

Posted 5/31/2024

Absolute Total Care Comprehensive Drug List (CDL) Updates – Q3 2024

Absolute Total Care (ATC) is required to align to the SCDHHS Single PDL effective July 1, 2024. Below is the list of changes to ATC's published CDL this quarter. These changes are due to the move to the SCDHHS Single PDL.

Effective for all members on July 1, 2024						
Brand Name (Generic)	Dosage Form	Strength	Before Update	After Update	Notes	
		125 MG				
		(micronized tab),			Clinical Criteria	
ABIRATERONE ACETATE	TABS	250 MG, 500 MG	Covered	Covered	may apply	
ACETAMINOPHEN/				Not	Removed from	
CODEINE	SOLN	120-12 MG/5ML	Covered	Covered	CDL	
	CREAM,	Cream 5%,		Not	Removed from	
ACYCLOVIR	OINT	Ointment 5%	Covered	Covered	CDL	
	AUTO-	40 MG/0.8ML,				
	INJECTOR,	10 MG/0.2ML,	Covered	Not	Removed from	
ADALIMUMAB-ADBM	PEN KIT	20 MG/0.4ML	w/criteria	Covered	CDL	
				Not	Removed from	
ALBUTEROL SULFATE ER	TB12	4 MG, 8 MG	Covered	Covered	CDL	
		108 MCG/ACT				
		(90MCG Base		Not	Removed from	
ALBUTEROL SULFATE HFA	AERS	Equiv)	Covered	Covered	CDL	
					Clinical Criteria	
AMILORIDE HCL	TABS	5 MG	Covered	Covered	may apply	
				Not	Removed from	
ALENDRONATE SODIUM	SOLN	70 MG/75ML	Covered	Covered	CDL	
		5 MG, 10 MG,				
AMPHETAMINE/		15 MG, 20 MG,		Not	Removed from	
DEXTROAMPHETAMINE SR	CP24	25 MG, 30 MG	Covered	Covered	CDL	
					Clinical Criteria	
ANASTROZOLE	TABS	1 MG	Covered	Covered	may apply	

					Clinical Criteria
APALUTAMIDE	TABS	60 MG, 240 MG	Covered	Covered	may apply
				Not	Removed from
AVITA (tretinoin)	CREAM	0.025%	Covered	Covered	CDL
BETAMETHASONE				Not	Removed from
VALERATE	OINT	0.1%	Covered	Covered	CDL
					Clinical Criteria
BICALUTAMIDE	TABS	50 MG	Covered	Covered	may apply
	OPHTH			Not	Removed from
BRINZOLAMIDE	SUSP	1%	Covered	Covered	CDL
BUDESONIDE/					
FORMOTEROL FUMARATE		80-4.5 MCG/ACT,		Not	Removed from
DIHYDRATE	AERO	160-4.5 MCG/ACT	Covered	Covered	CDL
		2-0.5 MG,			
BUPRENORPHINE		4-1 MG,			
HYDROCHLORIDE/		8-2 MG,			
NALOXONE	_	12-3 MG (Base		Not	Removed from
HYDROCHLORIDE	SL FILM	Equiv)	Covered	Covered	CDL
	AUTO-		Covered	Not	Removed from
BYDUREON BCISE	INJECTOR	2 MG/0.85ML	w/criteria	Covered	CDL
		5 MCG/0.02ML,	Covered	Not	Removed from
BYETTA	SOPN	10 MCG/0.04ML	w/criteria	Covered	CDL
		4 MG, 8 MG,		Not	Removed from
CANDESARTAN CILEXETIL	TABS	16 MG, 32 MG	Covered	Covered	CDL
		16-12.5 MG, 32-			
CANDESARTAN CILEXETIL/		12.5 MG, 32-25		Not	Removed from
HYDROCHLOROTHIAZIDE	TABS	MG	Covered	Covered	CDL
		25-15 MG,			
		25-25 MG,			
CAPTOPRIL/		50-15 MG,		Not	Removed from
HYDROCHLOROTHIAZIDE	TABS	50-25 MG	Covered	Covered	CDL
				Not	Removed from
CARBAMAZEPINE	SUSP	100 MG/5ML	Covered	Covered	CDL
		100 MG, 200 MG,		Not	Removed from
CARBAMAZEPINE ER	TB12	400 MG	Covered	Covered	CDL
CARVEDILOL PHOSPHATE		10 MG, 20 MG,		Not	Removed from
ER	CP24	40 MG, 80 MG	Covered	Covered	CDL
				Not	Removed from
CEFADROXIL	CAPS	500 MG	Covered	Covered	CDL

	OPHTH			Not	Removed from
CILOXAN	OINT	0.3%	Covered	Covered	CDL
		200 MG, 300 MG,		Not	Removed from
CIMETIDINE	TABS	400 MG, 800 MG	Covered	Covered	CDL
				Not	Removed from
CLARITHROMYCIN ER	TB24	500 MG	Covered	Covered	CDL
	GEL,			Not	Removed from
CLINDAMYCIN PHOSPHATE	LOTION	1%	Covered	Covered	CDL
				Not	Removed from
COMPRO	SUPP	25 MG	Covered	Covered	CDL
CONJ EST/CONJ EST-		0.625(14)/0.625-			Clinical Criteria
MEDROXYPRO AC	TABS	5MG(14)	Covered	Covered	may apply
CONJUGATED ESTROGEN-		0.3-1.5 MG, 0.45-			
MEDROXYPROGEST		1.5 MG, 0.625-2.5			Clinical Criteria
ACETATE	TABS	MG, 0.625-5 MG	Covered	Covered	may apply
CONJUGATED ESTROGENS-					Clinical Criteria
BAZEDOXIFENE	TABS	0.45-20 MG	Covered	Covered	may apply
				Not	Removed from
CROTAN	LOTN	10%	Covered	Covered	CDL
		50 MG, 100 MG,			Clinical Criteria
DANAZOL	CAPS	200 MG	Covered	Covered	may apply
					Clinical Criteria
DAROLUTAMIDE	TABS	300 MG	Covered	Covered	may apply
		80 MG (Base			
		Equiv), 120			
DEGARELIX ACETATE FOR		MG/VIAL (240			Clinical Criteria
INJ	SOLR	MG Dose)	Covered	Covered	may apply
DESOGEST-ETH ESTRAD &		0.15-0.02/0.01			Clinical Criteria
ETH ESTRAD	TABS	MG(21/5)	Covered	Covered	may apply
		0.1-0.025/0.125-			
DECOCEST ETHIN EST	TARC	0.025/0.15-			Clinical Criteria
DESOGEST-ETHIN EST	TABS	0.025MG-MG	Covered	Covered	may apply
DESOGESTREL & ETHINYL					Clinical Criteria
ESTRADIOL	TABS	0.15 MG-30 MCG	Covered	Covered	may apply
	_			Not	Removed from
DESOXIMETASONE	CREA	0.25%	Covered	Covered	CDL
	_			Not	Removed from
DEXLANSOPRAZOLE	CPDR	30 MG, 60 MG	Covered	Covered	CDL
				Not	Removed from
DICLOFENAC POTASSIUM	TABS	50 MG	Covered	Covered	CDL

