

5 Tier Generics Plus Drug List

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list, also known as a formulary, is regularly updated. You can view the most up-to-date list, or the specialty drug list, at **MyPrime.com**.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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<https://www.myprime.com/v/BCBSTX/COMMERCIAL/TX5TIERGEN/en/find-medicine.html>

Introduction

Blue Cross and Blue Shield is pleased to present the 2016 Drug List. This is a list of preferred drugs which includes Brand drugs and a partial listing of generic drugs. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

Drug List updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **MyPrime.com** and log in or call the number on the back of your ID card.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from your health plan, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list.

How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of five member payment tiers: Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4) (not listed in this document) and Specialty (Tier 5). To verify your payment amount for a drug, visit **myprime.com** and log in or call the number on the back of your ID card.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit.

How to use this list

Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). The reference brand drug is a non-preferred (NP) brand and is only included as a reference to the brand. Some generic products have no reference brand.

Example: **atorvastatin** (Lipitor)

Brand drugs are listed in all CAPITAL letters.

Example: PROAIR HFA

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index if you do not find your particular medication in the class/condition section that corresponds to your use.

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Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket medication costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs typically move to a non-preferred brand tier after a generic equivalent becomes available.

You may be responsible for the brand member payment amount *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

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Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss.

Over-the-counter exclusions: Your benefit plan may not provide coverage for prescription medications that have an over-the-counter version. You should refer to your benefit plan material for details about your particular benefits.

Compounded medications: Your benefit plan may not provide coverage for compounded medications. Please see your plan materials or call the number on the back of your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication will be covered under your plan. For the preferred medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a dot under the prior authorization column. Some plans may have prior authorization on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

Step Therapy (ST): Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the preferred medications listed in this document, if a step therapy is commonly required, it will generally be noted next to the medication with a dot under the step therapy column. Some plans may have step therapy programs on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

Dispensing Limits (DL): Drug Dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the preferred medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a dot under the dispensing limits column. Limits may include: quantity of covered medication per prescription, quantity of covered medication in a given time period, coverage only for members within a certain age range, and coverage only for members of a specific gender. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you will be responsible for the full cost of the prescription beyond what your coverage allows.* For a list of medications and their dispensing limits, visit **myprime.com**.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such medication if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which medication is right for you. Discuss any questions or concerns you have about medications you are taking or are prescribed with your doctor. Blue Cross and Blue Shield does not provide health care services and, therefore, cannot guarantee any results or outcomes.

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Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. For a current list of specialty medications, visit **MyPrime.com**.

Note that some drug classes may be excluded by some plans and therefore may not be covered under your pharmacy benefit. Your plan may have a different coverage level for self-administered specialty drugs. If you have questions about your coverage for specialty medications or your prescription drug benefit, call the number on the back of your ID card.

Prime Therapeutics Specialty Pharmacy Program

Through Prime Therapeutics Specialty Pharmacy, members can have covered specialty medications delivered directly to them or their doctor's office. When you receive specialty medications through Prime, you also receive at no additional charge the following services:

- Coordination of coverage between you, your doctor and your health plan
- Educational materials about your particular condition and information about managing potential medication side effects
- Syringes, sharps containers and other supplies with every shipment for self-injectables
- 24/7/365 phone access to a pharmacist for urgent medication issues

To order through Prime Therapeutics Specialty Pharmacy:

- Have your doctor call or fax your prescription to Prime Therapeutics Specialty Pharmacy. Your doctor can call 877-627-6337 or fax to 877-828-3939.
- If you have an existing prescription for a covered specialty medication, you can call 877-627-6337 to transfer your prescription.
- A Prime Therapeutics coordinator will contact you to arrange delivery of your medication.
- The prescription can be shipped directly to you or your prescribing doctor's office. Each package is individually marked for each member. Refrigerated drugs are shipped in temperature-controlled packaging.

If you have questions, please contact Prime Therapeutics Specialty Pharmacy at 877-627-6337, visit www.PrimeTherapeutics.com/specialty, or call the number on the back of your ID card.

* Blue Cross and Blue Shield of Illinois (BCBSIL), Blue Cross and Blue Shield of Montana (BCBSMT), Blue Cross and Blue Shield of New Mexico (BCBSNM), Blue Cross and Blue Shield of Oklahoma (BCBSOK), and Blue Cross and Blue Shield of Texas (BCBSTX) are Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. BCBSIL, BCBSMT, BCBSNM, BCBSOK, and BCBSTX contract with Prime Therapeutics to provide pharmacy benefit management, home delivery pharmacy and specialty pharmacy services. BCBSIL, BCBSMT, BCBSNM, BCBSOK, and BCBSTX, as well as several other independent Blue Cross and Blue Shield Plans, have an ownership interest in Prime Therapeutics LLC.

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Abbreviation/acronym key

caps	capsules	odt	orally disintegrating tablets
chew	chewable	oint	ointment
conc	concentrate	ophth	ophthalmic
cr	controlled release	osm	osmotic release
dr	delayed release	powd	powder
ec	enteric coated	sa	sustained action
effe	effervescent	sl	sublingual
equiv	equivalent	soln	solution
er	extended release	sr	sustained release
inhal	inhalation	suppos	suppositories
inj	injection	susp	suspension
liq	liquid	tab	tablets
lotn	lotion	td	transdermal
nebu	nebulizer		

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ANTI-INFECTIVE AGENTS				
PENICILLINS				
amoxicillin (trihydrate) cap 250 mg				
amoxicillin (trihydrate) cap 500 mg				
amoxicillin (trihydrate) for susp 125 mg/5ml				
amoxicillin (trihydrate) for susp 200 mg/5ml				
amoxicillin (trihydrate) for susp 250 mg/5ml				
amoxicillin (trihydrate) for susp 400 mg/5ml				
amoxicillin (trihydrate) tab 500 mg				
amoxicillin (trihydrate) tab 875 mg				
ampicillin cap 250 mg				
ampicillin cap 500 mg				
penicillin v potassium for soln 125 mg/5ml				
penicillin v potassium for soln 250 mg/5ml				
penicillin v potassium tab 250 mg				
penicillin v potassium tab 500 mg				
CEPHALOSPORINS				
cefadroxil cap 500 mg				
CEFTIN – cefuroxime axetil for susp 125 mg/5ml				
cephalexin cap 250 mg (Keflex)				
cephalexin cap 500 mg (Keflex)				
MACROLIDES				
azithromycin tab 250 mg (Zithromax)			•	
azithromycin tab 500 mg (Zithromax)			•	
TETRACYCLINES				
minocycline hcl cap 50 mg (Minocin)				
minocycline hcl cap 75 mg (Minocin)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
minocycline hcl cap 100 mg (Minocin)				
FLUOROQUINOLONES				
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)				
ciprofloxacin hcl tab 750 mg (base equiv)				
levofloxacin tab 250 mg (Levaquin)				
levofloxacin tab 500 mg (Levaquin)				
levofloxacin tab 750 mg (Levaquin)				
AMINOGLYCOSIDES				
neomycin sulfate tab 500 mg				
TUBERCULOSIS				
isoniazid tab 100 mg				
isoniazid tab 300 mg				
PRIFTIN – rifapentine tab 150 mg				
FUNGAL INFECTIONS				
fluconazole for susp 10 mg/ml (Diflucan)				
fluconazole tab 50 mg (Diflucan)				
fluconazole tab 100 mg (Diflucan)				
fluconazole tab 150 mg (Diflucan)				
ketoconazole tab 200 mg				
NOXAFIL – posaconazole tab delayed release 100 mg		•		
NOXAFIL – posaconazole susp 40 mg/ ml		•		
terbinafine hcl tab 250 mg (Lamisil)				
VIRAL INFECTIONS				
Cytomegalovirus				
VALCYTE – valganciclovir hcl for soln 50 mg/ml (base equiv)				
Hepatitis				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
BARACLUDE – entecavir oral soln 0.05 mg/ml				
DAKLINZA – daclatasvir dihydrochloride tab 30 mg (base equivalent)	•	•		
DAKLINZA – daclatasvir dihydrochloride tab 60 mg (base equivalent)	•	•		
DAKLINZA – daclatasvir dihydrochloride tab 90 mg (base equivalent)	•	•		
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml	•	•		
PEGASYS PROCLICK – peginterferon alfa-2a inj 135 mcg/0.5ml	•	•		
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml	•	•		
SOVALDI – sofosbuvir tab 400 mg	•	•		
Herpes				
acyclovir cap 200 mg (Zovirax)				
acyclovir tab 400 mg (Zovirax)				
acyclovir tab 800 mg (Zovirax)				
HIV/AIDS				
APTIVUS – tipranavir cap 250 mg			•	
APTIVUS – tipranavir oral soln 100 mg/ml			•	
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg			•	
CRIXIVAN – indinavir sulfate cap 200 mg			•	
CRIXIVAN – indinavir sulfate cap 400 mg			•	
EMTRIVA – emtricitabine caps 200 mg			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
EMTRIVA – emtricitabine soln 10 mg/ml			•	
EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg			•	
FUZEON – enfuvirtide for inj 90 mg	•		•	
INTELENCE – etravirine tab 25 mg			•	
INTELENCE – etravirine tab 100 mg			•	
INTELENCE – etravirine tab 200 mg			•	
INVIRASE – saquinavir mesylate cap 200 mg			•	
INVIRASE – saquinavir mesylate tab 500 mg			•	
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)			•	
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)			•	
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)			•	
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)			•	
KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)			•	
KALETRA – lopinavir-ritonavir tab 100-25 mg			•	
KALETRA – lopinavir-ritonavir tab 200-50 mg			•	
LEXIVA – fosamprenavir calcium tab 700 mg (base equiv)			•	
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)			•	
nevirapine tab 200 mg (Viramune)			•	
NORVIR – ritonavir cap 100 mg			•	
NORVIR – ritonavir tab 100 mg			•	
NORVIR – ritonavir oral soln 80 mg/ml			•	
PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)			•	

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
PREZISTA – darunavir ethanolate tab 75 mg (base equiv)			•		TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg			•	
PREZISTA – darunavir ethanolate tab 150 mg (base equiv)			•		TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg			•	
PREZISTA – darunavir ethanolate tab 600 mg (base equiv)			•		VIDEX – didanosine for soln 2 gm			•	
PREZISTA – darunavir ethanolate tab 800 mg (base equiv)			•		VIDEX – didanosine for soln 4 gm			•	
RESCRIPTOR – delavirdine mesylate tab 100 mg			•		VIRACEPT – nelfinavir mesylate tab 250 mg			•	
RESCRIPTOR – delavirdine mesylate tab 200 mg			•		VIRACEPT – nelfinavir mesylate tab 625 mg			•	
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)			•		VIRAMUNE – nevirapine susp 50 mg/5ml			•	
REYATAZ – atazanavir sulfate cap 150 mg (base equiv)			•		VIRAMUNE XR – nevirapine tab sr 24hr 100 mg			•	
REYATAZ – atazanavir sulfate cap 200 mg (base equiv)			•		VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm			•	
REYATAZ – atazanavir sulfate cap 300 mg (base equiv)			•		VIREAD – tenofovir disoproxil fumarate tab 150 mg			•	
SELZENTRY – maraviroc tab 150 mg			•		VIREAD – tenofovir disoproxil fumarate tab 200 mg			•	
SELZENTRY – maraviroc tab 300 mg			•		VIREAD – tenofovir disoproxil fumarate tab 250 mg			•	
STRIBILD – elvitegrav-cobic-emtricitab-tenofovidf tab 150-150-200-300 mg			•		VIREAD – tenofovir disoproxil fumarate tab 300 mg			•	
SUSTIVA – efavirenz tab 600 mg			•		ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv)			•	
SUSTIVA – efavirenz cap 50 mg			•		MALARIA				
SUSTIVA – efavirenz cap 200 mg			•		chloroquine phosphate tab 250 mg				
TIVICAY – dolutegravir sodium tab 10 mg (base equiv)			•		chloroquine phosphate tab 500 mg (Aralen)				
TIVICAY – dolutegravir sodium tab 25 mg (base equiv)			•		DARAPRIM – pyrimethamine tab 25 mg				
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)			•		hydroxychloroquine sulfate tab 200 mg (Plaquenil)				
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg			•		PRIMAQUINE PHOSPHATE – primaquine phosphate tab 26.3 mg (15 mg base)				
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg			•		WORM INFECTIONS				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ALBENZA – albendazole tab 200 mg				
BILTRICIDE – praziquantel tab 600 mg				
OTHER ANTI-INFECTIVES				
clindamycin hcl cap 75 mg (Cleocin)				
clindamycin hcl cap 150 mg (Cleocin)				
clindamycin hcl cap 300 mg (Cleocin)				
IMPAVIDO – miltefosine cap 50 mg				
metronidazole tab 250 mg (Flagyl)				
metronidazole tab 500 mg (Flagyl)				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)				
trimethoprim tab 100 mg				
XIFAXAN – rifaximin tab 550 mg			•	
ZYVOX – linezolid for susp 100 mg/5ml			•	
CANCER DRUGS				
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	•			
ALKERAN – melphalan tab 2 mg				
anastrozole tab 1 mg (Arimidex)				
bicalutamide tab 50 mg (Casodex)				
GLEEVEC – imatinib mesylate tab 100 mg (base equivalent)	•	•	•	
GLEEVEC – imatinib mesylate tab 400 mg (base equivalent)	•	•	•	
letrozole tab 2.5 mg (Femara)				
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg				
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg				
LEUKERAN – chlorambucil tab 2 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
megestrol acetate tab 20 mg				
megestrol acetate tab 40 mg				
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	•	•		
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	•	•		
MYLERAN – busulfan tab 2 mg				
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	•	•		
SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	•	•		
SUTENT – sunitinib malate cap 25 mg (base equivalent)	•	•		
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	•	•		
SUTENT – sunitinib malate cap 50 mg (base equivalent)	•	•		
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg	•	•		
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg	•	•		
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg	•	•		
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	•	•		
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	•	•		
tamoxifen citrate tab 10 mg (base equivalent)				
tamoxifen citrate tab 20 mg (base equivalent)				
TARCEVA – erlotinib hcl tab 25 mg (base equivalent)	•	•		
TARCEVA – erlotinib hcl tab 100 mg (base equivalent)	•	•		

