

GHC-SCW Marketplace Formulary Key

Use the table below as a guide to determine what you will pay based on the Marketplace Tier compared to the cost sharing Tier listed on your Benefit Summary or SBC

Formulary Document Tier	Drug Classification	What You Will Pay
1	<ul style="list-style-type: none"> • Zero Cost Share • Preventative Drugs 	\$0
2	<ul style="list-style-type: none"> • Preferred Generics 	Tier 1 cost sharing
3	<ul style="list-style-type: none"> • Preferred Brands • Non-Preferred Generic 	Tier 2 cost sharing
4	<ul style="list-style-type: none"> • Non-Preferred Brand • Non-Preferred Generic 	Tier 3 cost sharing
5	<ul style="list-style-type: none"> • Specialty Drug 	Tier 4 (Specialty) cost sharing
6	<ul style="list-style-type: none"> • Clinic Administered Drug (Medical Benefit) 	Contact Member Services <i>*Note: These medications are not covered at a pharmacy for self-administration</i>
DME	<ul style="list-style-type: none"> • Durable medical equipment (ex. inhaler spacers, disposable diabetes supplies) 	Refer to your Benefit Summary and SBC, or contact Member Services
NC	<ul style="list-style-type: none"> • Not covered 	You will pay full cost - not covered by your plan
EXC	<ul style="list-style-type: none"> • Plan exclusion 	You will pay full cost – excluded by your plan

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-Marketplace Formulary
Alphabetical Index
Last Updated 3/1/2025**

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	3	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	3	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	3	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	3	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	MSP-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ	VAC	EXC	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB	-	NC	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	2	ANTIDIABETICS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ACCURETIC TAB	-	NC	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	2	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3	DIURETICS
acetazolamide tab	-	2	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	2	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	2	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	2	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGIC

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	NC/3P = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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acitretin cap (SORIATANE equiv)	-	3	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL AUTO-INJECTOR	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR GEL INJ	M	6	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	EXC	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE	-	NC	ANALGESICS - OPIOID
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	-	2	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	2	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADAGEN INJ	-	NC	BIOLOGICALS MISC
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv)	-	3	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv)	-	3	DERMATOLOGICALS
ADAPALENE LOTION	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	3	DERMATOLOGICALS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
	generic = small letters				BRANDS = CAPITAL LETTERS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	NC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	MSP-PA-QL	5	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	3	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day)	LD-PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADMELOG INJ, HUMALOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE, KOVALTRY INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADYNOVATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	DME	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	DME	MEDICAL DEVICES AND SUPPLIES
AEROSPAN INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFSTYLA KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP	-	NC	CORTICOSTEROIDS
AIMOVIJ INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS

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Alphabetical Index
Last Updated 3/1/2025

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AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	3	ANTHELMINTICS
ALBENZA TAB	-	NC	ANTHELMINTICS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEB SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	3	DERMATOLOGICALS
ALCLOMETASONE OINT	-	3	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	3	DERMATOLOGICALS
ALCOHOL SWABS	OTC	DME	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB 50-50MG	-	4	DIURETICS
ALDURAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ALHEMO INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	4	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	3	ANTIHYPERTENSIVES
ALKERAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Last Updated 3/1/2025

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ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 0.5MG	-	NC	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG	-	NC	CORTICOSTEROIDS
ALLEGRA ODT	OTC	NC	ANTIHISTAMINES
allopurinol tab (ZYLOPRIM equiv)	-	2	GOUT AGENTS
allopurinol tab 200mg	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH (QL= 2 patches/week)	QL	4	ESTROGENS
alosectron tab (LOTRONEX equiv)	¢	4	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.15%	-	NC	OPHTHALMIC AGENTS
ALPHANATE, HUMATE-P INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	3	ANTIAXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	4	ANTIAXIETY AGENTS
alprazolam tab (XANAX equiv)	-	2	ANTIAXIETY AGENTS
ALPROLIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALREX OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
ALREX OPHTH SUSP 0.2%	-	NC	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALTUVIIIIO INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	-	NC	HEMATOPOIETIC AGENTS
ALVESCO INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALYFTREK TAB	-	NC	RESPIRATORY AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	2	ANTIPARKINSON AGENTS
amantadine soln (AMANTADINE equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	2	ANTIPARKINSON AGENTS

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Alphabetical Index
Last Updated 3/1/2025

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amantadine tab	-	3	ANTIPARKINSON AGENTS
AMBIEN CR TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
AMBIEN TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	4	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv) (Step Therapy requires trial of 2 preferred oral contraceptives)	ST	1	CONTRACEPTIVES
AMICAR SOLN	-	NC	HEMOSTATICS
AMICAR TAB	-	NC	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	2	DIURETICS
AMILORIDE/HCTZ TAB	-	2	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	4	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	NC	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	2	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	2	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	3	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	3	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	2	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	2	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	3	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	2	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	2	PENICILLINS
AMOXICILLIN CHEW TAB	-	2	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	2	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	2	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	4	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	2	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL TAB	-	NC	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	4	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AND RELATED PRODUCTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM	-	NC	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM	-	NC	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62%	-	NC	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	1	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
ANZEMET TAB (QL= 9 tabs/fill)	QL	4	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APAP/CODEINE SOLN (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	3	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
APRETUDE SUSP	-	NC	ANTIVIRALS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	3	ANTIVIRALS
APTIVUS SOLN	-	3	ANTIVIRALS
AQNEURSA POWDER	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARAKODA TAB	-	NC	ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
aranelle tab (TRI-NORINYL equiv)	-	1	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AREXVY INJ	VAC	EXC	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	3	ASTHMA AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day)	LD-PA-QL	5	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ASTHMA AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	2	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ASMANEX HFA INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	ASTHMA AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for female members only)	OTC	1	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for female members only)	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOLX equiv)	-	3	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ATACAND TAB	-	NC	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	3	ANTIVIRALS

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PA	Medical Benefit	QL	Quantity Limit	RDX	Restricted to Diagnosis
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ST	Restricted to Specialist	VAC	Vaccine Program	¢	RxCENTS
	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
atenolol tab (TENORMIN equiv)	-	2	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2	ANTIHYPERTENSIVES
atomoxetine cap (STRATTERA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	2	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	NC	OPHTHALMIC AGENTS
atropine sulfate inj (ATROPINE SULFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ATROPINE SULFATE OPHTH OINT	-	2	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATTRUBY PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN SUSP	-	4	PENICILLINS
AUGTYRO CAP (QL= 8 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUGTYRO CAP 160MG (QL= 2 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURANOFIN CAP, RIDAURA CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AURYXIA TAB	PA	4	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	MSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 1 tab/day)	MSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	MSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	MSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
avanafil tab (STENDRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	NC	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
aviane tab (ALESSE equiv)	-	1	CONTRACEPTIVES
AVONEX INJ	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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AYVAKIT TAB (QL= 1 tab/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	3	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	2	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	3	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (OTC covered only)	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	2	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	2	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	2	MACROLIDES
AZO URINARY TAB	OTC	NC	GENITOURINARY AGENTS - MISCELLANEOUS
AZOPT OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
BACITRACIN OPHTH OINT	-	3	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	2	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN 5MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	NC	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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BALVERSA TAB 4MG (QL= 2 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	-	NC	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3	ANTIDIABETICS
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIVIRALS
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3	FLUOROQUINOLONES
BCG INJ	VAC	EXC	VACCINES
BD ECLIPSE NEEEDLE/25G X	OTC	DME	MEDICAL DEVICES AND SUPPLIES
BD HYPO NEEDLE MIS 18Gx1.5"	-	DME	MEDICAL DEVICES AND SUPPLIES
B-D INSULIN SYRINGE	--OTC	DME	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	3	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	2	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2	ANTIHYPERTENSIVES
BENEFIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	MSP-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSE
BENLYSTA INJ (QL= 4 inj/28 day)	MSP-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSE
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTHELMINTICS
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	2	COUGH/COLD/ALLERGY
BENZONATATE CAP 150MG	-	NC	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
benzoyl peroxide gel	OTC	2	DERMATOLOGICALS
benzoyl peroxide lotion	-	2	DERMATOLOGICALS
benzoyl peroxide wash 10%	OTC	2	DERMATOLOGICALS
benzoyl peroxide wash kit	-	2	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benzphetamine tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
benztropine tab	-	2	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	4	OPHTHALMIC AGENTS
BEPREVE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BERINERT INJ	LD-PA	5	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv)	LD	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2	DERMATOLOGICALS
betamethasone augmented gel	-	2	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	3	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2	DERMATOLOGICALS
betamethasone dipropionate lotion	-	2	DERMATOLOGICALS
betamethasone dipropionate oint	-	2	DERMATOLOGICALS
betamethasone valerate cream	-	2	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	2	DERMATOLOGICALS
betamethasone valerate oint	-	2	DERMATOLOGICALS
BETASERON INJ	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	2	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	2	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	2	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN 0.25%	-	3	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	MSP-PA	5	DERMATOLOGICALS
BEYAZ TAB	-	NC	CONTRACEPTIVES
BEYFORTUS INJ	VAC	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	3	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	3	ANTIVIRALS
BILTRICIDE TAB	-	NC	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
bimatoprost ophth soln	-	EXC	DERMATOLOGICALS
bimatoprost topical soln (LATISSE equiv)	-	NC	DERMATOLOGICALS
BIMZELX INJ	-	NC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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bisoprolol tab (ZEBETA equiv)	-	2	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	2	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	4	OPHTHALMIC AGENTS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	3	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	2	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	3	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	3	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	3	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
BRIXADI SOLN 128MG/0.36ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 16MG/0.32ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 24MG/0.48ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 32MG/0.64ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 64MG/0.18ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 8MG/0.18ML	-	NC	ANALGESICS - OPIOID
BRIXADI SOLN 96MG/0.27ML	-	NC	ANALGESICS - OPIOID
bromfenac ophth soln (BROMDAY equiv)	-	3	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	3	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	NC	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	3	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	3	ANTIPARKINSON AGENTS
BROMSITE DROP 0.075%	-	NC	OPHTHALMIC AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	NC	COUGH/COLD/ALLERGY

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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BRUKINSA CAP (QL= 4 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (QL=1 tab/day)	PA-QL	4	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	4	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	3	CORTICOSTEROIDS
budesonide/formoterol inhaler	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	2	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day)	QL	2	ANTIDEPRESSANTS
bupirone tab (BUSPAR equiv)	-	2	ANTIANKXIETY AGENTS
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply)	QL	3	ANALGESICS - OPIOID
BUTRANS PATCH	-	NC	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	4	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYSTOLIC TAB	-	NC	BETA BLOCKERS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREO GEL	-	NC	DERMATOLOGICALS
CADUET TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	3	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	3	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	3	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	3	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	4	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	NC	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	2	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	¢	3	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
CAPEX SHAMPOO	-	4	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (QL= 2 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	3	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC	ANTIHYPERTENSIVES
CAPVAXIVE INJ	VAC	EXC	VACCINES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
CARBAMAZEPINE CHEW TAB	-	NC	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	3	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	3	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	2	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	3	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	4	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	4	ANTIHISTAMINES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv)	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARTEOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	2	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	2	BETA BLOCKERS
CATAPRES-TTS PATCH	-	NC	ANTIHYPERTENSIVES

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CAYSTON INH SOLN	LD-PA	5	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	4	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	4	CEPHALOSPORINS
CEFACLOR ER TAB	-	4	CEPHALOSPORINS
CEFACLOR SUSP	-	4	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	2	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	2	CEPHALOSPORINS
CEFADROXIL TAB	-	2	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	2	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
CEFDITOREN TAB	-	4	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	4	CEPHALOSPORINS
cefixime susp (SUPREX equiv)	-	4	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	3	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	3	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	2	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	NC	ANTICONVULSANTS
CENTANY OINT	-	4	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	2	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	2	CEPHALOSPORINS
cephalexin tab	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (QL= 2 caps/day)	MSP-PA-QL	5	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	1	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	4	ANTIEMETICS
cesia tab (CYCLESSA equiv)	-	1	CONTRACEPTIVES
cetirizine chew tab (ZYRTEC equiv)	OTC	3	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv)	OTC	2	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC	2	ANTIHISTAMINES
cetrotelix acetate for inj kit (CETROTIDE equiv)	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	3	MOUTH/THROAT/DENTAL AGENTS
CHEMET CAP	-	3	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	2	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	2	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	2	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	2	DIURETICS

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Alphabetical Index
Last Updated 3/1/2025

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chlorothiazide tab (DIURIL equiv)	-	2	DIURETICS
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	2	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	3	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP	MSP-PA	5	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	-	NC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	2	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	2	ANTIHYPERTENSIVES
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	MSP-PA-QL	5	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	2	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	2	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	2	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	2	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	3	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	2	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	2	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	4	OTIC AGENTS
CIPRO SUSP	-	4	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	NC	OTIC AGENTS
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	3	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	2	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	3	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	3	OTIC AGENTS
CISPLATIN INJ	-	6	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	2	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	2	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	NC	ANTIHISTAMINES

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	4	MACROLIDES
CLARITHROMYCIN SUSP	-	3	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	2	MACROLIDES
CLARITIN CHEW TAB	OTC	NC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	NC	ANTIHISTAMINES
CLEMASTINE TAB	-	4	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	4	ANTIHISTAMINES
CLEMASTINE TAB (GENUS LIFESCIENCES)	-	NC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	4	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	NC	DERMATOLOGICALS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	2	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	2	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	2	VAGINAL PRODUCTS
clindamycin/tretinoin gel (ZIANA equiv)	PA	4	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	2	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	4	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	3	DERMATOLOGICALS
CLOBETASOL OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
clobetasol propionate cream (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	4	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	NC	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX SPRAY	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream (QL= 90gm/30 days)	QL	3	DERMATOLOGICALS
CLODERM CREAM	-	4	DERMATOLOGICALS
clomiphene citrate tab (CLOMID equiv)	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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CLOMIPHENE TAB	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	3	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	4	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	2	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	3	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	2	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	4	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2	DERMATOLOGICALS
CLOTTRIMAZOLE/BETAMETHASONE LOTION	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
COARTEM TAB	-	NC	ANTIMALARIALS
COBENFY CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COBENFY CAP STARTER PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CODEINE SULFATE SOLN (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
codeine sulfate tab (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine cap (COLCHICINE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	3	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	2	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	3	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	3	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	4	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	3	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ 30MCG/0.3ML	VAC	EXC	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	3	ANTIVIRALS
CONCEPT DHA CAP	PA	4	MULTIVITAMINS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
CRENESSITY SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CREON CAP	-	3	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTIHYPERLIPIDEMICS
CREXONT CAP, RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
CRINONE GEL	-	NC	VAGINAL PRODUCTS
CRIVAN CAP	-	3	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	2	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	2	OPHTHALMIC AGENTS
CROTAN LOTION	-	NC	DERMATOLOGICALS
cryselle tab	-	1	CONTRACEPTIVES
CUE COVID-19 TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	2	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	4	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	4	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2	OPHTHALMIC AGENTS
cyclophosphamide cap	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	4	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	3	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	2	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	3	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS

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ST	Restricted to Specialist	VAC	Vaccine Program	¢	RxCENTS
	Step Therapy				

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Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	-	NC	HEMOSTATICS
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
cyproheptadine syrup	-	2	ANTIHISTAMINES
cyproheptadine tab	-	2	ANTIHISTAMINES
CYSTADANE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL= 4 bottles/28 days)	LD-PA-QL	5	OPHTHALMIC AGENTS
CYSTAGON CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days)	LD-PA-QL	5	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	3	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	MSP-QL-RS	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	3	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
DANZITEN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC	ANTIDIABETICS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	-	NC	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	3	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
darunavir tab (PREZISTA equiv)	-	3	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC	MULTIVITAMINS
DAYBUE SOLN	-	NC	NEUROMUSCULAR AGENTS
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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DDAVP INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
deferasirox granules packet (JADENU equiv)	MSP	5	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	MSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	MSP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv)	LD-PA	5	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	3	ANTIDIABETICS
DEGLUDEC INJ	-	3	ANTIDIABETICS
DELESTROGEN INJ	-	NC	ESTROGENS
DELSTRIGO TAB	-	3	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	4	TETRACYCLINES
DEMEROL TAB	-	NC	ANALGESICS - OPIOID
DEMSER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	NC	DERMATOLOGICALS
DENG VAXIA SUSP	VAC	EXC	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPEN TITRATAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-MEDROL INJ	-	4	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	4	CORTICOSTEROIDS
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	1	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	1	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DESCOVY TAB (DESCOVY TAB (HIV pre-exposure prophylaxis) with a PA at \$0 and DESCOVY TAB (HIV treatment) with a PA at tier 2)	PA	3	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	3	ANTIDEPRESSANTS
DESLORATADINE ODT	-	NC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	4	ANTIHISTAMINES
desmopressin acetate nasal spray (DDAVP equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	3	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion	-	3	DERMATOLOGICALS
desonide oint	-	3	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream 0.025% (TOPICORT CREAM equiv)	-	3	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	4	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	3	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone ointment 0.05%	-	4	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	2	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	2	CORTICOSTEROIDS
dexamethasone elixir	-	2	CORTICOSTEROIDS
DEXAMETHASONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	2	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	2	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	2	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	NC	CORTICOSTEROIDS
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME	MEDICAL DEVICES AND SUPPLIES
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP	LD-PA	5	ANTICONVULSANTS
DIACOMIT POWDER PACK	LD-PA	5	ANTICONVULSANTS
DIALYVITE TAB	-	2	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	2	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	2	MULTIVITAMINS
DIAPHRAGM	-	1	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL	-	NC	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	2	ANTIANKXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2	ANTIANKXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	2	ANTIANKXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	4	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLEGIS TAB	-	NC	ANTIEMETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	QL	3	DERMATOLOGICALS
diclofenac gel 1% OTC	OTC	2	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH	-	NC	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	3	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	2	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	3	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	2	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	3	ANTIVIRALS

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
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DIDANOSINE DR CAP, VIDEX EC CAP	-	2	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	2	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	2	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	3	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	2	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	2	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	2	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	4	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	PA	3	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	3	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	2	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
diphenhydramine cap (BENADRYL equiv)	-	NC	ANTIHISTAMINES
diphenhydramine cap 50mg	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
diphenhydramine inj (BENADRYL equiv)	-	3	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	4	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2	ANTIDIARRHEALS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	EXC	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab 500mg	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	3	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	2	ANTICONVULSANTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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divalproex sodium DR tab (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
DIVIGEL GEL	-	NC	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	3	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOBID TAB	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB	-	NC	HEMATOPOIETIC AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	2	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
DOVATO TAB	-	3	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	2	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
doxepin hcl cream	PA	4	DERMATOLOGICALS
DOXEPIN HCL CREAM	-	NC	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DOXERCALCIFEROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxercalciferol cap (HECTOROL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab	-	3	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	3	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	3	ASSORTED CLASSES
DRITHO-SCALP CREAM	-	4	DERMATOLOGICALS

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DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	-	3	ANTIEMETICS
drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	1	CONTRACEPTIVES
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TA	-	1	CONTRACEPTIVES
DROXIA CAP	-	3	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	2	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	2	ANTIDEPRESSANTS
DULOXICAINE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	DERMATOLOGICALS
DUREZOL OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUVYZAT ORAL SUSP	-	NC	NEUROMUSCULAR AGENTS
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVAL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DYMISTA SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYRENIUM CAP	-	NC	DIURETICS
EBGLYSS INJ	-	NC	DERMATOLOGICALS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	2	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	PA-¢	4	ANTIHYPERTENSIVES
EDARBYCLOR TAB	PA	4	ANTIHYPERTENSIVES
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	3	ANTIVIRALS
EFAVIRENZ CAP	-	3	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	3	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	3	ANTIVIRALS

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efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	3	ANTIVIRALS
EFFIENT TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ELIDEL CREAM	-	NC	DERMATOLOGICALS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	3	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	1	CONTRACEPTIVES
ELMIRON CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
eluryng vaginal ring (NUVARING equiv)	-	1	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
EMCYT CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
EMPAVELI (QL= 160ml/28 days)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
EMROSI CAP	-	NC	DERMATOLOGICALS
EMSAM PATCH	-	4	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	3	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	3	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv)	-	1	ANTIVIRALS
EMTRIVA CAP	-	NC	ANTIVIRALS
EMTRIVA SOLN	-	3	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	2	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACKET	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	-	NC	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	EXC	VACCINES
enoxaparin inj (LOVENOX equiv)	-	3	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	1	CONTRACEPTIVES

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
ENSPRYNG INJ (QL= 1 inj/28 days)	MSP-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	3	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	3	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	3	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO SC INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB	-	NC	ASSORTED CLASSES
EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN	MSP-PA	5	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	3	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	4	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 units/fill, 1 fill/30 days)	QL	3	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIQUIN MICRO CREAM	-	EXC	DERMATOLOGICALS
EPIVIR HBV SOLN	-	3	ANTIVIRALS
eplerenone tab (INSPIRA equiv)	-	2	ANTIHYPERTENSIVES
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EQUETRO CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	PA	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB (QL= 20 tablets/28 days)	PA-QL	4	MIGRAINE PRODUCTS
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB	-	3	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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ERY PAD	-	3	DERMATOLOGICALS
ERYTHROMYCIN CAP DR	-	3	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	3	MACROLIDES
ERYTHROMYCIN EC CAP	-	3	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	3	DERMATOLOGICALS
erythromycin ophth oint (Covered at \$0 for members 1 year or younger)	-	2	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	2	DERMATOLOGICALS
erythromycin soln	-	2	DERMATOLOGICALS
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	3	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	4	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMICIN equiv)	-	4	DERMATOLOGICALS
ESBRIET CAP	-	NC	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG	-	NC	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG	-	NC	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	4	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	3	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	OTC	2	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESPEROCT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	2	ESTROGENS
ESTRACE VAGINAL CREAM	-	NC	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 1 patch/week)	QL	2	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 2 patches/week)	QL	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	2	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	3	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2	ESTROGENS
ESTRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECIN equiv)	-	3	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	3	ANTICONVULSANTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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ethosuximide soln (ZARONTIN equiv)	-	2	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	MSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	3	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EULEXIN CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
EVEKEO TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	3	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	3	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
EVRYSDI TAB	-	NC	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	4	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPTHH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	4	ANTHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	2	ANTHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	4	ANTHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTHYPERLIPIDEMICS
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	3	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
FASENRA PEN INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	2	GOUT AGENTS
FEIBA INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv)	-	3	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	3	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	2	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	4	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB	-	1	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	4	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	2	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	2	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	4	ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
fenopropfen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fenopropfen calcium tab	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP, NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPRON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENTANYL BUCCAL TAB	-	NC	ANALGESICS - OPIOID
fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3	ANALGESICS - OPIOID
FENTANYL CITRATE LOLLIPOP	-	NC	ANALGESICS - OPIOID
fantanyl patch (DURAGESIC equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3	ANALGESICS - OPIOID
fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB	-	NC	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	2	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	4	HEMATOPOIETIC AGENTS
FERRIPROX SOLN	LD-PA	5	ANTIDOTES

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Alphabetical Index
Last Updated 3/1/2025

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FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
FETZIMA CAP	PA	4	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	PA	4	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	-	3	ANTIDIABETICS
FIASP INJ	-	3	ANTIDIABETICS
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	3	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FIBRYGA, RIASTAP INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
FILSPARI TAB (QL= 1 tab/day)	MSP-PA-QL	5	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	3	DERMATOLOGICALS
FINACEA GEL	-	NC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day)	LD-PA-QL	5	ANTICONVULSANTS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB	LD-PA	5	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	4	ANTI-INFECTIVE AGENTS - MISC.
FIRST OMEPRAZOLE SUSP	-	NC	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FIRVANQ SOLN 25MG/ML	-	2	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	2	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPPTH SUSP	-	4	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	NC	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	2	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORAFOL CHEW TAB	-	NC	MULTIVITAMINS
FLORAFOL PED CHEW TAB	-	NC	MULTIVITAMINS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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FLORAFOL PEDIATRIC ORAL SOLN 0.25MG/ML	-	NC	MULTIVITAMINS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUBLOK INJ	VAC	EXC	VACCINES
FLUCELVAX INJ	VAC	EXC	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	2	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	2	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	3	ANTIFUNGALS
fludarabine inj	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	2	CORTICOSTEROIDS
FLUMIST NASAL	VAC	EXC	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	2	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3	DERMATOLOGICALS
fluocinolone acetonide oint	-	2	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	3	OTIC AGENTS
fluocinolone soln	-	3	DERMATOLOGICALS
fluocinonide cream 0.05% (LIDEX equiv)	-	2	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	2	DERMATOLOGICALS
fluocinonide emollient cream	-	3	DERMATOLOGICALS
fluocinonide gel	-	2	DERMATOLOGICALS
fluocinonide oint	-	2	DERMATOLOGICALS
fluocinonide soln	-	2	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (\$0 copay for members age 5 years and younger)	-	2	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUORIDEX SENSITIVITY PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	4	DERMATOLOGICALS
FLUOROURACIL SOLN	-	3	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	3	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	2	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	2	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	2	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURANDRENOL LOTION	-	NC	DERMATOLOGICALS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
FLURAZEPAM CAP	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	2	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	NC	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT (AIRDUO equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT (AIRDUO equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT (AIRDUO equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day)	QL	3	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	4	ANTIHYPERLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine)	ST	3	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	2	ANTIDEPRESSANTS
FML FORTE OPHTH SUSP	-	4	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	4	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	2	MULTIVITAMINS
folbee tab	-	2	HEMATOPOIETIC AGENTS
folic acid tab 1mg (\$0 copay for female members only)	-	1	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for female members only)	OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for female members only)	OTC	1	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS

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ST	Restricted to Specialist	VAC	Vaccine Program	¢	RxCENTS
	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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fondaparinux inj (ARIXTRA equiv)	-	3	ANTICOAGULANTS
FORADIL AEROLIZER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	3	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	2	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2	ANTIHYPERTENSIVES
FOSRENOL POWDER PACK	-	3	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
FRAICHE 5000 SENSITIVE GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
FREESTLY LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE FREEDOM LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
frovatriptan tab (FROVA equiv)	-	NC	MIGRAINE PRODUCTS
FRUZAQLA CAP 1MG (QL= 84 caps/28 days)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRUZAQLA CAP 5MG (QL= 21 caps/28 days)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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FULPHILA INJ (Required through specialty pharmacy: GHC, UW Specialty or Walgreens Specialty)	MSP	5	HEMATOPOIETIC AGENTS
FULVICIN P/G TAB	-	NC	ANTIFUNGALS
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC	ANTIFUNGALS
FUROSCIX KIT	-	NC	DIURETICS
FUROSEMIDE SOLN	-	2	DIURETICS
furosemide soln (LASIX equiv)	-	2	DIURETICS
furosemide tab (LASIX equiv)	-	2	DIURETICS
FUZEON INJ	-	NC	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin (once-daily) tab (GRALISE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	3	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABARONE TAB	-	NC	ANTICONVULSANTS
GALAFOLD CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	3	MINERALS & ELECTROLYTES
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	4	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
GAVRETO CAP (QL= 4 caps/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
gemfibrozil tab (LOPID equiv)	-	2	ANTIHYPERTENSIVES
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	2	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	2	OPHTHALMIC AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
gentamicin sulfate cream	-	2	DERMATOLOGICALS
gentamicin sulfate oint	-	2	DERMATOLOGICALS
GENVOYA TAB	-	3	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	1	CONTRACEPTIVES
GILENYA CAP 0.25MG	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	2	ANTIDIABETICS
GLIMEPIRIDE TAB	-	NC	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	2	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	2	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	2	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	4	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill, 2 fills/30 days)	QL	3	ANTIDIABETICS
GLUCAGEN INJ (QL= 1 kit/fill, 2 fills/30 days)	QL	3	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCAGON INJ KIT	-	NC	ANTIDIABETICS
GLUCAGON KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
GLYBURID MCR TAB	-	2	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	2	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	2	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	3	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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GOLYTELY SOLN (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
GOMEKLI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GONAL-F RFF INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONAL-F RFF INJ, GONAL-F INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	4	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	3	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	3	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	3	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	2	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	2	ANTIHYPERTENSIVES
GUANIDINE TAB	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GYNAZOLE CREAM	-	4	VAGINAL PRODUCTS
HADLIMA INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	LD-PA	5	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	3	DERMATOLOGICALS
halobetasol propionate foam (LEXETTE equiv)	-	NC	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	3	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI PELLETT PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	3	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HELIDAC PACK	-	NC	ULCER DRUGS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	MSP-PA	5	HEMATOLOGICAL AGENTS - MISC.
HEMOPIL M, KOATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	NC	ANTICOAGULANTS
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	5	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HULIO INJ (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG JR KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4	ANTIDIABETICS
HUMULIN R INJ U-500	-	3	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	3	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	MSP-PA	5	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	4	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	2	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	2	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	2	DIURETICS
HYDROCODONE BITARTRATE ER CAP	-	NC	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	4	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	4	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	2	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	3	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	2	DERMATOLOGICALS
hydrocortisone oint	-	2	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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Alphabetical Index
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hydrocortisone succinate inj 1000mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	3	CORTICOSTEROIDS
hydrocortisone supp (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	2	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	3	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	2	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	2	ANTIAXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	2	ANTIAXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	2	ANTIAXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	2	ANTIAXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days)	LD-PA-QL	5	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMPAVZI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	2	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	2	ULCER DRUGS
HYPO NEEDDLE MIS 18GX1.5	OTC	DME	MEDICAL DEVICES AND SUPPLIES
HYPODERMIC NEEDLES	OTC	DME	MEDICAL DEVICES AND SUPPLIES
HYQVIA INJ	-	NC	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	MSP-PA	5	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv)	PA	3	ANTIHYPERTENSIVES
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDELVION INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	3	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG (QL= 1 tab/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day)	LD-PA-QL	5	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	4	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	2	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
IMITREX INJ	-	NC	MIGRAINE PRODUCTS
IMKELDI SOLUTION	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMOVAX INJ	VAC	EXC	VACCINES
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.

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	Step Therapy				

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INCRUSE ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	2	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/28 days)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 1 cap/day)	LD-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES
INQOVI TAB (QL= 5 tabs/28 days;)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	3	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ	-	3	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	3	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	3	ANTIVIRALS
INTELENCE TAB	-	NC	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS

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GHC-SCW-Marketplace Formulary Cont.
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Last Updated 3/1/2025

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INVIRASE CAP	-	3	ANTIVIRALS
INVIRASE TAB	-	3	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	4	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
IPOL INJ	VAC	EXC	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IQIRVO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	2	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2	ANTIHYPERTENSIVES
IRESSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	2	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	3	ANTIVIRALS
ISENTRESS CHEW TAB	-	3	ANTIVIRALS
ISENTRESS POWDER PACK	-	3	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	1	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	3	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	3	MIGRAINE PRODUCTS
isoniazid syrup (ISONIAZID equiv)	-	4	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	2	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	4	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	2	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	2	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	2	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
ISOXSUPRINE TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
isoxsuprine tab (VASODILAN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISTALOL OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
ISTURISA TAB (QL= 12 tabs/day)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ITOVEBI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	-	3	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	4	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv)	PA	2	CARDIOVASCULAR AGENTS - MISC.

