

Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Summary of Formulary Benefits Drugs Covered under Medical Benefit (Medical Drug Benefits)

The information in this document is designed to help you understand the Medical 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 and out of pocket maximums. This formulary document lists drugs covered under the medical benefit of this plan and any special requirements for each drug.

Medical drug pricing, which applies to drug claims paid under your medical benefit, noted in this document is based on the median allowable cost from 2016 medical claims (professional and facility claims) for each of the drugs listed below. If a medication had no previous claims history, pricing was based on the professional NDC fee schedule with average units expected. Member cost share is based off of the general coinsurance for your plan design.

In reviewing this formulary please utilize the following legend to identify member cost share estimates as well as drugs that may need prior authorization. Please note this information is included in the footer of each page throughout this document.

Legend:

\$ = under \$100

\$\$ = \$100-\$250

\$\$\$ = \$251-\$500

\$\$\$\$ = \$501-\$1,000

\$\$\$\$\$ = over \$1,000

A = drug not subject to medical deductible or member cost share

* = drug may require prior authorization in order to be covered.

The following plans are not expected to have member cost share after deductible for the drugs listed in this medical benefit formulary as long as any prior authorizations noted are approved:

Blue Advantage Gold HMO 206 - Marketplace Native American Zero
Blue Advantage Gold HMO 207 - Non-Marketplace
Blue Advantage Silver HMO 205 - Marketplace Native American Zero
Blue Advantage Bronze HMO 204 - Marketplace Native American Zero
Blue Advantage Security HMO 200 - Non-Marketplace
Blue Advantage Security HMO 200 – Marketplace
Blue Advantage Plus Gold 203 - Marketplace Native American Zero
Blue Advantage Plus Silver 202 - Marketplace Native American Zero
Blue Advantage Plus Bronze 201 - Marketplace Native American Zero

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 that may be covered on the prescription benefit if not found on this list to get estimate prices.

Toll free number to obtain specific cost-sharing information: [1-800-423-1973](tel:1-800-423-1973)

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For Drugs not found on this list that may be covered under your prescription drug benefit please use the below links:

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Formulary by Health Benefit Plan for the following 2018 Individual Plans

Plan <i>(Select plan name to view plan Summary of Benefits & Coverage)</i>	Associated Prescription Drug Formulary
Blue Advantage Gold HMO 206 - Three \$30 PCP Visits - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Three \$30 PCP Visits - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Marketplace Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Three \$30 PCP Visits - Marketplace Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 207 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Two \$25 PCP Visits - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Two \$25 PCP Visits - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Marketplace Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Two \$25 PCP Visits - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Two \$25 PCP Visits - Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Two \$15 PCP Visits - Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Two \$5 PCP Visits - Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Two \$40 PCP Visits - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List

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**Blue Cross and Blue Shield of Texas
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Plan <i>(Select plan name to view plan Summary of Benefits & Coverage)</i>	Associated Prescription Drug Formulary
Blue Advantage Bronze HMO 204 - Two \$40 PCP Visits - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Marketplace Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Two \$40 PCP Visits - Marketplace Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Security HMO 200 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Security HMO 200 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Marketplace Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Marketplace Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202- Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Marketplace Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Marketplace Native American Limited	Health Insurance Marketplace 6 Tier Drug List

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Blue Advantage Plus Silver 202 - Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 201 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 201- Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 201 - Marketplace Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 201 - Marketplace Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 102 - Three \$0 PCP Visits - Non-Marketplace	Health Insurance Marketplace 5 Tier Drug List

How Prescription Drugs are Covered Under the Plan

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. A certain set of drugs may be covered without cost-sharing, even before meeting the deductible. 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:

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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.

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.

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 and safe.

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

Medical Drug 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 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.

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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.

