



2026 Michigan
Medicaid Formulary

Introduction

Meridian is pleased to provide an updated 2026 Medicaid Formulary as a reference and informational tool for providers, pharmacists, and patients. The purpose of the Meridian formulary is to help providers choose clinically fit and cost-effective products for their patients. This document has facts about the drugs we cover in this plan.

Pharmacy and Therapeutics (P&T) Committee

Meridian uses the State of Michigan criteria for the formulary items to determine coverage. For items not on the list or formulary Meridian would depend on our internal P&T Committee made up of providers, pharmacists, and healthcare professionals. The clinical information within the formulary was derived from medical literature and is reviewed and approved by the P&T Committee.

Notice

The information contained in this formulary is provided by Meridian, solely for the convenience of medical providers. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. Meridian assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

Preface

The Meridian formulary is organized in sections. Each section includes therapeutic groups named by either drug class or disease state. Brand and common names are included as a reference to help in product recognition. Brand name drugs are capitalized (e.g. LIPITOR) and generic drugs are listed in lower-case italics (e.g. *atorvastatin calcium*).

Meridian will not cover prescription drugs that are prescribed for experimental, investigational, or non-FDA approved indications, dosages, or routes of administration.

Formulary Components

The Meridian formulary contains covered medications without authorization, medications that must meet step therapy protocol, medications that need prior authorization, specialty medications, and medications that have quantity limits. Members will not be charged a co-pay when Meridian covers a medication.

Generic Substitution

Meridian is a mandatory generic plan. Michigan Department of Health and Human Services (MDHHS) has mandated that some brand medications are to be covered over the generic medication. Generic medication will be dispensed when available.

Covered Medications without Authorization

Meridian covers many medications without requiring authorization. These medications include many prescriptions and over-the-counter medications (with a valid prescription).

Non-Covered Benefits

The following categories are not covered benefits: medications used for cosmetic purposes, to promote fertility, for sexual dysfunction, for experimental or investigational purposes, or medications that are not licensed for use in the United States.

Tier Descriptions

Tier Number	Tier Name	Tier Description
1	PDL Preferred	MDHHS preferred drug list (PDL) mandated coverage. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
2	PDL Non-Preferred	MDHHS PDL mandated coverage. Prior authorization required. In some cases will need the trial and failure of preferred agent(s). Some products may have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
3	Non-PDL	MDHHS mandated Non-PDL coverage. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.
4	Supplemental	Additional products that Meridian covers for the benefit of its members. Some products may require prior authorization, have quantity limitations, gender restrictions, step therapy, specialty restrictions, and/or age limitations.

Prior Authorization (PA)

Drugs indicated with "PA" require prior authorization for coverage. Please call the Help Desk at **866-984-6462** or fax a completed prior authorization form to **877-355-8070**. All prior authorizations will be reviewed within 24 hours.

Step Therapy (ST)

Drugs with an "ST" need step therapy for coverage. The required step is listed next to the drug name.

Specialty Medications (SP)

All specialty medications noted as "SP" are to be filled at contracted, in-network specialty pharmacies.

Quantity Limits (QL)

Drugs with a "QL" have a set quantity limit imposed. These limits are based on FDA-recommended dosing guidelines. The quantity limit is listed next to the drug name. All medications have a maximum of 30 days per prescription.

Fill Limit (FL)

Drugs indicated with an "FL" have a set fill limit imposed. The fill limit is listed next to the drug name. These medications are limited to a number of fills in a set amount of time.

Day Supply Limit (DS)

Drugs indicated with a "DS" have a set day supply limit imposed. The day supply limit is listed next to the drug name. These medications are limited to a certain day supply in a set amount of time.

Gender Restriction (GR)

Drugs indicated with a "GR" have a set gender restriction imposed. The gender restriction is listed next to the drug name. These medications are limited to either males or females.

Age Limit (AL)

Drugs indicated with an "AL" have a set age limit imposed. The age limit is listed next to the drug name. These medications are limited to a specific age range.

Maintenance Product (MP)

Drugs indicated with an "MP" are used to treat long-term conditions or illnesses and are available for up to a 102-day supply.

Prescription and OTC Product (RX/OTC)

Drugs indicated with an "RX/OTC" are over-the-counter products that are available for coverage with a valid prescription written by a licensed prescriber.

Carve Out Medication (CO)

Drugs indicated with a "CO" are carve-out medications that are covered by the State of Michigan fee-for-service Medicaid program. These are not covered by Meridian. Separate coverage rules including prior authorization, quantity limits, age limits, etc. may apply. For carve out medications, pharmacies need to submit claims to the fee-for-service Medicaid program directly through Prime Therapeutics. The pharmacy help desk number for these carve-out medications is 877-624-5204.

Benefit Exception

The process for requesting non-formulary medication(s) requires CoverMyMeds submission or faxing a completed Formulary Exception form indicating the request for an exception to the formulary. This request must include pertinent clinical documentation showing trial and failure of all formulary agents. It should also contain information showing the medication is the standard of care for the indication provided (peer-reviewed journal articles may be required). Please call the Help Desk at **866-984-6462**, fax completed Formulary Exception forms to **877-355-8070** or follow the CoverMyMeds prior authorization process.

Pharmacy Benefit Management

Meridian utilizes Express Scripts to manage each member's pharmacy benefit. Express Scripts provides Meridian with a pharmacy network, pharmacy claims management services, and claims adjudication. This formulary is up to date through the date of publication. Please notify Meridian of any mistakes in the formulary. A copy of this formulary can be mailed upon request. The Help Desk can be contacted at **866-984-6462**.