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Alphabetical Index
Last Updated 3/1/2025

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ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	PA-QL	4	DERMATOLOGICALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMEKTOL equiv)	-	3	ANTHELMINTICS
IWILFIN TAB (QL= 8 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	VAC	NC	VACCINES
IXIARO INJ	VAC	EXC	VACCINES
IXINITY INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 180MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 90MG, 360MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-¢	3	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
JAYPIRCA TAB (QL= 2 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
JIVI INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
JOENJA TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	1	CONTRACEPTIVES
JOURNAVX TAB	-	NC	ANALGESICS - NONNARCOTIC
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	3	ANTIVIRALS
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK (QL= 2 tabs/day)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	VAC	EXC	VACCINES
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA TAB	-	NC	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	1	CONTRACEPTIVES
KENALOG INJ	-	NC	CORTICOSTEROIDS
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC	CORTICOSTEROIDS
KENALOG SPRAY	-	NC	DERMATOLOGICALS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	MSP-PA	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	2	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	2	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	2	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	DME	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	2	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 1 inj/day)	LD-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	EXC	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	EXC	TOXOIDS
KISQALI PAK (QL= 91 tabs/28 days)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days;)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOGENATE FS INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KONVOMEK SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
KORLYM TAB	-	NC	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	3	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	3	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
K-TAB	-	2	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERTENSIVES
KYNMOBI FILM (QL= 5 films/day)	MSP-PA-QL	5	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (QL=1 kit/fill)	MSP-PA-QL	5	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYZATREX CAP	-	NC	ANDROGENS-ANABOLIC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	2	BETA BLOCKERS
LABELALOL TAB	-	NC	BETA BLOCKERS
LAC-HYDRIN LOTION 5%	OTC	2	DERMATOLOGICALS
lacosamide oral solution (VIMPAT equiv)	-	2	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	2	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
lactulose soln	-	2	LAXATIVES
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	1	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3	ANTIVIRALS
LAMICTAL ODT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv)	-	3	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	3	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	3	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	3	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	4	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	4	ANTICONVULSANTS

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	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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lamotrigine tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
LANCET DEVICE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	DME	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Rx and OTC are covered)	OTC	2	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (No Prior Authorization required for members 12 years or younger)	PA	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
LANSOPRAZOLE SUSP	-	NC	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	4	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LATISSE SOLN	-	NC	DERMATOLOGICALS
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY	-	NC	ANALGESICS - OPIOID
LAZCLUZE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	MSP-PA-QL	3	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day)	PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVAlBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/ fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	NC	ANTIDIABETICS
LEVEMIR INJ	-	NC	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	2	ANTICONVULSANTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
LEVETIRACETAM ODT, SPRITAM ODT	-	NC	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	2	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	2	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	2	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	2	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	2	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	2	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	2	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	1	CONTRACEPTIVES
levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv)	-	1	CONTRACEPTIVES
levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv)	-	1	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	1	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	2	THYROID AGENTS
LEVSIN INJ	-	NC	ULCER DRUGS
LEXIVA SUSP	-	3	ANTIVIRALS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	MSP-PA-QL	5	HEMATOPOIETIC AGENTS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIBERVANT FILM	-	NC	ANTICONVULSANTS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	OTC	2	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	2	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
lidocaine cream 4%	OTC	2	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	2	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	NC	DERMATOLOGICALS
lidocaine hcl cream 4.12%	-	NC	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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lidocaine rectal cream	OTC	2	ANORECTAL AGENTS
lidocaine soln (XYLOCAINE equiv)	-	2	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	3	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	2	DERMATOLOGICALS
LIDOCAINE/TETRACAINE CREAM	-	NC	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDO-EP-TETR SOLN	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	4	DERMATOLOGICALS
linezolid susp (ZYVOX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	2	THYROID AGENTS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	2	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	2	ANTIHYPERTENSIVES
LITFULO CAP (QL= 1 cap/day)	LD-PA-QL	5	DERMATOLOGICALS
LITHIUM CARBONATE CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	NC	ANTIHYPERLIPIDEMICS
LIVDELZI CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (QL= 90ml/30 days)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day)	LD-PA-QL	5	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC	DERMATOLOGICALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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LO LOESTRIN TAB	-	1	CONTRACEPTIVES
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
loestrin 21 tab	-	1	CONTRACEPTIVES
loestrin tab	-	1	CONTRACEPTIVES
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lohist liquid (DECON-A equiv)	OTC	NC	COUGH/COLD/ALLERGY
LOKELMA PAK (QL= 1 packet/day)	PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 10GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 5GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	3	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	3	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	NC	ANTIHISTAMINES
loratadine ODT (CLARITIN equiv)	OTC	2	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv)	OTC	2	ANTIHISTAMINES
loratadine tab (CLARITIN equiv)	OTC	2	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	2	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	2	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANKXIETY AGENTS
LORTAB ELIXIR (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	2	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	2	ANTIHYPERTENSIVES
LOTEMAX GEL	-	NC	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	3	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	3	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	3	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	1	ANTIHYPERTENSIVES
loxapine cap (LOXITANE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
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Drug Name	Special Code	Tier	Category
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 240MG (QL= 4 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
LUMRYZ PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ	M	6	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ	M	6	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 2 tabs/day)	QL-¢	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP	-	NC	ANTICONVULSANTS
LYRICA CAP 225MG	-	NC	ANTICONVULSANTS
LYRICA CAP 300MG	-	NC	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	-	NC	ANTICONVULSANTS
LYSODREN TAB	LD	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	NC	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACRODANTIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MAFENIDE ACETATE SOLN PACK	-	NC	DERMATOLOGICALS

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magnesium sulfate inj	-	NC	MINERALS & ELECTROLYTES
MALARONE TAB	-	NC	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	4	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1	MEDICAL DEVICES AND SUPPLIES
mannitol soln (OSMITROL equiv)	-	NC	DIURETICS
MAPROTILINE TAB	-	2	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	3	ANTIVIRALS
MARPLAN TAB	-	3	ANTIDEPRESSANTS
MAS CARE-PAK KIT	-	NC	CORTICOSTEROIDS
MASK	OTC	DME	MEDICAL DEVICES AND SUPPLIES
MATULANE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD THERAPY PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	MSP-PA-QL	3	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	MSP-PA-QL	3	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MAYZENT TAB	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	2	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	2	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL TAB	-	3	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	1	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	2	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	3	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	4	PROGESTINS
megestrol susp (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEGESTROL SUSP	-	4	PROGESTINS
megestrol tab (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ST	Restricted to Specialist	VAC	Vaccine Program	¢	RxCENTS
	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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MELPHALAN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	4	ESTROGENS
MENOPUR INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH (QL= 1 patch/week)	QL	4	ESTROGENS
MENTAX CREAM	-	4	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	EXC	VACCINES
meperidine tab (DEMEROL equiv)	-	4	ANALGESICS - OPIOID
MEPHYTON TAB	-	NC	VITAMINS
meprobamate tab (MILTOWN equiv)	-	4	ANTI-ANXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj (MERREM equiv)	M	6	ANTI-INFECTIVE AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	4	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaxalone tab (SKELAXIN equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	2	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	4	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	2	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
methadose tab (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
METHAMPHETAMINE TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	3	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	2	THYROID AGENTS
METHITEST TAB	PA	4	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METHOTREXATE INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE IV SOLN	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOXSALEN CAP	-	3	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	3	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	4	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	3	ANTICONVULSANTS
METHYLDOPA TAB	-	2	ANTIHYPERTENSIVES
methyl dopa tab (ALDOMET equiv)	-	2	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 72mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	2	CORTICOSTEROIDS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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methyltestosterone cap	PA	4	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	2	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	2	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	2	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3	ANTIHYPERTENSIVES
METZOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	2	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	3	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	3	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
METRONIDAZOLE TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	2	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	3	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICONAZOLE 3 SUPP 200MG	-	4	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam hcl syrup	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	2	VASOPRESSORS
MIEBO OPHTH SOLN (QL= 1 bottle/30 days)	PA-QL	3	OPHTHALMIC AGENTS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	MSP-PA-QL	5	ANTIDIABETICS
mifepristone tab 200mg (MIFIPREX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIFIPREX TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
MIGLITOL TAB	-	4	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	4	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day)	LD-PA-QL	2	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	2	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	NC	TETRACYCLINES

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Alphabetical Index
Last Updated 3/1/2025

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MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	2	ANTIHYPERTENSIVES
MIPLYFFA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mirabegron tab er (MYRBETRIQ equiv)	-	NC	URINARY ANTISPASMODICS
MIRALAX	OTC	NC	LAXATIVES
MIRALAX PACKET	OTC	NC	LAXATIVES
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRENA IUD	-	NC	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	2	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	2	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	2	ULCER DRUGS
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
moexipril tab (UNIVASC equiv)	-	3	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide)	ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	2	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	NC	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
morphine sulfate soln (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP (Dosage limits may apply)	-	3	ANALGESICS - OPIOID
morphine sulfate tab (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
MOTEGRITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	4	ANTIDIARRHEALS
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
MOVANTI TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	3	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MPM PAK	-	NC	OXYTOCICS
MRESVIA INJ	VAC	EXC	VACCINES
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	3	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	2	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	2	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	2	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML	-	2	MULTIVITAMINS
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML	-	2	MULTIVITAMINS
multivitamin tab	-	4	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	2	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	2	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	2	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	2	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 0.25MG	-	NC	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 0.5MG	-	NC	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 1MG	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	2	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	3	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	3	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	2	ASSORTED CLASSES
MYDAYIS CAP 12.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 25MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 37.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDAYIS CAP 50MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
MYDCOMBI OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3	ESTROGENS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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MYHIBBIN SUSP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	MSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	NC	MULTIVITAMINS
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	3	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTI-DIARRHEALS
nabumetone tab (RELAFEN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	3	BETA BLOCKERS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAFTIFINE CREAM	-	4	DERMATOLOGICALS
naftifine cream (NAFTIN equiv)	-	4	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	4	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL	-	4	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	M	6	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE HCL SOLN 0.4MG/ML	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	2	ANTIDOTES
naloxone prefilled inj	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	2	ANTIDOTES
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	4	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY	-	4	HEMATOPOIETIC AGENTS
NATACYN OPTH SUSP (QL= 15ml/fill)	QL	3	OPHTHALMIC AGENTS

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	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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NATAZIA TAB	-	1	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	3	ANTIDIABETICS
NATESTO GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
NAYZILAM SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	¢	3	BETA BLOCKERS
NEBUPENT NEB SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	3	COUGH/COLD/ALLERGY
NEEDLE (DISP) 18 G	-	DME	MEDICAL DEVICES AND SUPPLIES
NEEDLES	OTC	DME	MEDICAL DEVICES AND SUPPLIES
NEFAZODONE TAB	-	2	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	2	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	3	VASOPRESSORS
NEMLUVIO INJ	-	NC	DERMATOLOGICALS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	2	AMINOGLYCOSIDES
NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	2	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	2	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHRON FA TAB	-	3	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	4	ANTIPARKINSON AGENTS
NEURONTIN CAP	-	NC	ANTICONVULSANTS
NEURONTIN TAB 600MG	-	NC	ANTICONVULSANTS
NEURONTIN TAB 800MG	-	NC	ANTICONVULSANTS
NEVANAC OPHTH SUSP	-	3	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	3	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	3	ANTIVIRALS
NEVIRAPINE SUSP	-	3	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	2	ANTIVIRALS
NEXAVAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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NEXIUM GRANULE PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	NC	CONTRACEPTIVES
NEXTSTELLIS TAB	-	1	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin cap	OTC	2	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	2	VITAMINS
niacin ER tab (NIASPAN equiv)	-	2	ANTIHYPERLIPIDEMICS
niacin tab	OTC	2	VITAMINS
NIACIN TR CAP	OTC	2	VITAMINS
NIACIN TR TAB	OTC	2	VITAMINS
niacinamide tab	OTC	2	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	4	CALCIUM CHANNEL BLOCKERS
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	MSP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	4	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	4	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	4	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	4	CALCIUM CHANNEL BLOCKERS
NITAZOXANIDE TAB (QL= 6 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	4	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 50mg, 100mg	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	2	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	4	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv)	-	4	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	4	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	MSP	5	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	2	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	NC	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	1	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	1	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	1	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	1	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	2	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	1	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	4	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	3	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	1	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	2	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2	ANTIDEPRESSANTS
NORVIR CAP	-	3	ANTIVIRALS
NORVIR POWDER PACK	-	3	ANTIVIRALS
NORVIR SOLN	-	3	ANTIVIRALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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NORVIR TAB	-	NC	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVAVAX INJ	VAC	EXC	VACCINES
NOVOEIGHT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	3	ANTIDIABETICS
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	3	ANTIDIABETICS
NOVOLIN 70/30 RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN MIX FLEXPEN INJ	OTC	3	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	3	ANTIDIABETICS
NOVOLIN N INJ	OTC	3	ANTIDIABETICS
NOVOLIN N RELION 100UNIT/ML	OTC	NC	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	3	ANTIDIABETICS
NOVOLIN R INJ	OTC	3	ANTIDIABETICS
NOVOLIN R RELION INJ	OTC	3	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLOG INJ	-	3	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	3	ANTIDIABETICS
NOVOLOG MIX INJ	-	3	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	3	ANTIDIABETICS
NOVOSEVEN RT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	PA	4	ANTIFUNGALS
NOXAFIL SUSP	-	NC	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCORT LOTION	-	4	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
NUCYNTA TAB (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
NUDERMRXPAK PAK	-	NC	DERMATOLOGICALS
NUDEXTA CAP (QL= 2 caps/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NULYTELY SOLN (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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PA	Medical Benefit	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Prior Authorization	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Restricted to Specialist	VAC	Vaccine Program	¢	RxCENTS
	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	NC	CONTRACEPTIVES
NUWIQ INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
NYPOZI INJ	-	NC	HEMATOPOIETIC AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	2	DERMATOLOGICALS
nystatin oint	-	2	DERMATOLOGICALS
nystatin powder	-	2	ANTIFUNGALS
nystatin susp	-	2	MOUTH/THROAT/DENTAL AGENTS
NYSTATIN SUSP	-	NC	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	2	ANTIFUNGALS
nystatin topical powder	-	2	DERMATOLOGICALS
nystatin/triamcinolone cream	-	2	DERMATOLOGICALS
nystatin/triamcinolone oint	-	2	DERMATOLOGICALS
NYVEPRIA INJ	MSP	5	HEMATOPOIETIC AGENTS
OBIZUR INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
OCALIVA TAB (QL= 1 tab/day)	LD-PA-QL-SF-φ	5	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	3	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	2	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	2	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	2	FLUOROQUINOLONES
OGSIVEO TAB (QL= 6 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 50MG (QL= 6 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OHTUVAYRE SUSP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP (QL= 96ml/28 days)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB (QL= 1 tab/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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ST	Step Therapy	VAC	Vaccine Program	φ	RxCENTS
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olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	2	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	2	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	2	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OLUMIANT TAB 4MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	2	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	DME	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ (Required through specialty pharmacy: GHC, UW Specialty c Lumicera Specialty)	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	2	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	2	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	2	ANTIEMETICS
ONDANSETRON TAB	-	NC	ANTIEMETICS
ONDANSETRON TAB ODT	-	NC	ANTIEMETICS
ONETOUCH DELICA LANCETS	OTC	3	MEDICAL DEVICES AND SUPPLIES

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PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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ONETOUCH DELICA PLUS LANCETS	OTC	3	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	3	MEDICAL DEVICES AND SUPPLIES
ONETOUCH METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO FLEX METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO IQ METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ONEXTON GEL 1.2-3.75%	-	NC	DERMATOLOGICALS
ONFI SUSP	-	NC	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONYDA XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPILL TAB	OTC	1	CONTRACEPTIVES
OPIZA FILM	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
opium tincture	-	4	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	4	DERMATOLOGICALS
ORACEA CAP	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAPRED ODT TAB	-	4	CORTICOSTEROIDS
ORAVIG TAB	-	4	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/28 days)	PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3	ESTROGENS
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.

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ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/cafeine tab (NORGESIC FORTE equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	2	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	4	DERMATOLOGICALS
OVACE PLUS GEL	-	NC	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDREL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	3	ANTI-ANXIETY AGENTS
OXBRYTA TAB	LD-PA-QL	5	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine er tab (OXTELLAR equiv)	-	NC	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	4	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	2	URINARY ANTISPASMODICS
oxybutynin syrup	-	2	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	2	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS

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oxycodone cap (OXYIR equiv) (Dosage limits may apply)	-	3	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (Dosage limits may apply)	-	3	ANALGESICS - OPIOID
OXYCODONE ER TAB	-	NC	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (Dosage limits may apply)	-	3	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
OXYCODONE TAB	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN (Dosage limits may apply)	-	3	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
OXYCODONE/IBUPROFEN TAB (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv) (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYIR CAP (Dosage limits may apply)	-	3	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	NC	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	2	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
PALFORZIA POWDER PACK	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (QL= 2 tabs/day)	QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day)	LD-PA-QL-SF	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
pamidronate inj	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
PANRETIN GEL	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	2	ULCER DRUGS
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PARAGARD IUD	-	NC	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	3	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	4	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	2	ANTIDEPRESSANTS
PASER GRANULE	PA	4	ANTIMYCOBACTERIAL AGENTS
PATADAY ER OPHTH SOLN 0.7%	-	2	OPHTHALMIC AGENTS
PAXIL ORAL SUSP	-	NC	ANTIDEPRESSANTS

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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**GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025**

Drug Name	Special Code	Tier	Category
PAXLOVID 150MG/100MG TAB PACK (EUA)	-	NC	ANTIVIRALS
PAXLOVID TAB (EUA)	-	NC	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	3	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	3	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	4	MACROLIDES
PEAK FLOW METER	OTC	DME	MEDICAL DEVICES AND SUPPLIES
pediatric multiple vitamins/fluoride soln	-	2	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	2	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	EXC	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	1	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
PEGANONE TAB	-	3	ANTICONVULSANTS
PEGASYS INJ	MSP-PA	5	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	EXC	VACCINES
penciclovir cream (DENA VIR equiv)	PA	4	DERMATOLOGICALS
penicillamine tab (DEPEN TITRATAB equiv)	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN VK SOLN	-	2	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	2	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	EXC	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv) (Dosage limits may apply)	-	4	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
pepcid chewable	-	2	ULCER DRUGS
PEPCID SUSP	-	NC	ULCER DRUGS
PERFOROMIST NEB SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERINDOPRIL TAB	-	2	ANTIHYPERTENSIVES

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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perindopril tab (ACEON equiv)	-	2	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	2	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIUM equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 97.5mg (AZO equiv)	OTC	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	2	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PHENELZINE SULFATE TAB	-	2	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	2	ANTIDEPRESSANTS
phenobarbital elixir	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	MSP	5	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	2	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	3	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	2	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	1	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	3	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	3	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	4	DERMATOLOGICALS
PIFELTRO TAB	-	3	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	2	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	3	DERMATOLOGICALS
PIMOZIDE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	2	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	2	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	4	ANTIDIABETICS

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	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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PIQRAY TAB	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST-¢	3	ANTHYPERLIPIDEMICS
PLAN B TAB	OTC	1	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC	HEMATOPOIETIC AGENTS
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLEXION LOTION	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	EXC	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	3	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	4	DERMATOLOGICALS
PODOFILOX SOLN	-	3	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	3	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	NC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	NC	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv)	OTC	NC	LAXATIVES
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR CHEW 0.25MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 0.5MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 1MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW W/IRON	-	NC	MULTIVITAMINS
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv) (Restricted to Oncology, Hematology, or Infectious Disease Specialist)	RS	4	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	NC	ANTIFUNGALS

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Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
POT/CHLORIDE EFFER TAB	-	2	MINERALS & ELECTROLYTES
POTABA CAP	-	4	VITAMINS
POTABA POWDER PACKET	-	3	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	3	MINERALS & ELECTROLYTES
potassium chloride soln	-	3	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	2	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	3	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	3	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	3	ANTICONSULTANTS
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	3	ANTICONSULTANTS
PRADAXA CAP	-	NC	ANTICOAGULANTS
PRADAXA PELLETT PACK	-	NC	ANTICOAGULANTS
pramipexole ER tab (MIRAPEX ER equiv)	-	4	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	2	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	3	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	3	DERMATOLOGICALS
PRAMOSONE LOTION	-	4	DERMATOLOGICALS
PRAMOSONE OINT	-	3	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	2	ANORECTAL AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	3	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	3	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	2	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	4	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	NC	DERMATOLOGICALS
prednisolone acetate ophth susp (PRED FORTE equiv)	-	2	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	4	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	4	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	2	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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prednisolone soln	-	2	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	4	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISON SOLN	-	3	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	2	CORTICOSTEROIDS
PREDNISON/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	4	ESTROGENS
pregabalin 25mg, 50mg, 75mg, 100mg (LYRICA equiv) (QL= 5 caps/day)	QL	2	ANTICONVULSANTS
pregabalin cap 150mg (LYRICA equiv) (QL= 4 caps/day)	QL	2	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	2	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	2	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	3	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREGNYL INJ, NOVAREL INJ	INF	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PREHEVBRIO SUSP	VAC	EXC	VACCINES
PREMARIN TAB	-	3	ESTROGENS
PREMARIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	3	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	NC	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	2	MULTIVITAMINS
PRENATAL 19 TAB	-	NC	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2	MULTIVITAMINS
PRENATAL VITAMINS (RX ONLY)	-	NC	MULTIVITAMINS
PRENATOL-M TAB 27-1.2MG	-	NC	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTIMYCOBACTERIAL AGENTS
PREVACID OTC CAP	OTC	NC	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger)	-	2	MOUTH/THROAT/DENTAL AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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PREVIDENT GEL	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ	VAC	EXC	VACCINES
PREVYMIS PAK	-	NC	ANTIVIRALS
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	MSP-PA-QL	5	ANTIVIRALS
PREZCOBIX TAB	-	3	ANTIVIRALS
PREZISTA SUSP	-	3	ANTIVIRALS
PREZISTA TAB	-	3	ANTIVIRALS
PREZISTA TAB	-	NC	ANTIVIRALS
PRIFTIN TAB	-	3	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
primaquine tab (PRIMAQUINE equiv)	-	2	ANTIMALARIALS
PRIMAQUINE TAB	-	NC	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	2	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	4	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	EXC	VACCINES
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pay 1 copay per inhaler)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	2	GOUT AGENTS
procainamide inj	-	NC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	3	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
PROFILNINE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
PROFINAC PAK	-	NC	DERMATOLOGICALS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	2	PROGESTINS
PROGESTERONE SUPP	-	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	NC	ANTIDIABETICS
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PROLIA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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M	Plan Exclusion	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Medical Benefit	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Prior Authorization	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Restricted to Specialist	VAC	Vaccine Program	¢	RxCENTS
	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
PROMACTA POWDER (QL= 1 packet/day)	MSP-PA-QL	5	HEMATOPOIETIC AGENTS
PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5	HEMATOPOIETIC AGENTS
PROMACTA TAB 50MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5	HEMATOPOIETIC AGENTS
PROMACTA TAB 75MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	2	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	3	ANTIHISTAMINES
promethazine syrup	-	2	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	2	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	2	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	2	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	3	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	3	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	2	ANTIARRHYTHMICS
PROPANOLOL ORAL SOLN 20MG/5ML	-	2	BETA BLOCKERS
PROPANTHELINE TAB	-	3	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	2	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	2	BETA BLOCKERS
PROPRANOLOL SOLN	-	2	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	2	BETA BLOCKERS
propylthiouracil tab	-	2	THYROID AGENTS
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	4	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	MSP-PA	5	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
pyrazinamide tab	-	2	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day)	LD-PA-QL	5	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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PYRUKYND TAPER PACK (QL= 1 tab/day)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QINLOCK TAB (QL= 3 tabs/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QLOSI OPHTH SOLN, VUIITY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUAZEPAM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
quetiapine tab (SEROQUEL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW 0.25MG	-	NC	MULTIVITAMINS
QUFLORA PEDIATRIC CHEW 0.5MG	-	NC	MULTIVITAMINS
QUFLORA PEDIATRIC CHEW 1MG	-	NC	MULTIVITAMINS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	2	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	NC	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR REDIHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	2	ULCER DRUGS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days)	LD-PA-QL	5	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at Tier 1)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	2	ANTIHYPERTENSIVES
RANEXA TAB	-	NC	ANTIANGINAL AGENTS
ranolazine tab (RANEXA equiv)	-	3	ANTIANGINAL AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
rasagiline tab (AZILECT equiv)	¢	3	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
REBIF INJ	MSP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	-	EXC	HEMATOPOIETIC AGENTS
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECOMBINATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	NC	ANORECTAL AND RELATED PRODUCTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGRANEX GEL (QL= 30gm/fill)	QL	3	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELEXXI ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAK TAB	-	NC	MIGRAINE PRODUCTS
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
RENACIDIN SOLN	PA	4	GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	2	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	2	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERTENSIVES
RESCRIPTOR TAB	-	3	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTIDOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RETACRIT INJ	MSP	5	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 2 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 40MG (QL= 3 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
RETEVMO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 3 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM	-	3	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
REVATIO SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day)	PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
REVUFORJ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	NC	ANTIVIRALS
REYATAZ POWDER PACK	-	3	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
REZDIFFRA TAB (QL= 1 tab/day)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
REZLIDHIA CAP (QL= 2 caps/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day)	LD-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPTH SOLN	-	3	OPHTHALMIC AGENTS
ribavirin cap (REBETOL equiv)	MSP	2	ANTIVIRALS
RIBAVIRIN CAP	-	3	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	-	3	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	3	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	4	ANTIMYCOBACTERIAL AGENTS
RIFLOZA INJ 160MG	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	3	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	4	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 12ml/day)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
RIOMET SOLN	-	NC	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERIDONE ODT	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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risperidone tab (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv)	-	3	ANTIVIRALS
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA VIAL	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE, REXTOVY SPRAY	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
RIXUBIS INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROCKLATAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
roflumilast tab (DALIRESP equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	2	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSDAN KIT	-	NC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	1	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	EXC	VACCINES
ROTATEQ INJ	VAC	EXC	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	LD-PA	5	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	3	ANTICONVULSANTS
rufinamide tab (BANZEL equiv)	PA	3	ANTICONVULSANTS
RUKOBIA ER TAB	PA	3	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	NC	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	-	NC	ANTIHISTAMINES
SABRIL POWDER PACK	-	NC	ANTICONVULSANTS
SABRIL TAB	-	NC	ANTICONVULSANTS
sacubitril-valsartan tab (ENTRESTO equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	4	DERMATOLOGICALS
SALEX SHAMPOO	-	NC	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS
salicylic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	3	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	3	ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	QL	4	ANTIEMETICS
SANDIMMUNE CAP	-	4	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML (QL= 150 mL/30 days)	QL	4	ASSORTED CLASSES
SANDOSTATIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	3	DERMATOLOGICALS
SAPHRIS SL TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB (QL= 2 tabs/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 100 MG (QL= 4 tabs/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 5 patches/fill)	QL	3	ANTIEMETICS
SECONAL CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
SELARSDI INJ	-	NC	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
selenium sulfide lotion	OTC	2	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	3	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	3	ANTIVIRALS
SELZENTRY TAB	-	3	ANTIVIRALS
SELZENTRY TAB	-	NC	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL XR TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	4	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	3	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL= 8 tabs/fill)	QL	2	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS

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	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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SIMBRINZA OPHTH SUSP	-	3	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
sirolimus soln (RAPAMUNE equiv)	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	3	ASSORTED CLASSES
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	5	ANTIMYCOBACTERIAL AGENTS
SITAGLIPTIN/METFORMIN TAB	-	NC	ANTIDIABETICS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP	MSP-PA	5	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	MSP-PA-QL	5	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	MSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	MSP-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
SKYTROFA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	1	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
SOANZ TAB	-	NC	DIURETICS
SOD CHLORIDE INJ	-	NC	MINERALS & ELECTROLYTES
sodium chloride 0.9% irr soln	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	-	NC	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	2	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger)	-	1	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger)	-	1	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (\$0 copay for members age 5 years and younger)	-	1	MINERALS & ELECTROLYTES
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
SODIUM OXYBATE SOLN	LD-PA	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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sodium phenylbutyrate powder (BUPHENYL equiv)	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	3	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	2	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	4	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	1	LAXATIVES
SOFDRA GEL	-	NC	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	MSP-PA-QL	3	ANTIVIRALS
SOGROYA INJ	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP 1.5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 10MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 1MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 2.5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	2	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	3	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	3	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG	-	NC	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	NC	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	3	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	NC	CORTICOSTEROIDS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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SOMAVERT INJ	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	2	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	2	BETA BLOCKERS
SOTYKTU TAB	-	NC	DERMATOLOGICALS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	4	BETA BLOCKERS
SOVALDI PELLET PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SOVUNA TAB	-	NC	ANTIMALARIALS
SPECTRACEF TAB	-	4	CEPHALOSPORINS
SPEVIGO INJ	-	NC	DERMATOLOGICALS
SPIKEVAX INJ	VAC	EXC	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	EXC	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULERA (MOMETASONE/FORMOTEROL)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv)	PA	4	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	2	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2	DIURETICS
SPORANOX SOLN	-	NC	ANTIFUNGALS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	1	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	NC	COUGH/COLD/ALLERGY
STALEVO TAB	-	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
STAVUDINE CAP	-	3	ANTIVIRALS
stavudine cap (ZERIT equiv)	-	3	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	MSP-PA-QL	5	DERMATOLOGICALS
STENDRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
STEQEYMA INJ	-	NC	DERMATOLOGICALS
STIMATE NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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STIOLTO INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ	LD-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	3	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE SOLN	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
sucrafate tab (CARAFATE equiv)	-	2	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	3	LAXATIVES
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	3	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
sulfadiazine tab	-	4	SULFONAMIDES
SULFAMYLON CREAM	-	3	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	NC	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
sumatriptan 6mg/0.5ml auto-injector (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv)	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREMEX equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN WASH	-	NC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA TAB	-	NC	ANTIVIRALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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SUNOSI TAB (QL= 1 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
SUPRAX CAP	-	4	CEPHALOSPORINS
SUPRAX CHEW TAB	-	4	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	4	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SUSTIVA CAP	-	NC	ANTIVIRALS
SUSTIVA TAB	-	NC	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	4	ULCER DRUGS
SYMDEKO TAB (QL= 2 tabs/day)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	4	ANTIVIRALS
SYMLINPEN INJ	PA	4	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	PA	3	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	3	ANTIVIRALS
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH	-	NC	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
SYNTHROID TAB	-	4	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
SYRINGE (DISPOSABLE) 3 ML	-	DME	MEDICAL DEVICES AND SUPPLIES
SYRINGE LUER-LOK	OTC	DME	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	NC	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	2	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 8 tabs/fill)	QL	2	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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TAFINLAR TAB	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	3	OPHTHALMIC AGENTS
TAGRISSE TAB (QL= 1 tab/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
TALTZ INJ (QL= 1 inj/28 days)	MSP-PA-QL	5	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	MSP-PA-QL	5	DERMATOLOGICALS
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	MSP-PA-QL	5	DERMATOLOGICALS
TALZENNA CAP 0.1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.35MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP	-	NC	ANTIVIRALS
TAMIFLU CAP 30MG	-	NC	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at Tier 1)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
TANLOR TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TANZEUM INJ	-	NC	ANTIIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	3	DERMATOLOGICALS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	NC	CONTRACEPTIVES
tazarotene cream 0.05% (TAZORAC equiv)	PA	4	DERMATOLOGICALS

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	Step Therapy				

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GHC-SCW-Marketplace Formulary Cont.
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Last Updated 3/1/2025

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tazarotene cream 0.1% (TAZORAC equiv)	PA	3	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TB SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKURNA HCT TAB	-	4	ANTIHYPERTENSIVES
TEKURNA TAB	-	NC	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	2	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TEMODAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
temozolomide cap (TEMODAR equiv)	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMPO SMART BUTTON	-	NC	MEDICAL DEVICES AND SUPPLIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	3	ANTIVIRALS
TEPMETKO TAB (QL= 2 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	2	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	2	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	2	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO TAB equiv)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TEST STRIP (all other test strips)	OTC-PA	DME	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (QL= 1 packet/day)	PA-QL	4	ANDROGENS-ANABOLIC

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
testosterone gel 1% 50mg (QL= 2 packets/day)	PA-QL	4	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm	-	NC	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 10MG/ACT	-	NC	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP 1%	-	NC	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	4	TETRACYCLINES
TETRACYCLINE TAB	-	NC	TETRACYCLINES
TEXACORT SOLN	-	4	DERMATOLOGICALS
TEZSPIRE INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	MSP-PA	5	ASSORTED CLASSES
THEO-24 CAP	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline tab er (THEOPHYLLINE ER equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
THYROLAR TAB	-	3	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	3	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	VAC	EXC	VACCINES
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	4	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	4	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	2	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv)	-	3	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	NC	OPHTHALMIC AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
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TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	MSP-PA	5	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	MSP-PA	2	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4	THYROID AGENTS
TIVICAY PD TAB	-	3	ANTIVIRALS
TIVICAY TAB	-	3	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	LD-PA	5	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	4	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	2	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	-	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	2	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	1	VAGINAL PRODUCTS
TOLAZAMIDE TAB	-	2	ANTIDIABETICS
TOLBUTAMIDE TAB	-	3	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	4	ANTIPARKINSON AGENTS
TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB 200MG	-	4	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	2	URINARY ANTISPASMODICS
TOLVAPTAN TAB	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.05%	-	NC	DERMATOLOGICALS
TOPIRAMATE CAP	-	NC	ANTICONVULSANTS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv)	-	NC	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	2	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	2	ANTICONVULSANTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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toremifene tab (FARESTON equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	2	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	3	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	3	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	NC	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	NC	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL= 4 tabs/day)	LD-PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
TRAMADOL HCL TAB	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv) (Dosage limits may apply)	-	2	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	2	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	2	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	3	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	NC	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	3	ANTIDEPRESSANTS
TRAVATAN Z DROPS	-	NC	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	2	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TREANDA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECTOR TAB (Restricted to Infectious Disease Specialist)	RS	4	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	MSP-PA-QL	5	DERMATOLOGICALS
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5	DERMATOLOGICALS
TRESIBA FLEXTOUCH INJ	-	3	ANTIDIABETICS
TRESIBA INJ	-	3	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	MSP	2	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv)	-	NC	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv)	-	3	DERMATOLOGICALS
tretinoin gel	-	NC	DERMATOLOGICALS
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3	DERMATOLOGICALS
TRETIN-X CREAM	-	4	DERMATOLOGICALS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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TRETTEN INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetate inj (KENALOG equiv)	-	2	CORTICOSTEROIDS
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	2	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	2	DERMATOLOGICALS
triamcinolone oint	-	2	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	4	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	3	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
tricitrates soln (POLYCITRA-LC equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	2	HEMATOPOIETIC AGENTS
TRICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	MSP	3	MISCELLANEOUS THERAPEUTIC CLASSE
TRIENTINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	2	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days)	PA-QL	5	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	LD-PA-QL	5	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	1	CONTRACEPTIVES
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	2	ANTIEMETICS
TRIMETHOPRIM TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	4	ANTIDEPRESSANTS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-¢	4	ANTIDEPRESSANTS
TRIONEX PAK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	1	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	3	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	3	ANTIVIRALS
TRI-VITAMIN FLUORIDE DROPS	-	2	MULTIVITAMINS
TRIZIVIR TAB	-	3	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	2	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	3	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	2	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
TRUQAP TAB (QL= 64 tabs/28 days)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRYNGOLZA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRYVIO TAB	-	NC	ANTIHYPERTENSIVES
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWIRLA PATCH	-	1	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBLUME TAB	-	1	CONTRACEPTIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYENNE INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	MSP-PA	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	VAC	EXC	VACCINES
TYRVAYA NASAL SPRAY	-	NC	OPHTHALMIC AGENTS
TYSABRI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	-	NC	ANORECTAL AND RELATED PRODUCTS
UCERIS TAB	-	NC	CORTICOSTEROIDS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRAVATE CREAM	-	NC	DERMATOLOGICALS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE OINT	-	NC	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream ()	-	2	DERMATOLOGICALS
urea cream 41% (UTOPIC equiv)	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
ursodiol cap (ACTIGALL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB- INJ TTWE	-	NC	DERMATOLOGICALS
UTA CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
VABOMERE INJ	-	6	ANTI-INFECTIVE AGENTS - MISC.
VAFSEO TAB	-	NC	HEMATOPOIETIC AGENTS
valacyclovir tab (VALTREX equiv)	-	2	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days)	LD-PA-QL	5	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	3	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	3	ANTIVIRALS
valproate inj (DEPAKON equiv)	-	NC	ANTICONSULSANTS
valproic acid cap (DEPAKENE equiv)	-	2	ANTICONSULSANTS
valproic acid syrup (DEPAKENE equiv)	-	2	ANTICONSULSANTS
VALSARTAN SOLN	-	NC	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	2	ANTIHYPERTENSIVES