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	Member Cost Share Estimate
Abelcet	\$
Abilify Maintena	\$
Abraxane *	\$
AcetaZOLAMIDE Sodium	\$
Actemra *	\$
ActHIB INJ	A
Acyclovir Sodium	\$
Adacel	A
Adagen	\$\$\$\$\$
Adasuve	\$
Adcetris	\$
Adrenalin	\$
Adriamycin	\$
Adrucil	\$
Afluria INJ	A
Aggrastat	\$
Albuked	\$\$\$\$
Albumin Human	\$
Albuminar	\$\$
AlbuRx	\$
Albutein	\$

Drug Name	Member Cost Share Estimate
Aldurazyme *	\$\$\$\$\$
Alfenta	\$
Alfentanil	\$
Alferon N	\$\$\$
Alimta	\$
Alkeran *	\$\$\$\$\$
Allopurinol Sodium	\$\$\$\$\$
Aloprim	\$\$\$\$\$
Aloxi	\$
Alprostadil	\$
AmBisome	\$
Ameluz	\$\$
Amifostine	\$\$\$
Amikacin Sulfate	\$
Aminocaproic Acid	\$
Aminophylline	\$
Amphadase	\$
Amphotericin B	\$
Ampicillin Sodium	\$
Ampicillin-Sulbactam Sodium	\$
Amytal Sodium	\$\$\$\$

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Drug Name	Member Cost Share Estimate
Anectine	\$
Aralast NP	\$
Aranesp (Albumin Free) *	\$
Argatroban	\$
Argatroban in Sodium Chloride	\$\$\$\$
Aristada	\$\$\$\$
Arranon	\$\$\$\$
Arzerra	\$\$\$\$
Asclera	\$
Atgam	\$\$\$\$
Ativan	\$
AtroPen	\$\$\$
Atropine Sulfate	\$
Avastin *	\$
Aveed *	\$
Avelox	\$
Avycaz	\$
AzaCITIDine	\$
Azactam	\$
AzaTHIOprine Sodium	\$\$\$\$
Azithromycin	\$
AZTREONAM	\$
B Complex Vitamins	\$
B-12	\$\$
BACiiM	\$
Bactocill in Dextrose	\$
Bavencio *	\$\$\$\$
BCG Vaccine INJ	\$
BD PosiFlush	\$
Beleodaq *	\$\$\$\$
Bendeka	\$
Benlysta *	\$
Bentyl	\$
Benzotropine Mesylate	\$
Betamethasone Sod Phos & Acet	\$

Drug Name	Member Cost Share Estimate
Bexsero INJ	\$
Bicillin C-R	\$
Bicillin L-A	\$
BiCNU	\$\$\$\$\$
BioThrax INJ	\$
Bivigam *	\$
Bleo	\$\$\$
Bleomycin Sulfate	\$
Blincyto *	\$
Bloxiverz	\$
Boniva	\$
Boostrix	A
Botox *	\$
Brineura *	\$\$\$\$\$
Briviact	\$
Buminate	\$\$\$\$
Bupivacaine HCl	\$
Bupivacaine in Dextrose	\$
Bupivacaine Spinal	\$
Bupivacaine-Epinephrine	\$
Buprenex	\$
Buprenorphine HCl	\$
Busulfan	\$\$\$\$\$
Busulfex	\$
Butorphanol Tartrate	\$
Cafcit	\$
Caffeine Citrate	\$
Caffeine-Sodium Benzoate	\$
Calcitriol	\$
Caldolor	\$
Camptosar	\$
Cancidas	\$
Capastat Sulfate	\$\$
Carbocaine	\$
CARBOplatin	\$

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Carimune NF *	\$
Carnitor	\$
Carticel IMPL*	\$\$\$\$\$
Caverject	\$
CeFAZolin Sodium	\$
CeFAZolin Sodium-Dextrose	\$
Cefepime HCl	\$
Cefepime-Dextrose	\$
Cefotan	\$
Cefotaxime Sodium	\$
CefoTEtan Disodium	\$
CefoTEtan Disodium-Dextrose	\$
CefOXitin Sodium	\$
CefOXitin Sodium-Dextrose	\$
CefTAZidime	\$
CefTAZidime and Dextrose	\$
CefTRIAxone Sodium	\$
CefTRIAxone Sodium in Dextrose	\$
Cefuroxime Sodium	\$
Celestone Soluspan	\$
CellCept Intravenous	\$\$
Cerebyx	\$
Cerezyme *	\$
Chloramphenicol Sod Succinate	\$\$
Chlorothiazide Sodium	\$\$\$\$\$
ChlorproMAZINE HCl	\$
Cidofovir	\$\$
Cinqair *	\$
Cinryze *	\$
Cipro in Dextrose	\$
Ciprofloxacin	\$
Ciprofloxacin in Dextrose	\$
CISplatin	\$
Cladribine	\$
Claforan	\$

