

# 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 2019 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 for all drugs except for those that are found in the final section of this document titled Site of Care Medications.

The **Site of Care Medications section** at the end of this document, show a list of select infused medications which members may experience a lower-cost share for using a professional setting (doctor's office, infusion suite or home infusion). The pricing for these medications are based on the benefit plan's site of care benefit that offers one copay at a professional setting versus a facility setting, if included in the benefit plan. For benefit plans that do not have the site of care benefit, pricing will be based on the median allowable cost from 2019.

**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.

<sup>soc</sup> = Site of Care

The follow 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 206 - Three \$30 PCP Visits - Marketplace Native American Limited

Blue Advantage Silver HMO 205- Marketplace Native American Zero

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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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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Blue Advantage Silver HMO 205 - Two \$25 PCP Visits - Marketplace Native American Limited  
 Blue Advantage Bronze HMO 204- Marketplace Native American Zero  
 Blue Advantage Bronze HMO 204 - Two \$40 PCP Visits - Marketplace Native American Limited  
 Blue Advantage Bronze HMO 301 - Marketplace Native American Zero  
 Blue Advantage Bronze HMO 301 - Marketplace Native American Limited  
 Blue Advantage Plus Gold 203 - Marketplace Native American Zero  
 Blue Advantage Plus Gold 203 - Marketplace Native American Limited  
 Blue Advantage Plus Silver 202 – Marketplace Native American Zero  
 Blue Advantage Plus Silver 202 – Marketplace Native American Limited  
 Blue Advantage Plus Bronze 303 – Marketplace Native American Zero  
 Blue Advantage Plus Bronze 303 – Marketplace Native American Limited  
 Blue Advantage Plus Bronze 305 - Marketplace Native American Zero  
 Blue Advantage Plus Bronze 305 - Marketplace Native American Limited  
 MyBlue Health Gold 403 – Marketplace Native American Zero  
 MyBlue Health Gold 403 – Marketplace Native American Limited  
 MyBlue Health Silver 405 – Marketplace Native American Zero  
 MyBlue Health Silver 405 – Marketplace Native American Limited  
 MyBlue Health Bronze 402 – Marketplace Native American Zero  
 MyBlue Health Bronze 402 – Marketplace Native American Limited

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**

### Formulary by Health Benefit Plan for the following 2021 Individual Plans

Plan (Select plan name to view plan Summary of Benefits &	Associated Drug List
<a href="#">Blue Advantage Gold HMO 206 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Gold HMO 206 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Gold HMO 206 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Plan (Select plan name to view plan Summary of Benefits &	Associated Drug List
<a href="#">Blue Advantage Gold HMO 206 - Three \$30 PCP Visits - Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Gold HMO 207 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 306 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 205 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 205 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 205 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 205 - Two \$25 PCP Visits – Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 205</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 205</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Silver HMO 205</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 302 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 204 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Plan (Select plan name to view plan Summary of Benefits &	Associated Drug List
<a href="#">Blue Advantage Bronze HMO 204 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 204 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 204 - Two \$40 PCP Visits - Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 301 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 301 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 301 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Bronze HMO 301 - Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Security HMO 200 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Security HMO 200 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Gold 203 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Gold 203 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Gold 203 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Plan (Select plan name to view plan Summary of Benefits &	Associated Drug List
<a href="#">Blue Advantage Plus Gold 203 - Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 306 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 202 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 202 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 202 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 202 – Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 202</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 202</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Silver 202</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 201 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 303 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 303 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>

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**Blue Cross and Blue Shield of Texas  
Medical Drug Benefit List**

Plan (Select plan name to view plan Summary of Benefits &	Associated Drug List
<a href="#">Blue Advantage Plus Bronze 303 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 303 – Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 305 - Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 305 - Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 305 - Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 305 - Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Gold 403 – Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Gold 403 – Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Gold 403 – Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Gold 403 – Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Silver 405 – Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Silver 405 – Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>

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**Blue Cross and Blue Shield of Texas  
Medical Drug Benefit List**

Plan (Select plan name to view plan Summary of Benefits &	Associated Drug List
<a href="#">MyBlue Health Silver 405 – Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Silver 405 – Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Silver 405</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Silver 405</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Silver 405</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Bronze 402 – Non-Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Bronze 402 – Marketplace</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Bronze 402 – Marketplace Native American Zero</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">MyBlue Health Bronze 402 – Marketplace Native American Limited</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>
<a href="#">Blue Advantage Plus Bronze 501</a>	<a href="#">Health Insurance Marketplace 6 Tier Drug List</a>

**Drug List by Health Benefit Plan:** 2020 Blue Cross and Blue Shield of Texas employer-offered small group plans use the 2020 Health Insurance Marketplace 6 Tier Drug List. These plans are offered on and off the Texas Health Insurance Marketplace.