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
VANCOCIN CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 1 tab/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANFLYTA TAB 26.5MG (QL= 2 tabs/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
varденаfil ODT (STAXYN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
varденаfil tab (LEVITRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VAROPHEN KIT	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
vasolex oint (XENADERM equiv)	-	3	DERMATOLOGICALS
VAXCHORA SUSP	VAC	EXC	VACCINES
VAXNEUVANCE INJ	VAC	EXC	VACCINES
v-c forte cap (V-C FORTE equiv)	-	4	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELIVET PAK	-	1	CONTRACEPTIVES
VELPHORO CHEW TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	3	ASSORTED CLASSES
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
VEMLIDY TAB (QL= 1 tab/day)	QL	3	ANTIVIRALS
VENCLEXTA STARTER PACK	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	MSP-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	2	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	2	ANTIDEPRESSANTS
VENLAFAXINE TAB	-	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENTAVIS INH SOLN (QL= 9 ampules/day)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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VEOZAH TAB	PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL ER CAP, VERELAN CAP	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	2	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	NC	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	NC	URINARY ANTISPASMODICS
V-GO INJ KIT (QL= 1 kit/day)	QL	DME	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	4	TETRACYCLINES
VICTOZA INJ	-	NC	ANTIDIABETICS
VIDEX SOLN	-	3	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv)	LD-PA	5	ANTICONSULTANTS
vigabatrin tab (SABRIL equiv)	LD-PA	5	ANTICONSULTANTS
vigadrone powder pack	LD-PA	5	ANTICONSULTANTS
VIGAFYDE SOLN	-	NC	ANTICONSULTANTS
VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day)	MSP-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	5	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine)	QL-ST	3	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONSULTANTS
VIMPAT TAB	-	NC	ANTICONSULTANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	1	CONTRACEPTIVES
VIRACEPT TAB	-	3	ANTIVIRALS
VIRAMUNE SUSP	-	NC	ANTIVIRALS
VIRAMUNE XR TAB	-	NC	ANTIVIRALS
VIREAD TAB	-	3	ANTIVIRALS
VIREAD TAB	-	NC	ANTIVIRALS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	NC	MULTIVITAMINS
vitamin D cap (Rx covered Only)	-	2	VITAMINS
vitamin D tab	OTC	NC	VITAMINS
VITAMIN D3 TAB	OTC	NC	VITAMINS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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VITRAKVI CAP 100MG (QL= 2 caps/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVITROL INJ	-	NC	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	3	VACCINES
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO GEL PUMP 1%	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	2	DERMATOLOGICALS
VONJO CAP (QL= 4 caps/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVENDI INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VORANIGO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
voriconazole susp (VFEND equiv) (Restricted to Oncology, Hematology or Infectious Disease Specialist)	RS	4	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	3	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	MSP-PA-QL	3	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill)	LD-PA-QL	5	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day)	LD-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB (QL= 6 tabs/day)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day)	LD-PA-QL	5	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	NC	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYALEV INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
VYLEESI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day)	LD-PA-QL	5	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB	-	NC	ANTIHYPERTENSIVES
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERTENSIVES
VYVANSE CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYVANSE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS
WAINUA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
warfarin tab (COUMADIN equiv)	-	2	ANTICOAGULANTS
WEGOVIY INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WEGOVIY INJ 1.7MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WEGOVIY INJ 2.4MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WELCHOL PACK	-	NC	ANTIHYPERTENSIVES
WELCHOL TAB	-	NC	ANTIHYPERTENSIVES
WELIREG TAB (QL= 3 tabs/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTCORT OINT	-	NC	DERMATOLOGICALS
WEZLANA INJ	-	NC	DERMATOLOGICALS
WEZLANA SYRINGE	-	NC	DERMATOLOGICALS
WILATE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINREVAIR INJ	LD-PA	5	CARDIOVASCULAR AGENTS - MISC.
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	1	CONTRACEPTIVES
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL (QL= 1 applicator/fill)	QL	3	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	4	ANTIPARKINSON AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
	generic = small letters				BRANDS = CAPITAL LETTERS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
XARELTO STARTER PACK	-	3	ANTICOAGULANTS
XARELTO SUSP	-	3	ANTICOAGULANTS
XARELTO TAB	-	3	ANTICOAGULANTS
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XDEMVY DROP (QL= 1 bottle/year)	MSP-PA-QL	5	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10ml/day)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	MSP-PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
XEMBIFY INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	3	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	4	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG	PA	4	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60 vials/30 days)	PA-QL	3	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB	-	NC	ANTIVIRALS
XOLAIR INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
XOLAIR SYRINGE	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOLREMDI CAP (QL= 4 caps/day)	LD-PA-QL	5	HEMATOPOIETIC AGENTS
XOSPATA TAB (QL= 3 tabs/day)	LD-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 2 tabs/day)	MSP-PA-QL	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK (QL= 32 tabs/28 days)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	QL	3	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YAZ TAB, YASMIN 28 TAB	-	NC	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YESINTEK INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
YF-VAX INJ	VAC	EXC	VACCINES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YORVIPATH INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
zafemy patch (XULANE equiv)	-	1	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZARXIO INJ	MSP	5	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day)	LD-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPBOUND INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPBOUND VIAL INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day)	MSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIAE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAGEN SOLN	-	NC	ANTIVIRALS
zidovudine cap (RETROVIR equiv)	-	3	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	3	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	3	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAIN PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 23MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

Drug Name	Special Code	Tier	Category
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	3	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	4	MACROLIDES
ZITUVIMET XR TAB	-	NC	ANTIDIABETICS
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOCOR TAB 80MG	-	NC	ANTHYPERLIPIDEMICS
ZOKINVY CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	MSP-PA-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	-	NC	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv)	-	2	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	2	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	3	DERMATOLOGICALS
ZORYVE CREAM	-	NC	DERMATOLOGICALS
ZORYVE FOAM	-	NC	DERMATOLOGICALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	NC	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days)	LD-PA-QL	5	ANTICONVULSANTS
ZUBSOLV SL TAB	-	3	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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GHC-SCW-Marketplace Formulary Cont.
Alphabetical Index
Last Updated 3/1/2025

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ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days)	MSP-PA-QL	5	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/365 days)	MSP-PA-QL	5	ANTIDEPRESSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB	LD-PA	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	MSP-PA-QL-SF	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	3	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMFENTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	OTC	3	ANTIHISTAMINES
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	2
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
dextroamphetamine tab (DEXEDRINE equiv)	-	2
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	2
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	3
dextroamphetamine soln (PROCENTRA equiv)	-	4
METHAMPHETAMINE TAB	-	4
ADDERALL XR CAP	-	NC
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP 12.5MG	-	NC
MYDAYIS CAP 25MG	-	NC
MYDAYIS CAP 37.5MG	-	NC
MYDAYIS CAP 50MG	-	NC
VYVANSE CAP	-	NC
VYVANSE CHEW TAB	-	NC
XELSTRYM PAD	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	3
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
BENZPHETAMINE TAB	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
LOMAIRA TAB	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
PLENITY CAP	-	EXC

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
ANTI-OBESITY AGENTS		
IMCIVREE INJ (QL= 1 inj/day)	LD-PA-QL	5
WEGOVY INJ	-	EXC
WEGOVY INJ 1.7MG/0.75ML	-	EXC
WEGOVY INJ 2.4MG/0.75ML	-	EXC
XENICAL CAP	-	EXC
ZEPBOUND INJ	-	EXC
ZEPBOUND VIAL INJ	-	EXC
CONTRAVE TAB	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	2
clonidine ER tab (KAPVAY equiv)	-	2
guanfacine ER tab (INTUNIV equiv)	-	2
KAPVAY TAB	-	NC
ONYDA XR SUSP	-	NC
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	3
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB	-	NC
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	2
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
dexmethylphenidate tab (FOCALIN equiv)	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
methylphenidate soln (METHYLIN equiv)	-	2
methylphenidate tab (RITALIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	2
methylphenidate chew tab (METHYLIN equiv)	-	3
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
methylphenidate ER cap (APTENSIO XR equiv)	-	NC
METHYLPHENIDATE ER TAB	-	NC
methylphenidate ER tab 72mg	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
QUILLIVANT XR SUSP	-	NC
RELEXXI ER TAB	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	-	NC

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.		
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC

AMEBICIDES

AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4

AMINOGLYCOSIDES

AMINOGLYCOSIDES		
neomycin tab	-	2
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	2
ARIKAYCE SUSP (QL= 1 vial/day)	LD-PA-QL	5
TOBI PODHALER	LD-PA	5
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day)	MSP-PA-QL	5
RINVOQ ER TAB (QL= 1 tab/day)	MSP-PA-QL	5
RINVOQ ORAL SOLN (QL= 12ml/day)	MSP-PA-QL	5
XELJANZ SOLN (QL= 10ml/day)	MSP-PA-QL	5
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	5
XELJANZ XR TAB (QL= 1 tab/day)	MSP-PA-QL	5
OLUMIANT TAB 4MG	-	NC

ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	4
REDITREX INJ	-	NC

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	5

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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
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Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HADLIMA INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	MSP-PA-QL	5
HADLIMA PUSH INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	MSP-PA-QL	5
SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days)	MSP-PA-QL	5
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	MSP-PA-QL	5
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	MSP-PA-QL	5
SIMPONI INJ 100MG (QL=1 inj/28 days)	MSP-PA-QL	5
ABRILADA INJ	-	NC
ADALIMUMAB-RYVK INJ	-	NC
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HULIO INJ (adalimumab-fkjp)	-	NC
HULIO KIT (adalimumab-fkjp)	-	NC
HUMIRA INJ 10MG	-	NC
HUMIRA INJ 20MG	-	NC
HUMIRA INJ 40MG	-	NC
HUMIRA INJ 80MG	-	NC
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC
HUMIRA PEN INJ 40MG	-	NC
HYRIMOZ INJ (adalimumab-adaz)	-	NC
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC
IDACIO INJ (adalimumab-aacf)	-	NC
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC
YUFLYMA KIT (adalimumab-aaty)	-	NC
YUSIMRY INJ (adalimumab-aqvh)	-	NC
GOLD COMPOUNDS		
AURANOFIN CAP, RIDAURA CAP	-	NC
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day)	LD-PA-QL	5
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
ACTEMRA SC INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
KEVZARA INJ (QL= 2 inj/28 days)	MSP-PA-QL	5

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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Category/Class**

Last Updated* 3/1/2025

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ACTEMRA IV INJ	-	NC
TYENNE INJ	-	NC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	2
diclofenac potassium tab (CATAFLAM equiv)	-	2
diclofenac sodium EC tab (VOLTAREN equiv)	-	2
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2
etodolac cap (LODINE equiv)	-	2
etodolac tab	-	2
FLURBIPROFEN TAB	-	2
flurbiprofen tab (ANSAID equiv)	-	2
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2
ibuprofen tab	-	2
ibuprofen tab (Rx covered Only)	-	2
indomethacin cap (INDOCIN equiv)	-	2
indomethacin CR cap (INDOCIN SR equiv)	-	2
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2
meloxicam tab (MOBIC equiv)	-	2
nabumetone tab (RELAFEN equiv)	-	2
naproxen tab (NAPROSYN equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
sulindac tab (CLINORIL equiv)	-	2
mefenamic acid cap (PONSTEL equiv)	-	3
naproxen sodium tab (ANAPROX equiv)	-	3
oxaprozin tab (DAYPRO equiv)	-	3
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	4
etodolac ER tab (LODINE XL equiv)	-	4
KETOPROFEN ER CAP	-	4
TOLMETIN TAB 200MG	-	4
COXANTO CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
DUEXIS TAB	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
fenoprofen calcium tab	-	NC
FENOPROFEN CAP, NAFLON CAP	-	NC
FENOPROFEN TAB	-	NC
FENOPRON CAP	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
indomethacin susp (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
NAPROSYN SUSP	-	NC
naproxen EC tab (NAPROSYN EC equiv)	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
TOLECTIN TAB	-	NC
TOLMETIN CAP	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	MSP-PA-QL	5
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-QL	5
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	2
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	5
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	5
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	5
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	5
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	5
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	5
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	5

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PA	Prior Authorization	MSP	Mandatory Specialty Pharmacy Program
RS	Restricted to Specialist	QL	Quantity Limit
ST	Step Therapy	SF	Limited to two 15 day fills per month for first 3 months
		VAC	Vaccine Program
		LD	Limited Distribution
		OTC	Over-the-Counter
		RDX	Restricted to Diagnosis
		SMKG	Smoking Cessation
		¢	RxCENTS

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	5

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
VTOL SOLN	-	NC

ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS

JOURNAVX TAB	-	NC
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SALICYLATES

aspirin chew tab 81mg (Covered for female members only)	OTC	1
aspirin ec tab 81mg (Covered for female members only)	OTC	1
diffunisal tab (DOLOBID equiv)	-	2
salsalate tab (DISALCID equiv)	-	3
aspirin ec tab 325mg	OTC	NC
aspirin tab 325mg	OTC	NC
DOLOBID TAB	-	NC

ANALGESICS - OPIOID

OPIOID AGONISTS

codeine sulfate tab (Dosage limits may apply)	-	2
hydromorphone tab (DILAUDID equiv) (Dosage limits may apply)	-	2
methadone soln (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
methadose tab (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
morphine sulfate ER tab (MS CONTIN equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv) (Dosage limits may apply)	-	2
morphine sulfate soln (Dosage limits may apply)	-	2
MORPHINE SULFATE TAB (Dosage limits may apply)	-	2
oxycodone tab (ROXICODONE equiv) (Dosage limits may apply)	-	2
tramadol tab (ULTRAM equiv) (Dosage limits may apply)	-	2
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3
fentanyl patch (DURAGESIC equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
MORPHINE SULFATE SUPP (Dosage limits may apply)	-	3

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ANALGESICS - OPIOID Cont.		
NUCYNTA ER TAB (QL= 2 tabs/day; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
oxycodone cap (OXYIR equiv) (Dosage limits may apply)	-	3
oxycodone conc (ROXICODONE equiv) (Dosage limits may apply)	-	3
oxycodone soln (ROXICODONE equiv) (Dosage limits may apply)	-	3
OXYIR CAP (Dosage limits may apply)	-	3
XTAMPZA ER CAP (QL= 120 caps/30 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
CODEINE SULFATE SOLN (Dosage limits may apply)	-	4
hydromorphone ER tab (EXALGO equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
meperidine tab (DEMEROL equiv)	-	4
NUCYNTA TAB (Dosage limits may apply)	-	4
tramadol ER tab (ULTRAM ER equiv) (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
TRAMADOL HCL ER TAB (Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
ABSTRAL SL TAB	-	NC
ACTIQ LOZENGE	-	NC
DEMEROL TAB	-	NC
DSUVIA SL TAB	-	NC
FENTANYL BUCCAL TAB	-	NC
FENTANYL CITRATE LOLLIPOP	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
FENTORA TAB	-	NC
HYDROCODONE BITARTRATE ER CAP	-	NC
HYDROMORPHONE SUPP	-	NC
KADIAN CAP	-	NC
LAZANDA NASAL SPRAY	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	NC
MORPHINE SULFATE SOLN 20MG/5ML	-	NC
OPANA TAB	-	NC
OXYCODONE ER TAB	-	NC
OXYCODONE TAB	-	NC
OXYCONTIN CR TAB	-	NC
oxymorphone tab (OPANA equiv)	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC

OPIOID COMBINATIONS

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ANALGESICS - OPIOID Cont.		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (Dosage limits may apply)	-	2
APAP/CODEINE SOLN (Dosage limits may apply)	-	2
aspirin/codeine tab (Dosage limits may apply)	-	2
hydrocodone/acetaminophen cap (LORCET equiv) (Dosage limits may apply)	-	2
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (Dosage limits may apply)	-	2
hydrocodone/acetaminophen tab (LORTAB equiv) (Dosage limits may apply)	-	2
oxycodone/acetaminophen cap (TYLOX equiv) (Dosage limits may apply)	-	2
oxycodone/acetaminophen tab (PERCOCET equiv) (Dosage limits may apply)	-	2
OXYCODONE/ASPIRIN TAB (Dosage limits may apply)	-	2
pentazocine/acetaminophen tab (TALACEN equiv) (Dosage limits may apply)	-	2
tramadol/acetaminophen tab (ULTRACET equiv)	-	2
OXYCODONE/ACETAMINOPHEN SOLN (Dosage limits may apply)	-	3
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (Dosage limits may apply)	-	4
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (Dosage limits may apply)	-	4
HYDROCODONE/IBUPROFEN TAB (Dosage limits may apply)	-	4
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (Dosage limits may apply)	-	4
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4
LORTAB ELIXIR (Dosage limits may apply)	-	4
OXYCODONE/IBUPROFEN TAB (Dosage limits may apply)	-	4
oxycodone/ibuprofen tab (COMBUNOX equiv) (Dosage limits may apply)	-	4
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREXIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC

OPIOID PARTIAL AGONISTS

buprenorphine SL tab (SUBUTEX equiv)	-	2
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) (Dosage limits may apply)	-	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply)	QL	3
ZUBSOLV SL TAB	-	3
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
pentazocine/naloxone tab (TALWIN NX equiv) (Dosage limits may apply)	-	4
nalbuphine inj	M	6
BELBUCA FILM	-	NC
BRIXADI SOLN 128MG/0.36ML	-	NC
BRIXADI SOLN 16MG/0.32ML	-	NC
BRIXADI SOLN 24MG/0.48ML	-	NC
BRIXADI SOLN 32MG/0.64ML	-	NC
BRIXADI SOLN 64MG/0.18ML	-	NC
BRIXADI SOLN 8MG/0.18ML	-	NC
BRIXADI SOLN 96MG/0.27ML	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
BUTRANS PATCH	-	NC
SUBLOCADE SOLN	-	NC
SUBOXONE SL FILM	-	NC

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

ANADROL TAB	-	NC
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ANDROGENS

testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	QL	2
danazol cap (DANOCRINE equiv)	-	3
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	3
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3
METHITEST TAB	PA	4
methyltestosterone cap	PA	4
testosterone gel 1% 25mg (QL= 1 packet/day)	PA-QL	4
testosterone gel 1% 50mg (QL= 2 packets/day)	PA-QL	4
ANDRODERM PATCH	-	NC
ANDROGEL 1.62% 1.25GM	-	NC
ANDROGEL 1.62% 2.5GM	-	NC
ANDROGEL PUMP 1.62%	-	NC
FORTESTA GEL 2%	-	NC
KYZATREX CAP	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
NATESTO GEL	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
testosterone gel 1.62% 1.25gm	-	NC
testosterone gel 1.62% 2.5gm	-	NC
TESTOSTERONE GEL 10MG/ACT	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL PUMP 1%	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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ANDROGENS-ANABOLIC Cont.		
VOGELXO GEL PUMP 1%	-	NC
XYOSTED INJ	-	NC
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	3
CORTIFOAM	-	4
RECTAL COMBINATIONS		
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	2
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	3
PROCTOFOAM HC FOAM	-	3
ANALPRAM-E KIT	-	4
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
PROCORT CREAM	-	NC
RECTAL LOCAL ANESTHETICS		
lidocaine rectal cream	OTC	2
RECTAL STEROIDS		
hydrocortisone supp (ANUSOL HC equiv)	-	2
proctosol HC cream (ANUSOL HC equiv)	-	2
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	4
UCERIS RECTAL FOAM	-	NC
RECTAL COMBINATIONS		
ANALPRAM-HC CREAM	-	NC
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv)	-	4
RECTIV OINT	-	NC
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab (ALBENZA equiv)	-	3
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3
ivermectin tab (STROMECTOL equiv)	-	3
praziquantel tab (BILTRICIDE equiv)	-	3
ALBENZA TAB	-	NC
BILTRICIDE TAB	-	NC
EGATEN TAB	-	NC
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	3

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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ANTIANGINAL AGENTS Cont.		
ASPRUZYO SPRINKLE GRANULES	-	NC
RANEXA TAB	-	NC
NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	2
isosorbide mononitrate ER tab (IMDUR equiv)	-	2
ISOSORBIDE MONONITRATE TAB	-	2
isosorbide mononitrate tab (MONOKET equiv)	-	2
NITROGLYCERIN ER CAP	-	2
nitroglycerin patch (NITRO-DUR equiv)	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
NITRO-BID OINT	-	3
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	4
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	4
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	4
NITROMIST SPRAY	-	4
GONITRO POWDER	-	NC

ANTIANGIETY AGENTS

ANTIANGIETY AGENTS - MISC.

buspirone tab (BUSPAR equiv)	-	2
hydroxyzine pamoate cap (VISTARIL equiv)	-	2
HYDROXYZINE PAMOATE CAP 100MG	-	2
hydroxyzine syrup (ATARAX equiv)	-	2
hydroxyzine tab (ATARAX equiv)	-	2
meprobamate tab (MILTOWN equiv)	-	4

BENZODIAZEPINES

alprazolam tab (XANAX equiv)	-	2
chlordiazepoxide cap (LIBRIUM equiv)	-	2
diazepam conc (VALIUM equiv)	-	2
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2
diazepam tab (VALIUM equiv)	-	2
lorazepam conc (ATIVAN equiv)	-	2
lorazepam tab (ATIVAN equiv)	-	2
alprazolam ER tab (XANAX XR equiv)	-	3
oxazepam cap (SERAX equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	4
clorazepate tab (TRANXENE-T equiv)	-	4
LOREEV XR CAP	-	NC

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide cap (NORPACE equiv)	-	2
quinidine sulfate tab	-	2
NORPACE CR CAP	-	3
quinidine gluconate CR tab	-	3
procainamide inj	-	NC
QUINIDINE SULFATE TAB	-	NC

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	3
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	2
propafenone tab (RYTHMOL equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	3
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	2
dofetilide cap (TIKOSYN equiv)	-	3
MULTAQ TAB	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ	-	NC
NUCALA INJ	-	NC
TEZSPIRE INJ	-	NC
XOLAIR INJ	-	NC
XOLAIR INJ 150MG/ML	-	NC
XOLAIR INJ 300MG/2ML	-	NC
XOLAIR SYRINGE	-	NC
XOLAIR SYRINGE 150MG/ML	-	NC
XOLAIR SYRINGE 300MG/2ML	-	NC
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	2
ATROVENT HFA INHALER	-	3
INCRUSE ELLIPTA INHALER	-	3
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	3
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULERA (MOMETASONE/FORMOTEROL))	QL-ST	3
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	2
montelukast tab (SINGULAIR equiv)	-	2
montelukast granule pack (SINGULAIR equiv)	-	3
zafirlukast tab (ACCOLATE equiv)	-	3
ZYFLO TAB	-	4
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC

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	Step Therapy	VAC	Smoking Cessation
			RxCENTS
			¢

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Category/Class**

Last Updated* 3/1/2025

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUSP	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv)	-	2
DALIRESP TAB	-	NC
STEROID INHALANTS		
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
budesonide inh susp (PULMICORT equiv)	-	2
QVAR REDHALER	-	2
AEROSPAN INH	-	NC
ALVESCO INHALER	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
FLOVENT DISKUS INHALER	-	NC
FLOVENT HFA INHALER	-	NC
FLUTICASONE DISKUS INHALER	-	NC
FLUTICASONE HFA INHALER	-	NC
PULMICORT FLEXHALER	-	NC
SYMPATHOMIMETICS		
albuterol neb soln	-	2
ALBUTEROL NEBULIZER SOLN	-	2
albuterol sulfate syrup	-	2
albuterol/ipratropium neb soln (DUONEB equiv)	-	2
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT (AIRDUO equiv)	-	2
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT (AIRDUO equiv)	-	2
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT (AIRDUO equiv)	-	2
PROAIR RESPICLICK INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler)	QL	2
VENTOLIN HFA INHALER (QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler)	QL	2
ADVAIR HFA INHALER	-	3
albuterol sulfate tab	-	3
ANORO ELLIPTA INHALER	-	3
arformoterol tartrate neb soln (BROVANA equiv)	-	3
BREO ELLIPTA INHALER	-	3
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	3
BREZTRI AEROSPHERE INHALER	-	3
COMBIVENT RESPIMAT INHALER	-	3
DULERA INHALER	-	3
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	3
levalbuterol neb soln (XOPENEX equiv)	-	3
STIOLTO INHALER	-	3

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Last Updated* 3/1/2025

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
terbutaline sulfate tab (BRETHINE equiv)	-	3
TRELEGY ELLIPTA INHALER	-	3
formoterol fumarate neb soln (PERFOROMIST equiv)	-	4
ADVAIR DISKUS INHALER	-	NC
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ALBUTEROL HFA INHALER	-	NC
albuterol HFA inhaler (PROAIR, PROVENTIL equiv)	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BROVANA NEB SOLN	-	NC
budesonide/formoterol inhaler	-	NC
DUAKLIR INHALER	-	NC
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC
FORADIL AEROLIZER	-	NC
PERFOROMIST NEB SOLN	-	NC
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC
SEREVENT DISKUS INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC

XANTHINES

theophylline ER tab (UNIPHYL equiv)	-	2
theophylline soln	-	2
ELIXOPHYLLIN ELIXIR	-	3
THEOPHYLLINE TAB ER	-	3
theophylline tab er (THEOPHYLLINE ER equiv)	-	3
THEO-24 CAP	-	4

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

warfarin tab (COUMADIN equiv)	-	2
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TAB, ELIQUIS STARTER PACK	-	3
XARELTO STARTER PACK	-	3
XARELTO SUSP	-	3
XARELTO TAB	-	3
SAVAYSA TAB	-	NC

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin inj (LOVENOX equiv)	-	3
fondaparinux inj (ARIXTRA equiv)	-	3
FRAGMIN INJ	-	3
heparin porcine inj	-	NC

THROMBIN INHIBITORS

dabigatran etexilate mesylate cap (PRADAXA equiv)	-	3
PRADAXA CAP	-	NC

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			¢

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Last Updated* 3/1/2025

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ANTICOAGULANTS Cont.		
PRADAXA PELLETT PACK	-	NC

ANTICONSULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC

ANTICONSULSANTS - BENZODIAZEPINES

clobazam tab (ONFI equiv)	-	2
clonazepam tab (KLONOPIN equiv)	-	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2
diazepam rectal gel (QL= 4 doses/fill)	QL	2
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	3
DIAZEPAM GEL (QL= 4 doses/fill)	QL	3
NAYZILAM SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist)	QL-RS	3
VALTOCO NASAL SPRAY (QL= 4 doses/fill; Restricted to Neurology Specialist)	QL-RS	3
clonazepam ODT (KLONOPIN equiv)	-	4
DIASTAT ACCL GEL	-	NC
LIBERVANT FILM	-	NC
ONFI SUSP	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC

ANTICONSULSANTS - MISC.

carbamazepine chew tab (TEGRETOL equiv)	-	2
carbamazepine susp (TEGRETOL equiv)	-	2
carbamazepine tab (TEGRETOL equiv)	-	2
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2
lacosamide oral solution (VIMPAT equiv)	-	2
lacosamide tab (VIMPAT equiv)	-	2
lamotrigine chew tab (LAMICTAL equiv)	-	2
lamotrigine tab (LAMICTAL equiv)	-	2
levetiracetam ER tab (KEPPRA XR equiv)	-	2
levetiracetam soln (KEPPRA equiv)	-	2
levetiracetam tab (KEPPRA equiv)	-	2
oxcarbazepine susp (TRILEPTAL equiv)	-	2
oxcarbazepine tab (TRILEPTAL equiv)	-	2
pregabalin 25mg, 50mg, 75mg, 100mg (LYRICA equiv) (QL= 5 caps/day)	QL	2
pregabalin cap 150mg (LYRICA equiv) (QL= 4 caps/day)	QL	2
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	2
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	2
primidone tab (MYSOLINE equiv)	-	2
topiramate sprinkle cap (TOPAMAX equiv)	-	2
topiramate tab (TOPAMAX equiv)	-	2
zonisamide cap (ZONEGRAN equiv)	-	2
carbamazepine ER cap (CARBATROL equiv)	-	3

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
carbamazepine ER tab (TEGRETOL XR equiv)	-	3
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	3
POTIGA TAB (QL= 3 tabs/day)	QL	3
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	3
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	3
rufinamide susp (BANZEL equiv)	PA	3
rufinamide tab (BANZEL equiv)	PA	3
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	4
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4
lamotrigine ER tab (LAMICTAL XR equiv)	-	4
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	4
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	4
DIACOMIT CAP	LD-PA	5
DIACOMIT POWDER PACK	LD-PA	5
EPIDIOLEX SOLN	MSP-PA	5
FINTEPLA SOLN (QL= 12ml/day)	LD-PA-QL	5
ZTALMY SUSP (QL= 1100ml/30 days)	LD-PA-QL	5
APTIOM TAB	-	NC
BANZEL SUSP	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
CARBAMAZEPINE CHEW TAB	-	NC
ELEPSIA XR TAB	-	NC
GABARONE TAB	-	NC
LAMICTAL ODT	-	NC
LAMICTAL ODT KIT	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC
lamotrigine ODT kit (LAMICTAL equiv)	-	NC
LEVETIRACETAM ODT, SPRITAM ODT	-	NC
LYRICA CAP	-	NC
LYRICA CAP 225MG	-	NC
LYRICA CAP 300MG	-	NC
LYRICA SOLN	-	NC
MOTPOLY XR CAP	-	NC
NEURONTIN CAP	-	NC
NEURONTIN TAB 600MG	-	NC
NEURONTIN TAB 800MG	-	NC
oxcarbazepine er tab (OXTELLAR equiv)	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
TOPIRAMATE CAP	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
topiramate er cap (TROKENDI XR equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	3
felbamate tab (FELBATOL equiv)	-	3
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	3
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	3
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	3
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	3
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	3
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	3
GABA MODULATORS		
tiagabine tab (GABITRIL equiv)	-	3
vigabatrin powder pack (SABRIL POWDER equiv)	LD-PA	5
vigabatrin tab (SABRIL equiv)	LD-PA	5
vigadrone powder pack	LD-PA	5
SABRIL POWDER PACK	-	NC
SABRIL TAB	-	NC
VIGAFYDE SOLN	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	2
phenytoin susp (DILANTIN equiv)	-	2
DILANTIN CAP 30MG	PA	3
PEGANONE TAB	-	3
phenytoin chew tab (DILANTIN equiv)	-	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	2
ethosuximide cap (ZARONTIN equiv)	-	3
methsuximide cap (CELONTIN equiv)	-	3
CELONTIN CAP	-	NC
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	2
divalproex sodium DR tab (DEPAKOTE equiv)	-	2
divalproex sprinkle cap (DEPAKOTE equiv)	-	2
valproic acid cap (DEPAKENE equiv)	-	2
valproic acid syrup (DEPAKENE equiv)	-	2
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC

ANTIDEPRESSANTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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ANTIDEPRESSANTS Cont.		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	2
mirtazapine tab (REMERON equiv)	-	2
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB	-	NC
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	2
bupropion tab (WELLBUTRIN equiv)	-	2
bupropion XL tab (WELLBUTRIN XL equiv) (QL= 1 tab/day)	QL	2
MAPROTILINE TAB	-	2
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days)	MSP-PA-QL	5
ZURZUVAE CAP 30MG (QL= 14 caps/365 days)	MSP-PA-QL	5
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB	-	2
phenelzine tab (NARDIL equiv)	-	2
MARPLAN TAB	-	3
tranylcypromine tab (PARNATE equiv)	-	3
EMSAM PATCH	-	4
NARDIL TAB 15MG	-	4
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	2
citalopram tab (CELEXA equiv)	-	2
escitalopram tab (LEXAPRO equiv)	-	2
fluoxetine cap (PROZAC equiv)	-	2
fluoxetine soln (PROZAC equiv)	-	2
fluoxetine tab (PROZAC equiv)	-	2
fluvoxamine tab (LUVOX equiv)	-	2
paroxetine tab (PAXIL equiv)	-	2
sertraline conc (ZOLOFT equiv)	-	2
sertraline tab (ZOLOFT equiv)	-	2
escitalopram soln (LEXAPRO equiv)	-	3
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine)	ST	3
paroxetine ER tab (PAXIL CR equiv)	-	3
paroxetine oral susp (PAXIL equiv)	-	4
CITALOPRAM CAP	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PAXIL ORAL SUSP	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC

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**GHC-SCW-Marketplace Formulary
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Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	2
nefazodone tab 50mg, 250mg	-	2
trazodone tab (DESYREL equiv)	-	2
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine)	QL-ST	3
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-¢	4
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
duloxetine EC cap (CYMBALTA equiv)	-	2
venlafaxine ER cap (EFFEXOR XR equiv)	-	2
venlafaxine tab (EFFEXOR equiv)	-	2
FETZIMA CAP	PA	4
FETZIMA TITRATION PACK	PA	4
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
venlafaxine ER tab	-	NC
VENLAFAXINE TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	2
amoxapine tab (AMOXAPINE equiv)	-	2
doxepin cap (SINEQUAN equiv)	-	2
doxepin conc (SINEQUAN equiv)	-	2
imipramine tab (TOFRANIL equiv)	-	2
nortriptyline cap (PAMELOR equiv)	-	2
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2
clomipramine cap (ANAFRANIL equiv)	-	3
desipramine tab (NORPRAMIN equiv)	-	3
imipramine pamoate cap (TOFRANIL PM equiv)	-	4
protriptyline tab (VIVACTIL equiv)	-	4
trimipramine cap (SURMONTIL equiv)	-	4
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	2
MIGLITOL TAB	-	4
miglitol tab (MIGLITOL equiv)	-	4
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	PA	4
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	2
glyburide/metformin tab (GLUCOVANCE equiv)	-	2

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Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GLYXAMBI TAB (QL= 1 tab/day)	QL	3
JANUMET TAB (QL= 2 tabs/day)	QL	3
JANUMET XR TAB (QL= 2 tabs/day)	QL	3
JENTADUETO TAB (QL= 2 tabs/day)	QL	3
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3
SOLIQUA INJ (QL= 15ml/25 days)	QL	3
SYNJARDY TAB (QL= 2 tabs/day)	QL	3
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	3
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	3
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	3
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	3
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	3
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	3
XULTOPHY INJ (QL= 15ml/30 days)	QL	3
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	4
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
ALOGLIPTIN-METFORMIN TAB	-	NC
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
SITAGLIPTIN/METFORMIN TAB	-	NC
STEGLUJAN TAB	-	NC
ZITUVIMET XR TAB	-	NC

BIGUANIDES

metformin ER tab (GLUCOPHAGE XR equiv)	-	2
metformin tab (GLUCOPHAGE equiv)	-	2
metformin soln (RIOMET equiv)	-	4
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
METFORMIN TAB	-	NC
RIOMET SOLN	-	NC

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ANTIDIABETICS Cont.		
DIABETIC OTHER		
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3
GLUCAGEN HYPOKIT INJ (QL= 1 kit/fill, 2 fills/30 days)	QL	3
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3
GLUCAGON KIT (QL= 2 inj/fill)	QL	3
GVOKE INJ (QL= 2 inj/fill)	QL	3
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3
diazoxide susp (PROGLYCEM equiv)	-	4
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	MSP-PA-QL	5
GLUCAGON INJ KIT	-	NC
KORLYM TAB	-	NC
PROGLYCEM SUSP	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-¢	3
TRADJENTA TAB (QL= 1 tab/day)	QL	3
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
ZITUVIO TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	4
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
VICTOZA INJ	-	NC
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	4
TANZEUM INJ	-	NC
INSULIN		
DEGLUDEC FLEXTOUCH INJ	-	3
DEGLUDEC INJ	-	3
FIASP FLEXTOUCH INJ	-	3
FIASP INJ	-	3
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	3
HUMULIN R INJ U-500	-	3
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ANTIDIABETICS Cont.		
HUMULIN R U-500 KWIKPEN INJ	-	3
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	3
INSULIN ASPART INJ (NOVOLOG equiv)	-	3
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	3
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	3
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	3
INSULIN GLARGINE SOLN PEN-INJ	-	3
INSULIN LISPRO INJ (HUMALOG equiv)	-	3
NOVOLIN 70/30 FLEXPEN INJ	OTC	3
NOVOLIN 70/30 INJ	OTC	3
NOVOLIN MIX FLEXPEN INJ	OTC	3
NOVOLIN N FLEXPEN INJ	OTC	3
NOVOLIN N INJ	OTC	3
NOVOLIN R FLEXPEN INJ	OTC	3
NOVOLIN R INJ	OTC	3
NOVOLIN R RELION INJ	OTC	3
NOVOLOG FLEXPEN INJ	-	3
NOVOLOG INJ	-	3
NOVOLOG MIX FLEXPEN INJ	-	3
NOVOLOG MIX INJ	-	3
NOVOLOG PENFILL INJ	-	3
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3
TOUJEO MAX SOLOSTAR INJ	-	3
TOUJEO SOLOSTAR INJ	-	3
TRESIBA FLEXTOUCH INJ	-	3
TRESIBA INJ	-	3
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	4
ADMELOG INJ, HUMALOG INJ	-	NC
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
HUMALOG JR KWIKPEN INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	NC
HUMALOG PEN INJ	-	NC
HUMALOG TEMPO PEN	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
INSULIN LISPRO JR KWIKPEN INJ	-	NC
INSULIN LISPRO KWIKPEN INJ	-	NC

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Category/Class**

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ANTIDIABETICS Cont.		
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LEVEMIR FLEXTOUCH INJ	-	NC
LEVEMIR INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
LYUMJEV TEMPO PEN	-	NC
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC
NOVOLIN 70/30 RELION INJ	OTC	NC
NOVOLIN N RELION 100UNIT/ML	OTC	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
TOUJEO SOLOSTAR INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	2
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	2
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	3
JARDIANCE TAB (QL= 1 tab/day)	QL	3
BEXAGLIFLOZN TAB	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	2
glipizide ER tab (GLUCOTROL XL equiv)	-	2
glipizide tab (GLUCOTROL equiv)	-	2
GLYBURID MCR TAB	-	2
glyburide tab (MICRONASE equiv)	-	2
TOLAZAMIDE TAB	-	2
TOLBUTAMIDE TAB	-	3
GLIMEPIRIDE TAB	-	NC
GLIPIZIDE TAB	-	NC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	4
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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ANTIDIARRHEALS Cont.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2
MOTOFEN TAB	-	4
opium tincture	-	4
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	3
FERRIPROX SOLN	LD-PA	5
OPIOID ANTAGONISTS		
naloxone inj	-	2
naltrexone tab (REVIA equiv)	-	2
EVZIO INJ	-	NC
VIVITROL INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox tab (JADENU equiv)	MSP	2
deferasirox tab for oral susp (EXJADE equiv)	MSP	2
deferasirox granules packet (JADENU equiv)	MSP	5
deferiprone tab (FERRIPROX equiv)	LD-PA	5
EXJADE TAB	-	NC
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
JADENU TAB 180MG	-	NC
JADENU TAB 90MG, 360MG	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv)	OTC	2
NALOXONE HCL SOLN 0.4MG/ML	-	2
naloxone prefilled inj	-	2
NARCAN NASAL SPRAY	OTC	2
RIVIVE, REXTOVY SPRAY	OTC	2
KLOXXADO NASAL SPRAY	-	3
NALOXONE PREFILLED INJ	-	3
OPVEE NASAL SPRAY	-	3
ZIMHI SOLN	-	3

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ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
EVZIO INJ	-	NC

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2
ondansetron ODT (ZOFTRAN equiv)	-	2
ondansetron soln (ZOFTRAN equiv)	-	2
ondansetron tab (ZOFTRAN equiv)	-	2
ANZEMET TAB (QL= 9 tabs/fill)	QL	4
GRANISOL SOLN (QL= 60ml/fill)	QL	4
SANCUSO PATCH (QL= 4 patches/fill)	QL	4
ONDANSETRON TAB	-	NC
ONDANSETRON TAB ODT	-	NC
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC

ANTIEMETICS - ANTICHOLINERGIC

meclizine chew tab (BONINE equiv)	OTC	2
meclizine tab (ANTIVERT equiv)	OTC	2
trimethobenzamide cap (TIGAN equiv)	-	2
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 5 patches/fill)	QL	3
ANTIVERT TAB, MECLIZINE TAB	-	NC
TRANSDERM-SCOP PATCH	-	NC

ANTIEMETICS - MISCELLANEOUS

AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3
dronabinol cap (MARINOL equiv)	-	3
CESAMET CAP	-	4
DICLEGIS TAB	-	NC
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3
aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3
EMEND SUSP	-	NC

ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)

BREXAFEMME TAB	-	NC
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ANTIFUNGALS

nystatin powder	-	2
nystatin tab	-	2
terbinafine tab (LAMISIL equiv)	-	2
flucytosine cap (ANCOBON equiv)	-	3
griseofulvin micro tab (GRIFULVIN V equiv)	-	3
griseofulvin susp (GRIFULVIN equiv)	-	3
griseofulvin tab (GRIS-PEG equiv)	-	3

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ANTIFUNGALS Cont.		
FULVICIN P/G TAB	-	NC
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	2
fluconazole tab (DIFLUCAN equiv)	-	2
ketoconazole tab (NIZORAL equiv)	-	2
itraconazole cap (SPORANOX equiv)	-	3
voriconazole tab (VFEND equiv)	-	3
itraconazole soln (SPORANOX equiv)	PA	4
NOXAFIL PAK	PA	4
posaconazole DR tab (NOXAFIL equiv) (Restricted to Oncology, Hematology, or Infectious Disease Specialist)	RS	4
voriconazole susp (VFEND equiv) (Restricted to Oncology, Hematology or Infectious Disease Specialist)	RS	4
CRESEMBA CAP	-	NC
NOXAFIL SUSP	-	NC
NOXAFIL TAB	-	NC
posaconazole susp (NOXAFIL equiv)	-	NC
SPORANOX SOLN	-	NC
TOLSURA CAP	-	NC
VIVJOA CAP	-	NC

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES		
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
RYCLORA SOLN	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj (BENADRYL equiv)	-	3
CARBINOXAMINE SOLN	-	4
carbinoxamine tab (PALGIC equiv)	-	4
CLEMASTINE TAB	-	4
clemastine tab (TAVIST equiv)	-	4
CLEMASTINE SYRUP	-	NC
CLEMASTINE TAB (GENUS LIFESCIENCES)	-	NC
diphenhydramine cap (BENADRYL equiv)	-	NC
KARBINAL ER SUSP	-	NC
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	-	NC

ANTIHISTAMINES - NON-SEDATING		
cetirizine syrup (Zyrtec equiv)	OTC	2
cetirizine tab (Zyrtec equiv)	OTC	2
loratadine ODT (Claritin equiv)	OTC	2
loratadine syrup (Claritin equiv)	OTC	2
loratadine tab (Claritin equiv)	OTC	2
cetirizine chew tab (Zyrtec equiv)	OTC	3
ZYRTEC CHILD CHEW TAB	OTC	3
desloratadine tab (Clarinex equiv)	-	4
CLARINEX SYRUP	-	EXC

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ANTIHISTAMINES Cont.		
ALLEGRA ODT	OTC	NC
CLARINEX TAB	-	NC
CLARITIN CHEW TAB	OTC	NC
DESLOMATADINE ODT	-	NC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
loratadine cap (CLARITIN equiv)	OTC	NC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC
ANTIHISTAMINES - PHENOTHAZINES		
promethazine syrup	-	2
promethazine tab (PHENERGAN equiv)	-	2
promethazine supp (PHENERGAN equiv)	-	3
PROMETHEGAN SUPP	-	3
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	2
cyproheptadine tab	-	2
ANTIHYPERTENSIVES		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3
ANTIHYPERTENSIVES - COMBINATIONS		
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	4
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC
VYTORIN TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
icosapent ethyl cap (VASCEPA equiv)	PA	3
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2
cholestyramine powder (QUESTRAN equiv)	-	2
cholestyramine powder pack (QUESTRAN equiv)	-	2
colestipol tab (COLESTID equiv)	-	2
colesevelam pack (WELCHOL equiv)	-	3
colesevelam tab (WELCHOL equiv)	-	3
colestipol granule (COLESTID equiv)	-	3

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ANTIHYPERLIPIDEMICS Cont.		
colestipol powder packet (COLESTID equiv)	-	4
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	2
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2
fenofibric acid DR cap (TRILIPIX equiv)	-	2
gemfibrozil tab (LOPID equiv)	-	2
FENOFIBRIC TAB, FIBRICOR TAB	-	4
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
TRICOR TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	1
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
rosuvastatin tab (CRESTOR equiv)	-	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day)	QL	3
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST-¢	3
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	4
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	4
fluvastatin ER tab (LESCOL XL equiv)	-	4
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
LIVALO TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	2
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC

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ANTIHYPERTENSIVES Cont.																							
NICOTINIC ACID DERIVATIVES																							
niacin ER tab (NIASPAN equiv)	-	2																					
NIACOR TAB	-	NC																					
NIASPAN ER TAB	-	NC																					
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS																							
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3																					
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3																					
ANTIHYPERTENSIVES																							
ACE INHIBITORS																							
benazepril tab (LOTENSIN equiv)	-	2																					
enalapril tab (VASOTEC equiv)	-	2																					
fosinopril tab (MONOPRIL equiv)	-	2																					
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	2																					
PERINDOPRIL TAB	-	2																					
perindopril tab (ACEON equiv)	-	2																					
quinapril tab (ACCUPRIL equiv)	-	2																					
ramipril cap (ALTACE equiv)	-	2																					
trandolapril tab (MAVIK equiv)	-	2																					
captopril tab (CAPOTEN equiv)	-	3																					
moexipril tab (UNIVASC equiv)	-	3																					
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	4																					
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	4																					
AGENTS FOR PHEOCHROMOCYTOMA																							
phenoxybenzamine cap (DIBENZYLIN equiv)	MSP	5																					
DEMSER CAP	-	NC																					
metyrosine cap (DEMSER equiv)	-	NC																					
ANGIOTENSIN II RECEPTOR ANTAGONISTS																							
candesartan tab (ATACAND equiv)	-	2																					
irbesartan tab (AVAPRO equiv)	-	2																					
losartan tab (COZAAR equiv)	-	2																					
olmesartan tab (BENICAR equiv)	-	2																					
telmisartan tab (MICARDIS equiv)	-	2																					
valsartan tab (DIOVAN equiv)	-	2																					
EDARBI TAB	PA- ϕ	4																					
ATACAND TAB	-	NC																					
VALSARTAN SOLN	-	NC																					
ANTIADRENERGIC ANTIHYPERTENSIVES																							
clonidine tab (CATAPRES equiv)	-	2																					
doxazosin tab (CARDURA equiv)	-	2																					
guanfacine IR tab (TENEX equiv)	-	2																					
METHYLDOPA TAB	-	2																					
methyldopa tab (ALDOMET equiv)	-	2																					
prazosin cap (MINIPRESS equiv)	-	2																					
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ANTIHYPERTENSIVES Cont.		
terazosin cap (HYTRIN equiv)	-	2
clonidine patch (CATAPRES-TTS equiv)	-	3
CATAPRES-TTS PATCH	-	NC
NEXICLON XR TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	2
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	2
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	2
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	2
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2
amlodipine/olmesartan tab (AZOR TAB equiv)	-	3
amlodipine/valsartan tab (EXFORGE equiv)	-	3
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	¢	3
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3
EDARBYCLOR TAB	PA	4
TEKTURNA HCT TAB	-	4
ACCURETIC TAB	-	NC
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
BYVALSON TAB	-	NC
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	NC
DUTOPROL TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
QUINAPRIL/HCTZ TAB	-	NC
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC
TARKA TAB	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TWYNSTA TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	3
TEKTURNA TAB	-	NC
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB	-	NC

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPIRA equiv)	-	2
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	2
minoxidil tab (LONITEN equiv)	-	2
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	2
tinidazole tab (TINDAMAX equiv)	-	2
TRIMETHOPRIM TAB	-	2
trimethoprim tab (PROLOPRIM equiv)	-	2
pentamidine neb soln (NEBUPENT equiv)	-	3
FIRST METRONIDAZOLE SUSP	-	4
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
PRIMSOL SOLN	-	4
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4
XIFAXAN TAB 550MG	PA	4
AEMCOLO TAB	-	NC
FLAGYL CAP	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
METRONIDAZOLE TAB	-	NC
NEBUPENT NEB SOLN	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2
HYOPHEN TAB	-	NC
UTA cap	-	NC
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	3
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	3
NITAZOXANIDE TAB (QL= 6 tabs/3 days)	PA-QL	3
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	3
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	4
CARBAPENEMS		
meropenem inj (MERREM equiv)	M	6
VABOMERE INJ	-	6
GLYCOPEPTIDES		
FIRVANQ SOLN 25MG/ML	-	2
FIRVANQ SOLN 50MG/ML	-	2
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2
VANCOCIN CAP	-	NC
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC

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			generic = small letters		BRANDS = CAPITAL LETTERS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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ANTI-INFECTIVE AGENTS - MISC. Cont.		
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	2
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	2
clindamycin soln (CLEOCIN equiv)	-	3
MONOBACTAMS		
CAYSTON INH SOLN	LD-PA	5
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv)	-	3
linezolid tab (ZYVOX equiv)	-	3
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	3
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	2
nitrofurantoin macrocrystals cap 50mg, 100mg	-	2
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2
fosfomycin tromethamine powder pack (MONUROL equiv)	-	3
methenamine hippurate tab (HIPREX equiv)	-	3
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	4
MACRODANTIN CAP	-	NC
MACRODANTIN CAP 25MG	-	NC
MONUROL GRANULE PACK	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC

ANTIMALARIALS

ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2
COARTEM TAB	-	NC
MALARONE TAB	-	NC
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	2
hydroxychloroquine tab (PLAQUENIL equiv)	-	2
primaquine tab (PRIMAQUINE equiv)	-	2
KRINTAFEL TAB	-	3
mefloquine tab (LARIAM equiv)	-	3
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day)	LD-PA-QL	5
ARAKODA TAB	-	NC
DARAPRIM TAB	-	NC
PRIMAQUINE TAB	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
SOVUNA TAB	-	NC

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	2
pyridostigmine CR tab (MESTINON equiv)	-	3
GUANIDINE TAB	-	4
pyridostigmine soln (MESTINON equiv)	-	4
FIRDAPSE TAB	LD-PA	5
PYRIDOSTIGMINE TAB 30MG	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	3
RIFATER TAB	PA	4
ANTIMYCOBACTERIAL AGENTS		
isoniazid tab	-	2
pyrazinamide tab	-	2
ethambutol tab (MYAMBUTOL equiv)	-	3
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3
PRIFTIN TAB	-	3
rifabutin cap (MYCOBUTIN equiv)	-	3
rifampin cap (RIFADIN equiv)	-	3
isoniazid syrup (ISONIAZID equiv)	-	4
PASER GRANULE	PA	4
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	4
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	5
cycloserine cap (CYCLOSERINE equiv)	-	NC
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	MSP	2
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	MSP-PA	5
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
temozolomide cap (TEMODAR equiv)	MSP	2
cyclophosphamide cap	-	3
CYCLOPHOSPHAMIDE TAB	-	3
GLEOSTINE/LOMUSTINE CAP	-	3
HEXALEN CAP	-	3
MELPHALAN TAB	-	3
MYLERAN TAB	MSP	5
CISPLATIN INJ	-	6
ALKERAN INJ	-	NC
ALKERAN TAB	-	NC
CYCLOPHOSPHAMIDE CAP	-	NC
LEUKERAN TAB	-	NC
melphalan inj (ALKERAN equiv)	-	NC

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TEMODAR CAP	-	NC
TREANDA INJ	-	NC
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	MSP	2
methotrexate inj	-	2
methotrexate tab (Trexall equiv)	-	2
mercaptopurine tab (Purinethol equiv)	-	3
TABLOID TAB	-	3
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	4
PURIXAN SUSP (Prior Authorization required for members age 9 years and older)	PA	4
fludarabine inj	-	NC
METHOTREXATE INJ	-	NC
METHOTREXATE IV SOLN	-	NC
ONUREG TAB	-	NC
TREXALL TAB	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG (QL= 84 caps/28 days)	LD-PA-QL	5
FRUZAQLA CAP 5MG (QL= 21 caps/28 days)	LD-PA-QL	5
INLYTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
INLYTA TAB 1MG (QL= 8 tabs/day)	MSP-PA-QL-SF	5
LENVIMA CAP (QL= 3 caps/day)	LD-PA-QL-SF	5
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB (QL= 4 tabs/day)	LD-PA-QL-SF	5
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK	MSP-PA	5
VENCLEXTA TAB	MSP-PA	5
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (Tarceva equiv) (QL= 1 tab/day)	MSP-PA-QL	2
erlotinib tab 25mg (Tarceva equiv) (QL= 3 tabs/day)	MSP-PA-QL	2
gefitinib tab (Iressa equiv) (QL= 1 tab/day)	LD-PA-QL	5
GILOTRIF TAB (QL= 1 tab/day)	LD-PA-QL	5
TAGRISSO TAB (QL= 1 tab/day)	LD-PA-QL-SF	5
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5
IRESSA TAB	-	NC
LAZCLUZE TAB	-	NC
TARCEVA TAB	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	MSP-PA-QL-SF	5
ODOMZO CAP (QL= 1 cap/day)	MSP-PA-QL-SF	5
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		

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Last Updated* 3/1/2025

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	1
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	1
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at Tier 1)	-	1
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	MSP-QL	2
bicalutamide tab (CASODEX equiv)	-	2
letrozole tab (FEMARA equiv)	-	2
megestrol susp (MEGACE equiv)	-	2
megestrol tab (MEGACE equiv)	-	2
EMCYT CAP	-	3
EULEXIN CAP	-	3
FLUTAMIDE CAP	-	3
flutamide cap (EULEXIN equiv)	-	3
toremifene tab (FARESTON equiv)	-	3
ERLEADA TAB (QL= 4 tabs/day)	MSP-PA-QL	5
ERLEADA TAB 240MG (QL= 1 tab/day)	MSP-PA-QL	5
LYSODREN TAB	LD	5
nilutamide tab (NILANDRON equiv)	MSP	5
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
ORGOVYX TAB (QL= 30 tabs/28 days)	PA-QL	5
ORSERDU TAB (QL= 3 tabs/day)	LD-PA-QL-SF	5
ORSERDU TAB 345MG (QL= 1 tab/day)	LD-PA-QL-SF	5
LUPRON DEPOT INJ	M	6
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
FARESTON TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
leuprolide inj (LUPRON equiv)	-	NC
LUPRON DEPOT INJ	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day)	LD-PA-QL	5
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	5
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day)	LD-PA-QL-SF	5
ANTINEOPLASTIC - XPO1 INHIBITORS		

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
XPOVIO PAK (QL= 32 tabs/28 days)	MSP-PA-QL-SF	5
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB (QL= 5 tabs/28 days;)	MSP-PA-QL	5
KISQALI PAK (QL= 91 tabs/28 days)	MSP-PA-QL	5
LONSURF TAB	PA	5
ANTINEOPLASTIC ENZYME INHIBITORS		
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	MSP-PA-QL	2
imatinib tab (GLEEVEC equiv)	MSP	2
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	5
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	LD-PA-QL-SF	5
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	LD-PA-QL-SF	5
AUGTYRO CAP (QL= 8 caps/day)	MSP-PA-QL-SF	5
AUGTYRO CAP 160MG (QL= 2 caps/day)	MSP-PA-QL-SF	5
BALVERSA TAB 3MG (QL= 3 tabs/day)	LD-PA-QL-SF	5
BALVERSA TAB 4MG (QL= 2 tabs/day)	LD-PA-QL-SF	5
BALVERSA TAB 5MG (QL= 1 tab/day)	LD-PA-QL-SF	5
BOSULIF CAP	MSP-PA	5
BOSULIF TAB	MSP-PA-SF	5
BRAFTOVI CAP 75MG (QL= 6 caps/day)	LD-PA-QL	5
BRUKINSA CAP (QL= 4 caps/day)	MSP-PA-QL-SF	5
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	5
CALQUENCE CAP (QL= 2 caps/day)	LD-PA-QL-SF	5
CALQUENCE TAB (QL= 2 tabs/day)	LD-PA-QL-SF	5
CAPRELSA TAB (QL= 2 tabs/day)	LD-PA-QL-SF	5
CAPRELSA TAB 300MG (QL= 1 tab/day)	LD-PA-QL-SF	5
COMETRIQ KIT	LD-PA	5
COPIKTRA CAP (QL= 2 caps/day)	LD-PA-QL	5
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	5
dasatinib tab (SPRYCEL equiv)	MSP-PA	5
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	MSP-PA-QL-SF	5
FOTIVDA CAP (QL= 21 caps/28 days)	LD-PA-QL	5
GAVRETO CAP (QL= 4 caps/day)	LD-PA-QL-SF	5
ICLUSIG TAB (QL= 1 tab/day)	LD-PA-QL-SF	5
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	5
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	5
IMBRUVICA CAP 70MG (QL= 1 cap/day)	MSP-PA-QL	5
IMBRUVICA SUSP (QL= 6ml/day)	LD-PA-QL	5
IMBRUVICA TAB 420MG (QL= 1 tab/day)	MSP-PA-QL	5
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5
JAYPIRCA TAB (QL= 2 tabs/day)	MSP-PA-QL	5
KISQALI TAB (QL= 63 tabs/28 days;)	MSP-PA-QL	5
KOSELUGO CAP (QL= 4 caps/day)	LD-PA-QL	5
KOSELUGO CAP 10MG (QL= 8 caps/day)	LD-PA-QL	5
KRAZATI TAB (QL= 6 tabs/day)	LD-PA-QL-SF	5
lapatinib ditosylate tab (TYKERB equiv)	MSP-PA	5

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	5
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	5
LUMAKRAS TAB (QL= 8 tabs/day)	LD-PA-QL-SF	5
LUMAKRAS TAB 240MG (QL= 4 tabs/day)	LD-PA-QL-SF	5
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	LD-PA-QL-SF	5
LYNPARZA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	LD-PA-QL-SF	5
MEKINIST SOLN	MSP-PA	5
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	MSP-PA-QL	5
MEKINIST TAB 2MG (QL= 1 tab/day)	MSP-PA-QL	5
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	5
NERLYNX TAB (QL= 6 tabs/day)	LD-PA-QL-SF	5
NINLARO CAP	PA	5
OGSIVEO TAB (QL= 6 tabs/day)	LD-PA-QL-SF	5
OGSIVEO TAB 50MG (QL= 6 tabs/day)	LD-PA-QL-SF	5
OJEMDA SUSP (QL= 96ml/28 days)	LD-PA-QL-SF	5
OJEMDA TAB (QL= 24 tabs/28 days)	LD-PA-QL	5
OJJAARA TAB (QL= 1 tab/day)	LD-PA-QL	5
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	MSP-PA-QL-SF	5
PEMAZYRE TAB (QL= 1 tab/day)	LD-PA-QL	5
PIQRAY TAB	MSP-PA-SF	5
QINLOCK TAB (QL= 3 tabs/day)	LD-PA-QL	5
RETEVMO CAP (QL= 2 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL-SF	5
RETEVMO CAP 40MG (QL= 3 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL-SF	5
RETEVMO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	5
RETEVMO TAB 40MG (QL= 3 tabs/day)	MSP-PA-QL-SF	5
REZLIDHIA CAP (QL= 2 caps/day)	LD-PA-QL-SF	5
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL	5
ROZLYTREK PAK (QL= 6 packs/day)	MSP-PA-QL	5
RUBRACA TAB (QL= 4 tabs/day)	LD-PA-QL-SF	5
RYDAPT CAP (QL= 56 caps/28 days)	MSP-PA-QL	5
SCEMBLIX TAB (QL= 2 tabs/day)	LD-PA-QL	5
SCEMBLIX TAB 100 MG (QL= 4 tabs/day)	LD-PA-QL	5
sorafenib tosylate tab (NEXAVAR equiv)	MSP-PA-SF	5
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	MSP-PA-QL-SF	5
TABRECTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	5
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL	5
TAFINLAR TAB	MSP-PA	5
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	5
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	5
TASIGNA CAP	MSP-PA-SF	5
TAZVERIK TAB (QL= 8 tabs/day)	LD-PA-QL	5
TEPMETKO TAB (QL= 2 tabs/day)	LD-PA-QL-SF	5
TIBSOVO TAB (QL= 2 tabs/day)	LD-PA-QL	5
TRUQAP TAB (QL= 64 tabs/28 days)	LD-PA-QL	5

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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	LD-PA-QL	5
TURALIO CAP (QL= 4 caps/day)	LD-PA-QL-SF	5
VANFLYTA TAB (QL= 1 tab/day)	LD-PA-QL	5
VANFLYTA TAB 26.5MG (QL= 2 tabs/day)	LD-PA-QL	5
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL	5
VITRAKVI CAP 100MG (QL= 2 caps/day)	LD-PA-QL-SF	5
VITRAKVI CAP 25MG (QL= 6 caps/day)	LD-PA-QL-SF	5
VITRAKVI SOLN (QL= 10ml/day)	LD-PA-QL-SF	5
VONJO CAP (QL= 4 caps/day)	LD-PA-QL	5
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5
XALKORI SPRINKLE CAP (QL= 4 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL-SF	5
XOSPATA TAB (QL= 3 tabs/day)	LD-PA-QL-SF	5
ZEJULA CAP (QL= 3 caps/day)	LD-PA-QL	5
ZEJULA TAB (QL= 1 tab/day)	LD-PA-QL	5
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	5
ZOLINZA CAP	MSP-PA-SF	5
ZYDELIG TAB	LD-PA	5
ZYKADIA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	5
ZYKADIA TAB (QL= 3 tabs/day)	MSP-PA-QL-SF	5
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
DANZITEN TAB	-	NC
GLEEVEC TAB	-	NC
GOMEKLI CAP	-	NC
GOMEKLI TAB	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
IMKELDI SOLUTION	-	NC
INREBIC CAP	-	NC
ITOVEBI TAB	-	NC
NEXAVAR TAB	-	NC
SPRYCEL TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.1MG	-	NC
TALZENNA CAP 0.35MG	-	NC
TYKERB TAB	-	NC
VORANIGO TAB	-	NC
VOTRIENT TAB	-	NC

ANTINEOPLASTICS MISC.

bexarotene cap (TARGRETIN equiv)	MSP	2
hydroxyurea cap (HYDREA equiv)	-	2
MATULANE CAP	-	3

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Last Updated* 3/1/2025

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ACTIMMUNE INJ	LD-PA	5
BESREMI INJ (QL= 2 inj/28 days)	LD-PA-QL	5
INTRON-A INJ	MSP-PA	5
ALFERON-N INJ	-	NC
SYLATRON INJ	-	NC
TARGRETIN CAP	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	2
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	MSP	2
IWILFIN TAB (QL= 8 tabs/day)	LD-PA-QL-SF	5
MESNEX TAB	-	NC
MITOTIC INHIBITORS		
ETOPOSIDE CAP	MSP	5
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	3
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	2
trihexyphenidyl tab (ARTANE equiv)	-	2
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	3
tolcapone tab (TASMAR equiv)	-	4
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	2
amantadine syrup (SYMMETREL equiv)	-	2
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2
carbidopa/levodopa ODT (PARCOPA equiv)	-	2
carbidopa/levodopa tab (SINEMET equiv)	-	2
pramipexole tab (MIRAPEX equiv)	-	2
ropinirole tab (REQUIP equiv)	-	2
amantadine tab	-	3
bromocriptine cap (PARLODEL equiv)	-	3
bromocriptine tab (PARLODEL equiv)	-	3
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
NEUPRO PATCH	-	4
pramipexole ER tab (MIRAPEX ER equiv)	-	4
CREXONT CAP, RYTARY CAP	-	NC
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	2
selegiline tab (ELDEPRYL equiv)	-	2

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Last Updated* 3/1/2025

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ANTIPARKINSON AGENTS Cont.		
rasagiline tab (AZILECT equiv)	¢	3
XADAGO TAB (QL= 1 tab/day)	PA-QL	4
ZELAPAR ODT	-	NC

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON ADJUVANTS

NOURIANZ TAB	-	NC
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ANTIPARKINSON ANTICHOLINERGICS

trihexyphenidyl elixir (ARTANE equiv)	-	2
TRIHEXYPHENIDYL SOLN	-	2

ANTIPARKINSON DOPAMINERGICS

CARBIDOPA/LEVODOPA ODT	-	2
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	3
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	4
STALEVO TAB	-	4
KYNMOBI FILM (QL= 5 films/day)	MSP-PA-QL	5
KYNMOBI TITRATION KIT (QL=1 kit/fill)	MSP-PA-QL	5
amantadine soln (AMANTADINE equiv)	-	NC
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC
OSMOLEX ER TAB	-	NC
VYALEV INJ	-	NC

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

LITHIUM CARBONATE CAP	-	2
lithium carbonate cap (ESKALITH ER equiv)	-	2
lithium carbonate ER tab (LITHOBID equiv)	-	2
lithium carbonate tab	-	2
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	4

ANTIPSYCHOTICS - MISC.

lurasidone hcl tab (LATUDA equiv) (QL= 2 tabs/day)	QL-¢	2
ziprasidone cap (GEODON equiv)	-	2
CAPLYTA CAP	-	NC
EQUETRO CAP	-	NC
LATUDA TAB	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC

BENZISOXAZOLES

risperidone soln (RISPERDAL equiv)	-	2
risperidone tab (RISPERDAL equiv)	-	2
paliperidone ER tab (INVEGA equiv) (QL= 2 tabs/day)	QL	3
RISPERIDONE ODT	-	3