Contact Information

Pharmacy Help Desk: 866-984-6462

Prior Authorization Fax Number: 877-355-8070

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
DYANAVEL XR TBCR	CO	
XELSTRYM	CO	
Analeptics		
<i>caffeine citrate SOLN PO</i>	3	AL(Up to 1 yrs old); MP
Anorexiants Non-Amphetamine		
ADIPEX-P TABS (<i>phentermine hcl</i>)	1	AL(At least 17 yrs old); PA
<i>benzphetamine hcl 50 MG</i>	1	AL(At least 18 yrs old); PA
<i>diethylpropion hcl TABS</i>	1	AL(At least 18 yrs old); PA
<i>diethylpropion hcl TB24</i>	1	AL(At least 18 yrs old); PA
PHENDIMETRAZINE TARTRATE ER CP24	1	AL(At least 18 yrs old); PA
<i>phendimetrazine tartrate TABS</i>	1	AL(At least 18 yrs old); PA
<i>phentermine hcl CAPS</i>	1	AL(At least 17 yrs old); PA
<i>phentermine hcl TABS</i>	1	AL(At least 17 yrs old); PA
<i>phentermine hcl-topiramate</i>	1	AL(At least 12 yrs old); PA
QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG (<i>phentermine hcl-topiramate</i>)	NF	
Anti-Obesity Agents		
<i>liraglutide (weight management) 18 MG/3ML</i>	2	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 12 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>orlistat</i>	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 12 yrs old); PA
SAXENDA 18 MG/3ML (<i>liraglutide (weight management)</i>)	1	QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); AL(At least 12 yrs old); PA
WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 12 yrs old); PA
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML	1	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 12 yrs old); PA
XENICAL (<i>orlistat</i>)	1	QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); AL(At least 12 yrs old); PA
ZEPBOUND SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>clonidine hcl (adhd) TB12</i>	CO	
KAPVAY TB12 (<i>clonidine hcl (adhd)</i>)	CO	
ONYDA XR SUER	CO	
Stimulants - Misc.		
<i>methylphenidate hcl TBCR</i>	CO	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
RELEXXII TBCR (methylphenidate hcl)	CO	
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
PALFORZIA (12 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (120 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (160 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (20 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (200 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (240 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (3 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (300 MG MAINTENANCE) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (300 MG TITRATION) PACK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (40 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA (6 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (80 MG DAILY DOSE) CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA INITIAL DOSE 4-17YRS CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
PALFORZIA INITIAL ESCALATION CSPK	3	AL(At least 1 yrs old - Up to 17 yrs old); SP; PA
ALTERNATIVE MEDICINES		
Alternative Medicine - M's		
melatonin LIQD 1 MG/ML	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
BETHKIS NEBU (tobramycin)	1	SP
HUMATIN	3	
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin)	NF	SP
neomycin sulfate TABS	1	
TOBI PODHALER CAPS	1	SP
TOBI NEBU (tobramycin)	NF	SP
tobramycin NEBU	1	SP
tobramycin NEBU	2	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	2	QL(1 EA daily); SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RINVOQ LQ SOLN	2	QL(12 ML daily); SP	ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
RINVOQ TB24	2	QL(1 EA daily); SP	ADALIMUMAB-AATY (2 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
XELJANZ XR TB24	2	QL(1 EA daily); SP	ADALIMUMAB-AATY (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
XELJANZ SOLN	2	QL(10 ML daily); SP	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML	2	
XELJANZ TABS	2	QL(2 EA daily); SP	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
Anti-TNF-alpha - Monoclonal Antibodies			ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ABRILADA (1 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ABRILADA (2 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML	2	QL(0.4 ML per 28 day(s) retail); SP
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail); SP
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	ADALIMUMAB-ADBM (2 PEN) AJKT	2	SP
ADALIMUMAB-AACF (2 PEN) AJKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP	ADALIMUMAB-ADBM (2 PEN) AJKT	1	SP
ADALIMUMAB-AACF (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP	ADALIMUMAB-ADBM (2 SYRINGE) PSKT	1	SP
ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	1	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail); SP
ADALIMUMAB-AACF(PS/UV STARTER) AJKT	2	QL(2 EA per 365 day(s) retail; 2 EA per 365 days mail); SP			
ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	1	QL(4 EA per 365 day(s) retail; 4 EA per 365 days mail); SP	AMJEVITA SOSY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	CYLTEZO (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ADALIMUMAB-BWWD SOSY 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ADALIMUMAB-FKJP (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	CYLTEZO-CD/UC/HS STARTER AJKT	2	QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail); SP
ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	CYLTEZO-PSORIASIS/UV STARTER AJKT	2	QL(4 EA per 365 day(s) retail; 4 EA per 365 days mail); SP
ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	HADLIMA PUSHTOUCH SOAJ	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
ADALIMUMAB-RYVK (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	HADLIMA PUSHTOUCH SOAJ	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
ADALIMUMAB-RYVK (2 SYRINGE) PSKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	HADLIMA SOSY	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
AMJEVITA-PED 10KG TO <15KG SOSY	2	QL(0.4 ML per 28 day(s) retail); SP	HADLIMA SOSY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
AMJEVITA-PED 15KG TO <30KG SOSY	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	HULIO (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
AMJEVITA SOAJ 40 MG/0.8ML	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP	HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	HYRIMOZ-PED<40KG CROHN STARTER SOSY	2	QL(1.2 ML per 365 day(s) retail; 1 ML per 365 days mail); SP
HUMIRA (2 PEN) AJKT	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	HYRIMOZ-PED>=40KG CROHN START SOSY	2	QL(0.8 ML per 365 day(s) retail; 1 ML per 365 days mail); SP
HUMIRA (2 PEN) AJKT 80 MG/0.8ML	1	SP	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ	2	QL(1.6 ML per 365 day(s) retail; 2 ML per 365 days mail); SP
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	HYRIMOZ-PLAQUE PSORIASIS START SOAJ	2	QL(1.6 ML per 365 day(s) retail; 2 ML per 365 days mail); SP
HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	1	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	HYRIMOZ SOAJ 80 MG/0.8ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	HYRIMOZ SOAJ 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	1	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP	HYRIMOZ SOSY 20 MG/0.2ML	2	QL(0.4 ML per 28 day(s) retail); SP
HUMIRA-PED<40KG CROHNS STARTER PSKT	1	SP	HYRIMOZ SOSY 10 MG/0.1ML	2	QL(0.2 ML per 28 day(s) retail); SP
HUMIRA-PED>=40KG CROHNS START PSKT	1	SP	HYRIMOZ SOSY 40 MG/0.4ML	2	QL(0.8 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
HUMIRA-PS/UV/ADOL HS STARTER AJKT	1	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	IDACIO (2 PEN) AJKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
HUMIRA- PSORIASIS/UEIT STARTER AJKT	1	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP	IDACIO (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
HYRIMOZ-CROHNS/UC STARTER SOAJ	2	QL(0.8 ML per 365 day(s) retail; 1 ML per 365 days mail); SP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IDACIO-CROHNS/UC STARTER AJKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP	YUFLYMA (1 PEN) AJKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP
IDACIO-PSORIASIS STARTER AJKT	2	QL(2 EA per 365 day(s) retail; 2 EA per 365 days mail); SP	YUFLYMA (1 PEN) AJKT 80 MG/0.8ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
SIMLANDI (1 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	YUFLYMA (2 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
SIMLANDI (1 PEN) AJKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	YUFLYMA (2 SYRINGE) PSKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
SIMLANDI (1 SYRINGE) PSKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	YUFLYMA-CD/UC/HS STARTER AJKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
SIMLANDI (2 PEN) AJKT	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	YUSIMRY	2	QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML	2	QL(4 EA per 28 day(s) retail; 4 EA per 28 days mail); SP	Interleukin-6 Receptor Inhibitors		
SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP	ACTEMRA ACTPEN SOAJ	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
SIMPONI ARIA SOLN	2	SP	ACTEMRA SOSY	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
SIMPONI SOAJ 50 MG/0.5ML	2	QL(0.5 ML per 28 day(s) retail); SP	KEVZARA SOAJ	2	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
SIMPONI SOAJ 100 MG/ML	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	KEVZARA SOSY	2	QL(2.28 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
SIMPONI SOSY 100 MG/ML	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	TYENNE SOAJ	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
SIMPONI SOSY 50 MG/0.5ML	2	QL(0.5 ML per 28 day(s) retail); SP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TYENNE SOSY	2	QL(3.6 ML per 28 day(s) retail; 4 ML per 28 days mail); SP	<i>diclofenac w/ misoprostol TBEC</i>	2	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			DUEXIS (<i>ibuprofen-famotidine</i>)	2	
ADVIL DUAL ACTION TABS (<i>ibuprofen-acetaminophen</i>)	2		EC-NAPROSYN TBEC (<i>naproxen</i>)	2	
ADVIL JUNIOR STRENGTH TABS 100 MG	1		<i>etodolac CAPS</i>	2	
ADVIL MIGRAINE CAPS (<i>ibuprofen</i>)	1		<i>etodolac TABS</i>	2	
ADVIL CAPS (<i>ibuprofen</i>)	1		<i>etodolac TB24</i>	2	
ADVIL TABS (<i>ibuprofen</i>)	1		FELDENE CAPS (<i>piroxicam</i>)	2	
ALEVE ALL DAY STRONG TABS 220 MG (<i>naproxen sodium</i>)	1		<i>fenoprofen calcium CAPS 400 MG</i>	2	
ALEVE CAPS (<i>naproxen sodium</i>)	1		<i>fenoprofen calcium TABS</i>	2	
ALEVE TABS (<i>naproxen sodium</i>)	1		<i>flurbiprofen TABS 100 MG</i>	2	
ANAPROX DS TABS (<i>naproxen sodium</i>)	2		<i>ibuprofen-acetaminophen TABS</i>	2	
ARTHROTEC TBEC (<i>diclofenac w/ misoprostol</i>)	2		<i>ibuprofen CAPS</i>	1	
CELEBREX (<i>celecoxib</i>)	2	QL(2 EA daily)	<i>ibuprofen CHEW</i>	1	
<i>celecoxib</i>	1	QL(2 EA daily)	<i>ibuprofen-famotidine</i>	2	
CHILDRENS ADVIL SUSP 100 MG/5ML (<i>ibuprofen</i>)	1	RX/OTC	<i>ibuprofen SUSP</i>	1	
CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>ibuprofen</i>)	1	RX/OTC	<i>ibuprofen TABS</i>	1	
DAYPRO TABS (<i>oxaprozin</i>)	2		INDOCIN SUSP (<i>indomethacin</i>)	2	
<i>diclofenac potassium CAPS</i>	2		<i>indomethacin CAPS 25 MG, 50 MG</i>	1	
<i>diclofenac potassium TABS</i>	2		<i>indomethacin CPCR</i>	2	
<i>diclofenac sodium TB24</i>	2		<i>indomethacin SUSP</i>	2	
<i>diclofenac sodium TBEC</i>	1		INFANTS ADVIL SUSP (<i>ibuprofen</i>)	1	
			<i>ketoprofen CAPS 25 MG, 50 MG</i>	2	
			<i>ketoprofen CP24</i>	2	
			<i>ketorolac tromethamine TABS</i>	1	QL(21 EA per fill retail)
			LODINE TABS (<i>etodolac</i>)	2	
			LURBIPR TABS 100 MG (<i>flurbiprofen</i>)	2	
			LURBIRO TABS 100 MG (<i>flurbiprofen</i>)	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>meclofenamate sodium CAPS</i>	2		VIMOVO (<i>naproxen-esomeprazole magnesium</i>)	2	
<i>mefenamic acid CAPS</i>	2		ZIPSOR CAPS (<i>diclofenac potassium</i>)	2	
<i>meloxicam CAPS</i>	2		ZORVOLEX CAPS 18 MG	2	
<i>meloxicam TABS</i>	1		Phosphodiesterase 4 (PDE4) Inhibitors		
MOTRIN CHILDRENS CHEW (<i>ibuprofen</i>)	1		OTEZLA XR TB24 PO 75 MG	2	QL(1 EA daily); SP
MOTRIN INFANTS DROPS SUSP (<i>ibuprofen</i>)	1		OTEZLA/OTEZLA XR INITIATION PK TBPK	2	QL(41 EA per 365 day(s) retail; 41 EA per 365 days mail); SP
<i>nabumetone</i>	1		OTEZLA TABS	2	QL(2 EA daily); SP
NALFON CAPS (<i>fenoprofen calcium</i>)	2		OTEZLA TBPK	2	QL(55 EA per 365 day(s) retail; 55 EA per 365 days mail); SP
