

**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 4/1/2024**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ALCOHOL SWABS	OTC	DME	NASAL AGENTS - SYSTEMIC AND TOPICAL
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	ANTHYPERLIPIDEMICS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BYDUREON BCISE AUTO INJ	-	2	ANTIDIABETICS
BYDUREON INJ	-	2	ANTIDIABETICS
BYDUREON PEN INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2	ANTIDIABETICS
CALIBRATION LIQUID	OTC	DME	MEDICAL DEVICES AND SUPPLIES
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
cryselle tab	-	\$0	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DESCOVY TAB	PA	2	ANTIVIRALS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 9 sensors/90 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
ELLA TAB	-	\$0	CONTRACEPTIVES
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
erythromycin 0.5% ophth ointment (Covered at \$0 for members 1 year or younger)	-	\$0	OPHTHALMIC AGENTS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
folic acid tab 1mg (Covered for females only)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FREESTYLE FREEDOM LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LANCETS	OTC	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	DME	MEDICAL DEVICES AND SUPPLIES

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

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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 SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
isibloom tab, enskyce tab, apri tab (DESOGEN/ ORTHO-CEPT equiv)	-	\$0	CONTRACEPTIVES
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB	-	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JENTADUETO TAB	-	2	ANTIDIABETICS
kelnor tab	-	\$0	CONTRACEPTIVES
KETO-DIASTIX TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
KETOSTIX TEST STRIPS	OTC	DME	DIAGNOSTIC PRODUCTS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
LANTUS VIAL	-	2	ANTIDIABETICS
layolis FE tab, wymzya FE tab	-	\$0	CONTRACEPTIVES
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
lovastatin tab	-	\$0	ANTIHYPERTENSIVES
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MEDISENSE CONTROL SOLN	OTC	DME	MEDICAL DEVICES AND SUPPLIES
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
metformin tab er 500mg (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab er 750mg (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
NEEDLES	OTC	DME	MEDICAL DEVICES AND SUPPLIES
nicotine gum (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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RDX	Over-the-Counter	PA	Quantity Limit
VAC	Restricted to Diagnosis Vaccine Program	SMKG	Step Therapy

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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 R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
NUVARING	-	\$0	CONTRACEPTIVES
ONETOUCH TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
PEN NEEDLE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
pravastatin tab	-	\$0	ANTIHYPERLIPIDEMICS
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
raloxifene tab (Covered at \$0 for women 35 years or older)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
repaglinide tab	-	1	ANTIDIABETICS
rosuvastatin tab 10mg	-	\$0	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg	-	\$0	ANTIHYPERLIPIDEMICS
SAFYRAL TAB	-	\$0	CONTRACEPTIVES
simvastatin tab	-	\$0	ANTIHYPERLIPIDEMICS
sodium fluoride cream (Covered at \$0 for members 5 years or younger)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS

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SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
tamoxifen tab (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
TRADJENTA TAB	-	2	ANTIDIABETICS
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TYBLUME TAB	-	\$0	CONTRACEPTIVES
VARENICLINE 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

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DrugName	Special Code	Tier
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**ANALGESICS - NONNARCOTIC**

**SALICYLATES**

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

**ANTIDIABETICS**

**ALPHA-GLUCOSIDASE INHIBITORS**

acarbose tab (PRECOSE equiv)	-	1
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**ANTIDIABETIC COMBINATIONS**

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

**BIGUANIDES**

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

**DIABETIC OTHER**

GLUCAGON INJ KIT	-	2
GLUCAGON KIT	-	2

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

JANUVIA TAB	-	2
TRADJENTA TAB	-	2

**INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

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

**INSULIN**

FIASP FLEXTOUCH INJ	-	2
FIASP 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

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<b>ANTIDIABETICS Cont.</b>		
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
<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
<b>ANTIHYPERTENSIVES</b>		
<b>HMG COA REDUCTASE INHIBITORS</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>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
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0

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	Restricted to Diagnosis		
	Vaccine Program		

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<b>CONTRACEPTIVES Cont.</b>		
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
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	2
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
zafemy patch (XULANE equiv)	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
NUVARING	-	\$0
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
<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>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

**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

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

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

**Last Updated\* 4/1/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>HEMATOPOIETIC AGENTS Cont.</b>		
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
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
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
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</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

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Tier 1= Generic Copay

Tier 2 = Brand Copay

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

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

**Last Updated\* 4/1/2024**

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
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>OPHTHALMIC ANTI-INFECTIVES</b>		
erythromycin 0.5% ophth ointment (Covered at \$0 for members 1 year or younger)	-	\$0
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>SMOKING DETERRENENTS</b>		
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
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
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

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

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Tier 2 = Brand Copay

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

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**GHC-SCW Mandated Coverage  
Prior Authorization Drug List  
Last Updated\* 4/1/2024**

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\* 4/1/2024  
Over-the-Counter (OTC)**

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

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

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

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**GHC-SCW Mandated Coverage**  
**Last Updated\* 4/1/2024**  
**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\* 4/1/2024**

<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

\*\* OTC drugs are not a covered benefit.

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**GHC-SCW Mandated Coverage**  
**Last Updated\* 4/1/2024**  
**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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