OR
ENSACOVE	CANCER-ORAL	OR
ENSPRYNG	IMMUNOSUPPRESSANTS	SC
ENTYVIO	AUTOIMMUNE	SC
EPCLUSA	HEPATITIS C	OR
EPOGEN	BLOOD MODIFIERS	IJ
ERIVEDGE	CANCER-ORAL	OR
ERLEADA	CANCER-ORAL	OR
ERLOTINIB	CANCER-ORAL	OR
ESBRIET	LUNG DISORDERS	OR
ESPEROCT	HEMOPHILIA	IV
ETOPOSIDE	CANCER-ORAL	OR
EULEXIN	CANCER-ORAL	OR
EVEROLIMUS	CANCER-ORAL	OR
EVRYSDI	OTHER NON-CATEGORIZED	OR
EXJADE	OTHER NON-CATEGORIZED	OR
EXKIVITY	CANCER-ORAL	OR
FABHALTA	HEMATOLOGICAL	OR
FARESTON	CANCER-ORAL	OR
FASENRA PEN	LUNG DISORDERS	SC
FEIBA	HEMOPHILIA	IV
FERRIPROX	OTHER NON-CATEGORIZED	OR
FERRIPROX TWICE-A-DAY	OTHER NON-CATEGORIZED	OR
FIBRYGA	HEMOPHILIA	IV
FILSPARI	OTHER NON-CATEGORIZED	OR
FILSUVEZ	DERMATOLOGICS	EX
FINGOLIMOD	MULTIPLE SCLEROSIS	OR
FIRAZYR	HEMATOLOGICAL	SC
FIRDAPSE	AUTOIMMUNE	OR
FOLLISTIM AQ	FERTILITY & PREGNANCY	SC
FORTEO	BONE DENSITY	SC
FORZINITY	OTHER NON-CATEGORIZED	SC
FOTIVDA	CANCER-ORAL	OR
FRUZAQLA	CANCER-ORAL	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
FULPHILA	BLOOD MODIFIERS	SC
FYLNETRA	BLOOD MODIFIERS	SC
FYREMADEL	FERTILITY & PREGNANCY	SC
GALAFOLD	ENZYME DEFICIENCIES	OR
GANIRELIX ACETATE	FERTILITY & PREGNANCY	SC
GATTEX	GASTROINTESTINAL	SC
GAVRETO	CANCER-ORAL	OR
GEFITINIB	CANCER-ORAL	OR
GENOTROPIN	GROWTH HORMONES	SC
GENOTROPIN MINIQUICK	GROWTH HORMONES	SC
GILENYA	MULTIPLE SCLEROSIS	OR
GILOTRIF	CANCER-ORAL	OR
GLASSIA	LUNG DISORDERS	IV
GLATIRAMER	MULTIPLE SCLEROSIS	SC
GLATOPA	MULTIPLE SCLEROSIS	SC
GLEEVEC	CANCER-ORAL	OR
GLEOSTINE	CANCER-ORAL	OR
GLYCEROL PHE	ENZYME DEFICIENCIES	OR
GOCOVRI	PARKINSON	OR
GOMEKLI	CANCER-ORAL	OR
GONAL-F	FERTILITY & PREGNANCY	IJ
GONAL-F RFF	FERTILITY & PREGNANCY	SC
GRANIX	BLOOD MODIFIERS	SC
HADLIMA	AUTOIMMUNE	SC
HADLIMA PUSHTOUCH	AUTOIMMUNE	SC
HAEGARDA	HEMATOLOGICAL	SC
HARLIKU	ENZYME DEFICIENCIES	OR
HARVONI	HEPATITIS C	OR
HEMLIBRA	HEMOPHILIA	SC
HEMOFIL M	HEMOPHILIA	IV
HERNEXEOS	CANCER-ORAL	OR
HETLIOZ	SLEEP DISORDERS	OR
HETLIOZ LQ	SLEEP DISORDERS	OR
HULIO	AUTOIMMUNE	SC
HUMATE-P	HEMOPHILIA	IV
HUMATROPE	GROWTH HORMONES	IJ
HUMIRA	AUTOIMMUNE	SC
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	AUTOIMMUNE	SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
HUMIRA PEN	AUTOIMMUNE	SC
HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE	SC
HUMIRA PEN-PEDIATRIC UC STARTER PACK	AUTOIMMUNE	SC
HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE	SC
HYCAMTIN	CANCER-ORAL	OR
HYMPAVZI	HEMOPHILIA	SC
HYRIMOZ	AUTOIMMUNE	SC
HYRIMOZ-PEDITATRIC CROHNS	AUTOIMMUNE	SC
HYRIMOZ-PLAQUE PSORIASIS	AUTOIMMUNE	SC
HYRIMOZ-SENSOREADY PENS	AUTOIMMUNE	SC
HYRIMOZ-SENSOREADY STARTER PACK	AUTOIMMUNE	SC
HYRNUO	CANCER-ORAL	OR
IBRANCE	CANCER-ORAL	OR
IBTROZI	CANCER-ORAL	OR
ICATIBANT	HEMATOLOGICAL	SC
ICLUSIG	CANCER-ORAL	OR
IDACIO	AUTOIMMUNE	SC
IDACIO CROHNS	AUTOIMMUNE	SC
IDACIO PLAQUE PSORIASIS	AUTOIMMUNE	SC
IDELVION	HEMOPHILIA	IV
IDHIFA	CANCER-ORAL	OR
ILUMYA	AUTOIMMUNE	SC
IMATINIB MESYLATE	CANCER-ORAL	OR
IMBRUVICA	CANCER-ORAL	OR
IMCIVREE	ENZYME DEFICIENCIES	SC
IMKELDI	CANCER-ORAL	OR
IMULDOSA	AUTOIMMUNE	SC
INBRIJA	PARKINSON	IN
INCRELEX	GROWTH HORMONES	SC
INGREZZA	OTHER NON-CATEGORIZED	OR
INLURIYO	CANCER-ORAL	OR
INLYTA	CANCER-ORAL	OR
INQOVI	CANCER-ORAL	OR
INREBIC	CANCER-ORAL	OR
IQIRVO	GASTROINTESTINAL	OR
IRESSA	CANCER-ORAL	OR
ISTURISA	ENDOCRINE	OR
ITOVEBI	CANCER-ORAL	OR
IWILFIN	CANCER-ORAL	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
IXINITY	HEMOPHILIA	IV