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit 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:

**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.

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

**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. This list may not be inclusive of all drugs covered under your medical benefit. 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 MAIN	\$
ABLYSINOL	\$\$\$
ABRAXANE*	\$\$\$\$\$
ACETAZOLAMID SODIUM	\$
ACTEMRA* SoC	\$\$\$\$\$
ACTHAR	\$
ACTHIB	A
ACTIMMUNE	\$\$\$\$\$
ACYCLOVIR SODIUM	\$\$
ADACEL	A
ADAKVEO	\$\$\$\$\$
ADCETRIS	\$\$\$\$\$
ADRENALIN	\$

Drug Name	Member Cost Share Estimate
ADRIAMYCIN	\$
AFLURIA	A
AGGRASTAT	\$\$
AIMOVIG	\$
AJOVY	\$
ALBUKED	\$\$
ALBUMIN HUMAN	\$\$
ALBUMINEX	\$
ALBURX	\$\$\$
ALBUTEIN	\$\$
ALDURAZYME* SoC	\$\$\$\$\$
ALFENTANIL HCL	\$
ALFERON	\$\$\$
ALIMTA	\$\$\$\$\$

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
ALIQOPA*	\$\$\$\$\$
ALKERAN*	\$\$\$\$\$
ALLOPURINOL SODIUM	\$\$\$\$\$
ALOPRIM	\$\$\$\$\$
ALOXI	\$
AMBISOME	\$\$\$\$
AMELUZ	\$\$
AMIKACIN SULFATE	\$
AMINOCAPROIC ACID	\$
AMINOPHYLLIN	\$
AMPHOTERICIN	\$\$\$
AMPICILLIN SODIUM	\$
AMPICILLIN-SULBACTAM SODIUM	\$
AMYTAL SODIUM	\$\$\$
ANJESO	\$
APIDRA	\$
APOKYN	\$\$
ARALAST	\$\$\$\$\$
ARANESP*	\$\$\$
ARCALYST	\$\$\$\$\$
ARGATRB	\$\$\$\$\$
ARGATROBAN IN SODIUM CHLORIDE	\$\$\$\$\$
ARISTADA	\$\$\$\$\$
ARRANON	\$\$\$\$\$
ARSENIC TRIOXIDE	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
ARZERRA	\$\$\$\$\$
ASCENIV*	\$\$\$\$\$
ASPARLAS	\$\$\$\$\$
ATIVAN	\$
ATROPEN	\$\$
ATROPINE	\$
AVASTIN*	\$\$\$\$\$
AVEED*	\$
AVSOLA	\$\$\$\$\$
AVYCAZ	\$\$\$\$\$
AZACITIDINE	\$\$\$
AZACTAM	\$\$
AZITHROMYCIN	\$
AZTREONAM	\$\$
BACITRACIN	\$
BACLOFEN	\$\$\$
BAVENCIO*	\$\$\$\$\$
BAXDELA	\$\$
BCG VACCINE	\$
B-COMPLEX	\$
BELEODAQ*	\$\$\$\$\$
BELRAPZO	\$\$\$\$\$
BENDAMUSTINE	\$\$\$\$\$
BENDEKA	\$\$\$\$\$
BENLYSTA * SoC	\$\$\$\$\$

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**Blue Cross and Blue Shield of Texas  
Medical Drug Benefit List**

Drug Name	Member Cost Share Estimate
BENTYL	\$
BENZTROPINE MESYLATE	\$
BEOVU	\$\$\$\$\$
BERINERT	\$\$\$\$\$
BESPONSA*	\$\$\$\$\$
BETAMETHASONE	\$
BEXSERO	A
BICILLIN	\$
BICNU	\$\$\$\$\$
BIOTHRAX	\$
BIVIGAM* SoC	\$\$\$\$\$
BLEOMYCIN SULFATE	\$
BLINCYTO*	\$\$\$\$\$
BLOXIVERZ	\$
BONIVA	\$\$
BOOSTRIX	A
BORTEZOMIB	\$\$\$\$\$
BOTOX*	\$\$\$\$\$
BRINEURA*	\$\$\$\$\$
BRIVIACT	\$
BUPIVACAINE EPINEPHRINE	\$
BUPIVACAINE HCL	\$
BUPIVACAINE IN DEXTROSE	\$
BUPRENEX	\$
BUPRENORPHIN HCL	\$

