



STATE OF DELAWARE PRESCRIPTION PLAN PLAN LEVEL EXCLUSIONS

The following list of Excluded Medications are **NOT COVERED** under the State of Delaware Prescription Drug Plan. If you fill a prescription for one of the Excluded Medications listed below, the claim will be denied coverage under your prescription plan. **You will pay the full retail price for the medication.**

PLEASE NOTE:

Some medications on this Plan Level Exclusions list may be included in the CVS Caremark Formulary of covered drugs. In those cases, the State of Delaware Prescription Drug Plan Level Exclusions list takes precedence when determining coverage. Drugs on the State of Delaware Prescription Drug Plan Level Exclusions list are **NOT** eligible for consideration under the Coverage Review program.

- Non-Federal Legend Drugs (OTC drugs) except where mandated by ACA
- Investigational Drugs
- Prescription drugs that have OTC equivalents
- Ostomy Supplies
- Blood Glucose Monitors not issued by the Health Plan Diabetes Care Management Program
- Mifeprex
- Cosmetic & hypopigmentation Drugs
- Anti-Obesity Preparations, Weight Loss Medications **Exclusion Ends June 30, 2023**
- Dental Fluoride Products except where mandated by ACA
- Allergy Sera & Blood Products
- Erectile Dysfunction Agents
- Hypoactive Sexual Desire Disorder (HSDD) Agents
- Continuous Blood Glucose Monitoring Systems (e.g., monitor, transmitter, receiver, sensor)
- Insulin Pumps and Supplies
- Peak Flow Meters and Nebulizers
- Nutritional Supplements
- Select Vitamins requiring a prescription
- Periodontal Subgingival Implants
- Vision Enhancement Agents
- Medical Benefit Only Drugs