NALFON TABS 600 MG	2		Pyrimidine Synthesis Inhibitors		
NAPRELAN TB24 (<i>naproxen sodium</i>)	2		ARAVA (<i>leflunomide</i>)	3	QL(1 EA daily)
NAPROSYN SUSP (<i>naproxen</i>)	2		<i>leflunomide</i>	3	QL(1 EA daily)
NAPROSYN TABS 500 MG (<i>naproxen</i>)	1		Selective Costimulation Modulators		
<i>naproxen sodium CAPS</i>	1		ORENCIA CLICKJECT SOAJ	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
<i>naproxen sodium TABS 275 MG, 550 MG</i>	2		ORENCIA SOSY 125 MG/ML	2	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP
<i>naproxen sodium TABS 220 MG</i>	1		ORENCIA SOSY 50 MG/0.4ML	2	QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); SP
<i>naproxen sodium TB24</i>	2		ORENCIA SOSY 87.5 MG/0.7ML	2	QL(2.8 ML per 28 day(s) retail; 3 ML per 28 days mail); SP
<i>naproxen-esomeprazole magnesium</i>	2		Soluble Tumor Necrosis Factor Receptor Agents		
<i>naproxen SUSP</i>	2				
<i>naproxen TABS</i>	1				
<i>naproxen TBEC</i>	2				
<i>oxaprozin TABS</i>	2				
<i>piroxicam CAPS</i>	2				
RELAFEN DS	2				
SPRIX SOLN NA	2	QL(5 EA per fill retail)			
<i>sulindac TABS</i>	1				
<i>tolmetin sodium CAPS</i>	2				
<i>tolmetin sodium TABS 600 MG</i>	2				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENBREL MINI SOCT	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP	<i>acetaminophen CHEW 80 MG</i>	3	
ENBREL SURECLICK SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP	<i>acetaminophen LIQD 160 MG/5ML</i>	3	
ENBREL SOLN	1	SP	<i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	3	
ENBREL SOSY	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP	<i>acetaminophen SUPP 120 MG, 650 MG</i>	3	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			<i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>	3	
Analgesic Combinations			<i>acetaminophen TABS 325 MG, 500 MG</i>	3	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)	<i>acetaminophen TBCR</i>	3	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)	<i>acetaminophen TBDP 160 MG</i>	3	
<i>butalbital-aspirin-caffeine CAPS</i>	3	QL(4 EA daily); AL(Up to 64 yrs old)	FEVERALL JUNIOR STRENGTH SUPP	3	
ESGIC TABS (<i>butalbital-acetaminophen-caffeine</i>)	3	QL(12.3 EA daily); AL(At least 10 yrs old - Up to 64 yrs old)	TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (<i>acetaminophen</i>)	3	
Analgesics - Sodium Channel Pain Signal Inhibitors			TYLENOL 8 HOUR TBCR (<i>acetaminophen</i>)	3	
JOURNAVX	3	QL(29 EA per 90 day(s) retail; 29 EA per 90 days mail); AL(At least 18 yrs old)	TYLENOL CHILDRENS PAIN + FEVER SUSP (<i>acetaminophen</i>)	3	
Analgesics Other			TYLENOL CHILDRENS SUSP (<i>acetaminophen</i>)	3	
<i>acetaminophen CAPS 500 MG</i>	3		TYLENOL EXTRA STRENGTH TABS (<i>acetaminophen</i>)	3	
			TYLENOL FOR CHILDREN + ADULTS SUSP (<i>acetaminophen</i>)	3	
			TYLENOL INFANTS PAIN+FEVER SUSP (<i>acetaminophen</i>)	3	
			TYLENOL TABS (<i>acetaminophen</i>)	3	
			Salicylates		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	3	AL(At least 40 yrs old - Up to 79 yrs old)	DILAUDID TABS 8 MG (<i>hydromorphone hcl</i>)	2	QL(67 EA per 30 day(s) retail; 67 EA per 30 days mail)
<i>aspirin CHEW</i>	3	QL(1 EA daily); MP	DILAUDID TABS 4 MG (<i>hydromorphone hcl</i>)	2	QL(135 EA per 30 day(s) retail; 135 EA per 30 days mail)
ASPIRIN SUPP 300 MG	3		DILAUDID TABS 2 MG (<i>hydromorphone hcl</i>)	2	QL(6 EA daily)
<i>aspirin TABS 325 MG</i>	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)	<i>fentanyl citrate LPOP</i>	2	QL(4 EA daily); AL(At least 18 yrs old)
<i>aspirin TBEC 81 MG</i>	3	QL(1 EA daily)	<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	1	QL(10 EA per fill retail)
<i>aspirin TBEC 325 MG</i>	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)	<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	2	QL(10 EA per fill retail)
BUFFERIN (<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>)	3	AL(At least 40 yrs old - Up to 79 yrs old)	<i>hydrocodone bitartrate CP12</i>	2	
<i>diflunisal TABS</i>	2		<i>hydrocodone bitartrate T24A</i>	2	
DOLOBID TABS	2		<i>hydromorphone hcl LIQD</i>	1	QL(4 ML daily)
ECOTRIN ARTHRTIS PAIN TBEC (<i>aspirin</i>)	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)	HYDROMORPHONE HCL SUPP	2	
ECOTRIN TBEC (<i>aspirin</i>)	3	QL(1 EA daily); AL(At least 40 yrs old - Up to 79 yrs old)	<i>hydromorphone hcl TABS 4 MG</i>	1	QL(135 EA per 30 day(s) retail; 135 EA per 30 days mail)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl TABS 8 MG</i>	1	QL(67 EA per 30 day(s) retail; 67 EA per 30 days mail)
Opioid Agonists			<i>hydromorphone hcl TABS 2 MG</i>	1	QL(6 EA daily)
ACTIQ LPOP 400 MCG (<i>fentanyl citrate</i>)	2	QL(4 EA daily); AL(At least 18 yrs old)	<i>hydromorphone hcl TB24</i>	2	
<i>codeine sulfate TABS 30 MG</i>	1	QL(6 EA daily); AL(At least 12 yrs old)	HYSINGLA ER T24A	2	
CODEINE SULFATE TABS	1	QL(6 EA daily); AL(At least 12 yrs old)	<i>levorphanol tartrate TABS</i>	2	
CONZIP CP24 (<i>tramadol hcl</i>)	2	AL(At least 12 yrs old)	<i>meperidine hcl SOLN PO 50 MG/5ML</i>	2	QL(8 ML daily)
DILAUDID LIQD (<i>hydromorphone hcl</i>)	2	QL(4 ML daily)	<i>meperidine hcl TABS 50 MG</i>	2	QL(4 EA daily)
			<i>methadone hcl CONC</i>	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methadone hcl SOLN PO</i>	2		<i>oxycodone hcl T12A 10 MG</i>	1	QL(6 EA daily)
<i>methadone hcl TABS</i>	2		<i>oxycodone hcl T12A 20 MG</i>	1	QL(3 EA daily)
<i>methadone hcl TBSO</i>	2		OXYCODONE HCL TABA 15 MG	2	QL(90 EA per 30 day(s) retail)
METHADOSE SUGAR-FREE CONC (<i>methadone hcl</i>)	2		OXYCODONE HCL TABA 30 MG	2	QL(60 EA per 30 day(s) retail)
METHADOSE CONC (<i>methadone hcl</i>)	2		OXYCODONE HCL TABA 5 MG, 10 MG	2	QL(3 EA daily)
<i>morphine sulfate beads</i>	2		<i>oxycodone hcl TABS 20 MG</i>	2	QL(3 EA daily)
<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	2		<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG</i>	1	QL(3 EA daily)
<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	1	QL(4 ML daily)	<i>oxycodone hcl TABS 30 MG</i>	2	QL(2 EA daily)
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	1	QL(8 ML daily)	OXYCONTIN T12A 10 MG	1	QL(6 EA daily)
<i>morphine sulfate SUPP</i>	1		OXYCONTIN T12A 80 MG	1	Limit: 22 tablets per 30 days; QL(0.74 EA daily)
<i>morphine sulfate TABS 30 MG</i>	1	QL(3 EA daily)	OXYCONTIN T12A 60 MG	1	QL(1 EA daily)
<i>morphine sulfate TABS 15 MG</i>	1	QL(6 EA daily)	OXYCONTIN T12A 15 MG	1	QL(4 EA daily)
<i>morphine sulfate TBCR</i>	1		OXYCONTIN T12A 20 MG	1	QL(3 EA daily)
MS CONTIN TBCR (<i>morphine sulfate</i>)	2		OXYCONTIN T12A 30 MG	1	QL(2 EA daily)
NUCYNTA ER TB12	2		OXYCONTIN T12A 40 MG	1	Limit: 45 tablets per 30 days; QL(1.5 EA daily)
NUCYNTA TABS	2		<i>oxymorphone hcl TABS 5 MG</i>	2	QL(4 EA daily)
OXAYDO TABS	2	QL(3 EA daily)	<i>oxymorphone hcl TABS 10 MG</i>	2	QL(3 EA daily)
<i>oxycodone hcl CAPS</i>	2	QL(3 EA daily)	<i>oxymorphone hcl TB12</i>	2	
<i>oxycodone hcl CONC 100 MG/5ML</i>	2	QL(3 ML daily)	QDOLO SOLN (<i>tramadol hcl</i>)	2	QL(80 ML daily); AL(At least 12 yrs old)
<i>oxycodone hcl SOLN</i>	1	QL(8 ML daily)	ROXICODONE TABS 15 MG (<i>oxycodone hcl</i>)	2	QL(3 EA daily)
<i>oxycodone hcl T12A 40 MG</i>	1	Limit: 45 tablets per 30 days; QL(1.5 EA daily)	ROXICODONE TABS 30 MG (<i>oxycodone hcl</i>)	2	QL(2 EA daily)
<i>oxycodone hcl T12A 80 MG</i>	1	Limit: 22 tablets per 30 days; QL(0.74 EA daily)			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ROXYBOND TABA 5 MG, 10 MG	2	QL(3 EA daily)	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (<i>butalbital-acetaminophen-caffeine w/ codeine</i>)	2	AL(At least 12 yrs old)
ROXYBOND TABA 15 MG	2	QL(90 EA per 30 day(s) retail)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	1	
ROXYBOND TABA 30 MG	2	QL(60 EA per 30 day(s) retail)	<i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	2	AL(At least 12 yrs old)	<i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	2	
<i>tramadol hcl SOLN</i>	2	QL(80 ML daily); AL(At least 12 yrs old)	NALOCET TABS	2	
TRAMADOL HCL SOLN (<i>tramadol hcl</i>)	2	QL(80 ML daily); AL(At least 12 yrs old)	<i>oxycodone w/ acetaminophen SOLN</i>	1	
<i>tramadol hcl TABS 50 MG, 100 MG</i>	1	AL(At least 12 yrs old)	<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	1	
<i>tramadol hcl TB24</i>	1	AL(At least 12 yrs old)	OXYCODONE-ACETAMINOPHEN SOLN	2	
XTAMPZA ER 36 MG	2	QL(1.5 EA daily)	OXYCODONE-ACETAMINOPHEN TABS	2	
XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG	2	QL(2 EA daily)	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>oxycodone w/ acetaminophen</i>)	2	
Opioid Combinations			PROLATE SOLN	2	
<i>acetaminophen w/ codeine SOLN</i>	1	AL(At least 12 yrs old)	PROLATE TABS	2	
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	1	AL(At least 12 yrs old)	SEGLENTIS	2	QL(4 EA daily); AL(At least 12 yrs old)
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	2	AL(At least 12 yrs old)	<i>tramadol-acetaminophen</i>	1	AL(At least 12 yrs old)
APADAZ	2		Opioid Partial Agonists		
BENZHYDROCODONE-ACETAMINOPHEN	2				
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	AL(At least 12 yrs old)			
<i>butalbital-aspirin-caffeine w/cod</i>	2	AL(At least 12 yrs old)			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BELBUCA FILM	2	QL(2 EA daily)	<i>testosterone GEL TD 1.62 %</i> , 1.62 %	1	PA
BRIXADI (WEEKLY) SOSY	CO	SP	<i>testosterone GEL TD 1 %</i> , 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	2	
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	CO	SP	<i>testosterone SOLN</i>	2	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	CO		VOGELXO PUMP GEL TD (<i>testosterone</i>)	2	
<i>buprenorphine PTWK</i>	2	Limit: 6 patches per 28 days; QL(0.215 EA daily)	VOGELXO GEL TD (<i>testosterone</i>)	2	
<i>butorphanol tartrate NA 10 MG/ML</i>	2	QL(15 ML per 30 day(s) retail)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
BUTRANS PTWK (<i>buprenorphine</i>)	1	Limit: 6 patches per 28 days; QL(0.215 EA daily)	Rectal Steroids		
<i>pentazocine w/ naloxone hcl</i>	2		ANUSOL-HC EX (<i>hydrocortisone (rectal)</i>)	3	
ZUBSOLV SUBL	CO		<i>hydrocortisone (rectal) EX 2.5 %</i>	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones			<i>hydrocortisone (rectal) EX 1 %</i>	2	RX/OTC
Androgens			PREPARATION H EX 1 %	1	RX/OTC
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	2		PREPARATION H SOOTHING RELIEF EX 1 %	1	RX/OTC
ANDROGEL PUMP GEL TD (<i>testosterone</i>)	2	PA	ANTACIDS		
<i>danazol CAPS</i>	3		Antacid Combinations		
FORTESTA GEL TD (<i>testosterone</i>)	2		ACID GONE SUSP 358 MG/15ML-95 MG/15ML	3	
NATESTO GEL NA	2		<i>alum & mag hydrox-simethicone LIQD</i>	3	
TESTIM GEL TD (<i>testosterone</i>)	2		<i>alum & mag hydrox-simethicone SUSP</i>	3	
<i>testosterone cypionate SOLN IM</i>	3		GAVISCON SUSP 358 MG/15ML-95 MG/15ML	3	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	3		HYVEE ADVANCED ANTACID SUSP (<i>alum & mag hydrox-simethicone</i>)	3	
			SM FOAMING ANTACID	4	
			Antacids - Aluminum Salts		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
ALUMINUM HYDROXIDE GEL SUSP	3	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	3	
SODIUM BICARBONATE POWD	4	
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>	3	
<i>calcium carbonate (antacid) SUSP</i>	3	MP
CALCIUM CARBONATE ANTACID SUSP	3	MP
TUMS CHEWY BITES ULTRA STR CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS CHEWY BITES CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS E-X 750 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS EXTRA STRENGTH 750 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS EXTRA STRENGTH CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS LASTING EFFECTS CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS SMOOTHIES CHEW (<i>calcium carbonate (antacid)</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
TUMS ULTRA 1000 CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS ULTRA STRENGTH CHEW (<i>calcium carbonate (antacid)</i>)	3	
TUMS CHEW (<i>calcium carbonate (antacid)</i>)	3	
Antacids - Magnesium Salts		
MAG 440 TABS 440 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>magnesium oxide TABS 420 MG</i>	3	MP
<i>magnesium oxide TABS 400 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole</i>	4	
BENZNIDAZOLE	3	PA
<i>ivermectin</i>	3	QL(10 EA per 30 day(s) retail)
STROMEKTOL (<i>ivermectin</i>)	3	QL(10 EA per 30 day(s) retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYO SPRINKLE PACK	3	QL(2 EA daily); AL(At least 18 yrs old); PA
<i>ranolazine TB12</i>	3	QL(2 EA daily); MP; PA