DIFLUNISAL	TABS	500 MG	Covered	Not	Removed from CDL
DIFLUNISAL	TABS	SUU IVIG	Covered	Covered	
DILANTIN	CAPS	30 MG	Covered	Not Covered	Removed from CDL
DILANTIN	CAFS	30 1010	Covered	Covered	CDL
				with	
DIMETHYL FUMARATE	CPDR	120 MG, 240 MG	Covered	criteria	Criteria added
		25 MG, 50 MG,		Not	Removed from
DIPYRIDAMOLE	TABS	75 MG	Covered	Covered	CDL
DOXYCYCLINE			Covered	Not	Removed from
MONOHYDRATE	TABS	50 MG	w/criteria	Covered	CDL
					Clinical Criteria
DROSPIRENONE-ESTETROL	TABS	3-14.2 MG	Covered	Covered	may apply
DROSPIRENONE-		0.25-0.5 MG, 0.5-			Clinical Criteria
ESTRADIOL	TABS	1 MG	Covered	Covered	may apply
DROSPIRENONE-ETHINYL		3-0.02 MG, 3-			Clinical Criteria
ESTRADIOL	TABS	0.03 MG	Covered	Covered	may apply
DROSPIRENONE-ETHINYL		3-0.02-0.451 MG,			Clinical Criteria
ESTRAD-LEVOMEFOLATE	TABS	3-0.03-0.451 MG	Covered	Covered	may apply
ELACESTRANT					Clinical Criteria
HYDROCHLORIDE	TABS	86 MG, 345 MG	Covered	Covered	may apply
ELETRIPTAN		20 MG, 40 MG		Not	Removed from
HYDROBROMIDE	TABS	(Base Equivalent)	Covered	Covered	CDL
		40.046.64.06.40			Climinal Cuitania
ENZALUTAMIDE	CAPS	40 MG CAPS, 40 & 80 MG TABS	Covered	Covered	Clinical Criteria
ENZALOTAIVIIDE	CAPS	0.15 MG/0.3ML	Covered	Covered	may apply
		(1:2000),			
	AUTO-	0.3 MG/0.3ML		Not	Removed from
EPINEPHRINE	INJECTOR	(1:1000)	Covered	Covered	CDL
				Not	Removed from
ERYTHROMYCIN	TABS	250 MG, 500 MG	Covered	Covered	CDL
		0.3 MG, 0.625			
		MG, 1.25 MG, 2.5			Clinical Criteria
ESTERIFIED ESTROGENS	TABS	MG	Covered	Covered	may apply
ESTERIFIED ESTROGENS &		0.625-1.25 MG,			Clinical Criteria
METHYLTESTOSTERONE	TABS	1.25-2.5 MG,	Covered	Covered	may apply
		0.06% (0.52			Clinical Criteria
ESTRADIOL	GEL	MG/0.87 & 0.75	Covered	Covered	may apply

		MG/1.25 GM)			
		0.5 MG, 1 MG, 2			Clinical Criteria
ESTRADIOL	TABS	MG	Covered	Covered	may apply
ESTRADIOL &					
NORENTHINDRONE		0.5-0.1 MG, 1-0.5			Clinical Criteria
ACETATE	TABS	MG	Covered	Covered	may apply
ESTRADIOL CYPIONATE IM					Clinical Criteria
IN OIL	OIL	5 MG/ML	Covered	Covered	may apply
		0.4% & 0.6%			
		Compounding			Clinical Criteria
ESTRADIOL MICRONIZED	CREAM	Kits	Covered	Covered	may apply
ESTRADIOL TAB/ESTRAD-		1 MG(15)/1-			Clinical Criteria
NORGESTIMATE	TABS	0.09MG(15)	Covered	Covered	may apply
		0.25 MG/0.25GM			
		(0.1%), 0.5			
		MG/0.5GM			
		(0.1%), 0.75			
		MG/0.75GM			
		(0.1%), 1 MG/GM			Clinical Criteria
ESTRADIOL TD GEL	GEL	(0.1%)	Covered	Covered	may apply
		0.025 MG/24HR,			
		0.0375 MG/24HR,			
		0.05 MG/24HR,			
ESTRADIOL TD PATCH		0.075 MG/24HR,	_		Clinical Criteria
BIWEEKLY	PTTW	0.1 MG/24HR	Covered	Covered	may apply
		0.025 MG/24HR,			
		0.0375 MG/24HR,			
		0.05 MG/24HR,			
		0.06 MG/24HR,			
ECTRADIOL TO DATCH		0.075 MG/24HR,			
ESTRADIOL TD PATCH	DT\A/I/	0.1 MG/24HR, 14	Carranad	Carranad	Clinical Criteria
WEEKLY	PTWK	MCG/24HR,	Covered	Covered	may apply
FCTDADIOL TO CODAY	60121	4.52.440/00047	C 1		Clinical Criteria
ESTRADIOL TD SPRAY	SOLN	1.53 MG/SPRAY	Covered	Covered	may apply
FCTDADIOL MALEDATE IN A		10 MG/ML, 20			Climinal Called
ESTRADIOL VALERATE IM	0"	MG/ML, 40	Covered	Covered	Clinical Criteria
IN OIL	OIL	MG/ML	Covered	Covered	may apply
ESTRADIOL VALERATE-	TARC	3 MG /2-2 MG/2-	Courses		Clinical Criteria
DIENOGEST	TABS	3 MG/1 MG	Covered	Covered	may apply

