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 2024 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.

Site of Care Medications are 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).

In reviewing this formulary please utilize the following legend to identify member cost share estimates as well as drugs that my 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.**
SOC = Site of Care

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 - Native American Zero
Blue Advantage Gold HMO 206 - Native American Limited
Blue Advantage Silver HMO 205 - Native American Zero
Blue Advantage Silver HMO 205 - Native American Limited
Blue Advantage Bronze HMO 204 - Native American Zero
Blue Advantage Bronze HMO 204 - Native American Limited
Blue Advantage Bronze HMO 301 - Native American Zero
Blue Advantage Bronze HMO 301 - Native American Limited

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

Shoppers: To find drug estimates go to https://www.myprime.com/en/plan-preview/medicines/find-medicine.html

Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Blue Advantage Plus Gold 803 - Native American Zero
Blue Advantage Plus Gold 803 - Native American Limited
Blue Advantage Plus Gold 203 - Native American Zero
Blue Advantage Plus Gold 203 - Native American Limited
Blue Advantage Plus Silver 202 - Native American Zero
Blue Advantage Plus Silver 202 - Native American Limited
Blue Advantage Plus Bronze 303 - Native American Zero
Blue Advantage Plus Bronze 303 - Native American Limited
Blue Advantage Plus Bronze 305 - Native American Zero
Blue Advantage Plus Bronze 305 - Native American Limited
MyBlue Health Gold 403 – Native American Zero
MyBlue Health Gold 403 – Native American Limited
MyBlue Health Silver 405 – Native American Zero
MyBlue Health Silver 405 – Native American Limited
MyBlue Health Bronze 402 – Native American Zero
MyBlue Health Bronze 402 – Native American Limited
Blue Advantage Plus Silver 605 – Native American Zero
Blue Advantage Plus Silver 605 – Native American Limited
Blue Advantage Gold HMO 603 – Native American Zero
Blue Advantage Gold HMO 603 – Native American Limited
Blue Advantage Silver HMO 801 - Native American Zero
Blue Advantage Silver HMO 801 - Native American Limited
Blue Advantage Gold HMO Standard - Native American Zero
Blue Advantage Gold HMO Standard - Native American Limited
Blue Advantage Silver HMO Standard - Native American Zero
Blue Advantage Silver HMO Standard - Native American Limited
Blue Advantage Bronze HMO Standard - Native American Zero
Blue Advantage Bronze HMO Standard - Native American Limited
Blue Advantage Plus Gold Standard - Native American Zero
Blue Advantage Plus Gold Standard - Native American Limited
Blue Advantage Plus Silver Standard - Native American Zero
Blue Advantage Plus Silver Standard - Native American Limited
Blue Advantage Plus Bronze Standard - Native American Zero
Blue Advantage Plus Bronze Standard - Native American Limited
MyBlue Health Bronze Standard - Native American Zero
MyBlue Health Bronze Standard - Native American Limited
MyBlue Health Gold Standard - Native American Zero
MyBlue Health Gold Standard - Native American Limited
MyBlue Health Silver Standard - Native American Zero
MyBlue Health Silver Standard - Native American Limited

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

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 2026 Individual Plans

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Gold HMO 206 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 206 - 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 306 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 – Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 205 - Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 302 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 204 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List

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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 & Coverage)*	**Associated Drug List**
Blue Advantage Bronze HMO 204 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Bronze HMO 301 - 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 Plus Gold 803 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 803 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 803 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 803 - Native American Limited	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 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Gold 203 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 306 - Non-Marketplace	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 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 202 – Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List

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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 & Coverage)*	**Associated 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 303 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 303 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 303 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 303 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 305 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 305 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 305 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Bronze 305 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Gold 403 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Silver 405 – Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List

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Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
MyBlue Health Silver 405 – Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 402 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List
MyBlue Health Bronze 901 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Plus Silver 605 – Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Native American Zero	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO 603 – Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 601 – Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 801 - Non-Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 801 - Marketplace	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 801 - Native American Zero	Health Insurance Marketplace 6 Tier Drug List

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Members: Log in to your plan to find current drug pricing at https://www.myprime.com/en/medicines.html#find-medicine

Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Plan *(Select plan name to view plan Summary of Benefits & Coverage)*	**Associated Drug List**
Blue Advantage Silver HMO 801 - Native American Limited	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 801 - Marketplace 73% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 801 - Marketplace 87% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Silver HMO 801 - Marketplace 94% Actuarial Value	Health Insurance Marketplace 6 Tier Drug List
Blue Advantage Gold HMO Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Gold HMO Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Gold HMO Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Gold HMO Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO Standard - Marketplace 73% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO Standard - Marketplace 87% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Silver HMO Standard - Marketplace 94% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Bronze HMO Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Gold Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Gold Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List