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
risperidone ODT (RISPERDAL M equiv)	-	3
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	4
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	2
haloperidol tab (HALDOL equiv)	-	2
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
olanzapine tab (ZYPREXA equiv)	-	2
quetiapine tab (SEROQUEL equiv)	-	2
quetiapine XR tab (SEROQUEL XR equiv)	-	2
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	3
clozapine tab (CLOZARIL equiv)	-	3
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC
QUETIAPINE TAB	-	NC
SAPHRIS SL TAB	-	NC
SECUADO PATCH	-	NC
SEROQUEL XR TAB	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
MUSCARINIC AGENTS		
COBENFY CAP	-	NC
COBENFY CAP STARTER PACK	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	2
fluphenazine tab (PROLIXIN equiv)	-	2
perphenazine tab (TRILAFON equiv)	-	2
prochlorperazine supp (COMPAZINE equiv)	-	2
prochlorperazine tab (COMPAZINE equiv)	-	2
thioridazine tab (MELLARIL equiv)	-	2
trifluoperazine tab (STELAZINE equiv)	-	2
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	2
aripiprazole soln (ABILIFY equiv)	-	3
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	4
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
OPIPZA FILM	-	NC

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	2
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC
ANTIVIRALS		
ANTIRETROVIRALS		
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv)	-	1
DIDANOSINE DR CAP, VIDEX EC CAP	-	2
nevirapine tab (VIRAMUNE equiv)	-	2
abacavir soln (ZIAGEN equiv)	-	3
abacavir tab (ZIAGEN equiv)	-	3
abacavir/lamivudine tab (EPZICOM equiv)	-	3
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	3
APTIVUS CAP	-	3
APTIVUS SOLN	-	3
atazanavir cap (REYATAZ equiv)	-	3
BIKTARVY TAB	-	3
CIMDUO TAB	-	3
COMPLERA TAB (QL= 1 tab/day)	QL	3
CRIXIVAN CAP	-	3
darunavir tab (PREZISTA equiv)	-	3
DELSTRIGO TAB	-	3
DESCOVY TAB (DESCOVY TAB (HIV pre-exposure prophylaxis) with a PA at \$0 and DESCOVY TAB (HIV treatment) with a PA at tier 2)	PA	3
didanosine DR cap (VIDEX EC equiv)	-	3
DOVATO TAB	-	3
EDURANT TAB	-	3
EFAVIRENZ CAP	-	3
efavirenz tab (SUSTIVA equiv)	-	3
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	3
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	3
emtricitabine cap (EMTRIVA equiv)	-	3
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	3
EMTRIVA SOLN	-	3
etravirine tab (INTELENCE equiv)	-	3
EVOTAZ TAB	-	3
fosamprenavir tab (LEXIVA equiv)	-	3
GENVOYA TAB	-	3
INTELENCE TAB	-	3
INVIRASE CAP	-	3
INVIRASE TAB	-	3

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ANTIVIRALS Cont.		
ISENTRESS (HD) TAB	-	3
ISENTRESS CHEW TAB	-	3
ISENTRESS POWDER PACK	-	3
JULUCA TAB	-	3
lamivudine soln (EPIVIR equiv)	-	3
lamivudine tab (EPIVIR equiv)	-	3
lamivudine/zidovudine tab (COMBIVIR equiv)	-	3
LEXIVA SUSP	-	3
lopinavir/ritonavir soln (KALETRA equiv)	-	3
lopinavir/ritonavir tab (KALETRA equiv)	-	3
maraviroc tab (SELZENTRY equiv)	-	3
NEVIRAPINE ER TAB	-	3
nevirapine ER tab (VIRAMUNE XR equiv)	-	3
NEVIRAPINE SUSP	-	3
NORVIR CAP	-	3
NORVIR POWDER PACK	-	3
NORVIR SOLN	-	3
ODEFSEY TAB	-	3
PIFELTRO TAB	-	3
PREZCOBIX TAB	-	3
PREZISTA SUSP	-	3
PREZISTA TAB	-	3
RESCRIPTOR TAB	-	3
REYATAZ POWDER PACK	-	3
ritonavir tab (NORVIR equiv)	-	3
RUKOBIA ER TAB	PA	3
SELZENTRY SOLN	-	3
SELZENTRY TAB	-	3
STAVUDINE CAP	-	3
stavudine cap (ZERIT equiv)	-	3
STRIBILD TAB (QL= 1 tab/day)	QL	3
SYMTUZA TAB	-	3
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	3
TIVICAY PD TAB	-	3
TIVICAY TAB	-	3
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	3
TRIUMEQ TAB (QL= 1 tab/day)	QL	3
TRIZIVIR TAB	-	3
VIDEX SOLN	-	3
VIRACEPT TAB	-	3
VIREAD TAB	-	3
zidovudine cap (RETROVIR equiv)	-	3
zidovudine syrup (RETROVIR equiv)	-	3
zidovudine tab (RETROVIR equiv)	-	3
SYMFI (LO) TAB	-	4
APRETUDE SUSP	-	NC

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ANTIVIRALS Cont.		
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
EMTRIVA CAP	-	NC
FUZEON INJ	-	NC
INTELENCE TAB	-	NC
KALETRA TAB	-	NC
NORVIR TAB	-	NC
PREZISTA TAB	-	NC
REYATAZ CAP	-	NC
SELZENTRY TAB	-	NC
SUNLENCA TAB	-	NC
SUSTIVA CAP	-	NC
SUSTIVA TAB	-	NC
TYBOST TAB	-	NC
VIRAMUNE SUSP	-	NC
VIRAMUNE XR TAB	-	NC
VIREAD TAB	-	NC
ZIAGEN SOLN	-	NC
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	3
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	3
PAXLOVID 150MG/100MG TAB PACK (EUA)	-	NC
PAXLOVID TAB (EUA)	-	NC
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	3
valganciclovir tab (VALCYTE equiv)	-	3
LIVTENCITY TAB (QL= 4 tabs/day)	LD-PA-QL	5
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	MSP-PA-QL	5
PREVYMIS PAK	-	NC
HEPATITIS AGENTS		
ribavirin cap (REBETOL equiv)	MSP	2
adefovir dipivoxil tab (HEPSERA equiv)	-	3
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	3
EPIVIR HBV SOLN	-	3
lamivudine tab 100mg (EPIVIR HBV equiv)	-	3
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	MSP-PA-QL	3
MAVYRET PAK (QL= 5 packs/day)	MSP-PA-QL	3
MAVYRET TAB (QL= 3 tabs/day)	MSP-PA-QL	3
RIBAVIRIN CAP	-	3
RIBAVIRIN TAB	-	3
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	MSP-PA-QL	3
VEMLIDY TAB (QL= 1 tab/day)	QL	3
VOSEVI TAB (QL= 1 tab/day)	MSP-PA-QL	3
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	4
PEGASYS INJ	MSP-PA	5

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ANTIVIRALS Cont.		
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	2
acyclovir susp (ZOVIRAX equiv)	-	2
acyclovir tab (ZOVIRAX equiv)	-	2
valacyclovir tab (VALTREX equiv)	-	2
famciclovir tab (FAMVIR equiv)	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3
RIMANTADINE TAB	-	4
TAMIFLU CAP	-	NC
TAMIFLU CAP 30MG	-	NC
XOFLUZA TAB	-	NC
MISC. ANTIVIRALS		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	1
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC

ASSORTED CLASSES

CHELATING AGENTS		
D-PENAMINE TAB	-	3
IMMUNOMODULATORS		
THALOMID CAP	MSP-PA	5
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	2
cyclosporine modified cap (NEORAL equiv)	-	2
mycophenolate mofetil cap (CELLCEPT equiv)	-	2
mycophenolate mofetil tab (CELLCEPT equiv)	-	2
tacrolimus cap (PROGRAF equiv)	-	2
cyclosporine cap (SANDIMMUNE equiv)	-	3
cyclosporine modified soln (NEORAL equiv)	-	3
mycophenolate DR tab (MYFORTIC equiv)	-	3
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	3
sirolimus tab (RAPAMUNE equiv)	-	3

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
SANDIMMUNE CAP	-	4
SANDIMMUNE SOLN 100MG/ML (QL= 150 mL/30 days)	QL	4
ENVARUSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	2
sodium polystyrene powder (KAYEXALATE equiv)	-	3
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	2
labetalol tab (NORMODYNE equiv)	-	2
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
LABETALOL TAB	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	2
atenolol tab (TENORMIN equiv)	-	2
betaxolol tab (KERLONE equiv)	-	2
bisoprolol tab (ZEBETA equiv)	-	2
metoprolol ER tab (TOPROL XL equiv)	-	2
metoprolol tab (LOPRESSOR equiv)	-	2
nebivolol hcl tab (BYSTOLIC equiv)	ϕ	3
BYSTOLIC TAB	-	NC
KAPSPARGO CAP	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	2
PROPANOLOL ORAL SOLN 20MG/5ML	-	2
propranolol ER cap (INDERAL LA equiv)	-	2
PROPRANOLOL SOLN	-	2
propranolol tab (INDERAL equiv)	-	2
sotalol AF tab (BETAPACE AF equiv)	-	2
sotalol tab (BETAPACE equiv)	-	2
timolol maleate tab (BLOCADREN equiv)	-	2
nadolol tab (CORGARD equiv)	-	3
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	4
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
BIOLOGICALS MISC		

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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BIOLOGICALS MISC Cont.		
ADAGEN INJ	-	NC

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	2
diltiazem ER cap (CARDIZEM CD equiv)	-	2
diltiazem ER cap (DILACOR XR equiv)	-	2
diltiazem ER cap (TIAZAC equiv)	-	2
diltiazem tab (CARDIZEM equiv)	-	2
felodipine ER tab (PLENDIL equiv)	-	2
isradipine cap (DYNACIRC equiv)	-	2
nifedipine cap (PROCARDIA equiv)	-	2
nifedipine ER tab (ADALAT CC equiv)	-	2
verapamil SR cap (VERELAN equiv)	-	2
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2
verapamil tab (CALAN equiv)	-	2
diltiazem ER cap (CARDIZEM SR equiv)	-	3
diltiazem ER tab (CARDIZEM LA equiv)	-	3
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	4
nicardipine cap (CARDENE equiv)	-	4
nimodipine cap (NIMOTOP equiv)	-	4
nisoldipine ER tab (SULAR equiv)	-	4
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	4
NISOLDIPINE ER TAB 25.5MG	-	4
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	4
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP, VERELAN CAP	-	NC
VERELAN CAP	-	NC

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin soln (LANOXIN equiv)	-	2
DIGOXIN SOLN 0.05MG/ML	-	2
digoxin tab (LANOXIN equiv)	-	2
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN TAB 62.5MCG	-	NC

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP (QL= 1 cap/day)	LD-PA-QL	5
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB (QL= 2 tabs/day)	QL	3
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
BIDIL TAB	-	NC

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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CARDIOVASCULAR AGENTS - MISC. Cont.		
CADUET TAB	-	NC
ENTRESTO CAP	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
OPSYNVI TAB	-	NC
sacubitril-valsartan tab (ENTRESTO equiv)	-	NC
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB	-	NC
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB	-	NC
IMPOTENCE AGENTS		
sildenafil tab (VIAGRA equiv) (QL= 8 tabs/fill)	QL	2
tadalafil tab (CIALIS equiv) (QL= 8 tabs/fill)	QL	2
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	2
avanafil tab (STENDRA equiv)	-	NC
CIALIS TAB	-	NC
CIALIS TAB 2.5MG, 5MG	-	NC
LEVITRA TAB	-	NC
STENDRA TAB	-	NC
vardenafil ODT (STAXYN equiv)	-	NC
vardenafil tab (LEVITRA equiv)	-	NC
VIAGRA TAB	-	NC
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB	-	NC
isoxsuprine tab (VASODILAN equiv)	-	NC
PROSTAGLANDIN VASODILATORS		
TYVASO DPI POWDER (QL= 4 cartridges/day)	LD-PA-QL	5
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days)	LD-PA-QL	5
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days)	LD-PA-QL	5
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days)	LD-PA-QL	5
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day)	LD-PA-QL	5
VENTAVIS INH SOLN (QL= 9 ampules/day)	LD-PA-QL	5
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ	LD-PA	5
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
TRACLEER TAB 32MG (QL= 4 tabs/day)	LD-PA-QL	3
OPSUMIT TAB (QL= 1 tab/day)	LD-PA-QL	5
LETAIRIS TAB	-	NC
TRACLEER TAB 62.5MG, 125MG	-	NC
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	-	2

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GHC-SCW-Marketplace Formulary

Category/Class

Last Updated* 3/1/2025

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CARDIOVASCULAR AGENTS - MISC. Cont.		
tadalafil tab (PAH) (ADCIRCA equiv)	-	2
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	3
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
REVATIO SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day)	LD-PA-QL	5
UPTRAVI INJ	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day)	LD-PA-QL	3
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv)	PA	2
CORLANOR SOLN	PA	4
CORLANOR TAB	PA	4
TRANSTHYRETIN STABILIZERS		
VYNDAQEL CAP (QL= 4 caps/day)	LD-PA-QL	4
VYNDAMAX CAP (QL= 1 cap/day)	LD-PA-QL	5
ATTRUBY PAK	-	NC
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	2
cefadroxil susp (DURICEF equiv)	-	2
CEFADROXIL TAB	-	2
cefadroxil tab (DURICEF equiv)	-	2
cephalexin cap (KEFLEX equiv)	-	2
cephalexin susp (KEFLEX equiv)	-	2
cephalexin cap 750mg (KEFLEX equiv)	-	NC
cephalexin tab	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
cefuroxime tab (CEFTIN equiv)	-	2
CEFACLOR CAP	-	4
cefaclor cap (CECLOR equiv)	-	4
CEFACLOR ER TAB	-	4
CEFACLOR SUSP	-	4
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
cefpodoxime proxetil susp (VANTIN equiv)	-	3

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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CEPHALOSPORINS Cont.		
cefpodoxime proxetil tab (VANTIN equiv)	-	3
CEFDITOREN TAB	-	4
cefixime cap (SUPRAX equiv)	-	4
cefixime susp (SUPREX equiv)	-	4
SPECTRACEF TAB	-	4
SUPRAX CAP	-	4
SUPRAX CHEW TAB	-	4
SUPRAX SUSP 500MG/5ML	-	4

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

amethyst tab (LYBREL equiv) (Step Therapy requires trial of 2 preferred oral contraceptives)	ST	1
aranelle tab (TRI-NORINYL equiv)	-	1
aviane tab (ALESSE equiv)	-	1
cesia tab (CYCLESSA equiv)	-	1
cryselle tab	-	1
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	1
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TAB	-	1
enpresse tab (TRI-LEVELLEN equiv)	-	1
FEMLYV TAB	-	1
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	1
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	1
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	1
kelnor tab (DEMULEN equiv)	-	1
levonorgestrel/ethinyl estradiol tab (LOSEASONIQUE equiv)	-	1
levonorgestrel/ethinyl estradiol tab (QUARTETTE equiv)	-	1
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	1
LO LOESTRIN TAB	-	1
loestrin 21 tab	-	1
loestrin tab	-	1
NATAZIA TAB	-	1
NEXTSTELLIS TAB	-	1
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	1
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	1
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	1
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	1
nortrel tab (OVCON 35 equiv)	-	1
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	1
tri-legest tab (ESTROSTEP FE equiv)	-	1
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	1
TYBLUME TAB	-	1
VELIVET PAK	-	1
violele tab, kariva tab (MIRCETTE equiv)	-	1
wymzya FE tab (FEMCON FE equiv)	-	1
BALCOLTRA TAB	-	NC
BEYAZ TAB	-	NC

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Last Updated* 3/1/2025

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CONTRACEPTIVES Cont.		
FALESSA KIT	-	NC
TAYTULLA CAP	-	NC
YAZ TAB, YASMIN 28 TAB	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	1
zafemy patch (XULANE equiv)	-	1
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	1
eluryng vaginal ring (NUVARING equiv)	-	1
NUVARING	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	NC
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	1
levonorgestrel tab (PLAN B equiv)	OTC	1
PLAN B TAB	OTC	1
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	NC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	1
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	1
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	1
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	NC
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	1
OPILL TAB	OTC	1
SLYND TAB	-	1

CORTICOSTEROIDS

DrugName	Special Code	Tier
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	2
dexamethasone elixir	-	2
dexamethasone sodium phosphate inj	-	2
DEXAMETHASONE SOLN	-	2
dexamethasone tab (DECADRON equiv)	-	2
hydrocortisone tab (CORTEF equiv)	-	2
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	2
methylprednisolone dose pack (MEDROL equiv)	-	2
methylprednisolone tab (MEDROL equiv)	-	2
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	2
prednisolone soln	-	2
prednisolone soln (PEDIAPRED equiv)	-	2
prednisone tab (DELTASONE equiv)	-	2
triamcinolone acetate inj (KENALOG equiv)	-	2

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CORTICOSTEROIDS Cont.		
budesonide SR cap (ENTOCORT EC equiv)	-	3
CORTISONE ACETATE TAB	-	3
hydrocortisone succinate inj 1000mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	3
MEDROL TAB	-	3
PREDNISONE SOLN	-	3
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	3
SOLU-MEDROL INJ 2GM	-	3
budesonide ER tab (QL=1 tab/day)	PA-QL	4
DEPO-MEDROL INJ	-	4
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	4
ORAPRED ODT TAB	-	4
prednisolone ODT (ORAPRED equiv)	-	4
PREDNISOLONE ODT TAB	-	4
PREDNISOLONE SOLN	-	4
AGAMREE SUSP	-	NC
ALKINDI SPRINKLE CAP	-	NC
ALKINDI SPRINKLE CAP 0.5MG	-	NC
ALKINDI SPRINKLE CAP 1MG	-	NC
CORTEF TAB	-	NC
deflazacort susp (EMFLAZA equiv)	-	NC
deflazacort tab (EMFLAZA equiv)	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXAMETHASONE TAB	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
EOHILIA SUSP	-	NC
FLO-PRED SUSP	-	NC
KENALOG INJ	-	NC
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC
LIDOLOG KIT	-	NC
MAS CARE-PAK KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
SOLU-CORTEF INJ 100MG	-	NC
SOLU-MEDROL INJ	-	NC
SOLU-MEDROL PF INJ	-	NC
TARPEYO CAP	-	NC
UCERIS TAB	-	NC

MINERALOCORTICOIDS

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CORTICOSTEROIDS Cont.		
fludrocortisone tab (FLORINEF equiv)	-	2
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	2
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2
tussigon tab (HYCODAN equiv)	-	2
BENZONATATE CAP 150MG	-	NC
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	2
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2
promethazine DM syrup	-	2
PROMETHAZINE VC SYRUP	-	2
promethazine VC syrup (PHENERGAN VC equiv)	-	2
PROMETHAZINE VC/CODEINE SYRUP	-	2
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	4
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	4
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	4
CLARINEX-D TAB	-	EXC
SEMPREX-D CAP	-	EXC
BROVEX PEB LIQUID	OTC	NC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
lohist liquid (DECON-A equiv)	OTC	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		
potassium iodide oral soln (SSKI equiv)	-	3
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
SSKI ORAL SOLN	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	2
NEBUSAL NEB SOLN	-	3
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	2

DERMATOLOGICALS

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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ACNE PRODUCTS		
benzoyl peroxide gel	OTC	2
benzoyl peroxide lotion	-	2
benzoyl peroxide wash 10%	OTC	2
benzoyl peroxide wash kit	-	2
clindamycin gel (CLEOCIN GEL equiv)	-	2
clindamycin lotion (CLEOCIN- T equiv)	-	2
clindamycin pad (CLEOCIN-T equiv)	-	2
clindamycin topical soln (CLEOCIN-T equiv)	-	2
DIFFERIN OTC GEL 0.1%	OTC	2
erythromycin pad	-	2
erythromycin soln	-	2
adapalene cream (DIFFERIN equiv)	-	3
adapalene gel 0.3% (DIFFERIN equiv)	-	3
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	3
amneesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	3
ERY PAD	-	3
erythromycin gel	-	3
PRASCION RA CREAM	-	3
RETIN-A CREAM	-	3
sodium sulfacetamide lotion (KLARON equiv)	-	3
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	3
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	3
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	3
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	3
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	3
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	3
tretinoin gel (RETIN-A GEL equiv)	-	3
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	3
clindamycin/tretinoin gel (ZIANA equiv)	PA	4
erythromycin/benzoyl peroxide gel (BENZAMICIN equiv)	-	4
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	4
TRETIN-X CREAM	-	4
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC
adapalene gel 0.1% (DIFFERIN equiv)	-	NC
ADAPALENE LOTION	-	NC
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC

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DERMATOLOGICALS Cont.		
AVAR GEL	-	NC
AVAR PAD	-	NC
AVAR-E LS CREAM 10-2%	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CABTREO GEL	-	NC
CLENIA PLUS SUSP	-	NC
CLEOCIN-T GEL	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DAPSONE GEL 7.5%	-	NC
DIFFERIN LOTION	-	NC
EPIDUO FORTE GEL 0.3-2.5%	-	NC
EPIDUO GEL 0.1-2.5%	-	NC
EPSOLAY CREAM	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL 1.2-3.75%	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
PLEXION LOTION	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADAN WASH 9-4.5%	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN WASH	-	NC

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DERMATOLOGICALS Cont.		
tretinoin cream (RETIN-A CREAM equiv)	-	NC
tretinoin gel	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	2
gentamicin sulfate oint	-	2
mupirocin oint (BACTROBAN OINT equiv)	-	2
CENTANY OINT	-	4
CORTISPORIN CREAM	-	4
CORTISPORIN OINT	-	4
XEPI CREAM	-	4
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	2
ciclopirox gel (LOPROX GEL equiv)	-	2
ciclopirox nail soln (PENLAC equiv)	-	2
ciclopirox topical susp (LOPROX SUSP equiv)	-	2
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2
econazole cream (SPECTAZOLE equiv)	-	2
ketoconazole cream (NIZORAL CREAM equiv)	-	2
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2
nystatin cream (MYCOSTATIN CREAM equiv)	-	2
nystatin oint	-	2
nystatin topical powder	-	2
nystatin/triamcinolone cream	-	2
nystatin/triamcinolone oint	-	2
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	3
EXELDERM SOLN	-	4
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	4
MENTAX CREAM	-	4
NAFTIFINE CREAM	-	4

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DERMATOLOGICALS Cont.		
naftifine cream (NAFTIN equiv)	-	4
naftifine gel (NAFTIN equiv)	-	4
NAFTIN GEL	-	4
oxiconazole nitrate cream (OXISTAT equiv)	-	4
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
clotrimazole cream (LOTRIMIN AF equiv)	OTC	NC
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
NIZORAL A-D SHAMPOO	OTC	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC

ANTI-INFLAMMATORY AGENTS - TOPICAL

diclofenac gel 1% OTC	OTC	2
VOLTAREN GEL	OTC	2
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	3
DICLOFENAC PATCH, FLECTOR PATCH	-	NC
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
INFLAMMA-K KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC

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DERMATOLOGICALS Cont.		
PENNSAID SOLN	-	NC
PROFINAC PAK	-	NC
REXAPHENAC CREAM	-	NC
VAROPHEN KIT	-	NC
VENNGEL ONE KIT	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	2
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	QL	3
FLUOROURACIL SOLN	-	3
fluorouracil soln (FLUOROURACIL equiv)	-	3
FLUOROURACIL CREAM 0.5%	-	4
PICATO GEL (QL= 1 box/fill)	QL	4
bexarotene gel (TARGRETIN equiv)	MSP-PA	5
VALCHLOR GEL (QL= 4 tubes/30 days)	LD-PA-QL	5
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
KLISYRI OINT	-	NC
PANRETIN GEL	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
ANTIPRURITICS - TOPICAL		
doxepin hcl cream	PA	4
DOXEPIN HCL CREAM	-	NC
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv)	-	3
calcipotriene cream (DOVONEX CREAM equiv)	-	3
calcipotriene oint	-	3
CALCIPOTRIENE SOLN	-	3
calcipotriene soln (DOVONEX SOLN equiv)	-	3
CALCITRIOL OINT	-	3
METHOXSALEN CAP	-	3
methoxsalen cap (OXSORALEN ULTRA equiv)	-	3
tazarotene cream 0.1% (TAZORAC equiv)	PA	3
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	3
DRITHO-SCALP CREAM	-	4
tazarotene cream 0.05% (TAZORAC equiv)	PA	4
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	MSP-PA-QL	5
STELARA INJ (QL= 1 inj/84 days)	MSP-PA-QL	5
TALTZ INJ (QL= 1 inj/28 days)	MSP-PA-QL	5
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	MSP-PA-QL	5

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DERMATOLOGICALS Cont.		
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	MSP-PA-QL	5
TREMFYA INJ (QL= 1 inj/56 days)	MSP-PA-QL	5
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5
BIMZELX INJ	-	NC
calcipotriene cream (TRIONEX equiv)	-	NC
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALSODORE PAK	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
COSENTYX INJ 300MG/2ML	-	NC
COSENTYX UNO INJ	-	NC
NUDERMRXPAK PAK	-	NC
SELARSDI INJ	-	NC
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
SPEVIGO INJ	-	NC
STEQEYMA INJ	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
TAZORAC GEL	-	NC
TRIONEX PAK	-	NC
USTEKINUMAB- INJ TTWE	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC
WEZLANA INJ	-	NC
WEZLANA SYRINGE	-	NC
YESINTEK INJ	-	NC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	OTC	2
selenium sulfide lotion 2.5% (SELSUN equiv)	-	2
selenium sulfide shampoo (SELSEB equiv)	-	3
sodium sulfacetamide wash (OVACE WASH equiv)	-	3
OVACE PLUS CREAM	-	4
ESKATA SOLN	-	NC
OVACE PLUS GEL	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ZORYVE FOAM	-	NC
ANTIVIRALS - TOPICAL		

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acyclovir oint (ZOVIRAX equiv)	-	2
penciclovir cream (DENA VIR equiv)	PA	4
acyclovir cream (ZOVIRAX equiv)	-	NC
DENA VIR CREAM	-	NC
XERESE CREAM	-	NC
ZOVIRAX CREAM	-	NC
ZOVIRAX OINT	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2
SULFAMYLON CREAM	-	3
MAFENIDE ACETATE SOLN PACK	-	NC
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2
BETAMETHASONE AUGMENTED GEL	-	2
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	2
betamethasone dipropionate lotion	-	2
betamethasone dipropionate oint	-	2
betamethasone valerate cream	-	2
betamethasone valerate lotion	-	2
betamethasone valerate oint	-	2
clobetasol propionate cream (TEMOVATE equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol propionate oint (TEMOVATE equiv)	-	2
clobetasol propionate soln (TEMOVATE equiv)	-	2
fluocinolone acetonide cream	-	2
fluocinolone acetonide oint	-	2
fluocinonide cream 0.05% (LIDEX equiv)	-	2
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	2
fluocinonide gel	-	2
fluocinonide oint	-	2
fluocinonide soln	-	2
fluticasone propionate cream (CUTIVATE equiv)	-	2
fluticasone propionate oint (CUTIVATE equiv)	-	2
hydrocortisone cream (PROCTOCORT equiv)	-	2
hydrocortisone lotion (HYTONE equiv)	-	2
HYDROCORTISONE LOTION 2.5%	-	2
hydrocortisone oint	-	2
mometasone cream (ELOCON equiv)	-	2
mometasone oint (ELOCON equiv)	-	2
mometasone soln (ELOCON equiv)	-	2
triamcinolone cream	-	2
triamcinolone lotion	-	2

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triamcinolone oint	-	2
alclometasone cream (ACLOVATE equiv)	-	3
ALCLOMETASONE OINT	-	3
alclometasone oint (ACLOVATE OINT equiv)	-	3
betamethasone augmented oint (DIPROLENE OINT equiv)	-	3
clobetasol lotion (CLOBEX equiv)	-	3
clocortolone pivalate cream (QL= 90gm/30 days)	QL	3
desonide cream (DESOWEN equiv)	-	3
desonide lotion	-	3
desonide oint	-	3
desoximetasone cream 0.025% (TOPICORT CREAM equiv)	-	3
desoximetasone gel (TOPICORT equiv)	-	3
EPIFOAM AEROSOL	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
fluocinolone soln	-	3
fluocinonide emollient cream	-	3
halobetasol propionate cream (ULTRAVATE equiv)	-	3
halobetasol propionate oint (ULTRAVATE equiv)	-	3
HC PRAMOXINE CREAM 1-2.5%	-	3
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	3
PRAMOSONE CREAM 1-1%	-	3
PRAMOSONE E CREAM	-	3
PRAMOSONE OINT	-	3
AMCINONIDE LOTION	-	4
calcipotriene/betamethasone oint (TACLONEX equiv)	-	4
CAPEX SHAMPOO	-	4
clobetasol foam (OLUX equiv)	-	4
clobetasol shampoo (CLOBEX equiv)	-	4
CLODERM CREAM	-	4
desoximetasone cream 0.05% (TOPICORT equiv)	-	4
desoximetasone ointment 0.05%	-	4
NUCORT LOTION	-	4
PRAMOSONE LOTION	-	4
TEXACORT SOLN	-	4
triamcinolone spray (KENALOG equiv)	-	4
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
clobetasol spray (CLOBEX equiv)	-	NC
CLOBETAVIX KIT	-	NC

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CLOBEX SPRAY	-	NC
CLOCORTOLONE CREAM	-	NC
CORDRAN CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN LOTION	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
FLURANDRENOL LOTION	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
FLUTICASONE LOTION	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOBETASOL AER	-	NC
halobetasol propionate foam (LEXETTE equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE OINT	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC

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DERMATOLOGICALS Cont.		
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
HYDROCORTISONE PAK	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PREDNICARBATE CREAM	-	NC
PREDNICARBATE OIN	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TACLONEX OINT	-	NC
TASOPROL CREAM KIT	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TOPICORT OINT 0.05%	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE CREAM	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE OINT	-	NC
ULTRAVATE PAC KIT	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC

ECZEMA AGENTS

OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	4
ADBRY INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
ADBRY INJ (QL= 4 inj/28 days)	MSP-PA-QL	5
CIBINQO TAB (QL= 1 tab/day)	MSP-PA-QL	5

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DUPIXENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
DUPIXENT PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
EBGLYSS INJ	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream ()	-	2
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream 41% (UTOPIC equiv)	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	2
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	2
LAC-HYDRIN LOTION 5%	OTC	2
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	3
vasolex oint (XENADERM equiv)	-	3
XENADERM OINT	-	3
HAIR GROWTH AGENTS		
LITFULO CAP (QL= 1 cap/day)	LD-PA-QL	5
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
bimatoprost topical soln (LATISSE equiv)	-	NC
LATISSE SOLN	-	NC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ	-	NC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		

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ST	Restricted to Specialist	SF	Restricted to Diagnosis
	Step Therapy	VAC	Smoking Cessation
			RxCENTS

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DERMATOLOGICALS Cont.		
tacrolimus oint (PROTOPIC OINT equiv)	-	2
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	3
HYFTOR GEL (QL= 10 grams/30 days)	LD-PA-QL	5
ELIDEL CREAM	-	NC
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	3
PODOFILOX SOLN	-	3
podofilox soln (CONDYLOX equiv)	-	3
salicylic acid shampoo (SALEX equiv)	-	3
podofilox gel (CONDYLOX equiv)	-	4
SALEX SHAMPOO	-	4
ATRIX SYSTEM KIT	-	NC
CONDYLOX GEL	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALEX SHAMPOO	-	NC
SALICATE LIQUID	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream	OTC	2
lidocaine cream 3% (LIDAMANTLE equiv)	-	2
lidocaine cream 4%	OTC	2
lidocaine gel (GLYDO equiv)	-	2
lidocaine oint (QL= 107gm/30 days)	QL	2
lidocaine soln (XYLOCAINE equiv)	-	2
lidocaine/prilocaine cream (EMLA equiv)	-	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	3
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDAMANTLE LOTION	-	NC

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ST	Step Therapy	VAC	RxCENTS
			¢

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DERMATOLOGICALS Cont.		
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine gel (XYLOCAINE equiv)	-	NC
lidocaine hcl cream 4.12%	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC
lidocaine patch 3.5% (GEN7T equiv)	-	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDO-EP-TETR SOLN	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNERA PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		
DRYSOL SOLN	-	2
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
SOFDRA GEL	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
ZORYVE CREAM	-	NC
PIGMENTING-DEPIGMENTING AGENTS		

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Last Updated* 3/1/2025

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
EPIQUIN MICRO CREAM	-	EXC
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel 0.75% (METROGEL equiv)	-	2
azelaic acid gel (FINACEA equiv)	-	3
FINACEA FOAM	-	3
metronidazole gel (METROGEL equiv)	-	3
metronidazole lotion (METROLOTION equiv)	-	3
ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	PA-QL	4
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC
EMROSI CAP	-	NC
FINACEA GEL	-	NC
IVERMECTIN CREAM	-	NC
NORITATE CREAM	-	NC
ORACEA CAP	-	NC
ROSDAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3
LINDANE SHAMPOO	-	4
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	4
CROTAN LOTION	-	NC
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
BIAFINE EMULSION	-	3
REGRANEX GEL (QL= 30gm/fill)	QL	3
ALEVICYN SOLN DERMAL	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
FILSUVEZ GEL	-	NC
KERAMATRIX	-	NC

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DERMATOLOGICALS Cont.		
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGEN INJ (QL= 1 kit/fill, 2 fills/30 days)	QL	3
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	NC
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	DME
ACCU-CHEK GUIDE TEST STRIP	OTC	DME
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	DME
ACCU-CHEK TEST STRIP	OTC	DME
CLINISTIX TEST STRIP	OTC	DME
KETO-DIASTIX TEST STRIP	OTC	DME
KETOSTIX	OTC	DME
ONETOUCH TEST STRIP	OTC	DME
ONETOUCH VERIO TEST STRIP	OTC	DME
TEST STRIP (all other test strips)	OTC-PA	DME
COVID-19 TEST	OTC	EXC
CUE COVID-19 TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
FREESTYLE INSULINX TEST STRIP	OTC	NC
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
FREESTYLE TEST STRIP	OTC	NC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC

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DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.		
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	3
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	2
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3
methazolamide tab (NEPTAZANE equiv)	-	3
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	2
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2
ALDACTAZIDE TAB 50-50MG	-	4
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	2
FUROSEMIDE SOLN	-	2
furosemide soln (LASIX equiv)	-	2
furosemide tab (LASIX equiv)	-	2
torsemide tab (DEMADEX equiv)	-	2
ethacrynic tab (EDECIN equiv)	-	3
FUROSCIX KIT	-	NC
SOAANZ TAB	-	NC
OSMOTIC DIURETICS		
mannitol soln (OSMITROL equiv)	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	2
spironolactone tab (ALDACTONE equiv)	-	2
triamterene cap (DYRENIUM equiv)	-	3
spironolactone susp (CAROSPIR equiv)	PA	4
DYRENIUM CAP	-	NC
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	2
chlorothiazide tab (DIURIL equiv)	-	2

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			¢
			SMKG
			Limited to two 15 day fills per month for first 3 months
			LD
			OTC
			OTC
			OTC

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DIURETICS Cont.		
chlorthalidone tab	-	2
hydrochlorothiazide cap (MICROZIDE equiv)	-	2
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	2
indapamide tab (LOZOL equiv)	-	2
metolazone tab (ZAROXOLYN equiv)	-	2
DIURIL SUSP	-	3
THALITONE TAB	-	NC

ENDOCRINE AND METABOLIC AGENTS - MISC.