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TARCEVA – erlotinib hcl tab 150 mg (base equivalent)	•	•		
TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	•	•		
TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	•	•		
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	•	•		
XALKORI – crizotinib cap 200 mg	•	•		
XALKORI – crizotinib cap 250 mg	•	•		
ZELBORAF – vemurafenib tab 240 mg	•	•		
ZYTIGA – abiraterone acetate tab 250 mg	•	•		
HORMONES, DIABETES AND RELATED DRUGS				
CORTICOSTEROIDS				
CORTISONE ACETATE – cortisone acetate tab 25 mg				
dexamethasone tab 0.5 mg				
dexamethasone tab 0.75 mg				
dexamethasone tab 1.5 mg				
dexamethasone tab 4 mg				
dexamethasone tab 6 mg				
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)				
prednisolone syrup 15 mg/5ml (usp solution equivalent) (Prelone)				
prednisone tab 1 mg				
prednisone tab 2.5 mg				
prednisone tab 5 mg				
prednisone tab 10 mg				
prednisone tab 20 mg				
MALE HORMONES				
ANDROGEL – testosterone td gel 20.25 mg/1.25gm (1.62%)		•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ANDROGEL – testosterone td gel 40.5 mg/2.5gm (1.62%)		•	•	
ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)		•	•	
ANDROXY – fluoxymesterone tab 10 mg		•		
ESTROGENS				
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day				
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day				
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)				
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)				
DIVIGEL – estradiol td gel 1 mg/gm (0.1%)				
estradiol tab 0.5 mg (Estrace)				
estradiol tab 1 mg (Estrace)				
estradiol tab 2 mg (Estrace)				
PROGESTINS				
medroxyprogesterone acetate tab 2.5 mg (Provera)				
medroxyprogesterone acetate tab 5 mg (Provera)				
medroxyprogesterone acetate tab 10 mg (Provera)				
BIRTH CONTROL				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)			•	
ELLA – ulipristal acetate tab 30 mg			•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg			•	
MIRENA – levonorgestrel releasing iud 20 mcg/day (52 mg total)				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)			•	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)			•	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)			•	
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr			•	
SKYLA – levonorgestrel releasing iud 14 mcg/day (13.5 mg total)				
INFERTILITY				
FOLLISTIM AQ – follitropin beta inj 75 unit/0.5ml	•		•	
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml	•		•	
FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml	•		•	
FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml	•		•	
DIABETES				
glimepiride tab 1 mg (Amaryl)				
glimepiride tab 2 mg (Amaryl)				
glimepiride tab 4 mg (Amaryl)				
glipizide tab sr 24hr 2.5 mg (Glucotrol xl)				
glipizide tab sr 24hr 5 mg (Glucotrol xl)				
glipizide tab 5 mg (Glucotrol)				
glipizide tab 10 mg (Glucotrol)				
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg				
glyburide micronized tab 1.5 mg (Glynase)				
glyburide micronized tab 3 mg (Glynase)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
glyburide micronized tab 6 mg (Glynase)				
glyburide tab 1.25 mg				
glyburide tab 2.5 mg				
glyburide tab 5 mg				
glyburide-metformin tab 1.25-250 mg (Glucovance)				
glyburide-metformin tab 2.5-500 mg (Glucovance)				
glyburide-metformin tab 5-500 mg (Glucovance)				
JARDIANCE – empagliflozin tab 10 mg			•	
JARDIANCE – empagliflozin tab 25 mg			•	
metformin hcl tab sr 24hr 500 mg (Glucophage xr)				
metformin hcl tab sr 24hr 750 mg (Glucophage xr)				
metformin hcl tab 500 mg (Glucophage)				
metformin hcl tab 850 mg (Glucophage)				
metformin hcl tab 1000 mg (Glucophage)				
pioglitazone hcl tab 15 mg (base equiv) (Actos)				
pioglitazone hcl tab 30 mg (base equiv) (Actos)				
pioglitazone hcl tab 45 mg (base equiv) (Actos)				
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)			•	•
DIABETES - INSULINS				
Rapid-Acting Insulins				
NOVOLOG – insulin aspart inj 100 unit/ml			•	

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml			•	
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml			•	
Short-Acting Insulins				
NOVOLIN R – insulin regular (human) inj 100 unit/ml			•	
Intermediate-Acting Insulins				
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml			•	
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)			•	
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•	
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)			•	
Basal Insulins				
LANTUS – insulin glargine inj 100 unit/ml			•	
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml			•	
LEVEMIR – insulin detemir inj 100 unit/ml			•	
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml			•	
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml			•	
THYROID REGULATION				
levothyroxine sodium tab 25 mcg (Synthroid)				
levothyroxine sodium tab 50 mcg (Synthroid)				
levothyroxine sodium tab 75 mcg (Synthroid)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
levothyroxine sodium tab 88 mcg (Synthroid)				
levothyroxine sodium tab 100 mcg (Synthroid)				
levothyroxine sodium tab 112 mcg (Synthroid)				
levothyroxine sodium tab 125 mcg (Synthroid)				
levothyroxine sodium tab 137 mcg (Synthroid)				
levothyroxine sodium tab 150 mcg (Synthroid)				
levothyroxine sodium tab 175 mcg (Synthroid)				
levothyroxine sodium tab 200 mcg (Synthroid)				
levothyroxine sodium tab 300 mcg (Synthroid)				
methimazole tab 5 mg (Tapazole)				
methimazole tab 10 mg (Tapazole)				
thyroid tab 30 mg (1/2 grain) (Armour thyroid)				
thyroid tab 60 mg (1 grain) (Armour thyroid)				
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)				
GROWTH HORMONE				
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	•			
OMNITROPE – somatropin for inj 5.8 mg	•	•		
OMNITROPE – somatropin inj 5 mg/1.5ml	•	•		
OMNITROPE – somatropin inj 10 mg/1.5ml	•	•		
OTHER HORMONES AND RELATED DRUGS				
alendronate sodium tab 5 mg			•	

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
alendronate sodium tab 10 mg			•	
alendronate sodium tab 35 mg			•	
alendronate sodium tab 70 mg (Fosamax)			•	
ORFADIN – nitisinone susp 4 mg/ml	•			
ORFADIN – nitisinone cap 2 mg	•			
ORFADIN – nitisinone cap 5 mg	•			
ORFADIN – nitisinone cap 10 mg	•			
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)				
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)				
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)				
STIMATE – desmopressin acetate nasal soln 1.5 mg/ml				
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	•			
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	•			
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	•			
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	•			
HEART AND CIRCULATORY DRUGS				
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI				
benazepril hcl tab 5 mg				
benazepril hcl tab 10 mg (Lotensin)				
benazepril hcl tab 20 mg (Lotensin)				
benazepril hcl tab 40 mg (Lotensin)				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
enalapril maleate tab 2.5 mg (Vasotec)				
enalapril maleate tab 5 mg (Vasotec)				
enalapril maleate tab 10 mg (Vasotec)				
enalapril maleate tab 20 mg (Vasotec)				
fosinopril sodium tab 10 mg				
fosinopril sodium tab 20 mg				
fosinopril sodium tab 40 mg				
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)				
lisinopril tab 2.5 mg (Zestril)				
lisinopril tab 5 mg (Prinivil)				
lisinopril tab 10 mg (Prinivil)				
lisinopril tab 20 mg (Prinivil)				
lisinopril tab 30 mg (Zestril)				
lisinopril tab 40 mg (Zestril)				
perindopril erbumine tab 2 mg				
quinapril hcl tab 5 mg (Accupril)				
quinapril hcl tab 10 mg (Accupril)				
quinapril hcl tab 20 mg (Accupril)				
quinapril hcl tab 40 mg (Accupril)				
ramipril cap 1.25 mg (Altace)				
ramipril cap 2.5 mg (Altace)				
ramipril cap 5 mg (Altace)				
ramipril cap 10 mg (Altace)				
trandolapril tab 1 mg (Mavik)				
trandolapril tab 2 mg (Mavik)				
trandolapril tab 4 mg (Mavik)				
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
irbesartan tab 75 mg (Avapro)				
irbesartan tab 150 mg (Avapro)				
irbesartan tab 300 mg (Avapro)				
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)				
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)				
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)				
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)				
losartan potassium tab 25 mg (Cozaar)				
losartan potassium tab 50 mg (Cozaar)				
losartan potassium tab 100 mg (Cozaar)				
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)				
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)				
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)				
BETA BLOCKERS AND COMBINATIONS				
acebutolol hcl cap 200 mg (Sectral)				
acebutolol hcl cap 400 mg (Sectral)				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)				
atenolol tab 25 mg (Tenormin)				
atenolol tab 50 mg (Tenormin)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
atenolol tab 100 mg (Tenormin)				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)				
bisoprolol fumarate tab 5 mg (Zebeta)				
carvedilol tab 3.125 mg (Coreg)				
carvedilol tab 6.25 mg (Coreg)				
carvedilol tab 12.5 mg (Coreg)				
carvedilol tab 25 mg (Coreg)				
metoprolol succinate tab sr 24hr 25 mg (tartrate equiv) (Toprol xl)				
metoprolol succinate tab sr 24hr 50 mg (tartrate equiv) (Toprol xl)				
metoprolol tartrate tab 25 mg				
metoprolol tartrate tab 50 mg (Lopressor)				
metoprolol tartrate tab 100 mg (Lopressor)				
propranolol hcl tab 10 mg				
propranolol hcl tab 20 mg				
propranolol hcl tab 40 mg				
propranolol hcl tab 80 mg				
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS				
amlodipine besylate tab 2.5 mg (Norvasc)				
amlodipine besylate tab 5 mg (Norvasc)				
amlodipine besylate tab 10 mg (Norvasc)				
diltiazem hcl cap sr 24hr 120 mg				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
diltiazem hcl coated beads cap sr 24hr 120 mg (Cardizem cd)				
diltiazem hcl coated beads cap sr 24hr 180 mg (Cardizem cd)				
diltiazem hcl tab 30 mg (Cardizem)				
diltiazem hcl tab 60 mg (Cardizem)				
diltiazem hcl tab 90 mg				
diltiazem hcl tab 120 mg (Cardizem)				
nifedipine tab sr 24hr 30 mg (Adalat cc)				
nifedipine tab sr 24hr osmotic release 30 mg (Procardia xl)				
verapamil hcl tab cr 120 mg (Calan sr)				
verapamil hcl tab cr 180 mg (Calan sr)				
verapamil hcl tab cr 240 mg (Calan sr)				
verapamil hcl tab 80 mg (Calan)				
verapamil hcl tab 120 mg (Calan)				
CHEST PAIN				
isosorbide mononitrate tab sr 24hr 30 mg (Imdur)				
isosorbide mononitrate tab sr 24hr 60 mg (Imdur)				
isosorbide mononitrate tab 10 mg				
isosorbide mononitrate tab 20 mg				
nitroglycerin cap cr 2.5 mg				
NITROSTAT – nitroglycerin sl tab 0.3 mg				
NITROSTAT – nitroglycerin sl tab 0.4 mg				
NITROSTAT – nitroglycerin sl tab 0.6 mg				
CHOLESTEROL LOWERING				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)				
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)				
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)				
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)				
CRESTOR – rosuvastatin calcium tab 5 mg				
CRESTOR – rosuvastatin calcium tab 10 mg				
CRESTOR – rosuvastatin calcium tab 20 mg				
CRESTOR – rosuvastatin calcium tab 40 mg				
fenofibrate tab 54 mg (Lofibra)				•
gemfibrozil tab 600 mg (Lopid)				•
lovastatin tab 10 mg				
lovastatin tab 20 mg (Mevacor)				
lovastatin tab 40 mg (Mevacor)				
PRALUENT – alirocumab subcutaneous soln pen-injector 75 mg/ml	•	•	•	
PRALUENT – alirocumab subcutaneous soln pen-injector 150 mg/ml	•	•	•	
PRALUENT – alirocumab subcutaneous soln prefilled syringe 75 mg/ml	•	•	•	
PRALUENT – alirocumab subcutaneous soln prefilled syringe 150 mg/ml	•	•	•	
pravastatin sodium tab 10 mg				
pravastatin sodium tab 20 mg (Pravachol)				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
pravastatin sodium tab 40 mg (Pravachol)				
REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	•	•	•	
REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	•	•	•	
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	•	•	•	
simvastatin tab 5 mg (Zocor)				
simvastatin tab 10 mg (Zocor)				
simvastatin tab 20 mg (Zocor)				
simvastatin tab 40 mg (Zocor)				
simvastatin tab 80 mg (Zocor)				
FLUID RETENTION				
amiloride & hydrochlorothiazide tab 5-50 mg				
bumetanide tab 0.5 mg				
bumetanide tab 1 mg				
chlorothiazide tab 500 mg				
furosemide oral soln 10 mg/ml				
furosemide tab 20 mg (Lasix)				
furosemide tab 40 mg (Lasix)				
furosemide tab 80 mg (Lasix)				
hydrochlorothiazide cap 12.5 mg (Microzide)				
hydrochlorothiazide tab 12.5 mg				
hydrochlorothiazide tab 25 mg				
hydrochlorothiazide tab 50 mg				
indapamide tab 1.25 mg				
indapamide tab 2.5 mg				
spironolactone tab 25 mg (Aldactone)				
spironolactone tab 50 mg (Aldactone)				
toremide tab 5 mg (Demadex)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
toremide tab 10 mg (Demadex)				
toremide tab 20 mg (Demadex)				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)				
HEART RHYTHM				
amiodarone hcl tab 200 mg (Cordarone)				
sotalol hcl tab 80 mg (Betapace)				
sotalol hcl tab 120 mg (Betapace)				
sotalol hcl tab 160 mg (Betapace)				
OTHER HEART RELATED DRUGS				
ADCIRCA – tadalafil tab 20 mg (pah)	•	•	•	
clonidine hcl tab 0.1 mg (Catapres)				
clonidine hcl tab 0.2 mg (Catapres)				
clonidine hcl tab 0.3 mg (Catapres)				
DIBENZYLINE – phenoxybenzamine hcl cap 10 mg				
doxazosin mesylate tab 1 mg (Cardura)				
doxazosin mesylate tab 2 mg (Cardura)				
doxazosin mesylate tab 4 mg (Cardura)				
doxazosin mesylate tab 8 mg (Cardura)				
guanfacine hcl tab 1 mg (Tenex)				
guanfacine hcl tab 2 mg (Tenex)				
hydralazine hcl tab 10 mg				
hydralazine hcl tab 25 mg				
hydralazine hcl tab 50 mg				
methyldopa tab 250 mg				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
methyldopa tab 500 mg				
minoxidil tab 2.5 mg				
minoxidil tab 10 mg				
OPSUMIT – macitentan tab 10 mg	•	•	•	
prazosin hcl cap 1 mg (Minipress)				
prazosin hcl cap 2 mg (Minipress)				
terazosin hcl cap 1 mg				
terazosin hcl cap 2 mg				
terazosin hcl cap 5 mg				
terazosin hcl cap 10 mg				
TRACLEER – bosentan tab 62.5 mg	•	•	•	
TRACLEER – bosentan tab 125 mg	•	•	•	
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	•	•	•	
UPTRAVI – selexipag tab 200 mcg	•	•	•	
UPTRAVI – selexipag tab 400 mcg	•	•	•	
UPTRAVI – selexipag tab 600 mcg	•	•	•	
UPTRAVI – selexipag tab 800 mcg	•	•	•	
UPTRAVI – selexipag tab 1000 mcg	•	•	•	
UPTRAVI – selexipag tab 1200 mcg	•	•	•	
UPTRAVI – selexipag tab 1400 mcg	•	•	•	
UPTRAVI – selexipag tab 1600 mcg	•	•	•	
ERECTILE DYSFUNCTION				
CIALIS – tadalafil tab 2.5 mg		•	•	
CIALIS – tadalafil tab 5 mg		•	•	
CIALIS – tadalafil tab 10 mg		•	•	
CIALIS – tadalafil tab 20 mg		•	•	
BEE STING KITS				
EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)				
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)				
RESPIRATORY AGENTS				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ANTIHISTAMINES				
clemastine fumarate tab 2.68 mg				
promethazine hcl syrup 6.25 mg/5ml				
promethazine hcl tab 12.5 mg				
promethazine hcl tab 25 mg				
promethazine hcl tab 50 mg				
NASAL PRODUCTS				
fluticasone propionate nasal susp 50 mcg/act (Flonase)			•	
COUGH/COLD/ALLERGY				
benzonatate cap 100 mg (Tessalon perles)				
benzonatate cap 200 mg				
brompheniramine & pseudoephedrine tab sr 12hr 6-45 mg				
phenylephrine-promethazine w/ codeine syrup 5-6.25-10 mg/5ml				
promethazine & phenylephrine syrup 6.25-5 mg/5ml				
promethazine w/ codeine syrup 6.25-10 mg/5ml				
promethazine-dm syrup 6.25-15 mg/5ml				
sodium chloride soln nebu 0.9%				
ASTHMA/COPD				
albuterol sulfate syrup 2 mg/5ml				
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act			•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister			•	