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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 & Coverage)*	**Associated Drug List**
Blue Advantage Plus Gold Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Gold Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver Standard - Marketplace 73% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver Standard - Marketplace 87% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Silver Standard - Marketplace 94% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze Standard- Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
Blue Advantage Plus Bronze Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Bronze Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Gold Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List

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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 & Coverage)*	**Associated Drug List**
MyBlue Health Silver Standard - Non-Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver Standard - Marketplace	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver Standard - Native American Zero	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver Standard - Native American Limited	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver Standard - Marketplace 73% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver Standard - Marketplace 87% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List
MyBlue Health Silver Standard - Marketplace 94% Actuarial Value	Health Insurance Marketplace 4 Tier Drug List

Drug List by Health Benefit Plan: 2026 Blue Cross and Blue Shield of Texas employer-offered small group plans with in-vitro fertilization (or IVF) coverage should use the Health Insurance Marketplace 6 Tier In-Vitro Fertilization Drug List. All other employer-offered small group plans use the 2026 Health Insurance Marketplace 6 Tier Drug List. These employer-offered health plans are offered on and off the Texas Health Insurance Marketplace.

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.

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

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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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
ABECMA *	$$$$$
ABELCET	$
ABILIFY ASIM	$$$$$
ABILIFY MAIN	$$$$$
ABLYSINOL	$$$$$
ABRAXANE	$$$$$
ABRYSVO	A
ACETAMINOPHEN	$
ACETAZOLAMID	$$
ACTEMRA * SoC	$$$$$
ACTHAR	$
ACTHIB	A
ACTIMMUNE	$$$$$
ACYCLOVIR	$$
ADACEL	$
ADAKVEO * SoC	$$$$$
ADCETRIS	$$$$$
ADRENALIN	$
ADRIAMYCIN	$
ADSTILADRIN *	$$$$$
ADUHELM *	$$$
AFLURIA	A
AGGRASTAT	$$
AIMOVIG	$
AJOVY	$
ALBUKED	$$
ALBUMIN HUM	$$$$
ALBUMINEX	$$$$
ALBURX	$$$$$
ALBUTEIN	$$$$$
ALDURAZYME * SoC	$$$$$
ALFERON N	$$
ALIMTA	$$$$$
ALIQOPA	$$$$$

Drug Name	Member Cost Share Estimate
ALLOPURINOL	$$
ALOPRIM	$$$$$
AMBISOME	$$$$$
AMELUZ GEL	$$$
AMIKACIN	$
AMINOPHYLLIN	$
AMP/SULBACTA	$
AMPHADASE	$
AMPHOTERICIN	$
AMPICILLIN	$
AMP-SULBACTA	$
AMTAGVI	$$$$$
AMVUTTRA	$$$$$
AMYTAL SOD	$$$$
ANUCORT-HC	$
ANU-HC	$
APHEXDA	$$$$$
APOKYN	$$
APOMORPHINE	$$$$$
APONVIE	$
APRETUDE	A
AQUASTAT SFR	$
ARALAST NP	$$$$$
ARANESP * SoC	$$$$$
ARCALYST	$$$$$
AREXVY	A
ARGATRB/NACL	$$$$$
ARGATROBAN	$$$$
ARISTADA	$$$$$
ARRANON	$$$$$
ARSENIC TRIO	$$$$$
ARTESUNATE	$$$$$
ARTZ FX	$
ASCLERA	$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
ASPARLAS	$$$$$
ATGAM	$$$$$
ATIVAN	$
ATROPINE SUL	$
AVEED	$$$$$
AVSOLA * SoC	$$$$$
AVYCAZ	$$$$$
AZACITIDINE	$$$
AZACTAM	$$$
AZATHIOPRINE	$$$
AZITHROMYCIN	$
AZTREONAM	$$$
BABYBIG	$$$$$
BACLOFEN	$$$$
BARHEMSYS	$$
BAVENCIO	$$$$$
BAXDELA	$
BCG VACCINE	$
B-COMPLEX	$
BD POSIFLUSH	$
BELEODAQ	$$$$$
BELLA/OPIUM	$
BELRAPZO	$$$$$
BENDAMUSTINE	$
BENDEKA	$$$$$
BENLYSTA * SoC	$$$$$
BENTYL	$$
BENZTROPINE	$
BEOVU *	$$$$$$
BERINERT	$$$$$
BESPONSA	$$$$$
BESREMI	$$$$$
BETA-PHOS/AC	$
BEXSERO	$$$$

