

Blue Cross and Blue Shield of Texas Medical Drug List

Summary of Formulary Benefits for Medical Drug Coverage

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare, both the value and scope of formulary benefits

How to Find Information on the Cost of Prescription Drugs

Your Summary of Benefits and Coverage (SBC) document lists information about your plan, including medical deductibles, out of pocket maximums, and a link to this formulary document. This formulary document lists drugs covered by the plan. This formulary document includes a link on the bottom of each page to the Find a Medicine web-based tool on myPrime.com, which you may use to search for drugs to get estimate prices. Price estimates include total cost and are based on the most recent actual pricing.

Toll free number to obtain formulary information, including specific cost-sharing information for any formulary drug: **1-800-423-1973**

Formulary by Health Benefit Plan

All Individual Plans use this 2017 Health Insurance Marketplace 5 Tier Drug List

Plan <i>(Select plan name to view plan Summary of Benefits & Coverage)</i>	Associated Pharmacy Formulary	
Blue Advantage Bronze HMO 006 Non-Marketplace	Health Insurance Marketplace 5 Tier Drug List	
Blue Advantage Bronze HMO 006 Marketplace		
Blue Advantage Bronze HMO 006 Marketplace Native American Zero		
Blue Advantage Bronze HMO 006 Marketplace Native American Limited		
Blue Advantage Bronze HMO 105 Marketplace Native American Zero		
Blue Advantage Bronze HMO 105 - Two \$40 PCP Visits Non-Marketplace		
Blue Advantage Bronze HMO 105 - Two \$40 PCP Visits Marketplace		
Blue Advantage Bronze HMO 105 - Two \$40 PCP Visits Marketplace Native American Limited		
Blue Advantage Gold HMO 101 Non-Marketplace		
Blue Advantage Gold HMO 101 Marketplace		
Blue Advantage Gold HMO 101 Marketplace Native American Zero		
Blue Advantage Gold HMO 101 Marketplace Native American Limited		
Blue Advantage Gold HMO 111 Non-Marketplace		
Blue Advantage Plus Bronze 103 Marketplace Native American Zero		
Blue Advantage Plus Bronze 103 - One \$0 PCP Visit Non-Marketplace		Health Insurance Marketplace 5 Tier Drug List
Blue Advantage Plus Bronze 103 - One \$0 PCP Visit Marketplace		
Blue Advantage Plus Bronze 103 - One \$0 PCP Visit Marketplace Native American Limited		
Blue Advantage Plus Bronze 104 Non-Marketplace		
Blue Advantage Plus Bronze 104 Marketplace		
Blue Advantage Plus Bronze 104 Marketplace Native American Zero		
Blue Advantage Plus Bronze 104 Marketplace Native American Limited		
Blue Advantage Plus Gold 101 Non-Marketplace		

Find and estimate prices for medicines on this drug list at:

<https://www.myprime.com/v/BCBSTX/COMMERCIAL/TXMKGTGNPLS/en/find-medicine.html>

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Plan <i>(Select plan name to view plan Summary of Benefits & Coverage)</i>	Associated Pharmacy Formulary
Blue Advantage Plus Gold 101 Marketplace	
Blue Advantage Plus Gold 101 Marketplace Native American Zero	
Blue Advantage Plus Gold 101 Marketplace Native American Limited	
Blue Advantage Plus Silver 102 Marketplace Native American Zero	
Blue Advantage Plus Silver 102 - Five \$0 PCP Visits Marketplace Native American Zero	
Blue Advantage Plus Silver 102 - Three \$0 PCP Visits Non-Marketplace	
Blue Advantage Plus Silver 102 - Three \$0 PCP Visits Marketplace	
Blue Advantage Plus Silver 102 - Three \$0 PCP Visits Marketplace Native American Limited	
Blue Advantage Plus Silver 102 - Three \$0 PCP Visits Marketplace 73% Actuarial Value	
Blue Advantage Plus Silver 102 - Three \$0 PCP Visits Marketplace 87% Actuarial Value	
Blue Advantage Security HMO 100 Non Marketplace	
Blue Advantage Security HMO 100 Marketplace	
Blue Advantage Silver HMO 102 Non Marketplace	
Blue Advantage Silver HMO 102 Marketplace	
Blue Advantage Silver HMO 102 Marketplace Native American Zero	
Blue Advantage Silver HMO 102 Marketplace Native American Limited	
Blue Advantage Silver HMO 102 Marketplace 73% Actuarial Value	
Blue Advantage Silver HMO 102 Marketplace 87% Actuarial Value	
Blue Advantage Silver HMO 102 Marketplace 94% Actuarial Value	
Blue Advantage Silver HMO 103 Non Marketplace	
Blue Advantage Silver HMO 103 Marketplace	
Blue Advantage Silver HMO 103 Marketplace Native American Zero	
Blue Advantage Silver HMO 103 Marketplace Native American Limited	
Blue Advantage Silver HMO 103 Marketplace 73% Actuarial Value	
Blue Advantage Silver HMO 103 Marketplace 87% Actuarial Value	
Blue Advantage Silver HMO 103 Marketplace 94% Actuarial Value	
Blue Cross Blue Shield Basic 103, a Multi-State Plan Marketplace	
Blue Cross Blue Shield Basic 103, a Multi-State Plan Marketplace Native American Zero	
Blue Cross Blue Shield Basic 103, a Multi-State Plan Marketplace Native American Limited	
Blue Cross Blue Shield Premier 101, a Multi-State Plan Marketplace	
Blue Cross Blue Shield Premier 101, a Multi-State Plan Marketplace Native American Zero	
Blue Cross Blue Shield Premier 101, a Multi-State Plan Marketplace Native American Limited	
Blue Cross Blue Shield Solution 102, a Multi-State Plan Marketplace	
Blue Cross Blue Shield Solution 102, a Multi-State Plan Marketplace Native American Zero	
Blue Cross Blue Shield Solution 102, a Multi-State Plan Marketplace Native American Limited	

