



July 2020

**HAP Empowered Medicaid
Formulary Drug List**

Your Drug Coverage

Your HAP Empowered Medicaid plan covers drugs. There are no copays for covered drugs. You must use a pharmacy in the network to fill your prescriptions. You can find a pharmacy near you by searching our website.

For HAP Empowered Medicaid members (Medicaid, MICHild, Healthy Michigan Plan, Children's Special Health Care Services), we use the Michigan Medicaid Common Formulary.

A formulary is a list of covered drugs. If you want to look at the drugs on the formulary, or search for a certain drug, you can search the drug list. It includes drugs from a pharmacy, not drugs from your doctor's office or the hospital. The list includes prescription drugs and covered over-the-counter drugs. We also cover all drugs to help you stop smoking. You can search by brand name or generic name.

HAP Empowered works with the state and other health plans to develop and update the list. We update it at least four times a year. We add new drugs and sometimes change the status of some drugs. When we make a change, we update the website so it's available for you, providers and our Customer Service team. If we make a change to the drug list that affects you, we'll send a letter to you and your doctor. This gives you time to talk to your doctor about the change.

Drug Coverage Information

Formulary list and restrictions

We cover up to a one-month supply for most medications, or less, if your doctor prescribes less. We cover a three-month supply of birth control pills. For safety reasons, you must use a certain amount of your medication before you can fill it again.

We cover both brand and generics. If there's a generic equal for a drug, we cover the generic, not the brand.

Some drugs need approval before we'll cover them. Prior authorization may be required when:

- A drug has step therapy, which means you must try certain drugs before another drug is covered.
- We need certain medical information from your doctor to make sure the drug is appropriate for treatment. For example, we might need diagnosis information, lab test results and history of medications.
- A brand name drug is needed instead of the generic for a medical reason. For example, you're allergic to a certain dye/color in the medication. These situations are rare.

Some drugs have age restrictions or quantity limits. These are usually based on safety.

All drugs on the list are covered and/or require review. If you need a drug that is not on the list, or there isn't a good alternative on the list, you or your doctor can ask for an exception to the formulary. You can also ask us to waive restrictions or limits on a drug. You can request an exception at the website, or by telephone through Customer Service. Your doctor can send us an Exception Request form via fax or call us at (313) 664-8940, option 3.

We work with your doctor for the information we need for prior authorization or exception requests. Your doctor will tell us why the drug is necessary.

If we deny a drug request, we'll send a letter to you and your doctor. The letter will tell you the reason why we denied the request. You have the right to appeal. If you want to appeal, you have 60 days from the date on the letter to appeal.

Benefit limitations

Some drugs are covered by the state of Michigan, not HAP Empowered Medicaid. When you go to the pharmacy, you should always take your HAP Empowered card and your MiHealth Medicaid card. Your pharmacy knows about these drugs and will bill the state for these drugs.

There are some drugs not covered by HAP Empowered or MiHealth Medicaid, including:

- Drugs not approved by the Food and Drug Administration
- Drugs for cosmetic use
- Experimental or investigational drugs
- Weight gain or weight loss drugs
- Combination cough/cold medications
- Fertility drugs
- Lifestyle drugs
- Sexual or erectile dysfunction drugs
- Replacement of lost or stolen medication
- Any drug excluded for coverage by the state of Michigan

HAP Empowered Medicaid

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CURRENT AS OF 7/1/2020

| DRUG NAME | DRUG TIER | NOTES |
|--|------------------|--------------------|
| ANTIHISTAMINE DRUGS | | |
| Ethanolamine Derivatives | | |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | Tier 1 | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | Tier 1 | |
| <i>clemastine fum 1.34 mg tablet (otc) 1.34 mg</i> | Tier 1 | |
| <i>clemastine oral tablet 2.68 mg</i> | Tier 1 | |
| <i>dimenhydrinate 50 mg tablet (otc) 50 mg</i> | Tier 1 | |
| <i>diphenhydramine 25 mg capsule (otc) 25 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine 50 mg capsule (otc) 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine cough syrup 12.5 mg/5 ml</i> | Tier 1 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i> | Tier 1 | |
| First Gen. Antihist. Derivatives, Misc. | | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>cyproheptadine oral tablet 4 mg</i> | Tier 1 | AGE (Max 64 Years) |
| First Generation Antihistamines | | |
| ALLER-CHLOR 4 MG TABLET 4 MG | Tier 1 | |
| ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| ALLERGY RELIEF 4 MG TABLET 4 HOUR RELIEF 4 MG | Tier 1 | |
| ALLERGY-TIME 4 MG TABLET 4 MG | Tier 1 | |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | Tier 1 | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | Tier 1 | |
| <i>chlorpheniramine 4 mg tablet 4 mg</i> | Tier 1 | |
| <i>chlorpheniramine er 12 mg tab 12 mg</i> | Tier 1 | |
| CHLOR-TRIMETON ALLERGY 4 MG | Tier 1 | |
| <i>clemastine fum 1.34 mg tablet (otc) 1.34 mg</i> | Tier 1 | |
| <i>clemastine oral tablet 2.68 mg</i> | Tier 1 | |
| CVS ALLERGY RELIEF 4 MG TABLET 4 MG | Tier 1 | |

Tier 1= On Formulary, Covered (preferred)-this drug is on formulary and covered. If it is available in generic, we cover the generic.

PA= Prior Authorization-You (or your physician) must get approval before we will cover this drug.

QL= Quantity Limits Apply-There is a limit on the amount of this drug that is covered per prescription, or within a certain time period.

SP= This drug has special handling requirements and can only be obtained at Pharmacy Advantage: (800) 456-2112; up to a 30 day supply.

ST= Step Therapy Required-In some cases, you may have to try certain drugs first before other drugs are covered.

AGE= Age Restriction-This drug may only be covered if you meet a certain age requirement.

| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|------------------------------------|
| <i>cypheptadine oral syrup 2 mg/5 ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>cypheptadine oral tablet 4 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>dimenhydrinate 50 mg tablet (otc) 50 mg</i> | Tier 1 | |
| <i>diphenhydramine 25 mg capsule (otc) 25 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine 50 mg capsule (otc) 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine cough syrup 12.5 mg/5 ml</i> | Tier 1 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i> | Tier 1 | |
| EQ CHLORTABS 4 MG TABLET 4 MG | Tier 1 | |
| EQL ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| GNP ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| HM ALLERGY RELIEF 4 MG TABLET 4 HOUR, GLUTEN-FREE 4 MG | Tier 1 | |
| KRO ALLERGY 4 MG TABLET 4 HOUR 4 MG | Tier 1 | |
| PHARBECHLOR 4 MG TABLET 4 MG | Tier 1 | |
| <i>qc chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| <i>ra chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| <i>sb chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| SM ALLERGY 4-HR 4 MG TABLET 4 MG | Tier 1 | |
| WAL-FINATE 4 MG TABLET 4 MG | Tier 1 | |
| Phenothiazine Derivatives | | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| Piperazine Derivatives | | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg</i> | Tier 1 | |

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|--|-----------|---|
| <i>meclizine 12.5 mg tablet (otc) 12.5 mg</i> | Tier 1 | |
| <i>meclizine 25 mg tablet (otc) 25 mg</i> | Tier 1 | |
| <i>meclizine 25 mg tablet chew 25 mg</i> | Tier 1 | |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | Tier 1 | |
| Propylamine Derivatives | | |
| ALLER-CHLOR 4 MG TABLET 4 MG | Tier 1 | |
| ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| ALLERGY RELIEF 4 MG TABLET 4 HOUR RELIEF 4 MG | Tier 1 | |
| ALLERGY-TIME 4 MG TABLET 4 MG | Tier 1 | |
| <i>chlorpheniramine 4 mg tablet 4 mg</i> | Tier 1 | |
| <i>chlorpheniramine er 12 mg tab 12 mg</i> | Tier 1 | |
| CHLOR-TRIMETON ALLERGY 4 MG | Tier 1 | |
| CVS ALLERGY RELIEF 4 MG TABLET 4 MG | Tier 1 | |
| EQ CHLORTABS 4 MG TABLET 4 MG | Tier 1 | |
| EQL ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| GNP ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| HM ALLERGY RELIEF 4 MG TABLET 4 HOUR, GLUTEN-FREE 4 MG | Tier 1 | |
| KRO ALLERGY 4 MG TABLET 4 HOUR 4 MG | Tier 1 | |
| PHARBECHLOR 4 MG TABLET 4 MG | Tier 1 | |
| <i>qc chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| <i>ra chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| <i>sb chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| SM ALLERGY 4-HR 4 MG TABLET 4 MG | Tier 1 | |
| WAL-FINATE 4 MG TABLET 4 MG | Tier 1 | |
| Second Generation Antihistamines | | |
| ALLERGY RELIEF 5 MG/5 ML SOLN A/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| ALLERGY RELIEF SYRUP A/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| <i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine hcl 5 mg tablet 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>cetirizine hcl 5 mg/5 ml syrup 40's, u-d cups 5 mg/5 ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine oral solution 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine oral tablet 10 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| CHILD ALL DAY ALLERGY 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| CHILD CETIRIZINE HCL 1 MG/ML A/F,S/F,CHILDREN'S 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| CHILD CLARITIN 5 MG/5 ML SOLN A/F,D/F,S/F,GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>child loratadine 5 mg/5 ml sol 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>child loratadine 5 mg/5 ml syr grape, s/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CHILD WAL-ITIN 5 MG/5 ML SYRUP 24 HR,D/F,A/F,GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CHILD WAL-ZYR 1 MG/ML SOLUTION S/F, A/F, GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| CLARITIN 5 MG/5 ML SYRUP A/F,D/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CVS ALLERGY RELIEF 5 MG/5 ML A/F, S/F. GLUTEN/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CVS CHILD ALLERGY RELF 1 MG/ML 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cvs loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| EQ CHILD ALLERGY RELF 1 MG/ML S/F, A/F, D/F 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| EQ CHILD ALLERGY RELIEF SOLN D/F, NON-DROWSY, GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| EQL CHLD ALL DAY ALLER 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>eq loratadine 5 mg/5 ml syrup children, non-drowsy 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| GNP ALLERGY RELF 5 MG/5 ML SLN A/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| GNP CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>gnp chld loratadine 5 mg/5 ml s/f, a/f, gluten/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>gnp loratadine 10 mg tablet non-drowsy, 24hr 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>gnp loratadine 5 mg/5 ml syrup non-drowsy 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| HM CHILD CETIRIZINE 1 MG/ML D/F, GRAPE, S/F, GLUT-F 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>hm child loratadine 5 mg/5 ml a/f, s/f, grape 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| KRO CHLD ALL DAY ALLER 1 MG/ML 24HR, GLUTEN-F, S/F 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>loratadine 10 mg tablet 10x10, u-d, outer 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>loratadine 5 mg/5 ml soln child's, a/f, s/f, d/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>loratadine allergy 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>loratadine hives 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| PUB CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>pv cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| PV CHILD CETIRIZINE 1 MG/ML S/F,BUBBLE GUM 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>pv child loratadine 5 mg/5 ml s/f, a/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>pv loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>qc loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| RA CHILD ALLERGY RELF 1 MG/ML GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>ra loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>ra loratadine 5 mg/5 ml syrup children's,non-drows 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>sb loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| SM ALL DAY ALLERGY 1 MG/ML SYR 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| SM CHILD ALL DAY ALLER 1 MG/ML CHERRY 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>sm child loratadine 5 mg/5 ml s/f, a/f, gluten/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>sm loratadine 10 mg tablet 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>sm loratadine 5 mg/5 ml syrup d/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| WAL-ITIN 5 MG/5 ML SYRUP CHILDREN'S, GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| WAL-ZYR SOLUTION CHILDREN'S 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |

ANTI-INFECTIVE AGENTS

1St Generation Cephalosporin Antibiotics

| | | |
|---|--------|--------------------|
| <i>cefadroxil oral capsule 500 mg</i> | Tier 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cefadroxil oral tablet 1 gram</i> | Tier 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|---|
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | No Age Restriction for CSHCS Only; AGE (Max 12 Years) |
| 2Nd Generation Cephalosporin Antibiotics | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| 3Rd Generation Cephalosporin Antibiotics | | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 1 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | Tier 1 | |
| SUPRAX ORAL CAPSULE 400 MG | Tier 1 | |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML | Tier 1 | AGE (Max 12 Years) |
| Adamantane Antivirals | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | Tier 1 | QL (40 ML per 1 day) |
| <i>rimantadine oral tablet 100 mg</i> | Tier 1 | |
| Allylamine Antifungals | | |
| <i>terbinafine hcl oral tablet 250 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Amebicides | | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>paromomycin oral capsule 250 mg</i> | Tier 1 | |

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|--|-----------|--------------------|
| Aminoglycoside Antibiotics | | |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML | Tier 1 | PA |
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | Tier 1 | PA; SP |
| <i>neomycin oral tablet 500 mg</i> | Tier 1 | |
| <i>paromomycin oral capsule 250 mg</i> | Tier 1 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | Tier 1 | PA |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | Tier 1 | PA; SP |
| Aminopenicillin Antibiotics | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | Tier 1 | AGE (Max 12 Years) |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | Tier 1 | AGE (Max 12 Years) |
| <i>ampicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| Anthelmintics | | |
| <i>ivermectin oral tablet 3 mg</i> | Tier 1 | |
| REESE'S PINWORM 144 MG/ML SUSP 50 MG/ML | Tier 1 | |
| Antifungals, Miscellaneous | | |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | Tier 1 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | Tier 1 | |

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| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | Tier 1 | |
| Antimalarials | | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>hydroxychloroquine oral tablet 200 mg</i> | Tier 1 | |
| KRINTAFEL ORAL TABLET 150 MG | Tier 1 | PA; QL (2 tablets per 1 year); AGE (Min 16 Years) |
| <i>mefloquine oral tablet 250 mg</i> | Tier 1 | PA; QL (5 Tablets per 30 days) |
| <i>primaquine oral tablet 26.3 mg</i> | Tier 1 | |
| <i>pyrimethamine oral tablet 25 mg</i> | Tier 1 | PA; SP; QL (3 tablets per 1 day) |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | Tier 1 | |
| Antimycobacterials, Miscellaneous | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 1 | |
| Antiprotozoals, Miscellaneous | | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | Tier 1 | PA |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i> | Tier 1 | PA |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Antituberculosis Agents | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cycloserine oral capsule 250 mg</i> | Tier 1 | |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | Tier 1 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| PRIFTIN ORAL TABLET 150 MG | Tier 1 | QL (24 tablets per 28 days) |

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| <i>pyrazinamide oral tablet 500 mg</i> | Tier 1 | |
| <i>rifabutin oral capsule 150 mg</i> | Tier 1 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| TRECATOR ORAL TABLET 250 MG | Tier 1 | |
| Azole Antifungals | | |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | Tier 1 | |
| <i>itraconazole oral capsule 100 mg</i> | Tier 1 | |
| <i>ketoconazole oral tablet 200 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Glycopeptide Antibiotics | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | Tier 1 | |
| <i>vancomycin intravenous recon soln 10 gram, 5 gram, 750 mg</i> | Tier 1 | |
| Hiv Nucleoside, Nucleotide Rt Inhibitors | | |
| <i>lamivudine oral tablet 100 mg</i> | Tier 1 | QL (1 tablet per 1 day) |
| Interferon Antivirals | | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | Tier 1 | PA; SP |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | Tier 1 | PA; SP |
| Lincomycin Antibiotics | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | Tier 1 | |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | Tier 1 | AGE (Max 12 Years) |
| Monobactam Antibiotics | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | Tier 1 | PA |

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| Monoclonal Antibody Antivirals | | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | Tier 1 | PA; SP |
| Natural Penicillin Antibiotics | | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Neuraminidase Inhibitor Antivirals | | |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> | Tier 1 | QL (10 capsules per Rx, 20 capsules per 6 months) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | Tier 1 | QL (60mL per Rx, 120mL per 180 days); AGE (Max 12 Years) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | Tier 1 | QL (20 blisters per 180 days); AGE (Min 5 Years) |
| Nucleoside And Nucleotide Antivirals | | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 1 | QL (5 Tablets per 1 day) |
| <i>adefovir oral tablet 10 mg</i> | Tier 1 | SP; QL (1 tablet per 1 day) |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | Tier 1 | QL (1 tablet per 1 day) |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>valacyclovir oral tablet 1 gram</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>valacyclovir oral tablet 500 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>valganciclovir oral tablet 450 mg</i> | Tier 1 | PA; QL (2 Tablets per 1 day) |
| VEMLIDY ORAL TABLET 25 MG | Tier 1 | PA; SP; QL (30 Tablets per 30 days) |
| Other Macrolide Antibiotics | | |
| <i>azithromycin oral packet 1 gram</i> | Tier 1 | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | Tier 1 | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | Tier 1 | |

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| Oxazolidinone Antibiotics | | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | Tier 1 | PA |
| <i>linezolid oral tablet 600 mg</i> | Tier 1 | PA |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| Polyene Antifungals | | |
| <i>nystatin oral suspension 100,000 unit/ml</i> | Tier 1 | |
| <i>nystatin oral tablet 500,000 unit</i> | Tier 1 | |
| Quinolone Antibiotics | | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>ofloxacin oral tablet 400 mg</i> | Tier 1 | |
| Rifamycin Antibiotics | | |
| PRIFTIN ORAL TABLET 150 MG | Tier 1 | QL (24 tablets per 28 days) |
| <i>rifabutin oral capsule 150 mg</i> | Tier 1 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| Sulfonamide Antibiotics (Systemic) | | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | Tier 1 | |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | Tier 1 | |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML | Tier 1 | |
| Tetracycline Antibiotics | | |
| <i>doxycycline hyclate oral tablet 100 mg</i> | Tier 1 | |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | Tier 1 | |

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|--|-----------|---|
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i> | Tier 1 | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| Urinary Anti-Infectives | | |
| <i>methenamine hippurate oral tablet 1 gram</i> | Tier 1 | |
| <i>methenamine mandelate oral tablet 0.5 g, 1 gram</i> | Tier 1 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | Tier 1 | QL (2 Capsules per 1 day); AGE (Max 64 Years) |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> | Tier 1 | QL (2 Tablets per 1 day); AGE (Max 64 Years) |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>trimethoprim oral tablet 100 mg</i> | Tier 1 | |
| ANTINEOPLASTIC AGENTS | | |
| Antineoplastic Agents | | |
| <i>abiraterone oral tablet 250 mg</i> | Tier 1 | PA; SP; QL (4 tablets per 1 day) |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| AFINITOR ORAL TABLET 10 MG | Tier 1 | PA; SP; QL (1 Tablet per 1 day) |
| ALKERAN ORAL TABLET 2 MG | Tier 1 | PA |
| <i>anastrozole oral tablet 1 mg</i> | Tier 1 | |
| <i>bexarotene oral capsule 75 mg</i> | Tier 1 | PA; SP |
| <i>bicalutamide oral tablet 50 mg</i> | Tier 1 | PA |
| BRAFTOVI ORAL CAPSULE 50 MG, 75 MG | Tier 1 | PA; SP |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | Tier 1 | PA; SP |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Tier 1 | PA |
| DAURISMO ORAL TABLET 100 MG, 25 MG | Tier 1 | PA; SP |
| <i>diclofenac sodium topical gel 3 %</i> | Tier 1 | PA; QL (100 GM per 30 days) |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 1 | |
| EMCYT ORAL CAPSULE 140 MG | Tier 1 | PA |
| ERIVEDGE ORAL CAPSULE 150 MG | Tier 1 | PA; SP; QL (1 Capsule per 1 day) |
| ERLEADA ORAL TABLET 60 MG | Tier 1 | PA; SP; QL (4 Tablets per 1 day) |

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| <i>etoposide oral capsule 50 mg</i> | Tier 1 | PA |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | Tier 1 | PA; SP; QL (1 tablet per 1 day) |
| <i>exemestane oral tablet 25 mg</i> | Tier 1 | |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | Tier 1 | PA; SP |
| <i>fluorouracil topical cream 0.5 %</i> | Tier 1 | PA; QL (30 GM per 30 days) |
| <i>fluorouracil topical cream 5 %</i> | Tier 1 | PA; QL (40 GM per 30 days) |
| <i>flutamide oral capsule 125 mg</i> | Tier 1 | PA |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | Tier 1 | PA; SP |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 1 | PA; SP |
| <i>hydroxyurea oral capsule 500 mg</i> | Tier 1 | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | Tier 1 | PA; SP |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | Tier 1 | PA; SP |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | Tier 1 | PA; SP |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 1 | PA; SP; QL (2 Tablets per 1 day) |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 18 Years) |
| LEUKERAN ORAL TABLET 2 MG | Tier 1 | PA; SP |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | Tier 1 | PA |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | Tier 1 | PA; SP |
| LYSODREN ORAL TABLET 500 MG | Tier 1 | PA |
| MATULANE ORAL CAPSULE 50 MG | Tier 1 | PA; SP |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 1 | |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 1 | |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 1 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | |

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| MYLERAN ORAL TABLET 2 MG | Tier 1 | PA; SP |
| <i>nilutamide oral tablet 150 mg</i> | Tier 1 | PA |
| NUBEQA ORAL TABLET 300 MG | Tier 1 | PA |
| ODOMZO ORAL CAPSULE 200 MG | Tier 1 | PA; SP |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 1 | PA; SP; QL (1 capsule per 1 day) |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 1 | PA; SP; QL (1 capsule per 1 day) |
| TABLOID ORAL TABLET 40 MG | Tier 1 | PA; SP |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| TAZVERIK ORAL TABLET 200 MG | Tier 1 | PA |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | Tier 1 | PA; SP |
| TIBSOVO ORAL TABLET 250 MG | Tier 1 | PA; SP; QL (2 Tablets per 1 day) |
| <i>toremifene oral tablet 60 mg</i> | Tier 1 | PA |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | Tier 1 | PA |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 1 | PA; SP |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | Tier 1 | PA; SP |
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 1 | PA |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK) | Tier 1 | PA |
| XTANDI ORAL CAPSULE 40 MG | Tier 1 | PA; SP; QL (4 Capsules per 1 day) |
| YONSA ORAL TABLET 125 MG | Tier 1 | PA; SP |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 1 | PA; SP |
| ZYTIGA ORAL TABLET 500 MG | Tier 1 | PA; SP; QL (2 Tablets per 1 day) |
| ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES | | |
| Vaccines | | |
| AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |

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| FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML | Tier 1 | |
| FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | Tier 1 | |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML | Tier 1 | QL (2 injections per 1 lifetime); AGE (Min 19 Years) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | Tier 1 | QL (2 injections per 1 lifetime); AGE (Min 19 Years) |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | Tier 1 | QL (2 doses per 1 lifetime); AGE (Min 50 Years) |
| SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG | Tier 1 | QL (2 doses per 1 lifetime); AGE (Min 50 Years) |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | Tier 1 | QL (2 injections per 1 lifetime); AGE (Min 19 Years) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | Tier 1 | QL (2 injections per 1 lifetime); AGE (Min 19 Years) |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML | Tier 1 | QL (1 dose per 1 lifetime); AGE (Min 50 Years) |
| AUTONOMIC DRUGS | | |
| Alpha- And Beta-Adrenergic Agonists | | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 1 | QL (2 injections per 90 days) |

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|--|-----------|---|
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML | Tier 1 | QL (2 syringes per 90 days) |
| Alpha-Adrenergic Agonists | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | Tier 1 | |
| LUCEMYRA ORAL TABLET 0.18 MG | Tier 1 | PA; QL (16 tablets per day for 14 days); AGE (Min 18 Years) |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> | Tier 1 | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| Antimuscarinics/Antispasmodics | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | Tier 1 | QL (12.9 ML per 30 days) |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | Tier 1 | ST |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | Tier 1 | QL (4 ML per 30 days) |
| <i>dicyclomine oral capsule 10 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>dicyclomine oral tablet 20 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Tier 1 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> | Tier 1 | AGE (Max 64 Years) |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | Tier 1 | QL (30 blisters per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 1 | |

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| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 1 | QL (12 ML per 1 day) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION | Tier 1 | PA; QL (1 inhaler per 30 days); AGE (Min 6 Years) |
| Autonomic Drugs, Miscellaneous | | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | Tier 1 | QL (2 tablets per day; Max 2-12 wk courses of therapy per yr) |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | Tier 1 | QL (2 tablets per day; Max 2-12 wk courses of therapy per yr) |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) | Tier 1 | QL (2 tablets per day; Max 2-12 wk courses of therapy per yr) |
| <i>cvs nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>cvs nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>cvs nicotine 2 mg chewing gum s/f, coated cinnamon 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>cvs nicotine 2 mg lozenge cherry, 3 quittube 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>cvs nicotine 4 mg chewing gum original 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>cvs nicotine 4 mg lozenge cherry flavor 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>cvs nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>eq nicotine 14 mg/24hr patch clear, step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>eq nicotine 2 mg chewing gum coated, fruit wave 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>eq nicotine 2 mg lozenge cherry 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>eq nicotine 21 mg/24hr patch 21+7, clear (otc) 21 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>eq nicotine 4 mg chewing gum uncoated, original 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>eq nicotine 4 mg lozenge cherry 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>eq nicotine 7 mg/24hr patch clear, step 3 (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>eq nicotine 2 mg chewing gum 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>eq nicotine 2 mg chewing gum fruit flavor 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |

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| <i>eql nicotine 4 mg chewing gum 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>eql nicotine 4 mg lozenge mint 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>gnp nicotine 2 mg chewing gum 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>gnp nicotine 2 mg lozenge mint, 3 quittube 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>gnp nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>gnp nicotine 4 mg chewing gum coated, mint 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>gnp nicotine 4 mg lozenge 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>gnp nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>hm nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>hm nicotine 2 mg chewing gum mint 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>hm nicotine 2 mg lozenge mint, 3 quittube 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>hm nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>hm nicotine 4 mg chewing gum mint 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>hm nicotine 4 mg lozenge mint, 3 quittube 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>hm nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>kro nicotine 14 mg/24 hr patch step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>kro nicotine 2 mg chewing gum uncoated, original 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>kro nicotine 2 mg lozenge 3 quittube, cherry 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>kro nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>kro nicotine 4 mg chewing gum coated, fruit wave 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>kro nicotine 4 mg lozenge 3 quittube, cherry 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>kro nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>ldr nicotine 2 mg chewing gum refill 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>ldr nicotine 4 mg chewing gum refill 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |

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| <i>nicotine 14 mg/24hr patch clear, step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>nicotine 2 mg lozenge cinnamon, 3 quittance 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>nicotine 2 mg mini lozenge mini, mint, 3 quittance 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>nicotine 4 mg chewing gum coated cinnamon 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>nicotine 4 mg lozenge mint 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>nicotine 4 mg mini lozenge mini, mint 3 quittance 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>nicotine transdermal system 24 hour patch kit 21-14-7 mg/24 hr</i> | Tier 1 | QL (56 patches per 56 days) |
| NICOTROL INHALATION CARTRIDGE 10 MG | Tier 1 | QL (168 cartridges per 30 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | Tier 1 | QL (40 ML per 30 days) |
| <i>pc nicotine 2 mg chewing gum 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>pv nicotine 14 mg/24 hr patch clear, step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>pv nicotine 2 mg chewing gum coated mint 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>pv nicotine 21 mg/24 hr patch step 1 (otc) 21 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>pv nicotine 4 mg chewing gum original 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>pv nicotine 7 mg/24 hr patch step 3 (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>ra nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>ra nicotine 2 mg chewing gum mint 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>ra nicotine 2 mg lozenge 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>ra nicotine 2 mg mini lozenge mini, mint, 4 quittance 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>ra nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>ra nicotine 4 mg chewing gum s/f, coated mint 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>ra nicotine 4 mg lozenge 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>ra nicotine 4 mg mini lozenge mini, mint, 4 quittance 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |

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| <i>ra nicotine 7 mg/24hr patch step 3, opaque (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>sm nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>sm nicotine 2 mg chewing gum 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>sm nicotine 2 mg lozenge 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>sm nicotine 21 mg/24hr patch outer (otc) 21 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>sm nicotine 4 mg chewing gum 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>sm nicotine 4 mg lozenge 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>sm nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>sw nicotine 2 mg chewing gum fruit flavor 2 mg</i> | Tier 1 | QL (30 pieces per 1 day) |
| <i>sw nicotine 2 mg lozenge 3 quit tube x24,mint 2 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| <i>sw nicotine 4 mg chewing gum cool mint flavor 4 mg</i> | Tier 1 | QL (24 pieces per 1 day) |
| <i>sw nicotine 4 mg lozenge 3 quit tube x24,mint 4 mg</i> | Tier 1 | QL (20 lozenges per 1 day) |
| Centrally Acting Skeletal Muscle Relaxant | | |
| <i>chlorzoxazone oral tablet 500 mg</i> | Tier 1 | AGE (Min 18 Years and Max 64 Years) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | Tier 1 | AGE (Min 15 Years and Max 64 Years) |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | Tier 1 | AGE (Min 16 Years and Max 64 Years) |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | Tier 1 | AGE (Min 18 Years) |
| Direct-Acting Skeletal Muscle Relaxants | | |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (4 capsules per 1 day) |
| Gaba-Derivative Skeletal Muscle Relaxant | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| Non-Sel. Beta-Adrenergic Blocking Agents | | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 1 | SP; AGE (Max 4 Years) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |

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| <i>propranolol oral capsule,extended release 24 hr 60 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 80 mg</i> | Tier 1 | QL (3 Capsules per 1 day) |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 1 | QL (2 Tablets per 1 day) |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Non-Sel.Alpha-1-Adrenergic Blocking Agts | | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>doxazosin oral tablet 8 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>terazosin oral capsule 1 mg, 5 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>terazosin oral capsule 10 mg, 2 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| Parasympathomimetic (Cholinergic Agents) | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>donepezil oral tablet 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day); AGE (Min 40 Years) |
| <i>donepezil oral tablet 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 40 Years) |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | Tier 1 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | Tier 1 | |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | Tier 1 | QL (2 capsules per 1 day); AGE (Min 40 Years) |
| Selective Alpha-1-Adrenergic Block.Agent | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> | Tier 1 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>tamsulosin oral capsule 0.4 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |

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| Selective Beta-2-Adrenergic Agonists | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | Tier 1 | QL (1 inhaler per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i> | Tier 1 | QL (225 ML per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 1 | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | Tier 1 | |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | Tier 1 | ST |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | Tier 1 | QL (4 ML per 30 days) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days); AGE (Max 17 Years) |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | Tier 1 | QL (1 inhaler per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose</i> | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 4 Years) |
| <i>fluticasone propion-salmeterol inhalation blister with device 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 1 | QL (12 ML per 1 day) |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> | Tier 1 | ST; QL (15 GM per 25 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | Tier 1 | QL (2 blisters per 1 day) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 GM per 30 days); AGE (Max 17 Years) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 ML per 30 days); AGE (Max 17 Years) |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | Tier 1 | |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 4 Years) |

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| WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| Selective Beta-Adrenergic Blocking Agent | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol fumarate oral tablet 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| Skeletal Muscle Relaxants, Miscellaneous | | |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | Tier 1 | QL (2 Tablets per 1 day); AGE (Min 18 Years and Max 64 Years) |
| BLOOD FORMATION, COAGULATION, THROMBOSIS | | |
| Blood Form.,Coag,Thrombosis Agents Misc. | | |
| OXBRYTA ORAL TABLET 500 MG | Tier 1 | PA; QL (90 tablets per 30 days); AGE (Min 12 Years) |
| Coumarin Derivatives | | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | Tier 1 | |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | Tier 1 | |

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|--|-----------|---|
| Direct Factor Xa Inhibitors | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | Tier 1 | PA; QL (74 Tablets per 90 days); AGE (Min 18 Years) |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | Tier 1 | PA; QL (2 Tablets per 1 day); AGE (Min 18 Years) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | Tier 1 | PA; QL (1 Tablet per 1 day); AGE (Min 18 Years) |
| XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) | Tier 1 | PA; QL (51 Tablets per 90 days); AGE (Min 18 Years) |
| Hematopoietic Agents | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier 1 | PA |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML | Tier 1 | PA |
| EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | Tier 1 | PA |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | Tier 1 | PA; SP |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 1 | PA |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 1 | PA |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 1 | PA |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 1 | PA |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 1 | PA |
| PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 1 | PA |

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| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 1 | PA; SP |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 1 | PA |
| Hemorrhheologic Agents | | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | Tier 1 | |
| Hemostatics | | |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | Tier 1 | PA; SP |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | Tier 1 | QL (6 Tablets per 1 day) |
| STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | Tier 1 | PA; SP |
| Heparins | | |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | Tier 1 | PA; Prior Authorization required; 7 day initial supply allowed without PA |
| <i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i> | Tier 1 | |
| Iron Preparations | | |
| A THRU Z ADVANCED FORMULA TAB GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| A THRU Z MEN'S ULTIMATE TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| A THRU Z SELECT WOMEN'S TABLET | Tier 1 | |
| APETIGEN PLUS LIQUID 12.5-16.9-790 MG/15 ML | Tier 1 | Covered for CSHCS members. |
| BACMIN ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | |
| BIO-35 SOFTGEL 3-133-33-33 MG-MCG-MCG-MCG | Tier 1 | |
| CENTRUM COMPLETE MULTIVIT TAB (RX) 18-400 MG-MCG | Tier 1 | |
| CENTRUM MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CENTRUM SILVER WOMEN TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |

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|---|-----------|---|
| CENTRUM ULTRA MEN'S TABLET (RX) 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CENTURY ORAL TABLET 18-400 MG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ULTIMATE MEN'S ORAL TABLET 8 MG IRON-200 MCG-600 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ULTIMATE WOMEN'S ORAL TABLET 18-400 MG-MCG, 8 MG IRON-400 MCG-300 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CEROVITE ADVANCED FORM TAB 18-400 MG-MCG | Tier 1 | |
| CERTA PLUS TABLET 18-0.4-250 MG-MG-MCG | Tier 1 | |
| CERTAVITE-ANTIOXIDANT TABLET (RX) 18-400 MG-MCG | Tier 1 | |
| <i>child ferrous sulfate 15 mg/ml (rx) 15 mg iron (75 mg)/ml</i> | Tier 1 | AGE (Max 12 Years) |
| CLASSIC PRENATAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| COMPETE TABLET | Tier 1 | |
| COMPLETE MULTIVITAMIN TAB | Tier 1 | |
| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| CVS DAILY MULTIPLE TABLET 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| CVS DAILY VITAMIN-IRON TB (OTC) | Tier 1 | |
| CVS IRON 325 MG TABLET (OTC) 325 MG (65 MG IRON) | Tier 1 | |
| CVS IRON 65 MG TABLET S/F,P/F,LACTOSE/FREE (RX) 325 MG (65 MG IRON) | Tier 1 | |
| CVS PRENATAL VITAMINS TABLET WITH MINERALS (OTC) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| CVS SPECTRAVITE ADVANCED TAB 18-400 MG-MCG | Tier 1 | |
| CVS SPECTRAVITE MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |

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|--|-----------|--|
| CVS SPECTRAVITE ULTRA WOMEN TB 18-400 MG-MCG | Tier 1 | |
| CVS SPECTRAVITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| DAILY MULTIPLE TABLET 18-400 MG-MCG | Tier 1 | |
| DAILY MULTIVITAMIN-IRON TABLET (RX) 18-400 MG-MCG | Tier 1 | |
| DAILY MULTI-VITAMINS/IRON ORAL TABLET | Tier 1 | |
| DAILY VITAMIN + IRON TABLET (RX) | Tier 1 | |
| DAILY VITAMIN FORMULA-IRON TAB 18-400 MG-MCG | Tier 1 | |
| DAILY VITE WITH IRON TABLET | Tier 1 | |
| DAILY-VITES WITH IRON TABLET | Tier 1 | |
| EQ COMPLETE MULTIVITAMIN TAB GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| EQ SLOW RELEASE IRON 45 MG TAB GLUTEN-FREE (RX) 142 MG (45 MG IRON) | Tier 1 | |
| EQL IRON SUPPLEMENT 325 MG TAB COATED (OTC) 325 MG (65 MG IRON) | Tier 1 | |
| EQL PRENATAL VITAMIN TABLET GLUTEN-FREE 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| ESSENTIA TABLET 18-400 MG-MCG | Tier 1 | |
| ESSENTIAL BALANCE TABLET (RX) | Tier 1 | |
| ESSENTIAL DAILY TABLET W/IRON & CALCIUM (RX) 18-0.4 MG | Tier 1 | |
| FEOSOL 65 MG TABLET (RX) 325 MG (65 MG IRON) | Tier 1 | |
| FERATE 27 MG TABLET 240 MG (27 MG IRON) | Tier 1 | |
| FERGON 27 MG TABLET (RX) 240 MG (27 MG IRON) | Tier 1 | |
| FEROSUL 325 MG TABLET F/C (RX) 325 MG (65 MG IRON) | Tier 1 | |
| FERRO-TIME 325 MG TABLET F/C, GREEN 325 MG (65 MG IRON) | Tier 1 | |

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| <i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)</i> | Tier 1 | |
| <i>ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i> | Tier 1 | |
| <i>ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>ferrous sulf 300 mg/5 ml liq 300 mg (60 mg iron)/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)</i> | Tier 1 | |
| <i>ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)</i> | Tier 1 | |
| <i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| FERROUSUL 325 MG TABLET 325 MG (65 MG IRON) | Tier 1 | |
| FORTAVIT ORAL CAPSULE | Tier 1 | |
| FREEDAVITE TABLET 1.8 MG IRON-400 MCG | Tier 1 | |
| GNP IRON 45 MG TABLET 159 MG (45 MG IRON) | Tier 1 | |
| GNP IRON 65 MG TABLET (RX) 325 MG (65 MG IRON) | Tier 1 | |
| GNP MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| GNP THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| HAIR VITAMINS ORAL TABLET | Tier 1 | |
| HAIR, SKIN AND NAILS SOFTGEL 66.7-1,666.7 MCG | Tier 1 | |
| HM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| HM IRON 65 MG TABLET GLUTEN-FREE (RX) 325 MG (65 MG IRON) | Tier 1 | |
| HM SLOW RELEASE IRON 45 MG TAB GLUTEN-FREE (OTC) 142 MG (45 MG IRON) | Tier 1 | |