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister			•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister			•	
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)			•	
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)			•	
ipratropium bromide inhal soln 0.02%			•	
montelukast sodium chew tab 4 mg (base equiv) (Singulair)				
montelukast sodium chew tab 5 mg (base equiv) (Singulair)				
montelukast sodium tab 10 mg (base equiv) (Singulair)				
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•	
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)			•	
QVAR – beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)			•	
QVAR – beclomethasone diprop inhal aero soln 80 mcg/act (100/valve)			•	
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)			•	
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act			•	
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act			•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act			•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act			•	
theophylline tab sr 12hr 100 mg				
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•	
OTHER RESPIRATORY DRUGS				
KALYDECO – ivacaftor tab 150 mg	•	•	•	
KALYDECO – ivacaftor packet 50 mg	•	•	•	
KALYDECO – ivacaftor packet 75 mg	•	•	•	
PULMOZYME – dornase alfa inhal soln 1 mg/ml	•			
GASTROINTESTINAL DRUGS				
LAXATIVES				
lactulose solution 10 gm/15ml				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)				
polyethylene glycol 3350 oral powder				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ULCER/GERD				
cimetidine tab 300 mg				
cimetidine tab 400 mg				
dicyclomine hcl cap 10 mg (Bentyl)				
dicyclomine hcl tab 20 mg (Bentyl)				
DONNATAL – pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg				
famotidine tab 40 mg (Pepcid)				
hyoscyamine sulfate elixir 0.125 mg/5ml				
misoprostol tab 100 mcg (Cytotec)				
misoprostol tab 200 mcg (Cytotec)				
nizatidine cap 150 mg				
omeprazole cap delayed release 10 mg (Prilosec)			•	
omeprazole cap delayed release 20 mg (Prilosec)			•	
omeprazole cap delayed release 40 mg (Prilosec)			•	
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)			•	
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)			•	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)				
ranitidine hcl tab 300 mg (Zantac)				
NAUSEA AND VOMITING				
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)			•	
EMEND – aprepitant capsule therapy pack 80 & 125 mg			•	
EMEND – aprepitant capsule 40 mg			•	
EMEND – aprepitant capsule 80 mg			•	
EMEND – aprepitant capsule 125 mg			•	
ondansetron hcl tab 4 mg (Zofran)			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ondansetron orally disintegrating tab 4 mg (Zofran odt)			•	
DIGESTIVE ENZYMES				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-16000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-34000-55000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-51000-82000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-68000-109000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-85000-136000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-136000-218000 unit				
OTHER GASTROINTESTINAL DRUGS				
CANASA – mesalamine suppos 1000 mg				
CHENODAL – chenodiol tab 250 mg	•			
lactulose (encephalopathy) solution 10 gm/15ml				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)				
metoclopramide hcl tab 5 mg (Reglan)				
metoclopramide hcl tab 10 mg (Reglan)				
GENITOURINARY DRUGS				
URINARY TRACT SPASMS				
bethanechol chloride tab 5 mg (Urecholine)				
oxybutynin chloride syrup 5 mg/5ml				
VAGINAL PRODUCTS				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ESTRACE – estradiol vaginal cream 0.1 mg/gm				
VAGIFEM – estradiol vaginal tab 10 mcg				
OTHER GENITOURINARY DRUGS				
alfuzosin hcl tab sr 24hr 10 mg (Uroxatral)				
CYSTAGON – cysteamine bitartrate cap 50 mg	•			
CYSTAGON – cysteamine bitartrate cap 150 mg	•			
finasteride tab 5 mg (Proscar)				
phenazopyridine hcl tab 100 mg (Pyridium)				
phenazopyridine hcl tab 200 mg (Pyridium)				
tamsulosin hcl cap 0.4 mg (Flomax)				
CENTRAL NERVOUS SYSTEM DRUGS				
ANXIETY				
alprazolam tab 0.25 mg (Xanax)				
alprazolam tab 0.5 mg (Xanax)				
alprazolam tab 1 mg (Xanax)				
alprazolam tab 2 mg (Xanax)				
bupirone hcl tab 5 mg				
bupirone hcl tab 10 mg				
bupirone hcl tab 15 mg				
chlordiazepoxide hcl cap 5 mg				
chlordiazepoxide hcl cap 10 mg				
chlordiazepoxide hcl cap 25 mg				
clorazepate dipotassium tab 3.75 mg (Tranxene t)				
clorazepate dipotassium tab 7.5 mg (Tranxene t)				
diazepam tab 2 mg (Valium)				
diazepam tab 5 mg (Valium)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
diazepam tab 10 mg (Valium)				
hydroxyzine hcl syrup 10 mg/5ml				
hydroxyzine hcl tab 10 mg				
hydroxyzine hcl tab 25 mg				
hydroxyzine hcl tab 50 mg				
hydroxyzine pamoate cap 25 mg (Vistaril)				
hydroxyzine pamoate cap 50 mg (Vistaril)				
lorazepam tab 0.5 mg (Ativan)				
lorazepam tab 1 mg (Ativan)				
lorazepam tab 2 mg (Ativan)				
DEPRESSION				
amitriptyline hcl tab 10 mg				
amitriptyline hcl tab 25 mg				
amitriptyline hcl tab 50 mg				
amitriptyline hcl tab 75 mg				
amitriptyline hcl tab 100 mg				
bupropion hcl tab sr 12hr 100 mg (Wellbutrin sr)				
bupropion hcl tab sr 12hr 150 mg (Wellbutrin sr)				
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)				
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)				
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)				
doxepin hcl cap 10 mg				
doxepin hcl cap 25 mg				
doxepin hcl conc 10 mg/ml				
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)				
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)				
fluoxetine hcl cap 10 mg (Prozac)				
fluoxetine hcl cap 20 mg (Prozac)				
fluoxetine hcl cap 40 mg (Prozac)				
fluoxetine hcl solution 20 mg/5ml				
fluoxetine hcl tab 10 mg				
imipramine hcl tab 10 mg (Tofranil)				
imipramine hcl tab 25 mg (Tofranil)				
imipramine hcl tab 50 mg (Tofranil)				
mirtazapine tab 15 mg (Remeron)				
mirtazapine tab 30 mg (Remeron)				
mirtazapine tab 45 mg (Remeron)				
nortriptyline hcl cap 10 mg (Pamelor)				
nortriptyline hcl cap 25 mg (Pamelor)				
nortriptyline hcl cap 50 mg (Pamelor)				
nortriptyline hcl cap 75 mg (Pamelor)				
paroxetine hcl tab 10 mg (Paxil)				
paroxetine hcl tab 20 mg (Paxil)				
paroxetine hcl tab 30 mg (Paxil)				
paroxetine hcl tab 40 mg (Paxil)				
sertraline hcl tab 25 mg (Zoloft)				
sertraline hcl tab 50 mg (Zoloft)				
sertraline hcl tab 100 mg (Zoloft)				
trazodone hcl tab 50 mg				
trazodone hcl tab 100 mg				
trazodone hcl tab 150 mg				
venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent) (Effexor xr)				
venlafaxine hcl cap sr 24hr 75 mg (base equivalent) (Effexor xr)				
venlafaxine hcl cap sr 24hr 150 mg (base equivalent) (Effexor xr)				
PSYCHOTIC AND BIPOLAR DISORDERS				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
FLUPHENAZINE HCL – fluphenazine hcl elixir 2.5 mg/5ml				
FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml				
fluphenazine hcl tab 1 mg				
fluphenazine hcl tab 2.5 mg				
fluphenazine hcl tab 5 mg				
fluphenazine hcl tab 10 mg				
haloperidol lactate oral conc 2 mg/ml				
haloperidol tab 0.5 mg				
haloperidol tab 1 mg				
haloperidol tab 2 mg				
lithium carbonate cap 150 mg (Lithium carbonate)				
lithium carbonate cap 300 mg				
lithium carbonate cap 600 mg (Lithium carbonate)				
lithium carbonate tab 300 mg				
olanzapine tab 2.5 mg (Zyprexa)				•
olanzapine tab 5 mg (Zyprexa)				•
olanzapine tab 7.5 mg (Zyprexa)				•
olanzapine tab 10 mg (Zyprexa)				•
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)				
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine)				
quetiapine fumarate tab 25 mg (Seroquel)				•
quetiapine fumarate tab 50 mg (Seroquel)				•
quetiapine fumarate tab 100 mg (Seroquel)				•
risperidone tab 0.25 mg (Risperdal)				•
risperidone tab 0.5 mg (Risperdal)				•
risperidone tab 1 mg (Risperdal)				•