Health Insurance Marketplace
5 Tier Drug List

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Plan <i>(Select plan name to view plan Summary of Benefits & Coverage)</i>	Associated Pharmacy Formulary
Blue Cross Blue Shield Solution 102, a Multi-State Plan Marketplace 73% Actuarial Value	
Blue Cross Blue Shield Solution 102, a Multi-State Plan Marketplace 87% Actuarial Value	
Blue Cross Blue Shield Solution 102, a Multi-State Plan Marketplace 94% Actuarial Value	

How Prescription Drugs are Covered Under the Plan

Formulary Composition: This drug list, (also known as a formulary) is a closed formulary; a closed formulary is a type of benefit design in which only medicines included on the drug list (or formulary) are covered. You may be able to get a medicine that is not on the drug list. But, you may have to pay 100% of the cost, unless a formulary coverage exception is submitted and your health plan approves it.

The formulary or drug list is designed to provide you and your physician with safe, effective drugs at the most reasonable cost. You're not required to purchase only drugs that appear on your health plan's drug list. However, you may pay more out-of-pocket for a drug that is not on the drug list. You may need to pay the full cost of the drug if it is not covered by your benefit plan.

Right to Appeal: If your request for coverage is denied, but your physician has determined that the drug is medically necessary, you have the right to appeal and request coverage.

If a drug is not covered under the drug list (also known as a formulary) or requires utilization review prior to coverage, but your physician has determined that the drug is medically necessary, you have the right to request a coverage determination. Your cost share for non-formulary medicines approved through coverage determination is based on your benefit plan's cost share.

Continuation of Coverage: You have the right to continued coverage for a prescription drug at the benefit coverage level at which the drug was covered at the beginning of the plan year, until your plan renewal date, provided that the drug continues to be medically necessary.

Off-Label Drug Use: Off-label use of FDA approved drugs occurs when a drug is prescribed for a reason that has not been approved by the FDA. Off-label use may be covered when all of the following apply:

- The medicine has been approved by the FDA for at least one use
- The medicine is prescribed by a physician
- The medicine is intended to treat chronic, disabling, or life-threatening illnesses
- Sufficient clinical evidence is provided by your physician for the off-label use requested, and
- The services and medicine are medically necessary

Off-Label use of FDA approved drugs is not covered when these conditions are not met or when the FDA has determined its use to be contraindicated for treatment of the condition for which coverage is requested.

Limitations and Exclusions

Pharmacy benefits are not available for:

- Drugs required by law to be labeled: "**Caution - Limited by Federal Law to Investigational Use,**" or
- **Experimental** drugs, even though a charge is made for the drugs, or
- **Legend** Drugs which are not approved by the FDA for a particular use or purpose or when used for a purpose other than the purpose for which the FDA approval is given, except as required by law or regulation.

Experimental/Investigational means the use of any treatment, procedure, facility, equipment, drug, device or supply not accepted as Standard Medical Treatment of the condition being treated or any of such items requiring

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federal or other governmental agency Approval not granted at the time services were provided. "Approval" by a federal agency means that the treatment, procedure, facility, equipment, drug, device or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient. Medical treatment includes medical, surgical or dental treatment. "Standard Medical Treatment" means the services or supplies that are in general use in the medical community in the United States, and:

- have been demonstrated in peer-reviewed literature to have scientifically established medical value for curing or alleviating the condition being treated;
- are appropriate for the Hospital or Participating Provider; and
- the Health Care Professional has had the appropriate training and experience to provide the treatment or procedure.