ADRENAL STEROID INHIBITORS

ISTURISA TAB (QL= 12 tabs/day)	LD-PA-QL	5
RECORLEV TAB	-	NC

BONE DENSITY REGULATORS

alendronate tab (FOSAMAX equiv)	-	2
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2
ALENDRONATE TAB 40MG	-	3
calcitonin nasal spray (MIACALCIN equiv)	-	3
risedronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate)	ST	3
alendronate sodium oral soln (FOSAMAX equiv)	-	4
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	4
NATPARA INJ	LD-PA	5
TYMLOS INJ	MSP-PA	5
BINOSTO TAB	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FORTEO INJ	-	NC
FOSAMAX+D TAB	-	NC
MIACALCIN INJ	-	NC
pamidronate inj	-	NC
PROLIA INJ	-	NC
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC
TERIPARATIDE INJ 620MCG/2.48ML	-	NC
ZOMETA INJ	-	NC

CORTICOTROPIN

ACTHAR GEL INJ	M	6
ACTHAR GEL AUTO-INJECTOR	-	NC
CORTROPHIN INJ GEL	-	NC

CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS

CRENESSITY CAP	-	NC
CRENESSITY SOLN	-	NC

FERTILITY REGULATORS

clomiphene citrate tab (CLOMID equiv)	INF	2
CLOMIPHENE TAB	INF	2
FOLLISTIM AQ INJ	INF	NC
GONAL-F RFF INJ	INF	NC
GONAL-F RFF INJ, GONAL-F INJ	INF	NC
MENOPUR INJ	INF	NC

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M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
OVIDREL INJ	INF	NC
PREGNYL INJ, NOVAREL INJ	INF	NC
GNRH/LHRH ANTAGONISTS		
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	3
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	3
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	NC
CETROTIDE KIT	INF	NC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ	LD-PA	5
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
GROWTH HORMONES		
NORDITROPIN INJ	MSP-PA	5
OMNITROPE INJ	MSP-PA	5
OMNITROPE INJ (Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA	5
SOGROYA INJ	MSP-PA	5
GENOTROPIN INJ	-	NC
HUMATROPE INJ, ZOMACTON INJ	-	NC
NGENLA INJ	-	NC
NUTROPIN AQ INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
SKYTROFA INJ	-	NC
ZOMACTON INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at Tier 1)	-	1
OSPHENA TAB	-	NC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	LD-PA	5
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	3
LUPRON DEPOT-PED INJ	M	6
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	-	NC
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB	PA	4
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	2
calcitriol soln (ROCALTROL equiv)	-	2
levocarnitine soln (CARNITOR equiv)	-	2
levocarnitine tab (CARNITOR equiv)	-	2
cinacalcet tab (SENSIPAR equiv)	-	3
DOXERCALCIFEROL CAP	-	3
doxercalciferol cap (HECTOROL equiv)	-	3
paricalcitol cap (ZEMPLAR equiv)	-	3

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RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
mifepristone tab 200mg (MIFIPREX equiv)	-	2
MIFIPREX TAB	-	NC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	2
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	-	2
OCTREOTIDE INJ 100MCG	-	3
SIGNIFOR INJ (QL= 2 vials/day)	LD-PA-QL	5
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day)	LD-PA-QL	5
JYNARQUE TAB (QL= 2 tabs/day)	LD-PA-QL	5
TOLVAPTAN TAB	MSP-PA	5
SAMSCA TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	2
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
COMBIPATCH	-	3
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3
PREMPHASE TAB, PREMPRO TAB	-	3
PREFEST TAB	-	4
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv) (QL= 1 patch/week)	QL	2
estradiol patch (VIVELLE-DOT equiv) (QL= 2 patches/week)	QL	2
estradiol tab (ESTRACE equiv)	-	2
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	3
PREMARIN TAB	-	3
ALORA PATCH (QL= 2 patches/week)	QL	4
MENEST TAB	-	4
MENOSTAR PATCH (QL= 1 patch/week)	QL	4
DELESTROGEN INJ	-	NC
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
EVAMIST SPRAY	-	NC

FLUOROQUINOLONES

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ST	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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DrugName	Special Code	Tier
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	2
levofloxacin soln (LEVAQUIN equiv)	-	2
levofloxacin tab (LEVAQUIN equiv)	-	2
ofloxacin tab (FLOXIN equiv)	-	2
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3
ciprofloxacin susp (CIPRO equiv)	-	3
moxifloxacin tab (AVELOX equiv)	-	3
CIPRO SUSP	-	4
FACTIVE TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab (MOTTEGRITY equiv) (QL= 1 tab/day)	PA-QL	4
MOTTEGRITY TAB	-	NC
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB	-	3
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP	MSP-PA	5
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day)	LD-PA-QL-SF- ϕ	5
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	2
ursodiol tab (URSO (FORTE) equiv)	-	2
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	3
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	3
AMITIZA CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	2
metoclopramide tab (REGLAN equiv)	-	2
GIMOTI NASAL SPRAY	-	NC
METZOLV ODT	-	NC
HEPATOTROPICS		
REZDIFFRA TAB (QL= 1 tab/day)	LD-PA-QL	5
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day)	LD-PA-QL	5
BYLVAY CAP 400MCG (QL= 15 caps/day)	LD-PA-QL	5
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day)	LD-PA-QL	5
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day)	LD-PA-QL	5
LIVMARLI SOLN (QL= 90ml/30 days)	LD-PA-QL	5
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days)	LD-PA-QL	5

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ST	Step Therapy	VAC	Vaccine Program	ϕ	RxCENTS
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Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	2
sulfasalazine EC tab (AZULFIDINE equiv)	-	2
sulfasalazine tab (AZULFIDINE equiv)	-	2
mesalamine DR cap (DELZICOL equiv)	-	3
mesalamine DR tab (LIALDA equiv)	-	3
mesalamine enema (ROWASA equiv)	-	3
mesalamine ER cap (APRISO equiv)	-	3
mesalamine supp (CANASA equiv)	-	3
DIPENTUM CAP	-	4
mesalamine tab (ASACOL equiv)	-	4
SFROWASA ENEMA	-	4
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	5
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	MSP-PA-QL	5
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	MSP-PA-QL	5
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
ENTYVIO SC INJ	-	NC
LIALDA TAB	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC
PENTASA CR CAP	-	NC
ROWASA KIT	-	NC
STEQEYMA INJ	-	NC
VELSIPITY TAB	-	NC
YESINTEK INJ	-	NC
ZYMFENTRA INJ	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	2
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP	-	3
alosetron tab (LOTROXEX equiv)	¢	4
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
LIVE FECAL MICROBIOTA		
VOWST CAP (QL= 12 caps/fill)	LD-PA-QL	5
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	3
SYMPROIC TAB	PA	3
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC

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ST	Restricted to Specialist	SF	Smoking Cessation
	Step Therapy	VAC	RxCENTS
			¢

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Last Updated* 3/1/2025

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
RELISTOR TAB	-	NC
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB	-	NC
LIVDELZI CAP	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	2
calcium acetate tab (ELIPHOS equiv)	-	2
FOSRENOL POWDER PACK	-	3
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3
PHOSLYRA SOLN	-	3
SEVELAMER CARBONATE TAB	-	3
sevelamer powder pak (RENVELA equiv)	-	3
sevelamer tab (RENVELA TAB equiv)	-	3
AURYXIA TAB	PA	4
VELPHORO CHEW TAB	-	4
RENAGEL TAB 800MG	-	NC
RENVELA TAB	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	2
CYTRA-3 SYRUP	-	2
ORACIT SOLN	-	2
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	2
sodium citrate/citric acid soln (BICITRA equiv)	-	2
tricitrates soln (POLYCITRA-LC equiv)	-	2
potassium citrate CR tab (UROCIT-K TAB equiv)	-	3
CYSTINOSIS AGENTS		
CYSTAGON CAP	-	4
PROCYSBI GRANULES PACKET	-	NC
GENITOURINARY IRRIGANTS		
RENACIDIN SOLN	PA	4
SODIUM CHLORIDE 0.9% IRR SOLN	-	NC
HYPEROXALURIA AGENTS		
RIFLOZA INJ 160MG	-	NC
RIVFLOZA INJ	-	NC

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GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
RIVFLOZA VIAL	-	NC
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 1 tab/day)	MSP-PA-QL	5
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	4
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	2
dutasteride cap (AVODART equiv)	-	2
finasteride tab (PROSCAR equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
tamsulosin cap (FLOMAX equiv)	-	2
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
JALYN CAP	-	NC
RAPAFLO CAP	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	2
phenazopyridine tab 95mg (AZO equiv)	OTC	2
phenazopyridine tab 97.5mg (AZO equiv)	OTC	2
phenazopyridine tab 99.5mg (AZO equiv)	OTC	2
AZO URINARY TAB	OTC	NC
URINARY STONE AGENTS		
tiopronin tab delayed release (THIOLA EC equiv)	MSP-PA	2
LITHOSTAT TAB	-	4
tiopronin tab (THIOLA equiv)	MSP-PA	5
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	2
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	2
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	2
colchicine tab (COLCRYS equiv)	-	3
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	4
allopurinol tab 200mg	-	NC
COLCHICINE CAP	-	NC
colchicine cap (COLCHICINE equiv)	-	NC
COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC

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DrugName	Special Code	Tier
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GOUT AGENTS Cont.

URICOSURICS

probenecid tab (BENEMID equiv)	-	2
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HEMATOLOGICAL AGENTS - MISC.

ANTHEMOPHILIC PRODUCTS

HEMLIBRA INJ	MSP-PA	5
ADVATE, KOVALTRY INJ	-	EXC
ADYNOVATE INJ	-	EXC
AFSTYLA KIT	-	EXC
ALPHANATE, HUMATE-P INJ	-	EXC
ALPHANINE SD INJ	-	EXC
ALPROLIX INJ	-	EXC
ALTUVIIIIO INJ	-	EXC
BENEFIX INJ	-	EXC
COAGADEX INJ	-	EXC
CORIFACT KIT	-	EXC
ELOCTATE INJ	-	EXC
ESPEROCT INJ	-	EXC
FEIBA INJ	-	EXC
FIBRYGA, RIASTAP INJ	-	EXC
HEMOFIL M, KOATE INJ	-	EXC
IDELVION INJ	-	EXC
IXINITY INJ	-	EXC
JIVI INJ	-	EXC
KOGENATE FS INJ	-	EXC
NOVOEIGHT INJ	-	EXC
NOVOSEVEN RT INJ	-	EXC
NUWIQ INJ	-	EXC
NUWIQ KIT	-	EXC
OBIZUR INJ	-	EXC
PROFILNINE INJ	-	EXC
REBINYN INJ	-	EXC
RECOMBINATE INJ	-	EXC
RIXUBIS INJ	-	EXC
SEVENFACT INJ	-	EXC
TRETEN INJ	-	EXC
VONVENDI INJ	-	EXC
WILATE INJ	-	EXC
XYNTHA INJ	-	EXC
ALHEMO INJ	-	NC
HYMPAVZI INJ	-	NC

BRADYKININ B2 RECEPTOR ANTAGONISTS

icatibant inj (FIRAZYR equiv)	MSP-PA	5
FIRAZYR INJ	-	NC

COMPLEMENT INHIBITORS

BERINERT INJ	LD-PA	5
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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
CINRYZE INJ (QL= 16 vials/28 days)	LD-PA-QL	5
EMPAVELI (QL= 160ml/28 days)	LD-PA-QL	5
HAEGARDA INJ	LD-PA	5
RUCONEST INJ	LD-PA	5
TAVNEOS CAP (QL= 6 caps/day)	LD-PA-QL	5
VOYDEYA TAB (QL= 6 tabs/day)	LD-PA-QL	5
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day)	LD-PA-QL	5
FABHALTA CAP	-	NC
ZILBRYSQ INJ	-	NC
ZILBRYSQ INJ 23MG	-	NC
ZILBRYSQ INJ 32.4MG	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	2
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days)	LD-PA-QL	5
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	LD-PA-QL	5
ORLADEYO CAP	-	NC
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	2
cilostazol tab (PLETAL equiv)	-	2
clopidogrel tab 75mg (PLAVIX equiv)	-	2
dipyridamole tab (PERSANTINE equiv)	-	2
prasugrel tab (EFFIENT equiv)	-	2
aspirin/dipyridamole cap (AGGRENOX equiv)	-	3
BRILINTA TAB	-	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
CABLIVI INJ KIT (QL= 1 vial/day)	LD-PA-QL	5
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
EFFIENT TAB	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB (QL= 2 tabs/day)	LD-PA-QL	5
PYRUKYND TAPER PACK (QL= 1 tab/day)	LD-PA-QL	5
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day)	LD-PA-QL	2
CERDELGA CAP (QL= 2 caps/day)	MSP-PA-QL	5
ZAVESCA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	3

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EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
OXBRYTA TAB	LD-PA-QL	5
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	MSP-PA-QL	5
ENDARI POWDER PACKET	-	NC
OXBRYTA TAB FOR ORAL SUSP	-	NC
COBALAMINS		
cyanocobalamin inj	-	2
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	4
NASCOBAL SPRAY	-	4
FOLIC ACID/FOLATES		
folic acid tab 1mg (\$0 copay for female members only)	-	1
folic acid tab 400mcg (Covered for female members only)	OTC	1
folic acid tab 800mcg (Covered for female members only)	OTC	1
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA INJ (Required through specialty pharmacy: GHC, UW Specialty or Walgreens Specialty)	MSP	5
NIVESTYM INJ	MSP	5
NYVEPRIA INJ	MSP	5
PROMACTA POWDER (QL= 1 packet/day)	MSP-PA-QL	5
PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5
PROMACTA TAB 50MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5
PROMACTA TAB 75MG (QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty)	MSP-PA-QL	5
RETACRIT INJ	MSP	5
ZARXIO INJ	MSP	5
ALVAIZ TAB	-	NC
ARANESP INJ	-	NC
DOPTELET TAB	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYPOZI INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
VAFSEO TAB	-	NC
ZIEXTENZO INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	2
folbee tab	-	2
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	2
MULTIGEN FOLIC TAB	-	2
MULTIGEN PLUS TAB	-	2
MULTIGEN TAB	-	2
tricon cap (TRINSICON equiv)	-	2
NEPHRON FA TAB	-	3
FERREX 28 TAB	-	4
multivitamin tab	-	4
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CORVITE TAB	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ACCRUFER CAP	-	NC
ferrous sulfate elixir	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	OTC	NC
STEM CELL MOBILIZERS		
XOLREMDI CAP (QL= 4 caps/day)	LD-PA-QL	5
MOZOBIL INJ	-	NC
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv)	-	3
aminocaproic acid soln (AMICAR equiv)	-	4
AMICAR SOLN	-	NC
AMICAR TAB	-	NC
aminocaproic acid tab (AMICAR equiv)	-	NC
CYKLOKAPRON INJ	-	NC
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC

HYPNOTICS

NON-BARBITURATE HYPNOTICS

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NC/3P = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
M Medical Benefit	MSP Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA Prior Authorization	QL Quantity Limit	RDX Restricted to Diagnosis
RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
HYPNOTICS Cont.		
zolpidem tab (AMBIEN equiv)	-	2
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap	-	NC
diphenhydramine cap 50mg	-	NC
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	2
phenobarbital tab	-	2
SECONAL CAP	-	3
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv) (QL= 1 tab/day)	QL	4
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	2
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2
midazolam hcl syrup	-	2
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	2
temazepam cap 15mg (RESTORIL equiv)	-	2
temazepam cap 30mg (RESTORIL equiv)	-	2
triazolam tab (HALCION equiv)	-	2
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	2
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	3
FLURAZEPAM CAP	-	4
temazepam cap 22.5mg (RESTORIL equiv)	-	4
temazepam cap 7.5mg (RESTORIL equiv)	-	4
AMBIEN CR TAB	-	NC
AMBIEN TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
QUAZEPAM TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	4
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
ROZEREM TAB	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC

LAXATIVES

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M	Plan Exclusion	INF	Limited Distribution
PA	Medical Benefit	MSP	Over-the-Counter
RS	Prior Authorization	QL	Restricted to Specialist
ST	Restricted to Specialist	SF	Restricted to Diagnosis
	Step Therapy	VAC	Smoking Cessation
			RxCENTS
			¢

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
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LAXATIVES Cont.

LAXATIVE COMBINATIONS

GAVILYTE-C SOLN (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
GOLYTELY SOLN (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
NULYTELY SOLN (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	1
peg 3350/electrolytes soln (COLYTE equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
peg 3350/electrolytes soln (NULYTELY equiv) (\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay)	QL	1
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	3
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PEG-PREP KIT	-	NC
PLENVU SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC

LAXATIVES - MISCELLANEOUS

lactulose soln	-	2
GIALAX KIT	-	NC
KRISTALOSE PACK, LACTULOSE PACK	-	NC
MIRALAX	OTC	NC
MIRALAX PACKET	OTC	NC
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	NC
polyethylene glycol packet (MIRALAX equiv)	OTC	NC

SALINE LAXATIVES

OSMOPREP TAB	-	NC
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LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
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MACROLIDES

AZITHROMYCIN

azithromycin susp (ZITHROMAX equiv)	-	2
azithromycin tab (ZITHROMAX equiv)	-	2
ZITHROMAX POWDER PACK	-	4

CLARITHROMYCIN

clarithromycin tab (BIAXIN equiv)	-	2
CLARITHROMYCIN SUSP	-	3
clarithromycin ER tab (BIAXIN XL equiv)	-	4

ERYTHROMYCINS

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PA	Prior Authorization	MSP	Mandatory Specialty Pharmacy Program
RS	Restricted to Specialist	QL	Quantity Limit
ST	Step Therapy	SF	Limited to two 15 day fills per month for first 3 months
		VAC	Vaccine Program
		LD	Limited Distribution
		OTC	Over-the-Counter
		RDX	Restricted to Diagnosis
		SMKG	Smoking Cessation
		¢	RxCENTS

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Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
MACROLIDES Cont.		
ERYTHROMYCIN CAP DR	-	3
erythromycin DR cap (ERYC equiv)	-	3
ERYTHROMYCIN EC CAP	-	3
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	3
erythromycin tab (ERY-TAB equiv)	-	4
PCE TAB	-	4

FIDAXOMICIN

DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3

MEDICAL DEVICES

PARENTERAL THERAPY SUPPLIES

INPEN INSULIN INJECTION DEVICE	-	NC
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MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CERVICAL CAP	-	1
DIAPHRAGM	-	1
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS METER	OTC	1
ACCU-CHEK GUIDE CARE METER	OTC	1
ACCU-CHEK GUIDE ME KIT	OTC	1
ACCU-CHEK NANO METER	OTC	1
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	1
ONETOUCH METER	OTC	1
ONETOUCH VERIO FLEX METER	OTC	1
ONETOUCH VERIO IQ METER	OTC	1
ONETOUCH VERIO METER	OTC	1
ONETOUCH VERIO REFLECT METER	OTC	1
ONETOUCH DELICA LANCETS	OTC	3
ONETOUCH DELICA PLUS LANCETS	OTC	3
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	3

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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Last Updated* 3/1/2025

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	DME
LANCET DEVICE	OTC	DME
LANCETS	OTC	DME
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	DME
OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days)	QL	DME
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	DME
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	DME
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	DME
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	DME
OMNIPOD DASH INTRO KIT	QL	DME
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	DME
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	DME
V-GO INJ KIT (QL= 1 kit/day)	QL	DME
CALIBRATION LIQUID	OTC	NC
DIABETIC METER (all other diabetic meters)	OTC	NC
FREESTLY LITE METER	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
OMNIPOD DASH PDM KIT	-	NC
OMNIPOD GO KIT	-	NC
TEMPO SMART BUTTON	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	DME
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
BD ECLIPSE NEEEDLE/25G X	OTC	DME
BD HYPO NEEDLE MIS 18Gx1.5"	-	DME
B-D INSULIN SYRINGE	--OTC	DME
B-D PEN NEEDLE	OTC	DME
HYPONEEEDLE MIS 18GX1.5	OTC	DME
HYPODERMIC NEEDLES	OTC	DME

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Last Updated* 3/1/2025

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MEDICAL DEVICES AND SUPPLIES Cont.		
INSULIN SYRINGE	OTC	DME
NEEDLE (DISP) 18 G	-	DME
NEEDLES	OTC	DME
NOVOFINE PEN NEEDLE	OTC	DME
NOVOTWIST PEN NEEDLE	OTC	DME
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	DME
SYRINGE (DISPOSABLE) 3 ML	-	DME
SYRINGE LUER-LOK	OTC	DME
TB SYRINGE	OTC	DME
CEQUR SIMPLICITY	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY AIDS		
MASK	OTC	DME
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	DME
AEROCHAMBER SUPPLIES	-	DME
PEAK FLOW METER	OTC	DME
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	3
QULIPTA TAB	-	NC
ZAVZPRET NASAL SPRAY	-	NC
MIGRAINE COMBINATIONS		
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	3
ERGOTAMINE/CAFFEINE TAB	-	3
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	3
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	4
ERGOMAR SL TAB (QL= 20 tablets/28 days)	PA-QL	4
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3

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ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
			generic = small letters		BRANDS = CAPITAL LETTERS

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Last Updated* 3/1/2025

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	3
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3
sumatriptan 6mg/0.5ml auto-injector (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	3
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	3
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	3
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	4
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
almotriptan tab (AXERT equiv)	-	NC
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
frovatriptan tab (FROVA equiv)	-	NC
IMITREX INJ	-	NC
ONZETRA XSAIL	-	NC
RELPAX TAB	-	NC
sumatriptan inj (IMITREX equiv)	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	-	NC

MINERALS & ELECTROLYTES

FLUORIDE

sodium fluoride soln (LURIDE equiv) (\$0 copay for members age 5 years and younger)	-	1
SODIUM FLUORIDE TAB (\$0 copay for members age 5 years and younger)	-	1
sodium fluoride tab (LURIDE equiv) (\$0 copay for members age 5 years and younger)	-	1
FLUORABON SOLN (\$0 copay for members age 5 years and younger)	-	2

MAGNESIUM

magnesium sulfate inj	-	NC
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PHOSPHATE

phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	2
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ST	Restricted to Specialist	SF	Restricted to 15 day fills per month for first 3 months
	Step Therapy	VAC	Smoking Cessation
			RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
K-PHOS TAB	-	3
potassium phosphate monobasic tab (K-PHOS equiv)	-	3
POTASSIUM		
K-TAB	-	2
POT/CHLORIDE EFFER TAB	-	2
potassium bicarbonate effer tab (K-LYTE equiv)	-	2
potassium chloride effer tab (K-LYTE/CL equiv)	-	2
potassium chloride ER cap (MICRO-K equiv)	-	2
potassium chloride ER tab (K-TAB equiv)	-	2
potassium chloride micro tab (K-DUR equiv)	-	2
POTASSIUM CHLORIDE TAB ER	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	3
potassium chloride soln	-	3
POKONZA POWDER	-	NC
SODIUM		
SOD CHLORIDE INJ	-	NC
sodium chloride inj	-	NC
ZINC		
GALZIN CAP	-	3
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	3
trientine cap (SYPRINE equiv)	MSP	3
CUPRIMINE CAP	-	NC
CUVRIOR TAB	-	NC
DEPEN TITRATAB	-	NC
penicilliamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	-	NC
TRIENTINE CAP	-	NC
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day)	PA-QL	5
REVLIMID CAP (QL= 1 cap/day)	PA-QL	5
REZUROCK TAB (QL= 1 tab/day)	LD-PA-QL	5
JOENJA TAB	-	NC
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	3
sirolimus soln (RAPAMUNE equiv)	-	3
ENSPRYNG INJ (QL= 1 inj/28 days)	MSP-PA-QL	5
LUPKYNIS CAP (QL= 6 caps/day)	LD-PA-QL	5
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
MYHIBBIN SUSP	-	NC
PROGRAF PACKET	-	NC

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Last Updated* 3/1/2025

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
RAPAMUNE SOLN	-	NC
ZORTRESS TAB	-	NC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRANULES PACKET (QL= 1 packet/day)	MSP-PA-QL	5
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	5
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	5
POTASSIUM REMOVING AGENTS		
SPS	-	2
LOKELMA PAK (QL= 1 packet/day)	PA-QL	3
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	3
LOKELMA PAK 10GM	-	NC
LOKELMA PAK 5GM	-	NC
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	-	NC
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	MSP-PA-QL	5
BENLYSTA INJ (QL= 4 inj/28 day)	MSP-PA-QL	5
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2
LIDOCAINE ORAL SOLN 4%	-	NC
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	2
nystatin susp	-	2
ORAVIG TAB	-	4
NYSTATIN SUSP	-	NC
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	2
DEBACTEROL SOLN	-	NC
DENTAL PRODUCTS		
sodium fluoride cream (PREVIDENT equiv) (\$0 copay for members age 5 years and younger)	-	1
FLUORIDEX SENSITIVITY PASTE	-	2
PREVIDENT 5000 PLUS CREAM (\$0 copay for members age 5 years and younger)	-	2
sodium fluoride gel (PREVIDENT equiv)	-	2
sodium fluoride paste (PREVIDENT equiv)	-	2
sodium fluoride rinse (PREVIDENT equiv)	-	2
PREVIDENT GEL	-	3
PREVIDENT PASTE	-	3
FRAICHE 5000 SENSITIVE GEL	-	NC
PREVIDENT SOLN	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	2

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Category/Class**

Last Updated* 3/1/2025

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MOUTH/THROAT/DENTAL AGENTS Cont.		
cevimeline cap (EVOXAC equiv)	-	3
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	NC
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	2
dialyvite tab (NEPHRO-VITE equiv)	-	2
DIALYVITE/ZINC TAB	-	2
FOLBEE PLUS CZ TAB	-	2
renaphro cap (NEPHROCAP equiv)	-	2
FIBRIK CAP	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	2
v-c forte cap (V-C FORTE equiv)	-	4
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	2
ESCAVITE CHEW TAB	-	4
POLY-VI-FLOR CHEW W/IRON	-	NC
PED MV W/ FLUORIDE		
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML	-	2
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML	-	2
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	2
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	2
MULTIVITAMIN/FLUORIDE CHEW TAB	-	2
pediatric multiple vitamins/fluoride soln	-	2
TRI-VITAMIN FLUORIDE DROPS	-	2
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC
FLORAFOL CHEW TAB	-	NC
FLORAFOL PED CHEW TAB	-	NC
FLORAFOL PEDIATRIC ORAL SOLN 0.25MG/ML	-	NC
FLORIVA PLUS DROPS	-	NC
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	NC
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	NC
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	NC
MULTI-VIT-FLOR CHEW 0.25MG	-	NC
MULTI-VIT-FLOR CHEW 0.5MG	-	NC
MULTI-VIT-FLOR CHEW 1MG	-	NC

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
POLY-VI-FLOR CHEW 0.25MG	-	NC
POLY-VI-FLOR CHEW 0.5MG	-	NC
POLY-VI-FLOR CHEW 1MG	-	NC
POLY-VI-FLOR SUSP	-	NC
QUFLORA PEDIATRIC CHEW 0.25MG	-	NC
QUFLORA PEDIATRIC CHEW 0.5MG	-	NC
QUFLORA PEDIATRIC CHEW 1MG	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
PRENATAL 19 CHEW TAB	-	2
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2
CONCEPT DHA CAP	PA	4
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
CONCEPT DHA CAP	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
MYNATAL-Z TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATABS RX TAB	-	NC
PRENATAL 19 TAB	-	NC
PRENATAL VITAMINS (RX ONLY)	-	NC
PRENATOL-M TAB 27-1.2MG	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
VITAFOL STRIPS	-	NC
VP-PNV-DHA CAP	-	NC

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab (BACLOFEN equiv)	-	2
carisoprodol tab (SOMA equiv)	-	2
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2
methocarbamol tab (ROBAXIN equiv)	-	2
orphenadrine citrate ER tab (NORFLEX equiv)	-	2
tizanidine tab (ZANAFLEX equiv)	-	2
chlorzoxazone tab 500mg	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	4

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
BACLOFEN SOLN 5MG/5ML (Prior Authorization required for members age 9 years and older)	PA	4
BACLOFEN SUSP (Prior Authorization required for members age 9 years and older)	PA	4
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	4
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	4
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	4
metaxalone tab (SKELAXIN equiv)	-	4
AMRIX CAP	-	NC
baclofen tab 15mg	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
METHOCARBAMOL TAB	-	NC
SOMA TAB 250MG	-	NC
TANLOR TAB	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	3
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG	-	NC
SOHONOS CAP 10MG	-	NC
SOHONOS CAP 1MG	-	NC
SOHONOS CAP 2.5MG	-	NC
SOHONOS CAP 5MG	-	NC
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	4
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	4
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	DME
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC

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			¢

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Category/Class**

Last Updated* 3/1/2025

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	2
azelastine nasal spray 0.15% (ASTEPRO equiv) (OTC covered only)	OTC	2
olopatadine nasal spray (PATANASE equiv)	-	3
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	2
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	2
FLONASE SENSIMIST NASAL SPRAY	OTC	2
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	2
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	2
mometasone nasal spray (NASONEX equiv) (Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide)	ST	3
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	4
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	4
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	4
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	3
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	LD-PA-QL	5
RADICAVA ORS SUSP (QL= 50mL/28 days)	LD-PA-QL	5
EXSERVAN FILM	-	NC
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP	MSP-PA	5
MUSCULAR DYSTROPHY AGENTS		
DUVYZAT ORAL SUSP	-	NC
RETT SYNDROME AGENTS		
DAYBUE SOLN	-	NC
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 6.67ml/day)	LD-PA-QL	5

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NEUROMUSCULAR AGENTS Cont.		
EVRYSDI TAB	-	NC
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN	-	2
betaxolol ophth soln (BETOPTIC-S equiv)	-	2
CARTEOLOL OPHTH SOLN	-	2
carteolol ophth soln (OCUPRESS equiv)	-	2
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2
LEVOBUNOLOL OPHTH SOLN	-	2
levobunolol ophth soln (BETAGAN equiv)	-	2
timolol maleate ophth soln (TIMOPTIC equiv)	-	2
BETIMOL OPHTH SOLN 0.25%	-	3
BETOPTIC-S OPHTH SOLN	-	3
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	3
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	3
ISTALOL OPHTH SOLN	-	3
METIPRANOLOL OPHTH SOLN	-	3
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	3
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	3
timolol ophth soln (BETIMOL equiv)	-	3
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	4
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	4
COMBIGAN OPHTH SOLN	-	NC
ISTALOL OPHTH SOLN 0.5%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	NC
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	NC
CHOLINERGIC AGONISTS		
TYRVAYA NASAL SPRAY	-	NC
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	2
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2
ATROPINE SULFATE OPHTH OINT	-	2
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2
phenylephrine ophth soln (MYDFRIN equiv)	-	2
tropicamide ophth soln (MYDRIACYL equiv)	-	2
CYCLOMYDRIL OPHTH SOLN	-	3
HOMATROPINE OPHTH SOLN	-	3
CYCLOGYL OPHTH SOLN	-	4
ATROPINE SUL SOLN 1% OPHTH	-	NC