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| HM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| HM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| IRON 100 PLUS TABLET 100-250-25-1 MG-MG-MCG-MG | Tier 1 | AGE (Max 12 Years) |
| <i>iron 27 mg tablet (otc) 236 mg (27 mg iron)</i> | Tier 1 | |
| IRON 325 MG TABLET (OTC) 325 MG (65 MG IRON) | Tier 1 | |
| IRON 45 MG TABLET 159 MG (45 MG IRON) | Tier 1 | |
| IRON 65 MG TABLET 65MG=325MG FESOL (RX) 325 MG (65 MG IRON) | Tier 1 | |
| K-PAX IMMUNE SUPPORT TABLET 30 PACKETS OF 4 TABS 2.25 MG IRON- 100 MCG | Tier 1 | |
| MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| MEGA MULTIVIT FOR WOMEN CAPLET 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| MONOCAPS TABLET (RX) 14 MG IRON- 400 MCG | Tier 1 | |
| MULTI COMPLETE-IRON TABLET 18-400 MG-MCG | Tier 1 | |
| MULTI FOR HER TABLET 18 MG IRON-600 MCG-80 MCG | Tier 1 | |
| MULTI-DAY PLUS IRON TABLET 18-400 MG-MCG | Tier 1 | |
| MULTI-DELYN WITH IRON LIQUID 10 MG IRON/5 ML | Tier 1 | |
| MULTILEX T-M TABLET 15 MG IRON | Tier 1 | |
| <i>multiple vitamin with iron tab (rx)</i> | Tier 1 | |
| MULTIPLE VITAMIN, WOMENS ORAL TABLET | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| NESTABS DHA ORAL COMBO PACK 32 MG IRON-1,000 MCG-230MG | Tier 1 | QL (2 Tablets per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NESTABS ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NEWGEN ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| ONE DAILY COMPLETE TABLET 18-0.4 MG | Tier 1 | |
| ONE DAILY FOR WOMEN TABLET 18-0.4 MG | Tier 1 | |
| ONE DAILY HEALTHY WEIGHT TAB 200-18-0.4 MG | Tier 1 | |
| ONE DAILY MAXIMUM ORAL TABLET 18-0.4 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY MULTIVITAMIN-IRON TB 18-400 MG-MCG | Tier 1 | |
| ONE DAILY MULTIVIT-MINERAL TAB 4.5 MG IRON | Tier 1 | |
| ONE DAILY PLUS IRON ORAL TABLET 18-400 MG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY WITH IRON-CALCIUM TB | Tier 1 | |
| ONE DAILY WOMEN'S TABLET (RX) 27-0.4 MG | Tier 1 | |
| ONE-A-DAY ENERGY TABLET 9 MG IRON-400 MCG-200 MG | Tier 1 | |
| ONE-A-DAY TEEN ADVANTAGE TAB 18-400 MG-MCG, 9 MG IRON-400 MCG | Tier 1 | |
| ONE-A-DAY WEIGHTSMART TABLET 200-18-0.4 MG | Tier 1 | |
| ONE-A-DAY WOMEN'S HEALTHY SKIN 18 MG IRON-400 MCG-6 MG | Tier 1 | |
| ONE-A-DAY WOMEN'S PETITES TAB 9 MG IRON-200 MCG | Tier 1 | |
| ONE-A-DAY WOMEN'S TABLET 18 MG IRON- 400 MCG-180 MG | Tier 1 | |
| OPTISOURCE TABLET CHEWABLE 9 MG IRON-200 MCG-40 MCG | Tier 1 | |

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| OPURITY MULTIVITAMIN TAB CHEW 30 MG IRON- 800 MCG | Tier 1 | |
| PARVLEX TABLET 29 MG IRON- 400 MCG | Tier 1 | |
| PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATABS FA ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL COMPLETE CAPLET 14 MG IRON- 400 MCG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET NO LACTOSE,P/F,NA/F (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN FORMULA TB (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| PRENATAL VITAMINS TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PREPLUS ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRETAB ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PROCERV HP TABLET 9 MG IRON- 300 MCG-50 MCG | Tier 1 | |
| PRORENAL MULTIVITAMIN TABLET 8 MG IRON-800 MCG-1,000 UNIT | Tier 1 | Covered for CSHCS members. |
| PRORENAL QD SOFTGEL 400-500 MCG-UNIT | Tier 1 | |
| <i>pv daily multivitamin-iron tab (otc)</i> | Tier 1 | |
| <i>pv ferrous gluconate 27 mg tab (otc) 240 mg (27 mg iron)</i> | Tier 1 | |
| PV IRON SUPPLEMENT 325 MG TAB (OTC) 325 MG (65 MG IRON) | Tier 1 | |
| PV SLOW REL IRON 160 MG TAB GLUTEN FREE (OTC) 160 MG (50 MG IRON) | Tier 1 | |
| QC MAXIMUM DAILY MULTIVIT TAB 18-0.4 MG | Tier 1 | |
| QC MULTI-VITE TABLET 18-400 MG-MCG | Tier 1 | |
| QC WOMEN'S DAILY MULTIVIT TAB 18-0.4 MG | Tier 1 | |
| QUINTABS-M TABLET (RX) 10 MG IRON-400 MCG | Tier 1 | |
| RA CENTRAL-VITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| RA IRON 65 MG TABLET P/F, D/F (RX) 325 MG (65 MG IRON) | Tier 1 | |
| RA ONE DAILY WOMEN'S TABLET 18 MG IRON-400 MCG-450 MG CA | Tier 1 | |
| RA PRENATAL TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| RA SLOW RELEASE IRON 45 MG TAB (OTC) 159 MG (45 MG IRON) | Tier 1 | |
| SENTRY TABLET 18-400 MG-MCG | Tier 1 | |
| SIDEROL TABLET | Tier 1 | |

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|--|-----------|----------------------------|
| SLOW RELEASE IRON 45 MG TABLET (RX) 159 MG (45 MG IRON) | Tier 1 | |
| SLOW RELEASE IRON 45 MG TABLET P/F (RX) 142 MG (45 MG IRON) | Tier 1 | |
| SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 250 MG (50 MG IRON) | Tier 1 | |
| SLOW RELEASE IRON TABLET (RX) 160 MG (50 MG IRON) | Tier 1 | |
| SM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| SM COMPLETE PREMIUM VITAMIN TB | Tier 1 | |
| SM IRON 160 MG TABLET SA 160 MG (50 MG IRON) | Tier 1 | |
| SM IRON 325 MG TABLET (RX) 325 MG (65 MG IRON) | Tier 1 | |
| SM IRON 65 MG TABLET GLUTEN-FREE (RX) 325 MG (65 MG IRON) | Tier 1 | |
| <i>sm multivitamin w-iron tab (rx)</i> | Tier 1 | |
| SM SLOW RELEASE IRON 45 MG TAB GLUTEN-FREE (RX) 142 MG (45 MG IRON) | Tier 1 | |
| SM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG-18 MG IRON | Tier 1 | Covered for CSHCS members. |
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG-27 MG IRON | Tier 1 | Covered for CSHCS members. |
| STRESS-C WITH IRON TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |
| SUNVITE TABLET 18 MG IRON-400 MCG-25 MCG | Tier 1 | |
| SV HAIR, SKIN AND NAILS CAPLET 1 MG IRON-66.7 MCG-1,000 MCG | Tier 1 | |
| SV IRON 65 MG TABLET P/F, D/F (RX) 325 MG (65 MG IRON) | Tier 1 | |
| TAB-A-VITE WITH IRON TABLET (RX) | Tier 1 | |

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| THERA M PLUS TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA-M CAPLET CAPLET,U-D,10X10 (RX) 27-0.4 MG | Tier 1 | |
| THERA-M CAPLET WITH IRON 9 MG IRON-400 MCG | Tier 1 | |
| THERA-M TABLET W/BETA CAROTENE 9 MG IRON-400 MCG | Tier 1 | |
| THERANATAL CORE NUTRITION TAB 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| THERAPEUTIC-M TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA-TABS M CAPLET HIGH POTENCY 27 MG IRON-400 MCG | Tier 1 | |
| THERATRUM COMPLETE TABLET MFG ERROR (RX) | Tier 1 | |
| THEREMS-M TABLET (RX) 27-0.4 MG | Tier 1 | |
| TRIADVANCE ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| ULTRA FREEDA WITH IRON TABLET 6 MG IRON-267 MCG | Tier 1 | |
| UNICOMPLEX-M TABLET | Tier 1 | |
| VINATE GT ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE M ORAL TABLET 27 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE ONE ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE ULTRA ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| VITAMIN B COMPLEX TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |
| WOMEN'S DAILY CAPLET 27 MG IRON-400 MCG | Tier 1 | |
| WOMEN'S DAILY FORMULA CAPLET 27-0.4 MG | Tier 1 | |
| YELETS TABLET 18-400 MG-MCG | Tier 1 | |
| Platelet-Aggregation Inhibitors | | |
| ASPIR EC 81 MG TABLET 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>aspirin 300 mg suppository 300 mg</i> | Tier 1 | |
| <i>aspirin 600 mg suppository 600 mg</i> | Tier 1 | |
| <i>aspirin oral tablet 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet,chewable 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| <i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| BAYER ASPIRIN 325 MG CAPLET 325 MG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 40 Years and Max 79 Years) |
| BAYER ASPIRIN 81 MG CHEW TAB LOW DOSE, ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| BUFFERIN 325 MG TABLET COATED 325 MG | Tier 1 | AGE (Min 40 Years and Max 79 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| CHILD ASPIRIN 81 MG CHEW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| CHILD ASPIRIN 81 MG TAB CHEW 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>clopidogrel oral tablet 300 mg</i> | Tier 1 | QL (1 Tablet per 30 days) |

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| <i>clopidogrel oral tablet 75 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| CVS CHILD ASPIRIN 81 MG CHW TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| ECOTRIN EC 81 MG TABLET SFTY COATED,LOW STR 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| LITE COAT ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| LOW DOSE ASPIRIN EC 81 MG TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (1 tablet per 1 day) |
| PV CHILD ASPIRIN 81 MG CHW TAB 3X36, VALUE PACK 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC CHILD ASPIRIN 81 MG CHW TAB ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC LO-DOSE ASPIRIN EC 81 MG TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| RA CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| SB CHILD ASPIRIN 81 MG CHW TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| Platelet-Reducing Agents | | |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | Tier 1 | |
| Thrombolytic Agents | | |
| ASPIR EC 81 MG TABLET 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>aspirin 300 mg suppository 300 mg</i> | Tier 1 | |
| <i>aspirin 600 mg suppository 600 mg</i> | Tier 1 | |
| <i>aspirin oral tablet 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |

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|--|-----------|--|
| <i>aspirin oral tablet,chewable 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| <i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| BAYER ASPIRIN 325 MG CAPLET 325 MG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 40 Years and Max 79 Years) |
| BAYER ASPIRIN 81 MG CHEW TAB LOW DOSE, ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| BUFFERIN 325 MG TABLET COATED 325 MG | Tier 1 | AGE (Min 40 Years and Max 79 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| CHILD ASPIRIN 81 MG CHEW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| CHILD ASPIRIN 81 MG TAB CHEW 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| CVS CHILD ASPIRIN 81 MG CHW TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| ECOTRIN EC 81 MG TABLET SFTY COATED,LOW STR 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| LITE COAT ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| LOW DOSE ASPIRIN EC 81 MG TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| PV CHILD ASPIRIN 81 MG CHW TAB 3X36, VALUE PACK 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC CHILD ASPIRIN 81 MG CHW TAB ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC LO-DOSE ASPIRIN EC 81 MG TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| RA CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| SB CHILD ASPIRIN 81 MG CHW TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |

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|--|-----------|--|
| SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| CARDIOVASCULAR DRUGS | | |
| Alpha-Adrenergic Blocking Agents | | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>doxazosin oral tablet 8 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>terazosin oral capsule 1 mg, 5 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>terazosin oral capsule 10 mg, 2 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| Alpha-Adrenergic Blocking Agt.(Hypoten) | | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>doxazosin oral tablet 8 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>terazosin oral capsule 1 mg, 5 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>terazosin oral capsule 10 mg, 2 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| Angiotensin II Receptor Antagon.(Hypotn) | | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |

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| <i>valsartan oral tablet 320 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Angiotensin II Receptor Antagonists | | |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 1 | QL (2 Tablets per 1 day) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>valsartan oral tablet 320 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Angiotensin-Convert.Enzyme Inhib(Hypotn) | | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>benazepril oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>benazepril oral tablet 40 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>enalapril maleate oral tablet 20 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| EPANED ORAL SOLUTION 1 MG/ML | Tier 1 | AGE (Max 12 Years) |
| <i>fosinopril oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>fosinopril oral tablet 40 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>lisinopril oral tablet 40 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |

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| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg</i> | Tier 1 | |
| QBRELIS ORAL SOLUTION 1 MG/ML | Tier 1 | AGE (Max 12 Years) |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Angiotensin-Converting Enzyme Inhibitors | | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>benazepril oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>benazepril oral tablet 40 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>enalapril maleate oral tablet 20 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| EPANED ORAL SOLUTION 1 MG/ML | Tier 1 | AGE (Max 12 Years) |
| <i>fosinopril oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>fosinopril oral tablet 40 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>lisinopril oral tablet 40 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg</i> | Tier 1 | |
| QBRELIS ORAL SOLUTION 1 MG/ML | Tier 1 | AGE (Max 12 Years) |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |

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|---|-----------|----------------------------|
| Antiarrhythmics, Miscellaneous | | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | Tier 1 | |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate injection syringe 4 meq/ml</i> | Tier 1 | Covered for CSHCS members. |
| Antilipemic Agents, Miscellaneous | | |
| CVS FISH OIL 1,000 MG SOFTGEL 340-1,000 MG | Tier 1 | |
| CVS FISH OIL 1,000 MG SOFTGEL SOFTGEL (RX) 300-1,000 MG | Tier 1 | |
| <i>cvs fish oil 1,200 mg softgel softgel, odorless (rx) 360-1,200 mg</i> | Tier 1 | |
| CVS FISH OIL CONCENTRATE CP 1,000 MG | Tier 1 | |
| CVS NIACIN FLUSH FREE 500 MG (RX) 400 MG NIACIN (500 MG) | Tier 1 | |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 500 MG | Tier 1 | |
| ENDUR-ACIN SR 250 MG TABLET 250 MG | Tier 1 | |
| <i>eql fish oil 1,000 mg softgel softgel, enteric coat (otc) 300 mg (120 mg- 180mg)-1,000 mg</i> | Tier 1 | |
| EQL FISH OIL 1,200 MG SOFTGEL SFTGL,P/F,NO LACTOSE (OTC) 360-1,200 MG | Tier 1 | |
| <i>eql niacin 100 mg tablet (otc) 100 mg</i> | Tier 1 | |
| FISH OIL 1,000 MG CAPSULE 340-1,000 MG | Tier 1 | |
| FISH OIL 1,000 MG SOFTGEL SOFTGEL (RX) 300-1,000 MG | Tier 1 | |

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|--|-----------|---|
| FISH OIL 1,000 MG SOFTGEL SOFTGEL,NA/F,S/F (RX) 300-1,000 MG | Tier 1 | |
| FISH OIL 1,000 MG SOFTGEL SOFTGEL,S/F,P/F,NA/F (RX) 300-1,000 MG | Tier 1 | |
| <i>fish oil 1,200 mg softgel soft gel,odorless,ec (rx) 360-1,200 mg</i> | Tier 1 | |
| FISH OIL 1,200 MG SOFTGEL WITH OMEGA-3, P/F (RX) 360-1,200 MG | Tier 1 | |
| FISH OIL 500 MG SOFTGEL SOFTGEL 60-90-500 MG | Tier 1 | |
| <i>fish oil conc 1,000 mg softgel softgel (rx) 300 mg (120 mg- 180mg)-1,000 mg</i> | Tier 1 | |
| FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG, 360-1,200 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| GNP FISH OIL 1,000 MG SOFTGEL OMEGA-3 (RX) 300-1,000 MG | Tier 1 | |
| <i>gnp niacin 250 mg tablet w/calcium (rx) 250 mg</i> | Tier 1 | |
| GNP NIACIN 400 MG CAPSULE FLUSH FREE (RX) 400 MG NIACIN (500 MG) | Tier 1 | |
| HM FISH OIL 1,000 MG SOFTGEL SOFTGEL, GLUTEN-FREE (OTC) 300-1,000 MG | Tier 1 | |
| HM FISH OIL 1,200 MG SOFTGEL SOFTGEL, GLUTEN-FREE (OTC) 360-1,200 MG | Tier 1 | |
| <i>hm niacin tr 250 mg tablet gluten-free (rx) 250 mg</i> | Tier 1 | |
| <i>niacin 100 mg tablet s/f,p/f,na/f (otc) 100 mg</i> | Tier 1 | |
| <i>niacin 250 mg tablet s/f,d/f,p/f,na/f (rx) 250 mg</i> | Tier 1 | |
| <i>niacin 50 mg caplet (otc) 50 mg</i> | Tier 1 | |
| <i>niacin 50 mg tablet (rx) 50 mg</i> | Tier 1 | |
| <i>niacin 500 mg capsule flush-free,wheat-f 500 mg</i> | Tier 1 | |
| <i>niacin 500 mg capsule sa (rx) 500 mg</i> | Tier 1 | |
| <i>niacin 500 mg tablet (rx) 500 mg</i> | Tier 1 | |
| <i>niacin 750 mg tablet sa 750 mg</i> | Tier 1 | |
| <i>niacin er 1,000 mg caplet (rx) 1,000 mg</i> | Tier 1 | |
| <i>niacin er 1,000 mg tablet (rx) 1,000 mg</i> | Tier 1 | |

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|---|-----------|-------------------------------|
| NIACIN FLUSH FREE 500 MG CAP S/F, P/F (OTC) 400 MG NIACIN (500 MG) | Tier 1 | |
| NIACIN FLUSH FREE 750 MG CAP 750 MG | Tier 1 | |
| NIACIN FLUSH-FREE 500 MG CAP S/F,P/F,NA/F (RX) 400 MG NIACIN (500 MG) | Tier 1 | |
| <i>niacin inositol 500 mg capsule 400 mg niacin (500 mg)</i> | Tier 1 | |
| <i>niacin oral tablet extended release 500 mg</i> | Tier 1 | |
| <i>niacin sa 250 mg capsule (otc) 250 mg</i> | Tier 1 | |
| <i>niacin tr 250 mg capsule p/f,na/f,gluten/f (rx) 250 mg</i> | Tier 1 | |
| <i>niacin tr 250 mg tablet p/f,s/f (rx) 250 mg</i> | Tier 1 | |
| <i>niacin tr 500 mg capsule (rx) 500 mg</i> | Tier 1 | |
| NO FLUSH NIACIN 400 MG CAP (RX) 400 MG NIACIN (500 MG) | Tier 1 | |
| <i>omega 3 1,000 mg softgel softgel (rx) 300-1,000 mg</i> | Tier 1 | |
| <i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)</i> | Tier 1 | |
| <i>omega-3 1,000 mg softgel softgel (rx) 1,000 mg</i> | Tier 1 | |
| <i>omega-3 1,000 mg softgel softgel,l/f,s/f (rx) 300-1,000 mg</i> | Tier 1 | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> | Tier 1 | PA; QL (4 Capsules per 1 day) |
| <i>omega-3 fish oil 1,000 mg sftg natural (rx) 300-1,000 mg</i> | Tier 1 | |
| <i>omega-3 fish oil 1,000 mg sftg s/f,p/f,y/f,sod/f (rx) 300-1,000 mg</i> | Tier 1 | |
| <i>omega-3 fish oil 1,200 mg sfgl 1,200 (144-216) mg</i> | Tier 1 | |
| <i>omega-3 fish oil softgel softgel,s/f,p/f (rx) 300-1,000 mg</i> | Tier 1 | |
| <i>pv niacin 500 mg tablet (otc) 500 mg</i> | Tier 1 | |
| <i>pv niacin 500 mg tablet flush-free, gluten-f (otc) 500 mg</i> | Tier 1 | |
| RA FISH OIL 1,000 MG SOFTGEL 100-160-1,000 MG | Tier 1 | |
| RA FISH OIL 1,000 MG SOFTGEL SOFTGEL,S/F,P/F (RX) 300-500 MG | Tier 1 | |

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| <i>ra niacin 100 mg tablet p/f (rx) 100 mg</i> | Tier 1 | |
| <i>ra niacin 500 mg tablet (rx) 500 mg</i> | Tier 1 | |
| <i>ra niacin 500 mg tablet no flush (rx) 500 mg</i> | Tier 1 | |
| SEA-OMEGA 1,000 MG SOFTGEL 200 MG-300 MG-100 MG-1,000 MG | Tier 1 | |
| SLO-NIACIN 250 MG TABLET 250 MG | Tier 1 | |
| SLO-NIACIN 750 MG TABLET 750 MG | Tier 1 | |
| SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG | Tier 1 | |
| SM FISH OIL 1,000 MG SOFTGEL SOFTGEL, GLUTEN-FREE (RX) 300-1,000 MG | Tier 1 | |
| <i>sm fish oil 1,200 mg softgel softgel,p/f,no lac (rx) 360-1,200 mg</i> | Tier 1 | |
| SM FISH OIL CONCENTRATE SFG 1,000 MG | Tier 1 | |
| <i>sm niacin tr 250 mg tablet gluten-free (rx) 250 mg</i> | Tier 1 | |
| SUPER OMEGA-3 SOFTGEL 1,000 MG | Tier 1 | |
| SV NIACIN FLUSH FREE 500 MG P/F,S/F, GLUTEN-FREE (RX) 400 MG NIACIN (500 MG) | Tier 1 | |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol fumarate oral tablet 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 1 | SP; AGE (Max 4 Years) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |

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| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 60 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 80 mg</i> | Tier 1 | QL (3 Capsules per 1 day) |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 1 | QL (2 Tablets per 1 day) |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Beta-Adrenergic Blocking Agt.(Hypoten) | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol fumarate oral tablet 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 1 | SP; AGE (Max 4 Years) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |

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| <i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 60 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 80 mg</i> | Tier 1 | QL (3 Capsules per 1 day) |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 1 | QL (2 Tablets per 1 day) |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Bile Acid Sequestrants | | |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> | Tier 1 | QL (378 GM per 30 days) |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> | Tier 1 | QL (60 packets per 30 days) |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM | Tier 1 | QL (239.4 GM per 30 days) |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM | Tier 1 | QL (60 packets per 30 days) |
| <i>colestipol oral granules 5 gram</i> | Tier 1 | |
| <i>colestipol oral tablet 1 gram</i> | Tier 1 | |
| Calcium-Channel Block.Agt,Misc(Hypoten) | | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |

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| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 300 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Calcium-Channel Blocking Agents | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 300 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |

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| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | QL (21 capsules per 365 days) |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Calcium-Channel Blocking Agents(Hypoten) | | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 300 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Calcium-Channel Blocking Agents, Misc. | | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |

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|--|-----------|---|
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 300 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Carbonic Anhydrase Inhibitors(Hypoten) | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| Cardiac Drugs, Miscellaneous | | |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> | Tier 1 | PA; QL (2 tablets per 1 day) |
| VYNDAMAX ORAL CAPSULE 61 MG | Tier 1 | PA; QL (1 capsule per 1 day); AGE (Min 18 Years) |
| VYNDALIN ORAL CAPSULE 20 MG | Tier 1 | PA; QL (4 capsules per 1 day); AGE (Min 18 Years) |
| Cardiotonic Agents | | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | Tier 1 | |
| Central Alpha-Agonists | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | Tier 1 | |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> | Tier 1 | |
| Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe oral tablet 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Class Ia Antiarrhythmics | | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | Tier 1 | |

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|---|-----------|----------------------------|
| Class Ib Antiarrhythmics | | |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | Tier 1 | |
| Class Ic Antiarrhythmics | | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | Tier 1 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | Tier 1 | |
| Class Ii Antiarrhythmics | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol fumarate oral tablet 5 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 1 | SP; AGE (Max 4 Years) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | Tier 1 | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>metoprolol succinate oral tablet extended release 24 hr 200 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 60 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 80 mg</i> | Tier 1 | QL (3 Capsules per 1 day) |

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|---|-----------|---------------------------|
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 1 | QL (2 Tablets per 1 day) |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Class Iii Antiarrhythmics | | |
| <i>amiodarone oral tablet 100 mg</i> | Tier 1 | QL (1 tablet per 1 day) |
| <i>amiodarone oral tablet 200 mg, 400 mg</i> | Tier 1 | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 1 | QL (2 Tablets per 1 day) |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Class Iv Antiarrhythmics | | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 300 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Dihydropyridines | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |

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| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| <i>felodipine oral tablet extended release 24 hr 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | QL (21 capsules per 365 days) |
| Dihydropyridines (Antihypertensive) | | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| <i>felodipine oral tablet extended release 24 hr 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | QL (21 capsules per 365 days) |

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| Direct Vasodilators | | |
| <i>hydralazine injection solution 20 mg/ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>hydralazine oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>hydralazine oral tablet 100 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Tier 1 | |
| Diuretics, Miscellaneous (Hypotensive) | | |
| <i>theophylline oral solution 80 mg/15 ml</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | Tier 1 | |
| Fibric Acid Derivatives | | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>fenofibrate oral capsule 50 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>gemfibrozil oral tablet 600 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Hmg-CoA Reductase Inhibitors | | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Hypotensive Agents, Miscellaneous | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |

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| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | Tier 1 | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>doxazosin oral tablet 8 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 1 | SP; AGE (Max 4 Years) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | QL (21 capsules per 365 days) |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 60 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 80 mg</i> | Tier 1 | QL (3 Capsules per 1 day) |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG | Tier 1 | QL (2 Tablets per 1 day) |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |

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| <i>terazosin oral capsule 1 mg, 5 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>terazosin oral capsule 10 mg, 2 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| Loop Diuretics (Hypotensive Agents) | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | AGE (Max 12 Years) |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>toremide oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>toremide oral tablet 100 mg, 5 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Mineralocorticoid (Aldosterone) Antagnts | | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| Mineralocorticoid(Aldoster.)Antag(Hypot) | | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| Nitrates And Nitrites | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | |
| <i>isosorbide dinitrate oral tablet extended release 40 mg</i> | Tier 1 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | Tier 1 | |
| <i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i> | Tier 1 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> | Tier 1 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | Tier 1 | QL (1 patch per 1 day) |
| <i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i> | Tier 1 | ST |

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|--|-----------|----------------------------------|
| Phosphodiesterase Type 5 Inhibitors | | |
| ALYQ ORAL TABLET 20 MG | Tier 1 | PA; SP; QL (2 tablets per 1 day) |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | Tier 1 | PA |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> | Tier 1 | PA; SP; QL (2 Tablets per 1 day) |
| Potassium-Sparing Diuretics (Hypoten) | | |
| <i>amiloride oral tablet 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | |
| Renin Inhibitors | | |
| TEKTURNAL ORAL TABLET 150 MG, 300 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| Renin-Angioten.-Aldost. Sys. Inhib, Misc | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 1 | QL (2 Tablets per 1 day) |
| Thiazide Diuretics(Hypotensive Agents) | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>chlorothiazide oral tablet 500 mg</i> | Tier 1 | |
| DIURIL ORAL SUSPENSION 250 MG/5 ML | Tier 1 | AGE (Max 12 Years) |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |

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| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> | Tier 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Thiazide-Like Diuretics(Hypotensive Agt) | | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Vasodilating Agents, Miscellaneous | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 1 | PA; SP; QL (3 Tablets per 1 day) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 1 | PA; SP; QL (1 tablet per 1 day) |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> | Tier 1 | |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 1 | PA; SP; QL (2 tablets per 1 day) |

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|---|-----------|---|
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 300 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 10 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | QL (21 capsules per 365 days) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | Tier 1 | PA; SP; AGE (Min 3 Years and Max 12 Years) |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | Tier 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| Adamantanes (Cns) | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |

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|--|-----------|---|
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | Tier 1 | QL (40 ML per 1 day) |
| Analgesics And Antipyretics, Misc. | | |
| <i>acetaminophen 120 mg suppos inner 120 mg</i> | Tier 1 | |
| <i>acetaminophen 160 mg rapid tab 160 mg</i> | Tier 1 | |
| <i>acetaminophen 160 mg/5 ml elx 160 mg/5 ml</i> | Tier 1 | |
| <i>acetaminophen 160 mg/5 ml liq a/f,s/f,cherry 160 mg/5 ml</i> | Tier 1 | |
| <i>acetaminophen 160 mg/5 ml sol inner 160 mg/5 ml (5 ml)</i> | Tier 1 | |
| <i>acetaminophen 160 mg/5 ml susp a/f, children's 160 mg/5 ml</i> | Tier 1 | |
| <i>acetaminophen 500 mg caplet caplet, ex-strength 500 mg</i> | Tier 1 | |
| <i>acetaminophen 500 mg gelcap xtr str, gelcap 500 mg</i> | Tier 1 | |
| <i>acetaminophen 500 mg tablet extra strength 500 mg</i> | Tier 1 | |
| <i>acetaminophen 650 mg suppos 650 mg</i> | Tier 1 | |
| <i>acetaminophen 80 mg rapid tab children's 80 mg</i> | Tier 1 | |
| <i>acetaminophen oral tablet 325 mg</i> | Tier 1 | |
| <i>acetaminophen oral tablet extended release 650 mg</i> | Tier 1 | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | Tier 1 | QL (240 ML per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | Tier 1 | QL (6 Tablets per 1 day) |
| BETATEMP 160 MG/5 ML SUSP 160 MG/5 ML | Tier 1 | |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| CHILD ACETAMINOPHEN 80 MG CHEW FRUIT 80 MG | Tier 1 | |
| CHILD FEVER REDUCER 120 MG SUP 120 MG | Tier 1 | |
| CHILD PAIN REL-FEVER 120 MG SUP 120 MG | Tier 1 | |
| CHILD TACTINAL 80 MG TAB CHW 80 MG | Tier 1 | |

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| CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CHILDREN'S PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CHILDREN'S TYLENOL 160 MG/5 ML 160 MG/5 ML | Tier 1 | |
| CHLD ACETAMINOPHEN 160 MG/5 ML INNER 160 MG/5 ML (5 ML) | Tier 1 | |
| CVS INFNT PAIN RLF 160 MG/5 ML BUBBLE GUM,W/SYRINGE 160 MG/5 ML | Tier 1 | |
| EQ ACETAMINOPHEN 500 MG CAPLET EX-STR,CAPLET 500 MG | Tier 1 | |
| <i>eq acetaminophen 500 mg gelcap gelcap, ex-strength 500 mg</i> | Tier 1 | |
| <i>eq acetaminophen 500 mg tablet extra strength 500 mg</i> | Tier 1 | |
| EQ JR ACETAMINOPHEN 160 MG TAB RAPID TABS 160 MG | Tier 1 | |
| EQL JR ACETAMINOPHEN 160 MG TAB 160 MG | Tier 1 | |
| ESGIC ORAL TABLET 50-325-40 MG | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| FEVERALL 120 MG SUPPOSITORY CHILDREN'S, INNER 120 MG | Tier 1 | |
| FEVERALL 325 MG SUPPOSITORY JUNIOR STR, OUTER 325 MG | Tier 1 | |
| FEVERALL 650 MG SUPPOSITORY ADULT, INNER 650 MG | Tier 1 | |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |

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| INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| INFANT'S NON-ASPIRIN ORAL DROPS 100 MG/ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| INFANTS' PAIN AND FEVER ORAL SUSPENSION 160 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| INFANTS' PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>kro acetaminophen 500 mg cplt caplet, ex-strength 500 mg</i> | Tier 1 | |
| <i>kro acetaminophen 500 mg gelcp gelcap 500 mg</i> | Tier 1 | |
| <i>kro acetaminophen 500 mg geltb gluten free, ex-str 500 mg</i> | Tier 1 | |
| <i>kro acetaminophen 500 mg tab ex-str, gluten free 500 mg</i> | Tier 1 | |
| LITTLE REMEDIES FEVER 160 MG/5 CHERRY, GLUTEN-F 160 MG/5 ML | Tier 1 | |
| MAPAP 325 MG TABLET REGULAR STRENGTH 325 MG | Tier 1 | |
| MAPAP 500 MG CAPLET CAPLET 500 MG | Tier 1 | |
| MAPAP 500 MG CAPSULE 500 MG | Tier 1 | |
| MAPAP 500 MG GELCAP GELCAP 500 MG | Tier 1 | |
| MAPAP 500 MG TABLET BOXED 500 MG | Tier 1 | |
| MEDI-FIRST NON-ASPIRIN 325 MG U-D,F/C 325 MG | Tier 1 | |
| NON-ASA PAIN RELIEF TB CHEW 80 MG | Tier 1 | |
| NON-ASPIRIN 160 MG/5 ML SUSP CHILDREN'S,A/F 160 MG/5 ML | Tier 1 | |
| NON-ASPIRIN 325 MG TABLET 325 MG | Tier 1 | |
| NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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| NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| NORTEMP 160 MG/5 ML SUSP 160 MG/5 ML | Tier 1 | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET 500 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PAIN RELIEF 160 MG/5 ML LIQUID CHILDRENS 160 MG/5 ML | Tier 1 | |
| PAIN RELIEF 325 MG TABLET REG-STRENGTH 325 MG | Tier 1 | |
| PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PAIN RELIEVER EXTRA STRENGTH ORAL TABLET 500 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PAIN RELIEVER ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PEDIACARE FEVER REDUCER SUSP 160 MG/5 ML | Tier 1 | |
| PHARBETOL 325 MG TABLET REGULAR STRENGTH 325 MG | Tier 1 | |
| PHARBETOL 500 MG CAPLET EXTRA-STR, CAPLET 500 MG | Tier 1 | |
| PHARBETOL 500 MG TABLET EXTRA STRENGTH 500 MG | Tier 1 | |
| PV CHILD NON-ASPIRIN 160 MG/5 A/F 160 MG/5 ML | Tier 1 | |
| PV INFANT PAIN RLF 160 MG/5 ML BUBBLE GUM 160 MG/5 ML | Tier 1 | |
| PV NON-ASPIRIN 325 MG TABLET REGULAR STRENGTH 325 MG | Tier 1 | |

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| <i>ra acetaminophen 500 mg caplet caplet, x-strength 500 mg</i> | Tier 1 | |
| <i>ra acetaminophen 500 mg gelcap rapid release gelcap 500 mg</i> | Tier 1 | |
| RA ACETAMINOPHEN 500 MG TABLET GELCAP,EXTRA STRNGTH 500 MG | Tier 1 | |
| RA ATHENOL 325 MG TABLET 325 MG | Tier 1 | |
| RA CHILD FEVER-PAIN 160 MG/5 ML A/F, GLUTEN/F, GRAPE 160 MG/5 ML | Tier 1 | |
| RA INFANT FEVER-PAIN 160 MG/5 INFANT W/SYR,D/F,A/F 160 MG/5 ML | Tier 1 | |
| RA JR ACETAMINOPHEN 160 MG TAB RAPID MELTS, GRAPE 160 MG | Tier 1 | |
| RA NON-ASPIRIN 160 MG/5 ML CHILDREN'S,CHERRY 160 MG/5 ML | Tier 1 | |
| SB NON-ASPIRIN 325 MG TABLET REGULAR STRENGTH 325 MG | Tier 1 | |
| SB PAIN RELIEVER 500 MG CAPLET EXTRA-STR,NON-ASA 500 MG | Tier 1 | |
| TACTINAL 325 MG TABLET 325 MG | Tier 1 | |
| TACTINAL 500 MG CAPLET CAPLET,X-STRENGTH 500 MG | Tier 1 | |
| TACTINAL 500 MG TABLET EXTRA-STRENGTH 500 MG | Tier 1 | |
| TENCON ORAL TABLET 50-325 MG | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| TYLENOL 325 MG TABLET REG STRENGTH 325 MG | Tier 1 | |
| TYLENOL EX-STR 500 MG CAPLET CAPLET 500 MG | Tier 1 | |
| Anticonvulsants, Miscellaneous | | |
| <i>magnesium chloride injection solution 200 mg/ml (20 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | Tier 1 | Covered for CSHCS members. |

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| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate injection syringe 4 meq/ml</i> | Tier 1 | Covered for CSHCS members. |
| Antidepressants, Miscellaneous | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Antimigraine Agents, Miscellaneous | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 1 | PA; SP; QL (1 pen per 30 days); AGE (Min 18 Years) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | Tier 1 | PA; QL (3 ML per 90 days); AGE (Min 18 Years) |
| ASPIR EC 81 MG TABLET 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>aspirin 300 mg suppository 300 mg</i> | Tier 1 | |
| <i>aspirin 600 mg suppository 600 mg</i> | Tier 1 | |
| <i>aspirin oral tablet 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet,chewable 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| <i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| BAYER ASPIRIN 325 MG CAPLET 325 MG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 40 Years and Max 79 Years) |
| BAYER ASPIRIN 81 MG CHEW TAB LOW DOSE, ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| BUFFERIN 325 MG TABLET COATED 325 MG | Tier 1 | AGE (Min 40 Years and Max 79 Years) |

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|---|-----------|--|
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG | Tier 1 | QL (4 Capsules per 1 day) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| CHILD ASPIRIN 81 MG CHEW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| CHILD ASPIRIN 81 MG TAB CHEW 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| CVS CHILD ASPIRIN 81 MG CHW TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| ECOTRIN EC 81 MG TABLET SFTY COATED,LOW STR 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | Tier 1 | PA; QL (1 ML per 30 days); AGE (Min 18 Years) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | Tier 1 | PA; QL (1 ML per 30 days); AGE (Min 18 Years) |
| ESGIC ORAL TABLET 50-325-40 MG | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 1 | SP; AGE (Max 4 Years) |
| LITE COAT ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| LOW DOSE ASPIRIN EC 81 MG TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 60 mg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>propranolol oral capsule,extended release 24 hr 80 mg</i> | Tier 1 | QL (3 Capsules per 1 day) |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | Tier 1 | |