Drug Name	Member Cost Share Estimate
BUSULFAN	\$\$\$\$\$
BUSULFEX	\$\$\$\$\$
BUTORPHANOL TARTRATE	\$
BYNFEZIA PEN	\$
CABLIVI	\$\$\$\$\$
CAFICIT	\$
CAFFEINE CITRATE	\$
CAFFEINE SODIUM BENZOATE	\$
CALCITRIOL	\$
CALCIUM GLUCONATE-NACL	\$\$
CALDOLOR	\$
CAMPTOSAR	\$\$\$\$\$
CANCIDAS	\$\$\$
CAPASTAT	\$\$
CARBOCAINE	\$
CARBOPLATIN	\$
CARBOPRO	\$\$
CARIMUNE* SoC	\$\$\$\$\$
CARMUSTINE	\$\$\$\$\$
CARNITOR	\$
CARTICEL	\$\$\$\$\$
CASPOFUNGIN ACETATE	\$\$\$
CAVERJECT	\$\$
CEFAZOLIN SODIUM	\$
CEFAZOLIN SODIUM-DEXTROSE	\$

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
CEFEPIME HCL	\$
CEFOTAN DISODIUM	\$
CEFOTAXIME SODIUM	\$
CEFOTETAN DISODIUM	\$
CEFOXITIN SODIUM	\$
CEFUROXIME SODIUM	\$
CELESTONE	\$
CEREBYX	\$
CEREZYME* SoC	\$\$\$\$\$
CERIANNA	\$
CHLORAMPHEN	\$\$
CHLOROTHIAZIDE SODIUM	\$\$
CIDOFOVIR	\$\$\$
CIMZIA * SoC	\$\$\$\$\$
CINQAIR* SoC	\$\$\$\$\$
CINRYZE* SoC	\$\$\$\$\$
CINVANTI	\$\$\$
CIPROFLOXACN	\$
CISPLATIN	\$
CLADRIBINE	\$\$\$\$\$
CLEOCIN PHOSPHATE	\$
CLINDAMYCIN PHOSPHATE	\$
CLINDAMYCIN PHOSPHATE IN DEXTROSE	\$
CLINDMYC PHOSPHATE IN NACL	\$
CLOFARABINE	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
CLOLAR	\$\$
CLONIDINE HCL	\$
COCAINE HCL	\$\$
COGENTIN	\$
COLISTIMETHATE SODIUM	\$\$
COLY-MYCIN M	\$
COPAXONE	\$
COSMEGEN	\$\$\$\$\$
CRESEMBA	\$\$\$
CRYSVITA*	\$\$\$\$\$
CUBICIN	\$\$\$\$
CUBICIN RF	\$\$
CUTAQUIG*	\$\$\$\$\$
CUVITRU* SoC	\$\$\$\$\$
CYANOCOBALAM	\$
CYCLOPHOSPHAMIDE	\$\$\$\$
CYKLOKAPRON	\$
CYRAMZA*	\$\$\$\$\$
CYTARABINE	\$
CYTOGAM	\$\$\$\$\$
CYTOVENE	\$
D.H.E.	\$\$
DACARBAZINE	\$\$
DACOGEN	\$\$\$\$\$
DACTINOMYCIN	\$\$\$\$\$

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**Blue Cross and Blue Shield of Texas  
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Drug Name	Member Cost Share Estimate
DALVANCE	\$\$\$\$\$
DAPTACEL	A
DAPTOMYCIN	\$\$\$\$
DARZALEX*	\$\$\$\$\$
DAUNORUBICIN HCL	\$\$\$\$
D-CARE	\$
DDAVP	\$\$\$
DECITABINE	\$\$\$\$\$
DEFITELIO	\$\$\$\$\$
DELESTROGEN	\$
DEMEROL	\$
DEPO-ESTRADI	\$
DEPO-MEDROL	\$
DEPO-PROVERA	\$
DEPO-TESTOSTERONE	\$
DESMOPRESSIN ACETATE	\$\$
DEXAMETHASONE SODIUM PHOSPHATE	\$
DEXMEDETOMIDINE HCL IN NACL	\$
DEXPANTHENOL	\$
DEXRAZOXANE HCL	\$\$\$\$
DIAZEPAM	\$
DICYCLOMINE HCL	\$
DIGOXIN	\$
DIHYDROERGOTAMINE MESYLATE	\$\$
DILAUDID	\$