ESTRADIOL-ESTRIOL-					
PROGESTERONE					Clinical Criteria
MICRONIZED	CREAM	(Cmpd Kit)	Covered	Covered	may apply
ESTRADIOL-ESTRIOL-					Clinical Criteria
TESTOST-PROGEST MICRO	CREAM	(Cmpd Kit)	Covered	Covered	may apply
ESTRADIOL-		0.045-0.015			Clinical Criteria
LVEONORGESTREL TD	PTWK	MG/DAY	Covered	Covered	may apply
		0.05-0.14			
ESTRADIOL-		MG/DAY, 0.05-			Clinical Criteria
NORETHINDRONE ACE TD	PTTW	0.25 MG/DAY,	Covered	Covered	may apply
ESTRADIOL-		0.5-100 MG, 1-			Clinical Criteria
PROGESTERONE	CAPS	100 MG	Covered	Covered	may apply
ESTRAMUSTINE					Clinical Criteria
PHOSPHATE SODIUM	CAPS	140 MG	Covered	Covered	may apply
					Clinical Criteria
ESTRIOL-ESTRADIOL	CREAM	(Cmpd Kit)	Covered	Covered	may apply
ESTRIOL-PROGESTERONE		4-20 MG/GM			Clinical Criteria
MICRO	CREAM	(Cmpd Kit)	Covered	Covered	may apply
		0.3 MG, 0.45 MG,			
		0.625 MG, 0.9			Clinical Criteria
ESTROGENS, CONJUGATED	TABS	MG, 1.25 MG	Covered	Covered	may apply
ESTROGENS, CONJUGATED					Clinical Criteria
FOR INJ	SOLR	25 MG	Covered	Covered	may apply
ETHYNODIOL DIACETATE &		1 MG-35 MCG, 1			Clinical Criteria
ETHINYL ESTRADIOL	TABS	MG-50 MCG	Covered	Covered	may apply
				Not	Removed from
ETODOLAC	TABS	400 MG	Covered	Covered	CDL
ETONOGESTREL -ETHINYL		0.120-0.015			Clinical Criteria
ESTRADIOL	VA RING	MG/24HR	Covered	Covered	may apply
					Clinical Criteria
EXEMESTANE	TABS	25 MG	Covered	Covered	may apply
			Covered	Not	Removed from
EXTAVIA	KIT	0.3 MG	w/criteria	Covered	CDL
		125 MG, 250 MG,		Not	Removed from
FAMCICLOVIR	TABS	500 MG	Covered	Covered	CDL
				Not	Removed from
FENOFIBRATE	TABS	54 MG, 160 MG	Covered	Covered	CDL
				Not	Removed from
FLAVOXATE HCL	TABS	100 MG	Covered	Covered	CDL