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|---|-----------|--|
| PV CHILD ASPIRIN 81 MG CHW TAB 3X36, VALUE PACK 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC CHILD ASPIRIN 81 MG CHW TAB ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC LO-DOSE ASPIRIN EC 81 MG TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| RA CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| SB CHILD ASPIRIN 81 MG CHW TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| Anxiolytics,Sedatives,And Hypnotics,Misc | | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| Barbiturates (Anxiolytic, Sedative/Hyp) | | |
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG | Tier 1 | QL (4 Capsules per 1 day) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| ESGIC ORAL TABLET 50-325-40 MG | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |

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| TENCON ORAL TABLET 50-325 MG | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| Benzodiazepines (Anxiolytic,Sedativ/Hyp) | | |
| <i>midazolam injection solution 5 mg/ml</i> | Tier 1 | QL (4 ML per 30 days) |
| Calcitonin Gene-Related Peptide Antag. | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 1 | PA; SP; QL (1 pen per 30 days); AGE (Min 18 Years) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | Tier 1 | PA; QL (3 ML per 90 days); AGE (Min 18 Years) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | Tier 1 | PA; QL (1 ML per 30 days); AGE (Min 18 Years) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | Tier 1 | PA; QL (1 ML per 30 days); AGE (Min 18 Years) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | Tier 1 | PA; QL (3 ML per 30 days); AGE (Min 18 Years) |
| Catechol-O-Methyltransferase(Comt)Inhib. | | |
| <i>entacapone oral tablet 200 mg</i> | Tier 1 | QL (4 tablets per 1 day) |
| Central Nervous System Agents, Misc. | | |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>memantine oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (2 Tablets per 1 day); AGE (Min 40 Years) |
| <i>memantine oral tablets,dose pack 5-10 mg</i> | Tier 1 | QL (49 Tablets per 365 days); AGE (Min 40 Years) |
| XYREM ORAL SOLUTION 500 MG/ML | Tier 1 | PA; QL (18 ML per 1 day) |
| Cyclooxygenase-2 (Cox-2) Inhibitors | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| Dopamine Precursors | | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 1 | |

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|--|-----------|--|
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | |
| Ergot-Deriv. Dopamine Receptor Agonists | | |
| <i>bromocriptine oral capsule 5 mg</i> | Tier 1 | QL (3 capsules per 1 day) |
| <i>bromocriptine oral tablet 2.5 mg</i> | Tier 1 | QL (6 Tablets per 1 day) |
| <i>cabergoline oral tablet 0.5 mg</i> | Tier 1 | |
| Monoamine Oxidase B Inhibitors | | |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| Monoamine Oxidase Inhibitors | | |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| Nonergot-Deriv. Dopamine Receptor Agonist | | |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| Opiate Agonists | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | Tier 1 | QL (240 ML per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | Tier 1 | QL (6 Tablets per 1 day) |
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG | Tier 1 | QL (4 Capsules per 1 day) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | Tier 1 | PA; QL (10 patches per 1 month) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>hydromorphone oral liquid 1 mg/ml</i> | Tier 1 | QL (32 ML per 1 day) |
| <i>hydromorphone oral tablet 2 mg, 4 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>hydromorphone rectal suppository 3 mg</i> | Tier 1 | QL (4 suppositories per 1 day) |
| <i>meperidine oral solution 50 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 64 Years) |

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| <i>meperidine oral tablet 50 mg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 64 Years) |
| <i>methadone oral concentrate 10 mg/ml</i> | Tier 1 | QL (8 ML per 1 day) |
| <i>methadone oral solution 10 mg/5 ml</i> | Tier 1 | QL (20 ML per 1 day) |
| <i>methadone oral solution 5 mg/5 ml</i> | Tier 1 | QL (30 ML per 1 day) |
| <i>methadone oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | Tier 1 | QL (8 ML per 1 day) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | QL (8 ML per 1 day) |
| <i>morphine oral tablet 15 mg, 30 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>oxycodone oral solution 5 mg/5 ml</i> | Tier 1 | QL (20 ML per 1 day) |
| <i>oxycodone oral tablet 5 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>tramadol oral tablet 50 mg</i> | Tier 1 | QL (8 Tablets per 1 day) |
| Opiate Partial Agonists | | |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i> | Tier 1 | QL (12 Tablets per 1 day) |
| Other Nonsteroidal Anti-Inflam. Agents | | |
| ALL DAY PAIN RELIEF ORAL TABLET 220 MG | Tier 1 | |
| ALL DAY RELIEF ORAL TABLET 220 MG | Tier 1 | |
| CHILDREN IBUPROFEN 100 MG/5 ML A/F,D/F,BERRY,CHILD 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| CVS CHLD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>cvs ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>cvs ibuprofen 200 mg capsule 200 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>cvs ibuprofen 200 mg softgel liquid filled sftgel 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>cvs ibuprofen 200 mg tablet 200 mg</i> | Tier 1 | |
| CVS IBUPROFEN IB 200 MG CPLT CAPLET 200 MG | Tier 1 | |

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| CVS IBUPROFEN IB 200 MG TAB COATED 200 MG | Tier 1 | |
| <i>cvs ibuprofen ib 200 mg tablet 200 mg</i> | Tier 1 | |
| CVS IBUPROFEN JR STR 100 MG TB GRAPE 100 MG | Tier 1 | |
| CVS INFANT IBUPROFEN SUSP DROP 50 MG/1.25 ML | Tier 1 | |
| <i>cvs naproxen sod 220 mg caplet caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>cvs naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>cvs naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | Tier 1 | |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>diclofenac sodium topical gel 1 %</i> | Tier 1 | QL (100 GM per 30 days) |
| EQ CHILD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>eq ibuprofen 200 mg caplet coated caplet 200 mg</i> | Tier 1 | |
| <i>eq ibuprofen 200 mg tablet 200 mg</i> | Tier 1 | |
| EQ IBUPROFEN JR STR 100 MG TAB 100 MG | Tier 1 | |
| <i>eq naproxen sod 220 mg caplet caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>eq naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| EQL CHLD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>eql ibuprofen 200 mg caplet 200 mg</i> | Tier 1 | |
| <i>eql ibuprofen 200 mg softgel softgel 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>eql ibuprofen 200 mg tablet coated, bonus+100 200 mg</i> | Tier 1 | |
| EQL IBUPROFEN JR STR 100 MG TB CHEW, JR-STR, GRAPE 100 MG | Tier 1 | |
| EQL INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML | Tier 1 | |
| <i>eql naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | |
| <i>eql naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |

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| FLANAX (NAPROXEN) ORAL TABLET 220 MG | Tier 1 | |
| <i>flurbiprofen oral tablet 100 mg</i> | Tier 1 | |
| GNP CHLD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>gnp ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>gnp ibuprofen 200 mg softgel softgel 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>gnp ibuprofen 200 mg tablet coated 200 mg</i> | Tier 1 | |
| GNP IBUPROFEN JR STR 100 MG TB CHEWABLE TABLET 100 MG | Tier 1 | |
| GNP INFANT IBUPROFEN SUSP DROP D/F,A/F,NON-STAINING 50 MG/1.25 ML | Tier 1 | |
| <i>gnp naproxen sod 220 mg caplet caplet 220 mg</i> | Tier 1 | |
| <i>gnp naproxen sod 220 mg tablet caplet 220 mg</i> | Tier 1 | |
| <i>gnp naproxen sodium 220 mg cap liquidgels 220 mg</i> | Tier 1 | |
| HM CHILD IBUPROFEN 100 MG/5 ML A/F, BERRY 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| HM CHILD IBUPROFEN 100 MG/5 ML A/F, GLUTEN/F, BERRY 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>hm ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>hm ibuprofen 200 mg capsule liquid filled sftgel 200 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>hm ibuprofen 200 mg tablet coated, gluten-free 200 mg</i> | Tier 1 | |
| HM IBUPROFEN IB 200 MG CAPLET COATED, GLUTEN-FREE 200 MG | Tier 1 | |
| HM IBUPROFEN IB 200 MG TABLET COATED. GLUTEN-FREE 200 MG | Tier 1 | |
| HM INF IBUPROFEN 50 MG/1.25 ML D/F,A/F,BERRY FLAVOR 50 MG/1.25 ML | Tier 1 | |
| <i>hm naproxen sod 220 mg caplet caplet, gluten-free 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>hm naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | Tier 1 | |
| <i>ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |

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| <i>ibuprofen 200 mg capsule 200 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>ibuprofen 200 mg softgel liquid filled 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>ibuprofen 200 mg tablet u-d 200 mg</i> | Tier 1 | |
| <i>ibuprofen 50 mg/1.25 ml susp dye/f, gluten/f 50 mg/1.25 ml</i> | Tier 1 | |
| IBUPROFEN IB 200 MG CAPLET CAPLET 200 MG | Tier 1 | |
| IBUPROFEN JR STR 100 MG CHEW 100 MG | Tier 1 | |
| IBUPROFEN JR STR 100 MG TB CHW 100 MG | Tier 1 | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> | Tier 1 | QL (480 ML per 30 days) |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | Tier 1 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| INFANT IBUPROFEN 50 MG/1.25 ML A/F, INFANT 50 MG/1.25 ML | Tier 1 | |
| INFANTS PROFENIB ORAL DROPS, SUSPENSION 50 MG/1.25 ML | Tier 1 | |
| <i>ketorolac oral tablet 10 mg</i> | Tier 1 | AGE (Max 64 Years) |
| KRO CHLD IBUPROFEN 100 MG/5 ML A/F, GLUTEN-F, BERRY 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>kro ibuprofen 200 mg caplet gluten-free, coated 200 mg</i> | Tier 1 | |
| <i>kro ibuprofen 200 mg softgel softgel, gluten-free 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>kro ibuprofen 200 mg tablet coated, gluten-free 200 mg</i> | Tier 1 | |
| KRO IBUPROFEN JR STR 100 MG TB TAB CHEW, GLUTEN-FREE 100 MG | Tier 1 | |
| <i>kro naproxen sod 220 mg caplet caplet, gluten-free 220 mg</i> | Tier 1 | |
| <i>kro naproxen sod 220 mg tablet gluten free, 12 hour 220 mg</i> | Tier 1 | |
| <i>medi-first ibuprofen 200 mg tb u-d,f/c 200 mg</i> | Tier 1 | |
| MEDIPROXEN ORAL TABLET 220 MG | Tier 1 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |

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| <i>nabumetone oral tablet 500 mg, 750 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>naproxen oral suspension 125 mg/5 ml</i> | Tier 1 | PA; AGE (Max 12 Years) |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | Tier 1 | |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> | Tier 1 | |
| <i>naproxen sodium 220 mg caplet caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>naproxen sodium 220 mg capsule liquidgel 220 mg</i> | Tier 1 | |
| <i>naproxen sodium 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>pub ibuprofen 200 mg tablet 200 mg</i> | Tier 1 | |
| PUB IBUPROFEN JR 100 MG CHEW 100 MG | Tier 1 | |
| <i>pub naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| PV CHILD IBUPROFEN 100 MG/5 ML A/F, BERRY 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>pv ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>pv ibuprofen 200 mg softgel liquid filled sftgel 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>pv ibuprofen 200 mg tablet 200 mg</i> | Tier 1 | |
| <i>pv naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| QC CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| QC CHILD IBUPROFEN 100 MG/5 ML A/F, BUBBLE GUM 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>qc ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>qc ibuprofen 200 mg softgel softgel 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>qc ibuprofen 200 mg tablet coated 200 mg</i> | Tier 1 | |
| QC IBUPROFEN IB 200 MG CAPLET CAPLET 200 MG | Tier 1 | |
| QC IBUPROFEN IB 200 MG TABLET 200 MG | Tier 1 | |
| <i>qc naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| RA CHILD IBUPROFEN 100 MG/5 ML D/F, BERRY FLAVOR 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>ra ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>ra ibuprofen 200 mg capsule softgel, 80+20 200 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |

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| <i>ra ibuprofen 200 mg softgel softgel, pain relief 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>ra ibuprofen 200 mg tablet coated 200 mg</i> | Tier 1 | |
| RA IBUPROFEN JR STR 100 MG CHW CHEWABLE 100 MG | Tier 1 | |
| RA INFANT IBUPROFEN SUSP DROP A/F 50 MG/1.25 ML | Tier 1 | |
| <i>ra naproxen sod 220 mg tablet caplet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>ra naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| SB CHILD IBUPROFEN 100 MG/5 ML A/F, ORIGINAL BERRY 100 MG/5 ML | Tier 1 | QL (480 ML per 30 days) |
| <i>sb ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>sb ibuprofen 200 mg tablet safety sealed 200 mg</i> | Tier 1 | |
| SB INF IBUPROFEN 50 MG/1.25 ML D/F,A/F,BERRY FLAVOR 50 MG/1.25 ML | Tier 1 | |
| <i>sb naproxen sod 220 mg caplet 12 hours 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>sb naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | |
| <i>sm ibuprofen 200 mg caplet caplet 200 mg</i> | Tier 1 | |
| <i>sm ibuprofen 200 mg softgel softgel 200 mg</i> | Tier 1 | QL (2 softgels per 1 day) |
| <i>sm ibuprofen 200 mg tablet 200 mg</i> | Tier 1 | |
| SM IBUPROFEN IB 100 MG CHEW TB 100 MG | Tier 1 | |
| <i>sm ibuprofen ib 100 mg tablet junior strength 100 mg</i> | Tier 1 | |
| SM IBUPROFEN IB 200 MG CAPLET CAPLET 200 MG | Tier 1 | |
| SM IBUPROFEN IB 200 MG TABLET 200 MG | Tier 1 | |
| SM INFANT IBUPROFEN SUSP DROP W/DROPPER 50 MG/1.25 ML | Tier 1 | |
| <i>sm naproxen sod 220 mg caplet gluten free, caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>sm naproxen sod 220 mg tablet gluten free 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>sm naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | Tier 1 | |
| <i>v-r ibuprofen 200 mg tablet 200 mg</i> | Tier 1 | |
| <i>v-r naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | |

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|---|-----------|--|
| WAL-PROXEN ORAL TABLET 220 MG | Tier 1 | |
| Phenothiazines | | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 1 | QL (2 suppositories per 1 day) |
| Respiratory And Cns Stimulants | | |
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG | Tier 1 | QL (4 Capsules per 1 day) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i> | Tier 1 | AGE (Max 1 Years) |
| ESGIC ORAL TABLET 50-325-40 MG | Tier 1 | QL (4 Tablets per 1 day); AGE (Min 10 Years and Max 64 Years) |
| Salicylates | | |
| ASPIR EC 81 MG TABLET 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>aspirin 300 mg suppository 300 mg</i> | Tier 1 | |
| <i>aspirin 600 mg suppository 600 mg</i> | Tier 1 | |
| <i>aspirin oral tablet 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet,chewable 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| <i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |

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|--|-----------|--|
| BAYER ASPIRIN 325 MG CAPLET 325 MG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 40 Years and Max 79 Years) |
| BAYER ASPIRIN 81 MG CHEW TAB LOW DOSE, ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| BUFFERIN 325 MG TABLET COATED 325 MG | Tier 1 | AGE (Min 40 Years and Max 79 Years) |
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG | Tier 1 | QL (4 Capsules per 1 day) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | QL (4 Capsules per 1 day); AGE (Max 64 Years) |
| CHILD ASPIRIN 81 MG CHEW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| CHILD ASPIRIN 81 MG TAB CHEW 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| <i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i> | Tier 1 | |
| CVS CHILD ASPIRIN 81 MG CHW TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| ECOTRIN EC 81 MG TABLET SFTY COATED,LOW STR 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| LITE COAT ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |
| LOW DOSE ASPIRIN EC 81 MG TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| PV CHILD ASPIRIN 81 MG CHW TAB 3X36, VALUE PACK 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC CHILD ASPIRIN 81 MG CHW TAB ORANGE 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| QC LO-DOSE ASPIRIN EC 81 MG TB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| RA CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| SB CHILD ASPIRIN 81 MG CHW TAB 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG | Tier 1 | QL (1 Tablet per 1 day) |
| TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 40 Years and Max 79 Years) |

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|---|-----------|--|
| Selective Serotonin Agonists | | |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | Tier 1 | QL (Max 9/30 days cumulative across po triptans) |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (Max 9/30 days cumulative across po triptans) |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i> | Tier 1 | QL (Max 9/30 days cumulative across po triptans) |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> | Tier 1 | PA; QL (6 units per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (Max 9/30 days cumulative across po triptans) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> | Tier 1 | PA; QL (8 syringes/30 days cumulative across inj triptans (4ML/month)) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> | Tier 1 | PA; QL (8 syringes/30 days cumulative across inj triptans (4ML/month)) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | Tier 1 | PA; QL (8 syringes/30 days cumulative across inj triptans (4ML/month)) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | Tier 1 | ST; QL (Max 9/30 days cumulative across po triptans) |
| <i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> | Tier 1 | ST; QL (Max 9/30 days cumulative across po triptans) |
| DEVICES | | |
| Devices | | |
| ACE AEROSOL CLOUD ENHANCER SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER MINI SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER MV SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER PLUS FLOW-VU SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER | Tier 1 | QL (4 units per 365 days) |

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|---|-----------|---------------------------|
| AEROCHAMBER PLUS Z STAT SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER WITH FLOWSIGNAL SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER | Tier 1 | QL (4 units per 365 days) |
| AEROTRACH PLUS SPACER | Tier 1 | QL (4 units per 365 days) |
| AIRZONE PEAK FLOW METER ADULTS & CHILDREN | Tier 1 | QL (4 units per 365 days) |
| ASTHMA CHECK PEAK FLOW MTR | Tier 1 | QL (4 units per 365 days) |
| BREATHERITE MDI SPACER SPACER | Tier 1 | QL (4 units per 365 days) |
| BREATHERITE VALVED MDI CHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| BREATHERITE VALVED MDI SPACER SPACER | Tier 1 | QL (4 units per 365 days) |
| COMPACT SPACE CHAMBER PLUS SPACER | Tier 1 | QL (4 units per 365 days) |
| EASIVENT HOLDING CHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| EASIVENT MASK LARGE DEVICE | Tier 1 | QL (4 units per 365 days) |
| EASIVENT MASK MEDIUM DEVICE | Tier 1 | QL (4 units per 365 days) |
| EASIVENT MASK SMALL DEVICE | Tier 1 | QL (4 units per 365 days) |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | Tier 1 | |
| FREESTYLE CONTROL SOLUTION | Tier 1 | QL (1 bottle per 90 days) |
| FREESTYLE FREEDOM KIT | Tier 1 | QL (1 meter per 1 year) |
| FREESTYLE FREEDOM LITE KIT | Tier 1 | QL (1 meter per 1 year) |
| FREESTYLE INSULINX | Tier 1 | QL (1 meter per 2 years) |
| FREESTYLE LANCETS 28 GAUGE | Tier 1 | QL (Members |
| FREESTYLE LITE METER KIT | Tier 1 | QL (1 meter per 1 year) |
| FREESTYLE PRECISION NEO METER | Tier 1 | QL (1 meter per 1 year) |
| FREESTYLE SYSTEM KIT KIT | Tier 1 | QL (1 meter per 1 year) |
| GLUCOSE KETONE CONTROL SOLN SOLUTION | Tier 1 | QL (1 bottle per 90 days) |
| IN-CHECK NASAL WITH MASK | Tier 1 | QL (4 units per 365 days) |
| IN-CHECK ORAL FLOW METER | Tier 1 | QL (4 units per 365 days) |
| INSPIRACHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| INSPIRACHAMBER WITH MASK-MED SPACER | Tier 1 | QL (4 units per 365 days) |
| INSPIRACHAMBER WITH MASK-SMALL SPACER | Tier 1 | QL (4 units per 365 days) |

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|-------------------------------------|-----------|---|
| <i>lancets</i> | Tier 1 | QL (Members ;21 yr- 300 per 30 days; Members = 21 yr w/ insulin hx- 200 per 30 days; Members = 21 yr without insulin hx- 100 per 30 days) |
| LITE TOUCH-MEDIUM MASK DEVICE | Tier 1 | QL (4 units per 365 days) |
| LITEAIRE MDI CHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| LITETOUCH-LARGE MASK DEVICE | Tier 1 | QL (4 units per 365 days) |
| LITETOUCH-SMALL MASK DEVICE | Tier 1 | QL (4 units per 365 days) |
| MICROCHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| MICROLIFE PEAK FLOW METER | Tier 1 | QL (4 units per 365 days) |
| MICROSPACER SPACER | Tier 1 | QL (4 units per 365 days) |
| MINI WRIGHT PEAK FLOW METER DEVICE | Tier 1 | QL (4 units per 365 days) |
| ONE WAY VALVED MOUTHPIECE | Tier 1 | QL (4 units per 365 days) |
| OPTICHAMBER ADULT MASK-LARGE DEVICE | Tier 1 | QL (4 units per 365 days) |
| OPTICHAMBER DIAMOND LG MASK SPACER | Tier 1 | QL (4 units per 365 days) |
| OPTICHAMBER DIAMOND VHC SPACER | Tier 1 | QL (4 units per 365 days) |
| OPTICHAMBER DIAMOND-MED MSK SPACER | Tier 1 | QL (4 units per 365 days) |
| OPTICHAMBER DIAMOND-SML MASK SPACER | Tier 1 | QL (4 units per 365 days) |
| PANDA MASK LARGE | Tier 1 | QL (4 units per 365 days) |
| PANDA MASK MEDIUM | Tier 1 | QL (4 units per 365 days) |
| PANDA MASK SMALL | Tier 1 | QL (4 units per 365 days) |
| PEAK-AIR PEAK FLOW METER | Tier 1 | QL (4 units per 365 days) |
| PEDIATRIC MEDIUM MASK | Tier 1 | QL (4 units per 365 days) |
| PEDIATRIC MOUTHPIECE | Tier 1 | QL (4 units per 365 days) |
| PEDIATRIC PANDA MASK | Tier 1 | QL (4 units per 365 days) |
| PEDIATRIC SMALL MASK | Tier 1 | QL (4 units per 365 days) |
| PERSONAL BEST PEAK FLOW MTR | Tier 1 | QL (4 units per 365 days) |
| PIKO 1 FLOW METER | Tier 1 | QL (4 units per 365 days) |
| POCKET CHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| POCKET PEAK FLOW METER 12'S | Tier 1 | QL (4 units per 365 days) |
| PRECISION XTRA B-KETONE STRIP | Tier 1 | |
| PRECISION XTRA MONITOR | Tier 1 | QL (1 meter per 1 year) |

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|--|-----------|---------------------------|
| PRIMEAIRE SPACER | Tier 1 | QL (4 units per 365 days) |
| PRO COMFORT SPACER-ADULT MASK SPACER | Tier 1 | QL (4 units per 1 year) |
| PRO COMFORT SPACER-CHILD MASK SPACER | Tier 1 | QL (4 units per 1 year) |
| PROCARE SPACER WITH ADULT MASK SPACER | Tier 1 | QL (4 masks per 1 year) |
| PROCARE SPACER WITH CHILD MASK SPACER | Tier 1 | QL (4 masks per 1 year) |
| PROCHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| RITEFLO AEROCHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| SIDESTREAM PEDIATRIC FACE MASK | Tier 1 | QL (4 units per 365 days) |
| SILICONE MASK - INFANT DEVICE | Tier 1 | QL (4 units per 365 days) |
| SILICONE MASK-PEDIATRIC | Tier 1 | QL (4 units per 365 days) |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 7 %</i> | Tier 1 | |
| SPACE CHAMBER PLUS SPACER | Tier 1 | QL (4 units per 365 days) |
| TRUZONE PEAK FLOW METER DEVICE | Tier 1 | QL (4 units per 365 days) |
| VORTEX ADULT MASK | Tier 1 | QL (4 units per 365 days) |
| VORTEX FROG CHILD MASK | Tier 1 | QL (4 units per 365 days) |
| VORTEX HOLDING CHAMBER SPACER | Tier 1 | QL (4 units per 365 days) |
| VORTEX LADYBUG TODDLER MASK | Tier 1 | QL (4 units per 365 days) |
| VORTEX VHC FROG MASK-CHILD SPACER | Tier 1 | QL (4 units per 365 days) |
| VORTEX VHC LADYBUG MASK-TODDLR SPACER | Tier 1 | QL (4 units per 365 days) |
| DIAGNOSTIC AGENTS | | |
| Diabetes Mellitus | | |
| BREEZE 2 TEST STRIPS STRIP | Tier 1 | QL (Members |
| CONTOUR NEXT TEST STRIPS STRIP | Tier 1 | QL (Members |
| CONTOUR TEST STRIPS STRIP | Tier 1 | QL (Members |
| FREESTYLE INSULINX STRIP | Tier 1 | QL (Members |
| FREESTYLE INSULINX TEST STRIPS STRIP | Tier 1 | QL (Members |
| FREESTYLE LITE STRIPS STRIP | Tier 1 | QL (Members |
| FREESTYLE PRECISION NEO STRIPS STRIP | Tier 1 | QL (Members |
| FREESTYLE TEST STRIP | Tier 1 | QL (Members |

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|---|-----------|---------------------------|
| ELECTROLYTIC, CALORIC, AND WATER BALANCE | | |
| Acidifying Agents | | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG | Tier 1 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG | Tier 1 | |
| Alkalinizing Agents | | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)</i> | Tier 1 | |
| <i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i> | Tier 1 | |
| <i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> | Tier 1 | |
| Ammonia Detoxicants | | |
| <i>lactulose oral solution 10 gram/15 ml (15 ml)</i> | Tier 1 | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| Diuretics, Miscellaneous | | |
| <i>theophylline oral solution 80 mg/15 ml</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | Tier 1 | |
| Loop Diuretics | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | AGE (Max 12 Years) |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>torsemide oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>torsemide oral tablet 100 mg, 5 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| Phosphate-Removing Agents | | |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | Tier 1 | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | Tier 1 | |

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|--|-----------|---|
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> | Tier 1 | PA |
| <i>sevelamer carbonate oral tablet 800 mg</i> | Tier 1 | PA |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | Tier 1 | PA |
| Potassium-Removing Agents | | |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| Potassium-Sparing Diuretics | | |
| <i>amiloride oral tablet 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | |
| Replacement Preparations | | |
| ACTICAL SOFTGEL | Tier 1 | |
| ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID CALCIUM 500 MG CHW TAB 215 MG CALCIUM (500 MG) | Tier 1 | |
| ANTACID EX-STR TABLET CHEW EXTRA-STRENGTH 300 MG (750 MG) | Tier 1 | |
| ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 300 MG (750 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| BEELITH TABLET 362-20 MG | Tier 1 | Covered for CSHCS members. |

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|---|-----------|---|
| BIO-35 SOFTGEL 3-133-33-33 MG-MCG-MCG-MCG | Tier 1 | |
| BIOCAL SOFTGEL 500-100-45-800 MG-UNIT-MG-MCG | Tier 1 | |
| CALCIUM 250-D TABLET OYSTER SHELL (RX) 250-125 MG-UNIT | Tier 1 | |
| <i>calcium 250-vit d3 125 tablet 250-125 mg-unit</i> | Tier 1 | |
| CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) - 200 UNIT | Tier 1 | |
| <i>calcium 500-vit d3 125 caplet 500 mg(1,250mg) -125 unit</i> | Tier 1 | |
| CALCIUM 500-VIT D3 400 TABLET NATURAL OYSTER SHELL (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| CALCIUM 500-VIT D3 400 TABLET P/F,NA/F,NO LACTOSE (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| CALCIUM 500-VIT D3 400 TABLET S/F,P/F,GLUTEN-FREE (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| CALCIUM 600 + VIT D TABLET 600-125 MG-UNIT | Tier 1 | |
| CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CALCIUM 600 WITH VITAMIN D3 ORAL TABLET 600 MG(1,500MG) -200 UNIT | Tier 1 | |
| CALCIUM 600-VIT D3 400 CAPLET CAPLET (OTC) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| <i>calcium 600-vit d3 400 tablet (rx) 600 mg(1,500mg) - 400 unit</i> | Tier 1 | |
| CALCIUM 600-VIT D3 400 TABLET (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| CALCIUM 600-VIT D3 400 TABLET P/F (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| <i>calcium 600-vit d3 400 tablet s/f, l/f (rx) 600 mg(1,500mg) -400 unit</i> | Tier 1 | |
| CALCIUM ANTACID 1,000 MG TAB ULTRA, MAX-STR 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| CALCIUM ANTACID 750 MG TB CHEW EX-STR, FRUIT 320 MG CALCIUM (750 MG) | Tier 1 | |

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| CALCIUM ANTACID 750 MG TB CHEW GLUTEN-FREE 300 MG (750 MG) | Tier 1 | |
| CALCIUM ANTACID EX-STR CHEW ASSORTED BERRIES 300 MG (750 MG) | Tier 1 | |
| CALCIUM ANTACID EX-STR TABLET EXTRA-STRENGTH 300 MG (750 MG) | Tier 1 | |
| CALCIUM ANTACID ULTRA-STR CHEW ASSORTED FRUIT 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| <i>calcium carb 1,250 mg/5 ml sus s/f, a/f, na/f (otc) 500 mg/5 ml (1,250 mg/5 ml)</i> | Tier 1 | |
| <i>calcium carb 260 mg tab chew 260 mg calcium (650 mg)</i> | Tier 1 | |
| <i>calcium carb 500 mg tab chew 200 mg calcium (500 mg)</i> | Tier 1 | |
| <i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -200 unit</i> | Tier 1 | |
| <i>calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -800 unit</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CALCIUM CITRATE + D ORAL TABLET 315-200 MG-UNIT | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>calcium citrate 200 mg caplet caplet, p/f (rx) 200 mg (950 mg)</i> | Tier 1 | |
| <i>calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)</i> | Tier 1 | |
| <i>calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit, 315-200 mg-unit</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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| CAL-GEST 500 MG TABLET CHEW 200 MG CALCIUM (500 MG) | Tier 1 | |
| CALTRATE 600 PLUS D3 TABLET 600 MG(1,500MG) - 800 UNIT | Tier 1 | |
| CITRACAL + D MAXIMUM CAPLET (RX) 315 MG- 250 UNIT | Tier 1 | |
| CVS CALCIUM ANTACID 1,000 MG MAX STR, BERRIES 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| <i>cvs calcium cit 200 mg tablet s/f,p/f,lactose free (otc) 200 mg (950 mg)</i> | Tier 1 | |
| CVS DAILY MULTIPLE TABLET 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| CVS FLAVOR CHEW ANTACID 750 MG 300 MG (750 MG) | Tier 1 | |
| <i>cvs magnesium 250 mg tablet (rx) 250 mg</i> | Tier 1 | Covered for CSHCS members. |
| CVS PRENATAL VITAMINS TABLET WITH MINERALS (OTC) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (OTC) | Tier 1 | |
| EQ CALCIUM 500-VIT D3 400 TAB OYSTER SHELL (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| <i>eq calcium 600-vit d3 400 tab (rx) 600 mg(1,500mg) - 400 unit</i> | Tier 1 | |
| EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| EQL ANTACID CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| EQL CALCIUM ANTACID CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| EQL CALCIUM ANTACID TABLET ULTRA STRENGTH 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| EQL PRENATAL VITAMIN TABLET GLUTEN-FREE 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| FOSFREE TABLET 175.5-14.5 MG | Tier 1 | |
| GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML | Tier 1 | Covered for CSHCS members. |

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| <i>gnp calcium 500-vit d3 600 tab 500mg (1,250mg) - 600 unit</i> | Tier 1 | |
| GNP MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| GNP THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| GS CAL ANTACID 500 MG CHEW TAB 200 MG CALCIUM (500 MG) | Tier 1 | |
| HM CAL ANTACID 500 MG CHEW TAB ASSORTED FRUIT 200 MG CALCIUM (500 MG) | Tier 1 | |
| HM CAL ANTACID 750 MG CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| <i>hm magnesium 250 mg tablet gluten-free (rx) 250 mg</i> | Tier 1 | Covered for CSHCS members. |
| HM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| MAG GLYCINATE 100 MG TABLET 100 MG | Tier 1 | Covered for CSHCS members. |
| MAG-G 500 MG TABLET 27 MG MAGNESIUM (500 MG) | Tier 1 | Covered for CSHCS members. |
| MAGINEX 615 MG TABLET S/F (RX) 61 MG (615 MG) | Tier 1 | Covered for CSHCS members. |
| <i>magnesium 200 mg tablet high potency (rx) 200 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium 250 mg tablet (rx) 250 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium 30 mg tablet 30 mg</i> | Tier 1 | Covered for CSHCS members. |
| MAGNESIUM 300 MG CAPSULE (RX) 300 MG | Tier 1 | Covered for CSHCS members. |
| <i>magnesium chelated 100 mg tab 100 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium chloride ec 70 mg tb 70 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium citrate 100 mg tab 100 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium gluc 500 mg tablet 27 mg magnesium (500 mg)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium gluc 500 mg tablet lactose free, s/f (rx) 27.5 mg magne- sium (500 mg)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium gluc 550 mg tablet 30 mg (550 mg)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium gluconate tablet s/f,l/f,y/f,gluten/f (rx) 27.5 mg magne- sium (500 mg)</i> | Tier 1 | Covered for CSHCS members. |
| MAGONATE 54 MG/5 ML LIQUID (RX) 54 MG/5 ML | Tier 1 | Covered for CSHCS members. |

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| MAG-TAB SR 84 MG CAPLET CAPLET 84 MG | Tier 1 | Covered for CSHCS members. |
| MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| MEGA MULTIVIT FOR WOMEN CAPLET 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| MULTI FOR HER TABLET 18 MG IRON-600 MCG-80 MCG | Tier 1 | |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON-1,000 MCG-230MG | Tier 1 | QL (2 Tablets per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NESTABS ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NEWGEN ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| ONE-A-DAY ENERGY TABLET 9 MG IRON-400 MCG-200 MG | Tier 1 | |
| ONE-A-DAY MENOPAUSE FORMULA TB 400-60 MCG-MG | Tier 1 | |
| ONE-A-DAY TEEN ADVANTAGE TAB 9 MG IRON-400 MCG | Tier 1 | |
| ONE-A-DAY WOMEN'S HEALTHY SKIN 18 MG IRON-400 MCG-6 MG | Tier 1 | |
| ONE-A-DAY WOMEN'S PETITES TAB 9 MG IRON-200 MCG | Tier 1 | |
| ONE-A-DAY WOMEN'S TABLET 18 MG IRON- 400 MCG-180 MG | Tier 1 | |
| OPTISOURCE TABLET CHEWABLE 9 MG IRON-200 MCG-40 MCG | Tier 1 | |
| ORALYTE FREEZER POPS | Tier 1 | |
| ORALYTE SOLUTION | Tier 1 | |
| OS-CAL 500 + D3 ORAL TABLET 500 MG(1,250MG) - 200 UNIT | Tier 1 | |

