

**Search Tip:**

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

**GHC-SCW Mandated Coverage**  
**Alphabetical Index**  
**Last Updated 5/2/2024**

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

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

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**GHC-SCW Mandated Coverage Cont.**  
**Alphabetical Index**  
**Last Updated 5/2/2024**

Drug Name	Special Code	Tier	Category
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	NC	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FLUAD INJ	VAC	NC	VACCINES
FLUAD QUAD INJ	VAC	NC	VACCINES
FLUBLOK QUAD PF INJ	VAC	NC	VACCINES
FLUCELVAX QUAD INJ	VAC	NC	VACCINES
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	NC	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	NC	VACCINES
FLURABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
FLUZONE HD PF INJ	VAC	NC	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	NC	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	NC	VACCINES
folic acid tab 1mg (Covered for females only)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LANCETS	OTC	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 6 sensors/84 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab	-	1	ANTIDIABETICS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
GLUCAGON KIT	-	2	ANTIDIABETICS
glyburide tab (DIABETA equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
isibloom tab, enskyce tab, apri tab (DESOGEN/ ORTHO-CEPT equiv)	-	\$0	CONTRACEPTIVES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS

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**Last Updated 5/2/2024**

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JANUVIA TAB	-	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB	-	2	ANTIDIABETICS
kelnor tab	-	\$0	CONTRACEPTIVES
KETO-DIASTIX TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
KETOSTIX TEST STRIPS	OTC	DME	DIAGNOSTIC PRODUCTS
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LANTUS VIAL	-	2	ANTIDIABETICS
layolis FE tab, wymzya FE tab	-	\$0	CONTRACEPTIVES
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
lovastatin tab	-	\$0	ANTIHYPERTENSIVES
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MEDISENSE CONTROL SOLN	OTC	DME	MEDICAL DEVICES AND SUPPLIES
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
metformin tab er 500mg (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab er 750mg (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
NEEDLES	OTC	DME	MEDICAL DEVICES AND SUPPLIES
NEXPLANON IMPLANT	-	NC	CONTRACEPTIVES
nicotine gum (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
norethindrone acetate/ethinyl estradiol tab	-	\$0	CONTRACEPTIVES
norethindrone tab (NOR-QD/ ORTHO MICRONOR equiv)	-	\$0	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	2	CONTRACEPTIVES
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	NC	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS

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**Last Updated 5/2/2024**

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NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
NUVARING	-	\$0	CONTRACEPTIVES
ONETOUCH TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PEN NEEDLE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/ metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
pravastatin tab	-	\$0	ANTIHYPERTENSIVES
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
raloxifene tab (Covered at \$0 for women 35 years or older)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
repaglinide tab	-	1	ANTIDIABETICS
rosuvastatin tab 10mg	-	\$0	ANTIHYPERTENSIVES
rosuvastatin tab 5mg	-	\$0	ANTIHYPERTENSIVES
SAFYRAL TAB	-	\$0	CONTRACEPTIVES
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SEASONIQUE TAB	-	NC	CONTRACEPTIVES
simvastatin tab	-	\$0	ANTIHYPERTENSIVES
sodium fluoride cream (Covered at \$0 for members 5 years or younger)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium phenylbutyrate tab (BUPHENYL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
tamoxifen tab (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS
TRADJENTA TAB	-	2	ANTIDIABETICS
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYRVAYA NASAL SPRAY	-	NC	OPHTHALMIC AGENTS

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**Alphabetical Index**  
**Last Updated 5/2/2024**

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VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VICTOZA INJ	-	2	ANTIDIABETICS
vienna tab, lessina tab, kurvelo tab (NORDETTE equiv)	-	\$0	CONTRACEPTIVES
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
vitamin D cap 1000unit (Only covered for members 65 years old or older.)	OTC	\$0	VITAMINS
vitamin D cap 2000IU (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D tab 2000IU	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES
ZUBSOLV SL TAB	-	NC	ANALGESICS - OPIOID