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
risperidone tab 2 mg (Risperdal)			•	
risperidone tab 3 mg (Risperdal)			•	
risperidone tab 4 mg (Risperdal)			•	
SEROQUEL XR – quetiapine fumarate tab sr 24hr 50 mg			•	
SEROQUEL XR – quetiapine fumarate tab sr 24hr 150 mg			•	
SEROQUEL XR – quetiapine fumarate tab sr 24hr 200 mg			•	
SEROQUEL XR – quetiapine fumarate tab sr 24hr 300 mg			•	
SEROQUEL XR – quetiapine fumarate tab sr 24hr 400 mg			•	
SLEEP AIDS				
estazolam tab 1 mg				
estazolam tab 2 mg				
phenobarbital tab 16.2 mg				
phenobarbital tab 32.4 mg				
temazepam cap 15 mg (Restoril)				
temazepam cap 30 mg (Restoril)				
zaleplon cap 5 mg (Sonata)			•	
zaleplon cap 10 mg (Sonata)			•	
zolpidem tartrate tab 5 mg (Ambien)			•	
zolpidem tartrate tab 10 mg (Ambien)			•	
MULTIPLE SCLEROSIS				
BETASERON – interferon beta-1b for inj kit 0.3 mg	•		•	
COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml	•		•	
COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml	•		•	
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	•		•	
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	•		•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	•		•	
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	•		•	
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	•		•	
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	•		•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	•		•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	•		•	
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•		•	
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•		•	
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg	•		•	
TECFIDERA – dimethyl fumarate capsule delayed release 240 mg	•		•	
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	•		•	
OTHER CENTRAL NERVOUS SYSTEM DRUGS				
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)				
CHANTIX – varenicline tartrate tab 1 mg (base equiv)				
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)				
CHANTIX STARTING MONTH PA – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
donepezil hydrochloride tab 5 mg (Aricept)				
donepezil hydrochloride tab 10 mg (Aricept)				
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)				
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)				
NUDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg				
PAIN RELIEF DRUGS				
NARCOTIC DRUGS				
acetaminophen w/ codeine soln 120-12 mg/5ml				
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)				
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)				
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)				
hydrocodone-acetaminophen tab 10-325 mg (Norco)				
hydrocodone-acetaminophen tab 5-325 mg (Norco)				
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)				
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)				
hydromorphone hcl tab 2 mg (Dilaudid)				
hydromorphone hcl tab 4 mg (Dilaudid)				
methadone hcl tab for oral susp 40 mg				
methadone hcl tab 5 mg (Dolophine hcl)				
methadone hcl tab 10 mg (Dolophine)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
MORPHINE SULFATE – morphine sulfate tab 15 mg				
MORPHINE SULFATE – morphine sulfate tab 30 mg				
MORPHINE SULFATE – morphine sulfate suppos 5 mg				
MORPHINE SULFATE – morphine sulfate suppos 10 mg				
MORPHINE SULFATE – morphine sulfate suppos 20 mg				
MORPHINE SULFATE – morphine sulfate suppos 30 mg				
oxycodone hcl tab 5 mg (Roxicodone)				
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)				
OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg			•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 15 mg			•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 20 mg			•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 30 mg			•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 40 mg			•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 60 mg			•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 80 mg			•	
tramadol hcl tab 50 mg (Ultram)			•	
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)				
RHEUMATOID AND OSTEOARTHRITIS				
diclofenac sodium tab delayed release 50 mg				
diclofenac sodium tab delayed release 75 mg				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ENBREL – etanercept for subcutaneous inj 25 mg	•		•	•
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	•		•	•
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	•		•	•
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	•		•	•
flurbiprofen tab 50 mg				
flurbiprofen tab 100 mg				
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml	•		•	•
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml	•		•	•
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	•		•	•
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml	•		•	•
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml	•		•	•
HUMIRA PEN-CROHNS DISEASE – adalimumab pen-injector kit 40 mg/0.8ml	•		•	•
HUMIRA PEN-PSORIASIS STAR – adalimumab pen-injector kit 40 mg/0.8ml	•		•	•
ibuprofen tab 400 mg				
ibuprofen tab 600 mg				
ibuprofen tab 800 mg				
indomethacin cap 25 mg				
indomethacin cap 50 mg				
ketoprofen cap 50 mg				
ketoprofen cap 75 mg				
ketorolac tromethamine tab 10 mg			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
meloxicam tab 7.5 mg (Mobic)				
meloxicam tab 15 mg (Mobic)				
nabumetone tab 500 mg				
nabumetone tab 750 mg				
naproxen sodium tab 275 mg (Anaprox)				
naproxen sodium tab 550 mg (Anaprox ds)				
naproxen tab ec 375 mg (Ecnaprosyn)				
naproxen tab ec 500 mg (Ecnaprosyn)				
naproxen tab 250 mg (Naprosyn)				
naproxen tab 375 mg (Naprosyn)				
naproxen tab 500 mg (Naprosyn)				
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml	•		•	•
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	•		•	•
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	•		•	•
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	•		•	•
sulindac tab 150 mg				
sulindac tab 200 mg				
MIGRAINE HEADACHES				
IMITREX – sumatriptan nasal spray 5 mg/act				•
IMITREX – sumatriptan nasal spray 20 mg/act				•
sumatriptan succinate tab 25 mg (Imitrex)				•
sumatriptan succinate tab 50 mg (Imitrex)				•
sumatriptan succinate tab 100 mg (Imitrex)				•

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
GOUT				
allopurinol tab 100 mg (Zyloprim)				
allopurinol tab 300 mg (Zyloprim)				
NEUROMUSCULAR DRUGS				
SEIZURES				
clonazepam tab 0.5 mg (Klonopin)				
clonazepam tab 1 mg (Klonopin)				
clonazepam tab 2 mg (Klonopin)				
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg				
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg				
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg				
divalproex sodium tab delayed release 125 mg (Depakote)				
divalproex sodium tab delayed release 250 mg (Depakote)				
gabapentin cap 100 mg (Neurontin)				
gabapentin cap 300 mg (Neurontin)				
gabapentin cap 400 mg (Neurontin)				
lamotrigine tab 25 mg (Lamictal)				
lamotrigine tab 100 mg (Lamictal)				
lamotrigine tab 150 mg (Lamictal)				
lamotrigine tab 200 mg (Lamictal)				
levetiracetam tab 250 mg (Keppra)				
oxcarbazepine tab 150 mg (Trileptal)				
primidone tab 50 mg (Mysoline)				
SABRIL – vigabatrin tab 500 mg				
SABRIL – vigabatrin powd pack 500 mg				
topiramate tab 25 mg (Topamax)				
topiramate tab 50 mg (Topamax)				
topiramate tab 100 mg (Topamax)				
topiramate tab 200 mg (Topamax)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
zonisamide cap 25 mg (Zonegran)				
PARKINSON'S DISEASE				
amantadine hcl syrup 50 mg/5ml				
benztropine mesylate tab 0.5 mg				
benztropine mesylate tab 1 mg				
benztropine mesylate tab 2 mg				
carbidopa & levodopa tab 10-100 mg (Sinemet)				
pramipexole dihydrochloride tab 0.125 mg (Mirapex)				
pramipexole dihydrochloride tab 0.25 mg (Mirapex)				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)				
pramipexole dihydrochloride tab 1 mg (Mirapex)				
pramipexole dihydrochloride tab 1.5 mg (Mirapex)				
ropinirole hydrochloride tab 0.25 mg (Requip)				
ropinirole hydrochloride tab 0.5 mg (Requip)				
ropinirole hydrochloride tab 1 mg (Requip)				
ropinirole hydrochloride tab 2 mg (Requip)				
ropinirole hydrochloride tab 3 mg (Requip)				
ropinirole hydrochloride tab 4 mg (Requip)				
ropinirole hydrochloride tab 5 mg (Requip)				
trihexyphenidyl hcl tab 2 mg				
trihexyphenidyl hcl tab 5 mg				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
MUSCLE RELAXANTS				
baclofen tab 10 mg				
carisoprodol tab 350 mg (Soma)				
chlorzoxazone tab 500 mg (Parafon forte dsc)				
cyclobenzaprine hcl tab 5 mg				
cyclobenzaprine hcl tab 10 mg				
methocarbamol tab 500 mg (Robaxin)				
methocarbamol tab 750 mg (Robaxin-750)				
tizanidine hcl tab 2 mg (base equivalent)			•	
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)			•	
SUPPLEMENTS				
VITAMINS				
ergocalciferol cap 50000 unit (Drisdol)				
MEPHYTON – phytonadione tab 5 mg				
MULTIVITAMINS				
b-complex w/ c & folic acid cap 1 mg (Nephrocaps)				
b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx)				
b-complex w/ c & folic acid tab 5 mg				
multiple vitamins w/ minerals & fa tab 1.25 mg (Corvite)				
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml				
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg				
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg				
pediatric multiple vitamins w/ fluoride chew tab 1 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml				
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml				
pediatric vitamins acid w/ fluoride soln 0.25 mg/ml				
pediatric vitamins acid w/ fluoride soln 0.5 mg/ml				
PRENATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg				
PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg				
MINERALS AND ELECTROLYTES				
potassium chloride microencapsulated crys cr tab 10 meq				
potassium chloride microencapsulated crys cr tab 20 meq				
potassium chloride tab cr 8 meq (600 mg)				
potassium chloride tab cr 10 meq (K-tab)				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride)				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride)				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride)				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride)				
BLOOD MODIFYING DRUGS				
ADVATE – antihemophilic factor rahf-pfm for inj 250 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 500 unit	•			

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ADVATE – antihemophilic factor rahf-pfm for inj 1000 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 1500 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 2000 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 3000 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 4000 unit	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 250 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 500 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1000 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1500 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 2000 unit	•			
ALPHANINE SD – coagulation factor ix for inj 500 unit	•			
ALPHANINE SD – coagulation factor ix for inj 1000 unit	•			
ALPHANINE SD – coagulation factor ix for inj 1500 unit	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	•			
BEBULIN – factor ix complex for inj 200-1200 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj 250 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj 500 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj 1000 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj 2000 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj 3000 unit	•			
BRILINTA – ticagrelor tab 60 mg				
BRILINTA – ticagrelor tab 90 mg				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
CEREZYME – imiglucerase for inj 400 unit	•			
cilostazol tab 50 mg (Pletal)				
cilostazol tab 100 mg (Pletal)				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)				
COAGADEX – coagulation factor x (human) for inj 250 unit	•			
COAGADEX – coagulation factor x (human) for inj 500 unit	•			
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	•			
cyanocobalamin inj 1000 mcg/ml				
dipyridamole tab 25 mg (Persantine)				
ELIQUIS – apixaban tab 2.5 mg			•	
ELIQUIS – apixaban tab 5 mg			•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 250 unit	•			
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 500 unit	•			
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 750 unit	•			
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1000 unit	•			
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1500 unit	•			
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 2000 unit	•			
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 3000 unit	•			
fe fum-iron polysacch complex-fa-b cmlpx-c-zn-mn-cu cap (Tandem plus)				
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg				
FEIBA – antiinhibitor coagulant complex for inj	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg				
ferrous fumarate-folic acid tab 324-1 mg				
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)	•		•	
folic acid tab 1 mg				
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg				
folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg (Folgard rx)				
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg				
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	•			
HEMOFIL M – antihemophilic factor (human) for inj 250 unit	•			
HEMOFIL M – antihemophilic factor (human) for inj 500 unit	•			
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit	•			
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit	•			

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	•			
iron combination cap				
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg				
iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg (Hematron-af)				
IXINITY – coagulation factor ix (recombinant) for inj 500 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit	•			
KOATE-DVI – antihemophilic factor (human) for inj 250 unit	•			
KOATE-DVI – antihemophilic factor (human) for inj 500 unit	•			
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 250 unit	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 500 unit	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 1000 unit	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 2000 unit	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 3000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit	•			
MONOCLATE-P – antihemophilic factor (human) for inj kit 250 unit	•			
MONOCLATE-P – antihemophilic factor (human) for inj kit 1000 unit	•			
MONOCLATE-P – antihemophilic factor (human) for inj kit 1500 unit	•			
MONONINE – coagulation factor ix for inj 500 unit	•			
MONONINE – coagulation factor ix for inj 1000 unit	•			
NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml	•			

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	•			
NEUPOGEN – filgrastim inj 300 mcg/ml	•			
NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	•			
NUWIQ – antihemophilic factor (recombinant) for inj 250 unit	•			
NUWIQ – antihemophilic factor (recombinant) for inj 500 unit	•			
NUWIQ – antihemophilic factor (recombinant) for inj 1000 unit	•			
NUWIQ – antihemophilic factor (recombinant) for inj 2000 unit	•			
NUWIQ – antihemophilic factor (recombinant) for inj kit 250 unit	•			
NUWIQ – antihemophilic factor (recombinant) for inj kit 500 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
NUWIQ – antihemophilic factor (recombinant) for inj kit 1000 unit	•			
NUWIQ – antihemophilic factor (recombinant) for inj kit 2000 unit	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	•			
pentoxifylline tab cr 400 mg				
PROCRIT – epoetin alfa inj 2000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 3000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 4000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 10000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 20000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 40000 unit/ml	•	•		
PROFILNINE – factor ix complex for inj 500 unit	•			
PROFILNINE – factor ix complex for inj 1000 unit	•			
PROFILNINE – factor ix complex for inj 1500 unit	•			
PROFILNINE SD – factor ix complex for inj 500 unit	•			
PROFILNINE SD – factor ix complex for inj 1000 unit	•			
PROFILNINE SD – factor ix complex for inj 1500 unit	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit	•			

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit	•			
TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit	•			
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	•			
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	•			
warfarin sodium tab 1 mg (Coumadin)				
warfarin sodium tab 2 mg (Coumadin)				
warfarin sodium tab 2.5 mg (Coumadin)				
warfarin sodium tab 3 mg (Coumadin)				
warfarin sodium tab 4 mg (Coumadin)				
warfarin sodium tab 5 mg (Coumadin)				
warfarin sodium tab 6 mg (Coumadin)				
warfarin sodium tab 7.5 mg (Coumadin)				
warfarin sodium tab 10 mg (Coumadin)				
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	•			
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit	•			
TOPICAL PRODUCTS				
EYE				
Anti-infectives				
BACITRACIN – bacitracin ophth oint 500 unit/gm				
bacitracin-polymyxin b ophth oint				
ciprofloxacin hcl ophth soln 0.3% (Ciloxan)				
erythromycin ophth oint 5 mg/gm				
gentamicin sulfate ophth oint 0.3%				
gentamicin sulfate ophth soln 0.3% (Garamycin)				
NATACYN – natamycin ophth susp 5%				
ofloxacin ophth soln 0.3% (Ocuflox)				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)				
tobramycin ophth soln 0.3% (Tobrex)				
Steroids and Combination Products				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)				
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%				
Glaucoma				
brimonidine tartrate ophth soln 0.2%				
carteolol hcl ophth soln 1%				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)				
latanoprost ophth soln 0.005% (Xalatan)			•	
levobunolol hcl ophth soln 0.5% (Betagan)				
timolol maleate ophth soln 0.25% (Timoptic)				
timolol maleate ophth soln 0.5% (Timoptic)				
Other Eye Products				
atropine sulfate ophth soln 1% (Isopto atropine)				
cromolyn sodium ophth soln 4%				
cyclopentolate hcl ophth soln 1% (Cyclogyl)				
diclofenac sodium ophth soln 0.1%				
flurbiprofen sodium ophth soln 0.03% (Ocufen)				
homatropine hbr ophth soln 5% (Isopto homatropine)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ketorolac tromethamine ophth soln 0.5% (Acular)				
proparacaine hcl ophth soln 0.5% (Alcaine)				
tetracaine hcl ophth soln 0.5%				
tropicamide ophth soln 0.5%				
tropicamide ophth soln 1% (Mydracyl)				
MOUTH AND THROAT (LOCAL)				
benzocaine dental soln 20%				
chlorhexidine gluconate soln 0.12% (Peridex)				
lidocaine hcl viscous soln 2%				
sodium fluoride cream 1.1% (Prevident 5000 plus)				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)				
sodium fluoride paste 1.1% (Prevident 5000 boost)				
sodium fluoride rinse 0.2% (Prevident)				
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)				
ANORECTAL AGENTS				
CORTIFOAM – hydrocortisone acetate rectal foam 10% (90 mg/dose)				
hydrocortisone rectal cream 2.5% (Anusol-hc)				
SKIN CONDITIONS/PRODUCTS				
Acne				
FINACEA – azelaic acid foam 15%				
FINACEA – azelaic acid gel 15%				
TAZORAC – tazarotene cream 0.05%				
TAZORAC – tazarotene cream 0.1%				
TAZORAC – tazarotene gel 0.05%				

