BlueCross BlueShield of Texas

2021 Pharmacy Benefit Drug List Changes

Starting January 1, 2021, some prescription drugs may:

- Move to a higher or lower drug tier
- Be added or removed from the drug list
- Have a new special requirement

Below is a list of drugs in alpha order that will have one of these changes made. *If you have a keyboard, you can search for a drug name by using the Control and F keys, 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.*

What you need to know:

- Talk with your doctor if any of these changes affect drugs you're currently using.
- Coverage for new drugs added to your plan will begin when your plan renews or starts on or after January 1, 2021.
- If your drug has been removed from coverage, ask your doctor about your options. Often, a covered generic or brand alternative may be available.
- If your drug has moved to a higher drug tier (e.g. tier 03 to tier 04), ask your doctor if a lower-cost alternative might be right for you.
- Your out-of-pocket costs may be less for drugs that move to a lower drug tier (e.g. tier 02 to tier 01).
- If your drug has a new special requirement, your doctor may need to submit a request to us before you may receive coverage.
- Call the Customer Service number on your Member ID card if you have any questions.

Pharmacy Benefit Drug List Changes – Effective on or after January 1, 2021

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
ACEBUTOLOL CAP 200 MG	CARDIOVASCULAR AGENTS			X	01	02	
ACEBUTOLOL CAP 400 MG	CARDIOVASCULAR AGENTS			X	01	02	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	ANALGESICS		X		04	N/A	
AEROBIKA MIS	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
AFINITOR TAB 2.5 MG	ANTINEOPLASTICS		X		05	N/A	
AFINITOR TAB 5 MG	ANTINEOPLASTICS		X		05	N/A	
AFINITOR TAB 7.5 MG	ANTINEOPLASTICS		X		05	N/A	
AFSTYLA KIT 250 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 500 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	

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** Special Requirements Key: PA=added to Prior Authorization program, ST=added to Step Therapy program, QL=new Dispensing/Quantity Limit applied

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
AFSTYLA KIT 1000 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 1500 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 2000 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 2500 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AFSTYLA KIT 3000 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
AKYNZEO CAP 300-0.5	ANTIEMETICS		X		04	N/A	
ALENDRONATE SOL 70/75 ML	METABOLIC BONE DISEASE AGENTS		X		04	N/A	
ALENDRONATE TAB 5 MG	METABOLIC BONE DISEASE AGENTS			X	01	04	
ALOCRIL SOL 2%	OPHTHALMIC AGENTS				04	04	PA
ALORA DIS 0.025 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ALORA DIS 0.05 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ALORA DIS 0.075 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ALORA DIS 0.1 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
APLHAGAN-P 0.15% SOLN	OPHTHALMIC AGENTS						PA, QL
ALPRAZOLAM CON 1 MG/ML	ANXIOLYTICS		X		04	N/A	
ALPRAZOLAM TAB 0.25 ODT	ANXIOLYTICS		X		02	N/A	
ALPRAZOLAM TAB 0.5 MG ODT	ANXIOLYTICS		X		02	N/A	
ALPRAZOLAM TAB 1 MG ER	ANXIOLYTICS			X	02	01	
ALPRAZOLAM TAB 1 MG ODT	ANXIOLYTICS		X		02	N/A	
ALPRAZOLAM TAB 1 MG XR	ANXIOLYTICS			X	02	01	

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ALPRAZOLAM TAB 2 MG ODT	ANXIOLYTICS		X		02	N/A	
AMANTADINE TAB 100 MG	ANTIPARKINSON AGENTS		X		02	N/A	
AMILORIDE TAB 5 MG	CARDIOVASCULAR AGENTS			X	02	01	
AMITIZA CAP 8 MCG	GASTROINTESTINAL AGENTS				04	04	QL
AMITIZA CAP 24 MCG	GASTROINTESTINAL AGENTS				04	04	QL
AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML	CARDIOVASCULAR AGENTS						PA, QL
AMOXICILLIN & K CLAVULANATE TAB ER 12HR 1000-62.5 MG	ANTIBACTERIALS			X	02	04	
APIDRA INJ SOLOSTAR	BLOOD GLUCOSE REGULATORS		X		04	N/A	
APIDRA INJ U-100	BLOOD GLUCOSE REGULATORS		X		04	N/A	
APRISO CAP 0.375GM	INFLAMMATORY BOWEL DISEASE AGENTS		X		03	N/A	
APTIOM TAB 200 MG	ANTICONVULSANTS		X		04	N/A	
APTIOM TAB 400 MG	ANTICONVULSANTS		X		04	N/A	
APTIOM TAB 600 MG	ANTICONVULSANTS		X		04	N/A	
APTIOM TAB 800 MG	ANTICONVULSANTS		X		04	N/A	
ARCAPTA CAP 75 MCG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
ARIPIPRAZOLE TAB 10 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
ARIPIPRAZOLE TAB 15 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
ATOVAQUONE SUS 750/5 ML	ANTIPARASITICS		X		02	N/A	
AZASAN TAB 75 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
AZASAN TAB 100 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
AZASITE SOL 1%	OPHTHALMIC AGENTS		X		04	N/A	
AZELASTINE DRO 0.05%	OPHTHALMIC AGENTS			X	02	01	
BACLOFEN ORAL SOLN 5 MG/5 ML	ANTISPASTICITY AGENTS						PA, QL
BESIVANCE SUS 0.6%	OPHTHALMIC AGENTS		X		04	N/A	
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	DERMATOLOGICAL AGENTS			X	02	01	
BETAMETHASONE VALERATE AEROSOL FOAM 0.12%	DERMATOLOGICAL AGENTS		X		02	N/A	
BETHKIS NEB 300/4 ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		06	N/A	PA, QL
BIDIL TAB	CARDIOVASCULAR AGENTS		X		04	N/A	
BISOPROLOL FUMARATE TAB 5 MG	CARDIOVASCULAR AGENTS			X	01	02	