Cost-Sharing: Your deductible is listed on your Summary of Benefits and Coverage document. Your deductible is the amount of money that you and anyone covered by your plan must pay out-of-pocket each plan year for covered services before your plan starts to pay. Your cost share details are listed on your Summary of Benefits and Coverage. Your cost share may be a copayment (an amount you pay out-of-pocket for your prescription medicines after you've met any deductible) or coinsurance (a percentage of the total cost that you pay for your medicines, after you've met any deductible).

Medical Management Requirements: Medical or utilization management is a process that is part of your health plan. Utilization management helps to make sure that you are getting the right drugs -- all while helping to make medicine more affordable. Health plans call for utilization management on some medicines to keep you safe, by helping to make sure the medicines you take are prescribed by your doctor and used correctly. Health plan companies, hospitals, doctors and pharmacists share information — working together to help improve medicine for members. These programs help to catch mistakes, reduce waste, improve safety and keep medicine affordable by lowering costs. Medical or utilization management is made up of programs that include:

Prior Authorization or Pre-Determination: Prior authorization or pre-determination (sometimes called pre-approval) means that your medicine needs to be approved by your health plan before it will be covered.

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This list is subject to change without notification. Third-party brand names are the property of their respective owners. The listing of any particular drug is not a guarantee of benefits. Services represented are subject to provisions of the health plan including but not limited to provider contract terms and conditions. Member responsibility can vary depending on benefits, provider setting, and network. Benefit tiers based on brand versus generic status do not apply on the drugs covered under the medical benefit. Out-of-pocket costs may be higher when going to a non-participating network provider. Provider Directories list primary care and referral physicians who participate in our network programs. You may not have coverage for services provided by certain provider types. Members should refer to their certificate of coverage for more details, including benefits, limitations, and exclusions. Before these drugs can be considered for benefit coverage, prior authorization or predetermination approval may be required. Benefits may be confirmed by calling the number on the member's ID card or 1-800-423-1973.

Regardless of benefits, the final decision about any medication is between the member and their health care provider. Physicians and other health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The majority of medical drugs listed are for injectable formulations or those typically covered when administered by a health care professional in a hospital, doctor's office, or other medical setting.

Drug Name:	Drug Name:	Drug Name:	Drug Name:
Abelcet SUSP	Aldurazyme *	Anascorp SOLR	Avycaz
Abilify Maintena	Alfenta	Anectine	AzaCITIDine
Abraxane SUSP	Alfentanil	Angiomax	Azactam
AcetaZOLAMIDE Sodium	Alferon N	Anticoagulant Sodium	Azasan
INJ	Alimta	Citrate	AzaTHIOprine INJ SOLN
Acetic Acid SOLN	Alkeran	Antivenin Micrurus Fulvius	Azithromycin INJ SOLN
Acetylcysteine SOLN	Aloprim	SOLR	AZTREONAM INJ SOLN
Actemra *	Aloxi	Aquasol A	B Complex Vitamins SOLN
ActHIB SOLR	AlprostadiI *	Aralast NP	BACiIM
Acthrel	Altacaine	Aranesp (Albumin Free) *	Bacitracin SOLN
Activase	Altafrin	Argatroban	Baclofen POWD
Acyclovir Sodium INJ SOLN	AmBisome	Argentum-D	Bactocill in Dextrose
Adacel	Amidate	Aristada	BAL in Oil *
Adagen	Amifostine	Aristospan Intralesional	BCG Vaccine INJ
Adasuve	Amikacin Sulfate	Arranon	BD PosiFlush
Adcetris	Aminocaproic Acid	Articadent Dental	Beleodaq *
Addamel N SOLN	Aminophylline INJ SOLN	Artiss SOLN	Bendeka
Adenosine SOLN	Aminosyn INJ	Arzerra	Benlysta *
Adrenalin SOLN	Amiodarone HCl SOLN	Asclera	Bentyl SOLN
Adrucil	Ammonium Chloride	Ascorbic Acid	Benztrapine Mesylate
Afluria	Ammonul	Atgam	SOLN
Aggrastat	AMNIOFIX INJ	Ativan INJ SOLN	Beta SOLN
Akovaz	Amphadase	Atracurium Besylate	Betalolan SUIK
Albuked	Amphotericin B	AtroPen	Betamethasone Combo
Albumin Human	Ampicillin Sodium	Atropine Sulfate	SUSP
Albuminar-SOLN	Ampicillin-Sulbactam	ATRYN	Betamethasone Sod Phos
AlbuRx	Sodium	Avastin *	& Acet SUSP
Albutein	Amvisc	Aveed *	Bexsero SUSY
Alcaine	Amytal Sodium	Avelox	Bicillin C-R

