BlueCross BlueShield of Texas

Split Fill Program Drug List

The drugs listed below are part of the Blue Cross and Blue Shield of Texas (BCBSTX) Split Fill Program. This program is designed to minimize drug waste and help reduce health plan costs by targeting drugs with known high rates of early discontinuation or dose changes. Members new to therapy (those without a prescription filled in the past 120 days) for these medications are provided a partial, or "split", fill of their medication at a prorated member cost share amount for up to 3 months of therapy. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of the split fill requirements.

Not all BCBSTX member's benefits may include coverage for the listed drug classes or programs. If you have questions on member coverage, call the number on the member's ID card.

A list of the current program medications is shown below.

Oral Oncology
(generic drug name in parentheses)

Afinitor® (everolimus)	Ayvakit™ (avapritinib)	Balversa® (erdafitinib)
Bosulif® (bosutinib)	Cabometyx® (cabozantinib)	Calquence® (Acalabrutinib)
Cometriq® (cabozantinib)	Copiktra® (duvelisib)	Daurismo™ (glasdegib)
Erivedge® (vismodegib)	Exkivity™ (mobocertinib)	Gavreto® (pralsetinib)
Gleevec® (imatinib)	Iclusig® (ponatinib)	Inlyta® (axitinib)
Inrebic® (fedratinib)	Iressa® (gefitinib)	Jakafi® (ruxolitinib)
Krazati® (adagrasib)	Lenvima® (lenvatinib)	Lorbrena® (lorlatinib)
Lumakras™ (sotorasib)	Lynparza® (olaparib)	Lytgobi® (futibatinib)
Nerlynx® (neratinib)	Nexavar® (sorafenib)	Odomzo® (sonidegib)
Retevmo™ (selpercatinib)	Rezlidhia™ (olutasidenib)	Rozlytrek® (entrectinib)
Rubraca® (rucaparib)	Sprycel® (dasatinib)	Sutent® (sunitinib)
Tagrisso® (osimertinib)	Talzenna® (talazoparib)	Tarceva® (erlotinib)
Targretin® (bexarotene)	Tasigna® (nilotinib)	Tepmetko® (tepotinib)
Verzenio® (abemaciclib)	Vitrakvi® (larotrectinib)	Vizimpro® (dacomitinib)
Vonjo™ (pacritinib)	Votrient® (pazopanib)	Welireg™ (belzutifan)

(continued)

Xalkori® (crizotinib)	Xpovio® (selinexor)	Xtandi® (enzalutamide)
Yonsa® (abiraterone)	Zejula® (niraparib)	Zolinza® (vorinostat)
Zykadia® (ceritinib)	Zytiga® (abiraterone)	

Other Categories
(generic drug name in parentheses)

Ampyra® (dalfampridine)	Aubagio® (teriflunomide)	Exjade® (deferasirox)
Ferriprox® (deferiprone)	Gocovri® (amantadine)	Jadenu® (deferasirox)
Kuvan® (sapropterin dihydrochloride)	Ofev® (nintedanib)	Ocaliva® (obeticholic acid)
Syprine® (trientine hcl)	Ventavis® (iloprost)	

These lists are subject to change without notice. Product names are the property of their respective owners. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate or contract of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider. Please call the number on your patient's ID card to verify coverage, or for further assistance or clarification of your patient's benefits.

BCBSTX contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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