FLURBIPROFEN TABS 100 MG Covered Covered CDL FLUTICASONE PROPIONATE OINT Oint 0.005% Covered COVERED CDL FLUTICASONE PROPIONATE OINT Oint 0.005% Covered COVERED CDL FLUTICASONE PROPIONATE OINT Oint 0.005% Covered COVERED CDL FLUTICASONE PROPIONATE SOSY SOSY SOSY SOSY SOSY SOSY SOSY SOS	FLUOCINONIDE	OINT	0.05%	Covered	Not Covered	Removed from CDL
FLURBIPROFEN TABS 100 MG Covered Covered CDL FLUTAMIDE CAPS 125 MG Covered Covered May apply FLUTICASONE PROPIONATE OINT OINT O.05%, 250-50 MCG/DOSE, 250-50 FLUTICASONE PROPIONATE/ SALMETEROL AEPB MCG/DOSE COVERED COVERED COVERED COVERED COVERED MCG/DOSE, 250-50 MCG/DOSE, 250-50 MCG/DOSE COVERED COVERED COVERED COVERED MCG/DOSE COVERED COVERED MCG/DOSE COVERED COVERED MCG/DOSE NOT REMOVED FINANCIAL MAY NOT REMOVED FINANCIAL MAY NOT REMOVED FINANCIAL MAY NOT		<u> </u>	0.0075	0010.00		
FLUTAMIDE CAPS 125 MG Covered Covered May apply FLUTICASONE PROPIONATE OINT OINT O.05%, Oint 0.005%, Oint 0.005% Covered Covered CDL TOO-50	FLURBIPROFEN	TABS	100 MG	Covered		
FLUTICASONE PROPIONATE OINT Oint 0.005% Covered Covered Covered CDL 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 FLUTICASONE PROPIONATE/ SALMETEROL FULVESTRANT INJ SOLN PREF SYR SOSY SOSY ACAPS GILENYA CAPS COVERED C						Clinical Criteria
PROPIONATE OINT Oint 0.005% Covered Covered CDL 100-50 MCG/DOSE, 250-50 MCG/DOSE, 250-50 MCG/DOSE, 250-50 MCG/DOSE PROPIONATE/ SALMETEROL AEPB MCG/DOSE FULVESTRANT INJ SOLN PREF SYR SOSY 250 MG/5ML Covered Covered may apply Tab 4 MG, Oral Soln 4 HYDROBROMIDE SOLN MG/ML GILENYA CAPS Equiv) Covered Covered CDL GLIPIZIDE/METFORMIN HYDROCHLORIDE TABS S-500 MG Covered COVERED GRISEOFULVIN MICROSIZE TABS SON MG COVERED COVERED HUMULIN N SUSP 100 Unit/ML Covered Covered CDL Removed from CDL Not Covered CDL Not Removed from CDL	FLUTAMIDE	CAPS	125 MG	Covered	Covered	may apply
FLUTICASONE PROPIONATE/ SALMETEROL AEPB MCG/DOSE, 250-50 MCG/DOSE SOUPTO SALMETEROL AEPB MCG/DOSE SOUPTO MCG/DOSE Covered Cove	FLUTICASONE	CREAM,	Cream 0.05%,		Not	Removed from
FLUTICASONE PROPIONATE/ SALMETEROL AEPB MCG/DOSE, 500-50 MCG/DOSE, 500-50 MCG/DOSE SALMETEROL AEPB MCG/DOSE FULVESTRANT INJ SOLN PREF SYR SOSY 250 MG/5ML Covered Cov	PROPIONATE	OINT	Oint 0.005%	Covered	Covered	CDL
FLUTICASONE PROPIONATE/ SALMETEROL AEPB MCG/DOSE FULVESTRANT INJ SOLN PREF SYR SOSY SOSY ACAPS FULVESTRANTINE GILENYA CAPS GILENYA CAPS GLIPIZIDE/METFORMIN HYDROCHLORIDE GRISEOFULVIN MICROSIZE TABS GRISEOFULVIN MICROSIZE TABS FOUND HUMULIN N SUSP LOUING IOPIDINE SOLN COVERED C			100-50			
FLUTICASONE PROPIONATE/ SALMETEROL AEPB MCG/DOSE SO0-50 MCG/DOSE Covered Covered CDL FULVESTRANT INJ SOLN PREF SYR SOSY SOSY SOSY SOSY SOSY SOSY SOSY S			l ' '			
PROPIONATE/ SALMETEROL AEPB MCG/DOSE Covered Covered Covered COL FULVESTRANT INJ SOLN PREF SYR SOSY 250 MG/5ML Covered Covere	51.1.TIGAGONE					
SALMETEROL AEPB MCG/DOSE Covered Covered CDL FULVESTRANT INJ SOLN PREF SYR SOSY 250 MG/5ML Covered Covered may apply GALANTAMINE TABS, Oral Soln 4 HYDROBROMIDE SOLN MG/ML Covered Covered CDL GILENYA CAPS Equiv) Covered Covered CDL GLATIRAMER ACETATE SOSY 40 MG/ML GLATIRAMER ACETATE SOSY 40 MG/ML HYDROCHLORIDE TABS 5-500 MG GRISEOFULVIN MICROSIZE TABS 500 MG HUMULIN N SUSP 100 Unit/ML Covered Covered CDL HUMULIN N KWIKPEN SUPN 100 Unit/ML Covered Covered CDL Removed from CDL Not			l ' '		Not	Domoved from
FULVESTRANT INJ SOLN PREF SYR SOSY SOSY SOSY PREF SYR SOSY SOSY SOSY SOSY SOSY SOSY SOSY S	· ·	ΔFDR		Covered		
PREF SYR SOSY 250 MG/5ML Covered Covered May apply Tab 4 MG, Oral Soln 4 HYDROBROMIDE SOLN MG/ML Covered Covered Covered CDL Removed from CDL Not Removed from CDL		ALID	IVICO/ DOSE	Covered	Covered	_
GALANTAMINE HYDROBROMIDE CAPS CAPS		SOSY	250 MG/5MI	Covered	Covered	
GALANTAMINE HYDROBROMIDE SOLN MG/ML Covered Covered CDL Removed from CDL Not Removed from CDL Removed from CDL Removed from CDL Not Removed from CDL Removed from CDL Removed from CDL Not Removed from CDL Not Removed from CDL	THEISTK	3031		Covered	Covered	тау аррту
HYDROBROMIDE SOLN MG/ML Covered Covered CDL O.5 MG (Base Equiv) Covered Covered CDL Removed from CDL O.5 MG (Base Equiv) Covered Covered CDL OVERED COVERED COVERED COVERED COVERED COVERED CDL OVERED COVERED COVERED COVERED COVERED COVERED COVERED COVERED COVERED CDL OVERED COVERED COVERE	GALANTAMINE	TABS,	l '		Not	Removed from
GILENYA CAPS Equiv) Covered Covered CDL 20 MG/ML, GLATIRAMER ACETATE SOSY 40 MG/ML Covered Covered CDL 2.5-250 MG, 2.5-250 MG, ANOT COVERED	HYDROBROMIDE	,	MG/ML	Covered	Covered	CDL
GLATIRAMER ACETATE SOSY 40 MG/ML 40 MG/ML Covered CO			0.5 MG (Base		Not	Removed from
GLATIRAMER ACETATE SOSY 40 MG/ML Covered COV	GILENYA	CAPS	Equiv)	Covered	Covered	CDL
GLIPIZIDE/METFORMIN HYDROCHLORIDE TABS 5-500 MG, 5-500 MG Covered Covered CDL Not Removed from CDL			20 MG/ML,		Not	Removed from
GLIPIZIDE/METFORMIN HYDROCHLORIDE TABS 5-500 MG Covered Covered CDL Removed from CDL	GLATIRAMER ACETATE	SOSY	40 MG/ML	Covered	Covered	CDL
HYDROCHLORIDE TABS 5-500 MG Covered Covered CDL Removed from Covered Covered CDL Removed from CDL Not Removed from CDL			· · · · · · · · · · · · · · · · · · ·			
GRISEOFULVIN MICROSIZE TABS 500 MG Covered Covered CDL HUMULIN N SUSP 100 Unit/ML Covered Covered CDL HUMULIN N KWIKPEN SUPN 100 Unit/ML Covered Covered CDL 1% (Base IOPIDINE SOLN Equivalent) Covered Covered CDL IPRATROPIUM BROMIDE SOLN 0.02% Covered Covered CDL Removed from CDL Removed from CDL Not Removed from CDL	· ·		· ·			
GRISEOFULVIN MICROSIZE TABS 500 MG Covered Covered CDL HUMULIN N SUSP 100 Unit/ML Covered Covered CDL HUMULIN N KWIKPEN SUPN 100 Unit/ML Covered Covered CDL 1% (Base IOPIDINE SOLN Equivalent) Covered Covered CDL IPRATROPIUM BROMIDE SOLN 0.02% Covered Covered CDL IPRATROPIUM BROMIDE SOLN 0.5-2.5(3) Not Removed from CDL	HYDROCHLORIDE	TABS	5-500 MG	Covered		
HUMULIN N SUSP 100 Unit/ML Covered Covered Covered CDL Not Removed from CDL 1% (Base Fquivalent) Covered Covered CDL Not Removed from CDL						
HUMULIN N SUSP 100 Unit/ML Covered Covered CDL HUMULIN N KWIKPEN SUPN 100 Unit/ML Covered Covered CDL 1% (Base IOPIDINE SOLN Equivalent) Covered Covered CDL IPRATROPIUM BROMIDE SOLN 0.02% Covered Covered CDL IPRATROPIUM BROMIDE SOLN 0.5-2.5(3) Not Removed from Removed from CDL	GRISEOFULVIN MICROSIZE	TABS	500 MG	Covered		
HUMULIN N KWIKPEN SUPN 100 Unit/ML Covered C		CLICD	400 11 11/1041			
HUMULIN N KWIKPEN SUPN 100 Unit/ML Covered Covered CDL 1% (Base IOPIDINE SOLN Equivalent) Covered Covered Covered CDL Not Removed from Covered COVERED COVERED Not Removed from COVERED COVERED Not Removed from COVERED COVERED Not Removed from CDL O.5-2.5(3) Not Removed from Not Removed from Removed from	HUMULIN N	SUSP	100 Unit/ML	Covered		
1% (Base IOPIDINE SOLN Equivalent) Covered Covered CDL IPRATROPIUM BROMIDE SOLN 0.02% Covered Covered CDL IPRATROPIUM BROMIDE SOLN 0.5-2.5(3) Not Removed from CDL Removed from CDL Not Removed from CDL Not Removed from CDL		CLIDAL	400 11 21 /841	6		
IOPIDINESOLNEquivalent)CoveredCoveredCDLIPRATROPIUM BROMIDESOLN0.02%CoveredCoveredCDLIPRATROPIUM BROMIDE/ALBUTEROL0.5-2.5(3)NotRemoved from	HUMULIN N KWIKPEN	SUPN		Covered		
IPRATROPIUM BROMIDE SOLN 0.02% Covered Covered CDL IPRATROPIUM BROMIDE/ALBUTEROL 0.5-2.5(3) Not Removed from	IODIDINE	SOLM	`	Covered		
IPRATROPIUM BROMIDESOLN0.02%CoveredCoveredCDLIPRATROPIUM BROMIDE/ALBUTEROL0.5-2.5(3)NotRemoved from	IOPIDINE	JULIN	Equivalent)	Covered		
IPRATROPIUM BROMIDE/ALBUTEROL 0.5-2.5(3) Not Removed from	IDRATRODILINA RRONAIDE	SOLN	0.02%	Covered		
BROMIDE/ALBUTEROL 0.5-2.5(3) Not Removed from		JOLIN	0.02/0	Covereu	Covereu	CDL
			0.5-2.5(3)		Not	Removed from
JOLIATE JOLIN IVIG/JIVIE COVETEU COVETEU CDL	SULFATE	SOLN	MG/3ML	Covered	Covered	CDL

