

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**GHC-SCW Mandated Coverage
Alphabetical Index
Last Updated 9/1/2023**

Drug Name	Special Code	Tier	Category
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ALCOHOL SWABS	OTC	DME	MEDICAL DEVICES AND SUPPLIES
amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives)	ST	\$0	CONTRACEPTIVES
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0	ANALGESICS - NONNARCOTIC
atorvastatin tab (LIPITOR equiv)	-	\$0	ANTIHYPERTENSIVES
AVANDIA TAB	-	2	ANTIDIABETICS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BYDUREON BCISE AUTO INJ	-	2	ANTIDIABETICS
BYDUREON INJ	-	2	ANTIDIABETICS
BYDUREON PEN INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2	ANTIDIABETICS
CALIBRATION LIQUID	OTC	DME	MEDICAL DEVICES AND SUPPLIES
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
cryselle tab	-	\$0	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DESCOVY TAB	PA	2	ANTIVIRALS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 9 sensors/90 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
ELLA TAB	-	\$0	CONTRACEPTIVES
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
erythromycin 0.5% ophth ointment (Covered at \$0 for members 1 year or younger)	-	\$0	OPHTHALMIC AGENTS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate liquid (FERROUS SULF LIQUID equiv) (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS

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Last Updated 9/1/2023

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FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
folic acid tab 1mg (Covered for females only)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LANCETS	OTC	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 6 sensors/84 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab	-	1	ANTIDIABETICS
glucagon (rdna) for inj kit (GLUCAGON equiv)	-	2	ANTIDIABETICS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
glyburide micronized tab	-	1	ANTIDIABETICS
glyburide tab (DIABETA equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
isibloom tab, enskyce tab, apri tab (DESOGEN/ ORTHO-CEPT equiv)	-	\$0	CONTRACEPTIVES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB	-	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB	-	2	ANTIDIABETICS
kelnor tab	-	\$0	CONTRACEPTIVES
KETO-DIASTIX TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
KETOSTIX TEST STRIPS	OTC	DME	DIAGNOSTIC PRODUCTS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LANTUS VIAL	-	2	ANTIDIABETICS
layolis FE tab, wymzya FE tab	-	\$0	CONTRACEPTIVES
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
lovastatin tab	-	\$0	ANTIHYPERTENSIVES
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MEDISENSE CONTROL SOLN	OTC	DME	MEDICAL DEVICES AND SUPPLIES
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS

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metformin tab er 500mg (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab er 750mg (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
NEEDLES	OTC	DME	MEDICAL DEVICES AND SUPPLIES
nicotine gum (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
norethindrone acetate/ethinyl estradiol tab	-	\$0	CONTRACEPTIVES
norethindrone tab (NOR-QD/ ORTHO MICRONOR equiv)	-	\$0	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	2	CONTRACEPTIVES
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
NUVARING	-	\$0	CONTRACEPTIVES
ONETOUCH TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PEN NEEDLE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
pravastatin tab	-	\$0	ANTHYPERLIPIDEMICS
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
raloxifene tab (Covered at \$0 for women 35 years or older)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
repaglinide tab	-	1	ANTIDIABETICS
rosuvastatin tab 10mg	-	\$0	ANTHYPERLIPIDEMICS
rosuvastatin tab 5mg	-	\$0	ANTHYPERLIPIDEMICS

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SAFYRAL TAB	-	\$0	CONTRACEPTIVES
simvastatin tab	-	\$0	ANTIHYPERTENSIVES
sodium fluoride cream (Covered at \$0 for members 5 years or younger)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
tamoxifen tab (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
TRADJENTA TAB	-	2	ANTIDIABETICS
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TYBLUME TAB	-	\$0	CONTRACEPTIVES
VARENICLINE PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VICTOZA INJ	-	2	ANTIDIABETICS
vienva tab, lessina tab, kurvelo tab (NORDETTE equiv)	-	\$0	CONTRACEPTIVES
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
vitamin D cap 1000unit (Only covered for members 65 years old or older.)	OTC	\$0	VITAMINS
vitamin D cap 2000IU (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D tab 2000IU	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES

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ANALGESICS - NONNARCOTIC

SALICYLATES

aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	\$0
ASPIRIN EC TAB 325MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab (PRECOSE equiv)	-	1
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ANTIDIABETIC COMBINATIONS

glipizide/metformin tab	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tab/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2

BIGUANIDES

metformin tab (GLUCOPHAGE equiv)	-	1
metformin tab er 500mg (GLUCOPHAGE XR equiv)	-	1
metformin tab er 750mg (GLUCOPHAGE XR equiv)	-	1