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Nitrates			Antiarrhythmics Type I-A		
ISORDIL TITRADOSE TABS 5 MG (<i>isosorbide dinitrate</i>)	3	MP	<i>disopyramide phosphate CAPS</i>	3	AL(Up to 64 yrs old); MP
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	3	MP	NORPACE CAPS (<i>disopyramide phosphate</i>)	3	AL(Up to 64 yrs old); MP
<i>isosorbide mononitrate TABS</i>	3	MP	<i>quinidine sulfate TABS</i>	3	MP
ISOSORBIDE MONONITRATE TABS	3	MP	Antiarrhythmics Type I-B		
<i>isosorbide mononitrate TB24</i>	3	QL(2 EA daily); MP	<i>mexiletine hcl</i>	3	MP
NITRO-BID OINT	3	MP	Antiarrhythmics Type I-C		
NITRO-DUR PT24 (<i>nitroglycerin</i>)	3	QL(1 EA daily); MP	<i>flecainide acetate</i>	3	MP
<i>nitroglycerin PT24</i>	3	QL(1 EA daily); MP	<i>propafenone hcl TABS</i>	3	MP
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	3		Antiarrhythmics Type III		
<i>nitroglycerin SUBL</i>	3	MP	<i>amiodarone hcl TABS 100 MG</i>	3	QL(1 EA daily); MP
NITROLINGUAL SOLN TL (<i>nitroglycerin</i>)	3		<i>amiodarone hcl TABS 200 MG, 400 MG</i>	3	MP
NITROSTAT SUBL (<i>nitroglycerin</i>)	3	MP	<i>dofetilide</i>	1	SP
ANTIANGXIETY AGENTS - Drugs to Treat Anxiety			TIKOSYN (<i>dofetilide</i>)	2	SP
Antianxiety Agents - Misc.			ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
BUCAPSOL PO 7.5 MG, 10 MG, 15 MG	CO		Antiasthmatic - Monoclonal Antibodies		
<i>hydroxyzine hcl SYRP</i>	3	AL(Up to 12 yrs old)	FASENRA PEN SOAJ	1	AL(At least 6 yrs old); SP; PA
<i>hydroxyzine hcl TABS</i>	3	AL(Up to 64 yrs old)	NUCALA SOAJ	2	AL(At least 6 yrs old); SP; MP
<i>hydroxyzine pamoate CAPS</i>	3	AL(Up to 64 yrs old)	NUCALA SOLR	2	AL(At least 6 yrs old); SP
VISTARIL CAPS 25 MG (<i>hydroxyzine pamoate</i>)	3	AL(Up to 64 yrs old)	NUCALA SOSY 100 MG/ML	2	AL(At least 6 yrs old); SP; MP
Benzodiazepines			NUCALA SOSY 40 MG/0.4ML	2	AL(Up to 11 yrs old); SP; MP
LOREEV XR CS24	CO		TEZSPIRE SOAJ	2	AL(At least 12 yrs old); SP
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms			TEZSPIRE SOSY	2	AL(At least 12 yrs old); SP
			XOLAIR SOAJ	1	AL(At least 6 yrs old); SP; PA

