

Plan Plan001 in CA covers the drug Atorvastatin (NDC: 12345-6789-01). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-01-01.

Plan Plan002 in NY covers the drug Metformin (NDC: 23456-7890-02). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-01-03.

Plan Plan003 in TX covers the drug Lisinopril (NDC: 12345-6789-03). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-01-05.

Plan Plan004 in FL covers the drug Amlodipine (NDC: 23456-7890-04). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-01-07.

Plan Plan005 in IL covers the drug Simvastatin (NDC: 12345-6789-05). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-01-09.

Plan Plan006 in OH covers the drug Omeprazole (NDC: 23456-7890-06). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-01-11.

Plan Plan007 in CA covers the drug Metoprolol (NDC: 12345-6789-07). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-01-13.

Plan Plan008 in NY covers the drug Losartan (NDC: 23456-7890-08). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-01-15.

Plan Plan009 in TX covers the drug Gabapentin (NDC: 12345-6789-09). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-01-17.

Plan Plan010 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-10). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-01-19.

Plan Plan011 in IL covers the drug Atorvastatin (NDC: 12345-6789-11). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-01-21.

Plan Plan012 in OH covers the drug Metformin (NDC: 23456-7890-12). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-01-23.

Plan Plan013 in CA covers the drug Lisinopril (NDC: 12345-6789-13). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-01-25.

Plan Plan014 in NY covers the drug Amlodipine (NDC: 23456-7890-14). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-01-27.

Plan Plan015 in TX covers the drug Simvastatin (NDC: 12345-6789-15). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-01-29.

Plan Plan016 in FL covers the drug Omeprazole (NDC: 23456-7890-16). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-01-31.

Plan Plan017 in IL covers the drug Metoprolol (NDC: 12345-6789-17). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-02-02.

Plan Plan018 in OH covers the drug Losartan (NDC: 23456-7890-18). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-02-04.

Plan Plan019 in CA covers the drug Gabapentin (NDC: 12345-6789-19). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-02-06.

Plan Plan020 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-20). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-02-08.

Plan Plan021 in TX covers the drug Atorvastatin (NDC: 12345-6789-21). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-02-10.

Plan Plan022 in FL covers the drug Metformin (NDC: 23456-7890-22). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-02-12.

Plan Plan023 in IL covers the drug Lisinopril (NDC: 12345-6789-23). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-02-14.

Plan Plan024 in OH covers the drug Amlodipine (NDC: 23456-7890-24). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-02-16.

Plan Plan025 in CA covers the drug Simvastatin (NDC: 12345-6789-25). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-02-18.

Plan Plan026 in NY covers the drug Omeprazole (NDC: 23456-7890-26). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-02-20.

Plan Plan027 in TX covers the drug Metoprolol (NDC: 12345-6789-27). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-02-22.

Plan Plan028 in FL covers the drug Losartan (NDC: 23456-7890-28). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-02-24.

Plan Plan029 in IL covers the drug Gabapentin (NDC: 12345-6789-29). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-02-26.

Plan Plan030 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-30). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-02-28.

Plan Plan031 in CA covers the drug Atorvastatin (NDC: 12345-6789-31). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-03-02.

Plan Plan032 in NY covers the drug Metformin (NDC: 23456-7890-32). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-03-04.

Plan Plan033 in TX covers the drug Lisinopril (NDC: 12345-6789-33). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-03-06.

Plan Plan034 in FL covers the drug Amlodipine (NDC: 23456-7890-34). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-03-08.

Plan Plan035 in IL covers the drug Simvastatin (NDC: 12345-6789-35). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-03-10.

Plan Plan036 in OH covers the drug Omeprazole (NDC: 23456-7890-36). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-03-12.

Plan Plan037 in CA covers the drug Metoprolol (NDC: 12345-6789-37). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-03-14.

Plan Plan038 in NY covers the drug Losartan (NDC: 23456-7890-38). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-03-16.

Plan Plan039 in TX covers the drug Gabapentin (NDC: 12345-6789-39). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-03-18.

Plan Plan040 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-40). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-03-20.

Plan Plan041 in IL covers the drug Atorvastatin (NDC: 12345-6789-41). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-03-22.

Plan Plan042 in OH covers the drug Metformin (NDC: 23456-7890-42). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-03-24.

Plan Plan043 in CA covers the drug Lisinopril (NDC: 12345-6789-43). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-03-26.