Drug Name	Member Cost Share Estimate
BEYFORTUS	$$$$$
BICILLIN C-R	$$$$
BICILLIN L-A	$$$$
BIOTHRAX	$
BLEOMYCIN	$$
BLINCYTO	$$$$$
BLOXIVERZ	$
BOOSTRIX	A
BORTEZOMIB	$$$
BOTOX * SoC	$$$$$
BREYANZI *	$$$$$
BRINEURA	$$$$$
BRIUMVI	$$$$$
BRIVIACT	$
BUPIV/DEXTRO SPINAL	$
BUPIVACAINE	$
BUPIVACAINE SPINAL	$
BUPIVACAINE/ EPI	$
BUPRENORPHIN	$
BUSULFAN	$$$$$
BUSULFEX	$$$$$
BUTORPHANOL	$
BYFAVO	$
BYOOVIZ *	$$$$$
CABENUVA *	$$$$$
CABLIVI	$$$
CAFFEINE CIT	$
CAFFEINE/SOD BENZOATE	$
CAL GLU/NACL	$
CALCITRIOL	$$$$
CALDOLOR	$
CALSODORE PAK	$$$$$
CAMCEVI	$$$$$
CAMPTOSAR	$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
CANCIDAS	$$$$
CARBOPLATIN	$$
CARBOPRO TRO	$
CARMUSTINE	$$$$$
CARNITOR	$$
CARVYKTI *	$$$$$
CASPOFUNGIN	$$$
CAVERJECT	$
CAVERJECT IMPULSE	$
CEFAZOL/DEXTROSE	$
CEFAZOLIN	$
CEFEPIME HCL	$
CEFEPIME/DEXTROSE	$
CEFOTAXIME	$$
CEFOTETAN	$
CEFOXITIN	$
CEFTAZIDIME	$
CEFTRIAXONE	$
CEFTRIAXONE/DEXTROSE	$$
CEFUROXIME	$
CELESTONE	$
CELLCEPT IV	$
CEREBYX	$$
CHLORAMPHEN	$$
CHLOROTHIAZ	$$
CHLORPROMAZ	$
CIDOFOVIR	$$$$$
CIMERLI *	$$$$$
CINQAIR * SoC	$$$$$
CINRYZE * SoC	$$$$$
CINVANTI	$$$$$
CIPROFLOXACN	$
CISPLATIN	$
CLADRIBINE	$$$$