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOSY	1	AL(At least 6 yrs old); SP; PA	<i>zileuton TB12</i>	2	MP
Bronchodilators - Anticholinergics			ZYFLO TABS	2	MP
ATROVENT HFA	1	QL(0.9 GM daily); MP	Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors		
INCRUSE ELLIPTA	1	QL(21 EA per 90 day(s) retail); MP	OHTUVAYRE	3	QL(5 ML daily); AL(At least 18 yrs old); SP; PA
INCRUSE ELLIPTA	1	QL(90 EA per 90 day(s) retail); MP	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
<i>ipratropium bromide SOLN 0.02 %</i>	1	MP	DALIRESP (<i>roflumilast</i>)	2	MP; PA
SPIRIVA HANDIHALER CAPS IN (<i>tiotropium bromide</i>)	1	QL(1 EA daily); MP	<i>roflumilast</i>	1	MP; PA
SPIRIVA RESPIMAT AERS IN	1	QL(0.16 GM daily); MP	Steroid Inhalants		
<i>tiotropium bromide CAPS IN 18 MCG</i>	2	QL(1 EA daily); MP	ALVESCO	1	MP
TUDORZA PRESSAIR	2	MP	ARMONAIR DIGIHALER	2	MP
YUPELRI	2	MP	ARNUITY ELLIPTA 50 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	1	AL(Up to 11 yrs old); MP
Leukotriene Modulators			ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate (inhalation)</i>)	1	MP
ACCOLATE (<i>zafirlukast</i>)	2	MP	ASMANEX (120 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
<i>montelukast sodium CHEW 4 MG</i>	1	AL(Up to 5 yrs old); MP	ASMANEX (14 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
<i>montelukast sodium CHEW 5 MG</i>	1	AL(Up to 14 yrs old); MP	ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT	1	QL(1 EA per 30 day(s) retail); AL(Up to 11 yrs old); MP
<i>montelukast sodium PACK</i>	2	AL(Up to 5 yrs old); MP	ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT	1	QL(1 EA per 30 day(s) retail); MP
<i>montelukast sodium TABS</i>	1	MP	ASMANEX (60 METERED DOSES) AEPB	1	QL(1 EA per 30 day(s) retail); MP
SINGULAIR CHEW 5 MG (<i>montelukast sodium</i>)	2	AL(Up to 14 yrs old); MP	ASMANEX HFA AERO 50 MCG/ACT	2	QL(0.55 GM daily); AL(Up to 12 yrs old); MP
SINGULAIR CHEW 4 MG (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP	ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	2	QL(0.55 GM daily); MP
SINGULAIR PACK (<i>montelukast sodium</i>)	2	AL(Up to 5 yrs old); MP			
SINGULAIR TABS (<i>montelukast sodium</i>)	2	MP			
<i>zafirlukast</i>	2	MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide (inhalation) SUSP</i>	1	QL(4 ML daily); AL(Up to 8 yrs old); MP	AIRDUO RESPICLICK 113/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 EA daily); MP
FLOVENT HFA 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.9 GM daily); MP	AIRDUO RESPICLICK 232/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 EA daily); MP
FLOVENT HFA 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.45 GM daily); MP	AIRDUO RESPICLICK 55/14 AEPB (<i>fluticasone-salmeterol</i>)	2	QL(0.04 EA daily); MP
FLOVENT HFA 110 MCG/ACT (<i>fluticasone propionate hfa</i>)	1	QL(0.5 GM daily); MP	AIRSUPRA	2	QL(0.72 GM daily); MP
<i>fluticasone furoate (inhalation) 100 MCG/ACT, 200 MCG/ACT</i>	2	MP	<i>albuterol sulfate AERS</i>	1	QL(0.6 GM daily); MP
<i>fluticasone furoate (inhalation) 50 MCG/ACT</i>	2	AL(Up to 11 yrs old); MP	<i>albuterol sulfate AERS</i>	2	QL(1.3 GM daily); MP
<i>fluticasone propionate (inhalation) AEPB</i>	2	MP	<i>albuterol sulfate AERS</i>	1	QL(0.5 GM daily); MP
<i>fluticasone propionate hfa 110 MCG/ACT</i>	1	QL(0.5 GM daily); MP	<i>albuterol sulfate NEBU</i>	1	MP
<i>fluticasone propionate hfa 220 MCG/ACT</i>	1	QL(0.9 GM daily); MP	ALBUTEROL SULFATE NEBU	1	MP
<i>fluticasone propionate hfa 44 MCG/ACT</i>	1	QL(0.45 GM daily); MP	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	1	QL(42 EA per 90 day(s) retail); MP
PULMICORT FLEXHALER AEPB 90 MCG/ACT	1	QL(0.04 EA daily); MP	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (<i>umeclidinium-vilanterol</i>)	1	QL(180 EA per 90 day(s) retail); MP
PULMICORT FLEXHALER AEPB 180 MCG/ACT	1	QL(0.07 EA daily); MP	<i>arformoterol tartrate</i>	2	MP
PULMICORT SUSP (<i>budesonide (inhalation)</i>)	2	QL(4 ML daily); AL(Up to 8 yrs old); MP	BEVESPI AEROSPHERE	1	QL(32.1 GM per 90 day(s) retail); MP
QVAR REDHALER	1	MP	BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>)	2	QL(2.5 EA daily); MP
Sympathomimetics			BREO ELLIPTA 50 MCG/INH-25 MCG/INH	2	QL(180 EA per 90 day(s) retail); AL(Up to 11 yrs old); MP
ADVAIR DISKUS AEPB (<i>fluticasone-salmeterol</i>)	1	QL(2.5 EA daily); MP	BREZTRI AEROSPHERE	2	QL(32.1 GM per 90 day(s) retail); MP
ADVAIR HFA AERO (<i>fluticasone-salmeterol</i>)	1	QL(0.5 GM daily); MP	BREZTRI AEROSPHERE	2	QL(17.7 GM per 90 day(s) retail); MP
AIRDUO DIGIHALER	2	QL(0.04 EA daily); MP	BROVANA (<i>arformoterol tartrate</i>)	2	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide-formoterol fumarate dihydrate</i>	2	QL(0.7 GM daily); MP	STIOLTO RESPIMAT	1	QL(12 GM per 90 day(s) retail); MP
COMBIVENT RESPIMAT AERS	1	QL(20 GM per 90 day(s) retail); MP	STRIVERDI RESPIMAT	2	MP
DUAKLIR PRESSAIR	2	MP	SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.45 GM daily); MP
DULERA 50 MCG/ACT-5 MCG/ACT	1	QL(0.9 GM daily); AL(Up to 11 yrs old); MP	SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.7 GM daily); MP
DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	1	QL(0.9 GM daily); MP	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (<i>budesonide-formoterol fumarate dihydrate</i>)	1	QL(0.5 GM daily); MP
<i>fluticasone furoate-vilanterol</i>	2	QL(2.5 EA daily); MP	<i>terbutaline sulfate TABS</i>	3	MP
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	2	QL(2.5 EA daily); MP	TRELEGY ELLIPTA	1	QL(84 EA per 90 day(s) retail); MP
<i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>	2	QL(0.04 EA daily); MP	TRELEGY ELLIPTA	1	QL(180 EA per 90 day(s) retail); MP
<i>fluticasone-salmeterol AERO</i>	2	QL(0.5 GM daily); MP	<i>umeclidinium-vilanterol</i>	2	QL(180 EA per 90 day(s) retail; 180 EA per 90 days mail); MP
<i>formoterol fumarate NEBU</i>	2	MP	VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(1.3 GM daily); MP
<i>ipratropium-albuterol SOLN</i>	1	MP	VENTOLIN HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.55 GM daily); MP
<i>levalbuterol hcl</i>	2	MP	XOPENEX HFA (<i>levalbuterol tartrate</i>)	1	QL(1 GM daily); MP
<i>levalbuterol tartrate</i>	2	QL(1 GM daily); MP	Xanthines		
PERFOROMIST NEBU (<i>formoterol fumarate</i>)	2	MP	<i>theophylline ELIX</i>	3	
PROAIR DIGIHALER	2	QL(0.04 EA daily); MP	<i>theophylline SOLN</i>	3	MP
PROAIR RESPICLICK AEPB	2	QL(0.04 EA daily); MP	<i>theophylline TB12 300 MG, 450 MG</i>	3	MP
PROVENTIL HFA AERS (<i>albuterol sulfate</i>)	1	QL(0.5 GM daily); MP	<i>theophylline TB24</i>	3	
SEREVENT DISKUS	1	QL(2.5 EA daily); MP	ANTICOAGULANTS - Blood Thinners		
			Coumarin Anticoagulants		
			<i>warfarin sodium TABS</i>	1	MP
			Direct Factor Xa Inhibitors		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS DVT/PE STARTER PACK TBPK	1	QL(74 EA per 30 day(s) retail)
ELIQUIS TABS 2.5 MG	1	QL(2 EA daily); MP
ELIQUIS TABS 5 MG	1	QL(218 EA per 102 day(s) retail); MP
<i>rivaroxaban SUSR 1 MG/ML</i>	2	QL(20 ML daily); MP
<i>rivaroxaban TABS 2.5 MG</i>	2	QL(2 EA daily); MP
SAVAYSA	2	MP
XARELTO STARTER PACK TBPK	1	QL(51 EA per 30 day(s) retail)
XARELTO SUSR 1 MG/ML (<i>rivaroxaban</i>)	1	QL(20 ML daily); MP
XARELTO TABS 15 MG	1	QL(102 EA per 102 day(s) retail); MP
XARELTO TABS 10 MG	1	QL(1 EA daily); MP
XARELTO TABS 2.5 MG (<i>rivaroxaban</i>)	1	QL(2 EA daily); MP
XARELTO TABS 20 MG	1	QL(42 EA per 34 day(s) retail); MP
Heparins And Heparinoid-Like Agents		
ARIXTRA (<i>fondaparinux sodium</i>)	2	SP; MP
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	1	SP; MP
<i>enoxaparin sodium SOSY</i>	1	SP; MP
<i>fondaparinux sodium</i>	2	SP; MP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	2	SP; MP
FRAGMIN SOSY	2	SP; MP
<i>heparin sodium (porcine) lock flush 10 UNIT/ML</i>	4	MP
<i>heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML</i>	3	MP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN IJ 300 MG/3ML (<i>enoxaparin sodium</i>)	2	SP; MP
LOVENOX SOSY (<i>enoxaparin sodium</i>)	2	SP; MP
Thrombin Inhibitors		
<i>dabigatran etexilate mesylate CAPS 110 MG</i>	1	QL(4 EA daily); MP
<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	1	QL(2 EA daily); MP
PRADAXA CAPS 110 MG (<i>dabigatran etexilate mesylate</i>)	2	QL(4 EA daily); MP
PRADAXA CAPS 75 MG, 150 MG (<i>dabigatran etexilate mesylate</i>)	2	QL(2 EA daily); MP
PRADAXA PACK	2	AL(Up to 11 yrs old); MP
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
LIBERVANT FILM	CO	
Anticonvulsants - Misc.		
<i>carbamazepine CHEW</i>	CO	
GABARONE TABS 100 MG, 400 MG	CO	
LEVETIRACETAM IN NACL	CO	
MOTPOLY XR CP24	CO	
<i>primidone</i>	CO	
SUBVENITE SUSP PO 10 MG/ML	CO	
<i>topiramate CPSP</i>	CO	
ZONISADE SUSP	CO	
ZTALMY	CO	SP
Carbamates		
XCOPRI TABS	CO	SP
GABA Modulators		
VIGAFYDE SOLN	CO	SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS - Drugs to Treat Depression			<i>alogliptin-metformin hcl</i>	2	MP
Antidepressant Combinations			<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	2	MP
AUVELITY	CO		<i>dapagliflozin propanediol-metformin hcl</i>	2	MP
GABA Receptor Modulator - Neuroactive Steroid			DUETACT (<i>pioglitazone hcl-glimepiride</i>)	2	MP
ZULRESSO	CO		<i>glipizide-metformin hcl</i>	2	MP
ZURZUVAE	CO	SP	<i>glyburide-metformin</i>	1	MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			GLYXAMBI	2	MP
CITALOPRAM HYDROBROMIDE CAPS	CO		INVOKAMET XR TB24	2	MP
ESCITALOPRAM OXALATE CAPS PO 15 MG	CO		INVOKAMET TABS	2	MP
Serotonin Modulators			JANUMET XR TB24	1	MP
EXXUA TITRATION PACK TB24 PO 18.2 MG	CO		JANUMET TABS	1	QL(2 EA daily); MP
EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	CO		JENTADUETO XR TB24	1	MP
RALDESY SOLN PO 10 MG/ML	CO		JENTADUETO TABS	1	MP
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			KAZANO (<i>alogliptin-metformin hcl</i>)	2	MP
VENLAFAXINE BESYLATE ER	CO		KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>)	2	MP
ANTIDIABETICS - Drugs to Regulate Blood Sugar			OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (<i>alogliptin-pioglitazone</i>)	2	MP
Alpha-Glucosidase Inhibitors			<i>pioglitazone hcl-glimepiride</i>	2	MP
<i>acarbose</i>	1	MP	<i>pioglitazone hcl-metformin hcl TABS</i>	2	MP
<i>miglitol</i>	1	MP	QTERN	2	MP
Antidiabetic - Amylin Analogs			<i>saxagliptin-metformin hcl</i>	2	MP
SYMLINPEN 120 SOPN	1	MP	SEGLUROMET	2	MP
SYMLINPEN 60 SOPN	1	MP	SITAGLIPT BASE-METFORM HCL ER TB24	2	MP
Antidiabetic Combinations			SITAGLIPTIN BASE-METFORMIN HCL TABS	2	MP
ACTOPLUS MET TABS 850 MG-15 MG (<i>pioglitazone hcl-metformin hcl</i>)	2	MP	SOLQUA	2	QL(0.6 ML daily); MP
			STEGLUJAN	2	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TB24	1	MP	GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	2	QL(0.2 ML per 30 day(s) retail)
SYNJARDY TABS	1	MP	GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML	2	QL(0.4 ML per 30 day(s) retail)
TRIJARDY XR	2	MP	GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML	2	QL(0.4 ML per 30 day(s) retail)
XIGDUO XR	1	MP	GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	2	QL(0.2 ML per 30 day(s) retail)
XIGDUO XR (dapagliflozin propanediol-metformin hcl)	1	MP	GVOKE KIT SOLN	2	QL(0.4 ML per 30 day(s) retail)
XULTOPHY	2	QL(0.5 ML daily); MP	GVOKE PFS SOSY 1 MG/0.2ML	2	QL(0.4 ML per 30 day(s) retail; 1 ML per 90 days mail)
ZITUVIMET XR TB24	2	MP	GVOKE PFS SOSY 0.5 MG/0.1ML	2	QL(0.2 ML per 30 day(s) retail; 1 ML per 90 days mail)
ZITUVIMET TABS	2	MP	PROGLYCEM (diazoxide)	1	MP
Biguanides			ZEGALOGUE SOAJ	1	
GLUMETZA TB24 (metformin hcl)	2	MP	ZEGALOGUE SOSY	1	
metformin hcl SOLN	2	MP	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
metformin hcl TABS 500 MG, 850 MG, 1000 MG	1	MP	alogliptin benzoate	2	MP
metformin hcl TABS 625 MG, 750 MG	2	MP	JANUVIA	1	QL(2 EA daily); MP
metformin hcl TB24 500 MG, 750 MG	1	MP	NESINA (alogliptin benzoate)	2	MP
metformin hcl TB24 500 MG, 1000 MG	2	MP	ONGLYZA (saxagliptin hcl)	2	MP
RIOMET SOLN (metformin hcl)	2	MP	saxagliptin hcl	2	MP
Diabetic Other			SITAGLIPTIN	2	MP
BAQSIMI ONE PACK POWD	1	QL(0.067 EA daily); MP	TRADJENTA	1	QL(5 EA daily); MP; PA
BAQSIMI TWO PACK POWD	1	QL(0.067 EA daily); MP	ZITUVIO	2	MP
diazoxide	2	MP	Incretin Mimetic Agents		
GLUCAGEN HYPOKIT	2	MP	BYDUREON BCISE AUIJ	2	QL(0.122 ML daily); MP
GLUCAGON EMERGENCY	2	MP	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)	1	QL(0.08 ML daily); MP
GLUCAGON EMERGENCY SOLR IJ 1 MG, 1 MG/ML (glucagon)	2	MP			
glucagon SOLR IJ 1 MG	2	MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML (<i>exenatide</i>)	1	QL(0.04 ML daily); MP	FIASP PUMPCART SOCT	2	QL(3 ML daily); MP
<i>exenatide SOPN 10 MCG/0.04ML</i>	2	QL(0.08 ML daily); MP	FIASP SOLN	2	QL(3 ML daily); MP
<i>exenatide SOPN 5 MCG/0.02ML</i>	2	QL(0.04 ML daily); MP	HUMALOG JUNIOR KWIKPEN SOPN	1	QL(3 ML daily); MP
<i>liraglutide</i>	2	QL(0.2 ML daily); MP	HUMALOG KWIKPEN SOPN 100 UNIT/ML	1	QL(3 ML daily); MP
<i>liraglutide</i>	2	QL(0.3 ML daily); MP	HUMALOG KWIKPEN SOPN 200 UNIT/ML	2	QL(3 ML daily); MP
MOUNJARO	2	QL(0.072 ML daily)	HUMALOG MIX 50/50 KWIKPEN SUPN	1	QL(3 ML daily); MP
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	1	QL(0.11 ML daily); MP	HUMALOG MIX 50/50 SUSP	1	QL(3 ML daily); MP
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	1	QL(0.11 ML daily); MP	HUMALOG MIX 75/25 KWIKPEN SUPN	2	QL(90 ML per fill retail); MP
OZEMPIC (2 MG/DOSE) SOPN	1	QL(0.11 ML daily); MP	HUMALOG MIX 75/25 SUSP	1	QL(3 ML daily); MP
RYBELSUS TABS	2	QL(1 EA daily); MP	HUMALOG TEMPO PEN SOPN	1	QL(3 ML daily); MP
TRULICITY	1	QL(0.072 ML daily); MP	HUMALOG SOCT	1	QL(3 ML daily); MP
VICTOZA (<i>liraglutide</i>)	1	QL(0.2 ML daily); MP	HUMALOG SOLN IJ	1	QL(3 ML daily); MP
VICTOZA (<i>liraglutide</i>)	1	QL(0.3 ML daily); MP	HUMULIN 70/30 KWIKPEN SUPN	1	QL(3 ML daily); MP
Insulin			HUMULIN 70/30 SUSP	1	QL(3 ML daily); MP
ADMELOG SOLOSTAR SOPN	2	QL(3 ML daily); MP	HUMULIN N KWIKPEN SUPN	1	QL(90 ML per fill retail); MP
ADMELOG SOLN IJ	2	QL(3 ML daily); MP	HUMULIN N SUSP	1	QL(90 ML per fill retail); MP
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	2	QL(6 EA daily); MP	HUMULIN R U-500 (CONCENTRATED) SOLN SC	1	QL(3 ML daily); MP
APIDRA SOLOSTAR SOPN	2	QL(90 ML per fill retail); MP	HUMULIN R U-500 KWIKPEN SOPN SC	1	QL(3 ML daily); MP
APIDRA SOLN	2	QL(90 ML per fill retail); MP	HUMULIN R SOLN IJ	1	QL(90 ML per fill retail); MP
BASAGLAR KWIKPEN SOPN	2	QL(3 ML daily); MP	INSULIN ASP PROT & ASP FLEXPEN SUPN	1	QL(90 ML per fill retail); MP
FIASP FLEXTOUCH SOPN	2	QL(3 ML daily); MP	INSULIN ASPART FLEXPEN SOPN	1	QL(90 ML per fill retail); MP
FIASP PENFILL SOCT	2	QL(3 ML daily); MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INSULIN ASPART PENFILL SOCT	1	QL(90 ML per fill retail); MP	NOVOLIN 70/30 FLEXPEN RELION SUPN	2	QL(3 ML daily); MP
INSULIN ASPART PROT & ASPART SUSP	1	QL(3 ML daily)	NOVOLIN 70/30 FLEXPEN SUPN	2	QL(3 ML daily); MP
INSULIN ASPART SOLN IJ	1	QL(90 ML per fill retail); MP	NOVOLIN 70/30 RELION SUSP	2	QL(3 ML daily); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	2	QL(3 ML daily); MP	NOVOLIN 70/30 SUSP	2	QL(3 ML daily); MP
INSULIN DEGLUDEC SOLN	2	QL(3 ML daily); MP	NOVOLIN N FLEXPEN RELION SUPN	2	QL(90 ML per fill retail); MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	2	QL(3 ML daily); MP	NOVOLIN N FLEXPEN SUPN	2	QL(90 ML per fill retail); MP
INSULIN GLARGINE SOLOSTAR SOPN	2	QL(3 ML daily); MP	NOVOLIN N RELION SUSP	2	QL(90 ML per fill retail); MP
INSULIN GLARGINE SOLN	2	QL(3 ML daily); MP	NOVOLIN N SUSP	2	QL(90 ML per fill retail); MP
INSULIN GLARGINE-YFGN SOLN	2	QL(3 ML daily); MP	NOVOLIN R FLEXPEN RELION SOPN IJ	2	QL(90 ML per fill retail); MP
INSULIN GLARGINE-YFGN SOPN	2	QL(3 ML daily); MP	NOVOLIN R FLEXPEN SOPN IJ	2	QL(90 ML per fill retail); MP
INSULIN LISPRO (1 UNIT DIAL) SOPN	1	QL(3 ML daily); MP	NOVOLIN R RELION SOLN IJ	2	QL(90 ML per fill retail); MP
INSULIN LISPRO JUNIOR KWIKPEN SOPN	1	QL(3 ML daily); MP	NOVOLIN R SOLN IJ	2	QL(90 ML per fill retail); MP
INSULIN LISPRO PROT & LISPRO SUPN	1	QL(90 ML per fill retail); MP	NOVOLOG 70/30 FLEXPEN RELION SUPN	2	QL(90 ML per fill retail); MP
INSULIN LISPRO SOLN IJ	1	QL(3 ML daily); MP	NOVOLOG FLEXPEN RELION SOPN	2	QL(90 ML per fill retail); MP
LANTUS SOLOSTAR SOPN	1	QL(3 ML daily); MP	NOVOLOG FLEXPEN SOPN	2	QL(90 ML per fill retail); MP
LANTUS SOLN	1	QL(3 ML daily); MP	NOVOLOG MIX 70/30 FLEXPEN SUPN	2	QL(90 ML per fill retail); MP
LEVEMIR FLEXPEN SOPN	1	QL(3 ML daily); MP	NOVOLOG MIX 70/30 RELION SUSP	2	QL(3 ML daily); MP
LEVEMIR SOLN	1	QL(3 ML daily); MP	NOVOLOG MIX 70/30 SUSP	2	QL(3 ML daily); MP
LYUMJEV KWIKPEN SOPN	2	QL(3 ML daily); MP	NOVOLOG PENFILL SOCT	2	QL(90 ML per fill retail); MP
LYUMJEV TEMPO PEN SOPN	2	QL(3 ML daily); MP	NOVOLOG RELION SOLN IJ	2	QL(90 ML per fill retail); MP
LYUMJEV SOLN	2	QL(3 ML daily); MP	NOVOLOG SOLN IJ	2	QL(90 ML per fill retail); MP
			REZVOGLAR KWIKPEN	2	QL(90 ML per fill retail); MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
SEMGLEE (YFGN) SOLN	2	QL(3 ML daily); MP
SEMGLEE (YFGN) SOPN	2	QL(3 ML daily); MP
TOUJEO MAX SOLOSTAR SOPN	2	QL(3 ML daily); MP
TOUJEO SOLOSTAR SOPN	2	QL(3 ML daily); MP
TRESIBA FLEXTOUCH SOPN	2	QL(3 ML daily); MP
TRESIBA SOLN	2	QL(3 ML daily); MP
Insulin Sensitizing Agents		
ACTOS (<i>pioglitazone hcl</i>)	2	MP
<i>pioglitazone hcl</i>	1	MP
Meglitinide Analogues		
<i>nateglinide</i>	1	MP
<i>repaglinide</i>	1	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
<i>dapagliflozin propanediol</i>	2	MP
FARXIGA (<i>dapagliflozin propanediol</i>)	1	MP
INVOKANA	2	MP
JARDIANCE	1	MP
STEGLATRO	2	MP
Sulfonylureas		
<i>glimepiride</i> 1 MG, 2 MG, 4 MG	1	MP
<i>glipizide</i> TABS 5 MG, 10 MG	1	MP
<i>glipizide</i> TB24	1	MP
GLUCOTROL XL TB24 (<i>glipizide</i>)	2	MP
<i>glyburide</i> micronized 1.5 MG, 3 MG, 6 MG	1	MP
<i>glyburide</i> TABS	1	MP
GLYNASE 3 MG (<i>glyburide</i> micronized)	2	MP