JADENU	OTHER NON-CATEGORIZED	OR
JADENU SPRINKLE	OTHER NON-CATEGORIZED	OR
JAKAFI	CANCER-ORAL	OR
JASCAYD	LUNG DISORDERS	OR
JAVYGTOR	ENZYME DEFICIENCIES	OR
JAYPIRCA	CANCER-ORAL	OR
JAYTHARI	CORTICOSTEROIDS	OR
JIVI	HEMOPHILIA	IV
JOENJA	OTHER NON-CATEGORIZED	OR
JUXTAPID	ANTHYPERLIPIDEMIC	OR
JYNARQUE	ENDOCRINE	OR
KALYDECO	CYSTIC FIBROSIS	OR
KESIMPTA	MULTIPLE SCLEROSIS	SC
KEVZARA	AUTOIMMUNE	SC
KHINDIVI	CORTICOSTEROIDS	OR
KINERET	AUTOIMMUNE	SC
KISQALI	CANCER-ORAL	OR
KISQALI FEMARA	CANCER-ORAL	OR
KITABIS	CYSTIC FIBROSIS	IN
KOATE	HEMOPHILIA	IV
KOATE-DVI	HEMOPHILIA	IV
KOGENATE FS	HEMOPHILIA	IV
KOMZIFTI	CANCER-ORAL	OR
KORLYM	ENDOCRINE	OR
KOSELUGO	CANCER-ORAL	OR
KOVALTRY	HEMOPHILIA	IV
KRAZATI	CANCER-ORAL	OR
KUVAN	ENZYME DEFICIENCIES	OR
KYMBEE	CORTICOSTEROIDS	OR
LAPATINIB	CANCER-ORAL	OR
LASIX ONYU	OTHER NON-CATEGORIZED	SC
LASIX ONYU	OTHER NON-CATEGORIZED	XX
LAZCLUZE	CANCER-ORAL	OR
LEDIPASVIR/SOFOSBUVIR	HEPATITIS C	OR
LENALIDOMIDE	CANCER-ORAL	OR
LENVIMA	CANCER-ORAL	OR
LEQEMBI IQLK	OTHER NON-CATEGORIZED	SC
LEQSELVI	AUTOIMMUNE	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
LETAIRIS	PULMONARY HYPERTENSION	OR
LEUKERAN	CANCER-ORAL	OR
LEUKINE	BLOOD MODIFIERS	IJ
LEUPROLIDE	CANCER	IJ
LEUPROLIDE	CANCER	IM
L-GLUTAMINE	BLOOD MODIFIERS	OR
LIQREV	PULMONARY HYPERTENSION	OR
LITFULO	AUTOIMMUNE	OR
LIVDELZI	GASTROINTESTINAL	OR
LIVMARLI	OTHER NON-CATEGORIZED	OR
LIVTENCITY	ANTI-INFECTIVE	OR
LOMUSTINE	CANCER-ORAL	OR
LONSURF	CANCER-ORAL	OR
LORBRENA	CANCER-ORAL	OR
LUMAKRAS	CANCER-ORAL	OR
LUMRYZ	SLEEP DISORDERS	OR
LUPKYNIS	IMMUNOSUPPRESSANTS	OR
LYNPARZA	CANCER-ORAL	OR
LYSODREN	CANCER-ORAL	OR
LYTGOBI	CANCER-ORAL	OR
MATULANE	CANCER-ORAL	OR
MAVENCLAD	MULTIPLE SCLEROSIS	OR
MAVYRET	HEPATITIS C	OR
MAYZENT	MULTIPLE SCLEROSIS	OR
MEKINIST	CANCER-ORAL	OR
MEKTOVI	CANCER-ORAL	OR
MELPHALAN	CANCER-ORAL	OR
MENOPUR	FERTILITY & PREGNANCY	SC
MERCAPTOPYRINE	CANCER-ORAL	OR
MIFEPRISTONE	ENDOCRINE	OR
MIGLUSTAT	ENZYME DEFICIENCIES	OR
MIPLYFFA	OTHER NON-CATEGORIZED	OR
MODEYSO	CANCER-ORAL	OR
MULPLETA	BLOOD MODIFIERS	OR
MYALEPT	ENZYME DEFICIENCIES	SC
MYCAPSSA	ENDOCRINE	OR
MYLERAN	CANCER-ORAL	OR
MYQORZO	OTHER NON-CATEGORIZED	OR
NEMLUVIO	AUTOIMMUNE	SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
NERLYNX	CANCER-ORAL	OR
NEULASTA	BLOOD MODIFIERS	SC
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXAVAR	CANCER-ORAL	OR
NGENLA	GROWTH HORMONES	SC
NILANDRON	CANCER-ORAL	OR
NILOTINB TAR	CANCER-ORAL	OR
NILOTINIB	CANCER-ORAL	OR
NILUTAMIDE	CANCER-ORAL	OR
NINLARO	CANCER-ORAL	OR
NITISINONE	ENZYME DEFICIENCIES	OR
NITYR	ENZYME DEFICIENCIES	OR
NIVESTYM	BLOOD MODIFIERS	IJ
NORDITROPIN FLEXPPO	GROWTH HORMONES	SC
NOURIANZ	PARKINSON	OR
NOVAREL	FERTILITY & PREGNANCY	IM
NOVOEIGHT	HEMOPHILIA	IV
NOVOSEVEN RT	HEMOPHILIA	IV
NUBEQA	CANCER-ORAL	OR
NUCALA	LUNG DISORDERS	SC
NUTROPIN AQ	GROWTH HORMONES	SC
NUWIQ	HEMOPHILIA	IV
NYPOZI	BLOOD MODIFIERS	IJ
NYVEPRIA	BLOOD MODIFIERS	SC
OBIZUR	HEMOPHILIA	IV
OCALIVA	GASTROINTESTINAL	OR
OCTREOTIDE	ENDOCRINE	IJ
OCTREOTIDE	ENDOCRINE	SC
ODOMZO	CANCER-ORAL	OR
OFEV	LUNG DISORDERS	OR
OGSIVEO	CANCER-ORAL	OR
OHTUVAYRE	LUNG DISORDERS	IN
OJEMDA	CANCER-ORAL	OR
OJJAARA	CANCER-ORAL	OR
OLPRUVA	ENZYME DEFICIENCIES	OR
OLUMIANT	AUTOIMMUNE	OR
OMNITROPE	GROWTH HORMONES	SC
OMVOH	AUTOIMMUNE	SC
ONAPGO	PARKINSON	SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
ONUREG	CANCER-ORAL	OR
OPFOLDA	ENZYME DEFICIENCIES	OR