Drug Name	Member Cost Share Estimate
Claforan in Dextrose	\$
Cleocin in Dextrose	\$
Cleocin Phosphate	\$
Clindamycin Phosphate	\$
Clindamycin Phosphate in Dextrose	\$
Clindamycin Phosphate in NaCl	\$
Clofarabine	\$\$\$\$\$
Clolar	\$\$\$\$\$
ClonIDine HCl (Analgesia)	\$
Cogentin	\$
Colistimethate Sodium	\$
Coly-Mycin M	\$
Cosmegen	\$\$\$\$\$
Cresemba	\$\$\$
Cubicin	\$
Cuvitru*	\$\$\$\$\$
Cyanocobalamin	\$
Cyclophosphamide	\$
Cyklokapron	\$
Cyramza *	\$
Cytarabine	\$\$
Cytogam	\$\$\$\$\$
Cytovene	\$
D.H.E.	\$
Dacarbazine	\$
Dacogen	\$
Dalvance	\$
Daptacel	A
DAPTOmycin	\$
Darzalex *	\$
DAUNOrubicin HCl	\$\$
DDAVP	\$
DDAVP Rhinal Tube	\$
Decitabine	\$
Defitelio	\$\$\$\$\$

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Delestrogen	\$
Demerol	\$
Depacon	\$
DepoCyt	\$\$\$\$
DepoDur	\$\$\$
Depo-Estradiol	\$
DEPO-Medrol	\$
Depo-Provera	A
Depo-Testosterone	\$
Desmopressin Acetate	\$
Dexamethasone Sod Phosphate PF	\$
Dexmedetomidine HCl	\$
Dexrazoxane	\$\$\$\$\$
DiazePAM	\$
Dicyclomine HCl	\$
Digoxin	\$
Dihydroergotamine Mesylate	\$
Dilaudid	\$
Dilaudid-HP	\$
DimenhydrINATE	\$
DiphenhydrAMINE HCl	\$
Diphtheria-Tetanus Toxoids DT	A
Docefrez	\$\$\$\$\$
DOCEtaxel	\$
Dopram	\$
Doribax	\$
Doripenem	\$
Doxapram HCl	\$
Doxercalciferol	\$
Doxil	\$\$\$
DOXOrubicin HCl	\$
DOXOrubicin HCl Liposomal	\$\$\$\$
Doxy	\$
Doxycycline Hyclate	\$
Droperidol	\$

Drug Name	Member Cost Share Estimate
Duopa *	\$
Duraclon	\$\$\$\$
Duramorph	\$\$\$\$\$
Dyloject	\$
Dysport *	\$
Edex	\$\$\$\$
Elaprase *	\$\$\$\$
Elelyso *	\$\$\$\$\$
Eligard *	\$\$\$
Elitek	\$\$
Ellence	\$\$
Emend	\$
Empliciti *	\$\$\$\$\$
Enalaprilat	\$
Egenerix-B	A
Enlon	\$
Entyvio *	\$
EPINEPHrine HCl	\$
EpiRUBicin HCl	\$
EPIsnap	\$\$\$\$
Epogen *	\$
Epoprostenol Sodium *	\$\$
Eptifibatide	\$
Eraxis	\$
Erbitux	\$
Erwinaze	\$\$\$\$
Erythrocin Lactobionate	\$\$\$
Esomeprazole Sodium	\$
Estradiol Valerate	\$
Ethamolin	\$\$\$\$\$
Ethylol	\$\$\$\$
Etopophos	\$\$\$\$
Etoposide	\$
Euflexxa	\$
Evomela *	\$\$\$\$\$

