



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

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

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

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

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		MG/1.25 GM)			
ESTRADIOL	TABS	0.5 MG, 1 MG, 2 MG	Covered	Covered	Clinical Criteria may apply
ESTRADIOL & NORETHINDRONE ACETATE	TABS	0.5-0.1 MG, 1-0.5 MG	Covered	Covered	Clinical Criteria may apply
ESTRADIOL CYPIONATE IM IN OIL	OIL	5 MG/ML	Covered	Covered	Clinical Criteria may apply
ESTRADIOL MICRONIZED	CREAM	0.4% & 0.6% Compounding Kits	Covered	Covered	Clinical Criteria may apply
ESTRADIOL TAB/ESTRAD-NORGESTIMATE	TABS	1 MG(15)/1-0.09MG(15)	Covered	Covered	Clinical Criteria may apply
ESTRADIOL TD GEL	GEL	0.25 MG/0.25GM (0.1%), 0.5 MG/0.5GM (0.1%), 0.75 MG/0.75GM (0.1%), 1 MG/GM (0.1%)	Covered	Covered	Clinical Criteria may apply
ESTRADIOL TD PATCH BIWEEKLY	PTTW	0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Covered	Covered	Clinical Criteria may apply
ESTRADIOL TD PATCH WEEKLY	PTWK	0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR, 14 MCG/24HR,	Covered	Covered	Clinical Criteria may apply
ESTRADIOL TD SPRAY	SOLN	1.53 MG/SPRAY	Covered	Covered	Clinical Criteria may apply
ESTRADIOL VALERATE IM IN OIL	OIL	10 MG/ML, 20 MG/ML, 40 MG/ML	Covered	Covered	Clinical Criteria may apply
ESTRADIOL VALERATE-DIENOGEST	TABS	3 MG /2-2 MG/2-3 MG/1 MG	Covered	Covered	Clinical Criteria may apply

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

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FLUOCINONIDE	OINT	0.05%	Covered	Not Covered	Removed from CDL
FLURBIPROFEN	TABS	100 MG	Covered	Not Covered	Removed from CDL
FLUTAMIDE	CAPS	125 MG	Covered	Covered	Clinical Criteria may apply
FLUTICASONE PROPIONATE	CREAM, OINT	Cream 0.05%, Oint 0.005%	Covered	Not Covered	Removed from CDL
FLUTICASONE PROPIONATE/ SALMETEROL	AEPB	100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Covered	Not Covered	Removed from CDL
FULVESTRANT INJ SOLN PREF SYR	SOSY	250 MG/5ML	Covered	Covered	Clinical Criteria may apply
GALANTAMINE HYDROBROMIDE	TABS, SOLN	Tab 4 MG, Oral Soln 4 MG/ML	Covered	Not Covered	Removed from CDL
GILENYA	CAPS	0.5 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
GLATIRAMER ACETATE	SOSY	20 MG/ML, 40 MG/ML	Covered	Not Covered	Removed from CDL
GLIPIZIDE/METFORMIN HYDROCHLORIDE	TABS	2.5-250 MG, 2.5-500 MG, 5-500 MG	Covered	Not Covered	Removed from CDL
GRISEOFULVIN MICROSIZED	TABS	500 MG	Covered	Not Covered	Removed from CDL
HUMULIN N	SUSP	100 Unit/ML	Covered	Not Covered	Removed from CDL
HUMULIN N KWIKPEN	SUPN	100 Unit/ML	Covered	Not Covered	Removed from CDL
IOPIDINE	SOLN	1% (Base Equivalent)	Covered	Not Covered	Removed from CDL
IPRATROPIUM BROMIDE	SOLN	0.02%	Covered	Not Covered	Removed from CDL
IPRATROPIUM BROMIDE/ ALBUTEROL SULFATE	SOLN	0.5-2.5(3) MG/3ML	Covered	Not Covered	Removed from CDL