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BRIMONIDINE 0.2% OPHTH SOLUTION	OPHTHALMIC AGENTS	X			01	01	
BRIVIACT SOL 10 MG/ML	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 10 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 25 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 50 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 75 MG	ANTICONVULSANTS		X		04	N/A	
BRIVIACT TAB 100 MG	ANTICONVULSANTS		X		04	N/A	
BUPROPION HCL TAB 300 MG XL	ANTIDEPRESSANTS			X	02	01	
BUSPIRONE TAB 7.5 MG	ANXIOLYTICS		X		02	N/A	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	ANALGESICS		X		02	N/A	
BUTORPHANOL SOL 10 MG/ML	ANALGESICS		X		02	N/A	
CARBATROL CAP 100 MG	ANTICONVULSANTS		X		04	N/A	
CARBATROL CAP 200 MG	ANTICONVULSANTS		X		04	N/A	
CARBATROL CAP 300 MG	ANTICONVULSANTS		X		04	N/A	
CARBINOXAMINE SOL 4 MG/5 ML	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	04	
CARBINOXAMINE TAB 4 MG	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	04	
CEFDITOREN TAB 200 MG	ANTIBACTERIALS		X		04	N/A	
CEFDITOREN TAB 400 MG	ANTIBACTERIALS		X		04	N/A	
CELECOXIB CAP 50 MG	ANALGESICS			X	02	01	
CELECOXIB CAP 100 MG	ANALGESICS			X	02	01	
CELECOXIB CAP 200 MG	ANALGESICS			X	02	01	
CEPHALEXIN CAP 750 MG	ANTIBACTERIALS		X		02	N/A	
CETRAXAL SOL 0.2%	OTIC AGENTS		X		04	N/A	
CHLOROQUINE PHOSPHATE TAB 500 MG	ANTIPARASITICS			X	02	04	
CHLOROTHIAZIDE SUSP 250 MG/5 ML	CARDIOVASCULAR AGENTS						PA, QL
CHLOROTHIAZIDE TAB 500 MG	CARDIOVASCULAR AGENTS			X	02	04	
CHLORPROMAZINE HCL TAB 10 MG	ANTIEMETICS		X		02	N/A	
CHLORPROMAZINE HCL TAB 25 MG	ANTIEMETICS		X		02	N/A	
CHLORPROMAZINE HCL TAB 50 MG	ANTIEMETICS		X		02	N/A	

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CHLORPROMAZINE HCL TAB 100 MG	ANTIEMETICS		X		02	N/A	
CHLORPROMAZINE HCL TAB 200 MG	ANTIEMETICS		X		02	N/A	
CHLORTHALIDONE TAB 25 MG	CARDIOVASCULAR AGENTS			X	02	01	
CICLOPIROX 0.77% CREAM	DERMATOLOGICAL AGENTS				02	02	QL
CICLOPIROX 0.77% GEL	DERMATOLOGICAL AGENTS				02	02	QL
CICLOPIROX 0.77% TOPICAL SUSPENSION	DERMATOLOGICAL AGENTS				02	02	QL
CIMETIDINE SOL 300/5 ML	GASTROINTESTINAL AGENTS				04	04	PA, QL
CLEOCIN-T (1% SOLUTION	DERMATOLOGICAL AGENTS						QL
CLINDACIN MIS ETZ 1%	ANTIBACTERIALS		X		02	N/A	
CLINDACIN-P PAD 1%	ANTIBACTERIALS		X		02	N/A	
CLINDAMYCIN PHOSPHATE 1% SOLUTION	DERMATOLOGICAL AGENTS				02	02	QL
CLONAZEPAM ODT 0.125 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 0.25 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 0.5 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 1 MG	ANXIOLYTICS		X		02	N/A	
CLONAZEPAM ODT 2 MG	ANXIOLYTICS		X		02	N/A	
CLOPIDOGREL TAB 300 MG	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		02	N/A	
CLOZAPINE TAB 12.5/ODT	ANTIPSYCHOTICS		X		02	N/A	
CLOZAPINE TAB 25 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
CLOZAPINE TAB 100/ODT	ANTIPSYCHOTICS		X		02	N/A	
CLOZAPINE TAB 150/ODT	ANTIPSYCHOTICS		X		04	N/A	
CLOZAPINE TAB 200/ODT	ANTIPSYCHOTICS		X		04	N/A	
CO MONITOR MIS	RESPIRATORY THERAPY SUPPLIES/DEVICES		X		03	N/A	
CUROSURF SUS 120/1.5	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
CUROSURF SUS 240/3 ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
CUVPOSA SOL 1 MG/5 ML	GASTROINTESTINAL AGENTS				04	04	PA
CYPROHEPTADINE TAB 4 MG	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
DANTROLENE CAP 25 MG	ANTISPASTICITY AGENTS		X		02	N/A	
DANTROLENE CAP 50 MG	ANTISPASTICITY AGENTS		X		02	N/A	