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Bicillin L-A	Capastat Sulfate	Citanest Plain Dental	D.H.E.
BiCNU	Caphosol SOLN	Cladribine	Dacarbazine
Bio-Statin POWD	Caprylic Capric Triglyceride	Claforan	Dacogen
BioThrax SUSP	LIQD	Cleocin Phosphate IV SOLN	Dalvance
Bisabolol, Alpha-L LIQD	Carbocaine	Cleviprex	Dantrium
Bivalirudin	CARBOplatin	Clindamycin Phosphate IV SOLN	Daptacel
Bivigam *	Cardene IV	Clinimix E/Dextrose SOLN	Darzalex
BL Injection	Carimune NF *	Clinimix/Dextrose SOLN	DAUNOrubicin HCl
Bleomycin Sulfate SOLN	Carnitor	Clinisol SF	DDAVP SOLN
Blincyto *	Carticel IMPL *	Clolar	Decitabine
Bloxiverz	Cathflo Activase	CloNIDine HCl SOLN	Deferoxamine Mesylate *
Boniva SOLN	Caverject *	Coagadex	Definity
Boostrix	CeFAZolin Sodium SOLN	Cogentin	Defitelio
Botox *	Cefepime HCl SOLN	Colhibin SOLN	Delestrogen
Brevibloc	Cefotan SOLN	Colistimethate Sodium	Delflex-LC/
Brevital Sodium	Cefotaxime Sodium SOLN	Coly-Mycin M	Delflex-SM/
Bridion	CefoTEtan Disodium SOLN	Conray	Demerol
Briviact	CefOXitin Sodium SOLN	Copper Chloride	Depacon
Brome	CefTAZidime SOLN	Corlopam	DepoCyt
Brompheniramine Maleate	CefTRIAXone Sodium SOLN	Cortrosyn	DepoDur
BSS SOLN	Cefuroxime Sodium SOLN	Corvert	Depo-Estradiol
BSS Plus SOLN	Celestone Soluspan	Cosmegen	DEPO-Medrol
BT Injection	CellCept IV	Cosyntropin	Depo-Provera
Bumetanide SOLN	Ceprothin	Cresemba	INTRAMUSCULAR
Buminat SOLN	Cerebyx	CroFab SOLR	Depo-Testosterone
Buphenyl POWD	Cerezyme *	Cryoserv SOLN	Desferal *
Bupivacaine HCl	Cervarix SUSP	Cubicin	Desmopressin Acetate
Bupivacaine Spinal	Cetyl Myristoleate	Curosurf	SOLN
Bupivacaine-Epinephrine	ChiRhoStim	Cyanocobalamin	Dex LA
Buprenex	Chloramphenicol Sod Succinate	Cyanokit	Dexamethasone Sodium Phosphate
Buprenorphine HCl SOLN	Chloromag	Cyclomethicone LIQD	Dexamethasone SOLN
Busulfex	Chlorothiazide Sodium	Cyclopentasilox-PEG/PPG	Dexmedetomidine HCl
Butorphanol Tartrate SOLN	ChlorproMAZINE HCl	Dimeth LIQD	Dexpanthenol LIQD
Cafcit	CHOLINE C	Cyclopentolate HCl SOLN	Dexrazoxane
Caffeine Citrate	Cholografin Meglumine	Cyclophosphamide SOLN	Dianeal Low Calcium SOLN
Caffeine-Sodium Benzoate	Chromic Chloride	Cyklokapron	Dianeal PD-
Calcitriol	Cidofovir	Cyramza *	DiazePAM SOLN
Calcium Chloride	Cinqair	Cysto-Conray II	Dibutyl Squarate LIQD
Calcium Disodium Versenate *	Cinryze *	Cystografin	Dicyclomine HCl
Calcium Gluconate SOLN	Ciprofloxacin INJ SOLN	Cysview	DigiFab
Caldolor	Cisatracurium Besylate	Cytarabine	Digoxin SOLN
Camptosar	CISplatin	Cytogam	Dihydroergotamine Mesylate SOLN
Cancidas	Citanest Forte Dental	Cytovene	