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

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

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MESALAMINE ER	CP24	0.375 GM	Covered	Not Covered	Removed from CDL
METHYLPHENIDATE HYDROCHLORIDE ER	TBCR	27 MG, 36 MG, 54 MG	Covered	Not Covered	Removed from CDL
METHYLTESTOSTERONE	CAPS, TABS	10 MG	Covered	Covered	Clinical Criteria may apply
METOPROLOL/ HYDROCHLOROTHIAZIDE	TABS	50-25 MG, 100-25 MG, 100-50 MG	Covered	Not Covered	Removed from CDL
MITOTANE	TABS	500 MG			Clinical Criteria may apply
MORPHINE SULFATE	SOLN	10 MG/5ML	Covered	Not Covered	Removed from CDL
MOXIFLOXACIN HYDROCHLORIDE	SOLN	0.5% (Base Equiv)	Covered	Not Covered	Removed from CDL
NAFARELIN ACETATE NASAL	SOLN	2 MG/ML	Covered	Covered	Clinical Criteria may apply
NALOXONE HYDROCHLORIDE	LIQD NASAL SPRAY	4 MG/0.1ML	Covered	Not Covered	Removed from CDL
NARATRIPTAN HCL	TABS	1 MG, 2.5 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
NEOMYCIN SULFATE	TABS	500 MG	Covered	Not Covered	Removed from CDL
NIFEDIPINE	CAPS	10 MG, 20 MG	Covered	Not Covered	Removed from CDL
NILUTAMIDE	TABS	150 MG	Covered	Covered	Clinical Criteria may apply
NIRAPARIB TOSYLATE- ABIRATERONE ACETATE	TABS	50-500 MG, 100-500 MG	Covered	Covered	Clinical Criteria may apply
NORETHINDRONE	TABS	0.35 MG	Covered	Covered	Clinical Criteria may apply
NORETHINDRONE & ETHINYL ESTRADIOL	TABS	0.4 MG-35 MCG, 0.5 MG-35 MCG, 1 MG-35 MCG, 0.5-35/0.75-35/1-35 MG-MCG, 0.5-35/1-35/0.5-35 MG-MCG	Covered	Covered	Clinical Criteria may apply

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NORETHINDRONE & ETHINYL ESTRADIOL-FE	CHEW	0.4 MG-35 MCG, 0.8 MG-25 MCG	Covered	Covered	Clinical Criteria may apply
NORETHINDRONE ACE & ETHINYL ESTRADIOL	TABS	1 MG-20 MCG, 1.5 MG-30 MCG	Covered	Covered	Clinical Criteria may apply
NORETHINDRONE ACE-ETHINYL ESTRAD-FE	CAPS, TABS, CHEW	1 MG-20 MCG, 1.5 MG-30 MCG, 1 MG-10 MCG/10 MCG, 1-20/1-30/1-35 MG-MCG	Covered	Covered	Clinical Criteria may apply
NORETHINDRONE ACETATE	TABS	5 MG	Covered	Covered	Clinical Criteria may apply
NORETHINDRONE ACE-ETHINYL ESTRADIOL	TABS	0.5 MG-2.5 MCG, 1 MG-5 MCG	Covered	Covered	Clinical Criteria may apply
NORGESTIMATE & ETHINYL ESTRADIOL	TABS	0.25 MG-35 MCG	Covered	Covered	Clinical Criteria may apply
NORGESTIMATE-ETH ESTRAD	TABS	0.18-25/0.215-25/0.25-25 MG-MCG, 0.18-35/0.215-35/0.25-35 MG-MCG	Covered	Covered	Clinical Criteria may apply
NORGESTREL & ETHINYL ESTRADIOL	TABS	0.3 MG-30 MCG	Covered	Covered	Clinical Criteria may apply
NOVOLIN 70/30	SUSP	100 Unit/ML (70-30)	Covered	Not Covered	Removed from CDL
NOVOLIN 70/30 FLEXPEN	SUPN	100 Unit/ML (70-30)	Covered	Not Covered	Removed from CDL
NOVOLIN R	SOLN	100 Unit/ML	Covered	Not Covered	Removed from CDL
NYSTATIN	TABS	500000 Unit	Covered	Not Covered	Removed from CDL
OLMESARTAN MEDOXOMIL/ AMLODIPINE/ HYDROCHLOROTHIAZIDE	TABS	20-5-12.5 MG, 40-5-12.5 MG, 40-5-25 MG, 40-10-12.5 MG, 40-10-25 MG	Covered	Not Covered	Removed from CDL
OXANDROLONE	TABS	2.5 MG, 10 MG	Covered	Covered	Clinical Criteria may apply
OXAPROZIN	TABS	600 MG	Covered	Not Covered	Removed from CDL