Plan Plan044 in NY covers the drug Amlodipine (NDC: 23456-7890-44). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-03-28.

Plan Plan045 in TX covers the drug Simvastatin (NDC: 12345-6789-45). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-03-30.

Plan Plan046 in FL covers the drug Omeprazole (NDC: 23456-7890-46). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-04-01.

Plan Plan047 in IL covers the drug Metoprolol (NDC: 12345-6789-47). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-04-03.

Plan Plan048 in OH covers the drug Losartan (NDC: 23456-7890-48). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-04-05.

Plan Plan049 in CA covers the drug Gabapentin (NDC: 12345-6789-49). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-04-07.

Plan Plan050 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-50). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-04-09.

Plan Plan051 in TX covers the drug Atorvastatin (NDC: 12345-6789-51). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-04-11.

Plan Plan052 in FL covers the drug Metformin (NDC: 23456-7890-52). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-04-13.

Plan Plan053 in IL covers the drug Lisinopril (NDC: 12345-6789-53). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-04-15.

Plan Plan054 in OH covers the drug Amlodipine (NDC: 23456-7890-54). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-04-17.

Plan Plan055 in CA covers the drug Simvastatin (NDC: 12345-6789-55). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-04-19.

Plan Plan056 in NY covers the drug Omeprazole (NDC: 23456-7890-56). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-04-21.

Plan Plan057 in TX covers the drug Metoprolol (NDC: 12345-6789-57). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-04-23.

Plan Plan058 in FL covers the drug Losartan (NDC: 23456-7890-58). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-04-25.

Plan Plan059 in IL covers the drug Gabapentin (NDC: 12345-6789-59). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-04-27.

Plan Plan060 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-60). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-04-29.

Plan Plan061 in CA covers the drug Atorvastatin (NDC: 12345-6789-61). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-05-01.

Plan Plan062 in NY covers the drug Metformin (NDC: 23456-7890-62). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-05-03.

Plan Plan063 in TX covers the drug Lisinopril (NDC: 12345-6789-63). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-05-05.

Plan Plan064 in FL covers the drug Amlodipine (NDC: 23456-7890-64). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-05-07.

Plan Plan065 in IL covers the drug Simvastatin (NDC: 12345-6789-65). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-05-09.

Plan Plan066 in OH covers the drug Omeprazole (NDC: 23456-7890-66). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-05-11.

Plan Plan067 in CA covers the drug Metoprolol (NDC: 12345-6789-67). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-05-13.

Plan Plan068 in NY covers the drug Losartan (NDC: 23456-7890-68). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-05-15.

Plan Plan069 in TX covers the drug Gabapentin (NDC: 12345-6789-69). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-05-17.

Plan Plan070 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-70). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-05-19.

Plan Plan071 in IL covers the drug Atorvastatin (NDC: 12345-6789-71). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-05-21.

Plan Plan072 in OH covers the drug Metformin (NDC: 23456-7890-72). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-05-23.

Plan Plan073 in CA covers the drug Lisinopril (NDC: 12345-6789-73). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-05-25.

Plan Plan074 in NY covers the drug Amlodipine (NDC: 23456-7890-74). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-05-27.

Plan Plan075 in TX covers the drug Simvastatin (NDC: 12345-6789-75). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-05-29.

Plan Plan076 in FL covers the drug Omeprazole (NDC: 23456-7890-76). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-05-31.

Plan Plan077 in IL covers the drug Metoprolol (NDC: 12345-6789-77). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-06-02.

Plan Plan078 in OH covers the drug Losartan (NDC: 23456-7890-78). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-06-04.

Plan Plan079 in CA covers the drug Gabapentin (NDC: 12345-6789-79). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-06-06.

Plan Plan080 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-80). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-06-08.

Plan Plan081 in TX covers the drug Atorvastatin (NDC: 12345-6789-81). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-06-10.

Plan Plan082 in FL covers the drug Metformin (NDC: 23456-7890-82). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-06-12.

Plan Plan083 in IL covers the drug Lisinopril (NDC: 12345-6789-83). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-06-14.

Plan Plan084 in OH covers the drug Amlodipine (NDC: 23456-7890-84). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-06-16.

Plan Plan085 in CA covers the drug Simvastatin (NDC: 12345-6789-85). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-06-18.

Plan Plan086 in NY covers the drug Omeprazole (NDC: 23456-7890-86). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-06-20.

Plan Plan087 in TX covers the drug Metoprolol (NDC: 12345-6789-87). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-06-22.

