



# BlueCross BlueShield of Texas

## Pharmacy Program Updates: Quarterly Pharmacy Changes- Part 1: Effective July 1, 2023

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### Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSTX drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective July 1, 2023 are outlined below.**

The July Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the July 1 effective date.

**Note:** The drug list changes listed below apply only to some members whose health plan has a quarterly updated prescription drug list.

BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2024.

## Drug List Updates (Revisions/Exclusions) – As of July 1, 2023

### Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition	Preferred Alternatives <sup>1,2</sup>
TAZORAC (tazarotene gel 0.05%, 0.1%)	Plaque Psoriasis, Acne Vulgaris	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

### Balanced Drug List Exclusions

Drug1	Drug Class/Condition	Alternatives <sup>1,2</sup>
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAMBIA (diclofenac potassium (migraine) packet 50 mg)	Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DENAVIR (penciclovir cream 1%)	Herpes Labialis (cold sores)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEXILANT (dexlansoprazole cap delayed release 30 mg, 60 mg)	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
ESBRIET (pirfenidone cap 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KEVEYIS (dichlorphenamide tab 50 mg)	Primary Periodic Paralysis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NEONATAL VITAMIN (prenatal vit w/ fe fumarate-fa tab 27-0.8 mg)	Prenatal Vitamin	Please talk to your doctor or pharmacist about medication(s) available for your condition.
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

#### Performance Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
calcitriol oral soln 1 mcg/ml	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
colesevelam hcl packet for susp 3.75 gm	Hypercholesterolemia	colesevelam tablet

DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
diltiazem hcl coated beads tab er 24hr 420 mg	Angina, Hypertension	diltiazem hcl coated beads capsule er 24 hr
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	calcitriol capsule
ESBRIET (pirfenidone cap 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine cap 2.5 mg, 5 mg	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nicardipine hcl cap 20 mg, 30 mg	Hypertension/ Angina	amlodipine besylate tablet, nifedipine tablet er 24 hr
NISOLDIPINE ER (nisoldipine tab sr 24hr 20 mg, 25.5 mg, 30 mg, 40 mg)	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
NITROMIST (nitroglycerin lingual aerosol 400 mcg/spray)	Angina	nitroglycerin lingual 400 mcg/spray
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
sapropterin dihydrochloride (Javygtor) powder packet 100 mg, 500 mg	Phenylketonuria	sapropterin dihydrochloride powder packet
sapropterin dihydrochloride (Javygtor) tab 100 mg	Phenylketonuria	sapropterin dihydrochloride tablet
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	Hypertension	losartan-hydrochlorothiazide tablet, telmisartan tablet, hydrochlorothiazide tablet

TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg 4-240 mg)	Hypertension	amlodipine-benazepril capsule
TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg, 360 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
VERELAN PM (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr

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<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class

### Performance Select Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1,2</sup>
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amblyopia/ Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
calcitriol oral soln 1 mcg/ml	Hypocalcemia associated with hypoparathyroidism/ Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
CAMBIA (diclofenac potassium (migraine) packet 50 mg)	Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
colesevelam hcl packet for susp 3.75 gm	Hypercholesterolemia	colesevelam tablet
DELESTROGEN (estradiol valerate IM in oil 10 mg/ml)	Vasomotor Symptoms/ Vulvar and Vaginal Atrophy/ Hypoestrogenism/ Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DENAVIR (penciclovir cream 1%)	Herpes Labialis (cold sores)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEXILANT (dexlansoprazole cap delayed release 30 mg, 60 mg)	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
dexlansoprazole cap delayed release 30 mg, 60 mg	Gastroesophageal Reflux Disease (GERD)	omeprazole capsule, pantoprazole tablet
diltiazem hcl coated beads tab er 24hr 420 mg	Angina, Hypertension	diltiazem hcl coated beads capsule er 24 hr

doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	calcitriol capsule
ESBRIET (pirfenidone cap 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine cap 2.5 mg, 5 mg	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/ Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NEONATAL VITAMIN (prenatal vit w/ fe fumarate-fa tab 27-0.8 mg)	Prenatal Vitamin	Please talk to your doctor or pharmacist about medication(s) available for your condition.
nicardipine hcl cap 20 mg, 30 mg	Hypertension/ Angina	amlodipine besylate tablet, nifedipine tablet er 24 hr
NISOLDIPINE ER (nisoldipine tab sr 24hr 20 mg, 25.5 mg, 30 mg, 40 mg)	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
NITROMIST (nitroglycerin lingual aerosol 400 mcg/spray)	Angina	nitroglycerin lingual 400 mcg/spray
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
sapropterin dihydrochloride (Javygtor) powder packet 100 mg, 500 mg	Phenylketonuria	sapropterin dihydrochloride powder packet
sapropterin dihydrochloride (Javygtor) tab 100 mg	Phenylketonuria	sapropterin dihydrochloride tablet
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	Hypertension	losartan-hydrochlorothiazide tablet, telmisartan tablet, hydrochlorothiazide tablet
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg 4-240 mg)	Hypertension	amlodipine-benazepril capsule

TROKENDI XR (topiramate cap er 24hr 25 mg, 50 mg, 100 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg, 360 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr
VERELAN PM (verapamil hcl cap er 24hr 100 mg, 200 mg, 300 mg)	Arrhythmia/ Hypertension/ Angina	verapamil hcl capsule er 24hr

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<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

## Drug List Updates (Tier Changes) – As of July 1, 2023

The drug changes listed below apply to members on a managed drug list. Members may pay more for these drugs after July 1, 2023.

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Alternative(s) <sup>1,2</sup>	Drug Class/Condition
ALLZITAL (butalbital-acetaminophen tab 25-325 mg)	butalbital-acetaminophen tablet 50-325 mg, butalbital/aspirin/caffeine tablet	Tension Headache
BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen tab 25-325 mg)	butalbital-acetaminophen tablet 50-325 mg, butalbital/aspirin/caffeine tablet	Tension Headache
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Please talk to your doctor or pharmacist about medication(s) available for your condition.	Hypothyroidism
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets	Hypertension

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<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

### Performance Drug List Tier Changes

Drug <sup>1</sup>	Alternative(s) <sup>1,2</sup>	Drug Class/Condition
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Please talk to your doctor or pharmacist about medication(s) available for your condition.	Hypothyroidism
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets	Hypertension

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<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

**Performance Select Drug List Tier Changes**

<b>Drug<sup>1</sup></b>	<b>Alternative(s)<sup>1,2</sup></b>	<b>Drug Class/Condition</b>
NP THYROID (thyroid tab 15 mg (1/4 grain)), (thyroid tab 30 mg (1/2 grain)), (thyroid tab 60 mg (1 grain)), (thyroid tab 90 mg (1 1/2 grain)), (thyroid tab 120 mg (2 grain))	Please talk to your doctor or pharmacist about medication(s) available for your condition.	Hypothyroidism
QUINAPRIL/HYDROCHLOROT HIA ZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets	Hypertension

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

**Utilization Management Program Changes**

**Prior Authorization (PA) Program Changes**

Several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans upon renewal for non-ASO groups. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates. For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

**Note:** For non-ASO groups or ASO groups without auto updates, these changes will not apply until the group’s 2024 renewal date, unless otherwise noted.

**Remember:** the PA programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of BCBSTX.com. Members were notified about the PA standard program changes listed in the table below.

**Drug categories or targets added to current pharmacy PA standard programs, effective July 1, 2023, are listed below.**

**Balanced, Basic, Enhanced, Multi-Tier Basic, Multi-Tier Enhanced  
Performance, and Performance Select Drug Lists**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
Therapeutic Alternatives PAQL	Tobi Podhaler 28 mg (tobramycin inhal cap)

<sup>1</sup>Third-party brand names are the property of their respective owner.