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Exparel	\$
Eylea *	\$\$\$
Fabrazyme *	\$
Famotidine	\$
Famotidine Premixed	\$
Faslodex	\$
FentaNYL Citrate (PF)	\$
Feraheme	\$
Ferrlecit	\$
Firmagon *	\$
Flebogamma DIF *	\$
Flexbumin	\$
Flolan *	\$\$
Floxuridine	\$\$\$\$
Fluad	A
Fluarix Quadrivalent	A
Flublok	A
Flucelvax Quadrivalent	A
Fluconazole in Dextrose	\$
Fluconazole in Sodium Chloride	\$
Fludara	\$
Fludarabine Phosphate	\$\$
Flulaval Quadrivalent INJ	A
FluMist Quadrivalent INJ	A
Fluorouracil	\$
FluPHENAZine HCl	\$
Fluvirin INJ	A
Fluzone High-Dose	A
Fluzone Quadrivalent	A
Folic Acid	\$
Folotyn	\$\$\$\$\$
Fortaz	\$
Fortaz in Dextrose	\$
Foscavir	\$
Fosphenytoin Sodium	\$

Drug Name	Member Cost Share Estimate
Fusilev	\$
Gablofen	\$\$
GamaSTAN S/D INJ	\$
Gammagard *	\$
Gammagard S/D Less IgA *	\$
Gammaked *	\$
Gammaplex *	\$
Gamunex-C *	\$
Ganciclovir	\$\$
Ganciclovir Sodium	\$
Gardasil	A
Gazyva	\$
Gel-One	\$\$\$
Gelsyn	\$
Gemcitabine HCl	\$
Gemzar	\$
Gentamicin in Saline	\$
GenVisc	\$
Geodon	\$
Glassia	\$
Glucagon Emergency	\$\$\$
Glycopyrrolate	\$
Granisetron HCl	\$
Granix	\$
Halaven	\$
Haldol	\$
Haldol Decanoate	\$
Haloperidol Decanoate	\$
Haloperidol Lactate	\$
Havrix	A
Hectorol	\$
Hemabate	\$\$\$\$\$
HepaGam B	\$
Heparin (Porcine) in Dextrose	\$
Heparin (Porcine) in NaCl	\$

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Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
Heparin Lock Flush	\$
Heparin Sod (Porcine) in Dextrose	\$
Heparin Sodium (Porcine)	\$
Heparin Sodium (Porcine) PF	\$
Heparin Sodium Lock Flush	\$
Herceptin	\$
Hiberix	A
Hizentra *	\$
Human Albumin Grifols	\$\$\$\$
Hyalgan	\$
Hycamtin	\$
HYDROmorphone HCl	\$
Hydroxocobalamin	\$
HYDROXYprogesterone Caproate *	\$
HydroXYZine HCl	\$
Hylenex	\$
Hymovis	\$
HyperHEP B S/D	\$\$\$\$
HyperRAB S/D	\$\$
HyperRHO S/D	\$
HyperTET S/D	\$
Hyqvia *	\$
Ibandronate Sodium	\$
Ibuprofen Lysine	\$\$\$
Idamycin PFS	\$\$
IDArubicin HCl	\$\$
Ifex	\$\$\$
Ifosfamide	\$
Ilaris *	\$
Imfinzi *	\$\$\$\$\$
Imipenem-Cilastatin	\$
Imlygic *	\$\$\$\$\$
Imogam Rabies-HT	\$\$
Imovax Rabies	A
Indomethacin Sodium	\$\$\$\$

