

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 12/1/2024**

Drug Name	Special Code	Tier	Category
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
AFLURIA INJ, FLUZONE INJ	VAC	NC	VACCINES
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	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
crystelle 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
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS

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

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FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrrous 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
FLUBLOK INJ	VAC	NC	VACCINES
FLUCELVAX INJ	VAC	NC	VACCINES
FLULAVAL INJ, FLUARIX INJ	VAC	NC	VACCINES
FLUMIST NASAL	VAC	NC	VACCINES
FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
FLUZONE HIGH DOSE PF 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 2-PLUS SENSOR (QL= 2 sensors/30 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 3-PLUS SENSOR (QL= 2 sensors/30 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
JANUVIA TAB	-	2	ANTIDIABETICS

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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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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	ANTIHYPERLIPIDEMICS
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	ANTIHYPERLIPIDEMICS
rosuvastatin tab 5mg	-	\$0	ANTIHYPERLIPIDEMICS
SAFYRAL TAB	-	\$0	CONTRACEPTIVES
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SEASONIQUE TAB	-	NC	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
sodium phenylbutyrate tab (BUPHENYL equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
sprintec 28 tab (ORTHO-CYCLLEN 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-CYCLLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYRVAYA NASAL SPRAY	-	NC	OPHTHALMIC AGENTS

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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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VAC Vaccine Program		

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DrugName	Special Code	Tier
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
ANALGESICS - OPIOID		
OPIOID PARTIAL AGONISTS		
ZUBSOLV SL TAB	-	NC
ANTICONVULSANTS		
ANTICONVULSANTS - MISC.		
QUDEXY XR CAP	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
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
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
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		

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
VICTOZA INJ	-	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
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
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
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
MEGLITINIDE ANALOGUES		
repaglinide tab	-	1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
SULFONYLUREAS		
gliimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide tab (DIABETA equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
** OTC drugs are not a covered benefit.		
Tier 1= Generic Copay		Tier 2 = Brand Copay
OTC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Over-the-Counter	generic = small letters
RDX	Restricted to Diagnosis	PA Prior Authorization
VAC	Vaccine Program	SMKG Smoking Cessation
		QL Quantity Limit
		ST Step Therapy

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

Last Updated* 12/1/2024

DrugName	Special Code	Tier
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ANTIHYPERTENSIVES

HMG COA REDUCTASE INHIBITORS

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

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

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

ANTINEOPLASTIC ENZYME INHIBITORS

BOSULIF TAB	-	NC
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ANTIVIRALS

ANTIRETROVIRALS

emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
DESCOVY TAB	PA	2

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

amethyst tab (LYBREL equiv) (Step Therapy requires a trial of 2 preferred oral contraceptives)	ST	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN/ ORTHO-CEPT equiv)	-	\$0
kelnor tab	-	\$0
layolis FE tab, wymzya FE tab	-	\$0
norethindrone acetate/ethinyl estradiol tab	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
SAFYRAL TAB	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
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
BEYAZ TAB	-	NC
SEASONIQUE TAB	-	NC

COMBINATION CONTRACEPTIVES - TRANSDERMAL

zafemy patch (XULANE equiv)	-	\$0
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Tier 2 = Brand Copay

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

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

Last Updated* 12/1/2024

DrugName	Special Code	Tier
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CONTRACEPTIVES Cont.

COMBINATION CONTRACEPTIVES - VAGINAL

NUVARING	-	\$0
eluryng vaginal ring (NUVARING equiv)	-	NC

EMERGENCY CONTRACEPTIVES

ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0

PROGESTIN CONTRACEPTIVES - IMPLANTS

NEXPLANON IMPLANT	-	NC
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PROGESTIN CONTRACEPTIVES - INJECTABLE

DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0

PROGESTIN CONTRACEPTIVES - ORAL

norethindrone tab (NOR-QD/ ORTHO MICRONOR equiv)	-	\$0
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC TESTS

KETO-DIASTIX TEST STRIP	OTC	DME
KETOSTIX TEST STRIPS	OTC	DME
ONETOUCH TEST STRIP	OTC	DME
ONETOUCH VERIO TEST STRIP	OTC	DME

ENDOCRINE AND METABOLIC AGENTS - MISC.