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| OS-CAL 500-VIT D3 600 CAPLET 500MG (1,250MG) - 600 UNIT | Tier 1 | |
| OYSTER SHELL CALCIUM 500 MG TB 500MG ELEMENTAL CA (RX) 500 MG CALCIUM (1,250 MG) | Tier 1 | |
| OYSTER SHELL CALCIUM-VIT D TAB (OTC) 250-125 MG-UNIT | Tier 1 | |
| OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT | Tier 1 | |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -400 UNIT | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| OYSTER SHELL-D 250 MG TABLET U-D, 10X10 (RX) 250-125 MG-UNIT | Tier 1 | |
| OYSTERCAL-D 500 MG-400 UNIT TB 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH | Tier 1 | |
| PEDIALYTE ELECTROLYTE SINGLES INNER, CHERRY, RTU (RX) | Tier 1 | |
| PEDIALYTE FREEZER POPS 16'S (RX) | Tier 1 | |
| PEDIALYTE SOLUTION STRAWBERRY, RTU, 8'S (RX) | Tier 1 | |
| PEDIATRIC ELECTROLYTE ORAL SOLUTION | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>pediatric electrolyte solution (rx)</i> | Tier 1 | |
| PEDIAVANCE LIQUID STICK GRAPE, 10X120ML 5.3-2.35-4.15 MEQ | Tier 1 | |
| PHOS-NAK PACKET OUTER 280-160-250 MG | Tier 1 | Covered for CSHCS members. |
| PHOSPHOROUS POWDER PACKET INNER 280-160-250 MG | Tier 1 | Covered for CSHCS members. |
| PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | Tier 1 | |
| <i>potassium chloride oral tablet extended release 10 meq, 8 meq</i> | Tier 1 | |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i> | Tier 1 | |
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i> | Tier 1 | Covered for CSHCS members. |
| PRENATABS FA ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL COMPLETE CAPLET 14 MG IRON- 400 MCG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET NO LACTOSE,P/F,NA/F (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN FORMULA TB (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMINS TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PREPLUS ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| PRETAB ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRO-CAL TABLET 187.5-40-7.5 MG | Tier 1 | |
| PUB CALCIUM ANTACID 750 MG EX-STR, FRUIT 320 MG CALCIUM (750 MG) | Tier 1 | |
| <i>pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg)</i> | Tier 1 | |
| PV CAL ANTACID 500 MG CHEW TAB REGULAR STRENGTH 200 MG CALCIUM (500 MG) | Tier 1 | |
| PV CALCIUM 600-VIT D3 200 TAB (OTC) 600 MG(1,500MG) -200 UNIT | Tier 1 | |
| PV CALCIUM 600-VIT D3 400 TAB (OTC) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| PV CALCIUM ANTACID 1,000 MG TB ULTRA STRENGTH 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| PV CALCIUM ANTACID TABLET CHEW EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| <i>pv magnesium 200 mg tablet 400 mg=2 tablets (otc) 200 mg</i> | Tier 1 | Covered for CSHCS members. |
| PV SMOOTH ANTACID TAB CHEW EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| <i>qc calcium 600-vit d3 400 tab high potency (rx) 600 mg(1,500mg) -400 unit</i> | Tier 1 | |
| QUINTABS-M TABLET (RX) 10 MG IRON-400 MCG | Tier 1 | |
| RA CALCIUM 600-VIT D3 400 TAB (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| <i>ra magnesium 250 mg tablet (rx) 250 mg</i> | Tier 1 | Covered for CSHCS members. |
| RA ONE DAILY WOMEN'S TABLET 18 MG IRON-400 MCG-450 MG CA | Tier 1 | |
| RA PEDIATRIC FREEZER POPS | Tier 1 | |
| RA PRENATAL TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| RA SMOOTH ANTACID CHEW TABLET BERRY FUSION, EX-STR 300 MG (750 MG) | Tier 1 | |
| SLOW-MAG 71.5 MG TABLET 71.5 MG | Tier 1 | Covered for CSHCS members. |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| SM CAL ANTACID 500 MG CHEW TAB REG-STR, PEPPERMINT 200 MG CALCIUM (500 MG) | Tier 1 | |
| SM CAL ANTACID 750 MG CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| SM CALCIUM 500-VIT D3 400 TAB (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| SM CALCIUM 600-VIT D3 400 TAB (OTC) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| <i>sm magnesium 250 mg tablet (rx) 250 mg</i> | Tier 1 | Covered for CSHCS members. |
| SM SMOOTH ANTACID TAB CHEW EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 7 %</i> | Tier 1 | |
| <i>sodium phosphate intravenous solution 3 mmol/ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>super calcium 600-vit d3 400 s/f, p/f (rx) 600 mg(1,500mg) -400 unit</i> | Tier 1 | |
| SUPER CALCIUM ORAL TABLET 600 MG CALCIUM (1,500 MG) | Tier 1 | |
| SV CALCIUM 600-VIT D3 400 TAB P/F, GLUTEN-FREE (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| SV HAIR, SKIN AND NAILS CAPLET 1 MG IRON-66.7 MCG-1,000 MCG | Tier 1 | |
| THERA M PLUS TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA-M CAPLET WITH IRON 9 MG IRON-400 MCG | Tier 1 | |
| THERA-M TABLET W/BETA CAROTENE 9 MG IRON-400 MCG | Tier 1 | |
| THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| THERAPEUTIC-M TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA-TABS M CAPLET HIGH POTENCY 27 MG IRON-400 MCG | Tier 1 | |
| TRIADVANCE ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG) | Tier 1 | |
| TUMS FRESHERS ANTACID CHEW TAB GLUTEN-F, COOL MINT 200 MG CALCIUM (500 MG) | Tier 1 | |
| TUMS KIDS 300 MG (750) CHEWTAB CHERRY BLAST 300 MG (750 MG) | Tier 1 | |
| TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR 300 MG (750 MG) | Tier 1 | |
| TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT 200 MG CALCIUM (500 MG) | Tier 1 | |
| TUMS ULTRA TABLET CHEWABLE TROP FRUIT, GLUTEN-F 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR 300 MG (750 MG) | Tier 1 | |
| ULTRA FREEDA TABLET 267 MCG | Tier 1 | |
| ULTRA FREEDA WITH IRON TABLET 6 MG IRON-267 MCG | Tier 1 | |
| ULTRA STRENGTH ANTACID ORAL TABLET, CHEWABLE 400 MG CALCIUM (1,000 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| VINATE ONE ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE ULTRA ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| WOMEN'S DAILY CAPLET 27 MG IRON-400 MCG | Tier 1 | |
| Thiazide Diuretics | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i> | Tier 1 | QL (1.5 Tablets per 1 day) |
| <i>chlorothiazide oral tablet 500 mg</i> | Tier 1 | |

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|---|-----------|--------------------------|
| DIURIL ORAL SUSPENSION 250 MG/5 ML | Tier 1 | AGE (Max 12 Years) |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> | Tier 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | Tier 1 | |
| <i>spironolacton-hydrochlorothiazid oral tablet 25-25 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | Tier 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | Tier 1 | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Thiazide-Like Diuretics | | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | Tier 1 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Uricosuric Agents | | |
| <i>probenecid oral tablet 500 mg</i> | Tier 1 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | Tier 1 | |

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|---|-----------|------------------------------------|
| ENZYMES | | |
| Enzymes | | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 1 | PA; SP; QL (1 nebulizer per 1 day) |
| EYE, EAR, NOSE AND THROAT (EENT) PREPS. | | |
| Alpha-Adrenergic Agonists (Eent) | | |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | Tier 1 | |
| Antiallergic Agents | | |
| ALAWAY 0.025% EYE DROPS 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| ALLERGY 0.025% EYE DROPS UP TO 12 HOURS 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> | Tier 1 | QL (1 spray per 1 day) |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | Tier 1 | ST; QL (6 ML per 30 days) |
| CHILD'S ALAWAY 0.025% EYE DROP 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 1 | |
| <i>cromolyn sodium nasal solution 200 metered sprays 5.2 mg/spray (4 %)</i> | Tier 1 | |
| <i>cromolyn sodium nasal spray 5.2 mg/spray (4 %)</i> | Tier 1 | |
| CVS ALLERGY 0.025% EYE DROPS UP TO 12 HOURS 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| CVS EYE ITCH RELIEF 0.025% DRP 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| EQ ITCHY EYE 0.025% DROPS UP TO 12 HOURS 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| EYE ITCH RELIEF 0.025% DROPS 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| HM EYE ITCH RELIEF 0.025% DROP UP TO 12 HOURS 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| <i>ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)</i> | Tier 1 | QL (10 ML per 1 month) |
| KRO EYE ITCH RLF 0.025% DROPS UP TO 12 HRS,STERILE 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| KRO ITCHY EYE 0.025% DROPS UP TO 12 HRS,STERILE 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| NASALCROM 5.2 MG NASAL SPRAY 200 METERED SPRAYS 5.2 MG/SPRAY (4 %) | Tier 1 | |

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| PV EYE ITCH RELIEF 0.025% DROP 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| RA EYE ITCH RELIEF 0.025% DROP TWIN PACK (5MLX2) 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| SM EYE ITCH RELIEF 0.025% DROP UP TO 12 HRS,STERILE 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| WAL-ZYR 0.025% EYE DROPS 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| ZADITOR 0.025% (0.035%) DROPS 12 HOUR (OTC) 0.025 % (0.035 %) | Tier 1 | QL (10 ML per 1 month) |
| Antibacterials (Eent) | | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | Tier 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | Tier 1 | |
| CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % | Tier 1 | QL (7.5 ML per 30 days); AGE (Max 12 Years) |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | Tier 1 | QL (10 ML per 30 days) |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> | Tier 1 | QL (14 ML per 30 days) |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | Tier 1 | |
| GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) | Tier 1 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | Tier 1 | |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | Tier 1 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | Tier 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | Tier 1 | |

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| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 1 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 1 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | Tier 1 | QL (5 ML per 30 days) |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | Tier 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | Tier 1 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | Tier 1 | |
| Beta-Adrenergic Blocking Agents (Eent) | | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | Tier 1 | QL (10 ML per 1 month) |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>metipranolol ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | Tier 1 | |
| Carbonic Anhydrase Inhibitors (Eent) | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | Tier 1 | QL (10 ML per 1 month) |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | Tier 1 | QL (10 ML per 1 month) |
| Corticosteroids (Eent) | | |
| <i>CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %</i> | Tier 1 | QL (7.5 ML per 30 days); AGE (Max 12 Years) |

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| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | Tier 1 | |
| FLONASE ALLERGY RLF 50 MCG SPR 60 METERED SPRAYS 50 MCG/ACTUATION | Tier 1 | QL (1 bottle per 1 day) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | Tier 1 | QL (1 bottle per 1 month) |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | Tier 1 | QL (15 ML per 30 days) |
| <i>fluticasone prop 50 mcg spray (otc) 50 mcg/actuation</i> | Tier 1 | QL (1 bottle per 1 day) |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> | Tier 1 | QL (1 bottle per 1 month) |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | Tier 1 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | Tier 1 | |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | Tier 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | Tier 1 | |
| <i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (16.9 ML per 30 days) |
| Eent Anti-Infectives, Miscellaneous | | |
| <i>acetic acid otic (ear) solution 2 %</i> | Tier 1 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | Tier 1 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | Tier 1 | |
| PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 % | Tier 1 | |

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| Eent Anti-Inflammatory Agents, Misc. | | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | Tier 1 | PA; QL (5.5 ML per 30 days); AGE (Min 16 Years) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | Tier 1 | PA; QL (60 ampules per 30 days); AGE (Min 16 Years) |
| Eent Drugs, Miscellaneous | | |
| ALTAMIST 0.65% NOSE SPRAY 0.65 % | Tier 1 | |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | Tier 1 | QL (10 ML per 30 days) |
| ARTIFICIAL TEARS | Tier 1 | |
| ARTIFICIAL TEARS 1.4% DROPS 1.4 % | Tier 1 | |
| ARTIFICIAL TEARS DROPS P/F, STERILE 0.1-0.3 % | Tier 1 | |
| ARTIFICIAL TEARS DROPS STRL 1-0.3 % | Tier 1 | |
| ARTIFICIAL TEARS EYE DROPS | Tier 1 | |
| ARTIFICIAL TEARS EYE DROPS STRL 0.1-0.3 % | Tier 1 | |
| ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ARTIFICIALS TEARS DROPS | Tier 1 | |
| AYR SALINE 0.65% NOSE SPRAY 0.65 % | Tier 1 | |
| BABY AYR SALINE 0.65% DROPS 0.65 % | Tier 1 | |
| BION TEARS EYE DROPS 0.1-0.3 % | Tier 1 | |
| CVS ARTIFICIAL TEARS DROPS STERILE 1-0.3 % | Tier 1 | |
| CVS SALINE 0.65% NOSE SPRAY 0.65 % | Tier 1 | |
| DEEP SEA 0.65% NOSE SPRAY 0.65 % | Tier 1 | |
| EQ ARTIFICIAL TEARS DROPS STERILE 1-0.3 % | Tier 1 | |
| EQ NASAL 0.65% SPRAY 0.65 % | Tier 1 | |
| GNP NASAL MOIST 0.65% SPRAY 0.65 % | Tier 1 | |
| GS NASAL MOIST 0.65% SPRAY 0.65 % | Tier 1 | |
| <i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i> | Tier 1 | QL (1 spray per 1 day) |
| LITTLE REMEDIES 0.65% SPRAY FOR NOSES 0.65 % | Tier 1 | |

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|---|-----------|--|
| LITTLE REMEDIES STUFFY NOSE KT W/ NASAL ASPIRATOR 0.65 % | Tier 1 | |
| LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| LUBRICANT EYE DROPS 1-0.3 % | Tier 1 | |
| LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % | Tier 1 | |
| LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| NASAL 0.65% SPRAY 0.65 % | Tier 1 | |
| OCEAN 0.65% NASAL SPRAY 0.65 % | Tier 1 | |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % | Tier 1 | PA; QL (Maximum duration is 8 weeks - 28 vials every 28 days for the treatment of one eye (additional quantities may be approved for the treatment of the second eye when appropriate). Total of 8 kits (1 kit = 7 multi-dose vials) per affected eye per lifetime); AGE (Min 2 Years) |
| <i>polyvinyl alcohol 1.4% eyedrop 1.4 %</i> | Tier 1 | |
| RA ARTIFICIAL TEARS DROPS DRY EYE FORMULA 1-0.3 % | Tier 1 | |
| RA LUBRICANT EYE DROPS | Tier 1 | |
| RA SALINE 0.65% NOSE SPRAY 0.65 % | Tier 1 | |
| REFRESH CELLUVISC 1% EYE DROPS 1 % | Tier 1 | |
| REFRESH LACRI-LUBE OINTMENT 56.8-42.5 % | Tier 1 | |
| REFRESH LIQUIGEL 1% EYE DROP 1 % | Tier 1 | |
| REFRESH P.M. OINTMENT 57.3-42.5 % | Tier 1 | |
| REFRESH TEARS OPHTHALMIC (EYE) DROPS 0.5 % | Tier 1 | |
| SALINE MIST 0.65% NOSE SPRY 0.65 % | Tier 1 | |
| SALINE NASAL MIST NASAL AEROSOL,SPRAY 0.65 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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| SALINE NASAL NASAL AEROSOL,SPRAY 0.65 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| SB SALINE 0.65% NOSE SPRAY 0.65 % | Tier 1 | |
| <i>sodium chloride ophthalmic (eye) drops 5 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>sodium chloride ophthalmic (eye) ointment 5 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| SYSTANE 0.3-0.4% EYE DROPS 0.4-0.3 % | Tier 1 | |
| SYSTANE GEL EYE DROPS 0.4-0.3 % | Tier 1 | |
| SYSTANE ULTRA 0.4-0.3% EYE DRP 0.4-0.3 % | Tier 1 | |
| Eent Nonsteroidal Anti-Inflam. Agents | | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | Tier 1 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | Tier 1 | |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> | Tier 1 | QL (12 ML per 1 month) |
| Local Anesthetics (Eent) | | |
| <i>lidocaine hcl mucous membrane jelly 2 %</i> | Tier 1 | |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> | Tier 1 | |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % | Tier 1 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| Miotics | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | Tier 1 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | Tier 1 | |
| Mydriatics | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| <i>atropine ophthalmic (eye) ointment 1 %</i> | Tier 1 | |
| <i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i> | Tier 1 | |
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i> | Tier 1 | |

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|---|-----------|---|
| Prostaglandin Analogs | | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | Tier 1 | QL (2.5 ML per 25 days) |
| Vasoconstrictors | | |
| CVS EYE ALLERGY RELIEF EYE DRP 0.025-0.3 % | Tier 1 | |
| EQ EYE ALLERGY RELIEF DROPS STERILE 0.02675-0.315 % | Tier 1 | |
| EYE ALLERGY RELIEF DROPS 0.025-0.3 % | Tier 1 | |
| EYE ALLERGY RELIEF DROPS STRL 0.02675-0.315 % | Tier 1 | |
| NAPHCONE-A EYE DROPS 0.025-0.3 % | Tier 1 | |
| OPCON-A EYE DROPS 0.02675-0.315 % | Tier 1 | |
| <i>phenylephrine hcl ophthalmic (eye) drops 2.5 %</i> | Tier 1 | |
| PV ALLERGY EYE DROPS 0.025-0.3 % | Tier 1 | |
| RA EYE ALLERGY RELIEF DROPS 0.02675-0.315 % | Tier 1 | |
| GASTROINTESTINAL DRUGS | | |
| 5-Ht3 Receptor Antagonists | | |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 1 | ST; QL (4 Tablets per 30 days) |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>ondansetron hcl oral tablet 24 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| Antacids And Adsorbents | | |
| ACID GONE ANTACID LIQUID 95-358 MG/15 ML | Tier 1 | |
| ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ALMACONE SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| ALMACONE-2 LIQUID 400-400-40 MG/5 ML | Tier 1 | |
| <i>aluminum hydroxide gel sugar-free 320 mg/5 ml</i> | Tier 1 | |
| ANTACID (CALCIUM CARBONATE) ORAL TABLET, CHEWABLE 200 MG CALCIUM (500 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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|--|-----------|---|
| ANTACID ANTI-GAS LIQUID MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID CALCIUM 500 MG CHW TAB 215 MG CALCIUM (500 MG) | Tier 1 | |
| ANTACID EX-STR TABLET CHEW EXTRA-STRENGTH 300 MG (750 MG) | Tier 1 | |
| ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 300 MG (750 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID M LIQUID NA/F 200-200-20 MG/5 ML | Tier 1 | |
| ANTACID MAXIMUM STRENGTH LIQ 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID PLUS ANTI-GAS LIQUID REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| ANTACID PLUS ANTI-GAS RELF LIQ REGULAR STR,ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| ANTACID PLUS ANTI-GAS SUSP MAX STR, CHERRY 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID SUSPENSION MAX STR, FAST ACTING 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID-ANTIGAS LIQUID REG STR, FAST ACTING 200-200-20 MG/5 ML | Tier 1 | |

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|---|-----------|---|
| ANTACID-ANTIGAS ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID-SIMETHICONE LIQUID 400-400-40 MG/5 ML | Tier 1 | |
| BISMATROL 525 MG/15 ML SUSP 525 MG/15 ML | Tier 1 | |
| BISMATROL 525 MG/30 ML SUSP 262 MG/15 ML | Tier 1 | |
| BISMATROL TABLET CHEW 262 MG | Tier 1 | |
| BISMUTH 262 MG TABLET CHEW 262 MG | Tier 1 | |
| CALCIUM ANTACID 1,000 MG TAB ULTRA, MAX-STR 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| CALCIUM ANTACID 750 MG TB CHEW EX-STR, FRUIT 320 MG CALCIUM (750 MG) | Tier 1 | |
| CALCIUM ANTACID 750 MG TB CHEW GLUTEN-FREE 300 MG (750 MG) | Tier 1 | |
| CALCIUM ANTACID EX-STR CHEW ASSORTED BERRIES 300 MG (750 MG) | Tier 1 | |
| CALCIUM ANTACID EX-STR TABLET EXTRA-STRENGTH 300 MG (750 MG) | Tier 1 | |
| CALCIUM ANTACID ULTRA-STR CHEW ASSORTED FRUIT 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| <i>calcium carb 500 mg tab chew 200 mg calcium (500 mg)</i> | Tier 1 | |
| CAL-GEST 500 MG TABLET CHEW 200 MG CALCIUM (500 MG) | Tier 1 | |
| COMFORT GEL EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| COMFORT GEL SUSPENSION REGULAR STR, CHERRY 200-200-20 MG/5 ML | Tier 1 | |
| CVS ANTACID LIQUID FAST RELIEF 200-200-20 MG/5 ML | Tier 1 | |
| CVS ANTACID PLUS ANTI-GAS LIQ MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| CVS ANTACID-ANTIGAS LIQUID REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |

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|---|-----------|----------------------------|
| CVS ANTACID-ANTIGAS MAX STR LQ MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| CVS ANTI-DIARRHEAL SUSPENSION 262 MG/15 ML | Tier 1 | |
| CVS BISMUTH CHEWABLE TABLET 262 MG | Tier 1 | |
| CVS CALCIUM ANTACID 1,000 MG MAX STR, BERRIES 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| CVS FLAVOR CHEW ANTACID 750 MG 300 MG (750 MG) | Tier 1 | |
| <i>cvs magnesium 500 mg tablet coated (rx) 500 mg</i> | Tier 1 | Covered for CSHCS members. |
| CVS STOMACH RELIEF MAX STR LIQ MAX-STRENGTH 525 MG/15 ML | Tier 1 | |
| DIARRHEA RELIEF 262 MG/15 ML VANILLA FLAVOR 262 MG/15 ML | Tier 1 | |
| DIARRHEA RELIEF SUSPENSION 262 MG/15 ML | Tier 1 | |
| DIOTAME 262 MG TABLET CHEW OUTER 262 MG | Tier 1 | |
| EQ ANTACID LIQUID REG STR, ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| EQL ANTACID CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| EQL ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| EQL CALCIUM ANTACID CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| EQL CALCIUM ANTACID TABLET ULTRA STRENGTH 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| <i>eql magnesium oxide 250 mg tab (otc) 250 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |
| GAVISCON LIQUID 95-358 MG/15 ML | Tier 1 | |
| GERI-LANTA LIQUID 200-200-20 MG/5 ML | Tier 1 | |
| GERI-MOX ANTACID-ANTIGAS SUSP 200-200-20 MG/5 ML | Tier 1 | |
| <i>gnp magnesium 250 mg tablet (rx) 250 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| GS ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML | Tier 1 | |
| GS CAL ANTACID 500 MG CHEW TAB 200 MG CALCIUM (500 MG) | Tier 1 | |
| HM ANTACID ANTI-GAS SUSPENSION ORIGINAL, MAX STR 400-400-40 MG/5 ML | Tier 1 | |
| HM ANTACID-ANTIGAS SUSPENSION REG STR, ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| HM CAL ANTACID 500 MG CHEW TAB ASSORTED FRUIT 200 MG CALCIUM (500 MG) | Tier 1 | |
| HM CAL ANTACID 750 MG CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| KAPECTATE 262 MG/15 ML SUSP 262 MG/15 ML | Tier 1 | |
| KAPECTATE EXTRA STRENGTH LIQ PEPPERMINT 525 MG/15 ML | Tier 1 | |
| K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION 262 MG/15 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| KRO ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML | Tier 1 | |
| KRO ANTACID-ANTIGAS LIQUID REGULAR STR, CLASSIC 200-200-20 MG/5 ML | Tier 1 | |
| LIQUID ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MAALOX ADVANCED SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| MAALOX MAXIMUM STRENGTH SUSP MINT, MAX STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| MAG-AL PLUS SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| MAG-AL PLUS XS SUSPENSION 400-400-40 MG/5 ML | Tier 1 | |
| <i>magnesium 250 mg tablet p/f (rx) 250 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium 400 mg caps 400 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium 400 mg softgel 400 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |

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|--|-----------|---|
| <i>magnesium 400 mg tablet gluten-free 400 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium 500 mg capsule s/f,na/f (otc) 500 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium 500 mg tablet p/f, s/f, gluten/f (rx) 500 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium oxide 250 mg caplet p/f, s/f, gluten/f (rx) 250 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium oxide 250 mg tablet p/f, s/f, gluten-f (rx) 250 mg magnesium</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium oxide 400 mg tablet 241.3mg elemental (rx) 400 mg (241.3 mg magnesium)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium oxide 400 mg tablet s/f, p/f,gluten-free (rx) 400 mg (241.3 mg magnesium)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium oxide 420 mg tablet (rx) 420 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium oxide 500 mg tablet extra strength (rx) 500 mg</i> | Tier 1 | Covered for CSHCS members. |
| MAGOX 400 TABLET S/F, GLUTEN FREE (RX) 400 MG (241.3 MG MAGNESIUM) | Tier 1 | Covered for CSHCS members. |
| MASANTI DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MI ACID SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| MINTOX MAXIMUM STRENGTH SUSP MAX STR, LEMON CREME 400-400-40 MG/5 ML | Tier 1 | |
| MINTOX SUSPENSION MINT CREME 200-200-20 MG/5 ML | Tier 1 | |
| PEPTIC RELIEF 262 MG CHEW TAB 262 MG | Tier 1 | |
| PEPTO-BISMOL 525 MG/30 ML SUSP 262 MG/15 ML | Tier 1 | |
| PEPTO-BISMOL CAPLET 262 MG | Tier 1 | |
| PEPTO-BISMOL MAX STR SUSP MAX-STRENGTH 525 MG/15 ML | Tier 1 | |
| PEPTO-BISMOL TABLET CHEW 262 MG | Tier 1 | |
| PEPTO-BISMOL TO-GO 262 MG CHEW CHERRY FLAVOR 262 MG | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| PHILLIPS 500 MG CAPLET 500 MG | Tier 1 | Covered for CSHCS members. |
| PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PINK BISMUTH ORAL TABLET 262 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PUB ANTACID-ANTI GAS SUSP MAX-STRENGTH, CHERRY 400-400-40 MG/5 ML | Tier 1 | |
| PUB CALCIUM ANTACID 750 MG EX-STR, FRUIT 320 MG CALCIUM (750 MG) | Tier 1 | |
| <i>pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg)</i> | Tier 1 | |
| PUB PINK BISMUTH MAX STR LIQ 525 MG/15 ML | Tier 1 | |
| PUB STOMACH RLF 262 MG/15 ML ORIGINAL FORMULA 262 MG/15 ML | Tier 1 | |
| PV ANTACID MAX STRENGTH SUSP MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| PV ANTACID-ANTIGAS SUSPENSION FAST ACTING 200-200-20 MG/5 ML | Tier 1 | |
| PV CAL ANTACID 500 MG CHEW TAB REGULAR STRENGTH 200 MG CALCIUM (500 MG) | Tier 1 | |
| PV CALCIUM ANTACID 1,000 MG TB ULTRA STRENGTH 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| PV CALCIUM ANTACID TABLET CHEW EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| PV DIARRHEA RLF 262 MG/15 ML VANILLA FLAVOR 262 MG/15 ML | Tier 1 | |
| PV PINK BISMUTH 525 MG/15 ML MAXIMUM STRENGTH 525 MG/15 ML | Tier 1 | |
| PV SMOOTH ANTACID TAB CHEW EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|----------------------------|
| QC ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| QC ANTACID-ANTIGAS SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| QC DIARRHEA RLF 262 MG/15 ML VANILLA REG FLAVOR 262 MG/15 ML | Tier 1 | |
| RA ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML, 400-400-40 MG/5 ML | Tier 1 | |
| RA ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| RA ANTACID-GAS RELIEF LIQUID 400-400-40 MG/5 ML | Tier 1 | |
| <i>ra magnesium 500 mg capsule (rx) 500 mg</i> | Tier 1 | Covered for CSHCS members. |
| RA SMOOTH ANTACID CHEW TABLET BERRY FUSION, EX-STR 300 MG (750 MG) | Tier 1 | |
| RA STOMACH RELIEF MAX STR LIQ MAX STRENGTH 525 MG/15 ML | Tier 1 | |
| RI-MOX SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| SB ANTACID SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| SB ANTACID-ANTIGAS LIQUID REG STR,FAST ACTING 200-200-20 MG/5 ML | Tier 1 | |
| SB BISMUTH CHEWABLE TABLET 262 MG | Tier 1 | |
| SM ANTACID ANTI-GAS LIQUID ORIGINAL, MAX STR 400-400-40 MG/5 ML | Tier 1 | |
| SM ANTACID SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| SM ANTACID SUSPENSION 400-400-40 MG/5 ML | Tier 1 | |
| SM ANTACID-ANTIGAS LIQUID REG STR, ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| SM CAL ANTACID 500 MG CHEW TAB REG-STR, PEPPERMINT 200 MG CALCIUM (500 MG) | Tier 1 | |
| SM CAL ANTACID 750 MG CHEW TAB EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| SM SMOOTH ANTACID TAB CHEW EXTRA STRENGTH 300 MG (750 MG) | Tier 1 | |
| SM STOMACH RELIEF CAPLET 262 MG | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|---|
| SM STOMACH RELIEF MAX STR LIQ MAXIMUM STRENGTH 525 MG/15 ML | Tier 1 | |
| <i>sodium bicarb 325 mg tablet 325 mg</i> | Tier 1 | |
| <i>sodium bicarb 650 mg tablet 10 gr 650 mg</i> | Tier 1 | |
| SOOTHE 262 MG CAPLET CAPLET 262 MG | Tier 1 | |
| SOOTHE 262 MG CHEWABLE TABLET 262 MG | Tier 1 | |
| SOOTHE 262 MG/15 ML SUSPENSION S/F 262 MG/15 ML | Tier 1 | |
| SOOTHE REGULAR STRENGTH SUSP S/F 262 MG/15 ML | Tier 1 | |
| SOOTHE SUSPENSION S/F 262 MG/15 ML | Tier 1 | |
| STOMACH RELIEF MAX STR LIQUID MAX. STRENGTH 525 MG/15 ML | Tier 1 | |
| STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| STOMACH RELIEF ORAL TABLET,CHEWABLE 262 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| STOMACH RLF 262 MG/15 ML SUSP ORIGINAL STRENGTH 262 MG/15 ML | Tier 1 | |
| TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG) | Tier 1 | |
| TUMS FRESHERS ANTACID CHEW TAB GLUTEN-F, COOL MINT 200 MG CALCIUM (500 MG) | Tier 1 | |
| TUMS KIDS 300 MG (750) CHEWTAB CHERRY BLAST 300 MG (750 MG) | Tier 1 | |
| TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR 300 MG (750 MG) | Tier 1 | |
| TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT 200 MG CALCIUM (500 MG) | Tier 1 | |
| TUMS ULTRA TABLET CHEWABLE TROP FRUIT,GLUTEN-F 400 MG CALCIUM (1,000 MG) | Tier 1 | |
| TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR 300 MG (750 MG) | Tier 1 | |

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|--|-----------|---|
| ULTRA STRENGTH ANTACID ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| UROMAG 140 MG CAPSULE S/F, GLUTEN FREE (RX) 84.5 MG MAG (140 MG) | Tier 1 | Covered for CSHCS members. |
| Antidiarrhea Agents | | |
| ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| BISMATROL 525 MG/15 ML SUSP 525 MG/15 ML | Tier 1 | |
| BISMATROL 525 MG/30 ML SUSP 262 MG/15 ML | Tier 1 | |
| BISMATROL TABLET CHEW 262 MG | Tier 1 | |
| BISMUTH 262 MG TABLET CHEW 262 MG | Tier 1 | |
| CVS ANTI-DIARRHEAL SUSPENSION 262 MG/15 ML | Tier 1 | |
| CVS BISMUTH CHEWABLE TABLET 262 MG | Tier 1 | |
| CVS STOMACH RELIEF MAX STR LIQ MAX-STRENGTH 525 MG/15 ML | Tier 1 | |
| DIARRHEA RELIEF 262 MG/15 ML VANILLA FLAVOR 262 MG/15 ML | Tier 1 | |
| DIARRHEA RELIEF SUSPENSION 262 MG/15 ML | Tier 1 | |
| DIOTAME 262 MG TABLET CHEW OUTER 262 MG | Tier 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Tier 1 | |
| KAOPECTATE 262 MG/15 ML SUSP 262 MG/15 ML | Tier 1 | |
| KAOPECTATE EXTRA STRENGTH LIQ PEPPERMINT 525 MG/15 ML | Tier 1 | |
| K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION 262 MG/15 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>loperamide oral capsule 2 mg</i> | Tier 1 | |
| <i>loperamide oral liquid 1 mg/7.5 ml</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PEPTIC RELIEF 262 MG CHEW TAB 262 MG | Tier 1 | |
| PEPTO-BISMOL 525 MG/30 ML SUSP 262 MG/15 ML | Tier 1 | |

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|--|-----------|---|
| PEPTO-BISMOL CAPLET 262 MG | Tier 1 | |
| PEPTO-BISMOL MAX STR SUSP MAX-STRENGTH 525 MG/15 ML | Tier 1 | |
| PEPTO-BISMOL TABLET CHEW 262 MG | Tier 1 | |
| PEPTO-BISMOL TO-GO 262 MG CHEW CHERRY FLAVOR 262 MG | Tier 1 | |
| PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PINK BISMUTH ORAL TABLET 262 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PUB PINK BISMUTH MAX STR LIQ 525 MG/15 ML | Tier 1 | |
| PUB STOMACH RLF 262 MG/15 ML ORIGINAL FORMULA 262 MG/15 ML | Tier 1 | |
| PV DIARRHEA RLF 262 MG/15 ML VANILLA FLAVOR 262 MG/15 ML | Tier 1 | |
| PV PINK BISMUTH 525 MG/15 ML MAXIMUM STRENGTH 525 MG/15 ML | Tier 1 | |
| QC DIARRHEA RLF 262 MG/15 ML VANILLA REG FLAVOR 262 MG/15 ML | Tier 1 | |
| RA STOMACH RELIEF MAX STR LIQ MAX STRENGTH 525 MG/15 ML | Tier 1 | |
| SB BISMUTH CHEWABLE TABLET 262 MG | Tier 1 | |
| SM STOMACH RELIEF CAPLET 262 MG | Tier 1 | |
| SM STOMACH RELIEF MAX STR LIQ MAXIMUM STRENGTH 525 MG/15 ML | Tier 1 | |
| SOOTHE 262 MG CAPLET CAPLET 262 MG | Tier 1 | |
| SOOTHE 262 MG CHEWABLE TABLET 262 MG | Tier 1 | |
| SOOTHE 262 MG/15 ML SUSPENSION S/F 262 MG/15 ML | Tier 1 | |

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| SOOTHE REGULAR STRENGTH SUSP S/F 262 MG/15 ML | Tier 1 | |
| SOOTHE SUSPENSION S/F 262 MG/15 ML | Tier 1 | |
| STOMACH RELIEF MAX STR LIQUID MAX. STRENGTH 525 MG/15 ML | Tier 1 | |
| STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| STOMACH RELIEF ORAL TABLET,CHEWABLE 262 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| STOMACH RLF 262 MG/15 ML SUSP ORIGINAL STRENGTH 262 MG/15 ML | Tier 1 | |
| Antiemetics, Miscellaneous | | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | PA |
| Antiflatulents | | |
| ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ALMACONE SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| ALMACONE-2 LIQUID 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID ANTI-GAS LIQUID MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID M LIQUID NA/F 200-200-20 MG/5 ML | Tier 1 | |
| ANTACID MAXIMUM STRENGTH LIQ 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID PLUS ANTI-GAS LIQUID REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| ANTACID PLUS ANTI-GAS RELF LIQ REGULAR STR,ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| ANTACID PLUS ANTI-GAS SUSP MAX STR, CHERRY 400-400-40 MG/5 ML | Tier 1 | |

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| ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID SUSPENSION MAX STR, FAST ACTING 400-400-40 MG/5 ML | Tier 1 | |
| ANTACID-ANTIGAS LIQUID REG STR, FAST ACTING 200-200-20 MG/5 ML | Tier 1 | |
| ANTACID-ANTIGAS ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTACID-SIMETHICONE LIQUID 400-400-40 MG/5 ML | Tier 1 | |
| COMFORT GEL EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| COMFORT GEL SUSPENSION REGULAR STR, CHERRY 200-200-20 MG/5 ML | Tier 1 | |
| CVS ANTACID LIQUID FAST RELIEF 200-200-20 MG/5 ML | Tier 1 | |
| CVS ANTACID PLUS ANTI-GAS LIQ MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| CVS ANTACID-ANTIGAS LIQUID REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| CVS ANTACID-ANTIGAS MAX STR LQ MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| CVS GAS RELIEF 80 MG TAB CHEW 80 MG | Tier 1 | |
| EQ ANTACID LIQUID REG STR, ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| EQL ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| GAS RELIEF (SIMETHICONE) ORAL DROPS, SUSPENSION 40 MG/0.6 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| GAS RELIEF 80 (SIMETHICONE) ORAL TABLET, CHEWABLE 80 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| GAS RELIEF 80 MG TABLET CHEW 80 MG | Tier 1 | |

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| GAS RELIEF EXTRA STRENGTH ORAL TABLET,CHEWABLE 125 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| GAS-X EX-STR 125 MG TAB CHEW EXTRA STRENGTH 125 MG | Tier 1 | |
| GERI-LANTA LIQUID 200-200-20 MG/5 ML | Tier 1 | |
| GERI-MOX ANTACID-ANTIGAS SUSP 200-200-20 MG/5 ML | Tier 1 | |
| GS ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML | Tier 1 | |
| <i>gs simethicone 20 mg/0.3 ml 40 mg/0.6 ml</i> | Tier 1 | |
| HM ANTACID ANTI-GAS SUSPENSION ORIGINAL, MAX STR 400-400-40 MG/5 ML | Tier 1 | |
| HM ANTACID-ANTIGAS SUSPENSION REG STR, ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| HM GAS RELIEF 80 MG TAB CHEW PEPPERMINT 80 MG | Tier 1 | |
| INFANTS GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| KRO ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML | Tier 1 | |
| KRO ANTACID-ANTIGAS LIQUID REGULAR STR, CLASSIC 200-200-20 MG/5 ML | Tier 1 | |
| LIQUID ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MAALOX ADVANCED SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| MAALOX MAXIMUM STRENGTH SUSP MINT, MAX STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| MAG-AL PLUS SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| MAG-AL PLUS XS SUSPENSION 400-400-40 MG/5 ML | Tier 1 | |

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| MASANTI DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MI ACID SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| MI-ACID GAS 80 MG TAB CHEW 80 MG | Tier 1 | |
| MINTOX MAXIMUM STRENGTH SUSP MAX STR, LEMON CREME 400-400-40 MG/5 ML | Tier 1 | |
| MINTOX SUSPENSION MINT CREME 200-200-20 MG/5 ML | Tier 1 | |
| PUB ANTACID-ANTI GAS SUSP MAX-STRENGTH, CHERRY 400-400-40 MG/5 ML | Tier 1 | |
| PV ANTACID MAX STRENGTH SUSP MAXIMUM STRENGTH 400-400-40 MG/5 ML | Tier 1 | |
| PV ANTACID-ANTIGAS SUSPENSION FAST ACTING 200-200-20 MG/5 ML | Tier 1 | |
| QC ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| QC ANTACID-ANTIGAS SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML | Tier 1 | |
| QC GAS RELIEF 125 MG TAB CHEW EXTRA STRENGTH 125 MG | Tier 1 | |
| QC GAS RELIEF 80 MG TAB CHEW MINT FLAVOR 80 MG | Tier 1 | |
| RA ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML, 400-400-40 MG/5 ML | Tier 1 | |
| RA ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| RA ANTACID-GAS RELIEF LIQUID 400-400-40 MG/5 ML | Tier 1 | |
| RA GAS RELIEF 125 MG TAB CHEW EX-STR 125 MG | Tier 1 | |
| RA GAS RELIEF 80 MG TAB CHEW 80 MG | Tier 1 | |
| RI-MOX SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| SB ANTACID SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| SB ANTACID-ANTIGAS LIQUID REG STR,FAST ACTING 200-200-20 MG/5 ML | Tier 1 | |