Drug Name	Member Cost Share Estimate
Infanrix	A
Infed	\$
Inflectra *	\$
Infumorph	\$
Injectafer	\$
Integrilin	\$
INVanz	\$
Invega Sustenna	\$
Invega Trinza	\$\$\$\$\$
Ipol INJ	A
Irinotecan HCl	\$
Isoniazid	\$
Istodax	\$\$\$\$\$
Istodax (Overfill)	\$\$\$\$\$
Isuprel	\$\$\$\$\$
Ixempra Kit	\$\$\$\$\$
Ixiaro INJ	\$\$
Jetrea *	\$\$\$\$\$
Jevtana *	\$
Kadcyla *	\$
Kalbitor *	\$\$
Kanuma *	\$\$\$\$\$
Kedbumin	\$
Kenalog	\$
Kepivance	\$
Keppra	\$
Keytruda *	\$
Kinrix INJ	A
Krystexxa *	\$\$\$\$\$
Kyleena	\$\$\$
Kyprolis *	\$
Labetalol HCl	\$
Lactated Ringers	\$
Lanoxin	\$
Lanoxin Pediatric	\$\$\$\$

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Blue Cross and Blue Shield of Texas Medical Drug Benefit List

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Lartruvo	\$
Lemtrada *	\$\$\$\$
Leucovorin Calcium	\$
Leukine	\$
LevETIRAcetam	\$
LevETIRAcetam in NaCl	\$
LevoFLOXacin	\$
LevoFLOXacin in Dextrose	\$
LEVOleucovorin Calcium	\$
Levothyroxine Sodium	\$
Levsin	\$
Levulan Kerastick *	\$\$
Lidocaine HCl	\$
Lidocaine in Dextrose	\$
Lidocaine-Epinephrine	\$
Liletta	A
Lincocin	\$
Lincomycin HCl	\$
Linezolid	\$
Linezolid in Sodium Chloride	\$
Lioresal	\$\$
Liothyronine Sodium	\$\$\$\$
Lipodox	\$\$\$\$\$
LORazepam	\$
Lucentis *	\$\$
Lumizyme *	\$\$
Lupron Depot *	\$\$\$
Lupron Depot-Ped *	\$\$\$\$
MACI *	\$\$\$\$\$
Macugen *	\$\$\$\$
Makena *	\$
Mannitol	\$
Marcaine	\$
Marcaine Spinal	\$
Marcaine/Epinephrine	\$

Drug Name	Member Cost Share Estimate
Marcaine/Epinephrine PF	\$
Marqibo	\$\$\$\$\$
Maxipime	\$
MedroxyPROGESTERone Acetate	A
Melphalan HCl *	\$\$\$\$\$
Menactra INJ	A
Menhibrix	A
Menomune INJ	A
Menveo INJ	A
Meperidine HCl	\$
Mepivacaine HCl	\$
Meropenem	\$
Merrem	\$
Mesna	\$
Mesnex	\$\$
Methadone HCl	\$
Methocarbamol	\$
Methotrexate Sodium	\$
Methyldopate HCl	\$\$
Methylergonovine Maleate	\$
MethylPREDNISolone Acetate	\$
MethylPREDNISolone Sodium Succ	\$
Metoclopramide HCl	\$
Metro IV	\$
MetroNIDAZOLE in NaCl	\$
MICRhoGAM Ultra-Filtered Plus	\$
Midazolam HCl	\$
Milrinone in Dextrose	\$
Milrinone Lactate	\$
Milrinone Lactate in Dextrose	\$
Minocin	\$\$\$
Mircera *	\$
Mirena	A
MitoMYcin	\$
MitoXANTRONE HCl	\$\$

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Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
M-M-R II INJ	A
Monovisc	\$\$\$
Morphine Sulfate	\$
Moxifloxacin HCl	\$
Mozobil *	\$\$\$
Mustargen	\$\$\$\$
Mycamine	\$
Mycophenolate Mofetil HCl	\$\$
Myobloc *	\$
Myozyme *	\$\$\$\$
Na Ferric Gluc Cplx in Sucrose	\$
Nabi-HB	\$
Nafcellin Sodium	\$
Nafcellin Sodium in Dextrose	\$
Naglazyme *	\$\$
Nalbuphine HCl	\$
Naloxone HCl	\$
Naropin	\$
Natrecor	\$\$\$\$
Navelbine	\$
Nembutal	\$\$
NeoProfen	\$\$\$
Neostigmine Methylsulfate	\$
Neulasta	\$\$\$\$
Neulasta Onpro	\$\$\$\$
Neupogen	\$
Nexavir	\$
NexIUM I.V.	\$
Nexplanon	A
Nipent	\$\$\$\$
Normal Saline Flush	\$
Noxafil	\$\$\$
Nplate	\$
Nubain	\$
Nucala *	\$