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Dilaudid SOLN	Endoform	Fentanyl Cit-Ropivacaine-	Gablofen
DILTIAZEM HCL SOLN	Dermal/Fenestrated	NaCl	GamaSTAN S/D INJ
DimenhydrINATE	Engerix-B	Fentanyl-Bupivacaine-NaCl	Gammagard *
Dimethyl Siloxane	Engystol INJ	Feraheme	Gammagard S/D Less IgA *
Hydroxyalkyl LIQD	Enlon	Ferric Subsulfate SOLN	Gammaked *
Dimethylaminoethanol	Entyvio *	Ferrlecit	Gammaplex *
LIQD	EPHEDRINE SOLN	Firmagon *	Gamunex-C *
DiphenhydrAMINE HCl INJ	EPINEPHrine HCL INJ SOLN	Flebogamma DIF *	Ganciclovir Sodium SOLN
SOLN	EpiRUBicin HCl	Flexbumin	Gardasil
Diphtheria-Tetanus Toxoids	Episil LIQD	Flolan *	Gastrografin
DT	EPIsnap	Floxuridine	Gazyva
Diprivan	Epogen *	Fluad	Gelfilm FILM
Dipyridamole	Epoprostenol Sodium *	Fluarix Quadrivalent	Gelfoam
DOBUTamine HCl SOLN	Eptifibatide	Flublok SOLN	Gel-One
Docefrez	Eraxis	Flucelvax Quadrivalent	Gelsyn-3
DOCEtaxel	Erbix	Fluconazole in Dextrose	Gemcitabine HCl SOLN
DOPamine HCl SOLN	Erwinaze	Fluconazole in Sodium	Gemzar
Dopram	Erythrocin SOLN	Chloride	Gentamicin Sulfate INJ
Doribax	Esmolol HCl SOLN	Fludara	SOLN
Doxapram HCl	Esomeprazole Sodium INJ	Fludarabine Phosphate	GenVisc
Doxercalciferol	SOLN	Flulaval Quadrivalent	Geodon INJ SOLN
Doxil	Estradiol PELLETS/OIL	SUSP	Glassia
DOXOrubicin HCl	Estrone CRYSTALS	Flumadine	Glucagen
Doxycycline Hyclate SOLR	Ethacrynate Sodium	Flumazenil	Glucagon Emergency
Droperidol	Ethamolin	FluMist Quadrivalent	Glucagon HCl (Diagnostic)
DuoDote	Ethyl Chloride AERO	SUSP*	Glycofurol LIQD
Duopa *	Ethyol	Fluorescein Sodium	Glycolic Acid
DuoVisc	Etomidate	Fluorescite	Glycophos
Duraclon	Etopophos	Fluorouracil SOLN	Glycopyrrolate
Duramorph	Etoposide	FluPHENAZine HCl SOLN	Glycosaminoglycans LIQD
Dyloject	Euflexxa	Fluvirin SUSP	Glydo
Dysport *	EVICEL FIBRIN	Fluzone High-Dose	Granisetron HCl INJ SOLN
Edex *	Evithrom	Fluzone Quadrivalent	Granix
Elaprase *	Evomela *	Folic Acid INJ SOLN	Halaven
ElELYso *	Exparel	Folotylin	Haldol INJ SOLN
Eligard *	Extraneal	Fomepizole	Haloperidol Decanoate
Elitek	Eylea *	Fortaz INJ SOLN	SOLN
Ellence	Fabrazyme *	Foscavir	Havrix
Elliotts B SOLN	Famotidine INJ SOLN	Fosphenytoin Sodium SOLN	Healon
Emend INJ SOLN	Faslodex	FreAmine HBC	Hectorol
Empliciti	Fenoldopam Mesylate	FreAmine III	Hemabate
Enalaprilat	SOLN	FUL-GLO	HepaGam B SOLN
Endoform Dermal	FentaNYL Citrate INJ SOLN	Furosemide INJ SOLN	HEPARIN IV SOLN
Template		Fusilev	Hepatamine