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Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
TAZORAC – tazarotene gel 0.1%				
Anti-infectives				
mupirocin oint 2% (Bactroban)				
silver sulfadiazine cream 1% (Silvadene)				
Corticosteroids				
hydrocortisone cream 2.5%				
hydrocortisone oint 2.5%				
triamcinolone acetonide cream 0.025%				
triamcinolone acetonide cream 0.1%				
triamcinolone acetonide cream 0.5%				
triamcinolone acetonide oint 0.025%				
triamcinolone acetonide oint 0.1%				
Other Skin Products				
lactic acid w/ vitamin e cream 10%-3500 unit/30gm				
lidocaine hcl gel 2%				
lidocaine hcl soln 4% (Xylocaine)				
selenium sulfide lotion 2.5%				
silver nitrate-potassium nitrate applicator 75-25% (Arzol silver nitrate)				
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	•		•	•
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	•		•	•
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	•			
MISCELLANEOUS CATEGORIES				
DIABETIC SUPPLIES				
TEST STRIPS – BAYER ASCENSIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT			•	
INSULIN PEN NEEDLES – VARIOUS			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
INSULIN SYRINGES – VARIOUS				
LANCETS – VARIOUS				
RESPIRATORY INHALER-ASSIST DEVICES				
BREATHERITE – spacer/aerosol-holding chambers - device				
MISCELLANEOUS DRUGS				
CHEMET – succimer cap 100 mg				
CUPRIMINE – penicillamine cap 250 mg	•			
CYCLOSPORINE MODIFIED – cyclosporine modified cap 50 mg				
DEPEN TITRATABS – penicillamine tab 250 mg	•			
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml				
RAPAMUNE – sirolimus oral soln 1 mg/ml				
REVLIMID – lenalidomide caps 2.5 mg	•	•		
REVLIMID – lenalidomide cap 5 mg	•	•		
REVLIMID – lenalidomide cap 10 mg	•	•		
REVLIMID – lenalidomide cap 15 mg	•	•		
REVLIMID – lenalidomide cap 20 mg	•	•		
REVLIMID – lenalidomide cap 25 mg	•	•		
THALOMID – thalidomide cap 50 mg	•	•		
THALOMID – thalidomide cap 100 mg	•	•		
THALOMID – thalidomide cap 150 mg	•	•		
THALOMID – thalidomide cap 200 mg	•	•		

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b-complex w/ c & folic acid cap 1 mg (Nephrocaps).....	21	buspironone hcl tab 15 mg.....	15
b-complex w/ c & folic acid tab 5 mg.....	21	C	
b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx).....	21	CANASA – mesalamine suppos 1000 mg.....	14
BEBULIN – factor ix complex for inj 200-1200 unit.....	22	carbidopa & levodopa tab 10-100 mg (Sinemet).....	20
benazepril hcl tab 5 mg.....	8	carisoprodol tab 350 mg (Soma).....	21
		carteolol hcl ophth soln 1%.....	27
		carvedilol tab 3.125 mg (Coreg).....	9
		carvedilol tab 6.25 mg (Coreg).....	9
		carvedilol tab 12.5 mg (Coreg).....	9

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carvedilol tab 25 mg (Coreg).....	9	clorazepate dipotassium tab 3.75 mg (Tranxene t).....	15
cefadroxil cap 500 mg.....	1	clorazepate dipotassium tab 7.5 mg (Tranxene t).....	15
CEFTIN – cefuroxime axetil for susp 125 mg/5ml.....	1	COAGADEX – coagulation factor x (human) for inj 250 unit.....	23
cephalexin cap 250 mg (Keflex).....	1	COAGADEX – coagulation factor x (human) for inj 500 unit.....	23
cephalexin cap 500 mg (Keflex).....	1	COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....	5
CEREZYME – imiglucerase for inj 400 unit.....	23	COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....	5
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv).....	17	COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml.....	17
CHANTIX STARTING MONTH PA – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....	17	COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml.....	17
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv).....	17	CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit.....	23
CHANTIX – varenicline tartrate tab 1 mg (base equiv).....	17	CORTIFOAM – hydrocortisone acetate rectal foam 10% (90 mg/dose).....	27
CHEMET – succimer cap 100 mg.....	28	CORTISONE ACETATE – cortisone acetate tab 25 mg.....	5
CHENODAL – chenodiol tab 250 mg.....	14	CRESTOR – rosuvastatin calcium tab 5 mg.....	10
chlordiazepoxide hcl cap 5 mg.....	15	CRESTOR – rosuvastatin calcium tab 10 mg.....	10
chlordiazepoxide hcl cap 10 mg.....	15	CRESTOR – rosuvastatin calcium tab 20 mg.....	10
chlordiazepoxide hcl cap 25 mg.....	15	CRESTOR – rosuvastatin calcium tab 40 mg.....	10
chlorhexidine gluconate soln 0.12% (Peridex).....	27	CRIXIVAN – indinavir sulfate cap 200 mg.....	2
chloroquine phosphate tab 250 mg.....	3	CRIXIVAN – indinavir sulfate cap 400 mg.....	2
chloroquine phosphate tab 500 mg (Aralen).....	3	cromolyn sodium ophth soln 4%.....	27
chlorothiazide tab 500 mg.....	11	CUPRIMINE – penicillamine cap 250 mg.....	28
chlorzoxazone tab 500 mg (Parafon forte dsc).....	21	cyanocobalamin inj 1000 mcg/ml.....	23
CIALIS – tadalafil tab 2.5 mg.....	12	cyclobenzaprine hcl tab 5 mg.....	21
CIALIS – tadalafil tab 5 mg.....	12	cyclobenzaprine hcl tab 10 mg.....	21
CIALIS – tadalafil tab 10 mg.....	12	cyclopentolate hcl ophth soln 1% (Cyclogyl).....	27
CIALIS – tadalafil tab 20 mg.....	12	CYCLOSPORINE MODIFIED – cyclosporine modified cap 50 mg.....	28
cilostazol tab 50 mg (Pletal).....	23	CYSTAGON – cysteamine bitartrate cap 50 mg.....	15
cilostazol tab 100 mg (Pletal).....	23	CYSTAGON – cysteamine bitartrate cap 150 mg.....	15
cimetidine tab 300 mg.....	14	D	
cimetidine tab 400 mg.....	14	DAKLINZA – daclatasvir dihydrochloride tab 30 mg (base equivalent).....	2
ciprofloxacin hcl ophth soln 0.3% (Ciloxan).....	26	DAKLINZA – daclatasvir dihydrochloride tab 60 mg (base equivalent).....	2
ciprofloxacin hcl tab 750 mg (base equiv).....	1	DAKLINZA – daclatasvir dihydrochloride tab 90 mg (base equivalent).....	2
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	1	DARAPRIM – pyrimethamine tab 25 mg.....	3
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	1	DEPEN TITRATABS – penicillamine tab 250 mg.....	28
citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	15	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	5
citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	15	dexamethasone tab 0.5 mg.....	5
citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	15	dexamethasone tab 0.75 mg.....	5
clemastine fumarate tab 2.68 mg.....	12	dexamethasone tab 1.5 mg.....	5
clindamycin hcl cap 75 mg (Cleocin).....	4	dexamethasone tab 4 mg.....	5
clindamycin hcl cap 150 mg (Cleocin).....	4	dexamethasone tab 6 mg.....	5
clindamycin hcl cap 300 mg (Cleocin).....	4		
clonazepam tab 0.5 mg (Klonopin).....	20		
clonazepam tab 1 mg (Klonopin).....	20		
clonazepam tab 2 mg (Klonopin).....	20		
clonidine hcl tab 0.1 mg (Catapres).....	11		
clonidine hcl tab 0.2 mg (Catapres).....	11		
clonidine hcl tab 0.3 mg (Catapres).....	11		
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	23		

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DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg.....	20	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 500 unit.....	23
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg.....	20	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 750 unit.....	23
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg.....	20	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1000 unit.....	23
diazepam tab 2 mg (Valium).....	15	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1500 unit.....	23
diazepam tab 5 mg (Valium).....	15	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 2000 unit.....	23
diazepam tab 10 mg (Valium).....	15	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 3000 unit.....	23
DIBENZYLIN – phenoxybenzamine hcl cap 10 mg.....	11	EMEND – aprepitant capsule 40 mg.....	14
diclofenac sodium ophth soln 0.1%.....	27	EMEND – aprepitant capsule 80 mg.....	14
diclofenac sodium tab delayed release 50 mg.....	18	EMEND – aprepitant capsule 125 mg.....	14
diclofenac sodium tab delayed release 75 mg.....	18	EMEND – aprepitant capsule therapy pack 80 & 125 mg.....	14
dicyclomine hcl cap 10 mg (Bentyl).....	14	EMEND – aprepitant for oral susp 125 mg (125 mg/5ml).....	14
dicyclomine hcl tab 20 mg (Bentyl).....	14	EMTRIVA – emtricitabine caps 200 mg.....	2
diltiazem hcl cap sr 24hr 120 mg.....	9	EMTRIVA – emtricitabine soln 10 mg/ml.....	2
diltiazem hcl coated beads cap sr 24hr 120 mg (Cardizem cd).....	10	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	8
diltiazem hcl coated beads cap sr 24hr 180 mg (Cardizem cd).....	10	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	8
diltiazem hcl tab 90 mg.....	10	enalapril maleate tab 2.5 mg (Vasotec).....	8
diltiazem hcl tab 30 mg (Cardizem).....	10	enalapril maleate tab 5 mg (Vasotec).....	8
diltiazem hcl tab 60 mg (Cardizem).....	10	enalapril maleate tab 10 mg (Vasotec).....	8
diltiazem hcl tab 120 mg (Cardizem).....	10	enalapril maleate tab 20 mg (Vasotec).....	8
dipyridamole tab 25 mg (Persantine).....	23	ENBREL – etanercept for subcutaneous inj 25 mg.....	19
divalproex sodium tab delayed release 125 mg (Depakote).....	20	ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	19
divalproex sodium tab delayed release 250 mg (Depakote).....	20	ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	19
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%).....	5	ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....	19
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%).....	5	EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	12
DIVIGEL – estradiol td gel 1 mg/gm (0.1%).....	5	EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	12
donepezil hydrochloride tab 5 mg (Aricept).....	18	EPZICOM – abacavir sulfate-lamivudine tab 600-300 mg.....	2
donepezil hydrochloride tab 10 mg (Aricept).....	18	ergocalciferol cap 50000 unit (Drisdol).....	21
DONNATAL – pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg.....	14	erythromycin ophth oint 5 mg/gm.....	26
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	27	escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....	15
doxazosin mesylate tab 1 mg (Cardura).....	11	escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....	15
doxazosin mesylate tab 2 mg (Cardura).....	11	escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....	16
doxazosin mesylate tab 4 mg (Cardura).....	11	estazolam tab 1 mg.....	17
doxazosin mesylate tab 8 mg (Cardura).....	11	estazolam tab 2 mg.....	17
doxepin hcl cap 10 mg.....	15	ESTRACE – estradiol vaginal cream 0.1 mg/gm.....	15
doxepin hcl cap 25 mg.....	15		
doxepin hcl conc 10 mg/ml.....	15		
E			
ELIQUIS – apixaban tab 2.5 mg.....	23		
ELIQUIS – apixaban tab 5 mg.....	23		
ELLA – ulipristal acetate tab 30 mg.....	5		
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 250 unit.....	23		

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estradiol tab 0.5 mg (Estrace).....	5	fluticasone propionate nasal susp 50 mcg/act (Flonase).....	12
estradiol tab 1 mg (Estrace).....	5	folic acid tab 1 mg.....	23
estradiol tab 2 mg (Estrace).....	5	folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg.....	23
F		folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg.....	23
famotidine tab 40 mg (Pepcid).....	14	folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg (Folgard rx).....	23
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg.....	23	FOLLISTIM AQ – follitropin beta inj 75 unit/0.5ml.....	6
fe fum-iron polysacch complex-fa-b cmlx-c-zn-mn-cu cap (Tandem plus).....	23	FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml.....	6
FEIBA – antiinhibitor coagulant complex for inj.....	23	FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml.....	6
fenofibrate tab 54 mg (Lofibra).....	10	FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml.....	6
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg.....	23	fosinopril sodium tab 10 mg.....	8
ferrous fumarate-folic acid tab 324-1 mg.....	23	fosinopril sodium tab 20 mg.....	8
FINACEA – azelaic acid foam 15%.....	27	fosinopril sodium tab 40 mg.....	8
FINACEA – azelaic acid gel 15%.....	27	furosemide oral soln 10 mg/ml.....	11
finasteride tab 5 mg (Proscar).....	15	furosemide tab 20 mg (Lasix).....	11
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent).....	23	furosemide tab 40 mg (Lasix).....	11
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister.....	12	furosemide tab 80 mg (Lasix).....	11
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister.....	13	FUZEON – enfuvirtide for inj 90 mg.....	2
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister.....	13	G	
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	13	gabapentin cap 100 mg (Neurontin).....	20
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	13	gabapentin cap 300 mg (Neurontin).....	20
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	13	gabapentin cap 400 mg (Neurontin).....	20
fluconazole for susp 10 mg/ml (Diflucan).....	1	gemfibrozil tab 600 mg (Lopid).....	10
fluconazole tab 50 mg (Diflucan).....	1	gentamicin sulfate ophth oint 0.3%.....	26
fluconazole tab 100 mg (Diflucan).....	1	gentamicin sulfate ophth soln 0.3% (Garamycin).....	26
fluconazole tab 150 mg (Diflucan).....	1	GLEEVEC – imatinib mesylate tab 100 mg (base equivalent).....	4
fluoxetine hcl cap 10 mg (Prozac).....	16	GLEEVEC – imatinib mesylate tab 400 mg (base equivalent).....	4
fluoxetine hcl cap 20 mg (Prozac).....	16	glimepiride tab 1 mg (Amaryl).....	6
fluoxetine hcl cap 40 mg (Prozac).....	16	glimepiride tab 2 mg (Amaryl).....	6
fluoxetine hcl solution 20 mg/5ml.....	16	glimepiride tab 4 mg (Amaryl).....	6
fluoxetine hcl tab 10 mg.....	16	glipizide tab 5 mg (Glucotrol).....	6
FLUPHENAZINE HCL – fluphenazine hcl elixir 2.5 mg/5ml.....	16	glipizide tab 10 mg (Glucotrol).....	6
FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ ml.....	16	glipizide tab sr 24hr 2.5 mg (Glucotrol xl).....	6
fluphenazine hcl tab 1 mg.....	16	glipizide tab sr 24hr 5 mg (Glucotrol xl).....	6
fluphenazine hcl tab 2.5 mg.....	16	GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg.....	6
fluphenazine hcl tab 5 mg.....	16	glyburide-metformin tab 1.25-250 mg (Glucovance).....	6
fluphenazine hcl tab 10 mg.....	16	glyburide-metformin tab 2.5-500 mg (Glucovance).....	6
flurbiprofen sodium ophth soln 0.03% (Ocufen).....	27	glyburide-metformin tab 5-500 mg (Glucovance).....	6
flurbiprofen tab 50 mg.....	19	glyburide micronized tab 1.5 mg (Glynase).....	6
flurbiprofen tab 100 mg.....	19	glyburide micronized tab 3 mg (Glynase).....	6
		glyburide micronized tab 6 mg (Glynase).....	6
		glyburide tab 1.25 mg.....	6
		glyburide tab 2.5 mg.....	6
		glyburide tab 5 mg.....	6
		guanfacine hcl tab 1 mg (Tenex).....	11
		guanfacine hcl tab 2 mg (Tenex).....	11