Drug Name	Member Cost Share Estimate
DIMENHYDRINATE	\$
DIPHENHYDRAMINE HCL	\$
DIPHTHERIA-TETANUS PED	A
DOCETAXEL	\$\$\$\$
DOPRAM	\$
DOXERCALCIFEROL	\$
DOXIL	\$\$\$\$\$
DOXORUBICIN HCL	\$
DOXORUBICIN HCL LIPOSOMAL	\$
DOXY	\$\$
DOXYCYCLINE HYCLATE	\$\$
DROPERIDOL	\$
DUOPA *	\$\$
DURACLON	\$
DURAMORPH	\$
DUROLANE	\$\$\$
DURYSTA	\$\$\$\$
DYSPORT*	\$\$\$\$
EDEX	\$
ELAPRASE* SoC	\$\$\$\$\$
ELELYSO*	\$\$\$\$\$
ELIGARD*	\$\$\$\$
ELITEK	\$\$\$\$\$
ELLECE	\$
ELZONRIS	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
EMEND	\$\$\$
EMGALITY	\$
EMPLICITI*	\$\$\$\$\$
ENALAPRILAT	\$
ENBREL	\$\$\$\$
ENBREL MINI	\$\$\$\$
ENBREL SURECLICK	\$\$\$\$
ENGERIX-B	A
ENHERTU	\$\$\$\$\$
ENTYVIO* SoC	\$\$\$\$\$
EPINEPHRINE	\$
EPIRUBICIN	\$\$
EPOGEN*	\$\$\$
EPOPROSTENOL*	\$
EPTIFIBATIDE	\$\$
ERAXIS	\$\$
ERBITUX	\$\$\$\$\$
ERTAPENEM	\$\$
ERWINAZE	\$\$\$\$\$
ERYTHROCIN	\$
ESOMEPRAZOLE	\$
ESTRAD	\$
ETHYOL	\$\$\$\$
ETOPOPHOS	\$\$\$
ETOPOSIDE	\$

Drug Name	Member Cost Share Estimate
EUFLEXXA	\$
EVENITY	\$\$\$\$
EVOMELA*	\$\$\$\$\$
EXONDYS 51 *	\$\$\$\$\$
EXPAREL	\$\$
EYLEA	\$\$\$\$
FABRAZYME* SoC	\$\$\$\$\$
FAMOTIDINE	\$
FASENRA PEN* SoC	\$\$\$\$\$
FASENRA* SoC	\$\$\$\$\$
FASLODEX	\$\$\$\$\$
FENTANYL	\$
FERAHEME	\$\$\$\$
FERRIC	\$
FERRLECIT	\$
FETROJA	\$\$
FIRAZYR	\$\$\$\$\$
FIRMAGON*	\$\$\$
FLEBOGAMMA* SoC	\$\$\$\$\$
FLEXBUMIN	\$\$
FOLAN*	\$
FLOXURIDINE	\$\$\$\$
FLUAD	A
FLUARIX QUAD	A
FLUBLOK QUAD	A

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Drug Name	Member Cost Share Estimate
FLUCLVX QUAD	A
FLUCONAZOLE	\$
FLUDARABINE	\$\$\$
FLULAVAL QUAD	A
FLUOROURACIL	\$
FLUPHENAZINE DECANOATE	\$\$
FLUPHENAZINE HCL	\$
FLUSH SYRINGE	\$
FLUZONE HD	A
FLUZONE QUAD	A
FOLIC ACID	\$
FOLOTYN	\$\$\$\$
FOSAPREPITANT	\$\$\$
FOSCAVIR	\$\$\$\$
FOSPHENYTOIN	\$
FULPHILA	\$\$\$\$
FULVESTRANT	\$\$\$\$
FUZEON	\$
GABLOFEN	\$\$\$\$
GAMASTAN	\$
GAMMAGARD* SoC	\$\$\$\$
GAMMAKED* SoC	\$\$\$\$
GAMMAPLEX* SoC	\$\$\$\$
GAMUNEX-C* SoC	\$\$\$\$
GANCICLOVIR	\$

Drug Name	Member Cost Share Estimate
GARDASIL	A
GAZYVA*	\$\$\$\$
GEL-ONE	\$\$\$\$
GELSYN	\$\$
GEMCITABINE	\$\$\$
GENOTROPIN	\$\$\$\$
GENTAMICIN	\$
GENVISC	\$\$
GEODON	\$
GIVLAARI	\$\$\$\$
GLASSIA	\$\$\$\$
GLATIRAMER	\$
GLATOPA	\$
GLYCOPYRROL	\$
GLYRX-PF	\$
GOPRELTO	\$
GRANISETRON	\$
GRANIX	\$\$\$\$
GVOKE	\$\$
HAEGARDA	\$\$\$\$
HALAVEN	\$\$\$\$
HALDOL	\$
HALDOL DECANOATE	\$
HALOPER DECANOATE	\$
HALOPERIDOL LACTATE	\$

