

**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 4/1/2021**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
AFLURIA INJ	VAC	\$0	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	\$0	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 males age 45-79; 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 males age 45-79; 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
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	OTC	\$0	ANALGESICS - NONNARCOTIC
atorvastatin tab 10mg	-	\$0	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg	-	\$0	ANTIHYPERLIPIDEMICS
AVANDAMET TAB	-	2	ANTIDIABETICS
AVANDARYL TAB	-	2	ANTIDIABETICS
AVANDIA TAB	-	2	ANTIDIABETICS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BYDUREON BCISE AUTO INJ	-	2	ANTIDIABETICS
BYDUREON INJ	-	2	ANTIDIABETICS
BYDUREON PEN INJ	-	2	ANTIDIABETICS
CALIBRATION LIQUID	OTC	DME	MEDICAL DEVICES AND SUPPLIES
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlorpropamide tab	-	1	ANTIDIABETICS
cryselle tab	-	\$0	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
ELLA TAB	-	\$0	CONTRACEPTIVES
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	PA	\$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
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS

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FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS
FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ	-	2	ANTIDIABETICS
FLUAD INJ	VAC	\$0	VACCINES
FLUAD QUAD INJ	VAC	\$0	VACCINES
FLUBLOK INJ	VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ	VAC	\$0	VACCINES
FLUCELVAX INJ	VAC	\$0	VACCINES
FLUCELVAX QUAD INJ	VAC	\$0	VACCINES
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0	VACCINES
FLUORABON SOLN (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
FLUVIRIN INJ	VAC	\$0	VACCINES
FLUVIRIN PF INJ	VAC	\$0	VACCINES
FLUZONE HD PF INJ	VAC	\$0	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	\$0	VACCINES
FLUZONE INTRADERMAL INJ	VAC	\$0	VACCINES
FLUZONE QUAD INJ	VAC	\$0	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	\$0	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 INSULINX TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
FREESTYLE LANCETS	OTC	DME	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
glipizide/metformin tab	-	1	ANTIDIABETICS
glucagon (rdna) for inj kit (GLUCAGON equiv)	-	2	ANTIDIABETICS
GLUCAGON INJ KIT	-	2	ANTIDIABETICS
glyburide micronized tab	-	1	ANTIDIABETICS
glyburide tab (DIABETA equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0	HEMATOPOIETIC AGENTS

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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
junel FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
junel tab	-	\$0	CONTRACEPTIVES
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
LEVONORGESTREL TAB 0.75MG	-	\$0	CONTRACEPTIVES
lovastatin tab	-	\$0	ANTIHYPERLIPIDEMICS
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
NECON TAB	-	\$0	CONTRACEPTIVES
NEEDLES	OTC	DME	MEDICAL DEVICES AND SUPPLIES
nicotine gum (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 day supply/ calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/calendar year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/calendar year)	QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
norethindrone tab (NOR-QD/ ORTHO MICRONOR equiv)	-	\$0	CONTRACEPTIVES
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	2	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	2	CONTRACEPTIVES
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	2	CONTRACEPTIVES
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS

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NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NUVARING	-	\$0	CONTRACEPTIVES
peg 3350/electrolytes soln (Covered at \$0 for members 50-75 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	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	DME	DIAGNOSTIC PRODUCTS
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
simvastatin tab	-	\$0	ANTIHYPERTENSIVES
sodium fluoride cream (Covered at \$0 for members 5 years or younger)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE LOZENGE (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride soln (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger)	-	\$0	MINERALS & ELECTROLYTES
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYRINGE	OTC	DME	MEDICAL DEVICES AND SUPPLIES
tamoxifen tab (Covered at \$0 for women 35 years or older)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
TRADJENTA TAB	-	2	ANTIDIABETICS
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
trilyte soln (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0	LAXATIVES
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TYBLUME TAB	-	\$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VICTOZA INJ	-	2	ANTIDIABETICS
vienva tab, lessina tab, kurvelo tab (NORDETTE equiv)	-	\$0	CONTRACEPTIVES
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
vitamin D cap 1000unit (Only covered for members 65 years old or older.)	OTC	\$0	VITAMINS