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H

haloperidol lactate oral conc 2 mg/ml.....	16
haloperidol tab 0.5 mg.....	16
haloperidol tab 1 mg.....	16
haloperidol tab 2 mg.....	16
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg.....	2
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....	23
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....	23
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit.....	23
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....	23
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....	23
HEMOFIL M – antihemophilic factor (human) for inj 250 unit.....	23
HEMOFIL M – antihemophilic factor (human) for inj 500 unit.....	23
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit.....	23
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit.....	23
homatropine hbr ophth soln 5% (Isopto homatropine).....	27
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit.....	23
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit.....	23
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	23
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml.....	19
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml.....	19
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml.....	19
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml.....	19
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml.....	19
HUMIRA PEN-CROHNS DISEASE – adalimumab pen-injector kit 40 mg/0.8ml.....	19
HUMIRA PEN-PSORIASIS STAR – adalimumab pen-injector kit 40 mg/0.8ml.....	19
hydralazine hcl tab 10 mg.....	11
hydralazine hcl tab 25 mg.....	11
hydralazine hcl tab 50 mg.....	11
hydrochlorothiazide cap 12.5 mg (Microzide).....	11
hydrochlorothiazide tab 12.5 mg.....	11
hydrochlorothiazide tab 25 mg.....	11

hydrochlorothiazide tab 50 mg.....	11
hydrocodone-acetaminophen tab 7.5-325 mg (Norco).....	18
hydrocodone-acetaminophen tab 5-325 mg (Norco).....	18
hydrocodone-acetaminophen tab 10-325 mg (Norco).....	18
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen).....	18
hydrocortisone cream 2.5%.....	28
hydrocortisone oint 2.5%.....	28
hydrocortisone rectal cream 2.5% (Anusol-hc).....	27
hydromorphone hcl tab 2 mg (Dilaudid).....	18
hydromorphone hcl tab 4 mg (Dilaudid).....	18
hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	3
hydroxyzine hcl syrup 10 mg/5ml.....	15
hydroxyzine hcl tab 10 mg.....	15
hydroxyzine hcl tab 25 mg.....	15
hydroxyzine hcl tab 50 mg.....	15
hydroxyzine pamoate cap 25 mg (Vistaril).....	15
hydroxyzine pamoate cap 50 mg (Vistaril).....	15
hyoscyamine sulfate elixir 0.125 mg/5ml.....	14

I

ibuprofen tab 400 mg.....	19
ibuprofen tab 600 mg.....	19
ibuprofen tab 800 mg.....	19
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	24
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	24
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	24
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	24
imipramine hcl tab 10 mg (Tofranil).....	16
imipramine hcl tab 25 mg (Tofranil).....	16
imipramine hcl tab 50 mg (Tofranil).....	16
IMITREX – sumatriptan nasal spray 5 mg/act.....	19
IMITREX – sumatriptan nasal spray 20 mg/act.....	19
IMPAVIDO – miltefosine cap 50 mg.....	4
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....	7
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	13
indapamide tab 1.25 mg.....	11
indapamide tab 2.5 mg.....	11
indomethacin cap 25 mg.....	19
indomethacin cap 50 mg.....	19
INSULIN PEN NEEDLES – VARIOUS.....	28
INSULIN SYRINGES – VARIOUS.....	28
INTELENCE – etravirine tab 25 mg.....	2
INTELENCE – etravirine tab 100 mg.....	2
INTELENCE – etravirine tab 200 mg.....	2

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INVIRASE – saquinavir mesylate cap 200 mg.....	2	KOATE-DVI – antihemophilic factor (human) for inj 250 unit.....	24
INVIRASE – saquinavir mesylate tab 500 mg.....	2	KOATE-DVI – antihemophilic factor (human) for inj 500 unit.....	24
ipratropium bromide inhal soln 0.02%.....	13	KOATE-DVI – antihemophilic factor (human) for inj 1000 unit.....	24
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....	9	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....	24
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....	9	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....	24
irbesartan tab 75 mg (Avapro).....	9	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit.....	24
irbesartan tab 150 mg (Avapro).....	9	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....	24
irbesartan tab 300 mg (Avapro).....	9	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....	24
iron combination cap.....	24	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 250 unit.....	24
iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg (Hematron-af).....	24	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 500 unit.....	24
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg.....	24	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 1000 unit.....	24
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv).....	2	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 2000 unit.....	24
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv).....	2	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 3000 unit.....	24
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv).....	2	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 250 unit.....	24
ISENTRESS – raltegravir potassium tab 400 mg (base equiv).....	2	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 500 unit.....	24
isoniazid tab 100 mg.....	1	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 1000 unit.....	24
isoniazid tab 300 mg.....	1	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 2000 unit.....	24
isosorbide mononitrate tab 10 mg.....	10	KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 3000 unit.....	24
isosorbide mononitrate tab 20 mg.....	10	KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit.....	24
isosorbide mononitrate tab sr 24hr 30 mg (Imdur).....	10	KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit.....	24
isosorbide mononitrate tab sr 24hr 60 mg (Imdur).....	10	KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit.....	24
IXINITY – coagulation factor ix (recombinant) for inj 500 unit.....	24	KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit.....	24
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit.....	24	KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit.....	24
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit.....	24		
J		L	
JARDIANCE – empagliflozin tab 10 mg.....	6	lactic acid w/ vitamin e cream 10%-3500 unit/30gm.....	28
JARDIANCE – empagliflozin tab 25 mg.....	6	lactulose (encephalopathy) solution 10 gm/15ml.....	14
K		lactulose solution 10 gm/15ml.....	13
KALETRA – lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	2	lamotrigine tab 25 mg (Lamictal).....	20
KALETRA – lopinavir-ritonavir tab 100-25 mg.....	2	lamotrigine tab 100 mg (Lamictal).....	20
KALETRA – lopinavir-ritonavir tab 200-50 mg.....	2	lamotrigine tab 150 mg (Lamictal).....	20
KALYDECO – ivacaftor packet 50 mg.....	13	lamotrigine tab 200 mg (Lamictal).....	20
KALYDECO – ivacaftor packet 75 mg.....	13	LANCETS – VARIOUS.....	28
KALYDECO – ivacaftor tab 150 mg.....	13	LANTUS – insulin glargine inj 100 unit/ml.....	7
ketoconazole tab 200 mg.....	1	LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml.....	7
ketoprofen cap 50 mg.....	19	latanoprost ophth soln 0.005% (Xalatan).....	27
ketoprofen cap 75 mg.....	19	letrozole tab 2.5 mg (Femara).....	4
ketorolac tromethamine ophth soln 0.5% (Acular).....	27	LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg.....	4
ketorolac tromethamine tab 10 mg.....	19		

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LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg.....	4	losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....	9
LEUKERAN – chlorambucil tab 2 mg.....	4	losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....	9
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml.....	7	losartan potassium tab 25 mg (Cozaar).....	9
LEVEMIR – insulin detemir inj 100 unit/ml.....	7	losartan potassium tab 50 mg (Cozaar).....	9
levetiracetam tab 250 mg (Keppra).....	20	losartan potassium tab 100 mg (Cozaar).....	9
levobunolol hcl ophth soln 0.5% (Betagan).....	27	lovastatin tab 10 mg.....	10
levofloxacin tab 250 mg (Levaquin).....	1	lovastatin tab 20 mg (Mevacor).....	10
levofloxacin tab 500 mg (Levaquin).....	1	lovastatin tab 40 mg (Mevacor).....	10
levofloxacin tab 750 mg (Levaquin).....	1	M	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	5	medroxyprogesterone acetate tab 2.5 mg (Provera).....	5
levothyroxine sodium tab 25 mcg (Synthroid).....	7	medroxyprogesterone acetate tab 5 mg (Provera).....	5
levothyroxine sodium tab 50 mcg (Synthroid).....	7	medroxyprogesterone acetate tab 10 mg (Provera).....	5
levothyroxine sodium tab 75 mcg (Synthroid).....	7	megestrol acetate tab 20 mg.....	4
levothyroxine sodium tab 88 mcg (Synthroid).....	7	megestrol acetate tab 40 mg.....	4
levothyroxine sodium tab 100 mcg (Synthroid).....	7	MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	4
levothyroxine sodium tab 112 mcg (Synthroid).....	7	MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	4
levothyroxine sodium tab 125 mcg (Synthroid).....	7	meloxicam tab 7.5 mg (Mobic).....	19
levothyroxine sodium tab 137 mcg (Synthroid).....	7	meloxicam tab 15 mg (Mobic).....	19
levothyroxine sodium tab 150 mcg (Synthroid).....	7	MEPHYTON – phytonadione tab 5 mg.....	21
levothyroxine sodium tab 175 mcg (Synthroid).....	7	metformin hcl tab 500 mg (Glucophage).....	6
levothyroxine sodium tab 200 mcg (Synthroid).....	7	metformin hcl tab 850 mg (Glucophage).....	6
levothyroxine sodium tab 300 mcg (Synthroid).....	7	metformin hcl tab 1000 mg (Glucophage).....	6
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv).....	2	metformin hcl tab sr 24hr 500 mg (Glucophage xr).....	6
LEXIVA – fosamprenavir calcium tab 700 mg (base equiv).....	2	metformin hcl tab sr 24hr 750 mg (Glucophage xr).....	6
lidocaine hcl gel 2%.....	28	methadone hcl tab for oral susp 40 mg.....	18
lidocaine hcl soln 4% (Xylocaine).....	28	methadone hcl tab 10 mg (Dolophine).....	18
lidocaine hcl viscous soln 2%.....	27	methadone hcl tab 5 mg (Dolophine hcl).....	18
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....	8	methimazole tab 5 mg (Tapazole).....	7
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....	8	methimazole tab 10 mg (Tapazole).....	7
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic).....	8	methocarbamol tab 750 mg (Robaxin-750).....	21
lisinopril tab 5 mg (Prinivil).....	8	methocarbamol tab 500 mg (Robaxin).....	21
lisinopril tab 10 mg (Prinivil).....	8	methyldopa tab 250 mg.....	11
lisinopril tab 20 mg (Prinivil).....	8	methyldopa tab 500 mg.....	12
lisinopril tab 2.5 mg (Zestril).....	8	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml).....	14
lisinopril tab 30 mg (Zestril).....	8	metoclopramide hcl tab 5 mg (Reglan).....	14
lisinopril tab 40 mg (Zestril).....	8	metoclopramide hcl tab 10 mg (Reglan).....	14
lithium carbonate cap 300 mg.....	16	metoprolol succinate tab sr 24hr 25 mg (tartrate equiv) (Toprol xl).....	9
lithium carbonate cap 150 mg (Lithium carbonate).....	16	metoprolol succinate tab sr 24hr 50 mg (tartrate equiv) (Toprol xl).....	9
lithium carbonate cap 600 mg (Lithium carbonate).....	16	metoprolol tartrate tab 25 mg.....	9
lithium carbonate tab 300 mg.....	16	metoprolol tartrate tab 50 mg (Lopressor).....	9
lorazepam tab 0.5 mg (Ativan).....	15	metoprolol tartrate tab 100 mg (Lopressor).....	9
lorazepam tab 1 mg (Ativan).....	15	metronidazole tab 250 mg (Flagyl).....	4
lorazepam tab 2 mg (Ativan).....	15	metronidazole tab 500 mg (Flagyl).....	4
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....	9	minocycline hcl cap 50 mg (Minocin).....	1
		minocycline hcl cap 75 mg (Minocin).....	1
		minocycline hcl cap 100 mg (Minocin).....	1