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DANTROLENE CAP 100 MG	ANTISPASTICITY AGENTS		X		02	N/A	
DARAPRIM TAB 25 MG	ANTIPARASITICS		X		03	N/A	
DELZICOL CAP 400 MG	INFLAMMATORY BOWEL DISEASE AGENTS		X		03	N/A	
DEPEN TITRA TAB 250 MG	GENITOURINARY AGENTS		X		05	N/A	
DEPO-PROVERA INJ 150 MG/ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
DESMOPRESSIN INJ 4 MCG/ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		X		02	N/A	
DEXMETHYLPHENIDATE TAB 2.5 MG	CENTRAL NERVOUS SYSTEM AGENTS			X	02	01	
DICLOFENAC GEL 1%	TOPICAL ANALGESICS		X		02	N/A	
DICLOFENAC TAB 100 MG ER	ANALGESICS		X		02	N/A	
DIDANOSINE CAP 200 MG	ANTIVIRALS			X	02	04	
DIDANOSINE CAP 250 MG	ANTIVIRALS			X	02	04	
DIDANOSINE CAP 400 MG	ANTIVIRALS			X	02	04	
DIFLORASONE OIN 0.05%	DERMATOLOGICAL AGENTS		X		02	N/A	
DIGITEK TAB 0.125 MG	CARDIOVASCULAR AGENTS			X	02	01	
DIGITEK TAB 0.25 MG	CARDIOVASCULAR AGENTS			X	02	01	
DIGOX TAB 0.125 MG	CARDIOVASCULAR AGENTS			X	02	01	
DIGOX TAB 0.25 MG	CARDIOVASCULAR AGENTS			X	02	01	
DIGOXIN ORAL SOLN 1 MG/ML	CARDIOVASCULAR AGENTS						PA, QL
DIGOXIN TAB 0.125 MG	CARDIOVASCULAR AGENTS			X	02	01	
DIGOXIN TAB 0.25 MG	CARDIOVASCULAR AGENTS			X	02	01	
DILANTIN CAP 30 MG	ANTICONVULSANTS		X		04	N/A	
DILANTIN CAP 100 MG	ANTICONVULSANTS		X		04	N/A	
DILANTIN CHW 50 MG	ANTICONVULSANTS		X		04	N/A	
DILANTIN-125 SUS 125/5 ML	ANTICONVULSANTS		X		04	N/A	
DILATRATE SR CAP 40 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
DILT-XR CAP 120 MG	CARDIOVASCULAR AGENTS			X	01	04	
DILT-XR CAP 180 MG	CARDIOVASCULAR AGENTS			X	02	04	
DILT-XR CAP 240 MG	CARDIOVASCULAR AGENTS			X	02	04	
DIURIL SUS 250/5 ML	CARDIOVASCULAR AGENTS		X		04	N/A	

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DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 22.3-6.8 MG/ML	OPHTHALMIC AGENTS			X	02	01	
DOXYCYCLINE MONOHYDRATE CAP 75 MG	ANTIBACTERIALS		X		02	N/A	
DOXYCYCLINE MONOHYDRATE CAP 150 MG	ANTIBACTERIALS		X		02	N/A	
DUOPA SUS 4.63-20	ANTIPARKINSON AGENTS		X		04	N/A	
DYRENIUM CAP 50 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
DYRENIUM CAP 100 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
ECONAZOLE 1% CREAM	DERMATOLOGICAL AGENTS				02	02	QL
ELESTRIN GEL 0.06%	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ELIXOPHYLLIN ELX 80/15 ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
EMEND SUS 125 MG	ANTIEMETICS		X		03	N/A	
ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	CARDIOVASCULAR AGENTS						PA, QL
EQUETRO CAP 100 MG	BIPOLAR AGENTS		X		04	N/A	
EQUETRO CAP 200 MG	BIPOLAR AGENTS		X		04	N/A	
EQUETRO CAP 300 MG	BIPOLAR AGENTS		X		04	N/A	
ERY PAD 2%	ANTIBACTERIALS			X	02	04	
ERYGEL 2%	DERMATOLOGICAL AGENTS						QL
ERYPED SUS 400/5 ML	ANTIBACTERIALS		X		04	N/A	
ERYTHROMYCIN 2% GEL	DERMATOLOGICAL AGENTS				02	02	QL
ERYTHROMYCIN 2% TOPICAL SOLN	DERMATOLOGICAL AGENTS				02	02	QL
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5 ML	ANTIBACTERIALS		X		02	N/A	
ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG	ANTIBACTERIALS			X	02	04	
ESPEROCT INJ 500 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESPEROCT INJ 1000 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	

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ESPEROCT INJ 1500 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESPEROCT INJ 2000 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESPEROCT INJ 3000 UNIT	BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
ESTRING MIS 2 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	04	03	
ETHACRYNIC ACID TAB 25 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
EVAMIST SPR 1.53 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
EXELDERM CREAM 1%	ANTIFUNGALS		X		04	N/A	
EXELDERM SOLUTION 1%	ANTIFUNGALS		X		04	N/A	
EXTINA AEROSOL 2%	DERMATOLOGICAL AGENTS						QL
EZETIMIBE-SIMVASTATIN TAB 10-10 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
EZETIMIBE-SIMVASTATIN TAB 10-20 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
EZETIMIBE-SIMVASTATIN TAB 10-40 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
EZETIMIBE-SIMVASTATIN TAB 10-80 MG	CARDIOVASCULAR AGENTS	X			N/A	02	
FAMOTIDINE TAB 20 MG	GASTROINTESTINAL AGENTS			X	02	01	
FAMOTIDINE TAB 40 MG	GASTROINTESTINAL AGENTS			X	02	01	
FARESTON TAB 60 MG	ANTINEOPLASTICS		X		05	N/A	
FARXIGA TAB 5 MG	BLOOD GLUCOSE REGULATORS			X	04	03	
FARXIGA TAB 10 MG	BLOOD GLUCOSE REGULATORS			X	04	03	
FEBUXOSTAT TAB 40 MG	ANTIGOUT AGENTS	X			N/A	02	
FEBUXOSTAT TAB 80 MG	ANTIGOUT AGENTS	X			N/A	02	
FEMRING MIS 0.05/24H	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	