OPSUMIT	PULMONARY HYPERTENSION	OR
OPSYNVI	PULMONARY HYPERTENSION	OR
ORENCIA	AUTOIMMUNE	SC
ORENCIA CLICKJECT	AUTOIMMUNE	SC
ORENITRAM	PULMONARY HYPERTENSION	OR
ORFADIN	ENZYME DEFICIENCIES	OR
ORGOVYX	CANCER-ORAL	OR
ORKAMBI	CYSTIC FIBROSIS	OR
ORLADEYO	HEMATOLOGICAL	OR
ORSERDU	CANCER-ORAL	OR
OTEZLA	AUTOIMMUNE	OR
OTEZLA XR	AUTOIMMUNE	OR
OTULFI	AUTOIMMUNE	SC
OVIDREL	FERTILITY & PREGNANCY	SC
OXBRYTA	BLOOD MODIFIERS	OR
OXERVATE	OPHTHALMIC	OP
PALFORZIA	OTHER NON-CATEGORIZED	OR
PALSONIFY	ENDOCRINE	OR
PALYNZIQ	ENZYME DEFICIENCIES	SC
PAZOPANIB	CANCER-ORAL	OR
PEGASYS	HEPATITIS C	SC
PEMAZYRE	CANCER-ORAL	OR
PENICILLAMINE	OTHER NON-CATEGORIZED	OR
PHEBURANE	ENZYME DEFICIENCIES	OR
PHENYLBUTYRATE	ENZYME DEFICIENCIES	OR
PHYRAGO	CANCER-ORAL	OR
PIQRAY	CANCER-ORAL	OR
PIRFENIDONE	LUNG DISORDERS	OR
PLEGRIDY	MULTIPLE SCLEROSIS	IM
PLEGRIDY	MULTIPLE SCLEROSIS	SC
POMALYST	CANCER-ORAL	OR
PONVORY	MULTIPLE SCLEROSIS	OR
PREGNYL	FERTILITY & PREGNANCY	IM
PROCRIT	BLOOD MODIFIERS	IJ
PROCYSBI	OTHER NON-CATEGORIZED	OR
PROFILNINE	HEMOPHILIA	IV
PROMACTA	BLOOD MODIFIERS	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
PULMOZYME	CYSTIC FIBROSIS	IN
PURIXAN	CANCER-ORAL	OR
PYRUKYND	HEMATOLOGICAL	OR
PYZCHIVA	AUTOIMMUNE	SC
QFITLIA	HEMOPHILIA	SC
QINLOCK	CANCER-ORAL	OR
RADICAVA ORS	OTHER NON-CATEGORIZED	OR
RAVICTI	ENZYME DEFICIENCIES	OR
REBIF	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE	MULTIPLE SCLEROSIS	SC
REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	SC
REBINYN	HEMOPHILIA	IV
RECOMBINATE	HEMOPHILIA	IV
RECORLEV	ENDOCRINE	OR
REDEMPLO	ANTHYPERLIPIDEMIC	SC
RELEUKO	BLOOD MODIFIERS	SC
RELYVRIO	OTHER NON-CATEGORIZED	OR
RETACRIT	BLOOD MODIFIERS	IJ
RETEVMO	CANCER-ORAL	OR
REVATIO	PULMONARY HYPERTENSION	OR
REVCIVI	ENZYME DEFICIENCIES	IM
REVLIMID	CANCER-ORAL	OR
REVUFORJ	CANCER-ORAL	OR
REZDIFFRA	GASTROINTESTINAL	OR
REZLIDHIA	CANCER-ORAL	OR
REZUROCK	OTHER NON-CATEGORIZED	OR
RHAPSIDO	HEMATOLOGICAL	OR
RIASTAP	HEMOPHILIA	IV
RIBAVIRIN	HEPATITIS C	OR
RINVOQ	AUTOIMMUNE	OR
RINVOQ LQ	AUTOIMMUNE	OR
RIVFLOZA	OTHER NON-CATEGORIZED	SC
RIXUBIS	HEMOPHILIA	IV
ROMVIMZA	CANCER-ORAL	OR
ROZLYTREK	CANCER-ORAL	OR
RUBRACA	CANCER-ORAL	OR
RUCONEST	HEMATOLOGICAL	IV
RYDAPT	CANCER-ORAL	OR
SAIZEN	GROWTH HORMONES	IJ

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
SAJAZIR	HEMATOLOGICAL	SC
SAMSCA	ENDOCRINE	OR
SANDOSTATIN	ENDOCRINE	IJ
SAPROPTERIN	ENZYME DEFICIENCIES	OR
SCEMBLIX	CANCER-ORAL	OR
SELARSDI	AUTOIMMUNE	SC
SEPHIENCE	ENZYME DEFICIENCIES	OR
SEROSTIM	GROWTH HORMONES	SC
SEVENFACT	HEMOPHILIA	IV
SIGNIFOR	ENDOCRINE	SC
SILDENAFIL	PULMONARY HYPERTENSION	OR
SILIQ	AUTOIMMUNE	SC
SIMLANDI	AUTOIMMUNE	SC
SIMLANDI 1PEN	AUTOIMMUNE	SC
SIMLANDI 2PEN	AUTOIMMUNE	SC
SIMPONI	AUTOIMMUNE	SC
SKYCLARYS	OTHER NON-CATEGORIZED	OR
SKYRIZI	AUTOIMMUNE	SC
SKYRIZI PEN	AUTOIMMUNE	SC
SKYTROFA	GROWTH HORMONES	SC
SOD OXYBATE	SLEEP DISORDERS	OR
SODIUM OXYBATE	SLEEP DISORDERS	OR
SODIUM PHENYL BUTYRATE	ENZYME DEFICIENCIES	OR
SOFOSBUVIR/VELPATASVIR	HEPATITIS C	OR
SOGROYA	GROWTH HORMONES	SC
SOHONOS	OTHER NON-CATEGORIZED	OR
SOMAVERT	ENDOCRINE	SC
SORAFENIB	CANCER-ORAL	OR
SOTYKTU	AUTOIMMUNE	OR
SOVALDI	HEPATITIS C	OR
SPEVIGO	AUTOIMMUNE	SC
SPRYCEL	CANCER-ORAL	OR
STARJEMZA	AUTOIMMUNE	SC
STELARA	AUTOIMMUNE	SC
STEQEYMA	AUTOIMMUNE	SC
STIMUFEND	BLOOD MODIFIERS	SC
STIVARGA	CANCER-ORAL	OR
STRENSIQ	ENZYME DEFICIENCIES	SC