Drug Name	Member Cost Share Estimate
Nulojix	\$
Ocrevus *	\$\$\$\$
Octagam *	\$
Ofirmev	\$
OLANZapine	\$
Oncaspar	\$\$\$\$
Ondansetron HCl	\$
Onivyde *	\$\$\$\$
Opana	\$
Opdivo *	\$
Orbactiv	\$
Orencia *	\$
Orphenadrine Citrate	\$
OrthoVisc	\$
Osmitrol	\$
Otiprio	\$\$\$
Oxacillin Sodium	\$
Oxaliplatin	\$
Oxytocin	\$
PACLitaxel	\$
Pamidronate Disodium	\$
Pantoprazole Sodium	\$
Papaverine HCl	\$
Paragard Intrauterine Copper IUD	A
Paricalcitol	\$
Pediarix INJ	A
Pedvax HIB	A
Penicillin G Pot in Dextrose	\$
Penicillin G Potassium	\$
Penicillin G Procaine	\$
Penicillin G Sodium	\$
Pentacel SUSR	A
Pentam	\$\$
PENTobarbital Sodium	\$\$\$
Perjeta *	\$

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Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
Pfizerpen-G	\$
Phenergan	\$
PHENobarbital Sodium	\$
Phentolamine Mesylate	\$\$
Phenytoin Sodium	\$
Photofrin *	\$\$\$\$\$
Piperacillin Sod-Tazobactam Sodium	\$
Pitocin	\$
Plasbumin	\$
Plasmanate	\$\$
Pneumovax	A
Polocaine	\$
Polymyxin B Sulfate	\$
Portrazza *	\$
Precedex	\$
Premarin	\$\$
Prevnar	A
Prialt *	\$
Primaxin	\$
Privigen *	\$
Probuphine Implant Kit *	\$\$\$\$\$
Pro-C-Dure	\$
Prochlorperazine Edisylate	\$
Procrit *	\$
Progesterone	\$
Prograf	\$\$
Prolastin-C	\$
Proleukin	\$\$\$\$\$
Prolia	\$
Promethazine HCl	\$
PROPEL	\$\$\$
PROPEL CONTOUR	\$\$\$\$\$
PROPEL MINI	\$\$\$\$\$
ProQuad INJ	A
Prostin VR	\$\$

Drug Name	Member Cost Share Estimate
Protonix	\$
Provenge INJ*	\$\$\$\$\$
Quadracel INJ	\$
Quelicin	\$
RabAvert SUSR	A
Radicava *	\$\$\$\$\$
RaNITidine HCl	\$
Rapivab	\$\$\$
Reclast	\$
Recombivax HB	A
Regonol	\$
Remicade *	\$
Remodulin *	\$
ReoPro	\$\$\$
Retrovir	\$\$
Revatio	\$
RhoGAM Ultra-Filtered Plus	\$
Rhophylac	\$
Rifadin	\$
RifAMPin	\$
Ringers Irrigation	\$
RisperDAL Consta	\$
Rituxan *	\$\$\$
Robaxin	\$
Robinul	\$
Rocephin	\$
Ropivacaine HCl	\$
Rotarix SUSR	A
RotaTeq	A
Saline Flush	\$
SandIMMUNE	\$
SandoSTATIN LAR Depot	\$\$
Santyl	\$\$\$
Sensorcaine	\$
Sensorcaine/Epinephrine	\$