Plan Plan088 in FL covers the drug Losartan (NDC: 23456-7890-88). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-06-24.



Plan Plan089 in IL covers the drug Gabapentin (NDC: 12345-6789-89). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-06-26.

Plan Plan090 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-90). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-06-28.

Plan Plan091 in CA covers the drug Atorvastatin (NDC: 12345-6789-91). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-06-30.

Plan Plan092 in NY covers the drug Metformin (NDC: 23456-7890-92). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-07-02.

Plan Plan093 in TX covers the drug Lisinopril (NDC: 12345-6789-93). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-07-04.

Plan Plan094 in FL covers the drug Amlodipine (NDC: 23456-7890-94). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-07-06.

Plan Plan095 in IL covers the drug Simvastatin (NDC: 12345-6789-95). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-07-08.

Plan Plan096 in OH covers the drug Omeprazole (NDC: 23456-7890-96). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-07-10.

Plan Plan097 in CA covers the drug Metoprolol (NDC: 12345-6789-97). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-07-12.

Plan Plan098 in NY covers the drug Losartan (NDC: 23456-7890-98). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-07-14.

Plan Plan099 in TX covers the drug Gabapentin (NDC: 12345-6789-99). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-07-16.

Plan Plan100 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-100). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-07-18.

Plan Plan101 in IL covers the drug Atorvastatin (NDC: 12345-6789-01). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-07-20.

Plan Plan102 in OH covers the drug Metformin (NDC: 23456-7890-02). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-07-22.

Plan Plan103 in CA covers the drug Lisinopril (NDC: 12345-6789-03). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-07-24.

Plan Plan104 in NY covers the drug Amlodipine (NDC: 23456-7890-04). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-07-26.

Plan Plan105 in TX covers the drug Simvastatin (NDC: 12345-6789-05). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-07-28.

Plan Plan106 in FL covers the drug Omeprazole (NDC: 23456-7890-06). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-07-30.

Plan Plan107 in IL covers the drug Metoprolol (NDC: 12345-6789-07). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-08-01.

Plan Plan108 in OH covers the drug Losartan (NDC: 23456-7890-08). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-08-03.

Plan Plan109 in CA covers the drug Gabapentin (NDC: 12345-6789-09). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-08-05.

Plan Plan110 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-10). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-08-07.

Plan Plan111 in TX covers the drug Atorvastatin (NDC: 12345-6789-11). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-08-09.

Plan Plan112 in FL covers the drug Metformin (NDC: 23456-7890-12). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-08-11.

Plan Plan113 in IL covers the drug Lisinopril (NDC: 12345-6789-13). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-08-13.

Plan Plan114 in OH covers the drug Amlodipine (NDC: 23456-7890-14). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-08-15.

Plan Plan115 in CA covers the drug Simvastatin (NDC: 12345-6789-15). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-08-17.

Plan Plan116 in NY covers the drug Omeprazole (NDC: 23456-7890-16). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-08-19.

Plan Plan117 in TX covers the drug Metoprolol (NDC: 12345-6789-17). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-08-21.

Plan Plan118 in FL covers the drug Losartan (NDC: 23456-7890-18). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-08-23.

Plan Plan119 in IL covers the drug Gabapentin (NDC: 12345-6789-19). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-08-25.

Plan Plan120 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-20). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-08-27.

Plan Plan121 in CA covers the drug Atorvastatin (NDC: 12345-6789-21). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-08-29.

Plan Plan122 in NY covers the drug Metformin (NDC: 23456-7890-22). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-08-31.

Plan Plan123 in TX covers the drug Lisinopril (NDC: 12345-6789-23). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-09-02.

Plan Plan124 in FL covers the drug Amlodipine (NDC: 23456-7890-24). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-09-04.

Plan Plan125 in IL covers the drug Simvastatin (NDC: 12345-6789-25). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-09-06.

Plan Plan126 in OH covers the drug Omeprazole (NDC: 23456-7890-26). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-09-08.

Plan Plan127 in CA covers the drug Metoprolol (NDC: 12345-6789-27). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-09-10.

Plan Plan128 in NY covers the drug Losartan (NDC: 23456-7890-28). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-09-12.

Plan Plan129 in TX covers the drug Gabapentin (NDC: 12345-6789-29). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-09-14.

Plan Plan130 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-30). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-09-16.

Plan Plan131 in IL covers the drug Atorvastatin (NDC: 12345-6789-31). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-09-18.