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vitamin D cap 2000IU (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D cap 400unit (Covered for members 65 years or older)	OTC	\$0	VITAMINS
vitamin D tab 2000IU	OTC	\$0	VITAMINS
VITAMIN D TAB 400UNIT (Covered for members 65 years or older)	OTC	\$0	VITAMINS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES

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DrugName	Special Code	Tier
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**ANALGESICS - NONNARCOTIC**

**SALICYLATES**

aspirin chew tab 81mg (Covered for males age 45-79; 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 males age 45-79; Covered for females (no age restriction) )	OTC	\$0
aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)	OTC	\$0
aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )	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
AVANDAMET TAB	-	2
AVANDARYL TAB	-	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
JENTADUETO TAB	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tab/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2

**BIGUANIDES**

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

**DIABETIC OTHER**

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

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

JANUVIA TAB	-	2
TRADJENTA TAB	-	2

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

BYDUREON BCISE AUTO INJ	-	2
BYDUREON INJ	-	2
BYDUREON PEN INJ	-	2
VICTOZA INJ	-	2

**INSULIN**

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

**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>		
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 N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
AVANDIA TAB	-	2
<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>		
chlorpropamide tab	-	1
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
glyburide micronized tab	-	1
glyburide tab (DIABETA equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
<b>ANTIHYPERTENSIVES</b>		
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab 10mg	-	\$0
atorvastatin tab 20mg	-	\$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**

**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	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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

Last Updated\* 4/1/2021

DrugName	Special Code	Tier
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</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)	PA	\$0
<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
cryselle tab	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN/ ORTHO-CEPT equiv)	-	\$0
junel FE tab (LOESTRIN FE equiv)	-	\$0
junel tab	-	\$0
kelnor tab	-	\$0
layolis FE tab, wymzya FE tab	-	\$0
NECON TAB	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$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 21 tab (LOESTRIN 21 equiv)	-	2
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	2
norethindrone/ethinyl estradiol tab (LOESTRIN 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
LEVONORGESTREL TAB 0.75MG	-	\$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

**DIAGNOSTIC PRODUCTS**

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

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SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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

Last Updated\* 4/1/2021

DrugName	Special Code	Tier
<b>DIAGNOSTIC PRODUCTS Cont.</b>		
<b>DIAGNOSTIC TESTS</b>		
FREESTYLE INSULINX TEST STRIP	OTC	DME
FREESTYLE LITE TEST STRIP	OTC	DME
FREESTYLE PRECISION NEO TEST STRIP	OTC	DME
FREESTYLE TEST STRIP	OTC	DME
KETO-DIASTIX TEST STRIP	OTC	DME
KETOSTIX TEST STRIPS	OTC	DME
PRECISION XTRA KETONE TEST STRIP	OTC	DME
PRECISION XTRA 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
folic acid tab 800mcg (Covered for females only)	OTC	\$0
<b>IRON</b>		
ferrous sulfate elixir (Covered for members 1 year or younger)	OTC	\$0
FERROUS SULFATE LIQUID (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate soln (Covered for members 1 year or younger)	OTC	\$0
ferrous sulfate syrup (FERROUS SULFATE equiv) (Covered for members 1 year or younger)	OTC	\$0
IRON SUSP (Covered for members 1 year or younger)	OTC	\$0
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
GAVILYTE-C SOLN (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year)	QL	\$0
peg 3350/electrolytes soln (Covered at \$0 for members 50-75 years-Limited to 2 fills/calendar year)	QL	\$0
trilyte soln (Covered at \$0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	QL	\$0
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$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
FREESTYLE LANCETS	OTC	DME
MEDISENSE CONTROL SOLN	OTC	DME
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	DME
<b>PARENTERAL THERAPY SUPPLIES</b>		

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Tier 1= Generic Copay

Tier 2 = Brand Copay

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SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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