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FEMRING MIS 0.1 MG/24	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
FENOPROFEN TAB 600 MG	ANALGESICS				02	02	PA, QL
FIRAZYR INJ 30 MG/3 ML	IMMUNOLOGICAL AGENTS		X		05	N/A	
FLUORIDE SENSITIVITY PASTE 1.1-5%	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	02	01	
FLUORIDEX DAILY RENEWAL	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	01	02	
FLUOXETINE SOL 20 MG/5 ML	ANTIDEPRESSANTS			X	01	02	
FLUOXETINE TAB 10 MG	ANTIDEPRESSANTS		X		02	N/A	
FLUOXETINE TAB 20 MG	ANTIDEPRESSANTS		X		02	N/A	
FLUPHENAZINE TAB 1 MG	ANTIPSYCHOTICS			X	02	04	
FLUPHENAZINE TAB 2.5 MG	ANTIPSYCHOTICS			X	02	04	
FLUPHENAZINE TAB 5 MG	ANTIPSYCHOTICS			X	02	04	
FLUPHENAZINE TAB 10 MG	ANTIPSYCHOTICS			X	02	04	
FLURBIPROFEN SOL 0.03% OP	OPHTHALMIC AGENTS			X	01	04	
FOLBIC TAB	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	02	04	
FOSAMAX + D TAB 70-2800	METABOLIC BONE DISEASE AGENTS		X		04	N/A	
FOSAMAX + D TAB 70-5600	METABOLIC BONE DISEASE AGENTS		X		04	N/A	
FRAGMIN INJ 2500/0.2	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 5000/0.2	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 7500/0.3	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 10000/ML	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 12500 UNT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 15000 UNT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FRAGMIN INJ 18000 UNT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
FRAGMIN INJ 95000 UNT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		04	N/A	
FUROSEMIDE ORAL SOLN 8 MG/ML	CARDIOVASCULAR AGENTS						PA, QL
GAVILYTE-C	GASTROINTESTINAL AGENTS			X	01	04	
GENTAMICIN CRE 0.1%	DERMATOLOGICAL AGENTS				02	02	QL
GENTAMICIN SULFATE CREAM 0.1%	DERMATOLOGICAL AGENTS				01	01	QL
GENTAMICIN SULFATE OINT 0.1%	DERMATOLOGICAL AGENTS						QL
GLYCOPYRROLATE ORAL SOLN 1 MG/5 ML	GASTROINTESTINAL AGENTS						PA
GUANFACINE TAB 1 MG	CARDIOVASCULAR AGENTS			X	01	02	
GUANFACINE TAB 2 MG	CARDIOVASCULAR AGENTS			X	01	02	
HALOPERIDOL CON 2 MG/ML	ANTIPSYCHOTICS			X	02	01	
HUMALOG INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMALOG JR INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMALOG MIX INJ 75/25 KWP	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN INJ 70/30	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN INJ 70/30 KWP	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN N INJ U-100	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN N INJ U-100 KWP	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HUMULIN R INJ U-100	BLOOD GLUCOSE REGULATORS		X		04	N/A	
HYDROCODONE CAP 10 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 15 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 20 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 30 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 40 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE CAP 50 MG ER	ANALGESICS	X			N/A	02	
HYDROCODONE/ACETAMINOPHEN TAB 10-325 MG	ANALGESICS			X	02	01	
ILEVRO DRO 0.3% OP	OPHTHALMIC AGENTS		X		04	N/A	
IMBRUVICA 140 MG CAP	ANTINEOPLASTICS				05	05	QL
IMIPRAM PAM CAP 75 MG	ANTIDEPRESSANTS		X		02	N/A	
IMIPRAM PAM CAP 100 MG	ANTIDEPRESSANTS		X		02	N/A	
IMIPRAM PAM CAP 125 MG	ANTIDEPRESSANTS		X		02	N/A	
IMIPRAM PAM CAP 150 MG	ANTIDEPRESSANTS		X		02	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
IN-CHK DIAL MIS TRAINER	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
IN-CHK FLOW MIS METER	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
INDOCIN SUPPOSITORY	ANALGESICS						PA, QL
INFASURF SUS 35 MG/ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
INPEN 100EL MIS BLUE	INJECTION DEVICES		X		03	N/A	
INPEN 100EL MIS GRAY	INJECTION DEVICES		X		03	N/A	
INPEN 100EL MIS PINK	INJECTION DEVICES		X		03	N/A	
INPEN 100NN MIS BLUE	INJECTION DEVICES		X		03	N/A	
INPEN 100NN MIS GREY	INJECTION DEVICES		X		03	N/A	
INPEN 100NN MIS PINK	INJECTION DEVICES		X		03	N/A	
INSULIN LISP INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
INSULIN LISP INJ JUNIOR	BLOOD GLUCOSE REGULATORS		X		04	N/A	
INSULIN LISP INJ PROTAMIN	BLOOD GLUCOSE REGULATORS	X			N/A	04	
ISONIAZID TAB 100 MG	ANTIMYCOBACTERIALS			X	01	04	
IXINITY INJ 250 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 500 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 1000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 1500 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 2000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		05	N/A	
IXINITY INJ 3000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS		X		05	N/A	
JENTADUETO	BLOOD GLUCOSE REGULATORS						ST
JENTADUETO XR	BLOOD GLUCOSE REGULATORS						ST
JIVI INJ 500 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
JIVI INJ 1000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
JIVI INJ 2000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	