Drug Name	Member Cost Share Estimate
CLEOCIN PHOS	$
CLINDAMY/DEXTROSE	$
CLINDAMYCIN	$
CLINDMYC/NACL	$$
CLOBETAVIX	$$$$$
CLOFARABINE	$
CLOLAR	$$$$$
CLONIDINE	$
COCAINE HCL	$$$
COLISTIMETH	$
COLUMVI	$$$$$
COLY-MYCIN M	$$
COMIRNATY	A
COMPRO	$
COPAXONE	$
CORTROPHIN GEL	$$$$$
COSELA	$$$$$
CRESEMBA	$
CRYSVITA * SoC	$$$$$
CUBICIN RF	$$$
CUTAQUIG	$$$$$
CUTAQUIG * SoC	$$$$$
CYANOCOBALAMIN	$
CYCLOPHOSPH	$$$$$
CYKLOKAPRON	$
CYRAMZA	$$$$$
CYTARABINE	$
CYTOGAM	$$$$$
DACARBAZINE	$
DACTINOMYCIN	$$$$$
DALVANCE	$$$$$
DANYELZA	$$$$$
DAPTACEL	A
DAPTOMYCIN	$$$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
DARZALEX	$$$$$
DARZALEX FASPRO	$$$$$
DAUNORUBICIN	$$$
DDAVP	$$$$$
DECITABINE	$$$$
DEFITELIO	$
DELESTROGEN	$
DEMEROL	$
DENGVAXIA	$
DEPO-ESTRADI	$
DEPO-MEDROL	$
DEPO-PROVERA	A
DEPO-TESTOST	$
DESMOPRESSIN	$$$$
DEXAMETHASONE	$
DEXMED/DEXTROSE	$
DEXMEDE/NACL	$$
DEXMEDETOMID	$
DEXPANTHENOL	$
DEXRAZOXANE	$$$$$
DIAZEPAM	$
DIAZEPAM GEL	$
DICLOFENAC	$
DICYCLOMINE	$
DIGOXIN	$
DIHYDROERGOT	$$$$
DIMENHYDRIN	$
DIPHENHYDRAM	$
DOBUTAM/DEXTROSE	$
DOBUTAMINE	$
DOCETAXEL	$$$$$
DODEX	$
DOPAMINE	$
DOPAMINE/DEXTROSE	$$
DOPRAM	$
DOXERCALCIF	$
DOXIL	$$$$
DOXORUBICIN	$$$$
DROPERIDOL	$
DUOBRII	$
DUOPA	$$
DURACLON	$
DURAMORPH	$
DUROLANE	$$$$
DURYSTA	$$$$
DYSPORT * SoC	$$$$
ECTAFER	$$$$
EDEX	$
ELAHERE	$$$$
ELAPRASE * SoC	$$$$
ELFABRIO *	$$$
ELIGARD	$$$$
ELITEK	$$$$
ELLENCE	$$
ELREXFIO	$$$$
ELZONRIS	$$$$
EMEND	$$$
EMGALITY	$
EMPAVELI	$$$$
EMPLICITI	$$$$
ENALAPRILAT	$
ENBREL	$$$$
ENBREL MINI	$$$$
ENBREL SRCLK	$$$$
ENGERIX-B	A
ENHERTU	$$$$
ENJAYMO * SoC	$$$$
ENSPRYNG	$$$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
ENTYVIO	$$$$$
ENTYVIO * SoC	$$$$$
EPINEPHRINE	$
EPKINLY	$$$$$
EPOGEN	$$$$$
EPOGEN * SoC	$$$$$
EPOPROSTENOL	$$
EPTIFIBATIDE	$$$$$
ERAXIS	$$$
ERBITUX	$$$$$
ERTAPENEM	$$
ERYTHROCIN	$$
ERYTHROMYCIN	$
ESOMEPRAZOLE	$
ESTRAD VAL	$
ETHAMOLIN	$$$$$
ETHYOL	$$$$$
ETOPOPHOS	$$
ETOPOSIDE	$$
EUFLEXXA	$$$$$
EVENITY * SoC	$$$$$
EVKEEZA * SoC	$$$$$
EVOMELA	$$$$$
EYLEA *	$$$$$
EYLEA HD *	$$$$$
FABRAZYME * SoC	$$$$$
FASENRA * SoC	$$$$$
FASENRA PEN * SoC	$
FASLODEX	$$$$$
FENTANYL CIT	$
FENVI	$$$$$
FERAHEME	$$$$$
FERRIC GLUCO	$$
FERRLECIT	$

Drug Name	Member Cost Share Estimate
FERUMOXYTOL	$$$$$
FETROJA	$$$$$
FIASP	$
FIRAZYR	$$$$$
FIRMAGON	$$$$$
FLEXBUMIN	$$$$
FLOLAN	$$
FLOXURIDINE	$$$$
FLUAD	A
FLUARIX	A
FLUBLOK	A
FLUCLVX	A
FLUCONAZOLE/NACL	$
FLUDARABINE	$$$$
FLULAVAL	A
FLUMIST	A
FLUOROURACIL	$$
FLUPHENAZINE	$
FLUSH SYRING	$
FLUZONE HD	A
FLUZONE	A
FOLOTYN	$$$$$
FOSAPREPITAN	$$$
FOSCARNET	$
FOSCAVIR	$$$$$
FOSPHENYTOIN	$
FULPHILA	$$$$$
FULVESTRANT	$$$$$
FUZEON	$
FYARRO	$$$$$
GABLOFEN	$$$$$
GAMASTAN	$
GAMIFANT	$$$$$
GAMMAKED	$$$$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
GAMMAKED * SoC	$$$$$
GAMUNEX-C	$$$$$
GAMUNEX-C * SoC	$$$$$
GANCICLOVIR	$
GARDASIL	A
GAZYVA	$$$$$
GEL-ONE	$$$$$
GELSYN	$$$$$
GEMCITABINE	$$
GENOTROPIN	$$$$
GENTAM/NACL	$
GENTAMICIN	$
GENVISC	$$$$$
GEODON	$
GIMOTI SPR	$$$$
GIVLAARI * SoC	$$$$$
GLASSIA	$$$$$
GLATIRAMER	$
GLATOPA	$$$$
GLUCAGON EMR	$$$$
GLYCOPYRROLATE	$
GOHIBIC	$$
GOPRELTO	$$
GRANISETRON	$
GVOKE	$$$
GVOKE HYPO	$$$
GVOKE PFS	$$$
HAEGARDA	$$$$$
HALAVEN	$$$$$
HALDOL DEC	$
HALOPER DEC	$
HALOPER LAC	$
HALOPERIDOL LACTATE	$
HAVRIX	A