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|---|-----------|--------------------------------|
| <i>simethicone 125 mg tab chew 125 mg</i> | Tier 1 | |
| <i>simethicone 80 mg tab chew 80 mg</i> | Tier 1 | |
| SM ANTACID ANTI-GAS LIQUID ORIGINAL, MAX STR 400-400-40 MG/5 ML | Tier 1 | |
| SM ANTACID SUSPENSION 200-200-20 MG/5 ML | Tier 1 | |
| SM ANTACID SUSPENSION 400-400-40 MG/5 ML | Tier 1 | |
| SM ANTACID-ANTIGAS LIQUID REG STR, ORIGINAL 200-200-20 MG/5 ML | Tier 1 | |
| V-R GAS RELIEF 80 MG TAB CHEW 80 MG | Tier 1 | |
| Antihistamines (Gi Drugs) | | |
| <i>dimenhydrinate 50 mg tablet (otc) 50 mg</i> | Tier 1 | |
| <i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg</i> | Tier 1 | |
| <i>meclizine 12.5 mg tablet (otc) 12.5 mg</i> | Tier 1 | |
| <i>meclizine 25 mg tablet (otc) 25 mg</i> | Tier 1 | |
| <i>meclizine 25 mg tablet chew 25 mg</i> | Tier 1 | |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | Tier 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| <i>prochlorperazine rectal suppository 25 mg</i> | Tier 1 | QL (2 suppositories per 1 day) |
| Anti-Inflammatory Agents (Gi Drugs) | | |
| <i>balsalazide oral capsule 750 mg</i> | Tier 1 | |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG | Tier 1 | ST; QL (6 Capsules per 1 day) |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> | Tier 1 | ST; QL (6 capsules per 1 day) |
| <i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> | Tier 1 | ST; QL (4 capsules per 1 day) |
| <i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i> | Tier 1 | ST; QL (4 tablets per 1 day) |
| <i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i> | Tier 1 | ST; QL (6 Tablets per 1 day) |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | Tier 1 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | Tier 1 | ST; QL (8 Capsules per 1 day) |

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| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | Tier 1 | |
| Cathartics And Laxatives | | |
| ALOPHEN PILLS 5 MG | Tier 1 | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | Tier 1 | PA; QL (2 Capsules per 1 day) |
| <i>bisacodyl ec 5 mg tablet 5 mg</i> | Tier 1 | |
| <i>bisacodyl rectal suppository 10 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| BISA-LAX (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CITRATE OF MAGNESIA SOLN 12'S, LO-SODIUM | Tier 1 | |
| CITROMA SOLUTION | Tier 1 | |
| COLACE CLEAR 50 MG SOFTGEL 50 MG | Tier 1 | |
| CORRECTOL 5 MG TABLET 5 MG | Tier 1 | |
| <i>cvs bisacodyl ec 5 mg tablet 5 mg</i> | Tier 1 | |
| <i>cvs citrate of magnesium soln</i> | Tier 1 | |
| CVS ENEMA DISPOSABLE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| CVS ENEMA DISPOSABLE TWIN PACK LATEX-FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| CVS GENTLE LAXATIVE EC 5 MG TB 5 MG | Tier 1 | |
| CVS LAXATIVE PILLS 25 MG | Tier 1 | Covered for CSHCS members. |
| <i>cvs magnesium citrate soln</i> | Tier 1 | |
| CVS MILK OF MAGNESIA SUSP STIMULANT FREE 400 MG/5 ML | Tier 1 | |
| <i>cvs mineral oil enema latex-free</i> | Tier 1 | Covered for CSHCS members. |
| CVS NATURAL DAILY FIBER POWDER 3.4 GRAM/5.8 GRAM | Tier 1 | |
| CVS NATURAL DAILY FIBER POWDER 3.4 GRAM/7 GRAM | Tier 1 | |
| CVS SENNA LAXATIVE 8.6 MG TAB 8.6 MG | Tier 1 | Covered for CSHCS members. |

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|--|-----------|---|
| CVS STOOL SOFTENER 50 MG SOFTGEL 50 MG | Tier 1 | |
| DOCU ORAL LIQUID 50 MG/5 ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| DOCUPRENE 100 MG TABLET 100 MG | Tier 1 | |
| <i>docusate cal 240 mg capsule 240 mg</i> | Tier 1 | |
| <i>docusate cal 240 mg softgel softgel 240 mg</i> | Tier 1 | |
| <i>docusate sodium oral capsule 100 mg, 250 mg</i> | Tier 1 | |
| <i>docusate sodium oral liquid 50 mg/5 ml</i> | Tier 1 | |
| <i>docusate sodium oral tablet 100 mg</i> | Tier 1 | |
| DOK 100 MG TABLET 100 MG | Tier 1 | |
| DOK PLUS TABLET 8.6-50 MG | Tier 1 | |
| DUCODYL EC 5 MG TABLET 5 MG | Tier 1 | |
| DULCOLAX EC 5 MG TABLET 5 MG | Tier 1 | |
| ENEMA DISPOSABLE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| ENEMA READY TO USE LATEX FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| ENEMA READY-TO-USE LATEX FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| ENEMA TWIN PACK 2X133ML, LATEX FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| ENEMEEZ MINI ENEMA 5CC TUBE, INNER 283 MG/5 ML | Tier 1 | Covered for CSHCS members. |
| ENEMEEZ PLUS MINI ENEMA INNER 283-20 MG/5 ML | Tier 1 | Covered for CSHCS members. |
| EQ ENEMA 2X133ML, LATEX FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| EQ GENTLE LAXATIVE DR 5 MG TAB COMFORT COATED 5 MG | Tier 1 | |
| <i>eq magnesium citrate solution</i> | Tier 1 | |
| EQ MAX STR LAXATIVE PILL 25 MG | Tier 1 | Covered for CSHCS members. |
| EQ MILK OF MAGNESIA SUSPENSION 400 MG/5 ML | Tier 1 | |
| EQ NATURAL LAXATIVE 8.6 MG TAB 8.6 MG | Tier 1 | Covered for CSHCS members. |
| EQL ENEMA READY TO USE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| EQL GENTLE LAXATIVE EC 5 MG TB 5 MG | Tier 1 | |

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|--|-----------|----------------------------|
| EQL MILK OF MAGNESIA SUSP FRESH MINT 400 MG/5 ML | Tier 1 | |
| EQL SENNA LAXATIVE 8.6 MG TAB 8.6 MG | Tier 1 | Covered for CSHCS members. |
| EX-LAX MAXIMUM STR 25 MG TAB 25 MG | Tier 1 | Covered for CSHCS members. |
| EX-LAX PILLS 15 MG | Tier 1 | Covered for CSHCS members. |
| FIBER THERAPY POWDER (OTC) 3.4 GRAM/12 GRAM | Tier 1 | |
| FLEET BISACODYL EC 5 MG TAB 5 MG | Tier 1 | |
| FLEET ENEMA 6'S, LATEX-FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| FLEET MINERAL OIL ENEMA | Tier 1 | Covered for CSHCS members. |
| GENTLE LAXATIVE 5 MG TABLET 5 MG | Tier 1 | |
| GENTLE LAXATIVE EC 5 MG TABLET EASY TO SWALLOW,NA/F 5 MG | Tier 1 | |
| GERI-KOT 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| GERI-MUCIL POWDER 3.4 GRAM/5.8 GRAM | Tier 1 | |
| GNP CITRATE OF MAGNESIA SOLN | Tier 1 | |
| GNP ENEMA READY TO USE LATEX FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| GNP LAXATIVE 25 MG PILL 25 MG | Tier 1 | Covered for CSHCS members. |
| GNP MILK OF MAGNESIA SUSP STIMULANT FREE 400 MG/5 ML | Tier 1 | |
| <i>gnp mineral oil enema rtu</i> | Tier 1 | Covered for CSHCS members. |
| GNP SENNA LAX 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| GNP SENNA-LAX 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| HM ENEMA READY TO USE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| HM FIBER POWDER (OTC) 3.4 GRAM/12 GRAM | Tier 1 | |
| HM FIBER POWDER 3.4 GRAM/11 GRAM, 3.4 GRAM/7 GRAM | Tier 1 | |
| HM FIBER POWDER 3.4 GRAM/5.8 GRAM | Tier 1 | |
| <i>hm magnesium citrate solution pasteurized, lemon</i> | Tier 1 | |
| HM MILK OF MAGNESIA SUSPENSION MINT 400 MG/5 ML | Tier 1 | |
| <i>hm mineral oil enema latex-free,rtu</i> | Tier 1 | Covered for CSHCS members. |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| HM SENNA 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| HYDROCIL INSTANT POWDER | Tier 1 | |
| KONSYL PSYLLIUM FIBER POWDER GLUTEN FREE, ORANGE 3.4 GRAM/12 GRAM | Tier 1 | |
| LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| LAXATIVE 25 MG PILL 25 MG | Tier 1 | Covered for CSHCS members. |
| LAXATIVE 25 MG PILLS 25 MG | Tier 1 | Covered for CSHCS members. |
| LAXATIVE 5 MG TABLET 5 MG | Tier 1 | |
| LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE | Tier 1 | |
| LAXATIVE PLUS STOOL SOFTENER ORAL TABLET 8.6-50 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>magnesium citrate solution</i> | Tier 1 | |
| METAMUCIL MULTIHEALTH POWDER 3.4 GRAM/5.8 GRAM | Tier 1 | |
| METAMUCIL POWDER | Tier 1 | |
| METAMUCIL POWDER 3.4 GRAM/7 GRAM | Tier 1 | |
| METAMUCIL POWDER ORANGE FLAVOR 3.4 GRAM/12 GRAM | Tier 1 | |
| METAMUCIL POWDER S/F, ORANGE FLAVOR 3.4 GRAM/5.8 GRAM | Tier 1 | |
| METAMUCIL POWDER SMOOTH TEXTURE, S/F 3.4 GRAM/5.8 GRAM | Tier 1 | |
| MILK OF MAGNESIA SUSPENSION CHERRY 400 MG/5 ML | Tier 1 | |
| <i>mineral oil enema latex-free, na/f</i> | Tier 1 | Covered for CSHCS members. |
| NATURAL FIBER LAX POWDER | Tier 1 | |
| NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER , 3.4 GRAM/7 GRAM | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| NATURAL FIBER LAXATIVE POWDER ORANGE FLAVOR 3.4 GRAM/12 GRAM | Tier 1 | |

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|---|-----------|---|
| NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PEDIATRIC ENEMA RECTAL ENEMA 9.5-3.5 GRAM/59 ML | Tier 1 | |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i> | Tier 1 | |
| PEG-3350 WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM | Tier 1 | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | Tier 1 | |
| PERDIEM OVERNIGHT RELIEF TB 15 MG | Tier 1 | Covered for CSHCS members. |
| PHILLIPS' MILK OF MAGNESIA 400 MG/5 ML | Tier 1 | |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| PROMOLAXIN 100 MG TABLET 100 MG | Tier 1 | |
| PUB MILK OF MAGNESIA SUSP ORIGINAL 400 MG/5 ML | Tier 1 | |
| PV LAXATIVE 5 MG TAB 5 MG | Tier 1 | |
| <i>pv magnesium citrate solution lemon, low sodium</i> | Tier 1 | |
| PV MILK OF MAGNESIA SUSPENSION REGULAR STRENGTH 400 MG/5 ML | Tier 1 | |
| PV NATURAL FIBER LAXATIVE PWD ORANGE FLAVOR 3.4 GRAM/12 GRAM | Tier 1 | |
| PV SENNA 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| QC LAXATIVE 25 MG TABLET 25 MG | Tier 1 | Covered for CSHCS members. |
| <i>qc magnesium citrate solution cherry flavor</i> | Tier 1 | |
| QC MILK OF MAGNESIA SUSPENSION 400 MG/5 ML | Tier 1 | |
| QC NATURAL VEG LAXATIVE TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| QC NATURAL VEGETABLE POWDER | Tier 1 | |
| QC NATURAL VEGETABLE POWDER 3.4 GRAM/12 GRAM | Tier 1 | |
| QC NATURAL VEGETABLE POWDER 48 DOSES, REG FLAVOR | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| QC READY TO USE ENEMA TWIN PACK 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| QC SENNA LAXATIVE 8.6 MG TAB 8.6 MG | Tier 1 | Covered for CSHCS members. |
| <i>ra bisacodyl ec 5 mg tablet 5 mg</i> | Tier 1 | |
| RA CITRATE OF MAGNESIA SOLN | Tier 1 | |
| RA ENEMA TWIN PACK 2 X 4.5OZ, RTU 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| RA LAXATIVE 25 MG PILL 25 MG | Tier 1 | Covered for CSHCS members. |
| RA LAXATIVE 25 MG TABLET 25 MG | Tier 1 | Covered for CSHCS members. |
| RA MILK OF MAGNESIA SUSPENSION 400 MG/5 ML | Tier 1 | |
| RA P-COL RITE TABLET 8.6-50 MG | Tier 1 | |
| RA SALINE ENEMA LATEX FREE 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| RA SENNA 8.6 MG TABLET 200+20 8.6 MG | Tier 1 | Covered for CSHCS members. |
| RA SENNA-LAX 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| READY TO USE ENEMA LATEX-FREE | Tier 1 | Covered for CSHCS members. |
| <i>sb bisacodyl ec 5 mg tablet 5 mg</i> | Tier 1 | |
| SENNALAX 8.6 MG TABLET U-D, 10X10 8.6 MG | Tier 1 | Covered for CSHCS members. |
| SENNALAX 8.8 MG/5 ML SYRUP 8.8 MG/5 ML | Tier 1 | Covered for CSHCS members. |
| SENNALAX 8.8 MG/5 ML SYRUP GRX 8.8 MG/5 ML | Tier 1 | Covered for CSHCS members. |
| SENNALAX 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| SENNALAXATIVE 8.6 MG TAB 8.6 MG | Tier 1 | Covered for CSHCS members. |
| SENNALAXATIVE 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| SENNALAX PLUS ORAL TABLET 8.6-50 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| SENNALAX WITH DOCUSATE SODIUM ORAL TABLET 8.6-50 MG | Tier 1 | |
| SENNALAX-LAX 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| SENNALAX-S ORAL TABLET 8.6-50 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| SENNALAX-TIME 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| SENNALAX-TIME S TABLET 8.6-50 MG | Tier 1 | |

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|---|-----------|---|
| SENNO TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| <i>sennosides-docusate sodium oral tablet 8.6-50 mg</i> | Tier 1 | |
| SENOKOT 8.6 MG TABLET 8.6 MG | Tier 1 | Covered for CSHCS members. |
| SENOKOT-S TABLET 8.6-50 MG | Tier 1 | |
| SEN-O-TAB 8.6 MG | Tier 1 | Covered for CSHCS members. |
| <i>sm docusate cal 240 mg softgel softgel 240 mg</i> | Tier 1 | |
| SM ENEMA READY TO USE TWIN PACK 2X4.5OZ. 19-7 GRAM/118 ML | Tier 1 | Covered for CSHCS members. |
| SM FIBER POWDER | Tier 1 | |
| SM FIBER POWDER 3.4 GRAM/11 GRAM | Tier 1 | |
| SM FIBER SMOOTH POWDER | Tier 1 | |
| SM FIBER SMOOTH TEXTURE PWD | Tier 1 | |
| SM GENTLE LAXATIVE EC 5 MG TAB 5 MG | Tier 1 | |
| SM LAXATIVE TABLET 5 MG | Tier 1 | |
| <i>sm magnesium citrate solution</i> | Tier 1 | |
| SM MILK OF MAGNESIA SUSPENSION MINT, S/F 400 MG/5 ML | Tier 1 | |
| <i>sm mineral oil enema latex-free</i> | Tier 1 | Covered for CSHCS members. |
| SM SENNA LAXATIVE 8.6 MG TAB 8.6 MG | Tier 1 | Covered for CSHCS members. |
| STIMULANT LAXATIVE PLUS TABLET 8.6-50 MG | Tier 1 | |
| STOOL SOFTENER 100 MG TABLET 100 MG | Tier 1 | |
| STOOL SOFTENER-LAXATIVE ORAL TABLET 8.6-50 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET 8.6-50 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| VINATE ULTRA ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| V-R LAXATIVE PILLS REG TAB 15 MG | Tier 1 | Covered for CSHCS members. |
| V-R MILK OF MAGNESIA SUSP 400 MG/5 ML | Tier 1 | |
| WAL-MUCIL 100% NATURAL FIBER 3.4 GRAM/7 GRAM | Tier 1 | |

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|--|-----------|---|
| WAL-MUCIL 100% NATURAL FIBER S/F,114 DOSES,ORANGE 3.4 GRAM/5.8 GRAM | Tier 1 | |
| WAL-MUCIL NTRL FIBER LAX POWD 3.4 GRAM/12 GRAM | Tier 1 | |
| WOMANS LAXATIVE TABLET 5 MG | Tier 1 | |
| WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| Cholelitholytic Agents | | |
| <i>ursodiol oral capsule 300 mg</i> | Tier 1 | QL (5 Capsules per 1 day) |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Digestants | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 36,000-114,000- 180,000 UNIT | Tier 1 | QL (480 Capsules per 30 days) |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 3,000-9,500- 15,000 UNIT, 6,000-19,000 -30,000 UNIT | Tier 1 | QL (720 Capsules per 30 days) |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 21,000-54,700- 83,900 UNIT | Tier 1 | QL (480 Capsules per 30 days) |
| PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2,600-6,200- 10,850 UNIT, 4,200-14,200- 24,600 UNIT | Tier 1 | QL (720 Capsules per 30 days) |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT | Tier 1 | QL (480 Capsules per 30 days) |
| PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8,000-28,750- 30,250 UNIT | Tier 1 | QL (720 Capsules per 30 days) |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT | Tier 1 | QL (480 Tablets per 30 days) |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 3,000-10,000 -14,000- UNIT, 5,000-17,000- 24,000 UNIT | Tier 1 | QL (720 Capsules per 30 days) |

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|---|-----------|--|
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT | Tier 1 | QL (480 Capsules per 30 days) |
| Gi Drugs, Miscellaneous | | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | Tier 1 | PA; SP; QL (1 kit per 28 days) |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 1 | PA; QL (6mL per 28 days, 1 fill per year); SP |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 1 | PA; SP; QL (1 kit per 28 days) |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | Tier 1 | PA; SP; QL (180 packets per 30 days); AGE (Min 5 Years) |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (6 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (4 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 syringes per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 1 | PA; QL (2 syringes per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 pens per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; SP; QL (3 syringes per 28 days) |

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|--|-----------|---|
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| Histamine H2-Antagonists | | |
| <i>cimetidine oral tablet 200 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | Tier 1 | |
| <i>famotidine 10 mg tablet 10 mg</i> | Tier 1 | |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | QL (5 ML per 1 day); AGE (Max 6 Years) |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | Tier 1 | |
| <i>hm famotidine 10 mg tablet original strength 10 mg</i> | Tier 1 | |
| <i>hm famotidine 20 mg tablet maximum strength (otc) 20 mg</i> | Tier 1 | |
| <i>pub famotidine 20 mg tablet max strength (otc) 20 mg</i> | Tier 1 | |
| Lipotropic Agents | | |
| PRENATAL DHA 200 MG SOFTGEL (OTC) 200 MG | Tier 1 | |
| SV ALGAL OMEGA-3 DHA 200 MG 200 MG | Tier 1 | |
| Prokinetic Agents | | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG | Tier 1 | PA; QL (30 tablets per 30 days); AGE (Min 18 Years) |
| Prostaglandins | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| Protectants | | |
| <i>sucralfate oral tablet 1 gram</i> | Tier 1 | QL (4 Tablets per 1 day) |
| Proton-Pump Inhibitors | | |
| HEARTBURN TREATMENT 24 HOUR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> | Tier 1 | ST; Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> | Tier 1 | ST; QL (1 Capsule per 1 day) |
| NEXIUM 24HR 20 MG CAPSULE 20 MG | Tier 1 | ST; QL (2 Capsules per 1 day) |
| <i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 capsules per 1 day) |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> | Tier 1 | QL (1 tablet per 1 day) |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> | Tier 1 | QL (2 tablets per 1 day) |
| HEAVY METAL ANTAGONISTS | | |
| Heavy Metal Antagonists | | |
| CHEMET ORAL CAPSULE 100 MG | Tier 1 | |
| HORMONES AND SYNTHETIC SUBSTITUTES | | |
| Adrenals | | |
| ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> | Tier 1 | QL (120 ML per 30 days); AGE (Max 6 Years) |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | Tier 1 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | Tier 1 | |
| <i>dexamethasone oral tablet 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 | |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days); AGE (Max 17 Years) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 44 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days); AGE (Max 12 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | Tier 1 | QL (1 inhlaer per 30 days); AGE (Max 12 Years) |
| <i>fludrocortisone oral tablet 0.1 mg</i> | Tier 1 | |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | Tier 1 | QL (1 inhaler per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> | Tier 1 | |
| <i>prednisolone oral solution 15 mg/5 ml</i> | Tier 1 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | Tier 1 | |
| <i>prednisone oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i> | Tier 1 | |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i> | Tier 1 | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days) |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION | Tier 1 | QL (10.6 ML per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 GM per 30 days); AGE (Max 17 Years) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 ML per 30 days); AGE (Max 17 Years) |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 4 Years) |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| Alpha-Glucosidase Inhibitors | | |
| <i>acarbose oral tablet 100 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| <i>acarbose oral tablet 25 mg, 50 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| Androgens | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 1 | |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | Tier 1 | SP |
| Antiestrogens | | |
| <i>anastrozole oral tablet 1 mg</i> | Tier 1 | |
| <i>exemestane oral tablet 25 mg</i> | Tier 1 | |
| <i>letrozole oral tablet 2.5 mg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 18 Years) |
| Antigonadotropins | | |
| ORILISSA ORAL TABLET 150 MG, 200 MG | Tier 1 | PA; AGE (Min 18 Years) |
| Antiparathyroid Agents | | |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | Tier 1 | QL (3.7 ML per 30 days) |
| SENSIPAR ORAL TABLET 30 MG, 60 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| SENSIPAR ORAL TABLET 90 MG | Tier 1 | PA; QL (4 Tablets per 1 day) |
| Antithyroid Agents | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 1 | |
| Biguanides | | |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> | Tier 1 | ST; QL (2 Tablets per 1 day) |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |

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|--|-----------|---|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| <i>metformin oral tablet 1,000 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>metformin oral tablet 500 mg, 850 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 1 | |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG | Tier 1 | PA |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| Contraceptives | | |
| AFTERA 1.5 MG TABLET 1.5 MG | Tier 1 | |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | Can be filled for up to a 90-day supply |
| APRI ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | Tier 1 | Can be filled for up to a 90-day supply |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | Tier 1 | Can be filled for up to a 90-day supply |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| CAMILA ORAL TABLET 0.35 MG | Tier 1 | Can be filled for up to a 90-day supply |

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| CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG | Tier 1 | Can be filled for up to a 90-day supply |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | Can be filled for up to a 90-day supply |
| DEBLITANE ORAL TABLET 0.35 MG | Tier 1 | Can be filled for up to a 90-day supply |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | Tier 1 | Can be filled for up to a 90-day supply |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | Tier 1 | Can be filled for up to a 90-day supply |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | Tier 1 | Can be filled for up to a 90-day supply |
| ECONTRA EZ 1.5 MG TABLET INNER 1.5 MG | Tier 1 | |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| ELLA ORAL TABLET 30 MG | Tier 1 | |
| EMOQUETTE ORAL TABLET 0.15-0.03 MG | Tier 1 | |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | Tier 1 | Can be filled for up to a 90-day supply |
| ENSKYCE ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| ERRIN ORAL TABLET 0.35 MG | Tier 1 | Can be filled for up to a 90-day supply |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | Tier 1 | Can be filled for up to a 90-day supply; QL (3 rings per 84 days) |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| HEATHER ORAL TABLET 0.35 MG | Tier 1 | Can be filled for up to a 90-day supply |
| INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | Tier 1 | Can be filled for up to a 90-day supply |
| JENCYCLA ORAL TABLET 0.35 MG | Tier 1 | Can be filled for up to a 90-day supply |
| JULEBER ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |

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| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply |
| LARISSIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | Tier 1 | Can be filled for up to a 90-day supply |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i> | Tier 1 | Can be filled for up to a 90-day supply |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | Tier 1 | Can be filled for up to a 90-day supply |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| LILLOW (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) | Tier 1 | Can be filled for up to a 90-day supply |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| MY WAY 1.5 MG TABLET (OTC) 1.5 MG | Tier 1 | |

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| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| NIKKI (28) ORAL TABLET 3-0.02 MG | Tier 1 | Can be filled for up to a 90-day supply |
| NORA-BE ORAL TABLET 0.35 MG | Tier 1 | Can be filled for up to a 90-day supply |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i> | Tier 1 | Can be filled for up to a 90-day supply |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | Tier 1 | Can be filled for up to a 90-day supply |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> | Tier 1 | Can be filled for up to a 90-day supply |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | Tier 1 | Can be filled for up to a 90-day supply |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | Tier 1 | Can be filled for up to a 90-day supply |
| NORLYDA ORAL TABLET 0.35 MG | Tier 1 | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| OCELLA ORAL TABLET 3-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| OPCICON ONE-STEP 1.5 MG TABLET 1.5 MG | Tier 1 | |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | Tier 1 | Can be filled for up to a 90-day supply |
| PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG | Tier 1 | |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | Tier 1 | Can be filled for up to a 90-day supply |

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|--|-----------|---|
| SHAROBEL ORAL TABLET 0.35 MG | Tier 1 | Can be filled for up to a 90-day supply |
| SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| TAKE ACTION 1.5 MG TABLET 1.5 MG | Tier 1 | |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | Can be filled for up to a 90-day supply, if covered |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) | Tier 1 | Can be filled for up to a 90-day supply |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1 | Can be filled for up to a 90-day supply |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) | Tier 1 | Can be filled for up to a 90-day supply |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1 | Can be filled for up to a 90-day supply |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | Tier 1 | Can be filled for up to a 90-day supply |
| TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1 | Can be filled for up to a 90-day supply |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | Tier 1 | Can be filled for up to a 90-day supply |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | Tier 1 | Can be filled for up to a 90-day supply |
| VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR | Tier 1 | QL (9 patches per 84 days) |
| ZARAH ORAL TABLET 3-0.03 MG | Tier 1 | Can be filled for up to a 90-day supply |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | Tier 1 | Can be filled for up to a 90-day supply |
| Dipeptidyl Peptidase-4(Dpp-4) Inhibitors | | |
| <i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> | Tier 1 | ST; QL (1 Tablet per 1 day) |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> | Tier 1 | ST; QL (2 Tablets per 1 day) |

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|---|-----------|--|
| <i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | Tier 1 | ST; QL (1 Tablet per 1 day) |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG | Tier 1 | PA; AGE (Min 18 Years) |
| TRADJENTA ORAL TABLET 5 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| Estrogen Agonist-Antagonists | | |
| <i>raloxifene oral tablet 60 mg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 40 Years) |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>toremifene oral tablet 60 mg</i> | Tier 1 | PA |
| Estrogens | | |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | QL (8 patches per 28 days); AGE (Max 64 Years) |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | Tier 1 | QL (4 patches per 28 days); AGE (Max 64 Years) |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | Tier 1 | QL (42.5 GM per 30 days) |
| <i>estradiol vaginal tablet 10 mcg</i> | Tier 1 | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | Tier 1 | AGE (Max 64 Years) |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | Tier 1 | AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> | Tier 1 | AGE (Max 64 Years) |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 64 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|---|
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 64 Years) |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 64 Years) |
| YUVAFEM VAGINAL TABLET 10 MCG | Tier 1 | |
| Glycogenolytic Agents | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | Tier 1 | QL (2 devices per 30 days); AGE (Min 4 Years) |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | Tier 1 | QL (2 kits per 30 days) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | Tier 1 | QL (2 syringes per 30 days) |
| Gonadotropins | | |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | Tier 1 | PA |
| Gonadotropins And Antigonadotropins | | |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | Tier 1 | PA |
| Incretin Mimetics | | |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | Tier 1 | PA; QL (1.5 ML per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) | Tier 1 | PA; QL (2 pens per 28 days) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML | Tier 1 | PA; QL (2 ML per 28 days) |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 1 | PA; QL (6 pens per 30 days) |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 1 | PA; QL (9 pens per 30 days) |
| Insulins | | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | QL (2 ML per 1 day) |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 1 | QL (30 ML per 30 days) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) | Tier 1 | QL (2 ML per 1 day) |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | Tier 1 | QL (2 ML per 1 day) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | PA; QL (30 ML per 30 days) |
| HUMULIN 70/30 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (70-30) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMULIN 70-30 VIAL 100 UNIT/ML (70-30) | Tier 1 | QL (2 ML per 1 day) |
| HUMULIN N 100 UNIT/ML KWIKPEN INNER, SINGLE USE 100 UNIT/ML (3 ML) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMULIN N 100 UNIT/ML VIAL 100 UNIT/ML | Tier 1 | QL (2 ML per 1 day) |
| HUMULIN R 100 UNIT/ML VIAL 100 UNIT/ML | Tier 1 | QL (2 ML per 1 day) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 1 | PA |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> | Tier 1 | PA; QL (30 ML per 30 days) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 ML per 1 day) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 ML per 1 day) |
| NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 ML per 1 day) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | Tier 1 | QL (2 ML per 1 day) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| Intermediate-Acting Insulins | | |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) | Tier 1 | QL (2 ML per 1 day) |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | Tier 1 | QL (2 ML per 1 day) |
| HUMULIN 70/30 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (70-30) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMULIN 70-30 VIAL 100 UNIT/ML (70-30) | Tier 1 | QL (2 ML per 1 day) |
| HUMULIN N 100 UNIT/ML KWIKPEN INNER, SINGLE USE 100 UNIT/ML (3 ML) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMULIN N 100 UNIT/ML VIAL 100 UNIT/ML | Tier 1 | QL (2 ML per 1 day) |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 ML per 1 day) |
| NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 ML per 1 day) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | Tier 1 | QL (2 ML per 1 day) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| Long-Acting Insulins | | |
| BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 1 | QL (30 ML per 30 days) |
| Meglitinides | | |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | QL (4 Tablets per 1 day) |
| Parathyroid Agents | | |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML | Tier 1 | PA; SP; QL (2.4 ML per 30 days) |

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|---|-----------|---|
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | Tier 1 | PA; SP |
| Parathyroid And Antiparathyroid Agents | | |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i> | Tier 1 | QL (3.7 ML per 30 days) |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML | Tier 1 | PA; SP; QL (2.4 ML per 30 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | Tier 1 | PA; SP |
| Pituitary | | |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> | Tier 1 | PA |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | Tier 1 | PA; SP |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | Tier 1 | QL (6 Tablets per 1 day) |
| NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 1 | PA; SP |
| STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | Tier 1 | PA; SP |
| Progestins | | |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> | Tier 1 | QL (1 injection per 75 days) |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 1 | |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 1 | |
| <i>norethindrone acetate oral tablet 5 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 64 Years) |
| <i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> | Tier 1 | AGE (Max 64 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| <i>progesterone micronized oral capsule 100 mg</i> | Tier 1 | QL (1 Capsule per 1 day) |
| <i>progesterone micronized oral capsule 200 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| Rapid-Acting Insulins | | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | QL (2 ML per 1 day) |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) | Tier 1 | QL (2 ML per 1 day) |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | Tier 1 | QL (2 ML per 1 day) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | PA; QL (30 ML per 30 days) |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> | Tier 1 | PA; QL (30 ML per 30 days) |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | Tier 1 | QL (2 ML per 1 day) |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| Short-Acting Insulins | | |
| HUMULIN 70/30 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (70-30) | Tier 1 | QL (30 ML per 30 days); AGE (Max 21 Years) |
| HUMULIN 70-30 VIAL 100 UNIT/ML (70-30) | Tier 1 | QL (2 ML per 1 day) |
| HUMULIN R 100 UNIT/ML VIAL 100 UNIT/ML | Tier 1 | QL (2 ML per 1 day) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 1 | PA |
| NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 ML per 1 day) |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|--|
| NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (2 ML per 1 day) |
| Sodium-Gluc Cotransport 2 (Sglt2) Inhib | | |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| INVOKANA ORAL TABLET 100 MG, 300 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG | Tier 1 | PA |
| STEGLATRO ORAL TABLET 15 MG, 5 MG | Tier 1 | PA |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG | Tier 1 | PA; AGE (Min 18 Years) |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | Tier 1 | PA; QL (1 Tablet per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| Somatostatin Agonists | | |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i> | Tier 1 | PA |
| Somatotropin Agonists | | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 1 | PA; SP |
| Sulfonylureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | Tier 1 | |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | |
| Thiazolidinediones | | |
| <i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | Tier 1 | ST; QL (1 Tablet per 1 day) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Thyroid Agents | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | Tier 1 | AGE (Max 64 Years) |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | Tier 1 | |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | Tier 1 | |
| NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | Tier 1 | AGE (Max 64 Years) |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | Tier 1 | AGE (Max 64 Years) |
| WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG | Tier 1 | AGE (Max 64 Years) |
| WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | Tier 1 | AGE (Max 64 Years) |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| 5-Alpha-Reductase Inhibitors | | |
| <i>finasteride oral tablet 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Antidotes | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | Tier 1 | QL (2 devices per 30 days); AGE (Min 4 Years) |

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|---|-----------|-----------------------------|
| CHEMET ORAL CAPSULE 100 MG | Tier 1 | |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | Tier 1 | QL (2 kits per 30 days) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML | Tier 1 | QL (2 syringes per 30 days) |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> | Tier 1 | PA |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | Tier 1 | |
| <i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> | Tier 1 | Covered for CSHCS members. |
| <i>magnesium sulfate injection syringe 4 meq/ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | Tier 1 | QL (3 Tablets per 30 days) |
| <i>sevelamer carbonate oral tablet 800 mg</i> | Tier 1 | PA |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i> | Tier 1 | PA |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| Antigout Agents | | |
| ALL DAY PAIN RELIEF ORAL TABLET 220 MG | Tier 1 | |
| ALL DAY RELIEF ORAL TABLET 220 MG | Tier 1 | |
| <i>allopurinol oral tablet 100 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>allopurinol oral tablet 300 mg</i> | Tier 1 | QL (2.5 Tablets per 1 day) |
| <i>colchicine oral capsule 0.6 mg</i> | Tier 1 | QL (2 Capsules per 1 day) |
| <i>colchicine oral tablet 0.6 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>cvs naproxen sod 220 mg caplet caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>cvs naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>cvs naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |

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|---|-----------|-----------------------------|
| <i>eq naproxen sod 220 mg caplet caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>eq naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>eq naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | |
| <i>eq naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | Tier 1 | PA; QL (1 tablet per 1 day) |
| FLANAX (NAPROXEN) ORAL TABLET 220 MG | Tier 1 | |
| <i>gnp naproxen sod 220 mg caplet caplet 220 mg</i> | Tier 1 | |
| <i>gnp naproxen sod 220 mg tablet caplet 220 mg</i> | Tier 1 | |
| <i>gnp naproxen sodium 220 mg cap liquidgels 220 mg</i> | Tier 1 | |
| <i>hm naproxen sod 220 mg caplet caplet, gluten-free 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>hm naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>kro naproxen sod 220 mg caplet caplet, gluten-free 220 mg</i> | Tier 1 | |
| <i>kro naproxen sod 220 mg tablet gluten free, 12 hour 220 mg</i> | Tier 1 | |
| MEDIPROXEN ORAL TABLET 220 MG | Tier 1 | |
| <i>naproxen oral suspension 125 mg/5 ml</i> | Tier 1 | PA; AGE (Max 12 Years) |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | Tier 1 | |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> | Tier 1 | |
| <i>naproxen sodium 220 mg caplet caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>naproxen sodium 220 mg capsule liquidgel 220 mg</i> | Tier 1 | |
| <i>naproxen sodium 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>probenecid oral tablet 500 mg</i> | Tier 1 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | Tier 1 | |
| <i>pub naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>pv naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>qc naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>ra naproxen sod 220 mg tablet caplet 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>ra naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |

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| <i>sb naproxen sod 220 mg caplet 12 hours 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>sb naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | |
| <i>sm naproxen sod 220 mg caplet gluten free, caplet 220 mg</i> | Tier 1 | QL (3 Caplets per 1 day) |
| <i>sm naproxen sod 220 mg tablet gluten free 220 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>sm naproxen sodium 220 mg cap liquidgel 220 mg</i> | Tier 1 | |
| <i>v-r naproxen sod 220 mg tablet 220 mg</i> | Tier 1 | |
| WAL-PROXEN ORAL TABLET 220 MG | Tier 1 | |
| Bone Anabolic Agents | | |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML | Tier 1 | PA; SP; QL (2.4 ML per 30 days) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | Tier 1 | PA; SP |
| Bone Resorption Inhibitors | | |
| <i>alendronate oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | Tier 1 | QL (4 Tablets per 28 days) |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i> | Tier 1 | QL (3.7 ML per 30 days) |
| <i>ibandronate oral tablet 150 mg</i> | Tier 1 | QL (1 Tablet per 1 month) |
| <i>raloxifene oral tablet 60 mg</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 40 Years) |
| Cariostatic Agents | | |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % | Tier 1 | |
| DENTAGEL DENTAL GEL 1.1 % | Tier 1 | |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> | Tier 1 | QL (4 ML per 1 day); AGE (Max 16 Years) |
| <i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 16 Years) |
| LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE), 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE) | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 16 Years) |

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| MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG, 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 12 Years) |
| MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 12 Years) |
| MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 12 Years) |
| SF 5000 PLUS DENTAL CREAM 1.1 % | Tier 1 | |
| SF DENTAL GEL 1.1 % | Tier 1 | |
| TRIPLE VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| Disease-Modifying Antirheumatic Agents | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | Tier 1 | PA; SP; QL (4 pens per 28 days) |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| <i>azathioprine oral tablet 50 mg</i> | Tier 1 | QL (8 Tablets per 1 day) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | Tier 1 | PA; SP; QL (1 kit per 28 days) |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 1 | PA; QL (6mL per 28 days, 1 fill per year); SP |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 1 | PA; SP; QL (1 kit per 28 days) |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | Tier 1 | |

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| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | Tier 1 | PA; SP; QL (4 pens per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) | Tier 1 | PA; SP; QL (2 ML per 30 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (6 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (4 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 syringes per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 pens per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; SP; QL (3 syringes per 28 days) |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> | Tier 1 | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG | Tier 1 | PA; SP; QL (1 tablet per 1 day) |