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JIVI INJ 3000 UNIT	BLOOD PRODUCTS/MODIFIERS/ VOLUME EXPANDERS	X			N/A	05	
J-TIP KIT ADAPTERS	INJECTION DEVICES		X		03	N/A	
JUXTAPID CAP 5 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 10 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 20 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 30 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 40 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JUXTAPID CAP 60 MG	CARDIOVASCULAR AGENTS		X		06	N/A	
JYNARQUE PAK 30-15 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	04	06	
JYNARQUE PAK 45-15 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	04	06	
JYNARQUE PAK 60-30 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	04	06	
JYNARQUE PAK 90-30 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	04	06	
JYNARQUE TAB 15 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	04	06	
KAZANO	BLOOD GLUCOSE REGULATORS						ST
KETOCONAZOLE 2% AEROSOL FOAM	DERMATOLOGICAL AGENTS						QL
KETOCONAZOLE 2% CREAM	DERMATOLOGICAL AGENTS						QL
KETODAN AEROSOL 2%	DERMATOLOGICAL AGENTS						QL
KETOPROFEN CAP 25 MG	ANALGESICS				04	04	PA, QL
KETOPROFEN CAP 50 MG	ANALGESICS		X		04	N/A	
KETOPROFEN CAP 75 MG	ANALGESICS		X		04	N/A	
KETOPROFEN CAP 200 MG ER	ANALGESICS						PA, QL
KISQALI DAILY DOSE PAK 200 MG TAB	ANTINEOPLASTICS				05	05	PA, QL
KISQALI DAILY DOSE PAK 400 MG TAB	ANTINEOPLASTICS				05	05	PA, QL
KISQALI-FEMARA DAILY DOSE PAK 200 MG TAB	ANTINEOPLASTICS				05	05	PA, QL
KISQALI-FEMARA DAILY DOSE PAK 400 MG TAB	ANTINEOPLASTICS				05	05	PA, QL
KITABIS PAK NEB 300/5 ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		06	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
KOMBIGLYZE XR TAB 2.5-1000	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
KOMBIGLYZE XR TAB 5-500 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
KOMBIGLYZE XR TAB 5-1000 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
K-TAB TAB 20 MEQ	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		04	N/A	
LACRISERT MIS 5 MG OP	OPHTHALMIC AGENTS		X		04	N/A	
LAMICTAL XR KIT	ANTICONVULSANTS		X		04	N/A	
LAMOTRIGINE KIT START 35	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE KIT START 49	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE KIT START 98	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE TAB 25 MG ODT	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE TAB 50 MG ODT	ANTICONVULSANTS		X		02	N/A	
LAMOTRIGINE TAB 100 MG ODT	ANTICONVULSANTS		X		02	N/A	
LANOXIN TAB 0.0625 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LANOXIN TAB 0.125 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LANOXIN TAB 0.25 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LASTACAFT SOL 0.25%	OPHTHALMIC AGENTS				04	04	PA
LETAIRIS TAB 5 MG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		05	N/A	
LETAIRIS TAB 10 MG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		05	N/A	
LEVOBUNOLOL SOL 0.5% OP	OPHTHALMIC AGENTS			X	01	04	
LEVO-T TAB 300 MCG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			X	02	01	
LEVOTHYROXINE TAB 300 MCG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			X	02	01	
LIDOCAINE GEL 2% JELLY	ANESTHETICS			X	02	04	
LINZESS CAP 72 MCG	GASTROINTESTINAL AGENTS		X		03	N/A	QL
LINZESS CAP 145 MCG	GASTROINTESTINAL AGENTS		X		03	N/A	QL
LINZESS CAP 290 MCG	GASTROINTESTINAL AGENTS		X		03	N/A	QL
LISINOPRIL ORAL SOLN 1 MG/ML	CARDIOVASCULAR AGENTS						PA, QL
LITHIUM CARBONATE TAB 300 MG ER	BIPOLAR AGENTS			X	02	01	
LITHIUM CARBONATE TAB 450 MG ER	BIPOLAR AGENTS			X	02	01	
LITHOBID TAB 300 MG CR	BIPOLAR AGENTS		X		04	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
LIVALO TAB 1 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LIVALO TAB 2 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LIVALO TAB 4 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
LOPROX 0.77% CREAM	DERMATOGICAL AGENTS						QL
LOPROX 0.77% SUSPENSION	DERMATOGICAL AGENTS						QL
LORCET HD TAB 10-325 MG	ANALGESICS			X	02	01	
LOTEMAX SUS 0.5%	OPHTHALMIC AGENTS		X		04	N/A	
LOTEPREDNOL SUS 0.5%	OPHTHALMIC AGENTS		X		02	N/A	
LYRICA CAP 25 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 50 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 75 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 100 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 150 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 200 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 225 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA CAP 300 MG	ANTICONVULSANTS		X		03	N/A	
LYRICA SOL 20 MG/ML	ANTICONVULSANTS		X		03	N/A	
MEGESTROL SUS 625 MG/5 ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		02	N/A	
MENOSTAR DIS 14 MCG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
MESTINON SOL 60 MG/5 ML	ANTIMYASTHENIC AGENTS		X		04	N/A	
METFORMIN HCL ORAL SOLN 500 MG/5 ML	BLOOD GLUCOSE REGULATORS						PA, QL
METHITEST TAB 10 MG	ANDROGENS/ANALBOLIC STEROIDS				04	04	PA, QL
METHYLPHENIDATE TAB 5 MG	CENTRAL NERVOUS SYSTEM AGENTS			X	02	01	
METHYLPREDNISOLONE CAP 10 MG	ANDROGENS/ANALBOLIC STEROIDS						QL
METHYLPREDNISOLONE TAB 4 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
METHYLTESTOSTERONE CAP 10 MG	ANDROGENS/ANALBOLIC STEROIDS						PA, QL
METOCLOPRAMIDE TAB 10 MG ODT	GASTROINTESTINAL AGENTS		X		04	N/A	
METOPROLOL SUCCINATE TAB 100 MG ER	CARDIOVASCULAR AGENTS			X	02	01	
METRONIDAZOLE CAP 375 MG	ANTIBACTERIALS		X		02	N/A	
MIGLITOL TAB 25 MG	BLOOD GLUCOSE REGULATORS		X		02	N/A	
MIGLITOL TAB 50 MG	BLOOD GLUCOSE REGULATORS		X		02	N/A	
MIGLITOL TAB 100 MG	BLOOD GLUCOSE REGULATORS		X		02	N/A	
MINOCYCLINE TAB 50 MG	ANTIBACTERIALS		X		02	N/A	PA, QL
MINOCYCLINE TAB 75 MG	ANTIBACTERIALS		X		02	N/A	PA, QL
MINOCYCLINE TAB 100 MG	ANTIBACTERIALS		X		02	N/A	PA, QL
MISTASSIST MIS	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
MONDOXYNE NL CAP 75 MG	ANTIBACTERIALS		X		02	N/A	
MONUROL PAK GRANULES	ANTIBACTERIALS		X		04	N/A	
MOTEGRITY TAB 1 MG	GASTROINTESTINAL AGENTS						PA, QL
MOTEGRITY TAB 2 MG	GASTROINTESTINAL AGENTS						PA, QL
MOVANTIK TAB 12.5 MG	GASTROINTESTINAL AGENTS		X		04	N/A	PA, QL
MOVANTIK TAB 25 MG	GASTROINTESTINAL AGENTS		X		04	N/A	PA, QL
MOVIPREP	GASTROINTESTINAL AGENTS		X		04	N/A	
NAFTIFINE CRE HCL 1%	ANTIFUNGALS			X	02	04	PA
NEBULIZER MIS CUP/TUBI	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
NEBUPENT INH 300 MG	ANTIPARASITICS		X		04	N/A	
NEBUSAL NEB 3%	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
NEORAL CAP 25 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
NEORAL CAP 100 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
NEORAL SOL 100 MG/ML	IMMUNOLOGICAL AGENTS		X		04	N/A	
NESINA	BLOOD GLUCOSE REGULATORS						ST
NEUPRO DIS 1 MG/24HR	ANTIPARKINSON AGENTS		X		04	N/A	
NEUPRO DIS 2 MG/24HR	ANTIPARKINSON AGENTS		X		04	N/A	
NEUPRO DIS 3 MG/24HR	ANTIPARKINSON AGENTS		X		04	N/A	
NEUPRO DIS 4 MG/24HR	ANTIPARKINSON AGENTS		X		04	N/A	
NEUPRO DIS 6 MG/24HR	ANTIPARKINSON AGENTS		X		04	N/A	