DIABETIC OTHER

glucagon (rdna) for inj kit (GLUCAGON equiv)	-	2
GLUCAGON INJ KIT	-	2

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA TAB	-	2
TRADJENTA TAB	-	2

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

BYDUREON BCISE AUTO INJ	-	2
BYDUREON INJ	-	2
BYDUREON PEN INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2
VICTOZA INJ	-	2

INSULIN

FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
LANTUS SOLOSTAR INJ	-	2
LANTUS VIAL	-	2
LEVEMIR FLEXTOUCH INJ	-	2

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ANTIDIABETICS Cont.		
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2

INSULIN SENSITIZING AGENTS

pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2

MEGLITINIDE ANALOGUES

repaglinide tab	-	1
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SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2

SULFONYLUREAS

gliimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab	-	1
glyburide tab (DIABETA equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2

ANTIHYPERTENSIVES

HMG COA REDUCTASE INHIBITORS

atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab	-	\$0
pravastatin tab	-	\$0
rosuvastatin tab 10mg	-	\$0
rosuvastatin tab 5mg	-	\$0
simvastatin tab	-	\$0

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older)	-	\$0
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older)	-	\$0
tamoxifen tab (Covered at \$0 for women 35 years or older)	-	\$0

ANTIVIRALS

ANTIRETROVIRALS

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	Restricted to Diagnosis		
	Vaccine Program		

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ANTIVIRALS Cont.		
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
DESCOVY TAB	PA	2
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives)	ST	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN/ ORTHO-CEPT equiv)	-	\$0
kelnor tab	-	\$0
layolis FE tab, wymzya FE tab	-	\$0
norethindrone acetate/ethinyl estradiol tab	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
SAFYRAL TAB	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienna tab, lessina tab, kurvelo tab (NORDETTE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	2
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
zafemy patch (XULANE equiv)	-	\$0
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	\$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NOR-QD/ ORTHO MICRONOR equiv)	-	\$0
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
KETO-DIASTIX TEST STRIP	OTC	DME
KETOSTIX TEST STRIPS	OTC	DME
ONETOUCH TEST STRIP	OTC	DME
ONETOUCH VERIO TEST STRIP	OTC	DME
ENDOCRINE AND METABOLIC AGENTS - MISC.		

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Tier 1= Generic Copay

Tier 2 = Brand Copay

OTC	NC = Not Covered	generic = small letters	BRANDS = CAPITAL LETTERS
RDX	NC/3P = Not Covered, Third Party Reviewer	PA	Quantity Limit
VAC	Over-the-Counter	SMKG	Step Therapy
	Restricted to Diagnosis		
	Vaccine Program		

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**GHC-SCW Mandated Coverage
Category/Class**

Last Updated* 9/1/2023

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
HORMONE RECEPTOR MODULATORS		
raloxifene tab (Covered at \$0 for women 35 years or older)	-	\$0
HEMATOPOIETIC AGENTS		
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered for females only)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
IRON		
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrrous sulfate liquid (FERROUS SULF LIQUID equiv) (Covered for members 1 year or younger)	OTC	\$0
ferrrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
DIABETIC SUPPLIES		
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	DME
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	DME
DEXCOM G6 SENSOR (QL= 9 sensors/90 days)	PA-QL	DME
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	DME
FREESTYLE LANCETS	OTC	DME
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	DME
FREESTYLE LIBRE 2 SENSOR (QL= 6 sensors/84 days)	PA-QL	DME
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	DME
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	DME
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	DME
MEDISENSE CONTROL SOLN	OTC	DME
MISC. DEVICES		
ALCOHOL SWABS	OTC	DME
PARENTERAL THERAPY SUPPLIES		

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VAC	Over-the-Counter	SMKG	Step Therapy
	Restricted to Diagnosis		
	Vaccine Program		

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**GHC-SCW Mandated Coverage
Category/Class**

Last Updated* 9/1/2023

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
INSULIN SYRINGE	OTC	DME
NEEDLES	OTC	DME
PEN NEEDLE	OTC	DME
SYRINGE	OTC	DME
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride soln (Covered at \$0 for members 5 years or younger)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0
MOUTH/THROAT/DENTAL AGENTS		
DENTAL PRODUCTS		
sodium fluoride cream (Covered at \$0 for members 5 years or younger)	-	\$0
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	DME
OPHTHALMIC AGENTS		
OPHTHALMIC ANTI-INFECTIVES		
erythromycin 0.5% ophth ointment (Covered at \$0 for members 1 year or younger)	-	\$0
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0
nicotine gum (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year)	QL-SMKG	\$0
VARENICLINE PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap 1000unit (Only covered for members 65 years old or older.)	OTC	\$0
vitamin D cap 2000IU (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
vitamin D tab 2000IU	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0