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| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | Tier 1 | PA; SP; QL (4 injectors per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| OTEZLA ORAL TABLET 30 MG | Tier 1 | PA; SP; QL (60 Tablets per 30 days); AGE (Min 18 Years) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | Tier 1 | PA; SP; QL (1 pack per 365 days); AGE (Min 18 Years) |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | Tier 1 | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 1 | PA |
| XELJANZ ORAL TABLET 10 MG, 5 MG | Tier 1 | PA; SP; QL (2 tablets per 1 day) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | Tier 1 | PA; QL (1 tablet per 1 day) |
| Immunomodulatory Agents | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | Tier 1 | PA; SP; QL (4 pens per 28 days) |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | Tier 1 | PA; QL (1 tablet per 1 day) |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | Tier 1 | PA; SP; QL (4 pens per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | Tier 1 | PA; SP; QL (4 patches per 28 days) |
| <i>azathioprine oral tablet 50 mg</i> | Tier 1 | QL (8 Tablets per 1 day) |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | Tier 1 | PA; SP; QL (1 kit per 28 days) |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 1 | PA; QL (6mL per 28 days, 1 fill per year); SP |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 1 | PA; SP; QL (1 kit per 28 days) |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |

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| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | Tier 1 | |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | Tier 1 | PA; SP; QL (4 pens per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) | Tier 1 | PA; SP; QL (2 ML per 30 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| GILENYA ORAL CAPSULE 0.5 MG | Tier 1 | PA; SP; QL (1 Capsule per 1 day) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> | Tier 1 | PA; SP; QL (1 syringe per 1 day) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> | Tier 1 | PA; SP; QL (12 syringes per 28 days) |
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML | Tier 1 | PA; SP; QL (1 syringe per 1 day) |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (6 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (4 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 syringes per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 1 | PA; QL (2 syringes per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 pens per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; SP; QL (3 syringes per 28 days) |

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| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> | Tier 1 | |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | Tier 1 | PA; SP |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML | Tier 1 | PA; SP |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG | Tier 1 | PA; SP; QL (1 tablet per 1 day) |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | Tier 1 | PA; SP; QL (4 injectors per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| OTEZLA ORAL TABLET 30 MG | Tier 1 | PA; SP; QL (60 Tablets per 30 days); AGE (Min 18 Years) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | Tier 1 | PA; SP; QL (1 pack per 365 days); AGE (Min 18 Years) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 1 | PA; SP; QL (1 capsule per 1 day) |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 1 | PA; SP; QL (1 capsule per 1 day) |
| <i>sulfasalazine oral tablet 500 mg</i> | Tier 1 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> | Tier 1 | |
| TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | Tier 1 | PA; QL (2 capsules per day; 1 fill per year); SP |
| TECFIDERA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 120 MG, 240 MG | Tier 1 | PA; SP; QL (2 Capsules per 1 day) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 1 | PA; SP |

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| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 1 | PA |
| XELJANZ ORAL TABLET 10 MG, 5 MG | Tier 1 | PA; SP; QL (2 tablets per 1 day) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | Tier 1 | PA; QL (1 tablet per 1 day) |
| Immunosuppressive Agents | | |
| <i>azathioprine oral tablet 50 mg</i> | Tier 1 | QL (8 Tablets per 1 day) |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Tier 1 | PA |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | Tier 1 | |
| ELIDEL TOPICAL CREAM 1 % | Tier 1 | PA; QL (1 GM per 1 day) |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 1 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | Tier 1 | |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | Tier 1 | AGE (Max 12 Years) |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | Tier 1 | |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> | Tier 1 | ST |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | Tier 1 | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 1 | PA |
| Other Miscellaneous Therapeutic Agents | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | Tier 1 | |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | Tier 1 | PA; SP; QL (2 tablets per 1 day); AGE (Min 18 Years and Max 70 Years) |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | Tier 1 | PA; SP; QL (180 packets per 30 days); AGE (Min 5 Years) |

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| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i> | Tier 1 | PA |
| SEA-OMEGA 1,000 MG SOFTGEL 200 MG-300 MG-100 MG-1,000 MG | Tier 1 | |
| SENSIPAR ORAL TABLET 30 MG, 60 MG | Tier 1 | PA; QL (2 Tablets per 1 day) |
| SENSIPAR ORAL TABLET 90 MG | Tier 1 | PA; QL (4 Tablets per 1 day) |
| Protective Agents | | |
| ELMIRON ORAL CAPSULE 100 MG | Tier 1 | PA; QL (3 Capsules per 1 day) |
| MESNEX ORAL TABLET 400 MG | Tier 1 | PA |
| NONHORMONAL CONTRACEPTIVES | | |
| Nonhormonal Contraceptives | | |
| AIMSCO LATEX CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | Tier 1 | |
| CONDOMS LUBRICATED | Tier 1 | QL (36 condoms per 30 days) |
| FANTASY CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| FC2 FEMALE CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | Tier 1 | |
| GYNOL II 3% GEL 3 % | Tier 1 | |
| KIMONO CONDOMS | Tier 1 | QL (36 condoms per 30 days) |
| KIMONO MAXX CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| KIMONO MICROTHIN AQUA LUBE | Tier 1 | QL (36 condoms per 30 days) |
| KIMONO MICROTHIN CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| KIMONO MICROTHIN LARGE CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| KIMONO TEXTURED CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| TODAY CONTRACEPTIVE SPONGE 1,000 MG | Tier 1 | |
| TRUSTEX CONDOM | Tier 1 | QL (36 condoms per 30 days) |
| TRUSTEX CONDOM 12'S,W/NONOXYNOL-9 | Tier 1 | QL (36 condoms per 30 days) |
| TRUSTEX LATEX CONDOM 48'S | Tier 1 | QL (36 condoms per 30 days) |
| TRUSTEX-RIA CONDOM 48'S,NON-LUBRICATED | Tier 1 | QL (36 condoms per 30 days) |
| TRUSTEX-RIA CONDOM 48'S,W/SPERMICIDE | Tier 1 | QL (36 condoms per 30 days) |
| VCF CONTRACEPTIVE FOAM 12.5 % | Tier 1 | |

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| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM | Tier 1 | |
| OXYTOCICS | | |
| Oxytocics | | |
| METHERGINE ORAL TABLET 0.2 MG | Tier 1 | QL (28 Tablets per 180 days); AGE (Min 12 Years) |
| PHARMACEUTICAL AIDS | | |
| Pharmaceutical Aids | | |
| SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION | Tier 1 | QL (2 doses per 1 lifetime); AGE (Min 50 Years) |
| RESPIRATORY TRACT AGENTS | | |
| Alpha And Beta Adrenergic Agonist(Respr) | | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | Tier 1 | QL (2 injections per 90 days) |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML | Tier 1 | QL (2 syringes per 90 days) |
| Anticholinergic Agents (Respir.Tract) | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | Tier 1 | QL (12.9 ML per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | Tier 1 | QL (4 ML per 30 days) |

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| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | Tier 1 | |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | Tier 1 | QL (30 blisters per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 1 | |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 1 | QL (12 ML per 1 day) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION | Tier 1 | PA; QL (1 inhaler per 30 days); AGE (Min 6 Years) |
| Antitussives | | |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| First Generation Antihist.(Respir Tract) | | |
| ALLER-CHLOR 4 MG TABLET 4 MG | Tier 1 | |
| ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| ALLERGY RELIEF 4 MG TABLET 4 HOUR RELIEF 4 MG | Tier 1 | |
| ALLERGY-TIME 4 MG TABLET 4 MG | Tier 1 | |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | Tier 1 | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | Tier 1 | |
| <i>chlorpheniramine 4 mg tablet 4 mg</i> | Tier 1 | |
| <i>chlorpheniramine er 12 mg tab 12 mg</i> | Tier 1 | |
| CHLOR-TRIMETON ALLERGY 4 MG | Tier 1 | |
| <i>clemastine fum 1.34 mg tablet (otc) 1.34 mg</i> | Tier 1 | |
| <i>clemastine oral tablet 2.68 mg</i> | Tier 1 | |
| CVS ALLERGY RELIEF 4 MG TABLET 4 MG | Tier 1 | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>cyproheptadine oral tablet 4 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>dimenhydrinate 50 mg tablet (otc) 50 mg</i> | Tier 1 | |
| <i>diphenhydramine 25 mg capsule (otc) 25 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine 50 mg capsule (otc) 50 mg</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine cough syrup 12.5 mg/5 ml</i> | Tier 1 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | Tier 1 | AGE (Max 64 Years) |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | Tier 1 | AGE (Max 64 Years) |

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| <i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i> | Tier 1 | |
| EQ CHLORTABS 4 MG TABLET 4 MG | Tier 1 | |
| EQL ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| GNP ALLERGY 4 MG TABLET 4 MG | Tier 1 | |
| HM ALLERGY RELIEF 4 MG TABLET 4 HOUR, GLUTEN-FREE 4 MG | Tier 1 | |
| KRO ALLERGY 4 MG TABLET 4 HOUR 4 MG | Tier 1 | |
| PHARBECHLOR 4 MG TABLET 4 MG | Tier 1 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | AGE (Min 2 Years and Max 64 Years) |
| <i>qc chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| <i>ra chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| <i>sb chlorpheniramine 4 mg tab 4 mg</i> | Tier 1 | |
| SM ALLERGY 4-HR 4 MG TABLET 4 MG | Tier 1 | |
| WAL-FINATE 4 MG TABLET 4 MG | Tier 1 | |
| Leukotriene Modifiers | | |
| <i>montelukast oral granules in packet 4 mg</i> | Tier 1 | QL (1 packet per 1 day); AGE (Max 5 Years) |
| <i>montelukast oral tablet 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>montelukast oral tablet,chewable 4 mg, 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| Mast-Cell Stabilizers | | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | Tier 1 | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 1 | |
| <i>cromolyn sodium nasal solution 200 metered sprays 5.2 mg/spray (4 %)</i> | Tier 1 | |
| <i>cromolyn sodium nasal spray 5.2 mg/spray (4 %)</i> | Tier 1 | |
| NASALCROM 5.2 MG NASAL SPRAY 200 METERED SPRAYS 5.2 MG/SPRAY (4 %) | Tier 1 | |
| Mucolytic Agents | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | Tier 1 | |

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| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 1 | PA; SP; QL (1 nebulizer per 1 day) |
| Nasal Preparations (Steroids) | | |
| FLONASE ALLERGY RLF 50 MCG SPR 60 METERED SPRAYS 50 MCG/ACTUATION | Tier 1 | QL (1 bottle per 1 day) |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> | Tier 1 | QL (1 bottle per 1 month) |
| <i>fluticasone prop 50 mcg spray (otc) 50 mcg/actuation</i> | Tier 1 | QL (1 bottle per 1 day) |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> | Tier 1 | QL (1 bottle per 1 month) |
| <i>triamcinolone acetonide nasal aerosol, spray 55 mcg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (16.9 ML per 30 days) |
| Orally Inhaled Preparations (Steroids) | | |
| ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> | Tier 1 | QL (120 ML per 30 days); AGE (Max 6 Years) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days); AGE (Max 17 Years) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 44 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days); AGE (Max 12 Years) |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION | Tier 1 | QL (1 inhlaer per 30 days); AGE (Max 12 Years) |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | Tier 1 | QL (1 inhaler per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days) |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION | Tier 1 | QL (10.6 ML per 30 days) |

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| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 GM per 30 days); AGE (Max 17 Years) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 ML per 30 days); AGE (Max 17 Years) |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 4 Years) |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| Second Generation Antihist(Respir Tract) | | |
| ALLERGY RELIEF 5 MG/5 ML SOLN A/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| ALLERGY RELIEF SYRUP A/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine hcl 5 mg tablet 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>cetirizine hcl 5 mg/5 ml syrup 40's, u-d cups 5 mg/5 ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine oral solution 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cetirizine oral tablet 10 mg</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day) |
| CHILD ALL DAY ALLERGY 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| CHILD CETIRIZINE HCL 1 MG/ML A/F,S/F,CHILDREN'S 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| CHILD CLARITIN 5 MG/5 ML SOLN A/F,D/F,S/F,GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>child loratadine 5 mg/5 ml sol 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |

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| <i>child loratadine 5 mg/5 ml syr grape, s/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CHILD WAL-ITIN 5 MG/5 ML SYRUP 24 HR,D/F,A/F,GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CHILD WAL-ZYR 1 MG/ML SOLUTION S/F, A/F, GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| CLARITIN 5 MG/5 ML SYRUP A/F,D/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CVS ALLERGY RELIEF 5 MG/5 ML A/F, S/F. GLUTEN/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| CVS CHILD ALLERGY RELF 1 MG/ML 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>cvs loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| EQ CHILD ALLERGY RELF 1 MG/ML S/F, A/F, D/F 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| EQ CHILD ALLERGY RELIEF SOLN D/F, NON-DROWSY, GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| EQL CHLD ALL DAY ALLER 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>eq loratadine 5 mg/5 ml syrup children, non-drowsy 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| GNP ALLERGY RELF 5 MG/5 ML SLN A/F 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| GNP CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>gnp chld loratadine 5 mg/5 ml s/f, a/f, gluten/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>gnp loratadine 10 mg tablet non-drowsy, 24hr 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>gnp loratadine 5 mg/5 ml syrup non-drowsy 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| HM CHILD CETIRIZINE 1 MG/ML D/F, GRAPE, S/F, GLUT-F 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>hm child loratadine 5 mg/5 ml a/f, s/f, grape 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |

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| KRO CHLD ALL DAY ALLER 1 MG/ML 24HR, GLUTEN-F, S/F 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>loratadine 10 mg tablet 10x10,u-d,outer 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>loratadine 5 mg/5 ml soln child's,a/f,s/f,d/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>loratadine allergy 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>loratadine hives 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| PUB CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>pv cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i> | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| PV CHILD CETIRIZINE 1 MG/ML S/F,BUBBLE GUM 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>pv child loratadine 5 mg/5 ml s/f, a/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>pv loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>qc loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| RA CHILD ALLERGY RELF 1 MG/ML GRAPE 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>ra loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>ra loratadine 5 mg/5 ml syrup children's,non-drows 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>sb loratadine 10 mg tablet non-drowsy 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| SM ALL DAY ALLERGY 1 MG/ML SYR 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| SM CHILD ALL DAY ALLER 1 MG/ML CHERRY 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| <i>sm child loratadine 5 mg/5 ml s/f, a/f, gluten/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| <i>sm loratadine 10 mg tablet 10 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |

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|---|-----------|--|
| <i>sm loratadine 5 mg/5 ml syrup d/f 5 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| WAL-ITIN 5 MG/5 ML SYRUP CHILDREN'S, GRAPE 5 MG/5 ML | Tier 1 | QL (10 ML per 1 day); AGE (Max 12 Years) |
| WAL-ZYR SOLUTION CHILDREN'S 1 MG/ML | Tier 1 | QL (300 ML per 30 days); AGE (Max 12 Years) |
| Select.Beta-2-Adrenergic Agonist(Respir) | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | Tier 1 | QL (1 inhaler per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml</i> | Tier 1 | QL (225 ML per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 1 | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | Tier 1 | |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | Tier 1 | ST |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | Tier 1 | QL (4 ML per 30 days) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION | Tier 1 | QL (1 inhaler per 30 days); AGE (Max 17 Years) |
| <i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | Tier 1 | QL (1 inhaler per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 250-50 mcg/dose, 500-50 mcg/dose</i> | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 1 | QL (12 ML per 1 day) |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> | Tier 1 | ST; QL (15 GM per 25 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | Tier 1 | QL (2 blisters per 1 day) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 GM per 30 days); AGE (Max 17 Years) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION | Tier 1 | QL (10.2 ML per 30 days); AGE (Max 17 Years) |

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|---|-----------|---|
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | Tier 1 | |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 4 Years) |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 1 | QL (1 inhaler per 30 days); AGE (Min 12 Years) |
| Vasodilating Agents (Respiratory Tract) | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 1 | PA; SP; QL (3 Tablets per 1 day) |
| ALYQ ORAL TABLET 20 MG | Tier 1 | PA; SP; QL (2 tablets per 1 day) |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> | Tier 1 | PA; SP; QL (1 tablet per 1 day) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | Tier 1 | PA; SP; QL (2 tablets per 1 day) |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | Tier 1 | PA |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> | Tier 1 | PA; SP; QL (2 Tablets per 1 day) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | Tier 1 | PA; SP; QL (2 Tablets per 1 day) |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | Tier 1 | PA; SP; AGE (Min 3 Years and Max 12 Years) |
| Xanthine Derivatives | | |
| <i>theophylline oral solution 80 mg/15 ml</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | Tier 1 | |
| SKIN AND MUCOUS MEMBRANE AGENTS | | |
| Allylamines (Skin And Mucous Membrane) | | |
| <i>terbinafine hcl topical cream 1 %</i> | Tier 1 | |
| Antibacterials (Skin, Mucous Membrane) | | |
| ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT 500 UNIT/GRAM | Tier 1 | |
| <i>bacitracin 500 unit/gm ointmnt 500 unit/gram</i> | Tier 1 | |
| <i>bacitracin 500 unit/gm ointmnt 500 unit/gram</i> | Tier 1 | |
| <i>bacitracin zinc topical ointment 500 unit/gram</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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| <i>bacitracin zn 500 unit/gm oint 144x.9gm pkt 500 unit/gram</i> | Tier 1 | |
| <i>bacitracin zn 500 unit/gm oint u-d,144x.94gm pkt 500 unit/gram</i> | Tier 1 | |
| BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM | Tier 1 | |
| <i>clindamycin phosphate topical solution 1 %</i> | Tier 1 | QL (180 ML per 30 days) |
| <i>clindamycin phosphate topical swab 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | Tier 1 | |
| <i>erythromycin with ethanol topical solution 2 %</i> | Tier 1 | |
| <i>first aid bacitracin ointment zinc oint, usp 500 unit/gram</i> | Tier 1 | |
| <i>gentamicin topical cream 0.1 %</i> | Tier 1 | |
| <i>gentamicin topical ointment 0.1 %</i> | Tier 1 | |
| <i>metronidazole topical cream 0.75 %</i> | Tier 1 | |
| <i>metronidazole topical gel 0.75 %</i> | Tier 1 | |
| <i>metronidazole vaginal gel 0.75 %</i> | Tier 1 | |
| <i>mupirocin topical ointment 2 %</i> | Tier 1 | QL (22 GM per 30 days) |
| <i>qc bacitracin 500 unit/gm oint 500 unit/gram</i> | Tier 1 | |
| <i>ra bacitracin 500 unit/gm oint 500 unit/gram</i> | Tier 1 | |
| TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET 3.5-400-5,000 MG-UNIT-UNIT | Tier 1 | |
| Anti-Inflammatory Agents (Skin, Mucous) | | |
| ANTI-ITCH (HC) TOPICAL CREAM 1 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTI-ITCH 1% OINTMENT MAX-STRENGTH 1 % | Tier 1 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | Tier 1 | QL (2 GM per 1 day) |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | Tier 1 | QL (60 ML per 30 days) |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 1 | QL (45 GM per 30 days) |

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|--|-----------|---|
| <i>betamethasone valerate topical cream 0.1 %</i> | Tier 1 | QL (15.14 GM per 1 day) |
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 1 | QL (2 ML per 1 day) |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 1 | QL (1.5 GM per 1 day) |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 1 | QL (60 ML per 30 days) |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>clobetasol scalp solution 0.05 %</i> | Tier 1 | PA; QL (50 ML per 30 days) |
| <i>clobetasol topical cream 0.05 %</i> | Tier 1 | PA; QL (2 GM per 1 day) |
| <i>clobetasol topical ointment 0.05 %</i> | Tier 1 | PA; QL (2 GM per 1 day) |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 1 | QL (45 GM per 30 days) |
| CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 % | Tier 1 | |
| CORTIZONE-10 1% OINTMENT 1 % | Tier 1 | |
| CORTIZONE-10 TOPICAL CREAM 1 % | Tier 1 | |
| EQL ANTI-ITCH 1% OINTMENT MAXIMUM STRENGTH 1 % | Tier 1 | |
| <i>fluocinonide topical cream 0.05 %</i> | Tier 1 | QL (1 GM per 1 day) |
| <i>fluocinonide topical ointment 0.05 %</i> | Tier 1 | QL (1 GM per 1 day) |
| <i>fluocinonide topical solution 0.05 %</i> | Tier 1 | QL (2 ML per 1 day) |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % | Tier 1 | QL (1 GM per 1 day) |
| <i>fluticasone propionate topical cream 0.05 %</i> | Tier 1 | QL (45 GM per 30 days) |
| <i>fluticasone propionate topical ointment 0.005 %</i> | Tier 1 | QL (60 GM per 30 days) |
| <i>halobetasol propionate topical cream 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>hydrocortisone 1% ointment 1 %</i> | Tier 1 | |
| <i>hydrocortisone acetate topical cream 0.5 %, 1 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>hydrocortisone topical cream 0.5 %, 1 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>hydrocortisone topical cream 2.5 %</i> | Tier 1 | |

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|--|-----------|---|
| <i>hydrocortisone topical lotion 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone topical ointment 0.5 %, 1 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>hydrocortisone topical ointment 2.5 %</i> | Tier 1 | |
| <i>mometasone topical cream 0.1 %</i> | Tier 1 | QL (45 GM per 30 days) |
| <i>mometasone topical ointment 0.1 %</i> | Tier 1 | QL (45 GM per 30 days) |
| <i>mometasone topical solution 0.1 %</i> | Tier 1 | QL (2 ML per 1 day) |
| NOBLE FORMULA HC 1% CREAM 1 % | Tier 1 | |
| PREPARATION H HC 1% CREAM 1 % | Tier 1 | |
| PUB HYDROCREAM 1% 1 % | Tier 1 | |
| RA ANTI-ITCH 1% OINTMENT MAXIMUM STRENGTH 1 % | Tier 1 | |
| SOOTHING CARE 1% CREAM 1 % | Tier 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | Tier 1 | QL (5 ML per 1 month) |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 | QL (16 GM per 1 day) |
| <i>triamcinolone acetonide topical lotion 0.025 %</i> | Tier 1 | |
| <i>triamcinolone acetonide topical lotion 0.1 %</i> | Tier 1 | QL (16 ML per 1 day) |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i> | Tier 1 | QL (16 GM per 1 day) |
| <i>triamcinolone acetonide topical ointment 0.5 %</i> | Tier 1 | |
| Antipruritics And Local Anesthetics | | |
| ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 % | Tier 1 | QL (30 patches per 30 days) |
| ASPERCREME (LIDOCAINE) TOPICAL CREAM 4 % | Tier 1 | QL (153 GM per 30 days) |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | Tier 1 | QL (1 GM per 1 day) |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> | Tier 1 | |
| Antivirals (Skin And Mucous Membrane) | | |
| ABREVA 10% CREAM 10 % | Tier 1 | |
| Astringents | | |
| DRYSOL TOPICAL SOLUTION 20 % | Tier 1 | |

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|--|-----------|---|
| Azoles (Skin And Mucous Membrane) | | |
| ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 % | Tier 1 | |
| BAZA ANTIFUNGAL TOPICAL CREAM 2 % | Tier 1 | |
| <i>clotrimazole 1% vaginal cream 1 %</i> | Tier 1 | |
| <i>clotrimazole 1% vaginal cream w/7 applicators 1 %</i> | Tier 1 | |
| CLOTRIMAZOLE AF TOPICAL CREAM 1 % | Tier 1 | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | Tier 1 | QL (5 lozenges per 1 day) |
| <i>clotrimazole topical cream 1 %</i> | Tier 1 | |
| <i>clotrimazole topical solution 1 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CLOTRIMAZOLE-3 2% CREAM 2 % | Tier 1 | |
| CLOTRIMAZOLE-3 VAGINAL CREAM 2 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CLOTRIMAZOLE-7 VAGINAL CREAM 1 % | Tier 1 | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 1 | QL (45 GM per 30 days) |
| CVS 3-DAY VAGINAL CREAM 2 % | Tier 1 | |
| <i>cvs miconazole 3 combo pack 3pref applic w/cream 4 % (200 mg)- 2 % (9 gram)</i> | Tier 1 | |
| GYNE-LOTRIMIN 3 DAY 2% CRM 2 % | Tier 1 | |
| INZO ANTIFUNGAL TOPICAL CREAM 2 % | Tier 1 | |
| <i>ketoconazole topical cream 2 %</i> | Tier 1 | QL (2 GM per 1 day) |
| <i>ketoconazole topical shampoo 2 %</i> | Tier 1 | QL (4 ML per 1 day) |
| MICATIN TOPICAL CREAM 2 % | Tier 1 | |
| <i>miconazole 2% topical cream 2 %</i> | Tier 1 | |
| <i>miconazole 3 combo pack 3pref applic w/cream 4 % (200 mg)- 2 % (9 gram)</i> | Tier 1 | |
| MICONAZOLE 7 100 MG VAG SUPP 100 MG | Tier 1 | |
| MICONAZOLE 7 VAGINAL CREAM 2 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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|---|-----------|--|
| <i>miconazole nitrate vaginal cream 2 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MICONAZOLE-3 PREFIL, CREAM, WIPE VAGINAL KIT 4 % (200 MG)- 2 % (9 GRAM) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MONISTAT 3 COMBO PACK 4 % (200 MG)- 2 % (9 GRAM) | Tier 1 | |
| MONISTAT 3 VAGINAL KIT 200 MG- 2 % (9 GRAM) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MONISTAT 7 COMBINATION PACK 2 % (100 MG)- 2 % (9 GRAM) | Tier 1 | |
| MONISTAT 7 CREAM 1 APPLICATOR 2 % | Tier 1 | |
| PV MICONAZOLE 7 100 MG VAG SUP 100 MG | Tier 1 | |
| <i>pv miconazole nitrate 2% cream antifungal 2 %</i> | Tier 1 | |
| <i>ra clotrimazole 1% vag cream 1 %</i> | Tier 1 | |
| SECURA ANTIFUNGAL TOPICAL CREAM 2 % | Tier 1 | |
| SM 3-DAY VAGINAL CREAM 2 % | Tier 1 | |
| <i>sm clotrimazole 1% vag cream 1 %</i> | Tier 1 | |
| <i>sm miconazole 2% topical cream 2 %</i> | Tier 1 | |
| SM MICONAZOLE 7 100 MG VAG SUP 100 MG | Tier 1 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | Tier 1 | |
| Basic Lotions And Liniments | | |
| <i>ammonium lactate topical lotion 12 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (225 GM per 30 days) |
| Basic Ointments And Protectants | | |
| <i>ammonium lactate topical cream 12 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| Cell Stimulants And Proliferants | | |
| <i>tretinoin topical cream 0.025 %</i> | Tier 1 | ST; QL (20 GM per 30 days); AGE (Max 30 Years) |
| Corticosteroids (Skin, Mucous Membrane) | | |
| ANTI-ITCH (HC) TOPICAL CREAM 1 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ANTI-ITCH 1% OINTMENT MAX-STRENGTH 1 % | Tier 1 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | Tier 1 | QL (2 GM per 1 day) |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | Tier 1 | QL (60 ML per 30 days) |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 1 | QL (45 GM per 30 days) |
| <i>betamethasone valerate topical cream 0.1 %</i> | Tier 1 | QL (15.14 GM per 1 day) |
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 1 | QL (2 ML per 1 day) |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 1 | QL (1.5 GM per 1 day) |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 1 | QL (60 ML per 30 days) |
| <i>betamethasone, augmented topical ointment 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>clobetasol scalp solution 0.05 %</i> | Tier 1 | PA; QL (50 ML per 30 days) |
| <i>clobetasol topical cream 0.05 %</i> | Tier 1 | PA; QL (2 GM per 1 day) |
| <i>clobetasol topical ointment 0.05 %</i> | Tier 1 | PA; QL (2 GM per 1 day) |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 1 | QL (45 GM per 30 days) |
| CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 % | Tier 1 | |
| CORTIZONE-10 1% OINTMENT 1 % | Tier 1 | |
| CORTIZONE-10 TOPICAL CREAM 1 % | Tier 1 | |
| EQL ANTI-ITCH 1% OINTMENT MAXIMUM STRENGTH 1 % | Tier 1 | |
| <i>fluocinonide topical cream 0.05 %</i> | Tier 1 | QL (1 GM per 1 day) |
| <i>fluocinonide topical ointment 0.05 %</i> | Tier 1 | QL (1 GM per 1 day) |
| <i>fluocinonide topical solution 0.05 %</i> | Tier 1 | QL (2 ML per 1 day) |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % | Tier 1 | QL (1 GM per 1 day) |
| <i>fluticasone propionate topical cream 0.05 %</i> | Tier 1 | QL (45 GM per 30 days) |

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|--|-----------|---|
| <i>fluticasone propionate topical ointment 0.005 %</i> | Tier 1 | QL (60 GM per 30 days) |
| <i>halobetasol propionate topical cream 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 1 | QL (50 GM per 30 days) |
| <i>hydrocortisone 1% ointment 1 %</i> | Tier 1 | |
| <i>hydrocortisone acetate topical cream 0.5 %, 1 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>hydrocortisone topical cream 0.5 %, 1 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>hydrocortisone topical cream 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone topical ointment 0.5 %, 1 %</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>hydrocortisone topical ointment 2.5 %</i> | Tier 1 | |
| <i>mometasone topical cream 0.1 %</i> | Tier 1 | QL (45 GM per 30 days) |
| <i>mometasone topical ointment 0.1 %</i> | Tier 1 | QL (45 GM per 30 days) |
| <i>mometasone topical solution 0.1 %</i> | Tier 1 | QL (2 ML per 1 day) |
| NOBLE FORMULA HC 1% CREAM 1 % | Tier 1 | |
| PREPARATION H HC 1% CREAM 1 % | Tier 1 | |
| PUB HYDROCREAM 1% 1 % | Tier 1 | |
| RA ANTI-ITCH 1% OINTMENT MAXIMUM STRENGTH 1 % | Tier 1 | |
| SOOTHING CARE 1% CREAM 1 % | Tier 1 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | Tier 1 | QL (5 ML per 1 month) |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 | QL (16 GM per 1 day) |
| <i>triamcinolone acetonide topical lotion 0.025 %</i> | Tier 1 | |
| <i>triamcinolone acetonide topical lotion 0.1 %</i> | Tier 1 | QL (16 ML per 1 day) |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i> | Tier 1 | QL (16 GM per 1 day) |
| <i>triamcinolone acetonide topical ointment 0.5 %</i> | Tier 1 | |

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|--|-----------|-----------------------------|
| Hydroxypyridones (Skin, Mucous Membrane) | | |
| <i>ciclopirox topical solution 8 %</i> | Tier 1 | QL (6.6 ML per 28 days) |
| Keratolytic Agents | | |
| <i>benzoyl peroxide 10% gel extra strength (otc) 10 %</i> | Tier 1 | QL (3.78 GM per 1 day) |
| <i>benzoyl peroxide 10% wash (otc) 10 %</i> | Tier 1 | |
| <i>benzoyl peroxide 5% gel regular strength (otc) 5 %</i> | Tier 1 | |
| <i>benzoyl peroxide 5% wash (otc) 5 %</i> | Tier 1 | |
| CVS CREAMY ACNE 4% FACE WASH 4 % | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> | Tier 1 | |
| Local Anti-Infectives, Miscellaneous | | |
| <i>selenium sulfide topical lotion 2.5 %</i> | Tier 1 | |
| <i>silver sulfadiazine topical cream 1 %</i> | Tier 1 | |
| SSD TOPICAL CREAM 1 % | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> | Tier 1 | |
| Nonsteroidal Anti-Inflammat.Agents(Skin) | | |
| <i>diclofenac sodium topical gel 1 %</i> | Tier 1 | QL (100 GM per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | Tier 1 | PA; QL (100 GM per 30 days) |
| Polyenes (Skin And Mucous Membrane) | | |
| <i>nystatin topical cream 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical powder 100,000 unit/gram</i> | Tier 1 | QL (2 GM per 1 day) |
| Scabicides And Pediculicides | | |
| CVS LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| EQL LICE KILLING SHAMPOO 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| GNP LICE TREATMENT 1% CRM RINS 1 NIT REMOVAL COMB 1 % | Tier 1 | QL (59 GM per 30 days) |
| GNP LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |

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| HM LICE KILLING SHAMPOO 1 NIT COMB INCLUDED 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| HM LICE TREATMENT 1% LOTION 1 NIT REMOVAL COMB 1 % | Tier 1 | QL (59 ML per 30 days) |
| LICE KILLING SHAMPOO W/NIT COMB 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| LICE TREATMENT 1% CREME RINSE W/ NIT COMB 1 % | Tier 1 | QL (59 GM per 30 days) |
| LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| <i>lindane topical shampoo 1 %</i> | Tier 1 | QL (2 ML per 1 day) |
| <i>malathion topical lotion 0.5 %</i> | Tier 1 | ST; QL (1.97 GM per 1 day) |
| NIX 1% CREME RINSE LIQUID 1 % | Tier 1 | QL (59 ML per 30 days) |
| <i>permethrin topical cream 5 %</i> | Tier 1 | QL (2 GM per 1 day) |
| PV LICE KILLING SHAMPOO MAX-STR, W/NIT COMB 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| PV LICE TREATMENT PERMETHRIN FAMILY PACK, 2 COMBS 1 % | Tier 1 | QL (59 GM per 30 days) |
| RA LICE PYRINYL SHAMPOO 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| RA LICE TREATMENT 1% CRM RINSE 2X59ML, 2 COMBS 1 % | Tier 1 | QL (59 GM per 30 days) |
| RID ESSENTIAL LICE KIT 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| RID LICE KILLING SHAMPOO 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| SB LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| SM LICE KILLING SHAMPOO 1 % | Tier 1 | QL (59 ML per 30 days) |
| SM LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 % | Tier 1 | QL (59 ML per 30 days) |
| SM LICE TREATMENT PERMETHRIN 2'S 1 % | Tier 1 | QL (59 GM per 30 days) |
| <i>spinosad topical suspension 0.9 %</i> | Tier 1 | ST; QL (240 ML per 180 days) |
| V-R LICE KILLING SHAMPOO 1 % | Tier 1 | QL (59 ML per 30 days) |
| Skin And Mucous Membrane Agents, Misc. | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | Tier 1 | PA; QL (2 Capsules per 1 day) |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | Tier 1 | PA; QL (2 capsules per 1 day) |
| <i>calcipotriene scalp solution 0.005 %</i> | Tier 1 | PA; QL (2 ML per 1 day) |

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| <i>calcipotriene topical ointment 0.005 %</i> | Tier 1 | PA; QL (4 GM per 1 day) |
| <i>capsaicin topical cream 0.025 %</i> | Tier 1 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | PA; QL (2 Capsules per 1 day) |
| <i>diclofenac sodium topical gel 1 %</i> | Tier 1 | QL (100 GM per 30 days) |
| <i>diclofenac sodium topical gel 3 %</i> | Tier 1 | PA; QL (100 GM per 30 days) |
| DIFFERIN TOPICAL GEL 0.1 % | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (45 GM per 30 days) |
| ELIDEL TOPICAL CREAM 1 % | Tier 1 | PA; QL (1 GM per 1 day) |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | Tier 1 | PA; SP; QL (4 pens per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) | Tier 1 | PA; SP; QL (2 ML per 30 days) |
| ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| <i>fluorouracil topical cream 0.5 %</i> | Tier 1 | PA; QL (30 GM per 30 days) |
| <i>fluorouracil topical cream 5 %</i> | Tier 1 | PA; QL (40 GM per 30 days) |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (6 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; QL (4 pens per 28 days, 1 fill per year); SP |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | Tier 1 | PA; SP; QL (4 syringes per 28 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 syringes per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 1 | PA; QL (3 pens per 28 days, 1 fill per year); SP |

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| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 pens per 28 days) |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 1 | PA; SP; QL (3 syringes per 28 days) |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| <i>imiquimod topical cream in packet 5 %</i> | Tier 1 | QL (12 patches per 1 month) |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | Tier 1 | PA; QL (2 Capsules per 1 day) |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | PA; QL (2 capsules per 1 day) |
| OTEZLA ORAL TABLET 30 MG | Tier 1 | PA; SP; QL (60 Tablets per 30 days); AGE (Min 18 Years) |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | Tier 1 | PA; SP; QL (1 pack per 365 days); AGE (Min 18 Years) |
| <i>podofilox topical solution 0.5 %</i> | Tier 1 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | Tier 1 | QL (60 GM per 30 days) |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML | Tier 1 | PA; SP; QL (2 syringes per 28 days) |
| <i>tacrolimus topical ointment 0.03 %</i> | Tier 1 | PA; QL (30 GM per 30 days); AGE (Min 2 Years) |
| <i>tacrolimus topical ointment 0.1 %</i> | Tier 1 | PA; QL (30 GM per 30 days); AGE (Min 16 Years) |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | PA; QL (2 capsules per 1 day) |
| Thiocarbamates(Skin And Mucous Membrane) | | |
| <i>gnp tolnaftate 1% cream 1 %</i> | Tier 1 | |
| <i>pv tolnaftate 1% cream 1 %</i> | Tier 1 | |
| <i>qc tolnaftate 1% cream 1 %</i> | Tier 1 | |
| <i>tolnaftate 1% powder 1 %</i> | Tier 1 | |
| <i>tolnaftate 1% spray powder 1 %</i> | Tier 1 | |
| <i>tolnaftate af 1% cream 1 %</i> | Tier 1 | |

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| SMOOTH MUSCLE RELAXANTS | | |
| Antimuscarinics | | |
| <i>flavoxate oral tablet 100 mg</i> | Tier 1 | |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | Tier 1 | QL (5 ML per 1 day) |
| <i>oxybutynin chloride oral tablet 5 mg</i> | Tier 1 | QL (3 Tablets per 1 day) |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i> | Tier 1 | QL (2 Tablets per 1 day) |
| <i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| OXYTROL FOR WOMEN 3.9 MG/24HR 4-DAY SUPPLY, INNER 3.9 MG/24 HOUR | Tier 1 | |
| <i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> | Tier 1 | ST; QL (1 Capsule per 1 day) |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> | Tier 1 | ST; QL (2 Tablets per 1 day) |
| <i>trospium oral capsule,extended release 24hr 60 mg</i> | Tier 1 | ST |
| <i>trospium oral tablet 20 mg</i> | Tier 1 | ST; QL (2 Tablets per 1 day) |
| Respiratory Smooth Muscle Relaxants | | |
| <i>theophylline oral solution 80 mg/15 ml</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | Tier 1 | |
| VITAMINS | | |
| Multivitamin Preparations | | |
| A THRU Z ADVANCED FORMULA TAB GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| A THRU Z ADVANCED FORMULA TAB W/ LUTEIN & LYCOPENE (RX) 18-500-300-250 MG-MCG-MCG-MCG | Tier 1 | |
| A THRU Z MEN'S ULTIMATE TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| A THRU Z SELECT 50 PLUS TABLET ADVANCED FORMULA 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| A THRU Z SELECT MEN 50+ TABLET 300-600-300 MCG | Tier 1 | |