Drug Name	Member Cost Share Estimate
HECTOROL	$
HEMABATE	$$
HEMGENIX *	$$$$$
HEMMOREX-HC	$
HEPAGAM B	$$
HEPARIN SOD (PORCINE)	$
HEPARIN SOD (PORCINE)/DEXTROSE	$
HEPARIN SOD (PORCINE)/NACL	$
HEPLISAV-B	A
HEXATRIONE	$
HIBERIX	$
HIZENTRA * SoC	$$$$$
HIZENTRA SoC	$$$$$
HUMATROPE	$$$$
HYALGAN	$$$$$
HYCAMTIN	$$$$$
HYDROC/PRAM	$
HYDROCORT	$
HYDROMORPHONE HCL	$
HYDROXOCOBAL	$
HYDROXYZINE HCL	$
HYLENEX	$
HYMOVIS	$$$$$
HYOSCYAMINE	$
HYPERHEP B	$
HYPERRAB	$$$$$
HYPERRHO S/D	$$
HYPERTET	$$$$$
HYQVIA * SoC	$$$$$
IBANDRONATE	$$
IBUPROFEN LYSINE	$
ICATIBANT	$$$$$
IDAMYCIN PFS	$$
IDARUBICIN	$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
IFEX	$$
IFOSFAMIDE	$
IGALMI MIS	$$$$
ILARIS * SoC	$$$$$
IMCIVREE	$
IMFINZI	$$$$$
IMIPENEM/CIL	$
IMJUDO	$$$$$
IMLYGIC	$
IMOGAM RABIE	$$$
IMOVAX RABIE	$$$$
INCRELEX	$$$$
INDOCIN	$$$
INDOMETHACIN	$$$
INFANRIX	$
INFED	$$$$
INFLECTRA * SoC	$$$$$
INFUMORPH	$$$
INVEGA	$$$$$
IPOL	A
IRINOTECAN	$$
ISONIAZID	$
ISOPROTEREN	$$$$
ISTODAX	$$$$$
IXCHIQ	$$$$
IXEMPRA	$$$$$
IXIARO	$$$$
IZERVAY *	$$$$$
JELMYTO	$$$$$
JEMPERLI	$
JEVTANA	$$$$$
JYNNEOS	A
KADCYLA	$$$$$
KALBITOR * SoC	$$$$$

Drug Name	Member Cost Share Estimate
KANJINTI	$$$$$
KANUMA * SoC	$$$$$
KEDBUMIN	$$
KEDRAB	$$$$$
KENALOG	$
KENGREAL	$$$$$
KEPIVANCE	$$$$$
KEPPRA	$$$$$
KETOROLAC	$
KEYTRUDA	$$$$$
KHAPZORY	$$$$$
KIMMTRAK	$$$$$
KIMYRSA	$$$$$
KINRIX	A
KORSUVA	$
KRYSTEXXA * SoC	$$$$$
KYLEENA IUD	$$$$$
KYMRIAH *	$$$$$
KYPROLIS	$$$$$
LABETALOL	$
LABETALOL NACL	$
LACOSAMIDE	$$
LACTATED RIN IRRIGAT	$$
LAMZEDE	$$$$$
LANOXIN	$$$$
LANREOTIDE	$$$$$
LANTIDRA	$$$$$
LEMTRADA	$$$$$
LEQEMBI *	$$$$$
LEQVIO * SoC	$$$$$
LEUCOVOR CA	$$
LEUKINE	$$$$
LEUPROLIDE	$$$
LEVETIRACETAM	$$

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Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
LEVETRACETAM/NACL	$
LEVOCARNITIN	$
LEVOFLOXACIN	$
LEVOFLOXACIN/DEXTROSE	$
LEVOLEUCOVOR	$$$$$
LEVOTHYROXIN	$$$
LEVULAN KERA	$$$$$
LIBTAYO	$$$$$
LICART DIS	$$$$
LILETTA IUD	$
LINCOCIN	$
LINCOMYCIN	$
LINEZOLID	$$
LIORESAL INT	$$$$$
LIOTHYRONINE	$
LORAZEPAM	$
LUCENTIS *	$$$$$
LUGOLS IODINE	$
LUMIZYME * SoC	$$$$$
LUNSUMIO	$$$$$
LUPRON DEP-PED	$$$$$
LUPRON DEPOT	$$$$$
LUXTURNA *	$$$$$
LYUMJEV	$
MACI	$$$$$
MANNITOL	$
MARCAINE	$
MARCAINE SPINAL	$
MARCAINE/EPI	$
MARGENZA	$
MEDROXYPR AC	A
MELPHALAN	$$$$$
MENQUADFI	A
MENVEO	A