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Herceptin	Imipenem-Cilastatin	Kalbitor	Lioresal
Hespan	Imlygic	Kanuma	Liothyronine Sodium INJ
Hetastarch-NaCl	Imogam Rabies-HT	Kcentra	SOLN
Hextend	Imovax Rabies	KCI INJ SOLN	LipiChol
Hiberix	Indigo Carmine	KCI-Lidocaine in Dextrose	Lipodox
Histatrol	Indomethacin Sodium INJ	Kedbumin	Liposyn III
Hizentra *	SOLN	Kenalog SUSP	LMD in Dextrose
Human Albumin Grifols	Infanrix	Keprance	LMD in NaCl
Hyalgan	Infasurf	Keppra	Lorazepam INJ SOLN
Hycamtin	Infed	Ketalar	Lucentis *
HydrALAZINE HCl INJ SOLN	Infumorph	Ketamine HCl INJ SOLN	LUMASON
HYDROcodone Bitartrate	Infuvite INJ	Ketorolac Tromethamine	Lumizyme *
CRYS	Injectafer	SOLN	Lupron Depot *
Hydrofluoric Acid	INOMAX	Keytruda *	Lupron Depot-Ped *
HYDROmorphine HCl INJ	INTEGRA MOZAIK	Kinevac	Lymphomyosot INJ
SOLN	OSTEOCONDUCTIVE	Kinrix SUSP	Lymphomyosot X INJ
Hydromorphone-	SCAFFOLD PUTTY DEV	Krystexxa *	M.V.I.-12 INJ
Ropivacaine-NaCl	Integrilin	KYBELLA	Macugen *
Hydroxocobalamin	Intralipid	Kyprolis *	Magnesium Chloride INJ
Hydroxyethyl Cellulose	INVanz	Labetalol HCl INJ SOLN	SOLN
GRAN	Invega Sustenna	Lactated Ringers SOLN	Magnesium Sulfate INJ
HYDROXYprogesterone	Invega Trinza	Lanoxin INJ SOLN	SOLN
Caproate *	Iodine Strong (Lugol's)	L-Cysteine HCl	Makena *
HydroXYzine HCl INJ SOLN	SOLN	Lecithin GRAN	Manganese Chloride INJ
HydrOXYzine Pamoate INJ	Iodopen	Lemtrada *	SOLN
SOLN	Ionosol-B in Dextrose	Leucovorin Calcium SOLN	Manganese Sulfate INJ
Hylenex	Ionosol-MB in Dextrose	Leukine	SOLN
Hymovis	Ipol INJ	Levetiracetam INJ SOLN	Mannitol INJ SOLN
HyperHEP B S/D SOLN	Iprivask	LevOCARNitine SOLN	Marcaine
Hyperlyte-CR SOLN	Irinotecan HCl	LevoFLOxacin INJ SOLN	Marcaine Spinal
HyperRAB S/D	Isolyte-P in Dextrose	LEVOleucovorin Calcium	Marcaine/Epinephrine
HyperRHO S/D	Isolyte-S SOLN	Levophed SOLN	Marqibo
HyperSal	Isolyte-S pH	Levothyroxine Sodium INJ	Maxipime
HyperTET S/D	Isoniazid INJ SOLN	SOLN	Maxitrol
Hyqvia *	Isosulfan Blue	Levsin INJ SOLN	MD-76
Ibandronate Sodium SOLN	Isovue	Levulan Kerastick *	MD-Gastroview
Ibuprofen Lysine	Isovue-M	Lexiscan	Medium Chain
Ibutilide Fumarate	Istodax	Lidocaine INJ SOLN	Triglycerides LIQD
Idamycin PFS	Isuprel	Lidocaine-Epinephrine INJ	Medroloan SUIK
IDArubicin HCl	Ixempra Kit	SOLN	MedroxyPROGESTERone
Ifex	Ixiaro SUSP	Liletta	Acetate IM SUSP
Ifosfamide	Jetrea *	Lincocin	Mega-C/A Plus
Ilaris *	Jevtana *	Lincomycin HCl	Melphalan HCl *
Iluvien *	Kadcyla *	Linezolid INJ SOLN	Menactra INJ

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Menhibrix	MORPHINE INJ SOLN	NiCARDipine HCl INJ SOLN	Otiprio
Menomune INJ	Moxifloxacin HCl INJ SOLN	Nimbex	Oxacillin Sodium
Menveo SOLR	Mozobil *	Nipent	Oxaliplatin
Meperidine HCl INJ SOLN	Mucotrol WAFR	Nithiodote	Oxilan
Mepivacaine HCl	MuGard LIQD	NITROGLYCERIN INJ SOLN	Oxytocin
Meropenem	Multitrac-4 and 5	Nitronal	Ozurdex *
Merrem	Mustargen	Nitropress	PACLitaxel
Mesna	Mycamine	NOREPINEPHRINE INJ SOLN	Palmitoyl Pentapeptide-3
Mesnex	Myobloc *	Normal Saline Flush	Palmitoyl Tripeptide-3
Methadone HCl INJ SOLN	Myozyme *	Normosol-M in Dextrose	Pamidronate Disodium INJ SOLN
Methadone HCl Intensol	Na Ferric Gluc Cplx in Sucrose	Normosol-R SOLN	Pancuronium Bromide SOLN
Methergine SOLN	Nabi-HB SOLN	Noxafil INJ SOLN	Panhematin
Methocarbamol INJ SOLN	Nafcillin Sodium INJ SOLN	Nplate	Pantoprazole Sodium IV SOLN
Methohexital Sodium	Naglazyme *	Nubain	Papaverine HCl INJ SOLN
Methotrexate INJ SOLN	Nalbuphine HCl INJ SOLN	Nucala *	Papaverine-Alprostadil SOLN
Methylcobalamin POWD	Naloxone HCl INJ SOLN	NUCEL PDR	Papaverine-Phentolamine SOLN
Methyldopate HCl	Narcan INJ	Nulojix	Papav-Phentolamine-Alprostadil SOLN
Methylene Blue	Naropin	Numoisyn	Paragard Copper IUD
Methylergonovine Maleate	Natrecor	NutreStore	Paricalcitol
MethylPREDNISolone	Navelbine	Nutrilipid	Paroex
Methylprednisolone Ace-Lido	Nebupent	Nutrilite CONC	Pediarix SUSP
Metoclopramide HCl INJ SOLN	Nebusal	Nyamyc	Peditrace SOLN
Metoprolol Tartrate INJ SOLN	Nebutal	Nystatin	Pedvax HIB
MetronIDAZOLE in NaCl	Neomycin-Polymyxin B GU	Octagam *	Penicillin G Potassium in Dextrose
MICRhoGAM Ultra-Filtered Plus	NeoProfen	Octyl Stearate LIQD	Penicillin G Procaine
MIDAZOLAM INJ SOLN	Neosporin GU Irrigant	Ofirmev	Pentacel SUSR
Milrinone INJ SOLN	NEOSTIGMINE SYR	OLANzapine INJ SOLN	Pentam
Minocin	NephrAmine	OMIDRIA	PENTOBARBITAL SYR
Miochol-E	Nesacaine	Omnipaque	Perfluorodecalin LIQD
Miostat	Nesacaine-MPF	Oncaspar	Peridex
Mircera	Netspot KIT	Ondansetron INJ SOLN	Periogard
Mirena	Neulasta	Onivyde *	Perjeta *
MitoMYcin	Neulasta Onpro	Opana SOLN	Perlance
Mitosol	Neupogen	Opdivo *	Pfizerpen-G
MitoXANTRONE HCl	NEURACEQ SOL	Opium Tincture	Phenergan INJ SOLN
MLD	NEURAGEN DEV	Optiray	PHENobarbital Sodium SOLN
MLP A-1 40	Neuralgo-Rheum INJ	Optison SUSP	Phenol
M-M-R II INJ	NEUROMATRIX DEV	Orafate	
Monoethanolamine LIQD	Neut SOLN	Orbactiv	
Monovisc	Nexavir IV SOLN	Orencia IV SOLN	
	NexIUM IV SOLN	Orphenadrine Citrate SOLN	
	Nexplanon	OrthoVisc	
	Nexterone	Osmitol	