VETODDOEEN ED	CD2.4	24110 200 146	Coverned	Not	Removed from
KETOPROFEN ER	CP24	24HR 200 MG	Covered	Covered	CDL
LANSOPRAZOLE	CPDR	30 MG	Covered	Not Covered	Removed from CDL
LANSOPRAZOLE	CPDR	30 IVIG	Covered	Covered	
LETROZOLE	TABS	2.5 MG	Covered	Covered	Clinical Criteria
	IADS		Covered	Covered	may apply Clinical Criteria
LEUPROLIDE (1 MON) INJ & NORETHINDRONE	KIT	3.75 MG/5 MG Kit	Covered	Covered	may apply
LEUPROLIDE (3 MON) INJ	KH	11.25 MG/5 MG	COVETCU	Covered	Clinical Criteria
& NORETHINDRONE	KIT	Kit	Covered	Covered	may apply
LEUPROLIDE ACET (6	MI	Ric	Covered	Covered	Clinical Criteria
MON) FOR INJ PEDIATRIC	KIT	45 MG	Covered	Covered	may apply
LEUPROLIDE ACET (3		11.25 MG, 22.5	3010100	0010.00	Clinical Criteria
MON) FOR INJ	INJ	MG,	Covered	Covered	may apply
LEUPROLIDE ACET (3		,			Clinical Criteria
MON) FOR INJ PEDIATRIC	KIT	11.25 MG, 30 MG	Covered	Covered	may apply
LEUPROLIDE ACET (4					Clinical Criteria
MON) FOR INJ	KIT	30 MG, 45 MG	Covered	Covered	may apply
LEUPROLIDE ACET (6					Clinical Criteria
MON) FOR INJ	KIT	45 MG	Covered	Covered	may apply
		3.75 MG, 7.5 MG,			
		1 MG/0.2ML (5			Clinical Criteria
LEUPROLIDE ACET FOR INJ	KIT	MG/ML)	Covered	Covered	may apply
LEUPROLIDE ACET FOR INJ		7.5 MG, 11.25			Clinical Criteria
PEDIATRIC	KIT	MG, 15 MG	Covered	Covered	may apply
LEUPROLIDE ACETATE-					Clinical Criteria
BUPIVACAINE HCL IM	SOLN	25-5 MG/ML	Covered	Covered	may apply
LEUPROLIDE MESYLATE (6					Clinical Criteria
MON) EMULSION	PRSY	42 MG	Covered	Covered	may apply
LEVALBUTEROL TARTRATE	4500	45 MCG/ACT		Not	Removed from
HFA	AERO	(Base Equiv)	Covered	Covered	CDL
		0.15- 0.02/0.025/0.03			
		MG &Eth Est 0.01			Clinical Criteria
LEVONOR-ETH EST	TABS	MG	Covered	Covered	may apply
		0.1 MG-20 MCG			Clinical Criteria
LEVONOR-ETH EST & FA	KIT	& 1 MG	Covered	Covered	may apply
					Clinical Criteria
LEVONORGESTREL	TABS	1.5 MG	Covered	Covered	may apply