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OPHTHALMIC AGENTS Cont.		
MYDCOMBI OPHTH SOLN	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	2
ISOPTO CARBACHOL OPHTH SOLN	-	3
PHOSPHOLINE OPHTH SOLN	-	NC
QLOSI OPHTH SOLN, VUIITY OPHTH SOLN	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	2
apraclonidine ophth soln (IOPIDINE equiv)	-	3
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	3
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	3
IOPIDINE OPHTH SOLN	-	3
SIMBRINZA OPHTH SUSP	-	3
ALPHAGAN P OPHTH SOLN 0.15%	-	NC
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2
ciprofloxacin ophth soln (CILOXAN equiv)	-	2
erythromycin ophth oint (Covered at \$0 for members 1 year or younger)	-	2
GENTAK OPHTH OINT	-	2
gentamicin ophth soln (GARAMYCIN equiv)	-	2
levofloxacin ophth soln (QUIXIN equiv)	-	2
LEVOFLOXACIN OPHTH SOLN 0.5%	-	2
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	2
ofloxacin ophth soln (OCUFLOX equiv)	-	2
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2
tobramycin ophth soln (TOBREX equiv)	-	2
AZASITE SOLN	-	3
BACITRACIN OPHTH OINT	-	3
CILOXAN OPHTH OINT	-	3
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	3
TOBREX OPHTH OINT	-	3
TRIFLURIDINE OPHTH SOLN	-	3
ZIRGAN OPHTH GEL	-	3
gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	4
XDEMVAY DROP (QL= 1 bottle/year)	MSP-PA-QL	5
BESIVANCE OPHTH SUSP	-	NC
ERYTHROMYCIN OPHTH OINT	-	NC
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

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OPHTHALMIC AGENTS Cont.		
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
VIGAMOX OPHTH SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS MULTIDOSE	-	NC
RESTASIS OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60 vials/30 days)	PA-QL	3
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	3
ROCKLATAN OPHTH SOLN	-	3
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	2
IHEEZO GEL	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	2
DEXAMETHASONE OPHTH SOLN	-	2
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	2
prednisolone acetate ophth susp (PRED FORTE equiv)	-	2
PREDNISOLONE OPHTH SUSP	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	2
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2
BLEPHAMIDE OPHTH SOLN	-	3
difluprednate ophth emulsion (DUREZOL equiv)	-	3
LOTEMAX OPHTH OINT	-	3
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	3
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	3
MAXIDEX OPHTH SOLN	-	3
PRED MILD OPHTH SOLN	-	3
PRED-G OPHTH SOLN	-	3

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Category/Class**

Last Updated* 3/1/2025

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OPHTHALMIC AGENTS Cont.		
TOBRADEX OPHTH OINT	-	3
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	3
BLEPHAMIDE S.O.P. OPHTH OINT	-	4
FLAREX OPHTH SUSP	-	4
FML FORTE OPHTH SUSP	-	4
FML S.O.P. OPHTH OINT	-	4
PRED FORTE OPHTH SUSP	-	4
TOBRADEX ST OPHTH SUSP	-	4
ALREX OPHTH SUSP	-	NC
ALREX OPHTH SUSP 0.2%	-	NC
CLOBETASOL OPHTH SUSP	-	NC
DEXTENZA OPHTH INSERT	-	NC
DUREZOL OPHTH EMULSION	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX GEL	-	NC
LOTEMAX OPHTH SUSP	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	2
cromolyn ophth soln (CROLOM equiv)	-	2
CROMOLYN SODIUM OPHTH SOLN	-	2
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2
dorzolamide ophth soln (TRUSOPT equiv)	-	2
ketorolac ophth soln (ACULAR (LS) equiv)	-	2
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	2
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	2
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	2
PATADAY ER OPHTH SOLN 0.7%	-	2
ALOCRIAL OPHTH SOLN	-	3
ALOMIDE OPHTH SOLN	-	3
brinzolamide ophth susp (AZOPT equiv)	-	3
bromfenac ophth soln (BROMDAY equiv)	-	3
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	-	3

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Category/Class**

Last Updated* 3/1/2025

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OPHTHALMIC AGENTS Cont.		
FLURBIPROFEN OPHTH SOLN	-	3
ILEVRO OPHTH SUSP	-	3
MIEBO OPHTH SOLN (QL= 1 bottle/30 days)	PA-QL	3
NEVANAC OPHTH SUSP	-	3
PROLENSA OPHTH SOLN	-	3
bepotastine ophth soln (BEPREVE equiv)	-	4
EMADINE OPHTH SOLN	-	4
epinastine ophth soln (ELESTAT equiv)	-	4
LASTACAPT OPHTH SOLN (QL= 3ml/30 days)	QL	4
CYSTADROPS SOLN (QL= 4 bottles/28 days)	LD-PA-QL	5
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days)	LD-PA-QL	5
UPNEEQ SOLN	-	EXC
ACUVAIL OPHTH SOLN	-	NC
AZOPT OPHTH SUSP	-	NC
BEPREVE OPHTH SOLN	-	NC
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	NC
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC
BROMSITE DROP 0.075%	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
ZERVIATE OPHTH SOLN	-	NC

PROSTAGLANDINS - OPHTHALMIC

latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	3
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	3
IYUZEH OPHTH DROPS	-	NC
TRAVATAN Z DROPS	-	NC
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv)	-	2
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	2

OTIC ANTI-INFECTIVES

ofloxacin otic soln (FLOXIN equiv)	-	2
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	3

OTIC COMBINATIONS

CORTIC-ND DROPS	-	2
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	2
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	2
otomax-HC otic soln (CORTANE-B equiv)	-	2
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	3

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Category/Class**

Last Updated* 3/1/2025

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OTIC AGENTS Cont.		
COLY-MYCIN S OTIC SUSP	-	3
CIPRO HC OTIC SUSP	-	4
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CIPRODEX OTIC SUSP	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2
fluocinolone otic oil (DERMOTIC equiv)	-	3

OXYTOCICS

ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	NC
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3

PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	5
CUVITRU INJ	-	NC
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	-	NC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	-	NC

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	5
CUTAQUIG INJ	-	NC
XEMBIFY INJ	-	NC
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	EXC

PENICILLINS

AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	2
AMOXICILLIN CHEW TAB	-	2
amoxicillin susp (TRIMOX equiv)	-	2
amoxicillin tab (AMOXIL equiv)	-	2
ampicillin cap (AMPICILLIN equiv)	-	2
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
PENICILLIN VK SOLN	-	2
penicillin vk tab (VEETIDS equiv)	-	2
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2

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PENICILLINS Cont.		
AMOXICILLIN/CLAVULANATE ER TAB	-	4
AUGMENTIN SUSP	-	4
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	2
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
TRICHOSOL SOLN	-	NC
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	NC
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	2
norethindrone tab (AYGESTIN equiv)	-	2
progesterone cap (PROMETRIUM equiv)	-	2
progesterone oil inj	-	2
megestrol ES susp (MEGACE ES equiv)	-	4
MEGESTROL SUSP	-	4
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	2
acamprosate calcium DR tab (CAMPRAL equiv)	-	3
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	4
disulfiram tab 500mg	-	NC
LUCEMYRA TAB	-	NC
ANTI-CATAPLECTIC AGENTS		
SODIUM OXYBATE SOLN	LD-PA	5
LUMRYZ PACK	-	NC
LUMRYZ STARTER PACK	-	NC
XYREM SOLN	-	NC
XYWAV SOLN	-	NC
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2
galantamine tab (RAZADYNE equiv)	-	2
memantine tab (NAMENDA equiv)	-	2
rivastigmine cap (EXELON equiv)	-	2
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	3
galantamine ER cap (RAZADYNE ER equiv)	-	3
GALANTAMINE SOLN	-	3
memantine ER cap (NAMENDA XR equiv)	-	3
memantine sol (NAMENDA equiv)	-	3
NAMENDA XR TITRATION PACK	-	3
rivastigmine patch (EXELON equiv)	-	3
ADLARITY PATCH	-	NC

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	3
SAVELLA TAB (QL= 2 tabs/day)	QL	3
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	MSP	2
AUSTEDO TAB (QL= 4 tabs/day)	MSP-PA-QL	5
AUSTEDO XR TAB (QL= 1 tab/day)	MSP-PA-QL	5
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	MSP-PA-QL	5
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	MSP-PA-QL	5
INGREZZA CAP (QL= 1 cap/day)	LD-PA-QL	5
INGREZZA PACK 40-80MG (QL= 1 pack/28 days)	LD-PA-QL	5
INGREZZA SPRINKLE CAP (QL= 1 cap/day)	LD-PA-QL	5
AUSTEDO TITRATION PACK	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	MSP-QL-RS	2
dimethyl fumarate DR cap (TECFIDERA equiv)	MSP	2
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	2
fingolimod hcl cap 0.5mg (GILENYA equiv)	MSP	2
glatiramer inj (COPAXONE equiv)	MSP	2
teriflunomide tab (AUBAGIO TAB equiv)	MSP	2
AVONEX INJ	MSP	5
BETASERON INJ	MSP	5
GILENYA CAP 0.25MG	MSP	5
KESIMPTA INJ	MSP-PA	5
MAYZENT TAB	MSP	5
MAYZENT TAB STARTER PACK	MSP	5
PLEGRIDY INJ	MSP	5
PLEGRIDY PEN INJ	MSP	5
REBIF INJ	MSP	5
ZEPOSIA CAP (QL= 1 cap/day)	MSP-PA-QL	5
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	5

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
AMPYRA TAB	-	NC
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC
COPAXONE INJ	-	NC
EXTAVIA INJ	-	NC
GILENYA CAP 0.5MG	-	NC
MAVENCLAD THERAPY PAK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
TYSABRI INJ	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv)	-	NC
GRALISE STARTER PACK	-	NC
GRALISE TAB	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	3
ERGOLOID MESYLATES TAB	PA	4
AQNEURSA POWDER	-	NC
MIPLYFFA CAP	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	1
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	1
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	1
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1

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M	Medical Benefit	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program	¢	RxCENTS
			generic = small letters		BRANDS = CAPITAL LETTERS

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GHC-SCW-Marketplace Formulary

Category/Class

Last Updated* 3/1/2025

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	1
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	1
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	1
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	1
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	1
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	1
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
WAINUA INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day)	LD-PA-QL	5
KALYDECO TAB (QL= 2 tabs/day)	LD-PA-QL	5
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	LD-PA-QL	5
ORKAMBI TAB (QL= 4 tabs/day)	LD-PA-QL	5
PULMOZYME INH SOLN	MSP-PA	5
SYMDEKO TAB (QL= 2 tabs/day)	LD-PA-QL	5
TRIKAFTA TAB (QL= 84 tabs/28 days)	PA-QL	5
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	LD-PA-QL	5
ALYFTREK TAB	-	NC
BRONCHITOL CAP	-	NC
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	MSP-PA-QL	2
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	MSP-PA-QL	2
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	MSP-PA-QL	2
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	5
ESBRIET CAP	-	NC
ESBRIET TAB 267MG	-	NC
ESBRIET TAB 801MG	-	NC
PIRFENIDONE TAB	-	NC
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	4
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2
doxycycline hyclate tab 20mg, 100mg (VIBRATAB equiv)	-	2

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ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	2
minocycline cap (MINOCIN equiv)	-	2
doxycycline monohydrate tab	-	3
doxycycline susp (VIBRAMYCIN equiv)	-	3
demeclocycline tab (DECLOMYCIN equiv)	-	4
tetracycline cap	-	4
VIBRAMYCIN SYRUP	-	4
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
DORYX TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
minocycline tab (DYNACIN equiv)	-	NC
MINOLIRA TAB	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
TETRACYCLINE TAB	-	NC

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	2
propylthiouracil tab	-	2
SODIUM IODIDE I-131 SOLN	-	NC

THYROID HORMONES

ARMOUR THYROID TAB, NATURE THROID TAB	-	2
levothyroxine tab (SYNTHROID equiv)	-	2
liothyronine tab (CYTOMEL equiv)	-	2
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	2
THYROLAR TAB	-	3
SYNTHROID TAB	-	4
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC

TOXOIDS

TOXOID COMBINATIONS

DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	EXC
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	EXC

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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
ST Step Therapy	VAC Vaccine Program	¢ RxCENTS

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**GHC-SCW-Marketplace Formulary
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Last Updated* 3/1/2025

DrugName	Special Code	Tier
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	2
ULCER THERAPY COMBINATIONS		
pepcid chewable	-	2
HELIDAC PACK	-	NC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
atropine sulfate inj (ATROPINE SULFATE equiv)	-	2
glycopyrrolate oral soln (CUVPOSA equiv)	-	4
CUVPOSA SOLN	-	NC
DARTISLA ODT TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
famotidine tab (PEPCID equiv)	-	2
NIZATIDINE CAP	-	2
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	3
CARAFATE SUSP	-	NC
PROTON PUMP INHIBITORS		
lansoprazole odt (PREVACID SOLUTAB equiv) (No Prior Authorization required for members 12 years or younger)	PA	3
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	4
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
DEXILANT DR CAP	-	NC
dexlansoprazole DR cap (DEXILANT equiv)	-	NC
esomeprazole DR granule pack (NEXIUM equiv)	-	NC
FIRST PANTOPRAZOLE SUSP	-	NC
NEXIUM 24HR TAB	OTC	NC
NEXIUM GRANULE PACK	-	NC
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	NC
omeprazole tab	OTC	NC
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC
PREVACID SOLUTAB	-	NC
PRILOSEC OTC DR TAB	OTC	NC
VOQUEZNA TAB	-	NC
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
KONVOMEK SUSP	-	NC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC

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**GHC-SCW-Marketplace Formulary
Category/Class**

Last Updated* 3/1/2025

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVE COMBINATIONS

PROSED DS TAB	-	NC
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URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

tropium chloride SR cap (SANCTURA XR equiv)	-	3
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URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2
oxybutynin ER tab (DITROPAN XL equiv)	-	2
oxybutynin syrup	-	2
oxybutynin tab (DITROPAN equiv)	-	2
OXYTROL PATCH (OTC)	OTC	2
solifenacin tab (VESICARE equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
tolterodine tab (DETROL equiv)	-	2
tropium tab (SANCTURA equiv)	-	2
darifenacin SR tab (ENABLEX equiv)	-	3
OXYBUTYNIN TAB	-	NC
TOVIAZ TAB	-	NC
VESICARE LS SUSP	-	NC
VESICARE TAB	-	NC

URINARY ANTISPASMODIC COMBINATIONS

URELIEF PLUS TAB	-	NC
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URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

MYRBETRIQ TAB	-	3
GEMTESA TAB	-	NC
mirabegron tab er (MYRBETRIQ equiv)	-	NC
MYRBETRIQ SUSP	-	NC

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

bethanechol tab (URECHOLINE equiv)	-	2
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URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)

flavoxate tab (URISPAS equiv)	-	NC
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VACCINES

BACTERIAL VACCINES

VIVOTIF CAP (QL= 4 caps/fill)	QL-VAC	3
ACTHIB INJ, HIBERIX INJ	VAC	EXC
BCG INJ	VAC	EXC
CAPVAXIVE INJ	VAC	EXC
MENVEO INJ	VAC	EXC
PEDVAXHIB INJ	VAC	EXC

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DrugName	Special Code	Tier
VACCINES Cont.		
PENBRAYA INJ	VAC	EXC
PNEUMOVAX INJ	VAC	EXC
PREVNAR 20 INJ	VAC	EXC
TYPHIM VI INJ	VAC	EXC
VAXCHORA SUSP	VAC	EXC
VAXNEUVANCE INJ	VAC	EXC
VIRAL VACCINES		
ABRYSVO INJ	VAC	EXC
AREXVY INJ	VAC	EXC
COMIRNATY INJ 30MCG/0.3ML	VAC	EXC
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	EXC
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	EXC
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	EXC
DENG VAXIA SUSP	VAC	EXC
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	EXC
FLUBLOK INJ	VAC	EXC
FLUCELVAX INJ	VAC	EXC
FLUMIST NASAL	VAC	EXC
IMOVAX INJ	VAC	EXC
IPOL INJ	VAC	EXC
IXIARO INJ	VAC	EXC
JYNNEOS INJ	VAC	EXC
MRESVIA INJ	VAC	EXC
NOVAVAX INJ	VAC	EXC
PREHEVBRIO SUSP	VAC	EXC
PRIORIX INJ	VAC	EXC
ROTARIX SUSP	VAC	EXC
ROTATEQ INJ	VAC	EXC
SPIKEVAX INJ	VAC	EXC
SPIKEVAX INJ 50MCG/0.5ML	VAC	EXC
TICOVAC INJ	VAC	EXC
YF-VAX INJ	VAC	EXC
IXCHIQ INJ	VAC	NC

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3
XACIATO GEL (QL= 1 applicator/fill)	QL	3

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL (QL= 1 box/fill)	QL	1
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VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

FEM PH GEL	-	4
INTRAROSA SUPP	-	NC

SPERMICIDES

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	Restricted to Specialist	VAC		RxCENTS
	Step Therapy			

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
CONCEPTROL GEL	OTC	1
CONTRACEPTIVE FOAM	OTC	1
CONTRACEPTIVE GEL	OTC	1
TODAY SPONGE	OTC	1
CONTRACEPTIVE FILM	OTC	NC
CONTRACEPTIVE SUPP	OTC	NC
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	2
metronidazole vaginal gel (METROGEL equiv)	-	2
terconazole cream (TERAZOL equiv)	-	2
TERCONAZOLE CREAM 0.8%	-	2
terconazole supp (TERAZOL equiv)	-	2
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	4
GYNAZOLE CREAM	-	4
MICONAZOLE 3 SUPP 200MG	-	4
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
ESTRING (3 copays per Rx)	-	3
PREMARIN VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	4
ESTRACE VAGINAL CREAM	-	NC
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
PROGESTERONE SUPP	-	3
CRINONE GEL	-	NC
ENDOMETRIN INSERT	-	NC
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 units/fill, 1 fill/30 days)	QL	3
NEFFY SPRAY (QL= 2 doses/fill)	QL	3
ADRENALCLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	2
VITAMINS		
OIL SOLUBLE VITAMINS		
vitamin D cap (Rx covered Only)	-	2
phytonadione tab (MEPHYTON equiv)	-	3
cholecalciferol cap 50000 unit	-	NC

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DrugName	Special Code	Tier
VITAMINS Cont.		
ERGOCAL CAP	-	NC
MEPHYTON TAB	-	NC
vitamin D tab	OTC	NC
VITAMIN D3 TAB	OTC	NC
WATER SOLUBLE VITAMINS		
niacin cap	OTC	2
niacin CR tab (SLO-NIACIN equiv)	OTC	2
niacin tab	OTC	2
NIACIN TR CAP	OTC	2
NIACIN TR TAB	OTC	2
niacinamide tab	OTC	2
POTABA POWDER PACKET	-	3
POTABA CAP	-	4

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GHC-SCW-Marketplace Formulary
Prior Authorization Drug List
Last Updated* 3/1/2025

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)
ACTEMRA ACTPEN INJ	5
ACTEMRA SC INJ	5
ACTIMMUNE INJ	5
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	5
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	5
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	5
ADALIMUMAB-ADAZ INJ	5
ADALIMUMAB-ADAZ PFS INJ	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	5
ADBRY INJ	5
ADEMPAS TAB	3
AIMOVIG INJ	3
AJOVY INJ	3
ALECENSA CAP	5
ALINIA TAB	4
ALUNBRIG TAB 30MG	5
ALUNBRIG TAB 90MG, 180MG	5
ambrisentan tab	2
ARIKAYCE SUSP	5
ATORVALIQ SUSP	4
AUGTYRO CAP	5
AUGTYRO CAP 160MG	5
AURYXIA TAB	4
AUSTEDO TAB	5
AUSTEDO XR TAB	5
AUSTEDO XR TAB TITRATION KIT	5
AUSTEDO XR TITRATION PACK	5
AYVAKIT TAB	5
BACLOFEN ORAL SOLN 10 MG/5ML	4
BACLOFEN ORAL SOLN 5 MG/5ML	4
baclofen oral soln 5mg/5ml	4
BACLOFEN SOLN 5MG/5ML	4
BACLOFEN SUSP	4
BALVERSA TAB 3MG	5
BALVERSA TAB 4MG	5

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GHC-SCW-Marketplace Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2025

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BALVERSA TAB 5MG	5
BARACLUDE SOLN	4
BENLYSTA AUTO-INJECTOR	5
BENLYSTA INJ	5
BERINERT INJ	5
BESREMI INJ	5
bexarotene gel	5
bosentan tab	2
BOSULIF CAP	5
BOSULIF TAB	5
BRAFTOVI CAP 75MG	5
BRUKINSA CAP	5
budesonide ER tab	4
budesonide rectal foam	4
BYLVAY CAP 1200MCG	5
BYLVAY CAP 400MCG	5
BYLVAY SPRINKLE CAP 200MCG	5
BYLVAY SPRINKLE CAP 600MCG	5
CABLIVI INJ KIT	5
CABOMETYX TAB	5
CALQUENCE CAP	5
CALQUENCE TAB	5
CAMZYOS CAP	5
CAPRELSA TAB	5
CAPRELSA TAB 300MG	5
carglumic acid tab	5
CAYSTON INH SOLN	5
CERDELGA CAP	5
CHOLBAM CAP	5
CIBINQO TAB	5
CIMZIA INJ	5
CINRYZE INJ	5
clindamycin/tretinoin gel	4
clobazam susp	3
COMETRIQ KIT	5
CONCEPT DHA CAP	4
COPIKTRA CAP	5
CORLANOR SOLN	4
CORLANOR TAB	4
COTELLIC TAB	5
CYSTADROPS SOLN	5

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GHC-SCW-Marketplace Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2025

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)
CYSTARAN OPHTH SOLN	5
dasatinib tab	5
DAYVIGO TAB	4
deferiprone tab	5
DESCOVY TAB	3
DIACOMIT CAP	5
DIACOMIT POWDER PACK	5
DILANTIN CAP 30MG	3
doxepin hcl cream	4
DUPIXENT INJ	5
DUPIXENT PEN INJ	5
EDARBI TAB	4
EDARBYCLOR TAB	4
EMGALITY INJ	3
EMGALITY INJ 100MG/ML	3
EMPAVELI	5
enalapril maleate oral soln	4
ENBREL INJ 25MG	5
ENBREL INJ 50MG	5
ENBREL MINI INJ	5
ENBREL SURECLICK INJ 50MG	5
ENSPRYNG INJ	5
EPIDIOLEX SOLN	5
EPRONTIA SOLN	4
ERGOLOID MESYLATES TAB	4
ERGOMAR SL TAB	4
ERIVEDGE CAP	5
ERLEADA TAB	5
ERLEADA TAB 240MG	5
erlotinib tab	2
erlotinib tab 25mg	2
everolimus tab	2
everolimus tab (ZORTRESS equiv)	3
everolimus tab for oral susp	5
EVRYSDI SOLN	5
EZALLOR SPRINKLE CAP	4
FANAPT TAB	4
FANAPT TITRATION PACK	4
fentanyl citrate lollipop	3
FERRIPROX SOLN	5
FETZIMA CAP	4

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GHC-SCW-Marketplace Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2025

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FETZIMA TITRATION PACK	4
FILSPARI TAB	5
FINTEPLA SOLN	5
FIRDAPSE TAB	5
FLEQSUVY SUSP	4
FLOLIPID SUSP	4
FOTIVDA CAP	5
FRUZAQLA CAP 1MG	5
FRUZAQLA CAP 5MG	5
GAVRETO CAP	5
gefitinib tab	5
GILOTRIF TAB	5
GLOPERBA SOLN	4
HADLIMA INJ	5
HADLIMA INJ 40MG/0.8ML	5
HADLIMA PUSH INJ	5
HADLIMA PUSH INJ 40MG/0.8ML	5
HAEGARDA INJ	5
HEMLIBRA INJ	5
HIZENTRA INJ	5
HYCANTIN CAP	5
HYFTOR GEL	5
icatibant inj	5
ICLUSIG TAB	5
icosapent ethyl cap	3
IDHIFA TAB	5
IMBRUVICA CAP 140MG	5
IMBRUVICA CAP 70MG	5
IMBRUVICA SUSP	5
IMBRUVICA TAB 420MG	5
IMCIVREE INJ	5
INBRIJA INH POWDER	4
INCRELEX INJ	5
INGREZZA CAP	5
INGREZZA PACK 40-80MG	5
INGREZZA SPRINKLE CAP	5
INLYTA TAB	5
INLYTA TAB 1MG	5
INQOVI TAB	5
INTRON-A INJ	5
ISTURISA TAB	5

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**GHC-SCW-Marketplace Formulary cont.
Prior Authorization Drug List
Last Updated* 3/1/2025**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
itraconazole soln	4
ivabradine hcl tab	2
ivermectin cream	4
IWILFIN TAB	5
JAKAFI TAB	5
JAYPIRCA TAB	5
JYLAMVO SOLN, XATMEP SOLN	4
JYNARQUE PAK	5
JYNARQUE TAB	5
KALYDECO PAK	5
KALYDECO TAB	5
KATERZIA SUSP	4
KERENDIA TAB	4
KESIMPTA INJ	5
KEVZARA INJ	5
KINERET INJ	5
KISQALI PAK	5
KISQALI TAB	5
KOSELUGO CAP	5
KOSELUGO CAP 10MG	5
KRAZATI TAB	5
KYNMOBI FILM	5
KYNMOBI TITRATION KIT	5
lansoprazole odt	3
lapatinib ditosylate tab	5
LEDIPASVIR/SOFOSBUVIR TAB	3
lenalidomide cap	5
LENVIMA CAP	5
l-glutamine powder packet	5
LIKMEZ SUSP	4
LITFULO CAP	5
lithium oral solution	4
LIVMARLI SOLN	5
LIVMARLI SOLN 19MG/ML	5
LIVTENCITY TAB	5
lofexidine hcl tab	4
LOKELMA PAK	3
LONSURF TAB	5
LORBRENA TAB 100MG	5
LORBRENA TAB 25MG	5
lubiprostone cap	3

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GHC-SCW-Marketplace Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
LUMAKRAS TAB	5
LUMAKRAS TAB 240MG	5
LUMAKRAS TAB 320MG	5
LUPKYNIS CAP	5
LYNPARZA TAB	5
LYTGOBI THERAPY PACK	5
LYVISPAH GRANULE PACKET	4
MAVYRET PAK	3
MAVYRET TAB	3
MEKINIST SOLN	5
MEKINIST TAB 0.5MG	5
MEKINIST TAB 2MG	5
MEKTOVI TAB	5
METHITEST TAB	4
methyltestosterone cap	4
MIEBO OPHTH SOLN	3
mifepristone tab	5
miglustat cap	2
MOVANTIK TAB	3
MYFEMBREE TAB	3
NATPARA INJ	5
NERLYNX TAB	5
NINLARO CAP	5
NITAZOXANIDE TAB	3
nitrofurantoin susp	4
NORDITROPIN INJ	5
NORLIQVA ORAL SOLN	4
NOXAFIL PAK	4
NUBEQA TAB	5
NUEDEXTA CAP	3
OCALIVA TAB	5
ODOMZO CAP	5
OFEV CAP	5
OGSIVEO TAB	5
OGSIVEO TAB 50MG	5
OJEMDA SUSP	5
OJEMDA TAB	5
OJJAARA TAB	5
OLUMIANT TAB	5
OMNITROPE INJ	5
OPSUMIT TAB	5

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GHC-SCW-Marketplace Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
OPZELURA CREAM	4
ORENCIA CLICK INJ	5
ORENCIA SC INJ 125MG/ML	5
ORENCIA SC INJ 50MG/0.4ML	5
ORENCIA SC INJ 87.5MG/0.7ML	5
ORGOVYX TAB	5
ORIAHNN CAP	3
ORILISSA TAB 150MG	3
ORILISSA TAB 200MG	3
ORKAMBI GRANULES PACKET	5
ORKAMBI TAB	5
ORSERDU TAB	5
ORSERDU TAB 345MG	5
OTEZLA STARTER PACK	5
OTEZLA TAB	5
OXBRYTA TAB	5
PALYNZIQ INJ	5
PASER GRANULE	4
pazopanib tab	5
PEGASYS INJ	5
PEMAZYRE TAB	5
penciclovir cream	4
PHEBURANE ORAL PELLETS	5
PIQRAY TAB	5
pirfenidone cap	2
pirfenidone tab 267mg	2
pirfenidone tab 801mg	2
POMALYST CAP	5
PREVYMIS TAB	5
PROMACTA POWDER	5
PROMACTA TAB 12.5MG, 25MG	5
PROMACTA TAB 50MG	5
PROMACTA TAB 75MG	5
prucalopride succinate tab	4
PULMOZYME INH SOLN	5
PURIXAN SUSP	4
pyrimethamine tab	5
PYRUKYND TAB	5
PYRUKYND TAPER PACK	5
QBRELIS SOLN	4
QINLOCK TAB	5

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GHC-SCW-Marketplace Formulary cont.
Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
RADICAVA ORS STARTER KIT	5
RADICAVA ORS SUSP	5
RENACIDIN SOLN	4
RETEVMO CAP	5
RETEVMO CAP 40MG	5
RETEVMO TAB	5
RETEVMO TAB 40MG	5
REVLIMID CAP	5
REYVOW TAB	3
REZDIFFRA TAB	5
REZLIDHIA CAP	5
REZUROCK TAB	5
RIFATER TAB	4
RINVOQ ER TAB	5
RINVOQ ORAL SOLN	5
ROZLYTREK CAP	5
ROZLYTREK PAK	5
RUBRACA TAB	5
RUCONEST INJ	5
rufinamide susp	3
rufinamide tab	3
RUKOBIA ER TAB	3
RYDAPT CAP	5
sapropterin dihydrochloride powder packet	5
sapropterin dihydrochloride soluble tab	5
SCEMBLIX TAB	5
SCEMBLIX TAB 100 MG	5
SIGNIFOR INJ	5
sildenafil susp	3
SIMLANDI INJ (adalimumab-ryvk)	5
SIMLANDI KIT (adalimumab-ryvk)	5
SIMPONI AUTO-INJECTOR 100MG	5
SIMPONI INJ 100MG	5
SKYCLARYS CAP	5
SKYRIZI INJ 150MG/ML	5
SKYRIZI INJ 180 MG/1.2ML	5
SKYRIZI INJ 360MG/2.4ML	5
SODIUM OXYBATE SOLN	5
sodium phenylbutyrate powder	5
sodium phenylbutyrate tab	5
SOFOSBUVIR/VELPATASVIR TAB	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SOGROYA INJ	5
SOLOSEC GRANULES PACKET	4
SOMAVERT INJ	5
sorafenib tosylate tab	5
SOTYLIZE SOLN 5MG/ML	4
spironolactone susp	4
STELARA INJ	5
STIVARGA TAB	5
STRENSIQ INJ	5
sunitinib malate cap	5
SUNOSI TAB	3
SYMDEKO TAB	5
SYMLINPEN INJ	4
SYMPROIC TAB	3
TABRECTA TAB	5
TADLIQ SUSP	4
TAFINLAR CAP	5
TAFINLAR TAB	5
tafluprost preservative free (pf) ophth soln	3
TAGRISSO TAB	5
TAKHZYRO INJ	5
TAKHZYRO INJ 150MG/ML	5
TALTZ INJ	5
TALTZ INJ 20MG/0.25ML	5
TALTZ INJ 40 MG/0.5ML	5
TALZENNA CAP 0.25MG	5
TALZENNA CAP 0.5MG, 0.75MG, 1MG	5
TASIGNA CAP	5
TAVNEOS CAP	5
tazarotene cream 0.05%	4
tazarotene cream 0.1%	3
TAZVERIK TAB	5
TEPMETKO TAB	5
TEST STRIP (all other test strips)	DME
TESTOSTERONE GEL 1% 25MG	3
testosterone gel 1% 50mg	4
testosterone soln	3
THALOMID CAP	5
TIBSOVO TAB	5
tiopronin tab	5
tiopronin tab delayed release	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TIROSINT-SOL	4
TOBI PODHALER	5
TOLVAPTAN TAB	5
TRACLEER TAB 32MG	3
TREMFYA INJ	5
TREMFYA INJ 200MG/2ML	5
tretinoin gel 0.08%	3
TRIKAFTA TAB	5
TRIKAFTA THERAPY PACK	5
TRUQAP TAB	5
TRUQAP THERAPY PACK	5
TUKYSA TAB	5
TURALIO CAP	5
TYMLOS INJ	5
TYVASO DPI POWDER	5
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	5
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	5
TYVASO DPI POWDER TITRATION KIT 16-32MCG	5
TYVASO INH SOLN 0.6 MG/ML	5
UBRELVY TAB	3
UPTRAVI TAB	5
VALCHLOR GEL	5
VANFLYTA TAB	5
VANFLYTA TAB 26.5MG	5
VELTASSA POWDER	3
VELTASSA POWDER 1GM	3
VENCLEXTA STARTER PACK	5
VENCLEXTA TAB	5
VENTAVIS INH SOLN	5
VEOZAH TAB	4
VERZENIO TAB	5
vigabatrin powder pack	5
vigabatrin tab	5
vigadrone powder pack	5
VIJOICE GRANULES PACKET	5
VIJOICE TAB	5
VIJOICE TAB 250MG	5
VITRAKVI CAP 100MG	5
VITRAKVI CAP 25MG	5
VITRAKVI SOLN	5
VIZIMPRO TAB	5

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VONJO CAP	5
VOSEVI TAB	3
VOWST CAP	5
VOXZOGO INJ	5
VOYDEYA TAB	5
VOYDEYA TAB THERAPY PACK	5
VYNDAMAX CAP	5
VYNDAQEL CAP	4
WELIREG TAB	5
WINREVAIR INJ	5
XADAGO TAB	4
XALKORI CAP	5
XALKORI SPRINKLE CAP	5
XDEMVY DROP	5
XELJANZ SOLN	5
XELJANZ TAB	5
XELJANZ XR TAB	5
XIFAXAN TAB 550MG	4
XIIDRA OPTH SOLN	3
XOLREMDI CAP	5
XOSPATA TAB	5
XPHOZAH TAB	5
XPOVIO PAK	5
ZEJULA CAP	5
ZEJULA TAB	5
ZELBORAF TAB	5
ZEPOSIA CAP	5
ZEPOSIA STARTER PACK	5
ZOLINZA CAP	5
ZONISADE SUSP	4
ZORYVE CREAM	3
ZTALMY SUSP	5
ZURZUVAE CAP 20MG, 25MG	5
ZURZUVAE CAP 30MG	5
ZYDELIG TAB	5
ZYKADIA CAP	5
ZYKADIA TAB	5

