



October 2015

<MBRFirstName> <MBRLastName>
<MBRAddress1>
<MBRAddress2>
<MBRCity>, <MBRState> <MBRZip>

Dear Member:

We are writing to tell you that, starting on or after <January 1, 2016>, changes will be made to your Blue Cross and Blue Shield of Texas prescription drug benefits. You can use this information to assist you when making your plan selection during open enrollment.

Preferred Pharmacy Network

A Preferred Pharmacy Network has been added to the prescription drug benefit plan. When you fill a prescription for up to a one-month supply of a covered prescription drug from a retail pharmacy that contracts to participate in the Preferred Pharmacy Network, you may pay the lowest copay/coinsurance amount. You can also fill a prescription for up to a 90-day supply of a covered prescription drug at a retail pharmacy that participates in the Preferred Pharmacy Network. The Preferred Pharmacies participating in the Preferred Pharmacy Network are:

- CVS
- Walmart (including Sam’s Club Pharmacy)
- HEB
- Brookshire’s (including Super1Pharmacy)
- Access Health (a group of independent pharmacies)

If you fill a prescription at a non-preferred pharmacy, you may pay a higher copay/coinsurance amount. For a detailed list of the preferred pharmacies in the network, visit bcctx.com/go/rx-2016changes-qhp.

Drug List (Formulary) Changes

The drug list (also known as the formulary) will be changing in 2016. As of <January 1, 2016>, certain drugs will move from a preferred brand (Tier 3) to a non-preferred brand (Tier 4) status. Also, some generic drugs will move from a preferred generic (Tier 1) to a non-preferred generic (Tier 2) status. These drugs will still be eligible for coverage, but you may have to pay a higher copay/coinsurance, based on your benefit plan.

If you are taking, or are prescribed, one of the drugs affected by these drug list changes, ask your doctor if a generic drug or a lower cost preferred brand alternative is right for you. Depending on your prescription drug benefit, these drugs may cost you less. As always, treatment decisions are between you and your doctor.

Please see the chart below, which shows the commonly used drugs that will move to the non-preferred brand status. For a full list of brand and generic drugs moving tiers, as well as covered alternatives for the commonly used drugs, visit bcctx.com/go/rx-2016changes-qhp.

**Commonly Used Drugs Moving from
Tier 3 (Preferred Brand Status) to Tier 4 (Non-Preferred Brand Status)***

Vyvanse	Advair Diskus	Lyrica	Ciprodex	Pataday
Voltaren	Lialda	Vigamox	Benicar	Colcrys
Xarelto	Benicar HCT	Prednisone Solution	Androgel Pump	Lotemax
Linzess	Dulera	Suboxone	Vesicare	Lumigan

**Third party brand names are the property of their respective owners.*

Drugs No Longer Covered

Certain brand name drugs will no longer be eligible for coverage under your prescription drug benefit. A covered generic or brand alternative may be available. As a reminder, medicines that have not received U.S. Food and Drug Administration (FDA) approval are not covered for safety concerns.

If you are taking, or are prescribed, one of these drugs that will no longer be covered, ask your doctor about therapeutic alternatives. Please see the chart below, which shows the commonly used drugs that will no longer be covered. For a full list of drugs that will no longer be covered, as well as covered alternatives for commonly used drugs no longer covered, visit bcbstx.com/go/rx-2016changes-qhp.

Commonly Used Drugs No Longer Covered*

Nasonex	Atralin
Armour Thyroid	Astepro
Epiduo	Treximet
Triamcinolone spray	Clobex
Lovaza	Zutripro
Accu-Chek test strips	Cymbalta
Aczone	Focalin XR
Acanya	Adderall XR
Ziana	Zipsor
Vivelle-Dot	Donnatal
Duexis	Cytomel
Zorvolex	Differin
Vimovo	

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Drugs with Utilization Management Programs

New drugs are being added to the Utilization Management (UM) Programs under your prescription drug benefit plan. UM programs such as prior authorization, step therapy and dispensing limits are designed to encourage safe and cost-effective medication use. If you are taking, or are prescribed, medicines that are subject to these programs, or think this new program might affect you, please talk to your doctor now. For a list of all utilization management program changes, visit bcbstx.com/go/rx-2016changes-qhp.

Coverage is always subject to the limitations and exclusions noted in your benefit materials. For some medicines, prior authorization requirements or dispensing limits may apply before they can be eligible for coverage. See your benefit materials for details.

If you have any questions, call the Pharmacy Program number on the back of your ID card.

Blue Cross and Blue Shield of Texas