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| A THRU Z SELECT MULTIVIT TAB 500-300-250 MCG | Tier 1 | |
| A THRU Z SELECT MULTIVIT TAB IRON-FREE, 50+ FORM 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| A THRU Z SELECT TABLET ADULTS 50+,IRON-FREE 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| A THRU Z SELECT WOMEN'S TABLET | Tier 1 | |
| ABC PLUS TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F 200 MCG | Tier 1 | |
| ADULT ONE DAILY GUMMIES 200 MCG | Tier 1 | |
| AQUADEKS CHEWABLE TABLET 100-350-5 MCG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| AQUADEKS PEDIATRIC LIQUID 400 MCG/ML | Tier 1 | Covered for CSHCS members. |
| BACMIN ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | |
| BIO-35 SOFTGEL 3-133-33-33 MG-MCG-MCG-MCG | Tier 1 | |
| BIOCEL TABLET 800-250-750 MCG | Tier 1 | |
| BIOTIN PLUS-CALCIUM & VIT D3 200-450-400 MG-MCG-UNIT | Tier 1 | |
| BODY, HAIR, SKIN AND NAILS CAP 3-133 MG-MCG | Tier 1 | |
| CENTRAL-VITE SELECT ORAL TABLET | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTRAVITES TABLET 0.4-162-18 MG | Tier 1 | |
| CENTRUM COMPLETE MULTIVIT TAB (RX) 18-400 MG-MCG | Tier 1 | |
| CENTRUM MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CENTRUM SILVER TABLET ADULTS 50 + (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| CENTRUM SILVER ULTRA MEN'S TAB FOR MEN 50+ 300-600-300 MCG | Tier 1 | |
| CENTRUM SILVER WOMEN TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |

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| CENTRUM SPECIALIST HEART TAB (OTC) 3-200-400 MG-MCG-MG | Tier 1 | |
| CENTRUM ULTRA MEN'S TABLET (RX) 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CENTURY ADULTS 50 PLUS ORAL TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY CARDIO ORAL TABLET 3-200-400 MG-MCG-MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ORAL TABLET 18-400 MG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ULTIMATE MEN'S ORAL TABLET 300-600-300 MCG, 8 MG IRON- 200 MCG-600 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ULTIMATE WOMEN'S ORAL TABLET 18-400 MG-MCG, 8 MG IRON-400 MCG-300 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CEROVITE ADVANCED FORM TAB 18-400 MG-MCG | Tier 1 | |
| CERTA PLUS TABLET 18-0.4-250 MG-MG-MCG | Tier 1 | |
| CERTAVITE SR-ANTIOXIDANT TAB 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| CERTAVITE-ANTIOXIDANT TABLET (RX) 18-400 MG-MCG | Tier 1 | |
| CHEWABLE-VITE TABLET | Tier 1 | |
| CLASSIC PRENATAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| COMPANION TABLET 0.4 MG | Tier 1 | |
| COMPETE TABLET | Tier 1 | |
| COMPLETE MULTI 50+ TABLET 500-300-250 MCG | Tier 1 | |
| COMPLETE MULTI TABLET 18-500-300-250 MG-MCG-MCG-MCG | Tier 1 | |
| COMPLETE MULTIVITAMIN TAB | Tier 1 | |

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| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| CORVITE FREE ORAL TABLET 1.25-400-125-35 MG-MCG-MCG-MG | Tier 1 | |
| CVS DAILY GUMMIES COMPLETE ADULT VIT 200 MCG | Tier 1 | |
| CVS DAILY MULTIPLE TABLET 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| CVS DAILY MULTIPLE TABLET 400-120 MCG-MG | Tier 1 | |
| CVS DAILY MULTIPLE TABLET FOR WOMEN (RX) | Tier 1 | |
| CVS DAILY VITAMIN-IRON TB (OTC) | Tier 1 | |
| CVS PRENATAL GUMMY VITAMINS 400 MCG-35 MG - 25 MG-5 MG | Tier 1 | QL (1 gummy per 1 day); AGE (Min 12 Years and Max 55 Years) |
| CVS PRENATAL VITAMINS TABLET WITH MINERALS (OTC) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| CVS SPECTRAVITE ADVANCED TAB 18-400 MG-MCG | Tier 1 | |
| CVS SPECTRAVITE MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CVS SPECTRAVITE SENIOR TABLET 500-300-250 MCG | Tier 1 | |
| CVS SPECTRAVITE ULTRA MEN TAB 300-600-300 MCG | Tier 1 | |
| CVS SPECTRAVITE ULTRA MEN'S TB 300-600-300 MCG | Tier 1 | |
| CVS SPECTRAVITE ULTRA WOMEN TB 18-400 MG-MCG | Tier 1 | |
| CVS SPECTRAVITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| DAILY MULTIPLE TABLET 18-400 MG-MCG | Tier 1 | |
| DAILY MULTIPLE VITAMIN TAB U-D,SUGAR COATED (OTC) | Tier 1 | |
| DAILY MULTIPLE VITAMIN TABLET (RX) | Tier 1 | |
| DAILY MULTIVITAMIN CAPSULE 200-100-500 MCG | Tier 1 | |
| DAILY MULTI-VITAMIN ORAL TABLET | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| DAILY MULTIVITAMIN-IRON TABLET (RX) 18-400 MG-MCG | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|--|
| DAILY MULTIVITAMIN-MINERALS ORAL TABLET | Tier 1 | |
| DAILY MULTI-VITAMINS/IRON ORAL TABLET | Tier 1 | |
| DAILY VALUE MULTIVITAMIN TAB S/F | Tier 1 | |
| DAILY VITAMIN + IRON TABLET (RX) | Tier 1 | |
| DAILY VITAMIN FORMULA TABLET | Tier 1 | |
| DAILY VITAMIN FORMULA TABLET | Tier 1 | |
| DAILY VITAMIN FORMULA-IRON TAB 18-400 MG-MCG | Tier 1 | |
| DAILY VITE TABLET S/F,P/F (RX) | Tier 1 | |
| DAILY VITE WITH IRON TABLET | Tier 1 | |
| DAILY-VITE TABLET (RX) | Tier 1 | |
| DAILY-VITES WITH IRON TABLET | Tier 1 | |
| DECUBI VITE CAPSULE 400-50-500 MCG-MG-MG | Tier 1 | |
| DIABETES HEALTH FORMULA CAPLET 500-250 MCG | Tier 1 | |
| EQ COMPLETE MULTIVITAMIN TAB GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| EQ COMPLETE MV ADLT 50 PLUS TB 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| EQ ONE DAILY MEN'S TABLET GLUTEN FREE 400-20-300 MCG | Tier 1 | |
| EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| EQL CENTURY MATURE TABLET 400-30 MCG | Tier 1 | |
| EQL EYE HEALTH PLUS LUTEIN TAB 1,000 UNIT-200 MG-60 UNIT-2 MG | Tier 1 | |
| EQL ONE DAILY MEN'S TABLET (RX) | Tier 1 | |
| EQL PRENATAL VITAMIN TABLET GLUTEN-FREE 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| ESSENTIA TABLET 18-400 MG-MCG | Tier 1 | |
| ESSENTIAL BALANCE TABLET (RX) | Tier 1 | |
| ESSENTIAL DAILY TABLET W/IRON & CALCIUM (RX) 18-0.4 MG | Tier 1 | |
| ESSENTIAL MAN 50+ TABLET 0.4-2-250 MG-MG-MCG | Tier 1 | |
| ESSENTIAL MAN TABLET 0.4-2-250 MG-MG-MCG | Tier 1 | |

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| ESSENTIAL WOMAN 50+ TABLET 0.4-250 MG-MCG | Tier 1 | |
| FORTAVIT ORAL CAPSULE | Tier 1 | |
| FREEDAVITE TABLET 1.8 MG IRON-400 MCG | Tier 1 | |
| GNP CENTURY MATURE TABLET GLUTEN-FREE (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| GNP MEGA MULTI FOR MEN TABLET HIGH POTENCY (RX) 200-175-250 MCG | Tier 1 | |
| GNP MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| GNP ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG | Tier 1 | |
| GNP ONE DAILY TABLET 0.4-600 MG-MCG | Tier 1 | |
| GNP THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| HAIR VITAMINS ORAL TABLET | Tier 1 | |
| HAIR, SKIN AND NAILS CAPLET 66.7-1,000 MCG | Tier 1 | |
| HAIR, SKIN AND NAILS SOFTGEL 66.7-1,666.7 MCG | Tier 1 | |
| HAIR,SKIN AND NAILS ORAL TABLET | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| HM COMPLETE 50 PLUS TABLET (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| HM COMPLETE MEN 50 PLUS TABLET 300-600-300 MCG | Tier 1 | |
| HM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| HM MEN'S ONE DAILY TABLET GLUTEN-FREE 400-20-300 MCG | Tier 1 | |
| HM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| HM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| ICAPS MV TABLET (OTC) 100-1.66-0.83 MCG-MG-MG | Tier 1 | |
| ICAPS PLUS TABLET LACTOSE FREE | Tier 1 | |

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| K-PAX DOUBLE STRENGTH CAPSULE 9 MG IRON-400 MCG | Tier 1 | |
| K-PAX IMMUNE SUPPORT TABLET 30 PACKETS OF 4 TABS 2.25 MG IRON- 100 MCG | Tier 1 | |
| K-PAX SINGLE STRENGTH CAPSULE 4.5 MG IRON-200 MCG | Tier 1 | |
| MEGA MULTI FOR MEN TABLET HIGH POTENCY (RX) 200-175-250 MCG | Tier 1 | |
| MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| MEGA MULTIVIT FOR MEN CAPLET CAPLET (OTC) 200-175-250 MCG | Tier 1 | |
| MEGA MULTIVIT FOR WOMEN CAPLET 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| MEN'S DAILY FORMULA CAPSULE 0.4-600 MG-MCG | Tier 1 | |
| MEN'S MULTIVITAMIN GUMMIES 200 MCG | Tier 1 | |
| MONOCAPS TABLET (RX) 14 MG IRON- 400 MCG | Tier 1 | |
| MULTI COMPLETE-IRON TABLET 18-400 MG-MCG | Tier 1 | |
| MULTI FOR HER TABLET 18 MG IRON-600 MCG-80 MCG | Tier 1 | |
| MULTI-DAY PLUS IRON TABLET 18-400 MG-MCG | Tier 1 | |
| MULTI-DELYN WITH IRON LIQUID 10 MG IRON/5 ML | Tier 1 | |
| MULTILEX T-M TABLET 15 MG IRON | Tier 1 | |
| <i>multiple vitamin with iron tab (rx)</i> | Tier 1 | |
| MULTIPLE VITAMIN W-MINERALS TB | Tier 1 | |
| MULTIPLE VITAMIN, WOMENS ORAL TABLET | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| MULTIPLE VITAMINS TABLET | Tier 1 | |
| MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| <i>multi-vitamin gummies 200-137.5 mcg</i> | Tier 1 | |
| MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |

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| MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG, 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 12 Years) |
| <i>multivitamins tablet (rx)</i> | Tier 1 | |
| MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 12 Years) |
| <i>multivit-minerals tablet (rx)</i> | Tier 1 | |
| MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Max 12 Years) |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| MYVITALIFE SOFT-GEL CAPSULE | Tier 1 | |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON-1,000 MCG-230MG | Tier 1 | QL (2 Tablets per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NESTABS ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NEWGEN ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| OCUTABS TABLET W/LUTEIN,S/F (RX) | Tier 1 | |
| OMNICAP TABLET 0.4 MG | Tier 1 | |
| ONCE DAILY TABLET | Tier 1 | |
| ONCOVITE TABLET | Tier 1 | |
| ONE DAILY COMPLETE TABLET , 18-0.4 MG | Tier 1 | |
| ONE DAILY ESSENTIAL ORAL TABLET , 0.4 MG, 400 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY FOR MEN 50+ ADV TAB 400-600-120 MCG-MCG-MG | Tier 1 | |
| ONE DAILY FOR MEN TABLET 0.4-600 MG-MCG | Tier 1 | |
| ONE DAILY FOR WOMEN TABLET 18-0.4 MG | Tier 1 | |
| ONE DAILY HEALTHY WEIGHT TAB 200-18-0.4 MG | Tier 1 | |

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|---|-----------|---|
| ONE DAILY MAXIMUM ORAL TABLET 18-0.4 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG | Tier 1 | |
| ONE DAILY MEN'S HEALTH TABLET 0.4-600 MG-MCG | Tier 1 | |
| ONE DAILY MULTIVITAMIN TAB (RX) | Tier 1 | |
| ONE DAILY MULTIVITAMIN-IRON TB 18-400 MG-MCG | Tier 1 | |
| ONE DAILY MULTIVIT-MINERAL TAB 4.5 MG IRON | Tier 1 | |
| ONE DAILY PLUS IRON ORAL TABLET 18-400 MG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY TABLET 0.4-600 MG-MCG | Tier 1 | |
| ONE DAILY WITH IRON-CALCIUM TB | Tier 1 | |
| ONE DAILY WITH MINERALS TABLET (RX) | Tier 1 | |
| ONE DAILY WOMEN 50 PLUS ORAL TABLET 400-120 MCG-MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY WOMENS 50 PLUS TAB (RX) 0.4 MG | Tier 1 | |
| ONE DAILY WOMEN'S TABLET (RX) 27-0.4 MG | Tier 1 | |
| ONE-A-DAY ENERGY TABLET 9 MG IRON-400 MCG-200 MG | Tier 1 | |
| ONE-A-DAY ESSENTIAL TABLET (RX) | Tier 1 | |
| ONE-A-DAY MAX FORMULA TAB | Tier 1 | |
| ONE-A-DAY MEN VITACRAVES GUMMY 200 MCG | Tier 1 | |
| ONE-A-DAY MENOPAUSE FORMULA TB 400-60 MCG-MG | Tier 1 | |
| ONE-A-DAY MEN'S 50 PLUS TABLET (RX) 400-20-370 MCG | Tier 1 | |
| ONE-A-DAY MEN'S 50 PLUS TABLET 400-300-120 MCG-MCG-MG | Tier 1 | |
| ONE-A-DAY MEN'S TABLET 400-20-300 MCG | Tier 1 | |
| ONE-A-DAY TEEN ADVANTAGE TAB 18-400 MG-MCG, 9 MG IRON-400 MCG | Tier 1 | |

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|--|-----------|---|
| ONE-A-DAY VITACRAVES GUMMIES 200 MCG | Tier 1 | |
| ONE-A-DAY VITACRAVES IMMUNITY 200 MCG | Tier 1 | |
| ONE-A-DAY VITACRAVES OMEGA-3 200-16 MCG-MG | Tier 1 | |
| ONE-A-DAY VITACRAVES SOUR GMMY 200 MCG | Tier 1 | |
| ONE-A-DAY WEIGHTSMART TABLET 200-18-0.4 MG | Tier 1 | |
| ONE-A-DAY WOMEN VITACRAVES 200 MCG | Tier 1 | |
| ONE-A-DAY WOMEN'S HEALTHY SKIN 18 MG IRON-400 MCG-6 MG | Tier 1 | |
| ONE-A-DAY WOMEN'S PETITES TAB 9 MG IRON-200 MCG | Tier 1 | |
| ONE-A-DAY WOMEN'S TABLET 18 MG IRON- 400 MCG-180 MG | Tier 1 | |
| OPTISOURCE TABLET CHEWABLE 9 MG IRON-200 MCG-40 MCG | Tier 1 | |
| OPURITY MULTIVITAMIN TAB CHEW 30 MG IRON-800 MCG | Tier 1 | |
| PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATABS FA ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL COMPLETE CAPLET 14 MG IRON- 400 MCG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|---|
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET NO LACTOSE,P/F,NA/F (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN FORMULA TB (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMINS TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG | Tier 1 | QL (1 Capsule per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PREPLUS ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRETAB ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PROCERV HP TABLET 9 MG IRON- 300 MCG-50 MCG | Tier 1 | |
| PRORENAL QD SOFTGEL 400-500 MCG-UNIT | Tier 1 | |
| PROTECT CARDIO AF SOFTGEL 0.5-30-60-90 MG | Tier 1 | |
| PROTECT PLUS SO SOFTGEL 0.5-15 MG | Tier 1 | |
| <i>pv daily multivitamin-iron tab (otc)</i> | Tier 1 | |
| <i>pv daily multivitamin-min tab (otc)</i> | Tier 1 | |
| QC MAXIMUM DAILY MULTIVIT TAB 18-0.4 MG | Tier 1 | |
| QC MEN'S DAILY MULTIVIT-MIN TB (RX) 0.4-600 MG-MCG | Tier 1 | |
| QC MULTI-VITE TABLET 18-400 MG-MCG | Tier 1 | |
| QC WOMEN'S DAILY MULTIVIT TAB 18-0.4 MG | Tier 1 | |
| QUINTABS TABLET 400 MCG | Tier 1 | |

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|--|-----------|--|
| QUINTABS-M IRON FREE TABLET 0.4 MG | Tier 1 | |
| QUINTABS-M TABLET (RX) 10 MG IRON-400 MCG | Tier 1 | |
| RA CENTRAL-VITE TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| RA CENTRAL-VITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| RA MEN'S ONE DAILY TABLET P/F 400-20-300 MCG | Tier 1 | |
| RA ONE DAILY ENERGY TABLET | Tier 1 | |
| RA ONE DAILY MEN'S 50+ TABLET 400-120 MCG-MG | Tier 1 | |
| RA ONE DAILY WOMEN'S TABLET 18 MG IRON-400 MCG-450 MG CA | Tier 1 | |
| RA PRENATAL TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| SENTRY SENIOR MULTIVIT CAPLET CAPLET (OTC) 500-300-250 MCG | Tier 1 | |
| SENTRY SENIOR MULTIVITAMIN TAB SODIUM/F,YEAST/F (RX) 500-300-250 MCG | Tier 1 | |
| SENTRY SENIOR TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| SENTRY TABLET 18-400 MG-MCG | Tier 1 | |
| SM COMPLETE 50 PLUS TABLET (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| SM COMPLETE ADVANCED TABLET 18-500-300-250 MG-MCG-MCG-MCG | Tier 1 | |
| SM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| SM COMPLETE PREMIUM VITAMIN TB | Tier 1 | |
| SM COMPLETE SENIOR FORMULA TAB 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| SM MEN'S ONE DAILY TABLET GLUTEN-FREE 400-20-300 MCG | Tier 1 | |
| <i>sm multivitamin w-iron tab (rx)</i> | Tier 1 | |
| <i>sm multivitamins tablet (rx)</i> | Tier 1 | |
| SM ULTIMATE MEN'S COMPLETE TAB 300-600-300 MCG | Tier 1 | |

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|--|-----------|---|
| SM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| SOLO TABLET 400-80 MCG | Tier 1 | |
| STRESS FORMULA ORAL TABLET | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| SUNVITE TABLET 18 MG IRON-400 MCG-25 MCG | Tier 1 | |
| SUPER GINSENG MULTIVIT CAP | Tier 1 | |
| SUPER MULTIPLE CAPSULE 0.4 MG | Tier 1 | |
| SUPER MULTIPLE-LOW IRON TABLET 400 MCG | Tier 1 | |
| SUPER THERA VITE M TABLET (RX) | Tier 1 | |
| SV HAIR, SKIN AND NAILS CAPLET 1 MG IRON-66.7 MCG-1,000 MCG | Tier 1 | |
| TAB-A-VITE TABLET (RX) | Tier 1 | |
| TAB-A-VITE WITH IRON TABLET (RX) | Tier 1 | |
| THERA M PLUS TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA TABLET 400 MCG | Tier 1 | |
| THERAGRAN-M PREMIER 50+ CAPLET 400-250-375 MCG | Tier 1 | |
| THERA-M CAPLET CAPLET,U-D,10X10 (RX) 27-0.4 MG | Tier 1 | |
| THERA-M CAPLET WITH IRON 9 MG IRON-400 MCG | Tier 1 | |
| THERA-M TABLET W/BETA CAROTENE 9 MG IRON-400 MCG | Tier 1 | |
| THERANATAL CORE NUTRITION TAB 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| THERAPEUTIC-M TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA-TABS CAPLET | Tier 1 | |
| THERA-TABS M CAPLET HIGH POTENCY 27 MG IRON-400 MCG | Tier 1 | |

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|---|-----------|--|
| THERATRUM COMPLETE TABLET MFG ERROR (RX) | Tier 1 | |
| THEREMS TABLET | Tier 1 | |
| THEREMS-M TABLET (RX) 27-0.4 MG | Tier 1 | |
| TRIADVANCE ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRIPLE VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| TRUEPLUS DIABETIC MULTIVITAMIN 500-10 MCG | Tier 1 | |
| ULTRA FREEDA TABLET 267 MCG | Tier 1 | |
| ULTRA FREEDA WITH IRON TABLET 6 MG IRON-267 MCG | Tier 1 | |
| UNICOMPLEX-M TABLET | Tier 1 | |
| V-C FORTE ORAL CAPSULE 1 MG | Tier 1 | |
| VIC-FORTE ORAL CAPSULE 1 MG | Tier 1 | |
| VINATE GT ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE II ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE M ORAL TABLET 27 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE ONE ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE ULTRA ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VITACEL TABLET 800-250-750 MCG | Tier 1 | |

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| DRUG NAME | DRUG TIER | NOTES |
|---|-----------|---|
| VITALEE TABLET 0.4 MG | Tier 1 | |
| VITAMIN AND MINERALS TABLET | Tier 1 | |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| VITAMINS A-D-E TABLET 10,000-400 UNIT-UNIT | Tier 1 | |
| VITATRUM TABLET 18-500-300-250 MG-MCG-MCG-MCG | Tier 1 | |
| VITRUM 50 PLUS SENIOR TABLET 500-300-250 MCG | Tier 1 | |
| V-R WOMEN'S COMPLEX CAPLET | Tier 1 | |
| WOMEN'S DAILY CAPLET 27 MG IRON-400 MCG | Tier 1 | |
| WOMEN'S DAILY FORMULA CAPLET 27-0.4 MG | Tier 1 | |
| WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,NA/F,FRUIT 200 MCG | Tier 1 | |
| YELETS TABLET 18-400 MG-MCG | Tier 1 | |
| Vitamin A | | |
| TRIPLE VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| VITAMINS A-D-E TABLET 10,000-400 UNIT-UNIT | Tier 1 | |
| Vitamin B Complex | | |
| A THRU Z ADVANCED FORMULA TAB GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| A THRU Z MEN'S ULTIMATE TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| A THRU Z SELECT 50 PLUS TABLET ADVANCED FORMULA 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| A THRU Z SELECT MEN 50+ TABLET 300-600-300 MCG | Tier 1 | |
| A THRU Z SELECT MULTIVIT TAB 500-300-250 MCG | Tier 1 | |

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|---|-----------|----------------------------|
| A THRU Z SELECT MULTIVIT TAB IRON-FREE, 50+ FORM 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| A THRU Z SELECT TABLET ADULTS 50+,IRON-FREE 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| ABC PLUS TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F 200 MCG | Tier 1 | |
| ADULT ONE DAILY GUMMIES 200 MCG | Tier 1 | |
| ALBA-LYBE LIQUID (RX) | Tier 1 | Covered for CSHCS members. |
| APETEX LIQUID 790 MG/15 ML | Tier 1 | Covered for CSHCS members. |
| APETIGEN LIQUID 790 MG/15 ML | Tier 1 | Covered for CSHCS members. |
| APETIGEN PLUS LIQUID 12.5-16.9-790 MG/15 ML | Tier 1 | Covered for CSHCS members. |
| AQUADEKS CHEWABLE TABLET 100-350-5 MCG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| ARKALIOX 200 MG TABLET 200 MG | Tier 1 | Covered for CSHCS members. |
| B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML | Tier 1 | Covered for CSHCS members. |
| <i>b complex capsule (rx)</i> | Tier 1 | Covered for CSHCS members. |
| B COMPLEX FORMULA #1 TABLET 0.4 MG | Tier 1 | Covered for CSHCS members. |
| B COMPLEX PLUS VITAMIN C ORAL CAPSULE 15-10-50-5-300 MG | Tier 1 | Covered for CSHCS members. |
| B COMPLEX TABLET | Tier 1 | Covered for CSHCS members. |
| B COMPLEX WITH VITAMIN C TAB 18-10-45-5-250 MG | Tier 1 | Covered for CSHCS members. |
| B-100 COMPLEX TR CAPLET P/F,NO LACTOSE,CPLT 100 MG | Tier 1 | Covered for CSHCS members. |
| BACMIN ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | |
| BALANCE B-100 TABLET 0.4 MG | Tier 1 | Covered for CSHCS members. |
| BALANCE B-50 TABLET 0.4 MG | Tier 1 | Covered for CSHCS members. |
| BALANCED B-100 COMPLEX TAB SA P/F 100 MG | Tier 1 | Covered for CSHCS members. |
| BALANCED B-50 TABLET (RX) | Tier 1 | Covered for CSHCS members. |
| <i>balanced b-complex caplet p/f,no-lactose (rx) 400 mcg</i> | Tier 1 | Covered for CSHCS members. |
| B-COMPLEX WITH B12 TABLET (RX) | Tier 1 | Covered for CSHCS members. |

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|---|-----------|---|
| B-COMPLEX WITH B-12 TABLET 2.5 MG-2.5 MG- 5 MG-100 MCG | Tier 1 | Covered for CSHCS members. |
| <i>b-complex with vit c caplet s/f,p/f,gluten-free (rx) 400 mcg</i> | Tier 1 | Covered for CSHCS members. |
| <i>b-complex with vitamin c oral tablet</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| BEELITH TABLET 362-20 MG | Tier 1 | Covered for CSHCS members. |
| BIO-35 SOFTGEL 3-133-33-33 MG-MCG-MCG-MCG | Tier 1 | |
| BIOCAL SOFTGEL 500-100-45-800 MG-UNIT-MG-MCG | Tier 1 | |
| BIOCEL TABLET 800-250-750 MCG | Tier 1 | |
| BIOPETIT 790 MG/15 ML LIQUID 790 MG/15 ML | Tier 1 | Covered for CSHCS members. |
| <i>biotin 1,000 mcg tablet 1 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 10 mg tablet 10 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 10,000 mcg tablet p/f, s/f 10 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 2,500 mcg softgel p/f, softgel 2,500 mcg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 300 mcg tablet p/f,na/f,s/f (otc) 300 mcg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 5,000 mcg capsule (rx) 5 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 5,000 mcg softgel s/f, p/f,gluten-free (rx) 5 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 5,000 mcg tablet p/f,no lactose 5 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>biotin 800 mcg tablet (rx) 800 mcg</i> | Tier 1 | Covered for CSHCS members. |
| BREWER'S YEAST 680 MG TABLET 680 MG | Tier 1 | Covered for CSHCS members. |
| BREWERS YEAST 7.5GR TABLET 7.5GR=500MG 500 MG (7.5 GR) | Tier 1 | Covered for CSHCS members. |
| CENTRUM COMPLETE MULTIVIT TAB (RX) 18-400 MG-MCG | Tier 1 | |
| CENTRUM MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CENTRUM SILVER TABLET ADULTS 50 + (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| CENTRUM SILVER ULTRA MEN'S TAB FOR MEN 50+ 300-600-300 MCG | Tier 1 | |

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| CENTRUM SILVER WOMEN TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| CENTRUM ULTRA MEN'S TABLET (RX) 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CENTURY ADULTS 50 PLUS ORAL TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ORAL TABLET 18-400 MG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ULTIMATE MEN'S ORAL TABLET 300-600-300 MCG, 8 MG IRON- 200 MCG-600 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CENTURY ULTIMATE WOMEN'S ORAL TABLET 18-400 MG-MCG, 8 MG IRON-400 MCG-300 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CEREFOLIN ORAL TABLET 6-5-50-1 MG | Tier 1 | Covered for CSHCS members. |
| CEROVITE ADVANCED FORM TAB 18-400 MG-MCG | Tier 1 | |
| CERTA PLUS TABLET 18-0.4-250 MG-MG-MCG | Tier 1 | |
| CERTAVITE SR-ANTIOXIDANT TAB 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| CERTAVITE-ANTIOXIDANT TABLET (RX) 18-400 MG-MCG | Tier 1 | |
| CLASSIC PRENATAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| COMPANION TABLET 0.4 MG | Tier 1 | |
| COMPLETE MULTI 50+ TABLET 500-300-250 MCG | Tier 1 | |
| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| COMPLEX B-100 ER CAPLET 400 MCG | Tier 1 | Covered for CSHCS members. |
| COMPLEX B-100 TABLET SA | Tier 1 | Covered for CSHCS members. |
| COMPLEX B-50 TABLET 115-50-0.4 MG | Tier 1 | Covered for CSHCS members. |
| CORVITE FREE ORAL TABLET 1.25-400-125-35 MG-MCG-MCG-MG | Tier 1 | |
| <i>cvs biotin 1,000 mcg tablet high potency 1 mg</i> | Tier 1 | Covered for CSHCS members. |

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| <i>cvs biotin 5,000 mcg capsule (rx) 5 mg</i> | Tier 1 | Covered for CSHCS members. |
| CVS DAILY GUMMIES COMPLETE ADULT VIT 200 MCG | Tier 1 | |
| CVS DAILY MULTIPLE TABLET 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| CVS DAILY MULTIPLE TABLET 400-120 MCG-MG | Tier 1 | |
| <i>cvs folic acid 800 mcg tablet (rx) 800 mcg</i> | Tier 1 | |
| CVS PRENATAL GUMMY VITAMINS 400 MCG-35 MG - 25 MG-5 MG | Tier 1 | QL (1 gummy per 1 day); AGE (Min 12 Years and Max 55 Years) |
| CVS PRENATAL VITAMINS TABLET WITH MINERALS (OTC) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| CVS SPECTRAVITE ADVANCED TAB 18-400 MG-MCG | Tier 1 | |
| CVS SPECTRAVITE MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG | Tier 1 | |
| CVS SPECTRAVITE SENIOR TABLET 500-300-250 MCG | Tier 1 | |
| CVS SPECTRAVITE ULTRA MEN TAB 300-600-300 MCG | Tier 1 | |
| CVS SPECTRAVITE ULTRA MEN'S TB 300-600-300 MCG | Tier 1 | |
| CVS SPECTRAVITE ULTRA WOMEN TB 18-400 MG-MCG | Tier 1 | |
| CVS SPECTRAVITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> | Tier 1 | SP |
| CYTO B7 5 MG/ML LIQUID 5 MG/ML | Tier 1 | Covered for CSHCS members. |
| DAILY MULTIPLE TABLET 18-400 MG-MCG | Tier 1 | |
| DAILY MULTIVITAMIN CAPSULE 200-100-500 MCG | Tier 1 | |
| DAILY MULTIVITAMIN-IRON TABLET (RX) 18-400 MG-MCG | Tier 1 | |
| DAILY VITAMIN FORMULA-IRON TAB 18-400 MG-MCG | Tier 1 | |
| DECUBI VITE CAPSULE 400-50-500 MCG-MG-MG | Tier 1 | |
| DIABETES HEALTH FORMULA CAPLET 500-250 MCG | Tier 1 | |
| DIALYVITE 3000 ORAL TABLET 3-70-15 MG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 5000 ORAL TABLET 5 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800 PLUS D WAFER 800 MCG- 2,000 UNIT | Tier 1 | Covered for CSHCS members. |

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| DIALYVITE 800 TABLET 0.8 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800-ULTRA D TABLET 0.8-2,000 MG-UNIT | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800-ZINC 15 MG TAB 0.8-15 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800-ZINC 50 MG TAB 0.8-50 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG, 100-1 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE SUPREME D ORAL TABLET 3-2,000 MG-UNIT | Tier 1 | Covered for CSHCS members. |
| EQ COMPLETE MULTIVITAMIN TAB GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| EQ COMPLETE MV ADLT 50 PLUS TB 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| EQ ONE DAILY MEN'S TABLET GLUTEN FREE 400-20-300 MCG | Tier 1 | |
| EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| <i>eq1 b complex 100 tablet high potency (otc)</i> | Tier 1 | Covered for CSHCS members. |
| <i>eq1 b complex 50 tablet high potency (rx)</i> | Tier 1 | Covered for CSHCS members. |
| EQL CENTURY MATURE TABLET 400-30 MCG | Tier 1 | |
| <i>eq1 folic acid 400 mcg tab (otc) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| EQL PRENATAL VITAMIN TABLET GLUTEN-FREE 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| ESSENTIA TABLET 18-400 MG-MCG | Tier 1 | |
| ESSENTIAL MAN 50+ TABLET 0.4-2-250 MG-MG-MCG | Tier 1 | |
| ESSENTIAL MAN TABLET 0.4-2-250 MG-MG-MCG | Tier 1 | |
| ESSENTIAL WOMAN 50+ TABLET 0.4-250 MG-MCG | Tier 1 | |
| FABB ORAL TABLET 2.2-25-1 MG | Tier 1 | Covered for CSHCS members. |
| FOLBEE AR TABLET 2-500-500-50 MG-MG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| FOLBEE ORAL TABLET 2.5-25-1 MG | Tier 1 | Covered for CSHCS members. |
| FOLBEE PLUS ORAL TABLET 5 MG, 5-1.5-25 MG | Tier 1 | Covered for CSHCS members. |
| FOLBIC ORAL TABLET 2.5-25-2 MG | Tier 1 | Covered for CSHCS members. |
| FOLBIC RF ORAL TABLET 2-1.13-25 MG | Tier 1 | Covered for CSHCS members. |
| <i>folic acid 0.4 mg tablet (rx) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |

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| <i>folic acid 0.8 mg tablet (rx) 800 mcg</i> | Tier 1 | |
| <i>folic acid 1,000 mcg tablet p/f,s/f (rx) 1 mg</i> | Tier 1 | |
| <i>folic acid 400 mcg tablet p/f, s/f,gluten-free (rx) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>folic acid 800 mcg tablet (rx) 800 mcg</i> | Tier 1 | |
| <i>folic acid oral tablet 1 mg</i> | Tier 1 | |
| FOLINIC-PLUS CAPLET 4-50-2 MG | Tier 1 | Covered for CSHCS members. |
| FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 MG | Tier 1 | Covered for CSHCS members. |
| FOLTABS 800 TABLET 0.8-10-115 MG-MG-MCG | Tier 1 | Covered for CSHCS members. |
| FOLTANX ORAL TABLET 3-35-2 MG | Tier 1 | Covered for CSHCS members. |
| FOLTX ORAL TABLET 2-1.13-25 MG | Tier 1 | Covered for CSHCS members. |
| FREEDAVITE TABLET 1.8 MG IRON-400 MCG | Tier 1 | |
| FULL SPECTRUM B WITH VIT C TAB 0.8 MG | Tier 1 | Covered for CSHCS members. |
| GNP B-100 COMPLEX TABLET PROLONGED RELEASE 100 MG | Tier 1 | Covered for CSHCS members. |
| <i>gnp b-50 complex tablet prolonged release 400 mcg</i> | Tier 1 | Covered for CSHCS members. |
| <i>gnp biotin 5,000 mcg capsule (rx) 5 mg</i> | Tier 1 | Covered for CSHCS members. |
| GNP CENTURY MATURE TABLET GLUTEN-FREE (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| <i>gnp folic acid 400 mcg tablet (rx) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| GNP MEGA MULTI FOR MEN TABLET HIGH POTENCY (RX) 200-175-250 MCG | Tier 1 | |
| GNP MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| GNP ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG | Tier 1 | |
| GNP ONE DAILY TABLET 0.4-600 MG-MCG | Tier 1 | |
| GNP THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| HAIR, SKIN AND NAILS CAPLET 66.7-1,000 MCG | Tier 1 | |
| HAIR, SKIN AND NAILS SOFTGEL 66.7-1,666.7 MCG | Tier 1 | |
| HARD NAILS 2.5 MG CAPSULE 2,500 MCG | Tier 1 | Covered for CSHCS members. |

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| HM COMPLETE 50 PLUS TABLET (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| HM COMPLETE MEN 50 PLUS TABLET 300-600-300 MCG | Tier 1 | |
| HM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| <i>hm folic acid 400 mcg tablet gluten-free (rx) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| HM MEN'S ONE DAILY TABLET GLUTEN-FREE 400-20-300 MCG | Tier 1 | |
| HM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| HM VITAMIN B-100 COMPLEX TAB GLUTEN-FREE (OTC) 0.4 MG | Tier 1 | Covered for CSHCS members. |
| <i>hm vitamin b-50 complex tablet gluten-free (otc) 0.4 mg</i> | Tier 1 | Covered for CSHCS members. |
| HM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| HOMOCYSTEINE FORMULA TABLET 0.8-50-100 MG-MG-MCG | Tier 1 | Covered for CSHCS members. |
| ICAPS MV TABLET (OTC) 100-1.66-0.83 MCG-MG-MG | Tier 1 | |
| IRON 100 PLUS TABLET 100-250-25-1 MG-MG-MCG-MG | Tier 1 | AGE (Max 12 Years) |
| KOBEE TABLET 0.4 MG | Tier 1 | Covered for CSHCS members. |
| K-PAX IMMUNE SUPPORT TABLET 30 PACKETS OF 4 TABS 2.25 MG IRON- 100 MCG | Tier 1 | |
| L-METHYL-B6-B12 ORAL TABLET 3-35-2 MG | Tier 1 | Covered for CSHCS members. |
| L-METHYL-MC ORAL TABLET 6-5-50-1 MG | Tier 1 | Covered for CSHCS members. |
| MEDTYCHOLL-B COMP-LIVER CAP | Tier 1 | Covered for CSHCS members. |
| MEGA BIOTIN 10,000 MCG SOFTGEL 10,000 MCG | Tier 1 | Covered for CSHCS members. |
| MEGA MULTI FOR MEN TABLET HIGH POTENCY (RX) 200-175-250 MCG | Tier 1 | |
| MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG | Tier 1 | |