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GHC-SCW-Marketplace Formulary
Last Updated* 3/1/2025
RxCents (Cost Savings Enabled by Tablet Splitting)

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

	Product & Strength	Quantity	Member Copay	Member Annual Savings
Without Tablet Splitting	Drug A 40 mg tab	30	\$15.00	
With Tablet Splitting	Drug A 80 mg tab	15	\$7.50	\$90

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

RxCents Program Medications

alosetron tab	candesartan/hydrochlorothiazide tab	EDARBI TAB	JANUVIA TAB
lurasidone hcl tab	nebivolol hcl tab	OCALIVA TAB	pitavastatin calcium tab
rasagiline tab	TRINTELLIX TAB		

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GHC-SCW-Marketplace Formulary
Last Updated* 3/1/2025
Over-the-Counter (OTC)

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER aspirin chew tab 81mg	ALCOHOL SWABS aspirin ec tab 81mg	ammonium lactate cream azelastine nasal spray 0.15%	ammonium lactate lotion BD ECLIPSE NEEEDLE/25C X
B-D INSULIN SYRINGE budesonide nasal spray	B-D PEN NEEDLE cetirizine chew tab	benzoyl peroxide gel cetirizine syrup	benzoyl peroxide wash 10% cetirizine tab
CLINISTIX TEST STRIP diclofenac gel 1% OTC	CONCEPTROL GEL DIFFERIN OTC GEL 0.1%	CONTRACEPTIVE FOAM esomeprazole cap	CONTRACEPTIVE GEL esomeprazole magnesium DR tab
FEMALE CONDOMS	FLONASE SENSIMIST NASAL SPRAY	folic acid tab 400mcg	folic acid tab 800mcg
GUAIFENESIN/CODEINE SYRUP	HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ
HUMULIN N PEN INJ	HUMULIN R INJ	HYPONEEEDLE MIS 18GX1.5	HYPODERMIC NEEDLES
KETO-DIASTIX TEST STRIP LANCET DEVICE	KETOSTIX LANCETS	ketotifen ophth soln lansoprazole cap	LAC-HYDRIN LOTION 5% levonorgestrel tab
lidocaine cream loratadine syrup	lidocaine cream 4% loratadine tab	lidocaine rectal cream MALE CONDOMS	loratadine ODT MASK
meclizine chew tab NASACORT OTC NASAL SPRAY	meclizine tab NEEDLES	naloxone hcl nasal spray niacin cap	NARCAN NASAL SPRAY niacin CR tab
niacin tab NICODERM PATCH	NIACIN TR CAP NICORETTE GUM	NIACIN TR TAB NICORETTE LOZENGE	niacinamide tab nicotine gum
NICOTINE KIT NOVOLIN 70/30 FLEXPEN INJ	nicotine lozenge NOVOLIN 70/30 INJ	nicotine patch NOVOLIN MIX FLEXPEN IN.	NOVOFINE PEN NEEDLE NOVOLIN N FLEXPEN INJ
NOVOLIN N INJ NOVOTWIST PEN NEEDLE	NOVOLIN R FLEXPEN INJ NOVOTWIST/NOVOFINE PEN NEEDLE	NOVOLIN R INJ olopatadine ophth soln 0.1%	NOVOLIN R RELION INJ olopatadine ophth soln 0.2%
ONETOUCH DELICA LANCETS	ONETOUCH DELICA PLUS LANCETS	ONETOUCH DELICA ULTRASOFT LANCETS	ONETOUCH METER
ONETOUCH TEST STRIP	ONETOUCH VERIO FLEX METER	ONETOUCH VERIO IQ METER	ONETOUCH VERIO METER
ONETOUCH VERIO REFLECT METER	ONETOUCH VERIO TEST STRIP	OPILL TAB	OXYTROL PATCH (OTC)
PEAK FLOW METER PLAN B TAB	phenazopyridine tab 95mg RIVIVE, REXTOVY SPRAY	phenazopyridine tab 97.5mg selenium sulfide lotion	phenazopyridine tab 99.5mg SYRINGE LUER-LOK

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TB SYRINGE

TEST STRIP (all other test
strips)

TODAY SPONGE

triamcinolone OTC nasal
spray

VOLTAREN GEL

ZYRTEC CHILD CHEW TAB

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GHC-SCW-Marketplace Formulary
Last Updated* 3/1/2025
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTIMMUNE INJ
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ PFS INJ
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML
ADBRY INJ	ADEMPAS TAB	ALECENSA CAP	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ambrisentan tab	ARIKAYCE SUSP	AUGTYRO CAP
AUGTYRO CAP 160MG	AUSTEDO TAB	AUSTEDO XR TAB	AUSTEDO XR TAB TITRATION KIT
AUSTEDO XR TITRATION PACK	AVONEX INJ	AYVAKIT TAB	BALVERSA TAB 3MG
BALVERSA TAB 4MG	BALVERSA TAB 5MG	BENLYSTA AUTO-INJECTOI	BENLYSTA INJ
BERINERT INJ	BESREMI INJ	betaine powder for oral solution	BETASERON INJ
bexarotene cap	bexarotene gel	bosentan tab	BOSULIF CAP
BOSULIF TAB	BRAFTOVI CAP 75MG	BRUKINSA CAP	BYLVAY CAP 1200MCG
BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG	CABLIVI INJ KIT
CABOMETYX TAB	CALQUENCE CAP	CALQUENCE TAB	CAMZYOS CAP
capecitabine tab	CAPRELSA TAB	CAPRELSA TAB 300MG	carglumic acid tab
CAYSTON INH SOLN	CERDELGA CAP	CHOLBAM CAP	CIBINQO TAB
CIMZIA INJ	CINRYZE INJ	COMETRIQ KIT	COPIKTRA CAP
COTELLIC TAB	CYSTADROPS SOLN	CYSTARAN OPHTH SOLN	dalfampridine ER tab
dasatinib tab	deferasirox granules packet	deferasirox tab	deferasirox tab for oral susp
deferiprone tab	DIACOMIT CAP	DIACOMIT POWDER PACK	dimethyl fumarate DR cap
dimethyl fumarate DR starter pack	DUPIXENT INJ	DUPIXENT PEN INJ	EMPAVELI
ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG
ENSPRYNG INJ	EPIDIOLEX SOLN	ERIVEDGE CAP	ERLEADA TAB
ERLEADA TAB 240MG	erlotinib tab	erlotinib tab 25mg	ETOPOSIDE CAP

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everolimus tab	everolimus tab for oral susp	EVRYSDI SOLN	FERRIPROX SOLN
FILSPARI TAB	fingolimod hcl cap 0.5mg	FINTEPLA SOLN	FIRDAPSE TAB
FOTIVDA CAP	FRUZAQLA CAP 1MG	FRUZAQLA CAP 5MG	FULPHILA INJ
GAVRETO CAP	gefitinib tab	GILENYA CAP 0.25MG	GILOTRIF TAB
glatiramer inj	HADLIMA INJ	HADLIMA INJ 40MG/0.8ML	HADLIMA PUSH INJ
HADLIMA PUSH INJ	HAEGARDA INJ	HEMLIBRA INJ	HIZENTRA INJ
40MG/0.8ML			
HYCAMTIN CAP	HYFTOR GEL	icatibant inj	ICLUSIG TAB
IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG
IMBRUVICA SUSP	IMBRUVICA TAB 420MG	IMCIVREE INJ	INCRELEX INJ
INGREZZA CAP	INGREZZA PACK 40-80MG	INGREZZA SPRINKLE CAP	INLYTA TAB
INLYTA TAB 1MG	INQOVI TAB	INTRON-A INJ	ISTURISA TAB
IWILFIN TAB	JAKAFI TAB	JAYPIRCA TAB	JYNARQUE PAK
JYNARQUE TAB	KALYDECO PAK	KALYDECO TAB	KESIMPTA INJ
KEVZARA INJ	KINERET INJ	KISQALI PAK	KISQALI TAB
KOSELUGO CAP	KOSELUGO CAP 10MG	KRAZATI TAB	KYNMOBI FILM
KYNMOBI TITRATION KIT	lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB	LENVIMA CAP
		LIVMARLI SOLN	LIVMARLI SOLN 19MG/ML
l-glutamine powder packet	LITFULO CAP	LORBRENA TAB 25MG	LUMAKRAS TAB
LIVTENCITY TAB	LORBRENA TAB 100MG	LUPKYNIS CAP	LYNPARZA TAB
LUMAKRAS TAB 240MG	LUMAKRAS TAB 320MG	MAVYRET PAK	MAVYRET TAB
LYSODREN TAB	LYTGObI THERAPY PACK	MEKINIST SOLN	MEKINIST TAB 0.5MG
MAYZENT TAB	MAYZENT TAB STARTER PACK		
	MEKTOVI TAB	mesna tab	mifepristone tab
MEKINIST TAB 2MG	MYLERAN TAB	NATPARA INJ	NERLYNX TAB
miglustat cap	NIVESTYM INJ	NORDITROPIN INJ	NUBEQA TAB
nilutamide tab	OCALIVA TAB	ODOMZO CAP	OFEV CAP
NYVEPRIA INJ	OGSIVEO TAB 50MG	OJEMDA SUSP	OJEMDA TAB
OGSIVEO TAB	OLUMIANT TAB	OMNITROPE INJ	OPSUMIT TAB
OJJAARA TAB	ORENCIA SC INJ 125MG/MI	ORENCIA SC INJ	ORENCIA SC INJ
ORENCIA CLICK INJ		50MG/0.4ML	87.5MG/0.7ML
		ORSERDU TAB	ORSERDU TAB 345MG
ORKAMBI GRANULES PACKET	ORKAMBI TAB		
OTEZLA STARTER PACK	OTEZLA TAB	OXBRYTA TAB	PALYNZIQ INJ
pazopanib tab	PEGASYS INJ	PEMAZYRE TAB	PHEBURANE ORAL PELLETS
			pirfenidone tab 267mg
phenoxybenzamine cap	PIQRAY TAB	pirfenidone cap	POMALYST CAP
pirfenidone tab 801mg	PLEGRIDY INJ	PLEGRIDY PEN INJ	PROMACTA TAB 50MG
PREVYMIS TAB	PROMACTA POWDER	PROMACTA TAB 12.5MG, 25MG	
		pyrimethamine tab	PYRUKYND TAB
PROMACTA TAB 75MG	PULMOZYME INH SOLN	RADICAVA ORS STARTER KIT	RADICAVA ORS SUSP
PYRUKYND TAPER PACK	QINLOCK TAB	RETEVMO CAP	RETEVMO CAP 40MG
		REZDIFFRA TAB	REZLIDHIA CAP
REBIF INJ	RETACRIT INJ	RINVOQ ER TAB	RINVOQ ORAL SOLN
RETEVMO TAB	RETEVMO TAB 40MG	RUBRACA TAB	RUCONEST INJ
REZUROCK TAB	ribavirin cap	sapropterin dihydrochloride soluble tab	SCSEMBLIX TAB
ROZLYTREK CAP	ROZLYTREK PAK		
RYDAPT CAP	sapropterin dihydrochloride powder packet		

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SCSEMBLIX TAB 100 MG	SIGNIFOR INJ	SIMLANDI INJ (adalimumab-ryvk) SIRTURO TAB	SIMLANDI KIT (adalimumab-ryvk) SKYCLARYS CAP
SIMPONI AUTO-INJECTOR 100MG	SIMPONI INJ 100MG	SKYRIZI INJ 360MG/2.4ML SOFOSBUVIR/VELPATASVI R TAB	SODIUM OXYBATE SOLN SOGROYA INJ
SKYRIZI INJ 150MG/ML sodium phenylbutyrate powder	SKYRIZI INJ 180 MG/1.2ML sodium phenylbutyrate tab	STELARA INJ	STIVARGA TAB
SOMAVERT INJ	sorafenib tosylate tab	SYMDEKO TAB	TABRECTA TAB
STRENSIQ INJ	sunitinib malate cap	TAGRISSE TAB	TAKHZYRO INJ
TAFINLAR CAP	TAFINLAR TAB	TALTZ INJ 20MG/0.25ML	TALTZ INJ 40 MG/0.5ML
TAKHZYRO INJ 150MG/ML	TALTZ INJ	TASIGNA CAP	TAVNEOS CAP
TALZENNA CAP 0.25MG	TALZENNA CAP 0.5MG, 0.75MG, 1MG	TEPMETKO TAB	teriflunomide tab
TAZVERIK TAB	temozolomide cap	TIBSOVO TAB	tiopronin tab
tetrabenazine tab	THALOMID CAP	tobramycin neb soln	TOLVAPTAN TAB
tiopronin tab delayed release	TOBI PODHALER	TREMFYA INJ 200MG/2ML	tretinoin cap
TRACLEER TAB 32MG	TREMFYA INJ	TRUQAP TAB	TRUQAP THERAPY PACK
trientine cap	TRIKAFTA THERAPY PACK	TYMLOS INJ	TYVASO DPI POWDER
TUKYSA TAB	TURALIO CAP	TYVASO DPI POWDER	TYVASO INH SOLN 0.6 MG/ML
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	TYVASO DPI POWDER TITRATION KIT 16-32-48MC	TITRATION KIT 16-32MCG	
UPTRAVI TAB	VALCHLOR GEL	VANFLYTA TAB	VANFLYTA TAB 26.5MG
VENCLEXTA STARTER PACK	VENCLEXTA TAB	VENTAVIS INH SOLN	VERZENIO TAB
vigabatrin powder pack	vigabatrin tab	vigadrone powder pack	VIJOICE GRANULES PACKET
VIJOICE TAB	VIJOICE TAB 250MG	VITRAKVI CAP 100MG	VITRAKVI CAP 25MG
VITRAKVI SOLN	VIZIMPRO TAB	VONJO CAP	VOSEVI TAB
VOWST CAP	VOXZOGO INJ	VOYDEYA TAB	VOYDEYA TAB THERAPY PACK
VYNDAMAX CAP	VYNDAQEL CAP	WELIREG TAB	WINREVAIR INJ
XALKORI CAP	XALKORI SPRINKLE CAP	XDEMVY DROP	XELJANZ SOLN
XELJANZ TAB	XELJANZ XR TAB	XOLREMDI CAP	XOSPATA TAB
XPHOZAH TAB	XPOVIO PAK	ZARXIO INJ	ZEJULA CAP
ZEJULA TAB	ZELBORAF TAB	ZEPOSIA CAP	ZEPOSIA STARTER PACK
ZOLINZA CAP	ZTALMY SUSP	ZURZUVAE CAP 20MG, 25MG	ZURZUVAE CAP 30MG
ZYDELIG TAB	ZYKADIA CAP	ZYKADIA TAB	

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GHC-SCW-Marketplace Formulary
Last Updated* 3/1/2025
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 trial of 2 preferred oral contraceptives
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
buprenorphine patch	QL= 4 patches/28 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
febuxostat tab	Step Therapy requires trial of allopurinol
fentanyl patch	Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
fluvoxamine ER cap	Step Therapy requires a trial of 2 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
gatifloxacin ophth soln	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
hydrocodone bitartrate er tab	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid I Dependency)
hydromorphone ER tab	Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency)
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or a albuterol HFA product
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
methadone soln	Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency)
methadone tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
methadose tab	Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency)
mometasone nasal spray	Step Therapy requires trial of two: fluticasone, triamcinolone OTC, or budesonide
morphine sulfate ER tab	Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency)
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NUCYNTA ER TAB	QL= 2 tabs/day; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
pitavastatin calcium tab	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
risedronate DR tab	Step Therapy requires trial of alendronate
risedronate tab	Step Therapy requires trial of alendronate
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULEF (MOMETASONE/FORMOTEROL)
tavorole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
tramadol ER tab	Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency)

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GHC-SCW-Marketplace Formulary Cont.

Last Updated* 3/1/2025

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
TRAMADOL HCL ER TAB	Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïv (Opioid ER Dependency)
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine
vilazodone hcl tab	QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine
XTAMPZA ER CAP	QL= 120 caps/30 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone

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**GHC-SCW-Marketplace Formulary
Smoking Cessation Agents
Last Updated* 3/1/2025**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	1
NICODERM PATCH(Limited to 180 days/plan year)	1
NICORETTE GUM(Limited to 180 days/plan year)	1
NICORETTE LOZENGE(Limited to 180 days/plan year)	1
nicotine gum(Limited to 180 days/plan year)	1
NICOTINE KIT(Limited to 180 days/plan year)	1
nicotine lozenge(Limited to 180 days/plan year)	1
nicotine patch(Limited to 180 days/plan year)	1
NICOTROL INHALER(Limited to 180 days/plan year)	1
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	1
VARENICLINE TAB(Limited to 180 days/plan year)	1
varenicline tartrate tab(Limited to 180 days/plan year)	1
varenicline tartrate tab starter pack(Limited to 180 days/plan year)	1
ZYBAN TAB(Limited to 180 days/plan year)	1

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**GHC-SCW-Marketplace Formulary
Infertility Drug List
Last Updated* 3/1/2025**

Drug Name	Tier # for Drug Copay
cetorelix acetate for inj kit	NC
CETROTIDE KIT	NC
clomiphene citrate tab	2
CLOMIPHENE TAB	2
FOLLISTIM AQ INJ	NC
GONAL-F RFF INJ	NC
GONAL-F RFF INJ, GONAL-F INJ	NC
MENOPUR INJ	NC
OVIDREL INJ	NC
PREGNYL INJ, NOVAREL INJ	NC

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GHC-SCW-Marketplace Formulary
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days
ADBRY INJ	QL= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day
AIMOVIK INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
ALECENSA CAP	QL= 8 caps/day
ALINIA TAB	QL= 6 tabs/3 days
ALORA PATCH	QL= 2 patches/week
ALUNBRIG TAB 30MG	QL= 4 tabs/day
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
ANNOVERA RING	QL= 1 ring/year
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
aprepitant pak	QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist
ARIKAYCE SUSP	QL= 1 vial/day
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AUGTYRO CAP	QL= 8 caps/day
AUGTYRO CAP 160MG	QL= 2 caps/day
AUSTEDO TAB	QL= 4 tabs/day
AUSTEDO XR TAB	QL= 1 tab/day
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/28 days
AUSTEDO XR TITRATION PACK	QL= 1 pack/28 days
AYVAKIT TAB	QL= 1 tab/day
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BESREMI INJ	QL= 2 inj/28 days
bimatoprost ophth soln	QL= 2.5ml/30 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BRAFTOVI CAP 75MG	QL= 6 caps/day
BRUKINSA CAP	QL= 4 caps/day
budesonide ER tab	QL=1 tab/day
budesonide nasal spray	QL= 2 bottles/fill
buprenorphine patch	QL= 4 patches/28 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
bupropion SR tab	Limited to 180 days/plan year
bupropion XL tab	QL= 1 tab/day
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days; Dosage limits may apply
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYLVAY CAP 1200MCG	QL= 5 caps/day
BYLVAY CAP 400MCG	QL= 15 caps/day
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day
CABLIVI INJ KIT	QL= 1 vial/day
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAMZYOS CAP	QL= 1 cap/day
CAPRELSA TAB	QL= 2 tabs/day

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CAPRELSA TAB 300MG	QL= 1 tab/day
CERDELGA CAP	QL= 2 caps/day
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CINRYZE INJ	QL= 16 vials/28 days
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL=1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
clocortolone pivalate cream	QL= 90gm/30 days
COMPLERA TAB	QL= 1 tab/day
COPIKTRA CAP	QL= 2 caps/day
COTELLIC TAB	QL= 3 tabs/day
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYSTADROPS SOLN	QL= 4 bottles/28 days
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DAYVIGO TAB	QL= 1 tab/day
DEPO-PROVERA INJ	QL= 1 inj/90 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 4 doses/fill
DIAZEPAM GEL	QL= 4 doses/fill
diazepam rectal gel	QL= 4 doses/fill
diclofenac gel	QL= 300gm/30 days
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
dihydroergotamine mesylate inj	QL= 10 inj/14 days
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
doxepin tab	QL= 1 tab/day

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI	QL= 160ml/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 units/fill, 1 fill/30 days
ERGOMAR SL TAB	QL= 20 tablets/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab	QL= 1 tab/day
erlotinib tab 25mg	QL= 3 tabs/day
estradiol patch	QL= 1 patch/week
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
estradiol valerate inj	QL= 5ml/fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FILSPARI TAB	QL= 1 tab/day
FINTEPLA SOLN	QL= 12ml/day
flunisolide nasal soln	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
fluvastatin cap	QL= 2 caps/day
FOTIVDA CAP	QL= 21 caps/28 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FRUZAQLA CAP 1MG	QL= 84 caps/28 days
FRUZAQLA CAP 5MG	QL= 21 caps/28 days
gabapentin cap	QL= 9 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
GAVILYTE-C SOLN	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
GAVRETO CAP	QL= 4 caps/day
gefitinib tab	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day
GLUCAGEN HYPOKIT INJ	QL= 1 kit/fill, 2 fills/30 days
GLUCAGEN INJ	QL= 1 kit/fill, 2 fills/30 days
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HADLIMA INJ	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HYD POL/CPM SUSP	QL= 120ml/fill; 2 fills/30 days
hydrocodone bitartrate er tab	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid E Dependency)
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoeph drine liquid	QL= 120ml/fill, 2 fills/30 days
hydrocortisone succinate inj 1000mg	QL= 2 vials/fill
HYFTOR GEL	QL= 10 grams/30 days
ibandronate tab 150mg	QL= 1 tab/30 days
ICLUSIG TAB	QL= 1 tab/day
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day
IMBRUVICA CAP 70MG	QL= 1 cap/day
IMBRUVICA SUSP	QL= 6ml/day
IMBRUVICA TAB 420MG	QL= 1 tab/day
IMCIVREE INJ	QL= 1 inj/day
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day
INGREZZA PACK 40-80MG	QL= 1 pack/28 days
INGREZZA SPRINKLE CAP	QL= 1 cap/day
INLYTA TAB	QL= 4 tabs/day
INLYTA TAB 1MG	QL= 8 tabs/day
INQOVI TAB	QL= 5 tabs/28 days;
ISTURISA TAB	QL= 12 tabs/day
ivermectin cream	QL= 45 grams/30 days
IWILFIN TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JAYPIRCA TAB	QL= 2 tabs/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JYNARQUE PAK	QL= 2 tabs/day
JYNARQUE TAB	QL= 2 tabs/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
KERENDIA TAB	QL= 1 tab/day
ketorolac inj 15mg/ml	QL= 20ml/5 days
ketorolac inj 30mg/ml	QL= 20ml/5 days

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ketorolac inj 60mg/2ml	QL= 20ml/5 days
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days;
KOSELUGO CAP	QL= 4 caps/day
KOSELUGO CAP 10MG	QL= 8 caps/day
KRAZATI TAB	QL= 6 tabs/day
KYNMOBI FILM	QL= 5 films/day
KYNMOBI TITRATION KIT	QL=1 kit/fill
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
latanoprost ophth soln	QL= 2.5ml/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day
LENVIMA CAP	QL= 3 caps/day
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product
l-glutamine powder packet	QL= 6 packets/day
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	QL= 3 patches/day
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
LITFULO CAP	QL= 1 cap/day
LIVMARLI SOLN	QL= 90ml/30 days
LIVMARLI SOLN 19MG/ML	QL= 60mL/30 days
LIVTENCITY TAB	QL= 4 tabs/day
lofexidine hcl tab	QL= 96 tabs/7 days
LOKELMA PAK	QL= 1 packet/day
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
lubiprostone cap	QL= 2 caps/day
LUMAKRAS TAB	QL= 8 tabs/day
LUMAKRAS TAB 240MG	QL= 4 tabs/day
LUMAKRAS TAB 320MG	QL= 3 tabs/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUPKYNIS CAP	QL= 6 caps/day
lurasidone hcl tab	QL= 2 tabs/day
LYNPARZA TAB	QL= 4 tabs/day
LYTGOBI THERAPY PACK	QL= 5 tabs/day

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
malathion lotion	QL= 2 bottles/fill
MALE CONDOMS	QL= 12 condoms/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day
MENOSTAR PATCH	QL= 1 patch/week
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
MIEBO OPHTH SOLN	QL= 1 bottle/30 days
mifepristone tab	QL= 4 tabs/day
miglustat cap	QL= 3 caps/day
modafinil tab	QL= 2 tabs/day
MOUNJARO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MYFEMBREE TAB	QL= 1 tab/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATACYN OPHTH SUSP	QL= 15ml/fill
NAYZILAM SPRAY	QL= 4 doses/fill; Restricted to Neurology Specialist
NEFFY SPRAY	QL= 2 doses/fill
NERLYNX TAB	QL= 6 tabs/day
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NITAZOXANIDE TAB	QL= 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day
NUCYNTA ER TAB	QL= 2 tabs/day; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
NUEDEXTA CAP	QL= 2 caps/day
NULYTELY SOLN	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OCALIVA TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day
OGSIVEO TAB	QL= 6 tabs/day
OGSIVEO TAB 50MG	QL= 6 tabs/day
OJEMDA SUSP	QL= 96ml/28 days
OJEMDA TAB	QL= 24 tabs/28 days
OJJAARA TAB	QL= 1 tab/day
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 G6 PODS MISC	QL= 10 pods/30 days
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPSUMIT TAB	QL= 1 tab/day
OPZELURA CREAM	QL= 12 tubes/year
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day
ORKAMBI TAB	QL= 4 tabs/day
ORSERDU TAB	QL= 3 tabs/day
ORSERDU TAB 345MG	QL= 1 tab/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OXBRYTA TAB	
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 2 tabs/day
PALYNZIQ INJ	QL= 1 inj/day

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PAXLOVID TAB 150-100MG	QL= 20 tabs/fill
PAXLOVID TAB 300-100MG	QL= 30 tabs/fill
pazopanib tab	QL= 4 tabs/day
peg 3350 soln (100 gram Moviprep equiv)	QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay
peg 3350/electrolytes soln	\$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
PEMAZYRE TAB	QL= 1 tab/day
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
POTIGA TAB 50MG	QL= 9 tabs/day
pregabalin 25mg, 50mg, 75mg, 100mg	QL= 5 caps/day
pregabalin cap 150mg	QL= 4 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS TAB	QL= 1 tab/day; Limit 200 tabs/365 days
PROAIR RESPICLICK INHALER	QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler
PROMACTA POWDER	QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG	QL= 1 tab/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty
PROMACTA TAB 50MG	QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty
PROMACTA TAB 75MG	QL= 2 tabs/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty
prucalopride succinate tab	QL= 1 tab/day
pyrimethamine tab	QL= 3 tabs/day
PYRUKYND TAB	QL= 2 tabs/day
PYRUKYND TAPER PACK	QL= 1 tab/day
QINLOCK TAB	QL= 3 tabs/day
RADICAVA ORS STARTER KIT	QL= 70ml/365 days
RADICAVA ORS SUSP	QL= 50mL/28 days
ramelteon tab	QL= 1 tab/day
REGANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
RETEVMO CAP	QL= 2 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty
RETEVMO CAP 40MG	QL= 3 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty
RETEVMO TAB	QL= 2 tabs/day
RETEVMO TAB 40MG	QL= 3 tabs/day
REVLIMID CAP	QL= 1 cap/day
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZDIFFRA TAB	QL= 1 tab/day
REZLIDHIA CAP	QL= 2 caps/day
REZUROCK TAB	QL= 1 tab/day
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ORAL SOLN	QL= 12ml/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
ROZLYTREK CAP	QL= 3 caps/day
ROZLYTREK PAK	QL= 6 packs/day
RUBRACA TAB	QL= 4 tabs/day
RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
RYDAPT CAP	QL= 56 caps/28 days
SANCUSO PATCH	QL= 4 patches/fill
SANDIMMUNE SOLN 100MG/ML	QL= 150 mL/30 days
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day
SCSEMBLIX TAB	QL= 2 tabs/day
SCSEMBLIX TAB 100 MG	QL= 4 tabs/day
scopolamine patch	QL= 5 patches/fill
SIGNIFOR INJ	QL= 2 vials/day
sildenafil tab	QL= 8 tabs/fill
SIMLANDI INJ (adalimumab-ryvk)	QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk)	QL= 2 inj/28 days
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 180 MG/1.2ML	QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML	QL= 1 inj/56 days

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
sodium/magnesium/potassium soln	QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOLIQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SOLU-CORTEF INJ	QL= 1 vial/fill
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), or DULERA (MOMETASONE/FORMOTEROL)
STELARA INJ	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUFLAVE SOLN	QL= 2 fills/calendar year
sumatriptan 6mg/0.5ml auto-injector	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
sunitinib malate cap	QL= 1 cap/day
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day
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
TABRECTA TAB	QL= 4 tabs/day
tadalafil tab	QL= 8 tabs/fill
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day
TAFINLAR CAP	QL= 4 caps/day
tafluprost preservative free (pf) ophth soln	QL= 1 vial/day
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 inj/28 days
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tavorole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
TAVNEOS CAP	QL= 6 caps/day
TAZVERIK TAB	QL= 8 tabs/day
TEPMETKO TAB	QL= 2 tabs/day
TESTOSTERONE ENANTHATE INJ 200MG/ML	QL= 5ml/fill
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TIBSOVO TAB	QL= 2 tabs/day
TIROSINT-SOL	QL= 1ml/day; Prior Authorization required for members age 9 years and older
TRACLEER TAB 32MG	QL= 4 tabs/day
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
TREMFYA INJ 200MG/2ML	QL= 1 inj/28 days; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty
triamcinolone OTC nasal spray	QL= 2 bottles/fill
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK	QL= 2 packets/day
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine
TRIUMEQ PD TAB	QL= 1 tab/day
TRIUMEQ TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUQAP TAB	QL= 64 tabs/28 days
TRUQAP THERAPY PACK	QL= 64 tabs/28 days
TUKYSA TAB	QL= 4 tabs/day
TURALIO CAP	QL= 4 caps/day
TYVASO DPI POWDER	QL= 4 cartridges/day
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	QL= 224 cartridges/28 days
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TYVASO DPI POWDER TITRATION KIT 16-32MCG	QL= 196 cartridges/28 days
TYVASO INH SOLN 0.6 MG/ML	QL= 1 ampule/day
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UPTRAVI TAB	QL= 2 tabs/day
VALCHLOR GEL	QL= 4 tubes/30 days
VALTOCO NASAL SPRAY	QL= 4 doses/fill; Restricted to Neurology Specialist
vancomycin cap	QL= 56 caps/fill
VANFLYTA TAB	QL= 1 tab/day
VANFLYTA TAB 26.5MG	QL= 2 tabs/day
VARENICLINE TAB	Limited to 180 days/plan year
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab starter pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VELTASSA POWDER	QL= 1 packet/day
VELTASSA POWDER 1GM	QL= 4 packets/day
VEMLIDY TAB	QL= 1 tab/day
VENTAVIS INH SOLN	QL= 9 ampules/day
VENTOLIN HFA INHALER	QL= 1 inhaler/fill, 2 fills/30 days; Member pays 1 copay per inhaler
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VIJOICE GRANULES PACKET	QL= 1 packet/day
VIJOICE TAB	QL= 1 tab/day
VIJOICE TAB 250MG	QL= 2 tabs/day
vilazodone hcl tab	QL= 1 tab/day; Step Therapy requires a trial of 1 of the following: citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine, or paroxetine
VITRAKVI CAP 100MG	QL= 2 caps/day
VITRAKVI CAP 25MG	QL= 6 caps/day
VITRAKVI SOLN	QL= 10ml/day
VIVOTIF CAP	QL= 4 caps/fill
VIZIMPRO TAB	QL= 1 tab/day
VONJO CAP	QL= 4 caps/day
VOSEVI TAB	QL= 1 tab/day
VOWST CAP	QL= 12 caps/fill
VOXZOGO INJ	QL= 1 vial/day
VOYDEYA TAB	QL= 6 tabs/day
VOYDEYA TAB THERAPY PACK	QL= 6 tabs/day
VYNDAMAX CAP	QL= 1 cap/day
VYNDAQEL CAP	QL= 4 caps/day
WELIREG TAB	QL= 3 tabs/day
XACIATO GEL	QL= 1 applicator/fill

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XADAGO TAB	QL= 1 tab/day
XALKORI CAP	QL= 2 caps/day
XALKORI SPRINKLE CAP	QL= 4 caps/day; Required through specialty pharmacy: GHC, UW Specialty or Lumicera Specialty
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 25MG	QL= 1 tab/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XDEMVY DROP	QL= 1 bottle/year
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIGDUO XR TAB	QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG	QL= 1 tab/day
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
XIIDRA OPTH SOLN	QL= 60 vials/30 days
XOLREMDI CAP	QL= 4 caps/day
XOSPATA TAB	QL= 3 tabs/day
XPHOZAH TAB	QL= 2 tabs/day
XPOVIO PAK	QL= 32 tabs/28 days
XTAMPZA ER CAP	QL= 120 caps/30 days; Dosage limits may apply; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
XULTOPHY INJ	QL= 15ml/30 days
zaleplon cap	QL= 2 caps/day
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day
ZEJULA TAB	QL= 1 tab/day
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days

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GHC-SCW-Marketplace Formulary Cont.
Last Updated* 3/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days
ZURZUVAE CAP 20MG, 25MG	QL= 28 caps/365 days
ZURZUVAE CAP 30MG	QL= 14 caps/365 days
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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