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Blue Cross and Blue Shield of Texas Medical Drug List

Drug Name:	Drug Name:	Drug Name:	Drug Name:
Phentolamine Mesylate SOLN	Primaxin	Reclast	Sculptra Aesthetic Vial *
Phentolamine-Alprostadil SOLN	PrismaSol B	Recombivax HB	Selenium
Phenylephrine HCl INJ SOLN	PrismaSol BGK	Recothrom	Sensorcaine
Phenytoin Sodium INJ SOLN	PrismaSol BK	Regonal	Sensorcaine/Epinephrine
Photofrin *	Privigen *	Remicade *	Sensorcaine-MPF
Phoxillum BK	Probuphine Implant Kit	Remifentanyl HCl-NaCl	Sensorcaine-MPF/Epinephrine
Physostigmine Salicylate SOLN	Procainamide HCl	Remodulin *	Sevoflurane SOLN
Phytonadione	Procalamine	Renacidin SOLN	Signifor LAR *
Piperacillin Sod- Tazobactam So	Pro-C-Dure	Reno-30	Simponi Aria *
Pitocin	Prochlorperazine Edisylate SOLN	ReoPro	Simulect
Plasbumin	Procrit *	Restylane	Sinografin
Plasma-Lyte	Progesterone OIL	Retisert *	Sivextro
Plasmanate	Prograf SOLN	Retrovir INJ SOLN	Skyla
Plenamaine	Prolastin-C	Revatio	Sod Benz-Sod Phenylacet
Pliaglis	Proleukin	Revonto	Sodium Acetate
Pneumovax	Prolia	R-Gene	Sodium Bicarbonate
Polocaine	Promethazine HCl INJ SOLN	RhoGAM Ultra-Filtered Plus	Sodium Chloride
Polocaine-MPF	Propanediol LIQD	Rhophylac	SODIUM CITRATE
Polyhexamethylene Biguanide	Proparacaine HCl	RiaSTAP SOLR *	Sodium Cocoyl Glutamate LIQD
Polymyxin B Sulfate INJ SOLN	PROPEL	Rifadin	Sodium Diuril
Polyoxyl	PROPEL MINI	RifAMPin	Sodium Edecrin
Polyvinyl Alcohol	Propofol	Rimso-50	Sodium Lactate
Portrazza *	Propranolol HCl	Ringers SOLN	Sodium Laureth Sulfate LIQD
Potassium Acetate	Propylene Glycol SOLN	RisperDAL Consta	Sodium Nitrite
Potassium Azelaoyl Diglycinate LIQD	ProQuad INJ	Rituxan *	Sodium Phosphate
Potassium Chloride INJ SOLN	Prosol	Robaxin INJ SOLN	Sodium Thiosulfate
Potassium Phosphates	Prostin E	Robinul INJ SOLN	Sojourn SOLN
Pralidoxime Chloride	Prostin VR *	Rocaltrol	Soliris *
Praxbind	Protamine Sulfate	Rocephin	Solu-CORTEF
Praziquantel CRY5	ProThelial	ROCURONIUM	SOLU-medrol
Precedex	Protonix INJ SOLN	Ropivacaine HCl INJ SOLN	Somatuline Depot
Premarin	Protopam Chloride	Rotarix SUSR	Sorbitol-Mannitol
Premasol	Provenge SUSP *	RotaTaq SOLN	Sotalol HCl
Pre-Pen	Provisc	Ruconest	Sotradecol
Prevnar	Provocholine	Ryanodex	Spascupreel INJ
Prialt *	PulmoSal	Saline Bacteriostatic Saline Flush	Sterile Diluent for Flolan SOLN
	Pyridoxine HCl	Saline-Benzyl Alcohol	Stimate INJ SOLN
	Quadracel SUSP	SalivaMAX PACK	Streptomycin Sulfate
	Quelicin	SandIMMUNE	Sublimaze
	QuiNIDine Gluconate	SandoSTATIN LAR Depot	Succinylcholine Chloride
	RabAvert SUSR	Santyl	
	RaNITidine HCl INJ SOLN	Sarapin SOLN	
	Rapivab		