SUCRAID	ENZYME DEFICIENCIES	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
SUNITINIB	CANCER-ORAL	OR
SUTENT	CANCER-ORAL	OR
SYMDEKO	CYSTIC FIBROSIS	OR
SYNAGIS	LUNG DISORDERS	IM
SYNAREL	ENDOCRINE	NA
SYPRINE	OTHER NON-CATEGORIZED	OR
TABLOID	CANCER-ORAL	OR
TABRECTA	CANCER-ORAL	OR
TADALAFIL	PULMONARY HYPERTENSION	OR
TADLIQ	PULMONARY HYPERTENSION	OR
TAFINLAR	CANCER-ORAL	OR
TAGRISSO	CANCER-ORAL	OR
TAKHZYRO	HEMATOLOGICAL	SC
TALTZ	AUTOIMMUNE	SC
TALZENNA	CANCER-ORAL	OR
TARCEVA	CANCER-ORAL	OR
TARGRETIN	CANCER-ORAL	EX
TARGRETIN	CANCER-ORAL	OR
TASCENSO ODT	MULTIPLE SCLEROSIS	OR
TASIGNA	CANCER-ORAL	OR
TASIMELTEON	SLEEP DISORDERS	OR
TAVALISSE	BLOOD MODIFIERS	OR
TAVNEOS	HEMATOLOGICAL	OR
TAZVERIK	CANCER-ORAL	OR
TECFIDERA	MULTIPLE SCLEROSIS	OR
TEGSEDI	OTHER NON-CATEGORIZED	SC
TEMOZOLOMIDE	CANCER-ORAL	OR
TEPMETKO	CANCER-ORAL	OR
TERIFLUNOMIDE	MULTIPLE SCLEROSIS	OR
TERIPARATIDE	BONE DENSITY	SC
TETRABENAZINE	OTHER NON-CATEGORIZED	OR
TEZSPIRE	LUNG DISORDERS	SC
THALOMID	CANCER-ORAL	OR
THIOLA	OTHER NON-CATEGORIZED	OR
THIOLA EC	OTHER NON-CATEGORIZED	OR
TIBSOVO	CANCER-ORAL	OR
TIOPRONIN	OTHER NON-CATEGORIZED	OR
TOBI	CYSTIC FIBROSIS	IN
TOBI PODHALER	CYSTIC FIBROSIS	IN

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
TOBRAMYCIN	CYSTIC FIBROSIS	IN
TOLVAPTAN	ENDOCRINE	OR
TOREMIFENE	CANCER-ORAL	OR
TORPENZ	CANCER-ORAL	OR
TRACLEER	PULMONARY HYPERTENSION	OR
TREMFYA	AUTOIMMUNE	SC
TRETINOIN	CANCER-ORAL	OR
TRETTEN	HEMOPHILIA	IV
TRIENTINE	OTHER NON-CATEGORIZED	OR
TRIKAFTA	CYSTIC FIBROSIS	OR
TRUQAP	CANCER-ORAL	OR
TRYNGOLZA	ANTIHYPERTENSIVE	SC
TRYVIO	ANTIHYPERTENSIVE	OR
TUKYSA	CANCER-ORAL	OR
TURALIO	CANCER-ORAL	OR
TYENNE	AUTOIMMUNE	SC
TYKERB	CANCER-ORAL	OR
TYMLOS	BONE DENSITY	SC
TYVASO	PULMONARY HYPERTENSION	IN
TYVASO DPI	PULMONARY HYPERTENSION	IN
TYVASO RF KT	PULMONARY HYPERTENSION	IN
TYVASO ST KT	PULMONARY HYPERTENSION	IN
UDENYCA	BLOOD MODIFIERS	SC
UDENYCA ONBODY	BLOOD MODIFIERS	SC
UPTRAVI	PULMONARY HYPERTENSION	OR
UPTRAVI PACK	PULMONARY HYPERTENSION	OR
USTEKINUMAB	AUTOIMMUNE	SC
USTEKINUMAB-AAUZ	AUTOIMMUNE	SC
USTEKINUMAB-AEKN	AUTOIMMUNE	SC
USTEKINUMAB-TTWE	AUTOIMMUNE	SC
VABRINTY	CANCER	SC
VALCHLOR	CANCER-ORAL	EX
VANFLYTA	CANCER-ORAL	OR
VANRAFIA	OTHER NON-CATEGORIZED	OR
VELSIPITY	AUTOIMMUNE	OR
VENCLEXTA	CANCER-ORAL	OR
VENTAVIS	PULMONARY HYPERTENSION	IN
VENXXIVA	OTHER NON-CATEGORIZED	OR
VERZENIO	CANCER-ORAL	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
VIOICE	OTHER NON-CATEGORIZED	OR
VISTOGARD	OTHER NON-CATEGORIZED	OR
VITRAKVI	CANCER-ORAL	OR
VIZIMPRO	CANCER-ORAL	OR
VONJO	CANCER-ORAL	OR
VONVENDI	HEMOPHILIA	IV
VORANIGO	CANCER-ORAL	OR
VOSEVI	HEPATITIS C	OR
VOTRIENT	CANCER-ORAL	OR
VOWST	GASTROINTESTINAL	OR
VOXZOGO	ENDOCRINE	SC
VOYDEYA	HEMATOLOGICAL	OR
VOYXACT	OTHER NON-CATEGORIZED	SC
VUMERITY	MULTIPLE SCLEROSIS	OR
VYALEV	PARKINSON	SC
VYJUVEK	DERMATOLOGICS	EX
VYKAT XR	OTHER NON-CATEGORIZED	OR
VYNDAMAX	OTHER NON-CATEGORIZED	OR
VYNDAQEL	OTHER NON-CATEGORIZED	OR
VYVGART HYTRULO	OTHER NON-CATEGORIZED	SC
WAINUA	OTHER NON-CATEGORIZED	SC
WAKIX	SLEEP DISORDERS	OR
WAYRILZ	BLOOD MODIFIERS	OR
WELIREG	CANCER-ORAL	OR
WEZLANA	AUTOIMMUNE	SC
WILATE	HEMOPHILIA	IV
WINREVAIR	PULMONARY HYPERTENSION	SC
XALKORI	CANCER-ORAL	OR
XELJANZ	AUTOIMMUNE	OR
XELJANZ XR	AUTOIMMUNE	OR
XELODA	CANCER-ORAL	OR
XENAZINE	OTHER NON-CATEGORIZED	OR
XERMELO	GASTROINTESTINAL	OR
XOLAIR	LUNG DISORDERS	SC
XOLREMDI	BLOOD MODIFIERS	OR
XOSPATA	CANCER-ORAL	OR