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RDX	NC/3P = Not Covered, Third Party Reviewer	PA	QL
VAC	Over-the-Counter	SMKG	ST
	Restricted to Diagnosis		Quantity Limit
	Vaccine Program		Step Therapy

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**GHC-SCW Mandated Coverage
Prior Authorization Drug List
Last Updated* 9/1/2023**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
DESCOVY TAB	2
DEXCOM G6 RECEIVER	DME
DEXCOM G6 SENSOR	DME
DEXCOM G6 TRANSMITTER	DME
FREESTYLE LIBRE 2 RECEIVER	DME
FREESTYLE LIBRE 2 SENSOR	DME
FREESTYLE LIBRE 3 SENSOR	DME
FREESTYLE LIBRE RECEIVER	DME
FREESTYLE LIBRE SENSOR (14-DAY)	DME

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**GHC-SCW Mandated Coverage
Last Updated* 9/1/2023
Over-the-Counter (OTC)**

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

ALCOHOL SWABS aspirin tab 325mg ferrous sulfate syrup	aspirin chew tab 81mg CALIBRATION LIQUID folic acid tab 400mcg	aspirin ec tab 325mg FEMALE CONDOMS folic acid tab 800mcg	aspirin ec tab 81mg ferrous sulfate liquid FREESTYLE FREEDOM LITE METER INSULIN SYRINGE
FREESTYLE LANCETS	FREESTYLE LITE METER	FREESTYLE PRECISION NEO METER	MALE CONDOMS NICOTINE KIT
KETO-DIASTIX TEST STRIP MEDISENSE CONTROL SOLN nicotine lozenge	KETOSTIX TEST STRIPS NEEDLES nicotine patch	levonorgestrel tab nicotine gum	NOVOLIN 70/30 INJ
NOVOLIN N FLEXPEN INJ ONETOUCH TEST STRIP	NOVOLIN N INJ ONETOUCH VERIO TEST STRIP SYRINGE vitamin D tab 2000IU	NOVOLIN 70/30 FLEXPEN INJ NOVOLIN R FLEXPEN INJ PEN NEEDLE	NOVOLIN R INJ PLAN B TAB
PRECISION XTRA METER vitamin D cap 400unit		vitamin D cap 1000unit VITAMIN D TAB 400UNIT	vitamin D cap 2000IU

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GHC-SCW Mandated Coverage
Last Updated* 9/1/2023
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
amethyst tab	Step Therapy requires a trial of 2 preferred oral contraceptives

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**GHC-SCW Mandated Coverage
Smoking Cessation Agents
Last Updated* 9/1/2023**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/calendar year)	\$0
nicotine gum(Limited to 180 day supply/ calendar year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 day supply/ calendar year)	\$0
nicotine patch(Limited to 180 days/calendar year)	\$0
NICOTROL INHALER(Limited to 180 days/calendar year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/calendar year)	\$0
VARENICLINE PAK(Limited to 180 days/plan year)	\$0
VARENICLINE TAB(Limited to 180 days/plan year)	\$0
varenicline tartrate tab(Limited to 180 days/plan year)	\$0

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GHC-SCW Mandated Coverage
Last Updated* 9/1/2023
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bupropion SR tab	Limited to 180 days/calendar year
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 9 sensors/90 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
FARXIGA TAB	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 6 sensors/84 days
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
GAVILYTE-C SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year
GOLYTELY SOLN	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JARDIANCE TAB	QL= 1 tab/day
MALE CONDOMS	QL= 12 condoms/fill
medroxyprogesterone inj	QL= 1 inj/90 days
nicotine gum	Limited to 180 day supply/ calendar year
NICOTINE KIT	
nicotine lozenge	Limited to 180 day supply/ calendar year
nicotine patch	Limited to 180 days/calendar year
NICOTROL INHALER	Limited to 180 days/calendar year
NICOTROL NASAL SPRAY	Limited to 180 days/calendar year
NULYTELY SOLN	Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
peg 3350/electrolytes soln	Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
VARENICLINE PAK	Limited to 180 days/plan year
VARENICLINE TAB	Limited to 180 days/plan year
varenicline tartrate tab	Limited to 180 days/plan year
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day

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