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NEUPRO DIS 8 MG/24HR	ANTIPARKINSON AGENTS		X		04	N/A	
NEVIRAPINE TAB 100 MG	ANTIVIRALS			X	02	04	
NEXIUM GRA 10 MG DR	GASTROINTESTINAL AGENTS		X		04	N/A	
NEXIUM GRA 20 MG DR	GASTROINTESTINAL AGENTS		X		04	N/A	
NEXIUM GRA 40 MG DR	GASTROINTESTINAL AGENTS		X		04	N/A	
NITRO-DUR DIS 0.3 MG/HR	CARDIOVASCULAR AGENTS		X		04	N/A	
NITRO-DUR DIS 0.8 MG/HR	CARDIOVASCULAR AGENTS		X		04	N/A	
NITROGLYCRN SPRAY 0.4 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
NITROMIST AER 400 MCG	CARDIOVASCULAR AGENTS		X		04	N/A	
NITRO-TIME CAP 2.5 MG CR	CARDIOVASCULAR AGENTS			X	02	04	
NITRO-TIME CAP 6.5 MG CR	CARDIOVASCULAR AGENTS			X	02	04	
NITRO-TIME CAP 9 MG CR	CARDIOVASCULAR AGENTS			X	02	04	
NIZATIDINE CAP 150 MG	GASTROINTESTINAL AGENTS			X	01	04	
NIZATIDINE SOL 15 MG/ML	GASTROINTESTINAL AGENTS		X		04	N/A	PA, QL
NP THYROID TAB 60 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			X	01	02	
NUZYRA TAB 150 MG	ANTIBACTERIALS		X		04	N/A	
OBBRA TABLE MIS COMPRESS	RESPIRATORY SUPPLIES/DEVICES		X		03	N/A	
OCALIVA TAB 5 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	
OCALIVA TAB 10 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	
OLANZAPINE TAB 5 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
OLANZAPINE TAB 10 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
OLANZAPINE TAB 15 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
OLANZAPINE TAB 20 MG ODT	ANTIPSYCHOTICS		X		02	N/A	
OLMESARTAN MEDOXOMIL TAB 5 MG	CARDIOVASCULAR AGENTS			X	02	01	
OLMESARTAN MEDOXOMIL TAB 20 MG	CARDIOVASCULAR AGENTS			X	02	01	
OLMESARTAN MEDOXOMIL TAB 40 MG	CARDIOVASCULAR AGENTS			X	02	01	

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OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	CARDIOVASCULAR AGENTS			X	02	01	
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	CARDIOVASCULAR AGENTS			X	02	01	
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	CARDIOVASCULAR AGENTS			X	02	01	
ONDANSETRON TAB 24 MG	ANTIEMETICS		X		02	N/A	
ONGLYZA TAB 2.5 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
ONGLYZA TAB 5 MG	BLOOD GLUCOSE REGULATORS		X		03	N/A	ST
ORFADIN CAP 2 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		05	N/A	
ORFADIN CAP 5 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		05	N/A	
ORFADIN CAP 10 MG	GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		05	N/A	
OSENI	BLOOD GLUCOSE REGULATORS						ST
OXAZEPAM CAP 10 MG	ANXIOLYTICS			X	02	04	
OXAZEPAM CAP 15 MG	ANXIOLYTICS			X	02	04	
OXICONAZOLE NITRATE CREAM 1%	ANTIFUNGALS		X		02	N/A	PA, QL
OXISTAT LOTION	ANTIFUNGALS						PA, QL
OXYBUTYNIN TAB 5 MG	GENITOURINARY AGENTS			X	02	01	
OXYBUTYNIN TAB 5 MG ER	GENITOURINARY AGENTS			X	02	01	
OXYBUTYNIN TAB 15 MG ER	GENITOURINARY AGENTS			X	02	01	
OXYCODONE TAB 10 MG	ANALGESICS			X	02	01	
OXYCODONE-ASPIRIN TAB 4.8355-325 MG	ANALGESICS			X	02	04	
PARAGARD IUD	INTRAUTERINE DEVICE (IUD)		X		04	N/A	
PAROMOMYCIN CAP 250 MG	ANTIBACTERIALS			X	02	03	
PENTAMIDINE INH 300 MG	ANTIPARASITICS		X		02	N/A	
PHENYTEK CAP 200 MG	ANTICONVULSANTS		X		04	N/A	
PHENYTEK CAP 300 MG	ANTICONVULSANTS		X		04	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2020 Drug Tier *	2021 Drug Tier *	Special Requirements **
PHOSLYRA SOL	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		04	N/A	
PIMECROLIMUS CRE 1%	DERMATOLOGICAL AGENTS	X			N/A	02	
PREDNISOLONE SODIUM PHOSPHATE SOL 5 MG/5 ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		X		02	N/A	
PREDNISOLONE SUS 1% OP	OPHTHALMIC AGENTS			X	02	04	
PREDNISONE CON 5 MG/ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		X		04	N/A	
PREDNISONE PAK 5 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			X	02	01	
PREDNISONE TAB 50 MG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)			X	02	01	
PREVYMIS TAB 240 MG	ANTIVIRALS		X		04	N/A	
PREVYMIS TAB 480 MG	ANTIVIRALS		X		04	N/A	
PROAIR HFA	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
PROAIR RESPICLICK	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
PROFENO TAB 600 MG	ANALGESICS				02	02	PA, QL
PROGLYCEM SUS 50 MG/ML	BLOOD GLUCOSE REGULATORS		X		03	N/A	
PROGRAF CAP 0.5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
PROGRAF CAP 1 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
PROGRAF CAP 5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
PROMETHEGAN SUP 50 MG	ANTIEMETICS			X	02	04	
PROPAFENONE TAB 150 MG	CARDIOVASCULAR AGENTS			X	02	01	
PROPRANOLOL SOL 20 MG/5 ML	CARDIOVASCULAR AGENTS				03	03	PA, QL
PROPRANOLOL SOL 40 MG/5 ML	CARDIOVASCULAR AGENTS				03	03	PA, QL
PROPRANOLOL TAB 40 MG	CARDIOVASCULAR AGENTS			X	02	01	
PROVENTIL AER HFA	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
PULMOSAL NEB 7%	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
PYRIDOSTIGMINE TAB ER 180 MG	ANTIMYASTHENIC AGENTS		X		02	N/A	