XPOVIO	CANCER-ORAL	OR
XTANDI	CANCER-ORAL	OR
XURIDEN	ENDOCRINE	OR

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Pharmacy Benefit:	Drug Category	Route of Administration
XYNTHA	HEMOPHILIA	IV
XYNTHA SOLOFUSE	HEMOPHILIA	IV
XYREM	SLEEP DISORDERS	OR
XYWAV	SLEEP DISORDERS	OR
YARGESA	ENZYME DEFICIENCIES	OR
YESINTEK	AUTOIMMUNE	SC
YONSA	CANCER-ORAL	OR
YORVIPATH	ENDOCRINE	SC
YUFLYMA	AUTOIMMUNE	SC
YUSIMRY	AUTOIMMUNE	SC
YUTREPIA	PULMONARY HYPERTENSION	IN
ZARXIO	BLOOD MODIFIERS	IJ
ZAVESCA	ENZYME DEFICIENCIES	OR
ZEJULA	CANCER-ORAL	OR
ZELBORAF	CANCER-ORAL	OR
ZEPATIER	HEPATITIS C	OR
ZEPOSIA	MULTIPLE SCLEROSIS	OR
ZEPOSIA 7-DAY STARTER PACK	MULTIPLE SCLEROSIS	OR
ZIEXTENZO	BLOOD MODIFIERS	SC
ZILBRYSQ	OTHER NON-CATEGORIZED	SC
ZOKINVY	OTHER NON-CATEGORIZED	OR
ZOLINZA	CANCER-ORAL	OR
ZOMACTON	GROWTH HORMONES	SC
ZYCUBO	VITAMINS & SUPPLEMENTS	SC
ZYDELIG	CANCER-ORAL	OR
ZYKADIA	CANCER-ORAL	OR
ZYMFENTRA	AUTOIMMUNE	SC
ZYTIGA	CANCER-ORAL	OR

Drugs Covered Under Your Medical Benefit:

Please note: Your plan benefits may have a prior authorization and/or added requirements that may need to be met before a drug can be considered for coverage. Your doctor can find request forms at bcbsil.com/provider. Your doctor can also call the number on your ID card with any questions about your benefits. To get the most out of your benefits, you should check if the pharmacy or provider used is in-network. You can call the number on your ID card for help.

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ABECMA	CANCER	IV
ABRAXANE	CANCER	IV
ACTEMRA	AUTOIMMUNE	IV
ADAKVEO	BLOOD MODIFIERS	IV
ADCETRIS	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ADRIAMYCIN	CANCER	IV
ADSTILADRIN	CANCER	IS
ADUHELM	OTHER NON-CATEGORIZED	IV
ADZYNMA	BLOOD MODIFIERS	IV
ALDURAZYME	ENZYME DEFICIENCIES	IV
ALFERON N	OTHER NON-CATEGORIZED	IJ
ALIMTA	CANCER	IV
ALIQOPA	CANCER	IV
ALYGLO	IMMUNE GLOBULINS	IV
ALYMSYS	CANCER	IV
AMONDYS 45	OTHER NON-CATEGORIZED	IV
AMTAGVI	CANCER	IV
AMVUTTRA	OTHER NON-CATEGORIZED	SC
ANKTIVA	CANCER	IS
APHEXDA	BLOOD MODIFIERS	SC
ARALAST NP	LUNG DISORDERS	IV
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARRANON	CANCER	IV
ARSENIC TRIOXIDE	CANCER	IV
ASCENIV	IMMUNE GLOBULINS	IV
ASPARLAS	CANCER	IV
AUCATZYL	CANCER	IV
AURLUMYN	OTHER NON-CATEGORIZED	IV
AVASTIN	CANCER	IV
AVGEMSI	CANCER	IV
AVSOLA	AUTOIMMUNE	IV
AVTOZMA	AUTOIMMUNE	IV
AVTOZMA	AUTOIMMUNE	SC
AXTLE	CANCER	IV
AZACITIDINE	CANCER	IJ
BEIZRAY	CANCER	IV
BELEODAQ	CANCER	IV
BELRAPZO	CANCER	IV
BENDAMUSTINE	CANCER	IV
BENDEKA	CANCER	IV
BENLYSTA	AUTOIMMUNE	IV
BEOVU	OPHTHALMIC	IZ
BEQVEZ	HEMOPHILIA	IV
BESPONSA	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
BESREMI	CANCER	SC
BEYFORTUS	LUNG DISORDERS	IM
BILDYOS	BONE DENSITY	SC
BILPREVDA	BONE DENSITY	SC
BIVIGAM	IMMUNE GLOBULINS	IV
BIZENGRI	CANCER	IV
BKEMV	HEMATOLOGICAL	IV
BLNREP	CANCER	IV
BLINCYTO	CANCER	IV
BOMYNTRA	BONE DENSITY	SC
BORTEZOMIB	CANCER	IJ
BORTEZOMIB	CANCER	IV
BORUZU	CANCER	IJ
BOTOX	OTHER NON-CATEGORIZED	IJ
BREYANZI	CANCER	IV
BRINEURA	ENZYME DEFICIENCIES	VE
BRIUMVI	MULTIPLE SCLEROSIS	IV
BYOOVIZ	OPHTHALMIC	IZ
CABLVI	BLOOD MODIFIERS	IJ
CAMCEVI	CANCER	SC
CARMUSTINE	CANCER	IV
CARVYKTI	CANCER	IV
CASGEVY	BLOOD MODIFIERS	IV
CEREZYME	ENZYME DEFICIENCIES	IV
CIMERLI	OPHTHALMIC	IZ
CIMZIA	AUTOIMMUNE	SC
CINQAIR	LUNG DISORDERS	IV
CINRYZE	HEMATOLOGICAL	IV
CLADRIBINE	CANCER	IV
CLOFARABINE	CANCER	IV