Drug Name	Member Cost Share Estimate
MEPERIDINE	$
MEPSEVII * SoC	$$$$$
MEROPENEM	$$$
MEROPENEM/NACL	$$
MESALAMINE ENE	$$$
MESNA	$$
MESNEX	$$
METHADONE	$
METHOCARBAM	$
METHOTREXATE	$
METHYLERGON	$
METHYLPRED ACETATE	$
METHYLPRED SOD	$
METOCLOPRAM	$
METRONIDAZOL	$
MICAFUNGIN	$$
MICRHOGAM PL	$
MIDAZOLAM	$
MIDAZOLAM NACL	$
MILRINONE	$$
MILRINONE/DEXTROSE	$
MINOCIN	$$$$$
MIRCERA	$$$$
MIRENA IUD SYSTEM	$$$$
MITIGO	$$
MITOMYCIN	$$$$
MITOXANTRON	$$
M-M-R II	$$
MODERNA	A
MONJUVI	$$$$$
MONOFERRIC	$$$$
MONOVISC	$$$$$
MORPHINE SUL	$
MORPHINE SUL PF	$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
MOUNJARO	$$$$$
MOXIFLOXACIN	$
MOZOBIL	$$$$$
MUTAMYCIN	$$
MVASI	$$$$$
MYCAMINE	$$$$$
MYCOPHENOLAT	$
MYLOTARG	$$$$$
MYOBLOC SoC	$
MYXREDLIN	$
NABI-HB	$$$$
NAGLAZYME * SoC	$$$$$
NALBUPHINE	$
NALOXONE	$
NAROPIN	$
NAYZILAM SPR	$
NELARABINE	$$$$$
NEOPROFEN	$
NEOSTIG METH	$
NEULASTA	$$$$$
NEXAVIR	$
NEXIUM I.V.	$
NEXPLANON IMP	$$$
NEXVIAZYME * SoC	$$$$$
NGENLA	$$$$$
NIPENT	$$$$$
NIVESTYM	$$$
NORDITROPIN	$$$$$
NORML SALINE IV FLUSH	$
NOVAVAX	$
NOXAFIL	$$$$$
NUCALA * SoC	$$$$$
NUDERMRXPAK PAK	$$$
NULIBRY	$$$$

Drug Name	Member Cost Share Estimate
NULOJIX * SoC	$$$$$
NUTROPIN AQ	$$$$
NUZYRA	$$$
OCREVUS * SoC	$$$$$
OCTAGAM	$$$$$
OCTAGAM * SoC	$$$$$
OCTREOTIDE * SoC	$
OGIVRI	$$$$$
OLANZAPINE	$$
OLINVYK	$$$
OMISIRGE	$$$$$
OMNITROPE	$$$$$
ONCASPAR	$$$$$
ONDANSETRON	$
ONIVYDE	$$$$$
ONPATTRO * SoC	$$$$$
OPDIVO	$$$$$
OPDUALAG	$$$$$
ORBACTIV	$$$$
ORENCIA * SoC	$$$$$
ORPHENADRINE	$
ORTHOVISC	$$$$$
OSMITROL	$
OXACILLIN	$$$
OXALIPLATIN	$$$
OXLUMO * SoC	$
OXYTOCIN	$
PACLITAXEL	$
PADCEV	$$$$$
PALONOSETRON	$$
PALYNZIQ	$$
PAMIDRONATE	$$
PAPAVERINE	$
PARAGARD IUD T	$$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
PARAPLATIN	$$$$$
PARICALCITOL	$
PARSABIV	$$$$
PEDIARIX	A
PEDMARK	$$
PEDVAX HIB	$
PEMETREXED	$$$$$
PEMFEXY	$$$$$
PEMRYDI RTU	$$
PEN G SODIUM	$
PEN GK/DEXTROSE	$$
PENBRAYA	A
PENICILLIN G POTASSIUM	$$
PENNSAID	$
PENTACEL	$$
PENTAMIDINE	$$$
PENTOBARB	$$
PERJETA	$$$$$
PERSERIS	$$$$$
PFIZER	A
PFIZERPEN	$
PHENERGAN	$
PHENOBARB	$$
PHENTOLAMINE	$
PHENYTOIN	$
PHESGO	$$$$$
PHOTOFRIN *	$$$$$
PIPER/TAZOBA	$
PITOCIN	$
PLERIXAFOR	$$$$$
PNEUMOVAX	$$$
POLIVY	$$$$$
POLOCAINE	$
POLYMYXIN B	$