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OXCARBAZEPINE	SUSP	300 MG/5ML (60 MG/ML)	Covered	Not Covered	Removed from CDL
OXYMETHOLONE	TABS	50 MG	Covered	Covered	Clinical Criteria may apply
PIMECROLIMUS	CREA	1%	Covered w/criteria	Not Covered	Removed from CDL
PINDOLOL	TABS	5 MG, 10 MG	Covered	Not Covered	Removed from CDL
PODOFILOX	SOLN	0.5%	Covered	Not Covered	Removed from CDL
PREDNISONE INTENSOL	CONC	5 MG/ML	Covered	Not Covered	Removed from CDL
PREVALITE	PACK	4 GM	Covered	Not Covered	Removed from CDL
PROGESTERONE	CAPS	100 MG, 200 MG	Covered	Covered	Clinical Criteria may apply
PROGESTERONE IM IN OIL	OIL	50 MG/ML	Covered	Covered	Clinical Criteria may apply
PROGESTERONE MICRONIZED TD	CREAM	10%, 20% (Cmpd Kit)	Covered	Covered	Clinical Criteria may apply
RALOXIFENE HYDROCHLORIDE	TABS	60 MG	Covered	Not Covered	Removed from CDL
RELUGOLIX	TABS	120 MG	Covered	Covered	Clinical Criteria may apply
RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE	TABS	40-1-0.5 MG	Covered	Covered	Clinical Criteria may apply
RISEDRONATE SODIUM	TABS	5 MG, 30 MG, 35 MG	Covered w/criteria	Not Covered	Removed from CDL
RIVASTIGMINE TRANSDERMALSYSTEM	PT24	4.6 MG/24HR, 9.5 MG/24HR	Covered w/criteria	Not Covered	Removed from CDL
ROFLUMILAST	TABS	500 MCG	Covered	Not Covered	Removed from CDL
SAVELLA	TABS	12.5 MG, 25 MG, 50 MG, 100 MG	Covered w/criteria	Not Covered	Removed from CDL
SAVELLA TITRATION PACK	MISC	12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	Covered	Not Covered	Removed from CDL
SAXAGLIPTIN HYDROCHLORIDE	TABS	2.5 MG, 5 MG (Base Equiv)	Covered	Not Covered	Removed from CDL

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SAXAGLIPTIN HYDROCHLORIDE/ METFORMIN HYDROCHLORIDE ER	TB24	2.5-1000 MG, 5-500 MG, 5-1000 MG	Covered	Not Covered	Removed from CDL
SEGLUROMET	TABS	2.5-500 MG, 2.5-1000 MG, 7.5-500 MG, 7.5-1000 MG	Covered	Not Covered	Removed from CDL
SFROWASA	ENEMA	4 GM/60ML	Covered	Not Covered	Removed from CDL
SILIQ	SOSY	210 MG/1.5ML	Covered w/criteria	Not Covered	Removed from CDL
SOLIQUA 100/33	SOPN	100-33 Unit- MCG/ML	Covered w/criteria	Not Covered	Removed from CDL
SPIRONOLACTONE	TABS; SUSP	25 MG, 50 MG, 100 MG; 25 MG/5ML	Covered	Covered	Clinical Criteria may apply
STEGLATRO	TABS	5 MG, 15 MG (Base Equiv)	Covered	Not Covered	Removed from CDL
SUMATRIPTAN	SOLN	5 MG/ACT, 20 MG/ACT	Covered	Not Covered	Removed from CDL
TACROLIMUS	OINT	0.03%, 0.1%	Covered w/criteria	Not Covered	Removed from CDL
TALTZ	AUTO- INJECTOR, SYRINGE	80 MG/ML	Covered w/criteria	Not Covered	Removed from CDL
TAMOXIFEN CITRATE	TABS, SOLN	10 MG, 20 MG, 10 MG/5ML (Base Equivalent)	Covered	Covered	Clinical Criteria may apply
TAZAROTENE	CREAM, GEL	Cream 0.1%, Gel 0.05%, Gel 0.1%	Covered	Not Covered	Removed from CDL
TELMISARTAN/ AMLODIPINE	TABS	40-5 MG, 40-10 MG, 80-5 MG, 80-10 MG	Covered	Not Covered	Removed from CDL
TERBUTALINE SULFATE	TABS	2.5 MG, 5 MG	Covered	Not Covered	Removed from CDL
TERIFLUNOMIDE	TABS	7 MG, 14 MG	Covered	Not Covered	Removed from CDL

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

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

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

For the most current program description, you may call Provider Services at 1-866-433-6041 (TTY: 711) or visit the Absolute Total Care website at [absolutetotalcare.com](http://absolutetotalcare.com)

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