Plan Plan132 in OH covers the drug Metformin (NDC: 23456-7890-32). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-09-20.

Plan Plan133 in CA covers the drug Lisinopril (NDC: 12345-6789-33). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-09-22.

Plan Plan134 in NY covers the drug Amlodipine (NDC: 23456-7890-34). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-09-24.

Plan Plan135 in TX covers the drug Simvastatin (NDC: 12345-6789-35). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-09-26.

Plan Plan136 in FL covers the drug Omeprazole (NDC: 23456-7890-36). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-09-28.

Plan Plan137 in IL covers the drug Metoprolol (NDC: 12345-6789-37). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-09-30.

Plan Plan138 in OH covers the drug Losartan (NDC: 23456-7890-38). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-10-02.

Plan Plan139 in CA covers the drug Gabapentin (NDC: 12345-6789-39). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-10-04.

Plan Plan140 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-40). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-10-06.

Plan Plan141 in TX covers the drug Atorvastatin (NDC: 12345-6789-41). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-10-08.

Plan Plan142 in FL covers the drug Metformin (NDC: 23456-7890-42). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-10-10.

Plan Plan143 in IL covers the drug Lisinopril (NDC: 12345-6789-43). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-10-12.

Plan Plan144 in OH covers the drug Amlodipine (NDC: 23456-7890-44). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-10-14.

Plan Plan145 in CA covers the drug Simvastatin (NDC: 12345-6789-45). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-10-16.

Plan Plan146 in NY covers the drug Omeprazole (NDC: 23456-7890-46). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-10-18.

Plan Plan147 in TX covers the drug Metoprolol (NDC: 12345-6789-47). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-10-20.

Plan Plan148 in FL covers the drug Losartan (NDC: 23456-7890-48). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-10-22.

Plan Plan149 in IL covers the drug Gabapentin (NDC: 12345-6789-49). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-10-24.

Plan Plan150 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-50). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-10-26.

Plan Plan151 in CA covers the drug Atorvastatin (NDC: 12345-6789-51). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-10-28.

Plan Plan152 in NY covers the drug Metformin (NDC: 23456-7890-52). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-10-30.

Plan Plan153 in TX covers the drug Lisinopril (NDC: 12345-6789-53). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-11-01.

Plan Plan154 in FL covers the drug Amlodipine (NDC: 23456-7890-54). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-11-03.

Plan Plan155 in IL covers the drug Simvastatin (NDC: 12345-6789-55). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-11-05.

Plan Plan156 in OH covers the drug Omeprazole (NDC: 23456-7890-56). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-11-07.

Plan Plan157 in CA covers the drug Metoprolol (NDC: 12345-6789-57). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-11-09.

Plan Plan158 in NY covers the drug Losartan (NDC: 23456-7890-58). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-11-11.

Plan Plan159 in TX covers the drug Gabapentin (NDC: 12345-6789-59). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-11-13.

Plan Plan160 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-60). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-11-15.

Plan Plan161 in IL covers the drug Atorvastatin (NDC: 12345-6789-61). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-11-17.

Plan Plan162 in OH covers the drug Metformin (NDC: 23456-7890-62). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-11-19.

Plan Plan163 in CA covers the drug Lisinopril (NDC: 12345-6789-63). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-11-21.

Plan Plan164 in NY covers the drug Amlodipine (NDC: 23456-7890-64). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-11-23.

Plan Plan165 in TX covers the drug Simvastatin (NDC: 12345-6789-65). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-11-25.

Plan Plan166 in FL covers the drug Omeprazole (NDC: 23456-7890-66). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-11-27.

Plan Plan167 in IL covers the drug Metoprolol (NDC: 12345-6789-67). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-11-29.

Plan Plan168 in OH covers the drug Losartan (NDC: 23456-7890-68). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-12-01.

Plan Plan169 in CA covers the drug Gabapentin (NDC: 12345-6789-69). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-12-03.

Plan Plan170 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-70). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-12-05.

Plan Plan171 in TX covers the drug Atorvastatin (NDC: 12345-6789-71). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-12-07.

Plan Plan172 in FL covers the drug Metformin (NDC: 23456-7890-72). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-12-09.

Plan Plan173 in IL covers the drug Lisinopril (NDC: 12345-6789-73). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-12-11.

Plan Plan174 in OH covers the drug Amlodipine (NDC: 23456-7890-74). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2023-12-13.