**Other Pharmacy Prior Authorization (PA) or Step Therapy (ST) Standard Program Updates**

<b>Effective Date</b>	<b>Program Name</b>	<b>Description of Change</b>	<b>Drug Lists</b>	<b>Program Type</b>
July 1, 2023	Atypical Antipsychotics STQL	Adding target drug Latuda	Balanced, Basic, Enhanced, Performance, Performance Select	Step Therapy



July 1, 2023	Furoscix PAQL	New program with drug target Furoscix (furosemide) 80mg/ 10 mL subcutaneous cartridge kit	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization
July 1, 2023	Hetlioz PAQL	Program changing to Prior Authorization Specialty	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
July 1, 2023	Northera PAQL	Program changing to Prior Authorization Specialty	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
June 1, 2023	Relyvrio PAQL	New program with target Relyvrio (sodium Phenylbutyrate-taurursodiol) powd pack	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty

July 1, 2023	Tezspire PAQL	New program with drug target Tezspire (tezepelumab) inj 210 mg	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM, Performance, Performance Annual, Performance Select	Prior Authorization Specialty
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View the most up-to-date drug list and list of drug dispensing limits on [www.BCBSTX.com/rx-drugs/drug-lists/drug-lists](http://www.BCBSTX.com/rx-drugs/drug-lists/drug-lists)

### Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSTX members who have prescription-drug benefits administered by Prime Therapeutics†. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

**Please note:** Members were not notified of this change because either there is no utilization, or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists.

Product(s) No Longer Covered <sup>1</sup>	Condition	Covered Alternative(s) <sup>1,2</sup>
FLUTICASONE-SALMETEROL HFA 45-21 mcg/ACT, 115-21 mcg/ACT, 230-21 mcg/ACT	Asthma	Advair

### Introducing MyBlueRxTX – A New Mobile Pharmacy App

**What's new:** MyBlueRxTX is a personalized, digital pharmacy app where members can easily access, understand, and manage their prescription-drug care and out-of-pocket costs.

**How it works:** The app lists current information about prescription drugs and pharmacy benefits, and helps members do the following:

- Find available lower-cost drug options
- Compare drug costs at different pharmacies
- Manage prescription-drug care for dependents (dependents over age 18 can activate their own account)
- Receive refill reminder alerts
- Access information about their prescription drugs including claims history, medication details, coverage, clinical review approvals and more
- Search for and contact in-network pharmacies

The MyBlueRxTX app is available for most commercial group plan members with pharmacy benefits administered by Prime Therapeutics®. Members can download the free app from the [App Store](#) or [Google Play](#). If they already have a Blue Access for Members<sup>SM</sup> account, they can use the same credentials to log in, or create a new account.

### Prescription Drug Benefit Update: Introducing MedsYourWay®

**What's new:** MedsYourWay® is a new program that lowers costs for members on select, covered drugs at select retail pharmacies. It is an automatic, real-time price comparison between prices of participating drug discount cards to a member's plan cost-share completed behind the scenes at select, in-network pharmacies. The member pays the lower available price option at check out.

**Program details:**

- Members simply show their BCBSTX member ID at the pharmacy.
- Covered purchases count toward members' yearly plan deductibles and/or out-of-pocket expenses.

MedsYourWay® simplifies the brick-and-mortar drug store experience while saving members time and money. It lowers overall prescription costs and helps increase insight into member prescription fills and medication adherence as part of a complete care coordination plan.

MedsYourWay® is available to BCBSTX members on Metallic Small Group and Individual and Family Market plans as of April 1, 2023. The program is planned to be available to additional group-market segments, including ASO, starting Jan. 1, 2024.

### Coverage Change for OTC COVID-19 Test Kits after May 11

Once the COVID-19 Public Health Emergency (PHE) expires on May 11, 2023, there will be a change in coverage for over the counter (OTC) COVID-19 home test kits. Most BCBSTX commercial plan members will no longer have coverage for these test kits under their pharmacy benefit. This includes members on an individual and family markets plan, and both fully insured and ASO group plans. Some ASO groups may have opted in to continue covering these OTC COVID-19 test kits under the pharmacy benefit.

<sup>†</sup>Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. [MyPrime.com](https://www.myprime.com) is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.