CLOLAR	CANCER	IV
COLUMVI	CANCER	IV
CONEXENCE	BONE DENSITY	SC
COSELA	CANCER	IV
COSENTYX	AUTOIMMUNE	IV
CRYSVITA	ENDOCRINE	SC
CUTAQUIG	IMMUNE GLOBULINS	SC
CUVITRU	IMMUNE GLOBULINS	SC
CYCLOPHOSPHAMIDE	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
CYRAMZA	CANCER	IV
DACTINOMYCIN	CANCER	IV
DANYELZA	CANCER	IV
DARZALEX	CANCER	IV
DARZALEX	CANCER	SC
DATROWAY	CANCER	IV
DAUNORUBICIN	CANCER	IV
DAXXIFY	OTHER NON-CATEGORIZED	IM
DECITABINE	CANCER	IV
DOCETAXEL	CANCER	IV
DOCIVYX	CANCER	IV
DOXIL	CANCER	IV
DOXORUBICIN	CANCER	IV
DURYSTA	OPHTHALMIC	IO
DYSPORT	OTHER NON-CATEGORIZED	IM
EDARAVONE	OTHER NON-CATEGORIZED	IV
ELAHERE	CANCER	IV
ELAPRASE	ENZYME DEFICIENCIES	IV
ELELYSO	ENZYME DEFICIENCIES	IV
ELEVIDYS	OTHER NON-CATEGORIZED	IV
ELFABRIO	ENZYME DEFICIENCIES	IV
ELIGARD	CANCER	SC
ELITEK	CANCER	IV
ELREXFIO	CANCER	SC
EMPLICITI	CANCER	IV
EMRELIS	CANCER	IV
ENFLONSIA	LUNG DISORDERS	IM
ENHERTU	CANCER	IV
ENJAYMO	HEMATOLOGICAL	IV
ENOBY	BONE DENSITY	SC
ENTYVIO	AUTOIMMUNE	IV
EPKINLY	CANCER	SC
EPOGEN	BLOOD MODIFIERS	IJ
EPOPROSTENOL	PULMONARY HYPERTENSION	IV
EPYSQLI	HEMATOLOGICAL	IV
ERBITUX	CANCER	IV
ERIBULIN	CANCER	IV
EUFLEXXA	VISCO SUPPLEMENTS	IX
EVENITY	BONE DENSITY	SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
EVKEEZA	ANTIHYPERTENSIVE	IV
EVOMELA	CANCER	IV
EXDENSUR	LUNG DISORDERS	SC
EXONDYS 51	OTHER NON-CATEGORIZED	IV
EYLEA	OPHTHALMIC	IZ
EYLEA HD	OPHTHALMIC	IZ
FABRAZYME	ENZYME DEFICIENCIES	IV
FASENRA	LUNG DISORDERS	SC
FASLODEX	CANCER	IM
FENSOLVI	ENDOCRINE	SC
FIBRYGA	HEMOPHILIA	IV
FIRMAGON	CANCER	SC
FLEBOGAMMA	IMMUNE GLOBULINS	IV
FLOLAN	PULMONARY HYPERTENSION	IV
FOLOTYN	CANCER	IV
FRINDOVYX	CANCER	IV
FULPHILA	BLOOD MODIFIERS	SC
FULVESTRANT	CANCER	IM
FYARRO	CANCER	IV
FYLNETRA	BLOOD MODIFIERS	SC
GAMASTAN	IMMUNE GLOBULINS	IM
GAMIFANT	OTHER NON-CATEGORIZED	IV
GAMMAGARD	IMMUNE GLOBULINS	IJ
GAMMAGARD SD	IMMUNE GLOBULINS	IV
GAMMAKED	IMMUNE GLOBULINS	IJ
GAMMAPLEX	IMMUNE GLOBULINS	IV
GAMMGD ERC	IMMUNE GLOBULINS	IJ
GAMUNEX-C	IMMUNE GLOBULINS	IJ
GAZYVA	CANCER	IV
GEL-ONE	VISCO SUPPLEMENTS	IX
GENVISC 850	VISCO SUPPLEMENTS	IX
GIVLAARI	BLOOD MODIFIERS	SC
GLASSIA	LUNG DISORDERS	IV
GRAFAPEX	CANCER	IV
GRANIX	BLOOD MODIFIERS	SC
HALAVEN	CANCER	IV
HEMGENIX	HEMOPHILIA	IV
HEPZATO	CANCER	IA
HERCEPTIN	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
HERCEPTIN HYLECTA	CANCER	SC
HERCESSI	CANCER	IV
HERZUMA	CANCER	IV
HIZENTRA	IMMUNE GLOBULINS	SC
HYALGAN	VISCO SUPPLEMENTS	IX
HYCAMTIN	CANCER	IV
HYQVIA	IMMUNE GLOBULINS	SC
IBANDRONATE	BONE DENSITY	IV
IDAMYCIN PFS	CANCER	IV
IDOSE TR	OPHTHALMIC	IO
ILARIS	AUTOIMMUNE	SC
ILUMYA	AUTOIMMUNE	SC
ILUVIEN	OPHTHALMIC	IZ
IMAAVY	OTHER NON-CATEGORIZED	IV
IMDELLTRA	CANCER	IV
IMFINZI	CANCER	IV
IMJUDO	CANCER	IV
IMLYGIC	CANCER	LS
IMULDOSA	AUTOIMMUNE	IV
IMULDOSA	AUTOIMMUNE	SC
INFLECTRA	AUTOIMMUNE	IV
INFLIXIMAB	AUTOIMMUNE	IV
INLEXZO	CANCER	IS
ISTODAX	CANCER	IV
ITVISMA	OTHER NON-CATEGORIZED	IT
IVRA	CANCER	IV
IXEMPRA	CANCER	IV
IZERVAY	OPHTHALMIC	IZ
JELMYTO	CANCER	UL
JEMPERLI	CANCER	IV
JESDUVROQ	BLOOD MODIFIERS	OR
JEVTANA	CANCER	IV
JOBEVNE	CANCER	IV
JUBBONTI	BONE DENSITY	SC
KADCYLA	CANCER	IV
KALBITOR	HEMATOLOGICAL	SC
KANJINTI	CANCER	IV
KANUMA	ENZYME DEFICIENCIES	IV
KEBILIDI	ENZYME DEFICIENCIES	IJ

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
KEYTRUDA	CANCER	IV
KEYTRUDA QLEX	CANCER	SC
KIMMTRAK	CANCER	IV
KISUNLA	OTHER NON-CATEGORIZED	IV
KRYSTEXXA	OTHER NON-CATEGORIZED	IV