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RDX	Restricted to Diagnosis	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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<b>ANALGESICS - NONNARCOTIC</b>		
<b>SALICYLATES</b>		
aspirin chew tab 81mg (Covered for females (no age restriction))	OTC	\$0
ASPIRIN EC TAB 325MG (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID PARTIAL AGONISTS</b>		
ZUBSOLV SL TAB	-	NC
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - MISC.</b>		
QUDEXY XR CAP	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	1
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
KOMBIGLYZE XR TAB	-	NC
pioglitazone/ metformin tab (ACTOPLUS MET equiv)	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
<b>BIGUANIDES</b>		
metformin tab (GLUCOPHAGE equiv)	-	1
metformin tab er 500mg (GLUCOPHAGE XR equiv)	-	1
metformin tab er 750mg (GLUCOPHAGE XR equiv)	-	1
<b>DIABETIC OTHER</b>		
GLUCAGON INJ KIT	-	2
GLUCAGON KIT	-	2
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB	-	2
TRADJENTA TAB	-	2
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
BYDUREON BCISE AUTO INJ	-	2

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

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<b>ANTIDIABETICS Cont.</b>		
BYDUREON INJ	-	2
BYDUREON PEN INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2
VICTOZA INJ	-	2
<b>INSULIN</b>		
FIASP FLEXTOUCH INJ	-	2
FIASP PENFILL INJ	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
LANTUS SOLOSTAR INJ	-	2
LANTUS VIAL	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG PENFILL INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
BASAGLAR INJ	-	NC
FIASP INJ	-	NC
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	NC
NOVOLIN N FLEXPEN INJ	OTC	NC
NOVOLIN N INJ	OTC	NC
NOVOLOG MIX INJ	-	NC
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab	-	1
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
<b>SULFONYLUREAS</b>		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide tab (DIABETA equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2

**ANTHYPERLIPIDEMICS**

**HMG COA REDUCTASE INHIBITORS**

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

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Tier 1= Generic Copay

Tier 2 = Brand Copay

<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer <b>OTC</b> = Over-the-Counter <b>RDX</b> = Restricted to Diagnosis <b>VAC</b> = Vaccine Program			<b>generic</b> = small letters <b>PA</b> = Prior Authorization <b>SMKG</b> = Smoking Cessation			<b>BRANDS</b> = CAPITAL LETTERS <b>QL</b> = Quantity Limit <b>ST</b> = Step Therapy		
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**GHC-SCW Mandated Coverage**

**Category/Class**

**Last Updated\* 5/2/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIHYPERTENSIVES Cont.</b>		
atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab	-	\$0
pravastatin tab	-	\$0
rosuvastatin tab 10mg	-	\$0
rosuvastatin tab 5mg	-	\$0
simvastatin tab	-	\$0
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older)	-	\$0
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older)	-	\$0
tamoxifen tab (Covered at \$0 for women 35 years or older)	-	\$0
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
BOSULIF TAB	-	NC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
DESCOVY TAB	PA	2
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives)	ST	\$0
ashlynna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN/ ORTHO-CEPT equiv)	-	\$0
kelnor tab	-	\$0
layolis FE tab, wymzya FE tab	-	\$0
norethindrone acetate/ethinyl estradiol tab	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
SAFYRAL TAB	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (NORDETTE equiv)	-	\$0
violele tab, kariva tab (MIRCETTE equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	2
BEYAZ TAB	-	NC
SEASONIQUE TAB	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
zafemy patch (XULANE equiv)	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	-	\$0

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# GHC-SCW Mandated Coverage

## Category/Class

Last Updated\* 5/2/2024

DrugName	Special Code	Tier
<b>CONTRACEPTIVES Cont.</b>		
eluryng vaginal ring (NUVARING equiv)	-	NC
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPLANT	-	NC
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NOR-QD/ ORTHO MICRONOR equiv)	-	\$0
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
KETO-DIASTIX TEST STRIP	OTC	DME
KETOSTIX TEST STRIPS	OTC	DME
ONETOUCH TEST STRIP	OTC	DME
ONETOUCH VERIO TEST STRIP	OTC	DME
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (Covered at \$0 for women 35 years or older)	-	\$0
<b>METABOLIC MODIFIERS</b>		
BUPHENYL TAB	-	NC
sodium phenylbutyrate tab (BUPHENYL equiv)	-	NC
<b>HEMATOPOIETIC AGENTS</b>		
<b>FOLIC ACID/FOLATES</b>		
folic acid tab 1mg (Covered for females only)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
<b>IRON</b>		
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate elixir	OTC	NC
ferrous sulfate soln	OTC	NC