		0.1 MG-20 MCG,			
LEVONODOESTREL 9	TADC.	1			Clinical Critoria
LEVONORGESTREL &	TABS;	0.15 MG-30 MCG;	Covered	Carranad	Clinical Criteria
ETHINYL ESTRADIOL	CHEW	0.1 MG-20 MCG	Covered	Covered	may apply
LEVONORGESTREL &					
ETHINYL ESTRADIOL (91-					Clinical Criteria
DAY)	TABS	0.15-0.03 MG	Covered	Covered	may apply
		0.05-30/0.075-			
LLEVONORGESTREL-ETH		40/0.125-30MG-			Clinical Criteria
ESTRADIOL	TABS	MCG	Covered	Covered	may apply
		120-30			
LEVONORGESTREL-ETH		MCG/24HR, 150-			Clinical Criteria
ESTRADIOL	PTWK	35 MCG/24HR	Covered	Covered	may apply
LEVONORGESTREL-ETH					Clinical Criteria
ESTRADIOL (CONTINUOUS)	TABS	90-20 MCG	Covered	Covered	may apply
LEVONORGESTREL-ETH		0.1 MG-20 MCG			Clinical Criteria
ESTRADIOL-FE	TABS	(21)	Covered	Covered	may apply
		0.1-0.02MG(84)			
		& 0.01MG(7),			
LEVONORG-ETH		0.15-0.03MG(84)			Clinical Criteria
ESTRADIOL & ETH EST	TABS	& 0.01MG(7)	Covered	Covered	may apply
		10 MG, 20 MG,			, , , ,
		30 MG, 40 MG,			
LISDEXAMFETAMINE		50 MG, 60 MG,		Not	Removed from
DIMESYLATE	CAPS	70 MG	Covered	Covered	CDL
				Not	Removed from
MECLIZINE HCL	TABS	12.5 MG, 25 MG	Covered	Covered	CDL
MEDROXYPROGESTERONE		150 MG/ML; 104	COVERCE	Covered	Clinical Criteria
	SUSP;	1 ' '	Covered	Covered	
ACETATE	SUSY	MG/0.65ML	Covered	Covered	may apply
MEDROXYPROGESTERONE		2.5 MG, 5 MG, 10			Clinical Criteria
ACETATE	TABS	MG	Covered	Covered	may apply
MEDROXYPROGESTERONE					Clinical Criteria
ACETATE IM	SUSP	400 MG/ML	Covered	Covered	may apply
					Clinical Criteria
MEGESTROL ACETATE	TABS	20 MG, 40 MG	Covered	Covered	may apply
					Clinical Criteria
MEGESTROL ACETATE	SUSP	625 MG/5ML	Covered	Covered	may apply
		5 MG (28) &			, , , ,
MEMANTINE HCL		10 MG (21)		Not	Removed from
TITRATION PAK	TABS	Titration Pak	Covered	Covered	CDL
				Not	Removed from
MESALAMINE DR	TBEC	1.2 GM, 400 MG	Covered	Covered	CDL
WILSALAWIINE DIX	IDLC	1.2 (14), 400 (4)	COVERCE	LOVEICU	CDL

				Not	Removed from
MESALAMINE ER	CP24	0.375 GM	Covered	Covered	CDL
METHYLPHENIDATE		27 MG, 36 MG,		Not	Removed from
HYDROCHLORIDE ER	TBCR	54 MG	Covered	Covered	CDL
	CAPS,				Clinical Criteria
METHYLTESTOSTERONE	TABS	10 MG	Covered	Covered	may apply
_		50-25 MG,			
METOPROLOL/		100-25 MG,		Not	Removed from
HYDROCHLOROTHIAZIDE	TABS	100-50 MG	Covered	Covered	CDL
		500.110			Clinical Criteria
MITOTANE	TABS	500 MG			may apply
		10.140/514		Not	Removed from
MORPHINE SULFATE	SOLN	10 MG/5ML	Covered	Covered	CDL
MOXIFLOXACIN		0.50//5		Not	Removed from
HYDROCHLORIDE	SOLN	0.5% (Base Equiv)	Covered	Covered	CDL
NAFARELIN ACETATE		2.1.6/1.11			Clinical Criteria
NASAL	SOLN	2 MG/ML	Covered	Covered	may apply
NALOVONE	LIQD			Niet	Dama arrad frama
NALOXONE HYDROCHLORIDE	NASAL SPRAY	4 MG/0.1ML	Covered	Not Covered	Removed from CDL
TITOROCITEORIDE	JENAI	1 MG, 2.5 MG	Covered		Removed from
NARATRIPTAN HCL	TABS	(Base Equiv)	Covered	Not Covered	CDL
NANATHIFTANTICE	TADS	(base Equiv)	Covered	Not	Removed from
NEOMYCIN SULFATE	TABS	500 MG	Covered	Covered	CDL
NEOWITCH SOLIATE	IADS	300 1010	Covered	Not	Removed from
NIFEDIPINE	CAPS	10 MG, 20 MG	Covered	Covered	CDL
INII EDII INE	CAIS	10 1010, 20 1010	Covered	Covered	Clinical Criteria
NILUTAMIDE	TABS	150 MG	Covered	Covered	may apply
NIRAPARIB TOSYLATE-	17103	50-500 MG, 100-	Covered	covered	Clinical Criteria
ABIRATERONE ACETATE	TABS	500 MG	Covered	Covered	may apply
/ IDII VI ENGIVE / ICE / VIE	17100	300 1110	Covered	Covered	Clinical Criteria
NORETHINDRONE	TABS	0.35 MG	Covered	Covered	may apply
NONETHINDRONE	17100	0.4 MG-35 MCG,	Covered	Covered	тау аррту
		0.5 MG-35 MCG,			
		1 MG-35 MCG,			
		0.5-35/0.75-35/1-			
		35 MG-MCG, 0.5-			
NORETHINDRONE &		35/1-35/0.5-35			Clinical Criteria
ETHINYL ESTRADIOL	TABS	MG-MCG	Covered	Covered	may apply