Plan Plan175 in CA covers the drug Simvastatin (NDC: 12345-6789-75). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-12-15.

Plan Plan176 in NY covers the drug Omeprazole (NDC: 23456-7890-76). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2023-12-17.



Plan Plan177 in TX covers the drug Metoprolol (NDC: 12345-6789-77). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2023-12-19.

Plan Plan178 in FL covers the drug Losartan (NDC: 23456-7890-78). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-12-21.

Plan Plan179 in IL covers the drug Gabapentin (NDC: 12345-6789-79). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2023-12-23.

Plan Plan180 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-80). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2023-12-25.

Plan Plan181 in CA covers the drug Atorvastatin (NDC: 12345-6789-81). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2023-12-27.

Plan Plan182 in NY covers the drug Metformin (NDC: 23456-7890-82). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2023-12-29.

Plan Plan183 in TX covers the drug Lisinopril (NDC: 12345-6789-83). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2023-12-31.

Plan Plan184 in FL covers the drug Amlodipine (NDC: 23456-7890-84). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-01-02.

Plan Plan185 in IL covers the drug Simvastatin (NDC: 12345-6789-85). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-01-04.

Plan Plan186 in OH covers the drug Omeprazole (NDC: 23456-7890-86). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2024-01-06.

Plan Plan187 in CA covers the drug Metoprolol (NDC: 12345-6789-87). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-01-08.

Plan Plan188 in NY covers the drug Losartan (NDC: 23456-7890-88). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-01-10.

Plan Plan189 in TX covers the drug Gabapentin (NDC: 12345-6789-89). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2024-01-12.

Plan Plan190 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-90). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-01-14.

Plan Plan191 in IL covers the drug Atorvastatin (NDC: 12345-6789-91). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-01-16.

Plan Plan192 in OH covers the drug Metformin (NDC: 23456-7890-92). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2024-01-18.

Plan Plan193 in CA covers the drug Lisinopril (NDC: 12345-6789-93). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-01-20.

Plan Plan194 in NY covers the drug Amlodipine (NDC: 23456-7890-94). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-01-22.

Plan Plan195 in TX covers the drug Simvastatin (NDC: 12345-6789-95). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2024-01-24.

Plan Plan196 in FL covers the drug Omeprazole (NDC: 23456-7890-96). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-01-26.

Plan Plan197 in IL covers the drug Metoprolol (NDC: 12345-6789-97). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-01-28.

Plan Plan198 in OH covers the drug Losartan (NDC: 23456-7890-98). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2024-01-30.

Plan Plan199 in CA covers the drug Gabapentin (NDC: 12345-6789-99). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-02-01.

Plan Plan200 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-00). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-02-03.

Plan Plan201 in TX covers the drug Atorvastatin (NDC: 12345-6789-01). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2024-02-05.

Plan Plan202 in FL covers the drug Metformin (NDC: 23456-7890-02). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-02-07.

Plan Plan203 in IL covers the drug Lisinopril (NDC: 12345-6789-03). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-02-09.

Plan Plan204 in OH covers the drug Amlodipine (NDC: 23456-7890-04). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2024-02-11.

Plan Plan205 in CA covers the drug Simvastatin (NDC: 12345-6789-05). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-02-13.

Plan Plan206 in NY covers the drug Omeprazole (NDC: 23456-7890-06). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-02-15.

Plan Plan207 in TX covers the drug Metoprolol (NDC: 12345-6789-07). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2024-02-17.

Plan Plan208 in FL covers the drug Losartan (NDC: 23456-7890-08). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-02-19.

Plan Plan209 in IL covers the drug Gabapentin (NDC: 12345-6789-09). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-02-21.

Plan Plan210 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-10). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2024-02-23.

Plan Plan211 in CA covers the drug Atorvastatin (NDC: 12345-6789-11). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-02-25.

Plan Plan212 in NY covers the drug Metformin (NDC: 23456-7890-12). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-02-27.

Plan Plan213 in TX covers the drug Lisinopril (NDC: 12345-6789-13). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2024-02-29.

Plan Plan214 in FL covers the drug Amlodipine (NDC: 23456-7890-14). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-03-02.

Plan Plan215 in IL covers the drug Simvastatin (NDC: 12345-6789-15). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-03-04.

Plan Plan216 in OH covers the drug Omeprazole (NDC: 23456-7890-16). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2024-03-06.

Plan Plan217 in CA covers the drug Metoprolol (NDC: 12345-6789-17). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-03-08.