Last Updated\* 4/1/2021

<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MEDICAL DEVICES AND SUPPLIES Cont.</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 LOZENGE (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>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 DETERRENTS</b>		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/calendar year)	QL-SMKG	\$0
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	\$0
CHANTIX TAB (Limited to 180 days/plan 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
<b>VACCINES</b>		
<b>VIRAL VACCINES</b>		
AFLURIA INJ	VAC	\$0
AFLURIA INJ, FLUZONE INJ	VAC	\$0
FLUAD INJ	VAC	\$0
FLUAD QUAD INJ	VAC	\$0
FLUBLOK INJ	VAC	\$0
FLUBLOK QUAD PF INJ	VAC	\$0
FLUCELVAX INJ	VAC	\$0
FLUCELVAX QUAD INJ	VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	\$0
FLUMIST QUADRIVALENT NASAL SUSP	VAC	\$0
FLUVIRIN INJ	VAC	\$0
FLUVIRIN PF INJ	VAC	\$0
FLUZONE HD PF INJ	VAC	\$0
FLUZONE HIGH DOSE PF INJ	VAC	\$0
FLUZONE INTRADERMAL INJ	VAC	\$0
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
<b>** OTC drugs are not a covered benefit.</b>		
Tier 1 = Generic Copay		Tier 2 = Brand Copay
OTC SMKG	<b>NC</b> =Not Covered Over-the-Counter Smoking Cessation	<b>PA</b> <b>ST</b>
	<b>generic</b> =small letters Prior Authorization Step Therapy	<b>QL</b> <b>VAC</b>
	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit Vaccine Program	

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**GHC-SCW Mandated Coverage  
Category/Class  
Last Updated\* 4/1/2021**

DrugName	Special Code	Tier
<b>VACCINES Cont.</b>		
FLUZONE QUAD INJ	VAC	\$0
FLUZONE/FLUARIX QUAD INJ	VAC	\$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 1= Generic Copay

Tier 2 = Brand Copay

OTC	<b>NC</b> =Not Covered Over-the-Counter	PA	<b>generic</b> =small letters Prior Authorization	QL	<b>BRANDS</b> =CAPITAL LETTERS Quantity Limit
SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program

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**GHC-SCW Mandated Coverage  
Prior Authorization Drug List  
Last Updated\* 4/1/2021**

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>
emtricitabine/tenofovir disoproxil fumarate tab	\$0

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**GHC-SCW Mandated Coverage  
Last Updated\* 4/1/2021  
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	aspirin tab 81mg	CALIBRATION LIQUID	ferrous sulfate elixir
FERROUS SULFATE LIQUID	ferrous sulfate soln	ferrous sulfate syrup	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE FREEDOM	FREESTYLE INSULINX	FREESTYLE LANCETS
	LITE METER	TEST STRIP	
FREESTYLE LITE METER	FREESTYLE LITE TEST	FREESTYLE PRECISION	FREESTYLE PRECISION
	STRIP	NEO METER	NEO TEST STRIP
FREESTYLE TEST STRIP	INSULIN SYRINGE	IRON SUSP	KETO-DIASTIX TEST STRIP
KETOSTIX TEST STRIPS	levonorgestrel tab	MEDISENSE CONTROL	NEEDLES
		SOLN	
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
NOVOLIN 70/30 FLEXPEN	NOVOLIN 70/30 INJ	NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ
INJ			
NOVOLIN R FLEXPEN INJ	NOVOLIN R INJ	PEN NEEDLE	PLAN B TAB
PRECISION XTRA KETONE	PRECISION XTRA METER	PRECISION XTRA TEST	SYRINGE
TEST STRIP		STRIP	
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\* 4/1/2021**  
**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\* 4/1/2021**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
bupropion SR tab( Limited to 180 days/calendar year)	\$0
CHANTIX PAK( Limited to 180 days/plan year)	\$0
CHANTIX TAB( Limited to 180 days/plan 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

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**GHC-SCW Mandated Coverage**  
**Last Updated\* 4/1/2021**  
**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
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
FARXIGA TAB	QL= 1 tab/day
GAVILYTE-C SOLN	Covered at \$0 for members 50-75 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
medroxyprogesterone inj	QL= 1 inj/90 days
nicotine gum	Limited to 180 day supply/ calendar year
NICOTINE KIT	
nicotine lozenges	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
peg 3350/electrolytes soln	Covered at \$0 for members 50-75 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
trilyte soln	Covered at \$0 for members 50-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day

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