Covered Covered	Covered	Clinical Criteria may apply
	Covered	may apply
Covered		
Covered		Clinical Criteria
Lovereu	Covered	may apply
		Clinical Criteria
Covered	Covered	may apply
		Clinical Criteria
Covered	Covered	may apply
		Clinical Criteria
Covered	Covered	may apply
		Clinical Criteria
Covered	Covered	may apply
		, , , ,
		Clinical Criteria
Covered	Covered	may apply
		Clinical Criteria
Covered	Covered	may apply
	Not	Removed from
Covered	Covered	CDL
	Not	Removed from
Covered	Covered	CDL
	Not	Removed from
Covered	Covered	CDL
	Not	Removed from
Covered		CDL
	Not	Removed from
Covered	Covered	CDL
		Clinical Criteria
Covered	Covered	may apply
	Not	Removed from
Covered	Covered	CDL
	Covered	Covered Covered Covered Covered Covered Covered Covered Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered Not Covered Covered

OVCARRAZERINE	CLICD	300 MG/5ML (60	6	Not	Removed from
OXCARBAZEPINE	SUSP	MG/ML)	Covered	Covered	CDL
OVVMETHOLONE	TADC	FONC	Carrana	Carranad	Clinical Criteria
OXYMETHOLONE	TABS	50 MG	Covered	Covered	may apply
PIMECROLIMUS	CREA	1%	Covered w/criteria	Not Covered	Removed from CDL
FIIVILCROLIIVIOS	CRLA	170	W/CITCETIA	Not	Removed from
PINDOLOL	TABS	5 MG, 10 MG	Covered	Covered	CDL
THYDOLOL	17.05	3 1010, 10 1010	Covered	Not	Removed from
PODOFILOX	SOLN	0.5%	Covered	Covered	CDL
				Not	Removed from
PREDNISONE INTENSOL	CONC	5 MG/ML	Covered	Covered	CDL
				Not	Removed from
PREVALITE	PACK	4 GM	Covered	Covered	CDL
					Clinical Criteria
PROGESTERONE	CAPS	100 MG, 200 MG	Covered	Covered	may apply
					Clinical Criteria
PROGESTERONE IM IN OIL	OIL	50 MG/ML	Covered	Covered	may apply
PROGESTERONE		10%, 20% (Cmpd			Clinical Criteria
MICRONIZED TD	CREAM	Kit)	Covered	Covered	may apply
RALOXIFENE				Not	Removed from
HYDROCHLORIDE	TABS	60 MG	Covered	Covered	CDL
	_				Clinical Criteria
RELUGOLIX	TABS	120 MG	Covered	Covered	may apply
RELUGOLIX-ESTRADIOL-					Clinical Cuitouia
NORETHINDRONE ACETATE	TABS	40-1-0.5 MG	Covered	Covered	Clinical Criteria may apply
ACLIAIL	TABS	5 MG, 30 MG,	Covered	Not	Removed from
RISEDRONATE SODIUM	TABS	35 MG	w/criteria	Covered	CDL
RIVASTIGMINE	17.00	4.6 MG/24HR,	Covered	Not	Removed from
TRANSDERMALSYSTEM	PT24	9.5 MG/24HR	w/criteria	Covered	CDL
		2,2	, : :::::::	Not	Removed from
ROFLUMILAST	TABS	500 MCG	Covered	Covered	CDL
		12.5 MG, 25 MG,	Covered	Not	Removed from
SAVELLA	TABS	50 MG, 100 MG	w/criteria	Covered	CDL
		12.5 MG (5) &			
		25 MG (8) &		Not	Removed from
SAVELLA TITRATION PACK	MISC	50 MG (42) Pak	Covered	Covered	CDL
SAXAGLIPTIN		2.5 MG, 5 MG		Not	Removed from
HYDROCHLORIDE	TABS	(Base Equiv)	Covered	Covered	CDL

SAXAGLIPTIN					
HYDROCHLORIDE/		2.5-1000 MG,			
METFORMIN		5-500 MG,		Not	Removed from
HYDROCHLORIDE ER	TB24	5-1000 MG	Covered	Covered	CDL
TITBROCHEORIBE ER	1024	2.5-500 MG,	Covered	COVETCU	CDL
		2.5-300 MG,			
		7.5-500 MG,		Not	Removed from
SEGLUROMET	TABS	7.5-300 MG	Covered	Covered	CDL
SEGLOROWET	IADS	7.5-1000 IVIG	Covered		
SER CALLACA		4.004/6004		Not	Removed from
SFROWASA	ENEMA	4 GM/60ML	Covered	Covered	CDL
			Covered	Not	Removed from
SILIQ	SOSY	210 MG/1.5ML	w/criteria	Covered	CDL
		100-33 Unit-	Covered	Not	Removed from
SOLIQUA 100/33	SOPN	MCG/ML	w/criteria	Covered	CDL
		25 MG, 50 MG,			
	TABS;	100 MG; 25			Clinical Criteria
SPIRONOLACTONE	SUSP	MG/5ML	Covered	Covered	may apply
		5 MG, 15 MG		Not	Removed from
STEGLATRO	TABS	(Base Equiv)	Covered	Covered	CDL
		5 MG/ACT,		Not	Removed from
SUMATRIPTAN	SOLN	20 MG/ACT	Covered	Covered	CDL
	002.1	200//	Covered	Not	Removed from
TACROLIMUS	OINT	0.03%, 0.1%	w/criteria	Covered	CDL
TACKOLIWIOS	AUTO-	0.0370, 0.170	Wychiteria	COVETCU	CDL
	INJECTOR,		Covered	Not	Removed from
TALTZ	SYRINGE	80 MG/ML	w/criteria	Covered	CDL
TALIZ	STRINGE		w/criteria	Covered	CDL
	TARC	10 MG, 20 MG, 10 MG/5ML			Clinical Criteria
TAMOXIFEN CITRATE	TABS, SOLN	(Base Equivalent)	Covered	Covered	
TAMOXIFEN CITRATE	JOLIN	, ,	Covered	Covered	may apply
	CDEANA	Cream 0.1%,		NI-+	Dama arrad frama
TAZABOTENE	CREAM,	Gel 0.05%,	6	Not	Removed from
TAZAROTENE	GEL	Gel 0.1%	Covered	Covered	CDL
		40-5 MG,			
		40-10 MG,			
TELMISARTAN/		80-5 MG,		Not	Removed from
AMLODIPINE	TABS	80-10 MG	Covered	Covered	CDL
				Not	Removed from
TERBUTALINE SULFATE	TABS	2.5 MG, 5 MG	Covered	Covered	CDL
				Not	Removed from
TERIFLUNOMIDE	TABS	7 MG, 14 MG	Covered	Covered	CDL