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Drug Name	Member Cost Share Estimate
HAVRIX	A
HECTOROL	\$
HEMABATE	\$
HEPAGAM	\$\$\$\$\$
HEPARIN	\$
HEPARIN LOCK FLUSH	\$
HEPLISAV-B	A
HERCEPTIN	\$\$\$\$\$
HERZUMA	\$\$\$\$\$
HIBERIX	A
HIZENTRA	\$\$\$\$\$
HIZENTRA* SoC	\$\$\$\$\$
HUMATROPE	\$\$\$\$\$
HYALGAN	\$
HYCAMTIN	\$\$
HYDROMORPHONE	\$
HYDROXOCOBAL	\$
HYDROXY CAPROATE*	\$\$\$\$\$
HYDROXYPROGESTERONE*	\$\$
HYDROXYZINE	\$
HYMOVIS	\$\$
HYOSCYAMINE	\$
HYPERHEP B	\$\$\$\$\$
HYPERRAB	\$\$\$\$\$
HYPERRAB S/D	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
HYPERRHO	\$
HYPERTET	\$\$\$
HYPERTET S/D	\$\$\$
HYQVIA* SoC	\$\$\$\$\$
IBANDRONATE	\$
IBUPROFEN LYSINE	\$
ICATIBANT	\$\$\$\$\$
IDAMYCIN	\$\$
IDARUBICIN	\$\$
IFEX	\$\$
IFOSFAMIDE	\$\$
ILARIS*	\$\$\$\$\$
IMFINZI*	\$\$\$\$\$
IMIPENEM/CIL	\$\$
IMLYGIC*	\$\$\$\$\$
IMOGAM RABIE	\$\$\$\$\$
IMOVAX RABIE	\$\$
INCRELEX	\$\$\$
INDOMETHACIN	\$\$\$\$\$
INFANRIX	A
INFED	\$\$
INFLECTRA* SoC	\$\$\$\$\$
INFUGEM	\$\$\$
INFUMORPH	\$
INJECTAFER	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
INTEGRILIN	\$\$\$\$\$
INTRON	\$
INVANZ	\$\$
INVEGA	\$\$\$
IPOL	A
IRINOTECAN	\$\$
ISONIAZID	\$
ISOPROTEREN	\$\$\$\$\$
ISTODAX	\$\$\$\$\$
ISUPREL	\$\$\$\$\$
IXEMPRA	\$\$\$\$\$
IXIARO	\$
JELMYTO	\$\$\$\$\$
JETREA *	\$\$\$\$\$
JEVTANA*	\$\$\$\$\$
KADCYLA*	\$\$\$\$\$
KALBITOR* SoC	\$\$\$\$\$
KANJINTI	\$\$\$\$\$
KANUMA* SoC	\$\$\$\$\$
KEDBUMIN	\$
KEDRAB	\$\$\$\$\$
KENALOG	\$
KENGREAL	\$\$\$\$
KEPIVANCE	\$\$\$\$\$
KEPPRA	\$

Drug Name	Member Cost Share Estimate
KETOROLAC	\$
KEYTRUDA*	\$\$\$\$\$
KHAPZORY	\$\$\$\$\$
KINRIX	A
KRYSTEXXA* SoC	\$\$\$\$\$
KYLEENA	\$\$\$
KYMRIAH*	\$\$\$\$\$
KYPROLIS*	\$\$\$\$
LABETALOL	\$
LANOXIN	\$
LANTUS	\$
LARTRUVO*	\$\$\$\$\$
LEMTRADA*	\$\$\$\$\$
LEUCOVOR	\$
LEUCOVORIN	\$
LEUKINE	\$\$\$
LEUPROLIDE	\$
LEVOFLOXACIN	\$
LEVOFLOXACIN IN DEXTROSE	\$
LEVOLEUCOVORIN	\$\$
LEVOTHYROXIN	\$
LEVSIN	\$
LEVULAN	\$\$
LIBTAYO*	\$\$\$\$\$
LIDOCAINE EPINEPHRINE	\$