KYMRIAH	CANCER	IV
KYPROLIS	CANCER	IV
KYXATA	CANCER	IV
LAMZEDE	ENZYME DEFICIENCIES	IV
LANREOTIDE	ENDOCRINE	SC
LEMTRADA	MULTIPLE SCLEROSIS	IV
LENMELDY	OTHER NON-CATEGORIZED	IV
LEQEMBI	OTHER NON-CATEGORIZED	IV
LEUKINE	BLOOD MODIFIERS	IJ
LOQTORZI	CANCER	IV
LUCENTIS	OPHTHALMIC	IZ
LUMIZYME	ENZYME DEFICIENCIES	IV
LUNSUMIO	CANCER	IV
LUNSUMIO VEL	CANCER	SC
LUPRON DEPOT	CANCER	IM
LUPRON DEPOT	ENDOCRINE	IM
LUPRON DEP-PED	ENDOCRINE	IM
LUTRATE DEPO	CANCER	IM
LUXTURNA	OPHTHALMIC	IO
LYFGENIA	BLOOD MODIFIERS	IV
LYMPHIR	CANCER	IV
LYNOZYFIC	CANCER	IV
MARGENZA	CANCER	IV
MELPHALAN	CANCER	IV
MEPSEVII	ENZYME DEFICIENCIES	IV
MITOMYCIN	CANCER	IS
MITOMYCIN	CANCER	IV
MONJUVI	CANCER	IV
MOZOBIL	BLOOD MODIFIERS	SC
MVASI	CANCER	IV
MYOBLOC	OTHER NON-CATEGORIZED	IM
NAGLAZYME	ENZYME DEFICIENCIES	IV
NELARABINE	CANCER	IV
NEULASTA	BLOOD MODIFIERS	SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXVIAZYME	ENZYME DEFICIENCIES	IV
NIKTIMVO	OTHER NON-CATEGORIZED	IV
NIPENT	CANCER	IV
NIVESTYM	BLOOD MODIFIERS	IJ
NPLATE	BLOOD MODIFIERS	SC
NUCALA	LUNG DISORDERS	SC
NULIBRY	ENZYME DEFICIENCIES	IV
NULOJIX	IMMUNOSUPPRESSANTS	IV
NYPOZI	BLOOD MODIFIERS	IJ
NYVEPRIA	BLOOD MODIFIERS	SC
OCREVUS	MULTIPLE SCLEROSIS	IV
OCREVUS	MULTIPLE SCLEROSIS	SC
OCTAGAM	IMMUNE GLOBULINS	IV
OCTREOTIDE	ENDOCRINE	IM
OGIVRI	CANCER	IV
OMISIRGE	CANCER	IV
OMVOH	AUTOIMMUNE	IV
ONCASPAR	CANCER	IJ
ONIVYDE	CANCER	IV
ONPATTRO	OTHER NON-CATEGORIZED	IV
ONTRUZANT	CANCER	IV
OPDIVO	CANCER	IV
OPDIVO	CANCER	SC
OPDUALAG	CANCER	IV
OPFOLDA	ENZYME DEFICIENCIES	OR
ORENCIA	AUTOIMMUNE	IV
OSENVELT	BONE DENSITY	SC
OSPOMYV	BONE DENSITY	SC
OTULFI	AUTOIMMUNE	IV
OXLUMO	OTHER NON-CATEGORIZED	SC
PACLITAXEL	CANCER	IV
PADCEV	CANCER	IV
PANZYGA	IMMUNE GLOBULINS	IV
PAPZIMEOS	OTHER NON-CATEGORIZED	SC
PAVBLU	OPHTHALMIC	IZ
PEDMARK	CANCER	IV
PEMETREXED	CANCER	IV
PEMFEXY	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
PEMRYDI RTU	CANCER	IV
PHESGO	CANCER	SC
PHOTOFRIN	CANCER	IV
PIASKY	HEMATOLOGICAL	IJ
PLERIXAFOR	BLOOD MODIFIERS	SC
POLIVY	CANCER	IV
POMBILITI	ENZYME DEFICIENCIES	IV
PORTRAZZA	CANCER	IV
PRIVIGEN	IMMUNE GLOBULINS	IV
PROCRT	BLOOD MODIFIERS	IJ
PROLASTIN-C	LUNG DISORDERS	IV
PROLEUKIN	CANCER	IV
PROLIA	BONE DENSITY	SC
PROVENGE	CANCER	IV
PYZCHIVA	AUTOIMMUNE	IV
QALSODY	OTHER NON-CATEGORIZED	IT
RADICAVA	OTHER NON-CATEGORIZED	IV
REBLOZYL	BLOOD MODIFIERS	SC
REBYOTA	GASTROINTESTINAL	RE
RECLAST	BONE DENSITY	IV
RELEUKO	BLOOD MODIFIERS	SC
REMICADE	AUTOIMMUNE	IV
REMODULIN	PULMONARY HYPERTENSION	IJ
RENFLEXIS	AUTOIMMUNE	IV
RETACRIT	BLOOD MODIFIERS	IJ
REVATIO	PULMONARY HYPERTENSION	IV
RIABNI	CANCER	IV
RIASTAP	HEMOPHILIA	IV
RITUXAN	CANCER	IV
RITUXAN HYCELA	CANCER	SC
ROCTAVIAN	HEMOPHILIA	IV
ROLVEDON	BLOOD MODIFIERS	SC
ROMIDEPSIN	CANCER	IV
RUXIENCE	CANCER	IV
RYBREVANT	CANCER	IV
RYBREVANT	CANCER	SC
RYLAZE	CANCER	IM
RYONCIL	HEMATOLOGICAL	IV
RYPLAZIM	HEMATOLOGICAL	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
RYSTIGGO	OTHER NON-CATEGORIZED	SC
RYTELO	CANCER	IV
RYZNEUTA	BLOOD MODIFIERS	SC
SANDOSTATIN LAR	ENDOCRINE	IM
SAPHNELO	AUTOIMMUNE	IV
SCENESSE	OTHER NON-CATEGORIZED	SC
SELARSDI	AUTOIMMUNE	IV
SILDENAFIL	PULMONARY HYPERTENSION	IV
SIMPONI ARIA	AUTOIMMUNE	IV
SKYRIZI	AUTOIMMUNE	IV
SKYSONA	OTHER NON-CATEGORIZED	IV
SOLIRIS	HEMATOLOGICAL	IV
SOMATULINE	ENDOCRINE	SC
SPEVIGO	AUTOIMMUNE	IV
SPEVIGO	AUTOIMMUNE	SC
SPINRAZA	OTHER NON-CATEGORIZED	IT