Drug Name	Member Cost Share Estimate
POMBILITI *	$$$$$
PORTRAZZA	$$$$$
POSACONAZOLE	$
POSIMIR	$$
POTELIGEO	$$$$$
PRALATREXATE	$$$$$
PRECEDEX	$$
PREHEVBRIO	A
PRELIN LA	$$$$$
PREMARIN	$$$$$
PREVNAR	$$$$
PREVYMIS	$$
PRIALT	$$$$$
PRIMAXIN IV	$
PRIORIX	A
PRIVIGEN	$$$$$
PRIVIGEN * SoC	$$$$$
PROCHLORPER	$
PROCRIT	$$$$
PROCRIT * SoC	$$$$
PROGESTERONE	$
PROGRAF	$$
PROLASTIN-C	$$$$$
PROLEUKIN	$$$$$
PROLIA	$$$$$
PROMETHAZINE	$
PROMETHEGAN	$
PROQUAD	A
PROSTIN VR	$
PROVENGE	$$$$$
QALSODY *	$$$$$
QUADRACEL	A
QUZYTTIR	$$$$$
RABAVERT	$$$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
RADICAVA * SoC	$$$$$
RAPIVAB	$$$
RAYASORE	$$$$
REBLOZYL	$$$$$
REBYOTA FECAL *	$$$$$
RECARBRIO	$$$$$
RECLAST	$$$
RECOMBIVA HB	A
REGONOL	$
REMIFENTANIL	$$
REMODULIN	$$$$$
RETACRIT	$$$$$
RETACRIT * SoC	$$$$$
RETHYMIC IMP	$$$$$
RETROVIR	$$
REVATIO	$
REVCOVI	$$$$$
REZZAYO	$$$$$
RHOGAM PLUS	$$$
RHOPHYLAC	$$$
RIABNI * SoC	$$$$$
RINGERS IRR	$
RISPERDAL	$$$$
RISPERIDONE	$$$$$
RIVFLOZA	$$$$$
ROBAXIN	$
ROCTAVIAN *	$$$$$
ROMIDEPSIN	$$$$$
ROPIVACAINE	$
ROTARIX	A
ROTATEQ	A
RUCONEST	$$$$$
RUXIENCE * SoC	$$$$$
RYBREVANT	$

Drug Name	Member Cost Share Estimate
RYKINDO	$$$$$
RYLAZE	$$$$$
RYPLAZIM	$$$$$
RYSTIGGO *	$$$$$
SAIZEN	$$$$
SAJAZIR	$$$$$
SANDIMMUNE	$
SANDOSTATIN * SoC	$$$$$
SAPHNELO * SoC	$$$$$
SARCLISA	$$$$$
SCARZEN SKIN REPAIR	$
SCENESSE IMP	$
SENSORCAINE	$
SENSORCAINE EPI	$
SENSORCAINE MPF	$
SENSORCAINE MPF/EPI	$
SEROSTIM	$$$
SEZABY	$$$$
SFROWASA ENE	$$$
SHINGRIX	A
SIGNIFOR LAR	$$$$$
SILDENAFIL	$$$$$
SIMPONI ARIA * SoC	$$$$$
SIMULECT	$$$$$
SIVEXTRO	$$
SKYLA IUD	$$$$$
SKYRIZI	$$$$$
SKYRIZI *	$$$$$
SKYSONA	$$$$$
SKYTROFA	$$$$$
SOD CHLORIDE	$
SOD TETRADEC	$$
SOGROYA	$$$$$
SOLU-CORTEF	$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

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SOMATULINE * SoC	$$$$$
SOTRADECOL	$$
SPIKEVAX	A
SPINRAZA	$$$$$
SPRAVATO *	$$$$$
STAMARIL	$$
STELARA * SoC	$$$$$
STERIL WATER IRRIG	$
STREPTOMYCIN	$
SUFENTANIL	$
SUNLENCA	$$$$$
SUSTOL	$$$$
SYFOVRE	$$$$$
SYLVANT	$$$$$
SYNAGIS *	$$$$$
SYNOJOYNT *	$$
SYNVISC	$$$$$
TAKHZYRO	$$$$$
TALVEY	$$$$$
TAZICEF	$
TDVAX	A
TECARTUS *	$$$$$
TECENTRIQ	$$$$$
TECVAYLI	$$$$$
TEFLARO	$$$$
TEGSEDI	$$$$$
TEMODAR	$$$$$
TEMSIROLIMUS	$$$$
TENIVAC	$$
TEPADINA	$$$$$
TEPEZZA * SoC	$$$$$
TERBUTALINE	$
TERLIVAZ	$$$$$
TESTOPEL MIS PELLETS	$$
TESTOST CYP	$
TESTOST ENAN	$
TEZSPIRE * SoC	$
THIOTEPA	$$$$$
THROMBAT III	$$$$$
THYMOGLOBULN	$$$$$
TICE BCG	$$$
TICOVAC	$$
TIGAN	$
TIGECYCLINE	$$$$
TIROFIBAN	$
TIS-U-SOL	$
TIVDAK	$$$$$
TOBRAMYCIN	$
TOPOTECAN	$
TORISEL	$$$$$
TRANEXAMIC	$
TRANEXAMIC / NACL	$$
TRAZIMERA	$$$$$
TREANDA	$$$$$
TRELSTAR MIX	$$$$$
TREPROSTINIL	$$$$
TRIAMCIN ACE	$
TRIASIL PAK	$$$$$
TRILURON	$$$$$
TRIPTODUR	$$$$$
TRISENOX	$$$$$
TRIVISC	$$$$$
TRODELVY	$$$$$
TROGARZO * SoC	$$$$$
TRUMENBA	A
TRUXIMA * SoC	$$$$$
TWINRIX	$
TYGACIL	$$$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