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RADIOGARDASE CAP 0.5GM	ANTIDOTES AND CHELATING AGENTS		X		04	N/A	
RANITIDINE SYP 75 MG/5 ML	GASTROINTESTINAL AGENTS		X		02	N/A	
RANITIDINE SYP 150/10 ML	GASTROINTESTINAL AGENTS		X		02	N/A	
RANITIDINE TAB 150 MG	GASTROINTESTINAL AGENTS		X		02	N/A	
RANITIDINE TAB 300 MG	GASTROINTESTINAL AGENTS		X		02	N/A	
RELISTOR INJ 8/0.4 ML SYRINGE	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR INJ 12/0.6 ML SYRINGE	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR INJ 12/0.6 ML SYRINGE KIT	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR INJ 12/0.6 ML VIALS	GASTROINTESTINAL AGENTS						PA, QL
RELISTOR TAB 150 MG	GASTROINTESTINAL AGENTS						PA, QL
RHOPRESSA SOL 0.02%	OPHTHALMIC AGENTS	X			N/A	04	
RIBAVIRIN INH 6 GM	RESPIRATORY TRACT/ PULMONARY AGENTS		X		02	N/A	
RIMANTADINE TAB 100 MG	ANTIVIRALS			X	02	04	
RYBELSUS 3 MG TAB	BLOOD GLUCOSE REGULATORS				03	03	QL
RYCLORA SYP 2 MG/5 ML	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
RYTARY CAP 95 MG	ANTIPARKINSON AGENTS		X		04	N/A	
RYTARY CAP 145 MG	ANTIPARKINSON AGENTS		X		04	N/A	
RYTARY CAP 195 MG	ANTIPARKINSON AGENTS		X		04	N/A	
RYTARY CAP 245 MG	ANTIPARKINSON AGENTS		X		04	N/A	
SANDIMMUNE CAP 25 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
SANDIMMUNE CAP 100 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
SANTYL OIN 250/GM	DERMATOLOGICAL AGENTS				04	04	PA
SAVELLA MIS TITRATION PAK	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA
SAVELLA TAB 12.5 MG	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA
SAVELLA TAB 25 MG	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA
SAVELLA TAB 100 MG	CENTRAL NERVOUS SYSTEM AGENTS				04	04	PA
SELEGILINE TAB 5 MG	ANTIPARKINSON AGENTS			X	02	04	
SILENOR TAB 3 MG	SLEEP DISORDER AGENTS		X		04	N/A	

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SILENOR TAB 6 MG	SLEEP DISORDER AGENTS		X		04	N/A	
SODIUM CHLORIDE NEB 3%	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
SODIUM CHLORIDE NEB 7%	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	01	
SODIUM FLUORIDE PASTE 1.1-5%	ELECTROLYTES/MINERALS/ METALS/ VITAMINS			X	02	01	
SOLTAMOX SOL 10 MG/5 ML	ANTINEOPLASTICS		X		04	N/A	
SOTALOL AF TAB 120 MG	CARDIOVASCULAR AGENTS			X	02	01	
SOTALOL HCL ORAL SOLN 5 MG/ML	CARDIOVASCULAR AGENTS						PA, QL
STALEVO 50 TAB	ANTIPARKINSON AGENTS		X		04	N/A	
STALEVO 75 TAB	ANTIPARKINSON AGENTS		X		04	N/A	
STALEVO 100 TAB	ANTIPARKINSON AGENTS		X		04	N/A	
STALEVO 125 TAB	ANTIPARKINSON AGENTS		X		04	N/A	
STALEVO 150 TAB	ANTIPARKINSON AGENTS		X		04	N/A	
STALEVO 200 TAB	ANTIPARKINSON AGENTS		X		04	N/A	
STRIVERDI AER 2.5 MCG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		03	N/A	
SUBVENITE KIT START 35	ANTICONVULSANTS		X		02	N/A	
SUBVENITE KIT START 49	ANTICONVULSANTS		X		02	N/A	
SUBVENITE KIT START 98	ANTICONVULSANTS		X		02	N/A	
SURVANTA INH	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
SYMPROIC TAB 0.2 MG	GASTROINTESTINAL AGENTS				03	03	PA, QL
TAMOXIFEN TAB 10 MG	ANTINEOPLASTICS			X	02	01	
TARCEVA TAB 25 MG	ANTINEOPLASTICS		X		05	N/A	
TARCEVA TAB 100 MG	ANTINEOPLASTICS		X		05	N/A	
TARCEVA TAB 150 MG	ANTINEOPLASTICS		X		05	N/A	
TARGRETIN GEL 1%	ANTINEOPLASTICS				06	06	PA
TEGRETOL SUS 100/5 ML	ANTICONVULSANTS		X		04	N/A	
TEGRETOL TAB 200 MG	ANTICONVULSANTS		X		04	N/A	
TEGRETOL-XR TAB 100 MG	ANTICONVULSANTS		X		04	N/A	
TEGRETOL-XR TAB 200 MG	ANTICONVULSANTS		X		04	N/A	
TEGRETOL-XR TAB 400 MG	ANTICONVULSANTS		X		04	N/A	
TELMISARTAN TAB 80 MG	CARDIOVASCULAR AGENTS			X	02	01	