Plan Plan218 in NY covers the drug Losartan (NDC: 23456-7890-18). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-03-10.

Plan Plan219 in TX covers the drug Gabapentin (NDC: 12345-6789-19). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2024-03-12.

Plan Plan220 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-20). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-03-14.

Plan Plan221 in IL covers the drug Atorvastatin (NDC: 12345-6789-21). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-03-16.

Plan Plan222 in OH covers the drug Metformin (NDC: 23456-7890-22). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2024-03-18.

Plan Plan223 in CA covers the drug Lisinopril (NDC: 12345-6789-23). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-03-20.

Plan Plan224 in NY covers the drug Amlodipine (NDC: 23456-7890-24). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-03-22.

Plan Plan225 in TX covers the drug Simvastatin (NDC: 12345-6789-25). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2024-03-24.

Plan Plan226 in FL covers the drug Omeprazole (NDC: 23456-7890-26). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-03-26.

Plan Plan227 in IL covers the drug Metoprolol (NDC: 12345-6789-27). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-03-28.

Plan Plan228 in OH covers the drug Losartan (NDC: 23456-7890-28). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2024-03-30.

Plan Plan229 in CA covers the drug Gabapentin (NDC: 12345-6789-29). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-04-01.

Plan Plan230 in NY covers the drug Hydrochlorothiazide (NDC: 23456-7890-30). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-04-03.

Plan Plan231 in TX covers the drug Atorvastatin (NDC: 12345-6789-31). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2024-04-05.

Plan Plan232 in FL covers the drug Metformin (NDC: 23456-7890-32). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-04-07.

Plan Plan233 in IL covers the drug Lisinopril (NDC: 12345-6789-33). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-04-09.

Plan Plan234 in OH covers the drug Amlodipine (NDC: 23456-7890-34). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2024-04-11.

Plan Plan235 in CA covers the drug Simvastatin (NDC: 12345-6789-35). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-04-13.

Plan Plan236 in NY covers the drug Omeprazole (NDC: 23456-7890-36). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-04-15.

Plan Plan237 in TX covers the drug Metoprolol (NDC: 12345-6789-37). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2024-04-17.

Plan Plan238 in FL covers the drug Losartan (NDC: 23456-7890-38). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-04-19.

Plan Plan239 in IL covers the drug Gabapentin (NDC: 12345-6789-39). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-04-21.

Plan Plan240 in OH covers the drug Hydrochlorothiazide (NDC: 23456-7890-40). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 30 tablets per month. Effective from 2024-04-23.

Plan Plan241 in CA covers the drug Atorvastatin (NDC: 12345-6789-41). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-04-25.

Plan Plan242 in NY covers the drug Metformin (NDC: 23456-7890-42). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-04-27.

Plan Plan243 in TX covers the drug Lisinopril (NDC: 12345-6789-43). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 30 capsules per month. Effective from 2024-04-29.

Plan Plan244 in FL covers the drug Amlodipine (NDC: 23456-7890-44). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-05-01.

Plan Plan245 in IL covers the drug Simvastatin (NDC: 12345-6789-45). It is listed in Tier 2 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 60 tablets per month. Effective from 2024-05-03.

Plan Plan246 in OH covers the drug Omeprazole (NDC: 23456-7890-46). It is listed in Tier 3 and is Not Covered. Prior Authorization required: Yes, Step Therapy required: Yes. Quantity limit: 90 tablets per month. Effective from 2024-05-05.

Plan Plan247 in CA covers the drug Metoprolol (NDC: 12345-6789-47). It is listed in Tier 1 and is Covered. Prior Authorization required: No, Step Therapy required: No. Quantity limit: 30 capsules per month. Effective from 2024-05-07.

Plan Plan248 in NY covers the drug Losartan (NDC: 23456-7890-48). It is listed in Tier 2 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 30 tablets per month. Effective from 2024-05-09.

Plan Plan249 in TX covers the drug Gabapentin (NDC: 12345-6789-49). It is listed in Tier 3 and is Covered. Prior Authorization required: No, Step Therapy required: Yes. Quantity limit: 60 tablets per month. Effective from 2024-05-11.

Plan Plan250 in FL covers the drug Hydrochlorothiazide (NDC: 23456-7890-50). It is listed in Tier 1 and is Covered. Prior Authorization required: Yes, Step Therapy required: No. Quantity limit: 90 tablets per month. Effective from 2024-05-13.