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TYPHIM VI	$$$
TYRVAYA	$$$$
TYSABRI * SoC	$$$$$
TZIELD	$$$$$
ULTIVA	$$
ULTOMIRIS * SoC	$$$$$
U-MEDROL	$
UNASYN	$
UNITUXIN	$
UPLIZNA * SoC	$$$$$
UPTRAVI	$$
UZEDY	$$$$$
VABOMERE	$$$$$
VABYSMO	$$$$$
VALPROATE	$
VALRUBICIN	$$$$$
VALSTAR	$$$$$
VALTOCO SPR	$$$$
VANCOMYC/DEXTROSE	$$
VANCOMYCIN	$
VANISH LIQ	$
VAQTA	A
VARITHENA AER	$$
VARIVAX	A
VARIZIG	$$$$
VASOPRESSIN	$
VASOSTRICT	$$
VAXELIS	A
VAXNEUVANCE	A
VECTIBIX	$$$$$
VEKLURY *	$$$$$
VELCADE	$$$$$
VELETRI	$$
VENOFER	$$$

Drug Name	Member Cost Share Estimate
VEOPOZ *	$$$$$
VFEND IV	$$$
VIBATIV	$$$$$
VIDAZA	$$$
VIMIZIM * SoC	$$$$$
VIMO *	$$$$
VIMPAT	$
VINBLASTINE	$$$
VINCRISTINE	$
VINORELBINE	$$
VISCO	$$$$$
VISUDYNE *	$$$$$
VIVIMUSTA	$$$$$
VIVITROL	$$$$
VORAXAZE	$$$
VORICONAZOLE	$$$$$
VOXZOGO	$$$
VPRIV * SoC	$$$$$
VYEPTI * SoC	$$$$$
VYLEESI	$$
VYVGART * SoC	$$$$$
VYVGART HYTRULO *	$$$$$
VYXEOS	$$$$$
WAINUA	$$$$$
WINRHO SDF	$$$$$
XACDURO	$$$$
XARACOLL IMP	$
XEMBIFY	$$$$$
XEMBIFY * SoC	$$$$$
XENPOZYME *	$$$$$
XEOMIN SoC	$$$$$
XERAVA	$$
XGEVA	$$$$$
XIAFLEX *	$$$$$

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
XOLAIR * SoC	$$$$$
XYOSTED	$
YCANTH	$$$$$
YERVOY	$$$$$
YESCARTA *	$$$$$
YF-VAX	$$
YONDELIS	$$$$$
ZALTRAP	$$$$$
ZANOSAR	$$$$
ZARXIO	$$$$$
ZAVZPRET SPR	$$$$
ZEGALOGUE	$$$$
ZEMAIRA	$$$$$
ZEMDRI	$$$$
ZEMPLAR	$
ZEPBOUND	$$$$$
ZEPZELCA	$$$$$
ZERBAXA	$$$$$
ZILBRYSQ	$$$$$
ZILRETTA	$$$$$
ZIMHI	$$$$
ZINPLAVA	$$$$$
ZIPRASIDONE	$$$
ZIRABEV	$$$$$
ZITHROMAX	$
ZOLADEX IMP	$$$$$
ZOLEDRONIC	$$
ZOLGENSMA *	$$$$$
ZOMACTON	$$
ZOSYN	$$
ZULRESSO	$$$$$
ZYNLONTA	$
ZYNRELEF	$$$
ZYNYZ	$$$$$
ZYPREXA	$$$$
ZYPREXA RELP	$$$$
ZYVOX	$$

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.

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Blue Cross and Blue Shield of Texas
Medical Drug Benefit List

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.

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