Drug Name	Drug Tier	Requirements/ Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate</i> CHEW 262 MG	3	
<i>bismuth subsalicylate</i> SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML	3	
<i>bismuth subsalicylate</i> TABS	3	
CULTURELLE IMMUNITY SUPPORT CAPS (<i>lactobacillus rhamnosus</i> (gg))	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CULTURELLE PRO-WELL HEALTH CAPS (<i>lactobacillus rhamnosus</i> (gg))	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
CULTURELLE CAPS (<i>lactobacillus rhamnosus</i> (gg))	NF	
CULTURELLE CAPS (<i>lactobacillus rhamnosus</i> (gg))	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>lactobacillus rhamnosus</i> (gg) CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
PEPTO BISMOL SUSP 525 MG/30ML (<i>bismuth subsalicylate</i>)	3	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEPTO-BISMOL MAX STRENGTH SUSP (bismuth subsalicylate)	3		CHEMET	3	
PEPTO-BISMOL TO-GO CHEW (bismuth subsalicylate)	3		Opioid Antagonists		
PEPTO-BISMOL CHEW (bismuth subsalicylate)	3		KLOXXADO LIQD	3	QL(6 EA per 90 day(s) retail)
PEPTO-BISMOL SUSP 262 MG/15ML (bismuth subsalicylate)	3		naloxone hcl LIQD	3	RX/OTC
PEPTO-BISMOL TABS (bismuth subsalicylate)	3		naloxone hcl SOCT	3	QL(6 ML per 90 day(s) retail)
Antidiarrheal/Probiotic Combinations			naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	3	
CULTURELLE HEALTH (INULIN) CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	naloxone hcl SOSY 2 MG/2ML	3	
Antiperistaltic Agents			NARCAN LIQD (naloxone hcl)	3	RX/OTC
diphenoxylate w/ atropine LIQD	1		OPVEE NA	3	QL(6 EA per 90 day(s) retail)
diphenoxylate w/ atropine TABS	1		REXTOVY LIQD	3	
IMODIUM A-D CAPS (loperamide hcl)	1	RX/OTC	ZIMHI SOSY	3	QL(3 ML per 90 day(s) retail)
IMODIUM A-D SOLN (loperamide hcl)	3		ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
IMODIUM A-D TABS (loperamide hcl)	NF		5-HT3 Receptor Antagonists		
LOMOTIL TABS (diphenoxylate w/ atropine)	NF		ANZEMET TABS 50 MG	2	QL(10 EA per fill retail)
loperamide hcl CAPS	1	RX/OTC	granisetron hcl TABS	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
loperamide hcl SOLN 1 MG/7.5ML	3		ondansetron hcl SOLN PO 4 MG/5ML	1	QL(75 ML per fill retail)
LOPERAMIDE HCL SUSP	3		ondansetron hcl TABS 4 MG, 8 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
loperamide hcl TABS	1		ondansetron TBDP 16 MG	2	QL(30 EA per 30 day(s) retail; 30 EA per 30 days mail)
ANTIDOTES AND SPECIFIC ANTAGONISTS			ondansetron TBDP 4 MG, 8 MG	1	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
Antidotes - Chelating Agents			SANCUSO PTCH	2	Limit: 6 patches per 30 days; QL(0.2 EA daily); SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits
Antiemetics - Anticholinergic		
ANTIVERT CHEW (<i>meclizine hcl</i>)	3	RX/OTC
<i>dimenhydrinate</i> TABS	3	
DRAMAMINE TABS (<i>dimenhydrinate</i>)	3	
<i>meclizine hcl</i> CHEW	3	RX/OTC
<i>meclizine hcl</i> TABS 12.5 MG, 25 MG	3	RX/OTC
<i>trimethobenzamide hcl</i> CAPS	4	
Antiemetics - Miscellaneous		
AKYNZEO	2	QL(1 EA per fill retail); SP
<i>dronabinol</i> CAPS	3	PA
MARINOL CAPS (<i>dronabinol</i>)	3	PA
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant</i> CAPS	2	QL(3 EA per fill retail); AL(At least 12 yrs old)
<i>aprepitant</i> CAPS 40 MG, 125 MG	1	QL(1 EA per fill retail); AL(At least 12 yrs old)
<i>aprepitant</i> CAPS 80 MG	1	QL(2 EA per fill retail); AL(At least 12 yrs old)
EMEND BIPACK CAPS 80 MG (<i>aprepitant</i>)	2	QL(2 EA per fill retail); AL(At least 12 yrs old)
EMEND TRIPACK CAPS (<i>aprepitant</i>)	2	QL(3 EA per fill retail); AL(At least 12 yrs old)
EMEND SUSR	2	AL(At least 12 yrs old)
VARUBI (180 MG DOSE) TBPK	2	QL(2 EA per 7 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	2	QL(4 EA per fill retail)
Antifungals		
ANCOBON (<i>flucytosine</i>)	2	
<i>flucytosine</i>	2	
<i>griseofulvin</i> microsize SUSP	1	
<i>griseofulvin</i> microsize TABS	2	
<i>griseofulvin</i> ultramicrosize	2	
<i>nystatin</i> TABS	1	
<i>terbinafine hcl</i> TABS	1	QL(84 EA per fill retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	2	AL(At least 6 yrs old)
DIFLUCAN SUSR (<i>fluconazole</i>)	2	
DIFLUCAN TABS 100 MG, 200 MG (<i>fluconazole</i>)	2	
DIFLUCAN TABS 150 MG (<i>fluconazole</i>)	2	QL(4 EA per fill retail)
<i>fluconazole</i> SUSR	1	
<i>fluconazole</i> TABS 50 MG, 100 MG, 200 MG	1	
<i>fluconazole</i> TABS 150 MG	1	QL(4 EA per fill retail)
<i>itraconazole</i> CAPS	2	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail)
<i>itraconazole</i> SOLN	2	QL(840 ML per fill retail)
<i>ketoconazole</i>	1	
NOXAFIL PACK	2	AL(Up to 17 yrs old)
NOXAFIL SUSP (<i>posaconazole</i>)	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOXAFIL TBEC (posaconazole)	2		diphenhydramine hcl CAPS	3	AL(Up to 64 yrs old)
posaconazole SUSP	2		diphenhydramine hcl ELIX 12.5 MG/5ML	3	
posaconazole TBEC	2		diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	3	
SPORANOX CAPS (itraconazole)	2	QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail)	diphenhydramine hcl SOLN 50 MG/ML	3	AL(Up to 64 yrs old)
SPORANOX SOLN (itraconazole)	2	QL(840 ML per fill retail)	diphenhydramine hcl TABS 25 MG	3	AL(Up to 64 yrs old)
TOLSURA CAPS	2		Antihistamines - Non-Sedating		
VFEND SUSR (voriconazole)	2		ALLEGRA ALLERGY CHILDRENS SUSP (fexofenadine hcl)	1	
VFEND TABS 200 MG (voriconazole)	2		ALLEGRA ALLERGY TABS (fexofenadine hcl)	1	
VIVJOA	2	QL(18 EA per fill retail)	cetirizine hcl CAPS	2	
voriconazole SUSR	2		cetirizine hcl CHEW	2	
voriconazole TABS	2		cetirizine hcl SOLN PO	1	RX/OTC
ANTI-HISTAMINES - Drugs to Treat Allergies			cetirizine hcl SYRP PO 1 MG/ML	1	RX/OTC
Antihistamines - Alkylamines			cetirizine hcl TABS	1	
chlorpheniramine maleate TABS	3		CLARINEX TABS (desloratadine)	2	
Antihistamines - Ethanolamines			CLARITIN ALLERGY CHILDRENS SOLN (loratadine)	1	
BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl)	3		CLARITIN CHILDRENS CHEW (loratadine)	1	
BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl)	3	AL(Up to 64 yrs old)	CLARITIN CHEW (loratadine)	1	
BENADRYL ALLERGY CAPS (diphenhydramine hcl)	3	AL(Up to 64 yrs old)	CLARITIN SOLN (loratadine)	1	
BENADRYL ALLERGY TABS (diphenhydramine hcl)	3	AL(Up to 64 yrs old)	CLARITIN TABS (loratadine)	1	
carbinoxamine maleate SOLN	3		desloratadine TABS	2	
carbinoxamine maleate TABS 4 MG	3		desloratadine TBDP 5 MG	2	
DAYHIST ALLERGY 12 HOUR RELIEF TABS	3		desloratadine TBDP 2.5 MG	2	AL(Up to 11 yrs old)
			fexofenadine hcl SUSP	1	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine hcl TABS 60 MG, 180 MG</i>	1		<i>cyproheptadine hcl SYRP</i>	3	AL(Up to 64 yrs old)
<i>levocetirizine dihydrochloride SOLN</i>	2	RX/OTC	<i>cyproheptadine hcl TABS</i>	3	AL(Up to 64 yrs old)
<i>levocetirizine dihydrochloride TABS</i>	1	RX/OTC	ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
<i>loratadine CHEW</i>	1		Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
<i>loratadine SOLN</i>	1		<i>NEXLETOL</i>	2	AL(At least 18 yrs old); MP
<i>loratadine TABS</i>	1		Antihyperlipidemics - Combinations		
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>levocetirizine dihydrochloride</i>)	2	RX/OTC	<i>ezetimibe-simvastatin</i>	1	QL(1 EA daily); MP
XYZAL ALLERGY 24HR TABS (<i>levocetirizine dihydrochloride</i>)	1	RX/OTC	<i>NEXLIZET</i>	2	AL(At least 18 yrs old); MP
ZYRTEC ALLERGY CAPS (<i>cetirizine hcl</i>)	2		<i>VYTORIN (ezetimibe-simvastatin)</i>	2	QL(1 EA daily); MP
ZYRTEC ALLERGY TABS (<i>cetirizine hcl</i>)	1		Antihyperlipidemics - Misc.		
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (<i>cetirizine hcl</i>)	2		<i>icosapent ethyl</i>	2	MP
ZYRTEC CHILDRENS ALLERGY SOLN PO (<i>cetirizine hcl</i>)	2	RX/OTC	<i>LOVAZA (omega-3-acid ethyl esters)</i>	2	MP
ZYRTEC CHEW 10 MG (<i>cetirizine hcl</i>)	2		<i>omega-3-acid ethyl esters</i>	2	MP
Antihistamines - Phenothiazines			<i>VASCEPA (icosapent ethyl)</i>	2	MP
<i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>	3	AL(At least 2 yrs old - Up to 64 yrs old)	Bile Acid Sequestrants		
<i>promethazine hcl SUPP 50 MG</i>	3	QL(2 EA daily); AL(At least 2 yrs old - Up to 64 yrs old)	<i>cholestyramine light PACK</i>	1	MP
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	3	QL(4 EA daily); AL(At least 2 yrs old - Up to 64 yrs old)	<i>cholestyramine light POWD</i>	1	MP
<i>promethazine hcl TABS</i>	3	AL(At least 2 yrs old - Up to 64 yrs old)	<i>cholestyramine PACK</i>	1	MP
Antihistamines - Piperidines			<i>cholestyramine POWD</i>	1	MP
			<i>colesevelam hcl PACK</i>	2	MP
			<i>colesevelam hcl TABS</i>	2	MP
			<i>COLESTID FLAVORED GRAN (colestipol hcl)</i>	2	MP
			<i>COLESTID FLAVORED PACK (colestipol hcl)</i>	2	MP
			<i>COLESTID GRAN (colestipol hcl)</i>	2	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COLESTID PACK (colestipol hcl)	2	MP	TRILIPIX (choline fenofibrate)	2	MP
COLESTID TABS (colestipol hcl)	2	MP	HMG CoA Reductase Inhibitors		
colestipol hcl GRAN	2	MP	ALTOPREV TB24 20 MG, 40 MG, 60 MG	2	QL(1 EA daily); MP
colestipol hcl PACK	2	MP	ATORVALIQ SUSP	2	QL(20 ML daily); MP
colestipol hcl TABS	1	MP	atorvastatin calcium TABS	1	QL(1 EA daily); MP
QUESTRAN LIGHT POWD (cholestyramine light)	2	MP	CRESTOR TABS (rosuvastatin calcium)	2	QL(1 EA daily); MP
QUESTRAN PACK (cholestyramine)	2	MP	EZALLOR SPRINKLE CPSP	2	QL(1 EA daily); MP
QUESTRAN POWD (cholestyramine)	2	MP	fluvastatin sodium CAPS	2	QL(1 EA daily); MP
WELCHOL PACK (colesevelam hcl)	2	MP	fluvastatin sodium TB24	2	QL(1 EA daily); MP
WELCHOL TABS (colesevelam hcl)	2	MP	LESCOL XL TB24 (fluvastatin sodium)	2	QL(1 EA daily); MP
Fibric Acid Derivatives			LIPITOR TABS (atorvastatin calcium)	2	QL(1 EA daily); MP
choline fenofibrate	2	MP	LIVALO (pitavastatin calcium)	2	QL(1 EA daily); MP
fenofibrate micronized 67 MG, 134 MG, 200 MG	1	MP	lovastatin TABS	1	QL(1 EA daily); MP
fenofibrate micronized 43 MG, 130 MG	2	MP	pitavastatin calcium	2	QL(1 EA daily); MP
fenofibrate CAPS	2	MP	pravastatin sodium	1	QL(1 EA daily); MP
fenofibrate TABS 40 MG, 120 MG	2	MP	rosuvastatin calcium TABS	1	QL(1 EA daily); MP
fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG	1	MP	simvastatin TABS	1	QL(1 EA daily); MP
fenofibric acid	2	MP	ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	2	QL(1 EA daily); MP
FENOGLIDE TABS (fenofibrate)	2	MP	ZYPITAMAG 2 MG, 4 MG	2	QL(1 EA daily); MP
FIBRICOR (fenofibric acid)	2	MP	Intestinal Cholesterol Absorption Inhibitors		
gemfibrozil TABS	1	MP	ezetimibe	1	MP
LIPOFEN CAPS (fenofibrate)	2	MP	ZETIA (ezetimibe)	2	MP
LOPID TABS (gemfibrozil)	2	MP	Nicotinic Acid Derivatives		
TRICOR TABS (fenofibrate)	2	MP	niacin (antihyperlipidemic) TBCR	2	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors			ZESTRIL TABS (<i>lisinopril</i>)	2	MP
PRALUENT SOAJ	1	QL(2 ML per 28 day(s) retail); SP; MP; PA	Angiotensin II Receptor Antagonists		
REPATHA PUSHTRONEX SYSTEM SOCT	1	QL(7 ML per 28 day(s) retail); SP; MP; PA	ATACAND (<i>candesartan cilexetil</i>)	2	MP
REPATHA SURECLICK SOAJ	1	QL(2 ML per 28 day(s) retail); SP; MP; PA	AVAPRO 150 MG, 300 MG (<i>irbesartan</i>)	2	MP
REPATHA SOSY	1	QL(2 ML per 28 day(s) retail); SP; MP; PA	BENICAR (<i>olmesartan medoxomil</i>)	2	MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure			<i>candesartan cilexetil</i>	2	MP
ACE Inhibitors			COZAAR (<i>losartan potassium</i>)	2	MP
ACCUPRIL (<i>quinapril hcl</i>)	2	MP	DIOVAN TABS (<i>valsartan</i>)	2	MP
ALTACE CAPS 1.25 MG, 5 MG, 10 MG (<i>ramipril</i>)	2	MP	EDARBI	2	MP
<i>benazepril hcl</i>	1	MP	<i>irbesartan</i>	2	MP
<i>captopril</i>	2	MP	<i>losartan potassium</i>	1	MP
<i>enalapril maleate SOLN</i>	2	MP	MICARDIS (<i>telmisartan</i>)	2	MP
<i>enalapril maleate TABS</i>	1	MP	<i>olmesartan medoxomil</i>	1	MP
EPANED SOLN (<i>enalapril maleate</i>)	2	MP	<i>telmisartan</i>	2	MP
<i>fosinopril sodium</i>	2	MP	<i>valsartan SOLN</i>	2	MP
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	1	MP	<i>valsartan TABS</i>	1	MP
LOTENSIN 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	2	MP	Antiadrenergic Antihypertensives		
<i>moexipril hcl</i>	2	MP	CARDURA (<i>doxazosin mesylate</i>)	2	MP
<i>perindopril erbumine</i>	2	MP	CATAPRES-TTS-1 PTWK (<i>clonidine</i>)	2	QL(0.143 EA daily); MP
QBRELIS SOLN	2	MP	CATAPRES-TTS-2 PTWK (<i>clonidine</i>)	2	QL(0.143 EA daily); MP
<i>quinapril hcl</i>	2	MP	CATAPRES-TTS-3 PTWK (<i>clonidine</i>)	2	QL(0.143 EA daily); MP
<i>ramipril CAPS</i>	1	MP	<i>clonidine hcl TABS</i>	1	MP
<i>trandolapril</i>	2	MP	<i>clonidine PTWK</i>	1	QL(0.143 EA daily); MP
VASOTEC TABS (<i>enalapril maleate</i>)	2	MP	<i>clonidine TB24</i>	1	MP
			<i>doxazosin mesylate</i>	1	MP
			<i>guanfacine hcl</i>	1	MP
			<i>methyldopa TABS</i>	1	MP
			MINIPRESS CAPS (<i>prazosin hcl</i>)	2	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXICLON XR TB24 (clonidine)	1	MP	EDARBYCLOR	2	MP
prazosin hcl CAPS	1	MP	enalapril maleate & hydrochlorothiazide	1	MP
terazosin hcl	1	MP	EXFORGE (amlodipine besylate-valsartan)	2	MP
TEZRULY PO 1 MG/ML	2	QL(20 ML daily); AL(At least 18 yrs old)	EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)	2	MP
Antihypertensive Combinations			fosinopril sodium & hydrochlorothiazide	2	MP
ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril-hydrochlorothiazide)	2	MP	HYZAAR (losartan potassium & hydrochlorothiazide)	2	MP
amlodipine besylate-benazepril hcl	1	MP	irbesartan-hydrochlorothiazide	2	MP
amlodipine besylate-olmesartan medoxomil	1	MP	lisinopril & hydrochlorothiazide	1	MP
amlodipine besylate-valsartan	1	MP	losartan potassium & hydrochlorothiazide	1	MP
amlodipine-valsartan-hydrochlorothiazide	1	MP	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	2	MP
ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	2	MP	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl)	2	MP
atenolol & chlorthalidone	1	MP	metoprolol & hydrochlorothiazide TABS	2	MP
AVALIDE (irbesartan-hydrochlorothiazide)	2	MP	MICARDIS HCT (telmisartan-hydrochlorothiazide)	2	MP
AZOR (amlodipine besylate-olmesartan medoxomil)	2	MP	olmesartan medoxomil-amlodipine-hydrochlorothiazide	2	MP
benazepril & hydrochlorothiazide	1	MP	olmesartan medoxomil-hydrochlorothiazide	1	MP
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	2	MP	quinapril-hydrochlorothiazide	2	MP
bisoprolol & hydrochlorothiazide	1	MP	TEKTURNA HCT	2	MP
candesartan cilexetil-hydrochlorothiazide	2	MP	telmisartan-amlodipine	2	MP
captopril & hydrochlorothiazide	2	MP			
DIOVAN HCT (valsartan-hydrochlorothiazide)	2	MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan-hydrochlorothiazide</i>	2	MP	FLAGYL CAPS (<i>metronidazole</i>)	2	
TENORETIC 100 (<i>atenolol & chlorthalidone</i>)	2	MP	LIKMEZ SUSP	2	QL(400 ML per 10 day(s) retail; 400 ML per 10 days mail)
TENORETIC 50 (<i>atenolol & chlorthalidone</i>)	2	MP	<i>metronidazole CAPS</i>	2	
<i>trandolapril-verapamil hcl</i>	2	MP	<i>metronidazole TABS 250 MG, 500 MG</i>	1	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	2	MP	<i>metronidazole TABS 125 MG</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	MP	<i>tinidazole</i>	1	
VASERETIC 25 MG-10 MG (<i>enalapril maleate & hydrochlorothiazide</i>)	2	MP	<i>trimethoprim TABS</i>	3	
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>)	2	MP	XIFAXAN 200 MG	4	QL(9 EA per fill retail); AL(At least 12 yrs old); PA
Direct Renin Inhibitors			XIFAXAN 550 MG	4	QL(3 EA daily); AL(At least 18 yrs old); PA
<i>aliskiren fumarate</i>	2	MP	Anti-infective Misc. - Combinations		
TEKTURNA (<i>aliskiren fumarate</i>)	2	MP	BACTRIM DS TABS (<i>sulfamethoxazole-trimethoprim</i>)	3	
Endothelin Receptor Antagonists			BACTRIM TABS (<i>sulfamethoxazole-trimethoprim</i>)	3	
TRYVIO	3	QL(1 EA daily); AL(At least 18 yrs old); PA	<i>sulfamethoxazole-trimethoprim SUSP</i>	3	
Vasodilators			<i>sulfamethoxazole-trimethoprim TABS</i>	3	
<i>hydralazine hcl SOLN</i>	3	MP	Antiprotozoal Agents		
<i>hydralazine hcl TABS 100 MG</i>	3	QL(3 EA daily); MP	ALINIA TABS (<i>nitazoxanide</i>)	2	QL(6 EA per 30 day(s) retail)
<i>hydralazine hcl TABS 10 MG, 25 MG, 50 MG</i>	3	QL(4 EA daily); MP	<i>atovaquone</i>	3	
<i>minoxidil 2.5 MG, 10 MG</i>	3	MP	MEPRON (<i>atovaquone</i>)	3	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections			<i>nitazoxanide TABS</i>	2	QL(6 EA per 30 day(s) retail)
Anti-infective Agents - Misc.			Glycopeptides		
AEMCOLO	2	QL(12 EA per fill retail); AL(At least 18 yrs old)	FIRVANQ SOLR PO (<i>vancomycin hcl</i>)	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
VANCOGIN CAPS (<i>vancomycin hcl</i>)	2	
<i>vancomycin hcl CAPS</i>	1	
<i>vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG</i>	3	
<i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	1	
VANCOMYCIN HCL SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG	3	
VANCOMYCIN HCL SOLR IV (<i>vancomycin hcl</i>)	3	
Leprostatics		
<i>dapsone</i>	3	
Lincosamides		
CLEOCIN (<i>clindamycin hcl</i>)	3	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>)	3	AL(Up to 12 yrs old)
<i>clindamycin hcl</i>	3	
<i>clindamycin palmitate hydrochloride</i>	3	AL(Up to 12 yrs old)
Monobactams		
CAYSTON	1	SP
Oxazolidinones		
<i>linezolid SUSR</i>	2	
<i>linezolid TABS</i>	1	QL(28 EA per fill retail)
SIVEXTRO TABS	2	QL(14 EA per fill retail)
ZYVOX SUSR (<i>linezolid</i>)	2	
ZYVOX TABS (<i>linezolid</i>)	2	QL(28 EA per fill retail)
Urinary Anti-infectives		
HIPREX (<i>methenamine hippurate</i>)	3	