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minoxidil tab 2.5 mg	12	neomycin-polymyxin-dexamethasone ophth susp	
minoxidil tab 10 mg	12	0.1% (Maxitrol)	27
MIRENA – levonorgestrel releasing iud 20 mcg/day (52 mg total).....	5	neomycin sulfate tab 500 mg	1
mirtazapine tab 15 mg (Remeron)	16	NEUPOGEN – filgrastim inj 300 mcg/ml.....	25
mirtazapine tab 30 mg (Remeron)	16	NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml).....	25
mirtazapine tab 45 mg (Remeron)	16	NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml.....	24
misoprostol tab 100 mcg (Cytotec)	14	NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).....	25
misoprostol tab 200 mcg (Cytotec)	14	nevirapine tab 200 mg (Viramune)	2
MONOCLATE-P – antihemophilic factor (human) for inj kit 250 unit.....	24	NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent).....	4
MONOCLATE-P – antihemophilic factor (human) for inj kit 1000 unit.....	24	NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered).....	18
MONOCLATE-P – antihemophilic factor (human) for inj kit 1500 unit.....	24	NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray).....	18
MONONINE – coagulation factor ix for inj 500 unit.....	24	nifedipine tab sr 24hr 30 mg (Adalat cc)	10
MONONINE – coagulation factor ix for inj 1000 unit.....	24	nifedipine tab sr 24hr osmotic release 30 mg (Procardia xl)	10
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	13	nitroglycerin cap cr 2.5 mg	10
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	13	NITROSTAT – nitroglycerin sl tab 0.3 mg.....	10
montelukast sodium tab 10 mg (base equiv) (Singulair)	13	NITROSTAT – nitroglycerin sl tab 0.4 mg.....	10
MORPHINE SULFATE – morphine sulfate suppos 5 mg.....	18	NITROSTAT – nitroglycerin sl tab 0.6 mg.....	10
MORPHINE SULFATE – morphine sulfate suppos 10 mg.....	18	nizatidine cap 150 mg	14
MORPHINE SULFATE – morphine sulfate suppos 20 mg.....	18	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	6
MORPHINE SULFATE – morphine sulfate suppos 30 mg.....	18	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	6
MORPHINE SULFATE – morphine sulfate tab 15 mg.....	18	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	6
MORPHINE SULFATE – morphine sulfate tab 30 mg.....	18	nortriptyline hcl cap 10 mg (Pamelor)	16
multiple vitamins w/ minerals & fa tab 1.25 mg (Corvite)	21	nortriptyline hcl cap 25 mg (Pamelor)	16
mupirocin oint 2% (Bactroban)	28	nortriptyline hcl cap 50 mg (Pamelor)	16
MYLERAN – busulfan tab 2 mg.....	4	nortriptyline hcl cap 75 mg (Pamelor)	16
N		NORVIR – ritonavir cap 100 mg.....	2
nabumetone tab 500 mg	19	NORVIR – ritonavir oral soln 80 mg/ml.....	2
nabumetone tab 750 mg	19	NORVIR – ritonavir tab 100 mg.....	2
naproxen sodium tab 275 mg (Anaprox)	19	NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit.....	25
naproxen sodium tab 550 mg (Anaprox ds)	19	NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit.....	25
naproxen tab ec 375 mg (Ec-naprosyn)	19	NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit.....	25
naproxen tab ec 500 mg (Ec-naprosyn)	19	NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit.....	25
naproxen tab 250 mg (Naprosyn)	19	NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit.....	25
naproxen tab 375 mg (Naprosyn)	19	NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit.....	25
naproxen tab 500 mg (Naprosyn)	19	NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	7
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml.....	28		
NATACYN – natamycin ophth susp 5%.....	26		
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	27		

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NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml.....	7	omeprazole cap delayed release 40 mg (Prilosec).....	14
NOVOLIN R – insulin regular (human) inj 100 unit/ml.....	7	OMNITROPE – somatropin for inj 5.8 mg.....	7
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml.....	7	OMNITROPE – somatropin inj 5 mg/1.5ml.....	7
NOVOLOG – insulin aspart inj 100 unit/ml.....	6	OMNITROPE – somatropin inj 10 mg/1.5ml.....	7
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	7	ondansetron hcl tab 4 mg (Zofran).....	14
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	7	ondansetron orally disintegrating tab 4 mg (Zofran odt).....	14
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml.....	7	OPSUMIT – macitentan tab 10 mg.....	12
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	25	ORFADIN – nitisinone cap 2 mg.....	8
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	25	ORFADIN – nitisinone cap 5 mg.....	8
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	25	ORFADIN – nitisinone cap 10 mg.....	8
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	25	ORFADIN – nitisinone susp 4 mg/ml.....	8
NOXAFIL – posaconazole susp 40 mg/ml.....	1	oxcarbazepine tab 150 mg (Trileptal).....	20
NOXAFIL – posaconazole tab delayed release 100 mg.....	1	oxybutynin chloride syrup 5 mg/5ml.....	14
NUDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg.....	18	oxycodone hcl tab 5 mg (Roxicodone).....	18
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	6	oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	18
NUWIQ – antihemophilic factor (recombinant) for inj kit 250 unit.....	25	OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg.....	18
NUWIQ – antihemophilic factor (recombinant) for inj kit 500 unit.....	25	OXYCONTIN – oxycodone hcl tab er 12hr deter 15 mg.....	18
NUWIQ – antihemophilic factor (recombinant) for inj kit 1000 unit.....	25	OXYCONTIN – oxycodone hcl tab er 12hr deter 20 mg.....	18
NUWIQ – antihemophilic factor (recombinant) for inj kit 2000 unit.....	25	OXYCONTIN – oxycodone hcl tab er 12hr deter 30 mg.....	18
NUWIQ – antihemophilic factor (recombinant) for inj 250 unit.....	25	OXYCONTIN – oxycodone hcl tab er 12hr deter 40 mg.....	18
NUWIQ – antihemophilic factor (recombinant) for inj 500 unit.....	25	OXYCONTIN – oxycodone hcl tab er 12hr deter 60 mg.....	18
NUWIQ – antihemophilic factor (recombinant) for inj 1000 unit.....	25	OXYCONTIN – oxycodone hcl tab er 12hr deter 80 mg.....	18
NUWIQ – antihemophilic factor (recombinant) for inj 2000 unit.....	25		
O		P	
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit.....	25	pantoprazole sodium ec tab 20 mg (base equiv) (Protonix).....	14
ofloxacin ophth soln 0.3% (Ocuflox).....	26	pantoprazole sodium ec tab 40 mg (base equiv) (Protonix).....	14
olanzapine tab 2.5 mg (Zyprexa).....	16	paroxetine hcl tab 10 mg (Paxil).....	16
olanzapine tab 5 mg (Zyprexa).....	16	paroxetine hcl tab 20 mg (Paxil).....	16
olanzapine tab 7.5 mg (Zyprexa).....	16	paroxetine hcl tab 30 mg (Paxil).....	16
olanzapine tab 10 mg (Zyprexa).....	16	paroxetine hcl tab 40 mg (Paxil).....	16
omeprazole cap delayed release 10 mg (Prilosec).....	14	pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml.....	21
omeprazole cap delayed release 20 mg (Prilosec).....	14	pediatric multiple vitamins w/ fluoride chew tab 0.25 mg.....	21
		pediatric multiple vitamins w/ fluoride chew tab 0.5 mg.....	21
		pediatric multiple vitamins w/ fluoride chew tab 1 mg.....	21
		pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml.....	21
		pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml.....	21

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pediatric vitamins acid w/ fluoride soln 0.25 mg/ml.....	21	PRALUENT – alirocumab subcutaneous soln prefilled	
pediatric vitamins acid w/ fluoride soln 0.5 mg/ml.....	21	syringe 150 mg/ml.....	10
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml.....	2	pramipexole dihydrochloride tab 0.125 mg	
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml.....	2	(Mirapex).....	20
PEGASYS PROCLICK – peginterferon alfa-2a inj 135		pramipexole dihydrochloride tab 0.25 mg	
mcg/0.5ml.....	2	(Mirapex).....	20
PEGASYS PROCLICK – peginterferon alfa-2a inj 180		pramipexole dihydrochloride tab 0.5 mg (Mirapex).....	20
mcg/0.5ml.....	2	pramipexole dihydrochloride tab 0.75 mg	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm		(Mirapex).....	20
(Colyte-flavor packs).....	13	pramipexole dihydrochloride tab 1 mg (Mirapex).....	20
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm		pramipexole dihydrochloride tab 1.5 mg (Mirapex).....	20
(Golytely).....	13	pravastatin sodium tab 10 mg.....	10
peg 3350-kcl-sod bicarb-nacl for soln 420 gm		pravastatin sodium tab 20 mg (Pravachol).....	10
(Nulytely/flavor pack).....	13	pravastatin sodium tab 40 mg (Pravachol).....	11
penicillin v potassium for soln 125 mg/5ml.....	1	prazosin hcl cap 1 mg (Minipress).....	12
penicillin v potassium for soln 250 mg/5ml.....	1	prazosin hcl cap 2 mg (Minipress).....	12
penicillin v potassium tab 250 mg.....	1	prednisolone sod phosphate oral soln 15 mg/5ml	
penicillin v potassium tab 500 mg.....	1	(base equiv).....	5
pentoxifylline tab cr 400 mg.....	25	prednisolone syrup 15 mg/5ml (usp solution	
perindopril erbumine tab 2 mg.....	8	equivalent) (Prelone).....	5
phenazopyridine hcl tab 100 mg (Pyridium).....	15	prednisone tab 1 mg.....	5
phenazopyridine hcl tab 200 mg (Pyridium).....	15	prednisone tab 2.5 mg.....	5
phenobarbital tab 16.2 mg.....	17	prednisone tab 5 mg.....	5
phenobarbital tab 32.4 mg.....	17	prednisone tab 10 mg.....	5
phenylephrine-promethazine w/ codeine syrup		prednisone tab 20 mg.....	5
5-6.25-10 mg/5ml.....	12	PRENATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1	
pioglitazone hcl tab 15 mg (base equiv) (Actos).....	6	mg.....	21
pioglitazone hcl tab 30 mg (base equiv) (Actos).....	6	PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe	
pioglitazone hcl tab 45 mg (base equiv) (Actos).....	6	fumarate-fa tab 27-1 mg.....	21
PLEGRIDY – peginterferon beta-1a soln pen-injector 125		PREZISTA – darunavir ethanolate susp 100 mg/ml (base	
mcg/0.5ml.....	17	equiv).....	2
PLEGRIDY – peginterferon beta-1a soln prefilled syringe		PREZISTA – darunavir ethanolate tab 75 mg (base	
125 mcg/0.5ml.....	17	equiv).....	3
PLEGRIDY STARTER PACK – peginterferon beta-1a soln		PREZISTA – darunavir ethanolate tab 150 mg (base	
pen-inj 63 & 94 mcg/0.5ml pack.....	17	equiv).....	3
PLEGRIDY STARTER PACK – peginterferon beta-1a soln		PREZISTA – darunavir ethanolate tab 600 mg (base	
pref syr 63 & 94 mcg/0.5ml pack.....	17	equiv).....	3
polyethylene glycol 3350 oral powder.....	13	PREZISTA – darunavir ethanolate tab 800 mg (base	
polymyxin b-trimethoprim ophth soln 10000 unit/		equiv).....	3
ml-0.1% (Polytrim).....	27	PRIFTIN – rifapentine tab 150 mg.....	1
potassium chloride microencapsulated crys cr tab 10		PRIMAQUINE PHOSPHATE – primaquine phosphate tab	
meq.....	21	26.3 mg (15 mg base).....	3
potassium chloride microencapsulated crys cr tab 20		primidone tab 50 mg (Mysoline).....	20
meq.....	21	PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act	
potassium chloride tab cr 10 meq (K-tab).....	21	(90mcg base equiv).....	13
potassium chloride tab cr 8 meq (600 mg).....	21	PROAIR RESPICLICK – albuterol sulfate aer pow ba 108	
PRALUENT – alirocumab subcutaneous soln pen-injector		mcg/act (90 mcg base equiv).....	13
75 mg/ml.....	10	prochlorperazine maleate tab 5 mg (base equivalent)	
PRALUENT – alirocumab subcutaneous soln pen-injector		(Compazine).....	16
150 mg/ml.....	10	prochlorperazine maleate tab 10 mg (base equivalent)	
PRALUENT – alirocumab subcutaneous soln prefilled		(Compazine).....	16
syringe 75 mg/ml.....	10	PROCRIT – epoetin alfa inj 2000 unit/ml.....	25
		PROCRIT – epoetin alfa inj 3000 unit/ml.....	25