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| MEGA MULTIVIT FOR MEN CAPLET CAPLET (OTC) 200-175-250 MCG | Tier 1 | |
| MEGA MULTIVIT FOR WOMEN CAPLET 13.5-200-250 MG-MCG-MCG | Tier 1 | |
| MEN'S DAILY FORMULA CAPSULE 0.4-600 MG-MCG | Tier 1 | |
| MEN'S MULTIVITAMIN GUMMIES 200 MCG | Tier 1 | |
| MERIBIN 5 MG CAPSULE 5 MG | Tier 1 | Covered for CSHCS members. |
| METAFOLBIC ORAL TABLET 6-5-50-1 MG | Tier 1 | Covered for CSHCS members. |
| MONOCAPS TABLET (RX) 14 MG IRON- 400 MCG | Tier 1 | |
| MULTI COMPLETE-IRON TABLET 18-400 MG-MCG | Tier 1 | |
| MULTI FOR HER TABLET 18 MG IRON-600 MCG-80 MCG | Tier 1 | |
| MULTI-DAY PLUS IRON TABLET 18-400 MG-MCG | Tier 1 | |
| <i>multi-vitamin gummies 200-137.5 mcg</i> | Tier 1 | |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| MYNEPHROCAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| NEPHRONEX LIQUID 900 MCG/5 ML | Tier 1 | Covered for CSHCS members. |
| NEPHRONEX-SL TABLET 800-2,000 MCG-UNIT | Tier 1 | Covered for CSHCS members. |
| NEPHRO-VITE TABLET (RX) 0.8 MG | Tier 1 | Covered for CSHCS members. |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON-1,000 MCG-230MG | Tier 1 | QL (2 Tablets per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NESTABS ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| NEWGEN ORAL TABLET 32-1,000 MG-MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| <i>niacinamide 500 mg tablet pure,s/f,gluten-free (rx) 500 mg</i> | Tier 1 | |
| <i>niacinamide er 500 mg tablet 500 mg</i> | Tier 1 | |

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| O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| OMNICAP TABLET 0.4 MG | Tier 1 | |
| ONE DAILY COMPLETE TABLET 18-0.4 MG | Tier 1 | |
| ONE DAILY ESSENTIAL ORAL TABLET 0.4 MG, 400 MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY FOR MEN 50+ ADV TAB 400-600-120 MCG-MCG-MG | Tier 1 | |
| ONE DAILY FOR MEN TABLET 0.4-600 MG-MCG | Tier 1 | |
| ONE DAILY FOR WOMEN TABLET 18-0.4 MG | Tier 1 | |
| ONE DAILY HEALTHY WEIGHT TAB 200-18-0.4 MG | Tier 1 | |
| ONE DAILY MAXIMUM ORAL TABLET 18-0.4 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG | Tier 1 | |
| ONE DAILY MEN'S HEALTH TABLET 0.4-600 MG-MCG | Tier 1 | |
| ONE DAILY MULTIVITAMIN-IRON TB 18-400 MG-MCG | Tier 1 | |
| ONE DAILY PLUS IRON ORAL TABLET 18-400 MG-MCG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY TABLET 0.4-600 MG-MCG | Tier 1 | |
| ONE DAILY WOMEN 50 PLUS ORAL TABLET 400-120 MCG-MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| ONE DAILY WOMENS 50 PLUS TAB (RX) 0.4 MG | Tier 1 | |
| ONE-A-DAY ENERGY TABLET 9 MG IRON-400 MCG-200 MG | Tier 1 | |
| ONE-A-DAY MEN VITACRAVES GUMMY 200 MCG | Tier 1 | |
| ONE-A-DAY MENOPAUSE FORMULA TB 400-60 MCG-MG | Tier 1 | |
| ONE-A-DAY MEN'S 50 PLUS TABLET (RX) 400-20-370 MCG | Tier 1 | |

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| ONE-A-DAY MEN'S 50 PLUS TABLET 400-300-120 MCG-MCG-MG | Tier 1 | |
| ONE-A-DAY MEN'S TABLET 400-20-300 MCG | Tier 1 | |
| ONE-A-DAY TEEN ADVANTAGE TAB 18-400 MG-MCG, 9 MG IRON-400 MCG | Tier 1 | |
| ONE-A-DAY VITACRAVES GUMMIES 200 MCG | Tier 1 | |
| ONE-A-DAY VITACRAVES IMMUNITY 200 MCG | Tier 1 | |
| ONE-A-DAY VITACRAVES OMEGA-3 200-16 MCG-MG | Tier 1 | |
| ONE-A-DAY VITACRAVES SOUR GMMY 200 MCG | Tier 1 | |
| ONE-A-DAY WEIGHTSMART TABLET 200-18-0.4 MG | Tier 1 | |
| ONE-A-DAY WOMEN VITACRAVES 200 MCG | Tier 1 | |
| ONE-A-DAY WOMEN'S HEALTHY SKIN 18 MG IRON-400 MCG-6 MG | Tier 1 | |
| ONE-A-DAY WOMEN'S PETITES TAB 9 MG IRON-200 MCG | Tier 1 | |
| ONE-A-DAY WOMEN'S TABLET 18 MG IRON- 400 MCG-180 MG | Tier 1 | |
| OPTISOURCE TABLET CHEWABLE 9 MG IRON-200 MCG-40 MCG | Tier 1 | |
| OPURITY MULTIVITAMIN TAB CHEW 30 MG IRON-800 MCG | Tier 1 | |
| PARVLEX TABLET 29 MG IRON- 400 MCG | Tier 1 | |
| PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATABS FA ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL COMPLETE CAPLET 14 MG IRON- 400 MCG | Tier 1 | QL (1 Caplet per 1 day); AGE (Min 12 Years and Max 55 Years) |

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| PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL TABLET NO LACTOSE,P/F,NA/F (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN FORMULA TB (RX) 27 MG IRON- 0.8 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMIN TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRENATAL VITAMINS TABLET 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PREPLUS ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PRETAB ORAL TABLET 29-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| PROCERV HP TABLET 9 MG IRON- 300 MCG-50 MCG | Tier 1 | |
| PRORENAL MULTIVITAMIN TABLET 8 MG IRON-800 MCG-1,000 UNIT | Tier 1 | Covered for CSHCS members. |
| PRORENAL QD SOFTGEL 400-500 MCG-UNIT | Tier 1 | |
| PROTECT CARDIO AF SOFTGEL 0.5-30-60-90 MG | Tier 1 | |
| PROTECT PLUS SO SOFTGEL 0.5-15 MG | Tier 1 | |
| <i>pv b complex tablet (otc)</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv biotin 800 mcg tablet (otc) 800 mcg</i> | Tier 1 | Covered for CSHCS members. |

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| <i>pv folic acid 400 mcg tablet gluten-free (otc) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>pv folic acid 800 mcg tablet (otc) 800 mcg</i> | Tier 1 | |
| QC MEN'S DAILY MULTIVIT-MIN TB (RX) 0.4-600 MG-MCG | Tier 1 | |
| QC MULTI-VITE TABLET 18-400 MG-MCG | Tier 1 | |
| QUIN B STRONG WITH C & ZINC TB 500-400-15 MG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| QUINTABS TABLET 400 MCG | Tier 1 | |
| QUINTABS-M IRON FREE TABLET 0.4 MG | Tier 1 | |
| QUINTABS-M TABLET (RX) 10 MG IRON-400 MCG | Tier 1 | |
| RA BALANCED B-100 TABLET 0.4 MG | Tier 1 | Covered for CSHCS members. |
| RA BALANCED B-50 TABLET NATURAL,P/F (RX) | Tier 1 | Covered for CSHCS members. |
| <i>ra b-complex tablet p/f (rx)</i> | Tier 1 | Covered for CSHCS members. |
| <i>ra b-complex-vitamin b-12 tab p/f (rx)</i> | Tier 1 | Covered for CSHCS members. |
| <i>ra biotin 2,500 mcg capsule p/f, d/f 2,500 mcg</i> | Tier 1 | Covered for CSHCS members. |
| RA CENTRAL-VITE TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| RA CENTRAL-VITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| <i>ra folic acid 0.4 mg tablet p/f (rx) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>ra folic acid 800 mcg tablet p/f (rx) 800 mcg</i> | Tier 1 | |
| RA MEN'S ONE DAILY TABLET P/F 400-20-300 MCG | Tier 1 | |
| RA ONE DAILY MEN'S 50+ TABLET 400-120 MCG-MG | Tier 1 | |
| RA ONE DAILY WOMEN'S TABLET 18 MG IRON-400 MCG-450 MG CA | Tier 1 | |
| RA PRENATAL TABLET (RX) 28 MG IRON- 800 MCG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| RENAL CAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG | Tier 1 | Covered for CSHCS members. |
| RENA-VITE TABLET (RX) 0.8 MG | Tier 1 | Covered for CSHCS members. |
| RENO CAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| SENTRY SENIOR MULTIVIT CAPLET CAPLET (OTC) 500-300-250 MCG | Tier 1 | |

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| SENTRY SENIOR MULTIVITAMIN TAB SODIUM/F,YEAST/F (RX) 500-300-250 MCG | Tier 1 | |
| SENTRY SENIOR TABLET 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| SENTRY TABLET 18-400 MG-MCG | Tier 1 | |
| SIDEROL TABLET | Tier 1 | |
| SM BALANCED B-50 TABLET (OTC) | Tier 1 | Covered for CSHCS members. |
| SM COMPLETE 50 PLUS TABLET (RX) 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| SM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG | Tier 1 | |
| SM COMPLETE SENIOR FORMULA TAB 0.4-300-250 MG-MCG-MCG | Tier 1 | |
| <i>sm folic acid 0.4 mg tablet (rx) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| <i>sm folic acid 400 mcg tablet gluten-free (rx) 400 mcg</i> | Tier 1 | QL (1 Tablet per 1 day) |
| SM MEN'S ONE DAILY TABLET GLUTEN-FREE 400-20-300 MCG | Tier 1 | |
| SM NATURAL BALANCED B-100 TAB 100 MG | Tier 1 | Covered for CSHCS members. |
| SM STRESS FORMULA+ZINC TABLET | Tier 1 | Covered for CSHCS members. |
| SM ULTIMATE MEN'S COMPLETE TAB 300-600-300 MCG | Tier 1 | |
| SM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG | Tier 1 | |
| <i>sm vitamin b complex tablet gluten-free (rx) 0.4 mg</i> | Tier 1 | Covered for CSHCS members. |
| SM VITAMIN B-100 COMPLEX TAB GLUTEN-FREE (RX) 0.4 MG | Tier 1 | Covered for CSHCS members. |
| SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA | Tier 1 | |
| SOLO TABLET 400-80 MCG | Tier 1 | |
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG-18 MG IRON | Tier 1 | Covered for CSHCS members. |
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG-27 MG IRON | Tier 1 | Covered for CSHCS members. |
| STRESS-C WITH IRON TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |

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| SUNVITE TABLET 18 MG IRON-400 MCG-25 MCG | Tier 1 | |
| <i>super b complex tablet p/f (rx) 400 mcg</i> | Tier 1 | Covered for CSHCS members. |
| SUPER B-50 COMPLEX CAPSULE (RX) | Tier 1 | Covered for CSHCS members. |
| SUPER B-50 COMPLEX PLUS TAB | Tier 1 | Covered for CSHCS members. |
| SUPER MULTIPLE CAPSULE 0.4 MG | Tier 1 | |
| SUPER MULTIPLE-LOW IRON TABLET 400 MCG | Tier 1 | |
| SUPER QUINTS B-50 TABLET 0.4 MG | Tier 1 | Covered for CSHCS members. |
| SUPER QUINTS B-50 TABLETS | Tier 1 | Covered for CSHCS members. |
| SUPERVITE ORAL LIQUID 1,000-75-1 MG-MG-MG/15 ML | Tier 1 | Covered for CSHCS members. |
| SV B COMPLEX SUBLINGUAL LIQUID S/F, GLUTEN-FREE 1.7-20-2-1.2 MG/ML | Tier 1 | Covered for CSHCS members. |
| <i>sv biotin 1,000 mcg softgel 1 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>sv biotin 5,000 mcg softgel softgel, s/f (rx) 5 mg</i> | Tier 1 | Covered for CSHCS members. |
| <i>sv folic acid 800 mcg tablet (rx) 800 mcg</i> | Tier 1 | |
| SV HAIR, SKIN AND NAILS CAPLET 1 MG IRON-66.7 MCG-1,000 MCG | Tier 1 | |
| THERA M PLUS TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA TABLET 400 MCG | Tier 1 | |
| THERAGRAN-M PREMIER 50+ CAPLET 400-250-375 MCG | Tier 1 | |
| THERA-M CAPLET CAPLET,U-D,10X10 (RX) 27-0.4 MG | Tier 1 | |
| THERA-M CAPLET WITH IRON 9 MG IRON-400 MCG | Tier 1 | |
| THERA-M TABLET W/BETA CAROTENE 9 MG IRON-400 MCG | Tier 1 | |
| THERANATAL CORE NUTRITION TAB 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG | Tier 1 | |
| THERAPEUTIC-M TABLET 9 MG IRON-400 MCG | Tier 1 | |
| THERA-TABS M CAPLET HIGH POTENCY 27 MG IRON-400 MCG | Tier 1 | |

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| TRIADVANCE ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| TRIPHROCAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| TRUEPLUS DIABETIC MULTIVITAMIN 500-10 MCG | Tier 1 | |
| ULTRA B-100 COMPLEX TAB SA | Tier 1 | Covered for CSHCS members. |
| ULTRA FREEDA TABLET 267 MCG | Tier 1 | |
| ULTRA FREEDA WITH IRON TABLET 6 MG IRON-267 MCG | Tier 1 | |
| V-C FORTE ORAL CAPSULE 1 MG | Tier 1 | |
| VIC-FORTE ORAL CAPSULE 1 MG | Tier 1 | |
| VINATE GT ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE M ORAL TABLET 27 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE ONE ORAL TABLET 60 MG IRON-1 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VINATE ULTRA ORAL TABLET 90-1-50 MG | Tier 1 | QL (1 Tablet per 1 day); AGE (Min 12 Years and Max 55 Years) |
| VIRT-CAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| VIRT-VITE ORAL TABLET 2.5-25-1 MG | Tier 1 | Covered for CSHCS members. |
| VIRT-VITE PLUS ORAL TABLET 5 MG | Tier 1 | Covered for CSHCS members. |
| VITACEL TABLET 800-250-750 MCG | Tier 1 | |
| VITAL-D RX ORAL TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG | Tier 1 | Covered for CSHCS members. |
| VITALEE TABLET 0.4 MG | Tier 1 | |
| VITAMIN B COMPLEX CAPSULE (RX) | Tier 1 | Covered for CSHCS members. |
| VITAMIN B COMPLEX TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |

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| <i>vitamin b complex tablet coated (otc)</i> | Tier 1 | Covered for CSHCS members. |
| VITAMIN B-100 COMPLEX TABLET (RX) 0.4 MG | Tier 1 | Covered for CSHCS members. |
| <i>vitamin b-50 complex tablet s/f,p/f,dairy-free (rx) 0.4 mg</i> | Tier 1 | Covered for CSHCS members. |
| VITAMIN B-COMPLEX & C CAPLET P/F,LACTOSE FREE 400-500 MCG-MG | Tier 1 | Covered for CSHCS members. |
| VITA-RESPA ORAL TABLET 2.2-25-1.3 MG | Tier 1 | Covered for CSHCS members. |
| VITRUM 50 PLUS SENIOR TABLET 500-300-250 MCG | Tier 1 | |
| V-R BALANCED B-50 TABLET (RX) | Tier 1 | Covered for CSHCS members. |
| V-R WOMEN'S COMPLEX CAPLET | Tier 1 | |
| WOMEN'S DAILY CAPLET 27 MG IRON-400 MCG | Tier 1 | |
| WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,NA/F,FRUIT 200 MCG | Tier 1 | |
| <i>yeast tablet 500 mg (7.5 gr)</i> | Tier 1 | Covered for CSHCS members. |
| YELETS TABLET 18-400 MG-MCG | Tier 1 | |
| Vitamin C | | |
| B COMPLEX WITH VITAMIN C TAB 18-10-45-5-250 MG | Tier 1 | Covered for CSHCS members. |
| <i>balanced b-complex caplet p/f,no-lactose (rx) 400 mcg</i> | Tier 1 | Covered for CSHCS members. |
| <i>b-complex with vit c caplet s/f,p/f,gluten-free (rx) 400 mcg</i> | Tier 1 | Covered for CSHCS members. |
| <i>b-complex with vitamin c oral tablet</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| DECUBI VITE CAPSULE 400-50-500 MCG-MG-MG | Tier 1 | |
| DIALYVITE 800 PLUS D WAFER 800 MCG- 2,000 UNIT | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800 TABLET 0.8 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800-ULTRA D TABLET 0.8-2,000 MG-UNIT | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800-ZINC 15 MG TAB 0.8-15 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800-ZINC 50 MG TAB 0.8-50 MG | Tier 1 | Covered for CSHCS members. |
| DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG, 100-1 MG | Tier 1 | Covered for CSHCS members. |
| FOLBEE PLUS ORAL TABLET 5 MG | Tier 1 | Covered for CSHCS members. |

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| FULL SPECTRUM B WITH VIT C TAB 0.8 MG | Tier 1 | Covered for CSHCS members. |
| IRON 100 PLUS TABLET 100-250-25-1 MG-MG-MCG-MG | Tier 1 | AGE (Max 12 Years) |
| MYNEPHROCAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| NEPHRONEX LIQUID 900 MCG/5 ML | Tier 1 | Covered for CSHCS members. |
| NEPHRONEX-SL TABLET 800-2,000 MCG-UNIT | Tier 1 | Covered for CSHCS members. |
| NEPHRO-VITE TABLET (RX) 0.8 MG | Tier 1 | Covered for CSHCS members. |
| PARVLEX TABLET 29 MG IRON- 400 MCG | Tier 1 | |
| PRORENAL MULTIVITAMIN TABLET 8 MG IRON-800 MCG-1,000 UNIT | Tier 1 | Covered for CSHCS members. |
| QUIN B STRONG WITH C & ZINC TB 500-400-15 MG-MCG-MG | Tier 1 | Covered for CSHCS members. |
| RENAL CAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG | Tier 1 | Covered for CSHCS members. |
| RENA-VITE TABLET (RX) 0.8 MG | Tier 1 | Covered for CSHCS members. |
| RENO CAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| SIDEROL TABLET | Tier 1 | |
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG-18 MG IRON | Tier 1 | Covered for CSHCS members. |
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG-27 MG IRON | Tier 1 | Covered for CSHCS members. |
| STRESS-C WITH IRON TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |
| <i>super b complex tablet p/f (rx) 400 mcg</i> | Tier 1 | Covered for CSHCS members. |
| TRIPHROCAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |
| TRIPLE VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| VIRT-CAPS ORAL CAPSULE 1 MG | Tier 1 | Covered for CSHCS members. |

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| VIRT-VITE PLUS ORAL TABLET 5 MG | Tier 1 | Covered for CSHCS members. |
| VITAL-D RX ORAL TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG | Tier 1 | Covered for CSHCS members. |
| VITAMIN B COMPLEX TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| Vitamin D | | |
| ACTICAL SOFTGEL | Tier 1 | |
| BIOCAL SOFTGEL 500-100-45-800 MG-UNIT-MG-MCG | Tier 1 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | Tier 1 | QL (4 Capsules per 1 day) |
| <i>calcitriol oral solution 1 mcg/ml</i> | Tier 1 | AGE (Max 12 Years) |
| CALCIUM 250-D TABLET OYSTER SHELL (RX) 250-125 MG-UNIT | Tier 1 | |
| <i>calcium 250-vit d3 125 tablet 250-125 mg-unit</i> | Tier 1 | |
| CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) - 200 UNIT | Tier 1 | |
| <i>calcium 500-vit d3 125 caplet 500 mg(1,250mg) -125 unit</i> | Tier 1 | |
| CALCIUM 500-VIT D3 400 TABLET NATURAL OYSTER SHELL (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| CALCIUM 500-VIT D3 400 TABLET P/F,NA/F,NO LACTOSE (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| CALCIUM 500-VIT D3 400 TABLET S/F,P/F,GLUTEN-FREE (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| CALCIUM 600 + VIT D TABLET 600-125 MG-UNIT | Tier 1 | |
| CALCIUM 600 WITH VITAMIN D3 ORAL TABLET 600 MG(1,500MG) -200 UNIT | Tier 1 | |
| CALCIUM 600-VIT D3 400 CAPLET CAPLET (OTC) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| <i>calcium 600-vit d3 400 tablet (rx) 600 mg(1,500mg) - 400 unit</i> | Tier 1 | |
| CALCIUM 600-VIT D3 400 TABLET (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |

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|--|-----------|---|
| CALCIUM 600-VIT D3 400 TABLET P/F (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| <i>calcium 600-vit d3 400 tablet s/f, l/f (rx) 600 mg(1,500mg) -400 unit</i> | Tier 1 | |
| <i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -200 unit</i> | Tier 1 | |
| <i>calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -800 unit</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CALCIUM CITRATE + D ORAL TABLET 315-200 MG-UNIT | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| <i>calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit, 315-200 mg-unit</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CALTRATE 600 PLUS D3 TABLET 600 MG(1,500MG) - 800 UNIT | Tier 1 | |
| <i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit)</i> | Tier 1 | |
| <i>cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit)</i> | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| CITRACAL + D MAXIMUM CAPLET (RX) 315 MG- 250 UNIT | Tier 1 | |
| <i>cvs vitamin d3 1,000 unit sfgl softgel (rx) 25 mcg (1,000 unit)</i> | Tier 1 | |
| <i>cvs vitamin d3 2,000 unit sfgl softgel 50 mcg (2,000 unit)</i> | Tier 1 | |
| <i>cvs vitamin d3 400 unit sftgl (rx) 10 mcg (400 unit)</i> | Tier 1 | AGE (Min 65 Years) |
| <i>cvs vitamin d3 5,000 unit sfgl softgel (rx) 125 mcg (5,000 unit)</i> | Tier 1 | |
| D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) | Tier 1 | |

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|--|-----------|---|
| <i>d3-50 50,000 unit capsule s/f,d/f,p/f (rx) 1,250 mcg (50,000 unit)</i> | Tier 1 | |
| DELTA D3 ORAL TABLET 10 MCG (400 UNIT) | Tier 1 | |
| DIALYVITE 800 PLUS D WAFER 800 MCG- 2,000 UNIT | Tier 1 | Covered for CSHCS members. |
| DIALYVITE 800-ULTRA D TABLET 0.8-2,000 MG-UNIT | Tier 1 | Covered for CSHCS members. |
| DIALYVITE SUPREME D ORAL TABLET 3-2,000 MG-UNIT | Tier 1 | Covered for CSHCS members. |
| DIALYVITE VIT D3 50,000 UNIT 1,250 MCG (50,000 UNIT) | Tier 1 | |
| EQ CALCIUM 500-VIT D3 400 TAB OYSTER SHELL (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| <i>eq calcium 600-vit d3 400 tab (rx) 600 mg(1,500mg) - 400 unit</i> | Tier 1 | |
| <i>gnp calcium 500-vit d3 600 tab 500mg (1,250mg) - 600 unit</i> | Tier 1 | |
| <i>gnp vitamin d3 2,000 unit tab maximum strength (rx) 50 mcg (2,000 unit)</i> | Tier 1 | |
| <i>gnp vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)</i> | Tier 1 | |
| GNP VITAMIN D3 5,000 UNIT TAB SUPER STRENGTH (RX) 125 MCG (5,000 UNIT) | Tier 1 | |
| HM VITAMIN D3 1,000 UNIT TAB GLUTEN-FREE (RX) 25 MCG (1,000 UNIT) | Tier 1 | |
| HM VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-FREE (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| NEPHRONEX-SL TABLET 800-2,000 MCG-UNIT | Tier 1 | Covered for CSHCS members. |
| OS-CAL 500 + D3 ORAL TABLET 500 MG(1,250MG) - 200 UNIT | Tier 1 | |
| OS-CAL 500-VIT D3 600 CAPLET 500MG (1,250MG) - 600 UNIT | Tier 1 | |
| OYSTER SHELL CALCIUM-VIT D TAB (OTC) 250-125 MG-UNIT | Tier 1 | |
| OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |

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|--|-----------|---|
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT | Tier 1 | |
| OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -400 UNIT | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary |
| OYSTER SHELL-D 250 MG TABLET U-D, 10X10 (RX) 250-125 MG-UNIT | Tier 1 | |
| OYSTERCAL-D 500 MG-400 UNIT TB 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| PRORENAL MULTIVITAMIN TABLET 8 MG IRON-800 MCG-1,000 UNIT | Tier 1 | Covered for CSHCS members. |
| PRORENAL QD SOFTGEL 400-500 MCG-UNIT | Tier 1 | |
| PV CALCIUM 600-VIT D3 200 TAB (OTC) 600 MG(1,500MG) -200 UNIT | Tier 1 | |
| PV CALCIUM 600-VIT D3 400 TAB (OTC) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| <i>pv vitamin d3 1,000 unit sftgl liquid gels, softgel (otc) 25 mcg (1,000 unit)</i> | Tier 1 | |
| <i>pv vitamin d3 1,000 unit tab gluten/f (otc) 25 mcg (1,000 unit)</i> | Tier 1 | |
| PV VITAMIN D3 2,000 UNIT SFTGL SOFTGEL (OTC) 50 MCG (2,000 UNIT) | Tier 1 | |
| <i>pv vitamin d3 2,000 unit tab gluten-free (otc) 50 mcg (2,000 unit)</i> | Tier 1 | |
| PV VITAMIN D3 400 UNIT SOFTGEL SOFTGEL,P/F,S/F (OTC) 10 MCG (400 UNIT) | Tier 1 | AGE (Min 65 Years) |
| PV VITAMIN D3 5,000 UNIT TAB (OTC) 125 MCG (5,000 UNIT) | Tier 1 | |
| <i>qc calcium 600-vit d3 400 tab high potency (rx) 600 mg(1,500mg) -400 unit</i> | Tier 1 | |
| RA CALCIUM 600-VIT D3 400 TAB (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| RA VITAMIN D3 1,000 UNIT TAB S/F, GLUTEN/F, YEAST/F (RX) 25 MCG (1,000 UNIT) | Tier 1 | |

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|---|-----------|---|
| RA VITAMIN D3 2,000 UNIT SFGL (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| RA VITAMIN D3 2,000 UNIT SFTGL (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| <i>ra vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)</i> | Tier 1 | |
| SM CALCIUM 500-VIT D3 400 TAB (RX) 500 MG(1,250MG) -400 UNIT | Tier 1 | |
| SM CALCIUM 600-VIT D3 400 TAB (OTC) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| SM VITAMIN D3 1,000 UNIT TAB P/F (RX) 25 MCG (1,000 UNIT) | Tier 1 | |
| SM VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-FREE (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| <i>super calcium 600-vit d3 400 s/f, p/f (rx) 600 mg(1,500mg) -400 unit</i> | Tier 1 | |
| SV CALCIUM 600-VIT D3 400 TAB P/F, GLUTEN-FREE (RX) 600 MG(1,500MG) -400 UNIT | Tier 1 | |
| SV VITAMIN D3 1,000 UNIT SFTGL SOFTGEL, P/F, S/F (RX) 25 MCG (1,000 UNIT) | Tier 1 | |
| SV VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-F, P/F (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| SV VITAMIN D3 400 UNIT SOFTGEL SOFTGEL , P/F, S/F (RX) 10 MCG (400 UNIT) | Tier 1 | AGE (Min 65 Years) |
| <i>sv vitamin d3 5,000 unit sftgl softgel, p/f, s/f (rx) 125 mcg (5,000 unit)</i> | Tier 1 | |
| TRIPLE VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| VITAL-D RX ORAL TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG | Tier 1 | Covered for CSHCS members. |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 1 | |
| <i>vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)</i> | Tier 1 | |

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|---|-----------|--------------------|
| VITAMIN D3 1,000 UNIT SOFTGEL SOFTGEL (RX) 25 MCG (1,000 UNIT) | Tier 1 | |
| <i>vitamin d3 1,000 unit tablet s/f, p/f (rx) 25 mcg (1,000 unit)</i> | Tier 1 | |
| VITAMIN D3 1,000 UNIT TABLET U-D, 10X10 (RX) 25 MCG (1,000 UNIT) | Tier 1 | |
| <i>vitamin d3 10 mcg/ml liquid s/f,w/dropper (rx) 10 mcg/ml (400 unit/ml)</i> | Tier 1 | |
| VITAMIN D3 2,000 UNIT SOFTGEL (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| VITAMIN D3 2,000 UNIT SOFTGEL SOFTGEL, SUPER STR (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| VITAMIN D3 2,000 UNIT SOFTGEL SOY-FREE,SOFTGEL (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| <i>vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit)</i> | Tier 1 | |
| VITAMIN D3 2,000 UNIT TABLET P/F (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| VITAMIN D3 2,000 UNIT TABLET SUPER STRENGTH (RX) 50 MCG (2,000 UNIT) | Tier 1 | |
| VITAMIN D3 400 UNIT SOFTGEL P/F,S/F,NA/F,SOFTGEL (RX) 10 MCG (400 UNIT) | Tier 1 | AGE (Min 65 Years) |
| VITAMIN D3 400 UNIT SOFTGEL SOFTGEL,P/F,S/F (RX) 10 MCG (400 UNIT) | Tier 1 | AGE (Min 65 Years) |
| <i>vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)</i> | Tier 1 | |
| <i>vitamin d3 5,000 unit capsule s/f, p/f (rx) 125 mcg (5,000 unit)</i> | Tier 1 | |
| <i>vitamin d3 5,000 unit softgel (rx) 125 mcg (5,000 unit)</i> | Tier 1 | |
| <i>vitamin d3 5,000 unit softgel softgel (rx) 125 mcg (5,000 unit)</i> | Tier 1 | |
| <i>vitamin d3 5,000 unit tablet 125 mcg (5,000 unit)</i> | Tier 1 | |
| VITAMIN D3 5,000 UNIT TABLET S/F, P/F, (RX) 125 MCG (5,000 UNIT) | Tier 1 | |
| <i>vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)</i> | Tier 1 | |

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| VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) | Tier 1 | Certain NDC's may not be covered per the Michigan Medicaid Common Formulary; AGE (Min 65 Years) |
| VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML | Tier 1 | QL (2 ML per 1 day); AGE (Max 12 Years) |
| VITAMINS A-D-E TABLET 10,000-400 UNIT-UNIT | Tier 1 | |
| V-R WOMEN'S COMPLEX CAPLET | Tier 1 | |
| Vitamin E | | |
| AQUA-E LIQUID (RX) 30-2 MG/ML | Tier 1 | Covered for CSHCS members. |
| <i>cvs natural vitamin e oil drps 100 unit/0.25 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>cvs vitamin e 1,000 unit cap (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>cvs vitamin e 200 unit softgel softgel 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>cvs vitamin e 400 unit capsule (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>cvs vitamin e 400 unit softgel softgel,s/f,p/f (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>eql vitamin e 1,000 unit sftgl softgel (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>eql vitamin e 400 unit softgel softgel,p/f (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>fnp vitamin e 200 unit tablet (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>fnp vitamin e 200 unit tablet s/f, p/f, gluten/f (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>fnp vitamin e 400 unit tablet (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>fnp vitamin e 400 unit tablet s/f, p/f, gluten/f (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>fnp vitamin e liquid s/f, p/f, gluten/f (rx) 1,150 unit/1.25 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>gnp vitamin e 200 unit softgel softgel (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>gnp vitamin e 400 unit softgel softgel (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>gnp vitamin e 400 unit softgel water dispersible (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>gnp vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)</i> | Tier 1 | Covered for CSHCS members. |
| <i>hm vitamin e 1,000 unit sftgel softgel, gluten-free (otc) 450 mg (1,000 unit)</i> | Tier 1 | Covered for CSHCS members. |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|----------------------------|
| <i>hm vitamin e 200 unit softgel softgel, gluten-free 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>hm vitamin e 400 unit softgel softgel, gluten-free (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv vitamin e 1,000 unit sftgel softgel (otc) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv vitamin e 1,000 unit sftgl dl-alpha, softgel (otc) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv vitamin e 1,000 units sftgl softgel, mixed (otc) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv vitamin e 200 units softgel gluten/f (otc) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv vitamin e 400 unit softgel softgel (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv vitamin e 400 unit softgel softgel (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>pv vitamin e 400 unit softgel softgel, gluten-free (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>ra vitamin e 1,000 unit sftgl blend,softgel,p/f (otc) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>ra vitamin e 200 unit softgel softgel,p/f.s/f (otc) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>ra vitamin e 400 unit softgel p/f, sugar free (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>ra vitamin e 400 unit softgel p/f,s/f,softgel (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sm vitamin e 1,000 unit sftgel softgel (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sm vitamin e 1,000 unit sftgel softgel, gluten-free (otc) 450 mg (1,000 unit)</i> | Tier 1 | Covered for CSHCS members. |
| <i>sm vitamin e 200 unit softgel softgel (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sm vitamin e 200 unit softgel softgel, gluten-free 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sm vitamin e 400 unit capsule (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sm vitamin e 400 unit softgel softgel (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sm vitamin e 400 unit softgel softgel, gluten-free (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG-18 MG IRON | Tier 1 | Covered for CSHCS members. |

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| DRUG NAME | DRUG TIER | NOTES |
|--|-----------|--|
| STRESS FORMULA WITH IRON TAB 500 MG-400 MCG- 27 MG IRON | Tier 1 | Covered for CSHCS members. |
| STRESS-C WITH IRON TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |
| <i>sv vitamin e 1,000 unit sftgel p/f, gluten-free (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sv vitamin e 200 unit softgel p/f, gluten-free (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>sv vitamin e 400 unit softgel p/f, gluten-free (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| VITAMIN B COMPLEX TABLET 500 MG-400 MCG- 18 MG IRON | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 1,000 unit capsule (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 1,000 unit capsule (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 1,000 unit softgel (rx) 450 mg (1,000 unit)</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 1,000 unit softgel p/f, blend, softgel (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 1,000 unit softgel softgel (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 100 unit capsule p/f,s/f (rx) 100 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 100 unit tablet (rx) 100 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 100 unit tablet 100 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 15 unit/0.3 ml drop 22.5 mg (50 unit)/ml</i> | Tier 1 | Covered for CSHCS members.; AGE (Max 12 Years) |
| <i>vitamin e 200 unit capsule (otc) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 200 unit capsule (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 200 unit capsule softgel, p/f (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 200 unit softgel p/f, s/f, no lactose (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 200 unit softgel softgel (rx) 200 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 400 unit capsule (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 400 unit capsule (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |

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|--|-----------|----------------------------|
| <i>vitamin e 400 unit capsule p/f, sf, gluten-free (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 400 unit softgel (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 400 unit softgel softgel (otc) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 400 unit softgel softgel 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 400 unit softgel softgel,s/f,p/f (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e 600 unit capsule (rx) 600 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e natural oil drops 100 unit/0.25 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e oil drops 100 unit/0.25 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e oil drops 100 unit/0.25 ml</i> | Tier 1 | Covered for CSHCS members. |
| <i>vitamin e-oil 100 unit/0.25 ml 100 unit/0.25 ml</i> | Tier 1 | Covered for CSHCS members. |
| VITAMINS A-D-E TABLET 10,000-400 UNIT-UNIT | Tier 1 | |
| <i>v-r vitamin e 1,000 unit sftgl sftgel,natural blend (rx) 1,000 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>v-r vitamin e 400 unit capsule (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>v-r vitamin e 400 unit softgel softgel,natural (rx) 400 unit</i> | Tier 1 | Covered for CSHCS members. |
| <i>wheat germ oil (rx)</i> | Tier 1 | Covered for CSHCS members. |
| <i>wheat germ oil capsule 6 minim</i> | Tier 1 | Covered for CSHCS members. |
| Vitamin K Activity | | |
| AQUADEKS PEDIATRIC LIQUID 400 MCG/ML | Tier 1 | Covered for CSHCS members. |
| BIOCAL SOFTGEL 500-100-45-800 MG-UNIT-MG-MCG | Tier 1 | |
| DAILY MULTIVITAMIN CAPSULE 200-100-500 MCG | Tier 1 | |
| EQ ONE DAILY MEN'S TABLET GLUTEN FREE 400-20-300 MCG | Tier 1 | |
| EQL CENTURY MATURE TABLET 400-30 MCG | Tier 1 | |
| HM MEN'S ONE DAILY TABLET GLUTEN-FREE 400-20-300 MCG | Tier 1 | |
| MULTI FOR HER TABLET 18 MG IRON-600 MCG-80 MCG | Tier 1 | |
| ONE-A-DAY MEN'S 50 PLUS TABLET (RX) 400-20-370 MCG | Tier 1 | |
| ONE-A-DAY MEN'S TABLET 400-20-300 MCG | Tier 1 | |

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| OPTISOURCE TABLET CHEWABLE 9 MG IRON-200 MCG-40 MCG | Tier 1 | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | Tier 1 | QL (3 Tablets per 30 days) |
| PROCERV HP TABLET 9 MG IRON- 300 MCG-50 MCG | Tier 1 | |
| RA MEN'S ONE DAILY TABLET P/F 400-20-300 MCG | Tier 1 | |
| SM MEN'S ONE DAILY TABLET GLUTEN-FREE 400-20-300 MCG | Tier 1 | |
| SOLO TABLET 400-80 MCG | Tier 1 | |
| SUNVITE TABLET 18 MG IRON-400 MCG-25 MCG | Tier 1 | |
| TRUEPLUS DIABETIC MULTIVITAMIN 500-10 MCG | Tier 1 | |

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