Drug Name	Drug Tier	Requirements/ Limits
MACROBID (<i>nitrofurantoin monohyd macro</i>)	3	QL(20 EA per 10 day(s) retail); AL(Up to 64 yrs old)
MACRODANTIN 50 MG, 100 MG (<i>nitrofurantoin macrocrystal</i>)	3	QL(2 EA daily); AL(Up to 64 yrs old)
<i>methenamine hippurate</i>	3	
<i>methenamine mandelate</i>	3	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	3	QL(2 EA daily); AL(Up to 64 yrs old)
<i>nitrofurantoin monohyd macro</i>	3	QL(20 EA per 10 day(s) retail); AL(Up to 64 yrs old)
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarials		
<i>chloroquine phosphate TABS</i>	3	MP
DARAPRIM (<i>pyrimethamine</i>)	3	MP; PA
<i>hydroxychloroquine sulfate</i>	3	
KRINTAFEL	3	2 max fill(s) per 365 day(s) retail; 2 max fill(s) per 365 day(s) mail; AL(At least 16 yrs old); MP; PA
<i>mefloquine hcl</i>	3	MP; PA
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	3	MP
<i>primaquine phosphate TABS</i>	3	MP
PRIMAQUINE PHOSPHATE TABS (<i>primaquine phosphate</i>)	3	MP
<i>pyrimethamine</i>	3	MP; PA
SOVUNA	3	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
MESTINON TABS (pyridostigmine bromide)	3	
pyridostigmine bromide TABS 60 MG	3	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine	3	MP
ethambutol hcl TABS	3	MP
isoniazid SYRP	3	AL(Up to 12 yrs old); MP
isoniazid TABS	3	MP
MYAMBUTOL TABS 400 MG (ethambutol hcl)	3	MP
MYCOBUTIN (rifabutin)	3	MP
PRETOMANID	3	MP; PA
PRIFTIN	3	QL(0.86 EA daily); MP
pyrazinamide	3	MP
rifabutin	3	MP
rifampin CAPS	3	MP
SIRTURO	3	PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	3	
CYCLOPHOSPHAMIDE TABS	3	
GLEOSTINE (lomustine)	3	
LEUKERAN	3	
lomustine	3	
melphalan	3	
MYLERAN TABS	3	SP
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	3	SP

Drug Name	Drug Tier	Requirements/ Limits
oxaliplatin SOLR	3	SP
temozolomide CAPS	3	SP
Antimetabolites		
ALIMTA SOLR (pemetrexed disodium)	3	SP
ARRANON (nelarabine)	3	SP
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML	3	SP
azacitidine SUSR	3	SP
capecitabine	3	SP
cladribine 10 MG/10ML	3	SP
clofarabine	3	SP
CLOLAR (clofarabine)	3	SP
cytarabine SOLN	3	SP
decitabine	3	SP
floxuridine	3	SP
fludarabine phosphate SOLN	3	SP
FLUDARABINE PHOSPHATE SOLN	3	SP
fludarabine phosphate SOLR	3	SP
fluorouracil	3	SP
FOLOTYN	3	SP
gemcitabine hcl SOLN	3	SP
GEMCITABINE HCL SOLN (gemcitabine hcl)	3	SP
gemcitabine hcl SOLR	3	SP
JYLAMVO SOLN PO	3	
mercaptopurine SUSP 2000 MG/100ML	3	SP
mercaptopurine TABS	3	SP
methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	3	SP
methotrexate sodium SOLR	3	SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>methotrexate sodium TABS 2.5 MG</i>	3		VENCLEXTA STARTING PACK TBPK	3	SP
<i>nelarabine</i>	3	SP	VENCLEXTA TABS	3	SP
ONUREG TABS	3	SP	Antineoplastic - EGFR Inhibitors		
<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	3	SP	LAZCLUZE	CO	SP
<i>pralatrexate</i>	3	SP	Antineoplastic - Hedgehog Pathway Inhibitors		
PURIXAN SUSP 2000 MG/100ML (<i>mercaptopurine</i>)	3	SP	DAURISMO	3	SP
TABLOID	3		ERIVEDGE	3	SP
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	3		ODOMZO	3	SP
VIDAZA SUSR (<i>azacitidine</i>)	3	SP	Antineoplastic - Hormonal and Related Agents		
XATMEP SOLN PO	3		<i>abiraterone acetate</i>	3	SP
XELODA (<i>capecitabine</i>)	3	SP	AKEEGA	3	SP
Antineoplastic - Angiogenesis Inhibitors			<i>anastrozole</i>	3	
CYRAMZA	3		ARIMIDEX (<i>anastrozole</i>)	3	
FRUZAQLA	CO	SP	AROMASIN (<i>exemestane</i>)	3	
Antineoplastic - Antibodies			<i>bicalutamide</i>	3	
ARZERRA	3	SP	CAMCEVI	3	SP
BLINCYTO	3	SP	CASODEX (<i>bicalutamide</i>)	3	
GAZYVA	3	SP	ELIGARD SC	3	SP
KEYTRUDA	3	SP	EMCYT	3	SP
LOQTORZI	3	SP	ERLEADA	3	SP
OPDIVO 40 MG/4ML, 100 MG/10ML	3	SP	EULEXIN	3	
RIABNI	3	SP	<i>exemestane</i>	3	
RITUXAN	3	SP	FARESTON (<i>toremifene citrate</i>)	3	SP
TECENTRIQ	1	SP	FEMARA (<i>letrozole</i>)	3	
YERVOY	3		<i>letrozole</i>	3	
Antineoplastic - Anti-HER2 Agents			<i>leuprolide acetate (3 month) INJ 22.5 MG</i>	3	SP
HERNEXEOS TABS PO 60 MG	CO	SP	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	3	SP
Antineoplastic - BCL-2 Inhibitors			LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	3	SP
			LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	3	SP
			LUPRON DEPOT (4-MONTH) IM	3	SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (6-MONTH) IM	3	SP	XPOVIO (80 MG ONCE WEEKLY) 40 MG	3	SP
LUTRATE DEPOT INJ 22.5 MG	3	SP	XPOVIO (80 MG TWICE WEEKLY)	3	SP
LYSODREN	3	SP	Antineoplastic Combinations		
<i>megestrol acetate SUSP</i>	1		AVMAPKI FAKZYNJA CO-PACK THPK PO	CO	SP
<i>megestrol acetate TABS</i>	3		INQOVI	3	SP
NILANDRON (<i>nilutamide</i>)	3	SP	KISQALI FEMARA (200 MG DOSE)	3	SP
<i>nilutamide</i>	3	SP	KISQALI FEMARA (400 MG DOSE)	3	SP
NUBEQA	3	SP	KISQALI FEMARA (600 MG DOSE)	3	SP
ORGOVYX	3	SP	LONSURF	3	SP
ORSERDU	3	SP	TECENTRIQ HYBREZA	1	SP
SOLTAMOX SOLN	3		Antineoplastic Enzyme Inhibitors		
<i>tamoxifen citrate TABS</i>	3		AFINITOR DISPERZ TBSO (<i>everolimus</i>)	3	SP
<i>toremifene citrate</i>	3	SP	AFINITOR TABS (<i>everolimus</i>)	3	SP
TRELSTAR MIXJECT	3	SP	ALUNBRIG TABS	CO	SP
VABRINTY SC 22.5 MG, 30 MG, 45 MG	3	SP	ALUNBRIG TBPB	CO	SP
XTANDI CAPS	3	SP	AUGTYRO	CO	SP
XTANDI TABS	3	SP	BORTEZOMIB SOLN IV	CO	SP
YONSA	3	SP	BORTEZOMIB SOLR IV 3.5 MG	CO	SP
ZYTIGA (<i>abiraterone acetate</i>)	3	SP	BORUZU SOLN IJ	CO	SP
Antineoplastic - Immunomodulators			BOSULIF CAPS	CO	SP
POMALYST	3	SP	BRAFTOVI 75 MG	3	SP
Antineoplastic - Menin Inhibitors			BRUKINSA PO 160 MG	CO	SP
REVUFORJ	CO	SP	CALQUENCE	CO	SP
Antineoplastic - XPO1 Inhibitors			CAPRELSA	CO	SP
XPOVIO (100 MG ONCE WEEKLY) 50 MG	3	SP	DANZITEN	CO	SP
XPOVIO (40 MG ONCE WEEKLY) 40 MG	3	SP	<i>everolimus TABS</i>	3	SP
XPOVIO (40 MG TWICE WEEKLY) 40 MG	3	SP	<i>everolimus TBSO</i>	3	SP
XPOVIO (60 MG ONCE WEEKLY) 60 MG	3	SP	GOMEKLI CAPS PO 1 MG, 2 MG	CO	SP
XPOVIO (60 MG TWICE WEEKLY)	3	SP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GOMEKLI TBSO PO 1 MG	CO	SP	TRUQAP TABS	CO	SP
IBTROZI CAPS PO 200 MG	CO	SP	TRUQAP TBPk	CO	SP
IDHIFA	3	SP	TURALIO 125 MG	CO	SP
IMBRUVICA SUSP	CO	SP	VANFLYTA	CO	SP
IMKELDI SOLN	CO	SP	VORANIGO	3	SP
ITOVEBI	CO	SP	XALKORI CPSP	CO	SP
JAKAFI	3	SP	ZEJULA CAPS	CO	SP
JAYPIRCA	CO	SP	ZEJULA TABS	CO	SP
KOSELUGO PO 5 MG, 7.5 MG	CO	SP	ZOLINZA	3	SP
KRAZATI	3	SP	Antineoplastics Misc.		
LUMAKRAS	3	SP	BESREMI	3	
LYTGOBI (12 MG DAILY DOSE)	CO	SP	<i>bexarotene</i>	3	SP
LYTGOBI (16 MG DAILY DOSE)	CO	SP	HYDREA (<i>hydroxyurea</i>)	3	MP
LYTGOBI (20 MG DAILY DOSE)	CO	SP	<i>hydroxyurea</i>	3	MP
MEKINIST SOLR	CO	SP	MATULANE	3	SP
NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG	CO	SP	NIPENT	3	SP
OGSIVEO	CO	SP	TARGRETIN (<i>bexarotene</i>)	3	SP
OJJAARA	CO	SP	<i>tretinoin (chemotherapy)</i>	3	SP
<i>pazopanib hcl</i>	CO	SP	Chemotherapy Rescue/Antidote/Protective Agents		
RETEVMO TABS	CO	SP	COSELA	CO	SP
REZLIDHIA	3	SP	IWILFIN	CO	SP
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	CO	SP	<i>leucovorin calcium TABS</i>	3	
ROZLYTREK PACK	CO	SP	<i>mesna TABS</i>	3	SP
RUBRACA	CO	SP	MESNEX TABS	3	SP
RYTELO	CO	SP	Mitotic Inhibitors		
SCEMBLIX	CO	SP	<i>etoposide CAPS</i>	3	SP
TAFINLAR TBSO	CO	SP	Topoisomerase I Inhibitors		
TALZENNA	CO	SP	HYCANTIN CAPS	3	SP
TAZVERIK	3	SP	ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
TIBSOVO	3	SP	Antiparkinson Adjunctive Therapy		
			<i>carbidopa</i>	2	MP
			LODOSYN (<i>carbidopa</i>)	2	MP
			NOURIANZ	2	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson COMT Inhibitors			PARLODEL CAPS (bromocriptine mesylate)	2	MP
COMTAN (entacapone)	2	MP	PARLODEL TABS (bromocriptine mesylate)	2	MP
entacapone	1	MP	pramipexole dihydrochloride TABS	1	MP
ONGENTYS	2	MP	pramipexole dihydrochloride TB24	2	MP
TASMAR (tolcapone)	2	MP	ropinirole hydrochloride TABS	1	MP
tolcapone	2	MP	ropinirole hydrochloride TB24	2	MP
Antiparkinson Dopaminergics			RYTARY CPCR	2	MP
amantadine hcl CAPS	1	MP	SINEMET TABS 100 MG- 10 MG, 100 MG-25 MG (carbidopa-levodopa)	2	MP
amantadine hcl SOLN	1	MP	STALEVO 100 (carbidopa-levodopa- entacapone)	2	MP
amantadine hcl TABS	2	MP	STALEVO 125 (carbidopa-levodopa- entacapone)	2	MP
bromocriptine mesylate CAPS	2	MP	STALEVO 150 (carbidopa-levodopa- entacapone)	2	MP
bromocriptine mesylate TABS 2.5 MG	2	MP	STALEVO 200 (carbidopa-levodopa- entacapone)	2	MP
carbidopa-levodopa CPCR	2	MP	STALEVO 50 (carbidopa- levodopa-entacapone)	2	MP
carbidopa-levodopa- entacapone	2	MP	STALEVO 75 (carbidopa- levodopa-entacapone)	2	MP
carbidopa-levodopa TABS	1	MP	Antiparkinson Monoamine Oxidase Inhibitors		
carbidopa-levodopa TBCR	1	MP	AZILECT (rasagiline mesylate)	2	AL(At least 18 yrs old); MP; PA
carbidopa-levodopa TBDP	2	MP	rasagiline mesylate	1	AL(At least 18 yrs old); MP; PA
CREXONT CPCR	2	AL(At least 18 yrs old)	selegiline hcl CAPS	2	MP
DHIVY TABS	2	MP	selegiline hcl TABS	2	MP
DUOPA SUSP	2	MP	XADAGO	2	MP
GOCOVRI CP24	2	SP; MP	ZELAPAR TBDP	2	MP
INBRIJA CAPS	2	MP			
MIRAPEX ER TB24 (pramipexole dihydrochloride)	2	MP			
NEUPRO	2	QL(1 EA daily); MP			
ONAPGO SOCT 98 MG/20ML	2	QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail); AL(At least 18 yrs old); SP			
OSMOLEX ER TB24 129 MG	2	MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	CO	
Antipsychotics - Misc.		
CAPLYTA	CO	
Benzisoxazoles		
ERZOFRI	CO	
FANAPT TITRATION PACK B	CO	
FANAPT TITRATION PACK C	CO	
RYKINDO SRER	CO	
UZEDY SUSY	CO	
Dibenzapines		
<i>quetiapine fumarate TABS</i>	CO	
Muscarinic Agents		
COBENFY STARTER PACK CPPK	CO	SP
COBENFY CAPS	CO	SP
Phenothiazines		
<i>prochlorperazine</i>	3	QL(2 EA daily)
<i>prochlorperazine maleate TABS</i>	3	QL(4 EA daily)
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	CO	MP
ABILIFY MYCITE MAINTENANCE KIT	CO	SP
ABILIFY MYCITE STARTER KIT	CO	SP
OPIPZA FILM	CO	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
DESCOVY	CO	SP