HORMONE RECEPTOR MODULATORS

raloxifene tab (Covered at \$0 for women 35 years or older)	-	\$0
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METABOLIC MODIFIERS

BUPHENYL TAB	-	NC
sodium phenylbutyrate tab (BUPHENYL equiv)	-	NC

HEMATOPOIETIC AGENTS

FOLIC ACID/FOLATES

folic acid tab 1mg (Covered for females only)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0

IRON

FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
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

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Tier 1= Generic Copay

Tier 2 = Brand Copay

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

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

Last Updated* 12/1/2024

DrugName	Special Code	Tier
LAXATIVES Cont.		
peg 3350/electrolytes soln (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year)	QL	\$0

MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES

CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0

DIABETIC SUPPLIES

FREESTYLE FREEDOM LITE METER	OTC	\$0
FREESTYLE LITE METER	OTC	\$0
FREESTYLE PRECISION NEO METER	OTC	\$0
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 2-PLUS SENSOR (QL= 2 sensors/30 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 3-PLUS SENSOR (QL= 2 sensors/30 days)	PA-QL	DME
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	DME
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	DME
MEDISENSE CONTROL SOLN	OTC	DME

MISC. DEVICES

ALCOHOL SWABS	OTC	DME
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PARENTERAL THERAPY SUPPLIES

INSULIN SYRINGE	OTC	DME
NEEDLES	OTC	DME
PEN NEEDLE	OTC	DME
SYRINGE	OTC	DME

MINERALS & ELECTROLYTES

FLUORIDE

FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride soln (Covered at \$0 for members 5 years or younger)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0

MOUTH/THROAT/DENTAL AGENTS

DENTAL PRODUCTS

sodium fluoride cream (Covered at \$0 for members 5 years or younger)	-	\$0
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NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENTS - MISC.

ALCOHOL SWABS	OTC	DME
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Tier 2 = Brand Copay

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

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

Last Updated* 12/1/2024

DrugName	Special Code	Tier
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OPHTHALMIC AGENTS

CHOLINERGIC AGONISTS

TYRVAYA NASAL SPRAY	-	NC
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OPHTHALMIC ANTI-INFECTIVES

erythromycin 0.5% ophth ointment (Covered at \$0 for members 1 year or younger)	-	\$0
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

SMOKING DETERRENENTS

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, FLUZONE INJ	VAC	NC
FLUAD INJ	VAC	NC
FLUBLOK INJ	VAC	NC
FLUCELVAX INJ	VAC	NC
FLULAVAL INJ, FLUARIX INJ	VAC	NC
FLUMIST NASAL	VAC	NC
FLUZONE HIGH DOSE PF 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

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

<p>NC = Not Covered NC/3P = Not Covered, Third Party Reviewer OTC Over-the-Counter RDX Restricted to Diagnosis VAC Vaccine Program</p>	<p>generic = small letters PA Prior Authorization SMKG Smoking Cessation</p>	<p>BRANDS = CAPITAL LETTERS QL Quantity Limit ST Step Therapy</p>
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**GHC-SCW Mandated Coverage
Prior Authorization Drug List
Last Updated* 12/1/2024**

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.

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

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**GHC-SCW Mandated Coverage
Last Updated* 12/1/2024
Over-the-Counter (OTC)**

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

Over-the-Counter (OTC) Medications

ALCOHOL SWABS	aspirin chew tab 81mg	aspirin ec tab 325mg	aspirin ec tab 81mg
aspirin tab 325mg	CALIBRATION LIQUID	FEMALE CONDOMS	FERROUS SULFATE LIQUII
folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE FREEDOM	FREESTYLE LANCETS
FREESTYLE LITE METER	FREESTYLE PRECISION	LITE METER	
	NEO METER	INSULIN SYRINGE	KETO-DIASTIX TEST STRIF
KETOSTIX TEST STRIPS	levonorgestrel tab	MALE CONDOMS	MEDISENSE CONTROL
NEEDLES	nicotine gum	NICOTINE KIT	SOLN
nicotine patch	NOVOLIN 70/30 FLEXPEN	NOVOLIN 70/30 INJ	nicotine lozenge
	INJ		NOVOLIN R FLEXPEN INJ
NOVOLIN R INJ	ONETOUCH TEST STRIP	ONETOUCH VERIO TEST	PEN NEEDLE
		STRIP	
PLAN B TAB	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* 12/1/2024
Step Therapy (ST)

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

Step Therapy (ST) Medications

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

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**GHC-SCW Mandated Coverage
Smoking Cessation Agents
Last Updated* 12/1/2024**

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/calendar year)	\$0
nicotine gum(Limited to 180 day supply/ calendar year)	\$0
NICOTINE KIT	\$0
nicotine lozenge(Limited to 180 day supply/ calendar year)	\$0
nicotine patch(Limited to 180 days/calendar year)	\$0
NICOTROL INHALER(Limited to 180 days/calendar year)	\$0
NICOTROL NASAL SPRAY(Limited to 180 days/calendar year)	\$0
VARENICLINE 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* 12/1/2024
Quantity Limit (QL)**

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bupropion SR tab	Limited to 180 days/calendar year
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 9 sensors/90 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
FARXIGA TAB	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 6 sensors/84 days
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 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, all other members covered at generic copay 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

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GHC-SCW Mandated Coverage Cont.
Last Updated* 12/1/2024
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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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