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Drug Name	Member Cost Share Estimate
LIDOCAINE HCL	\$
LIDOCAINE IN DEXTROSE	\$
LILETTA	\$\$\$
LINCOCIN	\$
LINCOMYCIN	\$
LINEZOLID	\$\$\$
LIORESAL	\$\$\$
LIOTHYRONINE	\$\$\$\$
LIQUIVIDA	\$\$\$
LORAZEPAM	\$
LUCENTIS	\$\$\$\$
LUMIZYME* SoC	\$\$\$\$\$
LUMOXITI	\$\$\$\$\$
LUPR DEP-PED*	\$\$\$\$\$
LUPRON*	\$\$\$\$\$
LUXTURNA*	\$\$\$\$\$
MACI	\$\$\$\$\$
MACUGEN*	\$\$\$\$
MAKENA*	\$\$\$\$
MANNITOL	\$
MARCAINE	\$
MARCAINE SPINAL	\$
MARCAINE/EPI	\$
MARQIBO	\$\$\$\$\$
MEDROXYPROGESTERONE ACETATE	\$

Drug Name	Member Cost Share Estimate
MELPHALAN*	\$\$\$\$\$
MENACTRA	A
MENVEO	A
MEPERIDINE	\$
MEPSEVII*	\$\$\$\$\$
MEROPENEM	\$
MERREM	\$\$
MESNA	\$\$
MESNEX	\$\$
METHADONE	\$
METHOCARBAM	\$
METHOTREXATE	\$
METHYLERGON	\$
METHYLPREDNISOLONE ACETATE	\$
METHYLPREDNISOLONE SODIUM	\$
METOCLOPRAMIDE	\$
METRON/NACL	\$
METRONIDAZOLE	\$
MICAFUNGIN	\$\$\$
MICRHOGAM	\$
MICRHOGAM PL	\$
MIDAZOLAM	\$
MILRINONE LACTATE	\$
MILRINONE LACTATE IN DEXTROSE	\$
MINOCYCLINE	\$\$\$

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MIRCERA*	\$\$\$
MIRENA	\$
MITIGO	\$\$
MITOMYCIN	\$\$\$
MITOXANTRONE	\$
M-M-R II	A
MONOVISC	\$\$\$
MORPHINE SULFATE	\$
MORPHINE SULFATE (PF)	\$
MOXIFLOXACIN	\$
MOZOBIL*	\$\$\$\$\$
MUTAMYCIN	\$\$
MVASI*	\$\$\$\$\$
MYCAMINE	\$\$\$
MYLOTARG*	\$\$\$\$\$
MYOBLOC*	\$\$\$
MYXREDLIN	\$
NABI-HB	\$\$\$
NAFCILLIN SODIUM	\$\$\$
NAFCILLIN SODIUM IN DEXTROSE	\$\$\$
NAGLAZYME* SoC	\$\$\$\$\$
NALBUPHINE	\$
NALOXONE	\$
NAROPIN	\$
NAVELBINE	\$\$

Drug Name	Member Cost Share Estimate
NAYZILAM	\$
NEMBUTAL	\$\$
NEOPROFEN	\$\$\$\$
NEOSTIG	\$
NEOSTIGMINE	\$
NEULASTA	\$\$\$\$\$
NEUPOGEN	\$\$\$
NEXIUM	\$
NEXPLANON	\$\$
NIPENT	\$\$\$\$\$
NIVESTYM	\$\$
NORDITROPIN	\$\$\$
NORMAL SALINE FLUSH	\$
NOXAFIL	\$\$\$
NPLATE	\$\$\$\$\$
NUCALA* SoC	\$\$\$\$\$
NUMBRINO	\$\$
NUTROPIN	\$\$\$\$
NUZYRA	\$\$\$\$\$
OCREVUS* SoC	\$\$\$\$\$
OCTAGAM* SoC	\$\$\$\$\$
OCTREOTIDE	\$
OFIRMEV	\$
OGIVRI	\$\$\$\$\$
OLANZAPINE	\$

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OMNITROPE	\$\$\$
ONCASPAR	\$\$\$\$
ONDANSETRON	\$
ONIVYDE*	\$\$\$\$
ONPATTRO	\$\$\$\$
ONTRUZANT	\$\$\$\$
OPDIVO*	\$\$\$\$
ORBACTIV	\$\$\$\$
ORENCIA* SoC	\$\$\$\$
ORPHENADRINE	\$
ORTHOVISC	\$\$
OSMITROL	\$
OTIPRIO	\$
OXACILLIN	\$\$
OXALIPLATIN	\$\$\$
OXYTOCIN	\$
PACLITAXEL	\$
PADCEV	\$\$\$\$
PALONOSETRON	\$\$
PALYNZIQ	\$\$
PAMIDRONATE	\$
PANTOPRAZOLE	\$
PANZYGA*	\$\$\$\$
PAPAVERINE	\$
PARAGARD	\$\$\$