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Drug Name	Member Cost Share Estimate
Signifor LAR *	\$
Simponi Aria *	\$
Simulect	\$\$\$\$\$
Sivextro	\$\$
Skyla	A
Sodium Chloride	\$
Sodium Diuril	\$\$\$\$
Soliris *	\$\$
Solu-CORTEF	\$
SOLU-medrol	\$
Somatuline Depot	\$
Sotradecol	\$
Spinraza *	\$\$\$\$\$
Stamaril SUSR	\$
Stelara	\$
Sterile Water for Irrigation	\$
Stimate	\$\$\$
Streptomycin Sulfate	\$
Sublimaze	\$
Sufenta	\$
SUFentanil Citrate	\$\$
Sulfamethoxazole-Trimethoprim	\$
Supartz FX	\$
Supprelin LA *	\$\$\$\$\$
Sustol	\$\$\$
SwabFlush Saline Flush	\$
Sylvant *	\$\$\$\$\$
Synagis *	\$\$\$\$
Synercid	\$\$\$\$\$
Synribo	\$
Synvisc	\$
Synvisc One	\$
Talwin	\$\$
Taxotere	\$\$\$\$\$
Tazicef	\$

Drug Name	Member Cost Share Estimate
Tecentriq	\$
Teflaro	\$
Temodar	\$
Teniposide	\$\$\$\$\$
Tenivac	A
Tepadina	\$\$\$\$\$
Terbutaline Sulfate	\$
Testopel *	\$
Testosterone Cypionate	\$
Testosterone Enanthate *	\$
Tetanus-Diphtheria Toxoids Td	A
Theophylline in Dextrose	\$
TheraCys	\$
Thiotepa	\$\$\$\$\$
Thrombate III	\$\$\$\$\$
Thymoglobulin	\$\$\$\$\$
Tice BCG	\$
Tigan	\$
Tigecycline	\$
Tis-U-Sol	\$
Tobramycin Sulfate	\$
Toposar	\$
Topotecan HCl	\$
Torisel	\$\$\$\$\$
Tranexamic Acid	\$
Treanda	\$
Trelstar Mixject *	\$\$\$
Triostat	\$\$\$\$
Trisenox	\$
Trumenba INJ	\$
Twinrix	A
Tygacil	\$
Typhim VI	\$
Tysabri *	\$
Ultiva	\$

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Unasyn	\$
Unituxin	\$\$\$\$\$
VALPROATE SODIUM	\$
Valstar	\$\$\$\$\$
Vancomycin HCl	\$
Vancomycin HCl in Dextrose	\$
Vancomycin HCl in NaCl	\$
Vantas *	\$\$\$\$\$
Vaqta	A
Varithena	\$\$\$\$
Varivax	A
VariZIG	\$\$\$\$
Vasostriect	\$\$
Vectibix	\$
Velcade	\$
Velettri *	\$
Venofer	\$
Vfend IV	\$
Vibativ	\$\$\$\$
Vidaza	\$
Vimizim *	\$\$
Vimpat	\$
VinBLASTine Sulfate	\$
Vincasar PFS	\$
VinCRISTine Sulfate	\$
Vinorelbine Tartrate	\$
Visco-3	\$\$\$\$
Vistide	\$\$\$\$
Visudyne *	\$
Vitaject INJ	\$
Vitamin B-Complex	\$
Vitrase	\$
Vivitrol	\$
Voraxaze	\$\$\$\$\$
Voriconazole	\$

Drug Name	Member Cost Share Estimate
Vpriv *	\$
WinRho SDF	\$
Xeomin *	\$
Xgeva	\$
Xiaflex *	\$
Xolair *	\$
Xylocaine	\$
Xylocaine/Epinephrine	\$
Yervoy *	\$
YF-VAX INJ	\$
Yondelis *	\$\$\$\$\$
Zaltrap	\$
Zanosar	\$\$\$\$
Zantac	\$
Zarxio	\$
Zemaira	\$
Zemplar	\$
Zerbaxa	\$
Zinacef	\$
Zinacef in Sterile Water	\$
Zinecard	\$\$\$
Zingo	\$\$
Zinplava	\$\$\$\$\$
Zithromax	\$
Zofran	\$
Zoladex *	\$\$\$
Zoledronic Acid	\$
Zometa	\$
Zostavax	A
Zosyn	\$
ZyPREXA	\$
ZyPREXA Relprevv	\$\$\$\$
Zyvox	\$

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