SPRAVATO	DEPRESSION	NA
STARJEMZA	AUTOIMMUNE	IV
STELARA	AUTOIMMUNE	IV
STEQEYMA	AUTOIMMUNE	IV
STIMUFEND	BLOOD MODIFIERS	SC
STOBOCLO	BONE DENSITY	SC
SUPARTZ FX	VISCO SUPPLEMENTS	IX
SUPPRELIN LA	ENDOCRINE	SC
SUSVIMO	OPHTHALMIC	IZ
SYFOVRE	OPHTHALMIC	IZ
SYLVANT	CANCER	IV
SYNAGIS	LUNG DISORDERS	IM
SYNVISC	VISCO SUPPLEMENTS	IX
SYNVISC ONE	VISCO SUPPLEMENTS	IX
TALVEY	CANCER	SC
TECARTUS	CANCER	IV
TECELRA	CANCER	IV
TECENTRIQ	CANCER	IV
TECENTRIQ	CANCER	SC
TECVAYLI	CANCER	SC
TEMSIROLIMUS	CANCER	IV
TEPADINA	CANCER	IJ
TEPEZZA	ENDOCRINE	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
TEPYLUTE	CANCER	IV
TEVIMBRA	CANCER	IV
TEZSPIRE	LUNG DISORDERS	SC
THIOTEPA	CANCER	IJ
THROMBATE III	OTHER NON-CATEGORIZED	IV
THYROGEN	OTHER NON-CATEGORIZED	IM
TICE BCG	CANCER	IS
TIVDAK	CANCER	IV
TOFIDENCE	AUTOIMMUNE	IV
TOPOTECAN	CANCER	IV
TORISEL	CANCER	IV
TRAZIMERA	CANCER	IV
TREANDA	CANCER	IV
TRELSTAR MIXJECT	CANCER	IM
TREMFYA	AUTOIMMUNE	IV
TREPROSTINIL	PULMONARY HYPERTENSION	IJ
TRISENOX	CANCER	IV
TRIVISC	VISCO SUPPLEMENTS	IX
TRODELVY	CANCER	IV
TRUXIMA	CANCER	IV
TYENNE	AUTOIMMUNE	IV
TYRUKO	MULTIPLE SCLEROSIS	IV
TYSABRI	MULTIPLE SCLEROSIS	IV
TZIELD	DIABETES	IV
UDENYCA	BLOOD MODIFIERS	SC
UDENYCA ONBODY	BLOOD MODIFIERS	SC
ULTOMIRIS	HEMATOLOGICAL	IV
UNITUXIN	CANCER	IV
UNLOXYT	CANCER	IV
UPLIZNA	OTHER NON-CATEGORIZED	IV
UPTRAVI	PULMONARY HYPERTENSION	IV
USTEKINUMAB	AUTOIMMUNE	IV
USTEKINUMAB-TTWE	AUTOIMMUNE	IV
VABRINTY	CANCER	SC
VABYSMO	OPHTHALMIC	IZ
VAFSEO	BLOOD MODIFIERS	OR
VALRUBICIN	CANCER	IS
VALSTAR	CANCER	IS
VECTIBIX	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
VEGZELMA	CANCER	IV
VELCADE	CANCER	IJ
VELETRI	PULMONARY HYPERTENSION	IV
VEOPOZ	OTHER NON-CATEGORIZED	IJ
VIDAZA	CANCER	IJ
VILTEPSO	OTHER NON-CATEGORIZED	IV
VIMIZIM	ENZYME DEFICIENCIES	IV
VISCO-3	VISCO SUPPLEMENTS	IX
VISUDYNE	OPHTHALMIC	IV
VIVIMUSTA	CANCER	IV
VPRIV	ENZYME DEFICIENCIES	IV
VYJUVEK	DERMATOLOGICS	EX
VYLOY	CANCER	IV
VYONDYS 53	OTHER NON-CATEGORIZED	IV
VYVGART	OTHER NON-CATEGORIZED	IV
VYVGART HYTRULO	OTHER NON-CATEGORIZED	SC
VYXEOS	CANCER	IV
WEZLANA	AUTOIMMUNE	IV
WYOST	BONE DENSITY	SC
XEMBIFY	IMMUNE GLOBULINS	SC
XENPOZYME	ENZYME DEFICIENCIES	IV
XEOMIN	OTHER NON-CATEGORIZED	IM
XGEVA	BONE DENSITY	SC
XIAFLEX	OTHER NON-CATEGORIZED	IJ
XOLAIR	LUNG DISORDERS	SC
XTRENBO	BONE DENSITY	SC
YARTEMLEA	HEMATOLOGICAL	IV
YERVOY	CANCER	IV
YESCARTA	CANCER	IV
YESINTEK	AUTOIMMUNE	IV
YIMMUGO	IMMUNE GLOBULINS	IV
YONDELIS	CANCER	IV
ZALTRAP	CANCER	IV
ZANOSAR	CANCER	IV
ZARXIO	BLOOD MODIFIERS	IJ
ZEMAIRA	LUNG DISORDERS	IV
ZEPZELCA	CANCER	IV
ZEVASKYN	OTHER NON-CATEGORIZED	EX
ZIEXTENZO	BLOOD MODIFIERS	SC

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.



Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ZIIHERA	CANCER	IV
ZIRABEV	CANCER	IV
ZOLADEX	CANCER	SC
ZOLEDRONIC ACID	BONE DENSITY	IV
ZOLGENSMA	OTHER NON-CATEGORIZED	IV
ZUSDURI	CANCER	IS
ZYNLONTA	CANCER	IV
ZYNTEGLO	BLOOD MODIFIERS	IV
ZYNYZ	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

This list is subject to change without notice. Product names are the property of their respective owners.

The relationship between Blue Cross and Blue Shield of Texas and the specialty pharmacies is that of independent contractors. Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. Blue Cross and Blue Shield of Texas, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield of Association.