

Lowest Net Cost Formulary

Optional Drug Coverage

Effective Jan. 1, 2024

The therapeutic categories and drugs listed below are NOT covered by most health plans. However, **individual self-funded (ASO) employer groups using the Lowest Net Cost (LNC) formulary** may elect to add coverage for any or all of these categories. If a group elects to cover any of these categories, all the drugs listed within the category are covered. Note that drug management programs, such as Prior Authorization or Quantity Limits may apply to the products listed. Some drugs listed are covered under most health plans when prescribed for medical conditions not associated with the categories below. For more information on coverage of the drugs listed below, please consult the [Medical Drug List](#).

Erectile Dysfunction

- Caverject/Impulse
- Edex
- Muse
- Phenylephrine Hydrochloride
- Sildenafil Citrate (Generic Viagra Only) 25, 50, 100 Mg
- Tadalafil (Generic Cialis Only) 2.5, 5, 10, 20 Mg

Infertility

- Cetrotide
- Chorionic Gonadotropin
- Clomid
- Clomiphene Citrate
- Follistim AQ
- Ganirelix Acetate
- Gonal-F/RFF/RFF Rediject
- Menopur
- Novarel
- Ovidrel
- Pregnyl w/Diluent Benzyl Alcohol/Nacl

Weight Loss

- Adipex-P
- Alli
- Benzphetamine HCL
- Contrave
- Diethylpropion HCL/ER
- Lomaira
- Medactiv
- Orlistat
- Phendimetrazine Tartrate/ER
- Phentermine Hydrochloride
- Plenity/Welcome Kit
- Qsymia
- Saxenda
- Wegovy
- Xenical
- Zepbound

Cosmetic

- Avage
- Bimatoprost
- Blanche
- Botox Cosmetic
- Dy-O-Derm
- Epiquin Micro
- Finasteride

- Hydroquinone/Time Release
- Kataraxap
- Katarya
- Kataryaxn
- Kevaraxap
- Kevartia
- Kinerase
- Kotaraxap
- Kutar
- Kutarvia
- Kybella
- Latisse
- Minoxidil Sol
- Propecia
- Refissa
- Remergent HQ
- Renova/Pump
- Tretinoin Emollient
- Tri-Luma
- Vaniqua
- Vitadye
- Yaxatarxyn
- Yokatar