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Sufenta	Thiotepa	Unituxin	Vivotif CPDR
SUFentanil Citrate	Thrombate III	Valproate Sodium INJ SOLN	Vizamyl
SUFENTANIL-BUPIV-NS	Thrombi-Gel	Valstar	Voluven
Sulfamethoxazole-Trimethoprim	Thrombin-JMI	Vancomycin HCl INJ SOLN	Voraxaze
Supartz FX	Thrombi-Pad	Vantas *	Voriconazole
Supprelin LA *	Thymoglobulin	Vaprisol	Vpriv *
Suprane SOLN	Thyrogen	Vaqta	WinRho SDF
Surgifoam	Tice BCG	Varithena	Xeomin *
SURGIMEND COLLAGEN MATRIX DEV	Tigan	Varivax	Xgeva
Survanta	Tisseel VH	VariZIG	Xiaflex *
SwabFlush Saline Flush	Tisseel VHSD SOLN	VASOPRESSIN SOLN	Xolair *
Sylvant *	Tis-U-Sol SOLN	Vasostrict	Xylocaine INJ SOLN
Synagis *	TNKase	Vazculep	Xylocaine/Epinephrine
Synercid	Tobramycin INJ SOLN	Vectibix	Xylocaine-MPF
Synribo	Toposar	VECURONIUM	Xylocaine-MPF/Epinephrine
Synvisc	Topotecan HCl	Velcade	Yervoy *
Synvisc One	Torisel	Veletri *	YF-VAX INJ
TachoSil	Tranexamic Acid	Venofer	Yondelis
Tacrolimus INJ SOLN	Traumeel INJ	Verapamil HCl INJ SOLN	Zaltrap
Talwin	Travasol	VERITAS COLLAGEN MATRIX SHE	Zanosar
Taxotere	Treanda	Vfend IV	Zantac
Tazicef	Trelstar Mixject *	Vibativ	Zarxio
Tecentriq	Trexall INJ SOLN	Vidaza	Zeel INJ
Teflaro	Triamcinolone INJ SOLN	Vimizim *	Zemaira
Temodar	Triesence	Vimpat	Zemplar
Teniposide	Triferic	VinBLAStine Sulfate	Zerbaxa
Tenivac	Triloan SUIK	Vincasar PFS	Zidovudine INJ SOLN
TENOGLIDE DEV	Trimethobenzamide HCl INJ SOLN	VinCRISStine Sulfate	Zinacef
Terbutaline Sulfate INJ SOLN	Triostat	Vinorelbine Tartrate	Zinc Chloride GRAN
Testopel	Trisenox	Virazole	Zinc Sulfate INJ SOLN
Testosterone Cypionate	TrophAmine	VisionBlue	Zinecard
Testosterone Enanthate *	Trumenba SUSY	Visipaque	Zingo
Testosterone Pellet	Turkel Paracentesis Tray	Vistaril INJ SOLN	Zithromax INJ SOLN
Tetanus-Diphtheria Toxoids Td	Twinrix	Vistide	Zofran INJ SOLN
Tetacaine	Tygacil	Vistogard	Zoladex *
TetraVisc	Typhim VI	Visudyne *	Zoledronic Acid
TetraVisc Forte	Tysabri *	Vitaject INJ	Zometa
Theophylline in Dextrose	Ultane SOLN	Vitamin A Acetate BEAD	Zostavax
TheraCys	Ultiva	Vitamin B-12	Zosyn
Thiamine HCl	UltraBag/Dianeal	Vitamin B-Complex	ZyPREXA INJ SOLN
	UltraBag/Dianeal PD	Vitamin K	ZyPREXA Relprevv
	Ultravist	Vitrase	Zyvox INJ SOLN
	Unasyn	Vivitrol	

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