## LAXATIVES

### LAXATIVE COMBINATIONS

GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0

## MEDICAL DEVICES AND SUPPLIES

### CONTRACEPTIVES

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OTC	Over-the-Counter		PA	Prior Authorization		QL	Quantity Limit	
RDX	Restricted to Diagnosis		SMKG	Smoking Cessation		ST	Step Therapy	
VAC	Vaccine Program							

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**GHC-SCW Mandated Coverage**

**Category/Class**

**Last Updated\* 5/2/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
<b>DIABETIC SUPPLIES</b>		
FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
PRECISION XTRA METER	OTC	\$0
CALIBRATION LIQUID	OTC	DME
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	DME
DEXCOM G6 SENSOR (QL= 9 sensors/90 days)	PA-QL	DME
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	DME
FREESTYLE LANCETS	OTC	DME
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	DME
FREESTYLE LIBRE 2 SENSOR (QL= 6 sensors/84 days)	PA-QL	DME
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year)	PA-QL	DME
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	DME
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	DME
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	DME
MEDISENSE CONTROL SOLN	OTC	DME
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	DME
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN SYRINGE	OTC	DME
NEEDLES	OTC	DME
PEN NEEDLE	OTC	DME
SYRINGE	OTC	DME
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>FLUORIDE</b>		
FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride soln (Covered at \$0 for members 5 years or younger)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>DENTAL PRODUCTS</b>		
sodium fluoride cream (Covered at \$0 for members 5 years or younger)	-	\$0
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
ALCOHOL SWABS	OTC	DME
<b>OPHTHALMIC AGENTS</b>		
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA NASAL SPRAY	-	NC
<b>OPHTHALMIC ANTI-INFECTIVES</b>		

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<b>generic</b> = small letters <b>PA</b> = Prior Authorization <b>SMKG</b> = Smoking Cessation					
<b>BRANDS</b> = CAPITAL LETTERS <b>QL</b> = Quantity Limit <b>ST</b> = Step Therapy					

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**GHC-SCW Mandated Coverage**

**Category/Class**

**Last Updated\* 5/2/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>OPHTHALMIC AGENTS Cont.</b>		
erythromycin 0.5% ophth ointment (Covered at \$0 for members 1 year or younger)	-	\$0

**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

**SMOKING DETERRENTS**

bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0
nicotine gum (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	\$0
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year)	QL-SMKG	\$0
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0

**VACCINES**

**VIRAL VACCINES**

AFLURIA INJ	VAC	NC
AFLURIA INJ, FLUZONE INJ	VAC	NC
FLUAD INJ	VAC	NC
FLUAD QUAD INJ	VAC	NC
FLUBLOK QUAD PF INJ	VAC	NC
FLUCELVAX QUAD INJ	VAC	NC
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	NC
FLUMIST QUADRIVALENT NASAL SUSP	VAC	NC
FLUZONE HD PF INJ	VAC	NC
FLUZONE HIGH DOSE PF INJ	VAC	NC
FLUZONE/FLUARIX QUAD INJ	VAC	NC

**VITAMINS**

**OIL SOLUBLE VITAMINS**

vitamin D cap 1000unit (Only covered for members 65 years old or older.)	OTC	\$0
vitamin D cap 2000IU (Covered for members 65 years or older)	OTC	\$0
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0
vitamin D tab 2000IU	OTC	\$0
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0

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OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RDX	Restricted to Diagnosis	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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**GHC-SCW Mandated Coverage  
Prior Authorization Drug List  
Last Updated\* 5/2/2024**

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.

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

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**GHC-SCW Mandated Coverage**  
**Last Updated\* 5/2/2024**  
**Over-the-Counter (OTC)**

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

**Over-the-Counter (OTC) Medications**

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

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**GHC-SCW Mandated Coverage**  
**Last Updated\* 5/2/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
amethyst tab	Step Therapy requires a trial of 2 preferred oral contraceptives

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**GHC-SCW Mandated Coverage  
Smoking Cessation Agents  
Last Updated\* 5/2/2024**

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

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**GHC-SCW Mandated Coverage**  
**Last Updated\* 5/2/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

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

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