Drug Name	Member Cost Share Estimate
PARAPLATIN	\$\$
PARICALCITOL	\$
PARSABIV	\$\$
PEDIARIX	A
PEDVAX HIB	A
PENICILLIN G POTASSIUM	\$
PENICILLIN G PROCAINE	\$
PENICILLIN G SODIUM	\$
PENTACEL	A
PENTAM	\$\$
PENTAMIDINE	\$\$
PENTOBARBITAL	\$\$
PERJETA*	\$\$\$\$
PERSERIS	\$\$\$\$
PFIZERPEN	\$
PHENERGAN	\$
PHENOBARBITAL	\$\$\$
PHEHTOLAMINE	\$\$
PHENYTOIN	\$
PHOTOFRIN*	\$\$\$\$
PIPERACILLIN	\$
PITOCIN	\$
PLASBUMIN	\$\$
PLASMANATE	\$
PNEUMOVAX	A

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Drug Name	Member Cost Share Estimate
POLIVY	\$\$\$\$\$
POLOCAINE	\$
POLYMYXIN	\$
PORTRAZZA*	\$
POTELIGEO	\$\$\$\$\$
PRECEDEX	\$
PREMARIN	\$\$
PREVNAR	A
PREVYMIS	\$\$
PRIALT*	\$\$\$\$
PRIMAXIN IV	\$\$
PRIVIGEN* SoC	\$\$\$\$\$
PROBUPHINE IMP	\$\$\$\$\$
PROCHLORPERAZINE	\$
PROCRIT*	\$\$
PROGESTERONE	\$
PROLASTIN-C	\$\$\$\$\$
PROLEUKIN	\$\$\$\$\$
PROLIA	\$\$\$\$\$
PROMETHAZINE	\$
PROPEL	\$\$\$\$
PROPEL MINI	\$\$\$\$
PROQUAD	A
PROTONIX	\$
PROVENGE*	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
QUADRACEL	A
QUZYTIR	\$\$
RABAVERT	\$\$\$
RADICAVA* SoC	\$\$\$\$\$
RAPIVAB	\$\$\$
READY KETOROLAC	\$
REBLOZYL	\$\$\$\$\$
RECARBRIO	\$\$
RECLAST	\$\$
RECOMBIVA HB	A
REGONOL	\$
REMDESIVIR	\$\$\$\$
REMICADE* SoC	\$\$\$\$\$
REMIFENTANIL	\$\$
REMODULIN*	\$\$
RENFLEXIS* SoC	\$\$\$\$\$
RETACRIT*	\$\$
RETROVIR	\$\$
REVATIO	\$
REVCOVI	\$\$\$\$\$
RHOGAM	\$
RHOGAM PLUS	\$
RHOPHYLAC	\$
RIASTAP *	\$\$\$\$\$
RIFADIN	\$\$

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## Blue Cross and Blue Shield of Texas Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
RIFAMPIN	\$\$
RISPERDAL	\$\$\$
RITUXAN*	\$\$\$\$\$
ROBAXIN	\$
ROMIDEPSIN	\$\$\$\$\$
ROPIVACAINE	\$
ROTARIX	A
ROTATEQ	A
RUCONEST	\$\$\$\$\$
RUXIENCE	\$\$\$\$\$
SAIZEN	\$\$\$
SALINE FLUSH	\$
SANDOSTATIN	\$\$\$\$\$
SARCLISA	\$\$\$\$\$
SENSORCAINE	\$
SEROSTIM	\$\$\$
SHINGRIX	A
SIGNIFOR*	\$\$\$\$\$
SILDENAFIL	\$
SIMPONI ARIA* SoC	\$\$\$\$\$
SIVEXTRO	\$\$\$\$\$
SKYLA	\$\$\$
SMZ-TMP	\$
SOD CHLORIDE	\$
SOD DIURIL	\$\$\$