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TENCON TAB 50-325 MG	ANALGESICS		X		04	N/A	
TESTOSTERONE ENANTHANATE INJ 200 MG/ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	04	
THEO-24 CAP 400 MG ER	RESPIRATORY TRACT/ PULMONARY AGENTS		X		04	N/A	
THEOPHYLLINE TAB 300 MG ER	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	04	
THEOPHYLLINE TAB 450 MG ER	RESPIRATORY TRACT/ PULMONARY AGENTS			X	02	04	
THRIVACIN 30 LIQ	NUTRITIONAL PRODUCTS		X		04	N/A	
THRIVACIN LIQ DETOX	NUTRITIONAL PRODUCTS		X		04	N/A	
TIMOLOL GEL SOL 0.25% OP	OPHTHALMIC AGENTS		X		04	N/A	
TIMOLOL GEL SOL 0.5% OP	OPHTHALMIC AGENTS		X		04	N/A	
TIMOPTIC-XE SOL 0.25% OP	OPHTHALMIC AGENTS		X		04	N/A	
TOBRADEX OIN 0.3-0.1%	OPHTHALMIC AGENTS		X		04	N/A	
TOBRAMYCIN OPHTH SOLN 0.3%	OPHTHALMIC AGENTS				01	01	QL
TOBREX OPHTH SOLN 0.3%	OPHTHALMIC AGENTS						QL
TRACLEER TAB 62.5 MG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		05	N/A	
TRACLEER TAB 125 MG	RESPIRATORY TRACT/ PULMONARY AGENTS		X		05	N/A	
TRADJENTA	BLOOD GLUCOSE REGULATORS						ST
TRAVATAN Z DRO 0.004%	OPHTHALMIC AGENTS		X		04	N/A	
TREXALL TAB 5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
TREXALL TAB 7.5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
TREXALL TAB 10 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
TREXALL TAB 15 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	DERMATOLOGICAL AGENTS		X		02	N/A	
TRIFLURIDINE SOL 1% OP	OPHTHALMIC AGENTS			X	02	04	
TRULANCE TAB 3 MG	GASTROINTESTINAL AGENTS			X	04	03	PA, QL
UNITHROID TAB 300 MCG	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)			X	02	01	
VANCOCIN CAP 125 MG	ANTIBACTERIALS						QL
VANCOCIN CAP 250 MG	ANTIBACTERIALS						QL

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VANCOMYCIN CAP 125 MG	ANTIBACTERIALS				02	02	QL
VANCOMYCIN CAP 250 MG	ANTIBACTERIALS				02	02	QL
VASCEPA CAP 0.5 GM	CARDIOVASCULAR AGENTS	X			N/A	03	
VASCEPA CAP 1GM	CARDIOVASCULAR AGENTS	X			N/A	03	
VERAPAMIL CAP 100 MG ER	CARDIOVASCULAR AGENTS			X	02	04	
VERAPAMIL CAP 200 MG ER	CARDIOVASCULAR AGENTS			X	02	04	
VERAPAMIL CAP 300 MG ER	CARDIOVASCULAR AGENTS			X	02	04	
VERSACLOZ SUS 50 MG/ML	ANTIPSYCHOTICS		X		04	N/A	
VESICARE TAB 5 MG	GENITOURINARY AGENTS		X		03	N/A	
VESICARE TAB 10 MG	GENITOURINARY AGENTS		X		03	N/A	
VIBERZI TAB 75 MG	GASTROINTESTINAL AGENTS			X	04	03	
VIBERZI TAB 100 MG	GASTROINTESTINAL AGENTS			X	04	03	
VIEKIRA PAK TAB	ANTIVIRALS		X		06	N/A	
XELJANZ TAB 10 MG	IMMUNOLOGICAL AGENTS				05	05	QL
ZARONTIN CAP 250 MG	ANTICONVULSANTS		X		04	N/A	
ZARONTIN SOL 250/5 ML	ANTICONVULSANTS		X		04	N/A	
ZELNORM TAB 6 MG	GASTROINTESTINAL AGENTS						PA, QL
ZERVIATE DRO 0.24%	OPHTHALMIC AGENTS	X			N/A	04	PA
ZITHROMAX POW 1 GM PAK	ANTIBACTERIALS		X		04	N/A	
ZONISAMIDE CAP 25 MG	ANTICONVULSANTS			X	02	01	
ZORTRESS TAB 0.25 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
ZORTRESS TAB 0.5 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
ZORTRESS TAB 0.75 MG	IMMUNOLOGICAL AGENTS		X		04	N/A	
ZYTIGA TAB 500 MG	ANTINEOPLASTICS		X		05	N/A	

This list is not all inclusive and may be subject to change. Product names are the property of their respective owners.

Treatment decisions are always between you and your doctor. Coverage is subject to the terms and limits noted in your benefit materials. See your plan materials for details.

Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics LLC to provide pharmacy benefit management and other related services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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