		0.2%, 0.4%, 10% & 20%			
		Compounding			Clinical Criteria
TESTOSTERONE	CREAM	Kits	Covered	Covered	may apply
TESTOSTERONE BUCCAL					Clinical Criteria
MUCOADHESIVE SYSTEM	MISC	30 MG	Covered	Covered	may apply
TESTOSTERONE					
CYPIONATE IM OR		100 MG/ML, 200			Clinical Criteria
SUBCUTANEOUS INJ IN OIL	SOLN, KIT	MG/ML	Covered	Covered	may apply
TESTOSTERONE					Clinical Criteria
ENANTHATE IM INJ IN OIL	SOLN	200 MG/ML	Covered	Covered	may apply
TESTOSTERONE		50 MG/0.5ML, 75			
ENANTHATE SOLUTION		MG/0.5ML, 100			Clinical Criteria
AUTO-INJECTOR	SOAJ	MG/0.5ML	Covered	Covered	may apply
					Clinical Criteria
TESTOSTERONE NASAL	GEL	5.5 MG/ACT	Covered	Covered	may apply
		12.5 MG/ACT			
		(1%), 25			
		MG/2.5GM (1%),			
		50 MG/5GM			
		(1%), 20.25			
		MG/1.25GM			
		(1.62%), 20.25			
		MG/ACT (1.62%),			
		40.5 MG/2.5GM			
TEST OSTED ONE TO	651	(1.62%),			Clinical Criteria
TESTOSTERONE TD	GEL	10MG/ACT (2%)	Covered	Covered	may apply
TESTOSTERONE TD PATCH		2 MG/24HR, 4			Clinical Criteria
24HR	PT24	MG/24HR	Covered	Covered	may apply
					Clinical Criteria
TESTOSTERONE TD	SOLN	30 MG/ACT	Covered	Covered	may apply
		100 MG, 112.5			
		MG, 150 MG, 200			
		MG, 750			
TESTOSTERONE	CAPS,	MG/3ML			Clinical Criteria
UNDECANOATE	SOLN	(250MG/ML)	Covered	Covered	may apply
TIAGABINE		2 MG, 4 MG,		Not	Removed from
HYDROCHLORIDE	TABS	12 MG, 16 MG	Covered	Covered	CDL
		5 MG, 10 MG,	_	Not	Removed from
TIMOLOL MALEATE	TABS	20 MG	Covered	Covered	CDL

				Not	Removed from
TOBREX	OINT	0.3%	Covered	Covered	CDL
				Not	Removed from
TOLTERODINE TARTRATE	TABS	1 MG, 2 MG	Covered	Covered	CDL
TOLTERODINE TARTRATE				Not	Removed from
ER	CP24	2 MG, 4 MG	Covered	Covered	CDL
		60 MG (Base			Clinical Criteria
TOREMIFENE CITRATE	TABS	Equivalent)	Covered	Covered	may apply
TRANYLCYPROMINE				Not	Removed from
SULFATE	TABS	10 MG	Covered	Covered	CDL
		Cream 0.05%,			
		Cream 0.1%,			
	CREAM,	Gel 0.01%,		Not	Removed from
TRETINOIN	GEL	Gel 0.025%	Covered	Covered	CDL
TRIAMTERENE	CAPS	50 MG, 100 MG	Covered	Covered	
		0.125 MG,		Not	Removed from
TRIAZOLAM	TABS	0.25 MG	Covered	Covered	CDL
TRIPTORELIN PAMOATE		22.5 MG (Base			Clinical Criteria
FOR IM ER SUSP	SRER	Equiv)	Covered	Covered	may apply
TRIPTORELIN PAMOATE		3.75 MG, 11.25			Clinical Criteria
FOR IM SUSP	SUSR	MG, 22.5 MG	Covered	Covered	may apply
				Not	Removed from
TROSPIUM CHLORIDE	TABS	20 MG	Covered	Covered	CDL
				Not	Removed from
TUDORZA PRESSAIR	AEPB	400 MCG/ACT	Covered	Covered	CDL
					Clinical Criteria
ULIPRISTAL ACETATE	TABS	30 MG	Covered	Covered	may apply
		40 MG, 80 MG,		Not	Removed from
VALSARTAN	TABS	160 MG, 320 MG	Covered	Covered	CDL
		11 x 0.5 MG &			
VARENICLINE STARTING		42 x 1 MG		Not	Removed from
MONTH BOX	ТВРК	Start Pack	Covered	Covered	CDL
		0.5 MG, 1 MG		Not	Removed from
VARENICLINE TARTRATE	TABS	(Base Equiv)	Covered	Covered	CDL
		75 MG, 150 MG,			
VENLAFAXINE		225 MG (Base		Not	Removed from
HYDROCHLORIDE ER	TB24	Equivalent)	Covered	Covered	CDL
		5 MG, 10 MG	Covered	Not	Removed from
XELJANZ	TABS	(Base Equivalent)	w/criteria	Covered	CDL

		11 MG, 22 MG	Covered	Not	Removed from
XELJANZ XR	TB24	(Base Equivalent)	w/criteria	Covered	CDL
				Not	Removed from
ZALEPLON	CAPS	5 MG, 10 MG	Covered	Covered	CDL

For more information, call Member Services at 1-866-433-6041 (TTY: 711) or visit the Absolute Total Care website at absolutetotalcare.com.