Drug Name	Member Cost Share Estimate
SODIUM HYALURONATE	\$
SOLIRIS* SoC	\$\$\$\$\$
SOLU-CORTEF	\$
SOLU-MEDROL	\$
SOMATULINE	\$\$\$\$\$
SPINRAZA*	\$\$\$\$\$
SPRAVATO	\$\$\$
STAMARIL	\$
STELARA* SoC	\$\$\$\$\$
STREPTOMYCIN	\$
SUFENTANIL	\$
SUPARTZ	\$
SUPPRELIN*	\$\$\$\$\$
SUSTOL	\$\$\$
SWABFLUSH	\$
SYLVANT *	\$\$\$\$\$
SYNAGIS*	\$
SYNERCID	\$\$\$\$\$
SYNRIBO	\$\$\$\$\$
SYNVISIC	\$\$
TAKHZYRO	\$\$\$\$\$
TAXOTERE	\$\$\$\$
TAZICEF	\$
TDVAX	A
TECENTRIQ*	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
TEFLARO	\$\$\$\$\$
TEGSEDI	\$\$\$\$\$
TEMODAR	\$\$\$\$\$
TEMSIROLIMUS	\$\$\$\$
TENIPOSIDE	\$\$\$\$\$
TENIVAC	A
TEPADINA	\$\$\$\$
TEPEZZA	\$\$\$\$\$
TERBUTALINE	\$
TESTOPEL*	\$\$\$\$
TESTOST CYPIONATE	\$
TESTOSTOSTERONE ENANTHATE*	\$
THEOPHYL	\$
THIOTEPA	\$\$\$\$\$
THROMBAT	\$\$\$\$\$
TICE BCG	\$
TIGAN	\$
TIGECYCLINE	\$\$\$\$
TOBRAMYCIN	\$
TOPOSAR	\$
TOPOTECAN	\$
TORISEL	\$\$\$\$
TOTECT	\$\$\$\$
TRANEX	\$
TRANEXAMIC	\$

Drug Name	Member Cost Share Estimate
TRAZIMERA	\$\$\$\$\$
TREANDA	\$\$\$\$\$
TRELSTAR*	\$\$\$\$
TREPROSTINIL*	\$
TRIAMCIN	\$
TRIFERIC	\$
TRILURON	\$\$\$
TRIOSTAT	\$\$\$\$
TRIPTODUR*	\$\$\$\$\$
TRISENOX	\$\$\$\$
TRIVISC	\$
TRODELVY	\$\$\$\$\$
TROGARZO*	\$\$\$\$\$
TRUMENBA	A
TRUXIMA*	\$\$\$\$\$
TWINRIX	A
TYGACIL	\$\$
TYPHIM VI	\$
TYSABRI* SoC	\$\$\$\$\$
UDENYCA	\$\$\$\$\$
ULTIVA	\$\$\$
ULTOMIRIS*	\$\$\$\$\$
UNASYN	\$
UNITUXIN	\$\$\$\$\$
VABOMERE	\$\$\$\$\$

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**Blue Cross and Blue Shield of Texas  
Medical Drug Benefit List**

Drug Name	Member Cost Share Estimate
VALPROATE	\$
VALRUBICIN	\$\$\$\$\$
VALSTAR	\$\$\$\$
VANCOMYCIN HCL	\$
VANCOMYCIN HCL IN DEXTROSE	\$
VANCOMYCIN HCL IN NACL	\$
VANTAS*	\$
VAQTA	A
VARIVAX	A
VARIZIG	\$\$\$\$\$
VASOSTRICT	\$
VECTIBIX	\$\$\$\$\$
VELCADE	\$\$\$\$\$
VELETRI*	\$
VENOFER	\$
VFEND	\$
VIBATIV	\$\$\$
VIDAZA	\$\$\$\$\$
VIMIZIM* SoC	\$\$\$\$\$
VIMPAT	\$\$\$\$\$
VINBLASTINE	\$
VINCRISTINE	\$
VINORELBINE	\$\$
VISCO-3*	\$
VISUDYNE*	\$\$\$\$

Drug Name	Member Cost Share Estimate
VIVITROL	\$
VORAXAZE	\$\$\$\$\$
VORICONAZOLE	\$\$\$\$\$
VPRIV* SoC	\$\$\$\$\$
VYEPTI	\$\$\$\$\$
VYXEOS	\$\$\$\$\$
WINRHO	\$\$\$\$\$
WINRHO SDF	\$\$\$\$\$
XEMBIFY*	\$\$\$\$\$
XENLETA	\$\$
XEOMIN*	\$\$\$
XERAVA	\$\$\$
XGEVA	\$\$\$\$\$
XIAFLEX *	\$\$\$\$\$
XOLAIR* SoC	\$\$\$\$
XYLOCAINE/EPINEPHRINE	\$
XYLOCAINE	\$
XYLOCAINE-MPF/EPI	\$
XYOSTED	\$
YERVOY*	\$\$\$\$\$
YESCARTA*	\$\$\$\$\$
YF-VAX	\$
YONDELIS*	\$\$\$\$\$
ZALTRAP	\$\$\$\$\$
ZANOSAR	\$\$\$\$

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