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PROCRIT – epoetin alfa inj 4000 unit/ml.....	25	REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....	17
PROCRIT – epoetin alfa inj 10000 unit/ml.....	25	REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	17
PROCRIT – epoetin alfa inj 20000 unit/ml.....	25	REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	17
PROCRIT – epoetin alfa inj 40000 unit/ml.....	25	RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit.....	25
PROFILNINE – factor ix complex for inj 500 unit.....	25	RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit.....	25
PROFILNINE – factor ix complex for inj 1000 unit.....	25	RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit.....	25
PROFILNINE – factor ix complex for inj 1500 unit.....	25	RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit.....	26
PROFILNINE SD – factor ix complex for inj 500 unit.....	25	RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit.....	26
PROFILNINE SD – factor ix complex for inj 1000 unit.....	25	REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	11
PROFILNINE SD – factor ix complex for inj 1500 unit.....	25	REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	11
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....	12	REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml.....	11
promethazine-dm syrup 6.25-15 mg/5ml.....	12	RESCRIPTOR – delavirdine mesylate tab 100 mg.....	3
promethazine hcl syrup 6.25 mg/5ml.....	12	RESCRIPTOR – delavirdine mesylate tab 200 mg.....	3
promethazine hcl tab 12.5 mg.....	12	REVLIMID – lenalidomide cap 5 mg.....	28
promethazine hcl tab 25 mg.....	12	REVLIMID – lenalidomide cap 10 mg.....	28
promethazine hcl tab 50 mg.....	12	REVLIMID – lenalidomide cap 15 mg.....	28
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	12	REVLIMID – lenalidomide cap 20 mg.....	28
proparacaine hcl ophth soln 0.5% (Alcaine).....	27	REVLIMID – lenalidomide cap 25 mg.....	28
propranolol hcl tab 10 mg.....	9	REVLIMID – lenalidomide caps 2.5 mg.....	28
propranolol hcl tab 20 mg.....	9	REYATAZ – atazanavir sulfate cap 150 mg (base equiv).....	3
propranolol hcl tab 40 mg.....	9	REYATAZ – atazanavir sulfate cap 200 mg (base equiv).....	3
propranolol hcl tab 80 mg.....	9	REYATAZ – atazanavir sulfate cap 300 mg (base equiv).....	3
PULMOZYME – dornase alfa inhal soln 1 mg/ml.....	13	REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv).....	3
Q		risperidone tab 0.25 mg (Risperdal).....	16
quetiapine fumarate tab 25 mg (Seroquel).....	16	risperidone tab 0.5 mg (Risperdal).....	16
quetiapine fumarate tab 50 mg (Seroquel).....	16	risperidone tab 1 mg (Risperdal).....	16
quetiapine fumarate tab 100 mg (Seroquel).....	16	risperidone tab 2 mg (Risperdal).....	17
quinapril hcl tab 5 mg (Accupril).....	8	risperidone tab 3 mg (Risperdal).....	17
quinapril hcl tab 10 mg (Accupril).....	8	risperidone tab 4 mg (Risperdal).....	17
quinapril hcl tab 20 mg (Accupril).....	8	RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit.....	26
quinapril hcl tab 40 mg (Accupril).....	8	RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit.....	26
QVAR – beclomethasone diprop inhal aero soln 40 mcg/act (50/valve).....	13	RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit.....	26
QVAR – beclomethasone diprop inhal aero soln 80 mcg/act (100/valve).....	13	RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit.....	26
R			
ramipril cap 1.25 mg (Altace).....	8		
ramipril cap 2.5 mg (Altace).....	8		
ramipril cap 5 mg (Altace).....	8		
ramipril cap 10 mg (Altace).....	8		
ranitidine hcl syrup 15 mg/ml (75 mg/5ml).....	14		
ranitidine hcl tab 300 mg (Zantac).....	14		
RAPAMUNE – sirolimus oral soln 1 mg/ml.....	28		
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml).....	17		
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml).....	17		
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml).....	17		

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RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit.....	26	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Luride).....	21
ropinirole hydrochloride tab 0.25 mg (Requip).....	20	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Luride).....	21
ropinirole hydrochloride tab 0.5 mg (Requip).....	20	sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Luride).....	21
ropinirole hydrochloride tab 1 mg (Requip).....	20	sodium fluoride cream 1.1% (Prevident 5000 plus).....	27
ropinirole hydrochloride tab 2 mg (Requip).....	20	sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride).....	27
ropinirole hydrochloride tab 3 mg (Requip).....	20	sodium fluoride paste 1.1% (Prevident 5000 boost).....	27
ropinirole hydrochloride tab 4 mg (Requip).....	20	sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi).....	27
ropinirole hydrochloride tab 5 mg (Requip).....	20	sodium fluoride rinse 0.2% (Prevident).....	27
S		sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf) (Luride).....	21
SABRIL – vigabatrin powd pack 500 mg.....	20	sotalol hcl tab 80 mg (Betapace).....	11
SABRIL – vigabatrin tab 500 mg.....	20	sotalol hcl tab 120 mg (Betapace).....	11
selenium sulfide lotion 2.5%.....	28	sotalol hcl tab 160 mg (Betapace).....	11
SELZENTRY – maraviroc tab 150 mg.....	3	SOVALDI – sofosbuvir tab 400 mg.....	2
SELZENTRY – maraviroc tab 300 mg.....	3	SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	13
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv).....	8	SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act.....	13
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv).....	8	SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act.....	13
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv).....	8	spironolactone tab 25 mg (Aldactone).....	11
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).....	13	spironolactone tab 50 mg (Aldactone).....	11
SEROQUEL XR – quetiapine fumarate tab sr 24hr 50 mg.....	17	STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml.....	28
SEROQUEL XR – quetiapine fumarate tab sr 24hr 150 mg.....	17	STELARA – ustekinumab soln prefilled syringe 90 mg/ml.....	28
SEROQUEL XR – quetiapine fumarate tab sr 24hr 200 mg.....	17	STIMATE – desmopressin acetate nasal soln 1.5 mg/ml.....	8
SEROQUEL XR – quetiapine fumarate tab sr 24hr 300 mg.....	17	STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml.....	8
SEROQUEL XR – quetiapine fumarate tab sr 24hr 400 mg.....	17	STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml.....	8
sertraline hcl tab 25 mg (Zoloft).....	16	STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml.....	8
sertraline hcl tab 50 mg (Zoloft).....	16	STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.....	8
sertraline hcl tab 100 mg (Zoloft).....	16	STRIBILD – elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg.....	3
silver nitrate-potassium nitrate applicator 75-25% (Arzol silver nitrate).....	28	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	27
silver sulfadiazine cream 1% (Silvadene).....	28	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	4
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml.....	19	sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....	4
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml.....	19	sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....	4
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml.....	19	sulindac tab 150 mg.....	19
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml.....	19	sulindac tab 200 mg.....	19
simvastatin tab 5 mg (Zocor).....	11	sumatriptan succinate tab 25 mg (Imitrex).....	19
simvastatin tab 10 mg (Zocor).....	11		
simvastatin tab 20 mg (Zocor).....	11		
simvastatin tab 40 mg (Zocor).....	11		
simvastatin tab 80 mg (Zocor).....	11		
SKYLA – levonorgestrel releasing iud 14 mcg/day (13.5 mg total).....	6		
sodium chloride soln nebu 0.9%.....	12		

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sumatriptan succinate tab 50 mg (Imitrex)	19	tetracaine hcl ophth soln 0.5%	27
sumatriptan succinate tab 100 mg (Imitrex)	19	THALOMID – thalidomide cap 50 mg.....	28
SUSTIVA – efavirenz cap 50 mg.....	3	THALOMID – thalidomide cap 100 mg.....	28
SUSTIVA – efavirenz cap 200 mg.....	3	THALOMID – thalidomide cap 150 mg.....	28
SUSTIVA – efavirenz tab 600 mg.....	3	THALOMID – thalidomide cap 200 mg.....	28
SUTENT – sunitinib malate cap 12.5 mg (base equivalent).....	4	theophylline tab sr 12hr 100 mg	13
SUTENT – sunitinib malate cap 25 mg (base equivalent).....	4	thyroid tab 30 mg (1/2 grain) (Armour thyroid)	7
SUTENT – sunitinib malate cap 37.5 mg (base equivalent).....	4	thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)	7
SUTENT – sunitinib malate cap 50 mg (base equivalent).....	4	thyroid tab 60 mg (1 grain) (Armour thyroid)	7
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg.....	4	timolol maleate ophth soln 0.25% (Timoptic)	27
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg.....	4	timolol maleate ophth soln 0.5% (Timoptic)	27
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg.....	4	TIVICAY – dolutegravir sodium tab 10 mg (base equiv).....	3
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	13	TIVICAY – dolutegravir sodium tab 25 mg (base equiv).....	3
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	13	TIVICAY – dolutegravir sodium tab 50 mg (base equiv).....	3
T		tizanidine hcl tab 2 mg (base equivalent)	21
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent).....	4	tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	21
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent).....	4	tobramycin ophth soln 0.3% (Tobrex)	27
tamoxifen citrate tab 10 mg (base equivalent)	4	topiramate tab 25 mg (Topamax)	20
tamoxifen citrate tab 20 mg (base equivalent)	4	topiramate tab 50 mg (Topamax)	20
tamsulosin hcl cap 0.4 mg (Flomax)	15	topiramate tab 100 mg (Topamax)	20
TARCEVA – erlotinib hcl tab 25 mg (base equivalent).....	4	topiramate tab 200 mg (Topamax)	20
TARCEVA – erlotinib hcl tab 100 mg (base equivalent).....	4	torsemide tab 5 mg (Demadex)	11
TARCEVA – erlotinib hcl tab 150 mg (base equivalent).....	5	torsemide tab 10 mg (Demadex)	11
TASIGNA – nilotinib hcl cap 150 mg (base equivalent).....	5	torsemide tab 20 mg (Demadex)	11
TASIGNA – nilotinib hcl cap 200 mg (base equivalent).....	5	TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml.....	7
TAZORAC – tazarotene cream 0.05%.....	27	TRACLEER – bosentan tab 62.5 mg.....	12
TAZORAC – tazarotene cream 0.1%.....	27	TRACLEER – bosentan tab 125 mg.....	12
TAZORAC – tazarotene gel 0.05%.....	27	tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	18
TAZORAC – tazarotene gel 0.1%.....	28	tramadol hcl tab 50 mg (Ultram)	18
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg.....	17	trandolapril tab 1 mg (Mavik)	8
TECFIDERA – dimethyl fumarate capsule delayed release 240 mg.....	17	trandolapril tab 2 mg (Mavik)	8
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	17	trandolapril tab 4 mg (Mavik)	8
temazepam cap 15 mg (Restoril)	17	trazodone hcl tab 50 mg	16
temazepam cap 30 mg (Restoril)	17	trazodone hcl tab 100 mg	16
terazosin hcl cap 1 mg	12	trazodone hcl tab 150 mg	16
terazosin hcl cap 2 mg	12	TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit.....	26
terazosin hcl cap 5 mg	12	triamcinolone acetonide cream 0.025%	28
terazosin hcl cap 10 mg	12	triamcinolone acetonide cream 0.1%	28
terbinafine hcl tab 250 mg (Lamisil)	1	triamcinolone acetonide cream 0.5%	28
TEST STRIPS – BAYER ASCENSIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT.....	28	triamcinolone acetonide oint 0.025%	28
		triamcinolone acetonide oint 0.1%	28
		triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide).....	11
		triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....	11
		triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide).....	11
		trihexyphenidyl hcl tab 2 mg	20
		trihexyphenidyl hcl tab 5 mg	20

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trimethoprim tab 100 mg	4	VIRACEPT – nelfinavir mesylate tab 250 mg.....	3
tropicamide ophth soln 0.5%	27	VIRACEPT – nelfinavir mesylate tab 625 mg.....	3
tropicamide ophth soln 1% (Mydracyl)	27	VIRAMUNE – nevirapine susp 50 mg/5ml.....	3
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	3	VIRAMUNE XR – nevirapine tab sr 24hr 100 mg.....	3
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	3	VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm.....	3
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	3	VIREAD – tenofovir disoproxil fumarate tab 150 mg.....	3
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	3	VIREAD – tenofovir disoproxil fumarate tab 200 mg.....	3
		VIREAD – tenofovir disoproxil fumarate tab 250 mg.....	3
		VIREAD – tenofovir disoproxil fumarate tab 300 mg.....	3
U		VONVENDI – von willebrand factor (recombinant) for inj 650 unit.....	26
UPTRAVI – selexipag tab 200 mcg.....	12	VONVENDI – von willebrand factor (recombinant) for inj 1300 unit.....	26
UPTRAVI – selexipag tab 400 mcg.....	12	VOTRIENT – pazopanib hcl tab 200 mg (base equiv).....	5
UPTRAVI – selexipag tab 600 mcg.....	12		
UPTRAVI – selexipag tab 800 mcg.....	12	W	
UPTRAVI – selexipag tab 1000 mcg.....	12	warfarin sodium tab 1 mg (Coumadin)	26
UPTRAVI – selexipag tab 1200 mcg.....	12	warfarin sodium tab 2 mg (Coumadin)	26
UPTRAVI – selexipag tab 1400 mcg.....	12	warfarin sodium tab 2.5 mg (Coumadin)	26
UPTRAVI – selexipag tab 1600 mcg.....	12	warfarin sodium tab 3 mg (Coumadin)	26
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	12	warfarin sodium tab 4 mg (Coumadin)	26
		warfarin sodium tab 5 mg (Coumadin)	26
V		warfarin sodium tab 6 mg (Coumadin)	26
VAGIFEM – estradiol vaginal tab 10 mcg.....	15	warfarin sodium tab 7.5 mg (Coumadin)	26
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent).....	28	warfarin sodium tab 10 mg (Coumadin)	26
VALCYTE – valganciclovir hcl for soln 50 mg/ml (base equiv).....	1	WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit.....	26
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	9	WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit.....	26
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	9		
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	9	X	
venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent) (Effexor xr)	16	XALKORI – crizotinib cap 200 mg.....	5
venlafaxine hcl cap sr 24hr 75 mg (base equivalent) (Effexor xr)	16	XALKORI – crizotinib cap 250 mg.....	5
venlafaxine hcl cap sr 24hr 150 mg (base equivalent) (Effexor xr)	16	XIFAXAN – rifaximin tab 550 mg.....	4
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	13	XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit.....	26
verapamil hcl tab cr 120 mg (Calan sr)	10	XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit.....	26
verapamil hcl tab cr 180 mg (Calan sr)	10	XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit.....	26
verapamil hcl tab cr 240 mg (Calan sr)	10	XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit.....	26
verapamil hcl tab 80 mg (Calan)	10	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit.....	26
verapamil hcl tab 120 mg (Calan)	10	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit.....	26
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ ml).....	6	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit.....	26
VIDEX – didanosine for soln 2 gm.....	3	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit.....	26
VIDEX – didanosine for soln 4 gm.....	3	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit.....	26

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zaleplon cap 5 mg (Sonata)	17
zaleplon cap 10 mg (Sonata)	17
ZELBORAF – vemurafenib tab 240 mg.....	5
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-16000 unit.....	14
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit.....	14
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-34000-55000 unit.....	14
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-51000-82000 unit.....	14
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-68000-109000 unit.....	14
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-85000-136000 unit.....	14
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-136000-218000 unit.....	14
ZIAGEN – abacavir sulfate soln 20 mg/ml (base equiv).....	3
zolpidem tartrate tab 5 mg (Ambien)	17
zolpidem tartrate tab 10 mg (Ambien)	17
zonisamide cap 25 mg (Zonegran)	20
ZYTIGA – abiraterone acetate tab 250 mg.....	5
ZYVOX – linezolid for susp 100 mg/5ml.....	4

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