Drug Name	Drug Tier	Requirements/ Limits
EDURANT PED PO 2.5 MG	CO	SP
PREZCOBIX	CO	SP
PREZISTA SUSP	CO	SP
SUNLENCA SOLN	CO	SP
SUNLENCA TABS PO 300 MG	CO	SP
SUNLENCA TBPK 300 MG	CO	SP
YEZTUGO SOLN 463.5 MG/1.5ML	CO	SP
YEZTUGO TABS PO 300 MG	CO	SP
Antiviral Combinations		
PAXLOVID (150/100)	1	
PAXLOVID (300/100 & 150/100)	1	
PAXLOVID (300/100)	1	
CMV Agents		
LIVTENCITY	1	SP
PREVYMIS PACK	3	SP
PREVYMIS TABS	1	SP
VALCYTE TABS (<i>valganciclovir hcl</i>)	3	QL(2 EA daily)
<i>valganciclovir hcl TABS</i>	3	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil</i>	3	QL(1 EA daily); SP; MP
BARACLUDE TABS (<i>entecavir</i>)	3	QL(1 EA daily); SP; MP
<i>entecavir TABS</i>	3	QL(1 EA daily); SP; MP
<i>lamivudine (hbv) TABS</i>	3	QL(1 EA daily); SP; MP
VEMLIDY	3	QL(1 EA daily); AL(At least 6 yrs old); SP; MP; PA
Herpes Agents		
<i>acyclovir CAPS</i>	1	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acyclovir SUSP</i>	1	MP	KAPSPARGO SPRINKLE CS24	2	MP
<i>acyclovir TABS PO</i>	1	MP	LOPRESSOR TABS (<i>metoprolol tartrate</i>)	2	MP
<i>famciclovir</i>	1	MP	<i>metoprolol succinate</i> TB24	1	MP
SITAVIG TABS BU	2	MP	<i>metoprolol tartrate</i> TABS	1	MP
<i>valacyclovir hcl</i>	1	MP	<i>nebivolol hcl</i>	1	MP
VALTREX (<i>valacyclovir hcl</i>)	2	MP	TENORMIN TABS (<i>atenolol</i>)	2	MP
Influenza Agents			TOPROL XL TB24 (<i>metoprolol succinate</i>)	2	MP
<i>oseltamivir phosphate</i> CAPS	1	QL(14 EA per fill retail)	Beta Blockers Non-Selective		
<i>oseltamivir phosphate</i> SUSR	1	QL(120 ML per fill retail)	BETAPACE AF (<i>sotalol hcl</i> (<i>afib/afl</i>))	2	MP
RELENZA DISKHALER	1		BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>sotalol hcl</i>)	2	MP
<i>rimantadine hydrochloride</i> TABS	1		CORGARD TABS 20 MG, 40 MG (<i>nadolol</i>)	1	MP
TAMIFLU CAPS (<i>oseltamivir phosphate</i>)	2	QL(14 EA per fill retail)	HEMANGEOL SOLN PO	1	AL(Up to 1 yrs old); SP; MP
TAMIFLU SUSR (<i>oseltamivir phosphate</i>)	2	QL(120 ML per fill retail)	INDERAL LA CP24 (<i>propranolol hcl</i>)	2	MP
XOFLUZA (40 MG DOSE) 40 MG	2		INDERAL XL	2	MP
XOFLUZA (80 MG DOSE) 80 MG	2		INNOPRAN XL	2	MP
BETA BLOCKERS - Drugs to Treat High Blood Pressure			<i>nadolol</i> TABS 20 MG, 40 MG, 80 MG	1	MP
Alpha-Beta Blockers			<i>pindolol</i> TABS	2	MP
<i>carvedilol</i>	1	MP	<i>propranolol hcl</i> CP24	1	MP
<i>carvedilol phosphate</i>	2	MP	<i>propranolol hcl</i> SOLN PO 20 MG/5ML, 40 MG/5ML	1	MP
COREG (<i>carvedilol</i>)	2	MP	<i>propranolol hcl</i> TABS	1	MP
COREG CR (<i>carvedilol phosphate</i>)	2	MP	<i>sotalol hcl</i> (<i>afib/afl</i>)	1	MP
<i>labetalol hcl</i> TABS	1	MP	<i>sotalol hcl</i> TABS	1	MP
Beta Blockers Cardio-Selective			SOTYLIZE SOLN PO	2	MP
<i>acebutolol hcl</i> CAPS	2	MP	<i>timolol maleate</i> TABS	2	MP
<i>atenolol</i> TABS	1	MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
<i>betaxolol hcl</i>	2	MP	Calcium Channel Blockers		
<i>bisoprolol fumarate</i>	1	MP			
BYSTOLIC (<i>nebivolol hcl</i>)	2	MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate TABS</i>	1	MP	<i>TIAZAC (diltiazem hcl extended release beads)</i>	2	MP
<i>CARDIZEM CD CP24 (diltiazem hcl coated beads)</i>	2	MP	<i>VERAPAMIL HCL ER CP24 (verapamil hcl)</i>	2	MP
<i>CARDIZEM LA TB24 (diltiazem hcl)</i>	2	MP	<i>verapamil hcl CP24</i>	2	MP
<i>CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)</i>	2	MP	<i>verapamil hcl TABS</i>	1	MP
<i>CONJUPRI (levamlodipine maleate)</i>	2	MP	<i>verapamil hcl TBCR</i>	1	MP
<i>diltiazem hcl coated beads CP24</i>	1	MP	<i>VERELAN PM CP24 (verapamil hcl)</i>	2	MP
<i>diltiazem hcl extended release beads</i>	2	MP	<i>VERELAN CP24 (verapamil hcl)</i>	2	MP
<i>diltiazem hcl extended release beads</i>	1	MP	CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>diltiazem hcl CP12</i>	1	MP	Cardiac Glycosides		
<i>diltiazem hcl CP24</i>	1	MP	<i>digoxin TABS 125 MCG, 250 MCG</i>	3	MP
<i>diltiazem hcl TABS</i>	1	MP	<i>LANOXIN TABS 125 MCG, 250 MCG (digoxin)</i>	3	MP
<i>diltiazem hcl TB24</i>	2	MP	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>felodipine</i>	2	MP	Cardiac Myosin Inhibitors		
<i>isradipine CAPS</i>	2	MP	<i>CAMZYOS</i>	3	QL(1 EA daily); AL(At least 18 yrs old); SP; PA
<i>KATERZIA</i>	2	AL(At least 6 yrs old); MP	Cardiovascular Agents Misc. - Combinations		
<i>levamlodipine maleate</i>	2	MP	<i>amlodipine besylate-atorvastatin calcium</i>	2	QL(1 EA daily); MP
<i>nicardipine hcl CAPS</i>	2	MP	<i>CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)</i>	2	QL(1 EA daily); MP
<i>nifedipine CAPS</i>	1	MP	<i>ENTRESTO CPSP</i>	2	QL(2 EA daily); MP
<i>nifedipine TB24</i>	1	MP	<i>ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)</i>	2	QL(2 EA daily); MP
<i>nimodipine CAPS</i>	3	QL(252 EA per 365 day(s) retail)			
<i>nisoldipine</i>	2	MP			
<i>NORLIQVA SOLN</i>	1	AL(At least 6 yrs old); MP; PA			
<i>NORVASC TABS (amlodipine besylate)</i>	2	MP			
<i>PROCARDIA XL TB24 (nifedipine)</i>	2	MP			
<i>SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)</i>	2	MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OPSYNVI	2	QL(1 EA daily); AL(At least 18 yrs old); SP	OPSUMIT	1	SP; MP; PA
<i>sacubitril-valsartan TABS</i>	1	QL(2 EA daily); MP	TRACLEER TABS (<i>bosentan</i>)	1	SP; MP; PA
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors			TRACLEER TBSO 32 MG (<i>bosentan</i>)	2	SP; MP
INPEFA	2	MP	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
Prostaglandin Vasodilators			ADCIRCA TABS (<i>tadalafil (pulmonary hypertension)</i>)	2	SP; MP; PA
ORENITRAM MONTH 1 TEPK	2	SP	LIQREV SUSP	2	SP; MP
ORENITRAM MONTH 2 TEPK	2	SP	REVATIO SUSR (<i>sildenafil citrate (pulmonary hypertension)</i>)	2	SP; MP; PA
ORENITRAM MONTH 3 TEPK	2	SP	REVATIO TABS (<i>sildenafil citrate (pulmonary hypertension)</i>)	2	SP; MP; PA
ORENITRAM TBCR	2	SP; MP	<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	1	SP; MP; PA
TYVASO DPI INSTITUTIONAL KIT POWD	2	SP; MP	<i>sildenafil citrate (pulmonary hypertension) TABS</i>	1	SP; MP; PA
TYVASO DPI MAINTENANCE KIT POWD	2	SP; MP	<i>tadalafil (pulmonary hypertension) TABS</i>	1	SP; MP; PA
TYVASO DPI TITRATION KIT POWD	2	SP; MP	TADLIQ SUSP	2	AL(At least 18 yrs old); SP; MP
TYVASO REFILL KIT SOLN IN	1	SP; MP; PA	Pulmonary Hypertension - Prostacyclin Receptor Agonist		
TYVASO STARTER KIT SOLN IN	1	SP; MP; PA	UPTRAVI TITRATION TBPk	1	SP; MP; PA
TYVASO SOLN IN	1	SP; MP; PA	UPTRAVI TABS	1	SP; MP; PA
VENTAVIS IN	1	SP; MP; PA	Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
Pulmonary Hypertension - Activin Signaling Inhibitor			ADEMPAS	2	SP; MP
WINREVAIR	2	SP; MP	Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)		
Pulmonary Hypertension - Endothelin Receptor Antagonists			VERQUVO	3	AL(At least 18 yrs old); MP; PA
<i>ambrisentan</i>	1	SP; MP; PA			
<i>bosentan TABS</i>	2	SP; MP; PA			
<i>bosentan TBSO 32 MG</i>	2	SP; MP			
LETAIRIS (<i>ambrisentan</i>)	2	SP; MP; PA			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	1	QL(28 EA per fill retail)
<i>cefadroxil SUSR</i>	1	
<i>cefadroxil TABS</i>	2	QL(28 EA per fill retail)
<i>cephalexin CAPS</i>	1	
<i>cephalexin SUSR</i>	1	
<i>cephalexin TABS</i>	1	
Cephalosporins - 2nd Generation		
<i>CEFACLOR ER TB12</i>	2	QL(42 EA per fill retail)
<i>cefaclor CAPS</i>	2	QL(42 EA per fill retail)
<i>cefaclor SUSR 250 MG/5ML</i>	2	
<i>cefprozil SUSR</i>	1	
<i>cefprozil TABS</i>	1	QL(28 EA per fill retail)
<i>cefuroxime axetil TABS</i>	1	QL(42 EA per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	1	QL(28 EA per fill retail)
<i>cefdinir SUSR</i>	1	
<i>cefixime CAPS</i>	1	
<i>cefixime SUSR</i>	2	
<i>cefpodoxime proxetil SUSR</i>	2	
<i>cefpodoxime proxetil TABS</i>	2	QL(28 EA per fill retail)
CHEMICALS		
Bulk Chemicals - C's		
CITRULLINE	4	RX/OTC
CREATINE MONOHYDRATE	4	RX/OTC
L-CITRULLINE	4	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Bulk Chemicals - O's		
L-ORNITHINE HYDROCHLORIDE	4	RX/OTC
ORNITHINE HCL	4	RX/OTC
Bulk Chemicals - S's		
NICE PURE BAKING SODA	4	RX/OTC
Solids		
COENZYME Q10	4	RX/OTC
UBIDECARENONE	4	RX/OTC
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	3	
<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	3	
<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	1	
<i>ethynodiol diacet & eth estrad</i>	3	
<i>levonorgestrel & eth estradiol TABS</i>	3	
<i>levonorgestrel-eth estradiol (triphasic)</i>	3	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	3	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	3	
<i>MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)</i>	3	
<i>norethin acet & estrad-fe CHEW</i>	3	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	3		Progestin Contraceptives - Injectable		
<i>norethindrone & eth estradiol</i>	3		DEPO-PROVERA SUSP IM (<i>medroxyprogesterone acetate (contraceptive)</i>)	3	
<i>norethindrone & ethinyl estradiol-fe</i>	3		<i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>	3	
<i>norethindrone acet & eth estra TABS</i>	3		Progestin Contraceptives - Oral		
<i>norethindrone acetate-ethinyl estradiol-fe</i>	3		<i>norethindrone (contraceptive)</i>	3	
<i>norethindrone-eth estradiol (triphasic)</i>	3		OPILL	3	
<i>norgestimate-ethinyl estradiol</i>	3		CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
<i>norgestimate-ethinyl estradiol (triphasic)</i>	3		Glucocorticosteroids		
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	3		AGAMREE	3	SP
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>)	3		ALKINDI SPRINKLE CPSP	3	
YAZ (<i>drospirenone-ethinyl estradiol</i>)	2		<i>budesonide CPEP</i>	3	PA
Combination Contraceptives - Transdermal			<i>budesonide TB24</i>	2	
<i>norelgestromin-ethinyl estradiol</i>	3		CORTEF TABS (<i>hydrocortisone</i>)	3	
Combination Contraceptives - Vaginal			<i>deflazacort SUSP</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	3	QL(0.036 EA daily)	<i>deflazacort TABS</i>	3	
NUVARING (<i>etonogestrel-ethinyl estradiol</i>)	3	QL(0.036 EA daily)	DEPO-MEDROL SUSP (<i>methylprednisolone acetate</i>)	3	
Emergency Contraceptives			DEPO-MEDROL SUSP	3	
ELLA	3		DEXAMETHASONE INTENSOL CONC	3	
<i>levonorgestrel (emergency oc) 1.5 MG</i>	3		<i>dexamethasone sodium phosphate SOLN IJ</i>	3	
PLAN B ONE-STEP (<i>levonorgestrel (emergency oc)</i>)	3		DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	3	
			<i>dexamethasone sodium phosphate SOSY IJ</i>	3	
			<i>dexamethasone ELIX</i>	3	
			<i>dexamethasone SOLN</i>	3	
			<i>dexamethasone TABS</i>	3	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone TBPk</i>	3		<i>prednisolone sodium phosphate TBPk</i>	3	
EMFLAZA SUSP (<i>deflazacort</i>)	3		PREDNISOLONE SODIUM PHOSPHATE TBPk 10 MG, 15 MG, 30 MG	3	
EMFLAZA TABS (<i>deflazacort</i>)	3		<i>prednisolone SOLN</i>	3	
EOHILIA SUSP	3	QL(20 ML daily); AL(At least 11 yrs old); PA	<i>prednisolone TABS</i>	3	
HEMADY TABS	3		PREDNISONE INTENSOL CONC	3	
<i>hydrocortisone sod succinate 100 MG</i>	3		<i>prednisone SOLN</i>	3	
<i>hydrocortisone TABS</i>	3		<i>prednisone TABS</i>	3	
KENALOG-10 SUSP (<i>triamcinolone acetonide</i>)	3		PREDNISONE TBEC 2 MG	3	
KENALOG-40 SUSP (<i>triamcinolone acetonide</i>)	3		<i>prednisone TBPk</i>	3	
KHINDIVI SOLN PO 1 MG/ML	3		RAYOS TBEC	3	
MEDROL TABS (<i>methylprednisolone</i>)	3		SOLU-CORTEF (<i>hydrocortisone sod succinate</i>)	3	
MEDROL TABS	3		SOLU-CORTEF	3	
MEDROL TBPk (<i>methylprednisolone</i>)	3		SOLU-MEDROL	3	
<i>methylprednisolone acetate SUSP</i>	3		SOLU-MEDROL 2 GM, 500 MG, 1000 MG (<i>methylprednisolone sod succ</i>)	3	
METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML	3		SOLU-MEDROL (PF)	3	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	3		<i>triamcinolone acetonide SUSP</i>	3	
<i>methylprednisolone TABS</i>	3		TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	3	
<i>methylprednisolone TBPk</i>	3		UCERIS TB24 (<i>budesonide</i>)	2	
ORAPRED ODT TBPk	3		Mineralocorticoids		
PEDIAPRED SOLN (<i>prednisolone sodium phosphate</i>)	3		<i>fludrocortisone acetate TABS</i>	3	MP
<i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML</i>	3		COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
			Cough/Cold/Allergy Combinations		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	4		VICKS NYQUIL COLD & FLU LIQD (<i>dextromethorphan-doxylamine-acetaminophen</i>)	NF	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	4		VICKS NYQUIL HBP COLD & FLU LIQD (<i>dextromethorphan-doxylamine-acetaminophen</i>)	NF	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	4		Expectorants		
<i>dextromethorphan-phenylephrine-acetaminophen LIQD</i>	3		GERI-TUSSIN SYRP	4	
<i>guaifenesin-codeine SOLN</i>	4		<i>guaifenesin LIQD</i>	4	
<i>guaifenesin-codeine SYRP</i>	4		<i>guaifenesin TABS 200 MG</i>	4	
MUCINEX D TB12 (<i>pseudoephedrine-guaifenesin</i>)	NF		Misc. Respiratory Inhalants		
NYQUIL HBP COLD & FLU LIQD (<i>dextromethorphan-doxylamine-acetaminophen</i>)	NF		HYPERSAL NEBU	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>promethazine & phenylephrine SYRP</i>	4		HYPERSAL NEBU (<i>sodium chloride (inhalant)</i>)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>promethazine w/codeine SOLN</i>	4		NEBUSAL NEBU	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>promethazine-dm SYRP</i>	4		<i>sodium chloride (inhalant) NEBU 3 %, 7 %</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>promethazine-phenylephrine-codeine</i>	4		<i>sodium chloride (inhalant) NEBU 0.9 %</i>	3	
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	4				
VICKS NYQUIL COLD & FLU NIGHT LIQD (<i>dextromethorphan-doxylamine-acetaminophen</i>)	NF				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Mucolytics			<i>clindamycin phosphate (topical) SOLN</i>	3	
<i>acetylcysteine SOLN</i>	3		<i>clindamycin phosphate (topical) SWAB</i>	3	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	1	
Acne Products			<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	3	QL(2 EA daily); PA	<i>clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 %</i>	2	
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	NF		<i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i>	1	
ACANYA GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2		DIFFERIN CLEANSER LIQD (<i>benzoyl peroxide</i>)	3	RX/OTC
<i>adapalene-benzoyl peroxide GEL 2.5 %-0.1 %</i>	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)	DIFFERIN GEL 0.3 % (<i>adapalene</i>)	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
<i>adapalene GEL 0.1 %</i>	3	QL(45 GM per 30 day(s) retail); RX/OTC	DIFFERIN GEL 0.1 % (<i>adapalene</i>)	3	QL(45 GM per 30 day(s) retail); RX/OTC
<i>adapalene GEL 0.3 %</i>	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)	EPIDUO GEL (<i>adapalene-benzoyl peroxide</i>)	3	QL(45 GM per 30 day(s) retail); AL(Up to 30 yrs old)
BENZAC AC WASH LIQD 5 %	3	RX/OTC	<i>erythromycin (acne aid) SOLN</i>	3	
BENZAMYCIN GEL (<i>benzoyl peroxide-erythromycin</i>)	3		<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	3	QL(2 EA daily); PA
<i>benzoyl peroxide CREA 10 %</i>	3		ONEXTON GEL (<i>clindamycin phosphate-benzoyl peroxide</i>)	2	
<i>benzoyl peroxide-erythromycin GEL</i>	3		RA DAYLOGIC ACNE FOAMING WASH FOAM 10 %	3	
<i>benzoyl peroxide FOAM 10 %</i>	3		RETIN-A CREA 0.025 %, 0.05 % (<i>tretinoin</i>)	3	QL(20 GM per 30 day(s) retail); AL(Up to 30 yrs old)
<i>benzoyl peroxide GEL 5 %</i>	3		<i>sulfacetamide sodium w/ sulfur LIQD 10 %-5 %</i>	3	
<i>benzoyl peroxide GEL 10 %</i>	3	QL(114 GM per 30 day(s) retail)			
<i>benzoyl peroxide LIQD 5 %, 10 %</i>	3				
CABTREO	2				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin CREA 0.025 %, 0.05 %</i>	3	QL(20 GM per 30 day(s) retail); AL(Up to 30 yrs old)	<i>clotrimazole (topical) CREA</i>	2	RX/OTC
Antibiotics - Topical			<i>clotrimazole (topical) SOLN</i>	2	RX/OTC
<i>bacitracin (topical) OINT</i>	3		<i>clotrimazole (topical) SOLN</i>	1	RX/OTC
<i>bacitracin zinc OINT</i>	3		<i>clotrimazole w/ betamethasone CREA</i>	1	
CENTANY AT KIT	2		<i>clotrimazole w/ betamethasone LOTN</i>	2	
<i>gentamicin sulfate (topical) CREA</i>	3		<i>econazole nitrate CREA</i>	1	
<i>gentamicin sulfate (topical) OINT</i>	3		ERTACZO	2	
<i>mupirocin calcium (topical)</i>	2		EXELDERM CREA (<i>sulconazole nitrate</i>)	2	
<i>mupirocin OINT</i>	1		FUNGOID TINCTURE SOLN	1	
<i>neomycin-bacitracin-polymyxin OINT</i>	3		JUBLIA	2	AL(At least 6 yrs old)
NEOSPORIN ORIGINAL OINT (<i>neomycin-bacitracin-polymyxin</i>)	3		KERYDIN (<i>tavaborole</i>)	2	AL(At least 6 yrs old)
XEPI	2	QL(60 GM per 30 day(s) retail)	<i>ketoconazole (topical) CREA</i>	1	
Antifungals - Topical			<i>ketoconazole (topical) FOAM</i>	2	
ALOE VESTA ANTIFUNGAL OINT (<i>miconazole nitrate (topical)</i>)	2		<i>ketoconazole (topical) SHAM 2 %</i>	1	
AZOLEN ANTI-FUNGAL WASH SOLN	1		KETODAN	2	
AZOLEN TINCTURE SOLN	1		LAMISIL AT ATHLETES FOOT CREA (<i>terbinafine hcl (topical)</i>)	3	
<i>butenafine hcl</i>	2		LAMISIL AT JOCK ITCH CREA (<i>terbinafine hcl (topical)</i>)	3	
<i>ciclopirox olamine CREA</i>	1		LAMISIL AT CREA (<i>terbinafine hcl (topical)</i>)	3	
<i>ciclopirox olamine SUSP</i>	2		LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	2	RX/OTC
<i>ciclopirox GEL</i>	2		LOTRIMIN AF JOCK ITCH CREA (<i>clotrimazole (topical)</i>)	NF	RX/OTC
<i>ciclopirox KIT</i>	2		LOTRIMIN AF CREA (<i>clotrimazole (topical)</i>)	NF	RX/OTC
<i>ciclopirox SHAM</i>	2				
<i>ciclopirox SOLN</i>	1				
<i>ciclopirox SOLN</i>	2				
<i>clotrimazole (topical) CREA</i>	1	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF CREA (clotrimazole (topical))	2	RX/OTC	TINACTIN CREA (tolnaftate)	2	
LOTRIMIN ULTRA (butenafine hcl)	2		tolnaftate CREA	1	
luliconazole	2		tolnaftate POWD EX	1	
LUZU (luliconazole)	2		VUSION (miconazole-zinc oxide-white petrolatum)	2	AL(Up to 16 yrs old)
MICATIN CREA (miconazole nitrate (topical))	1		Anti-inflammatory Agents - Topical		
miconazole nitrate (topical) CREA	1		diclofenac epolamine PTCH EX	2	QL(2 EA daily)
miconazole nitrate (topical) OINT	2		diclofenac sodium (topical) GEL EX	1	RX/OTC
MICONAZOLE NITRATE SOLN	1		diclofenac sodium (topical) SOLN EX 1.5 %	1	
miconazole-zinc oxide-white petrolatum	2	AL(Up to 16 yrs old)	diclofenac sodium (topical) SOLN EX 2 %	2	
MICONI-AL SOLN	1		FLECTOR PTCH EX (diclofenac epolamine)	2	QL(2 EA daily)
naftifine hcl CREA	2		PENNSAID SOLN EX 2 % (diclofenac sodium (topical))	2	
naftifine hcl GEL 2 %	2		VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical))	2	RX/OTC
NAFTIN GEL	2		Antineoplastic or Premalignant Lesion Agents - Topical		
NAFTIN GEL (naftifine hcl)	2		bexarotene (topical)	3	SP
nystatin (topical) CREA	1		CARAC CREA (fluorouracil (topical))	3	SP
nystatin (topical) OINT	1		diclofenac sodium (actinic keratoses) EX	3	
nystatin (topical) POWD EX	1		EFUDEX CREA (fluorouracil (topical))	3	SP
nystatin-triamcinolone CREA	1		fluorouracil (topical) CREA	3	SP
nystatin-triamcinolone OINT	1		fluorouracil (topical) SOLN	3	SP
oxiconazole nitrate CREA	2		TARGRETIN (bexarotene (topical))	3	SP
OXISTAT CREA (oxiconazole nitrate)	2		VALCHLOR	3	SP
OXISTAT LOTN	2		Antipsoriatics		
sulconazole nitrate CREA	2				
tavaborole	2	AL(At least 6 yrs old)			
terbinafine hcl (topical) CREA	3				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>acitretin 10 MG, 25 MG</i>	3	QL(2 EA daily); PA	COSENTYX SOSY 150 MG/ML	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP
<i>acitretin 17.5 MG</i>	3	PA	ILUMYA	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
BIMZELX SOAJ	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	OTULFI SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
BIMZELX SOSY 160 MG/ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	OTULFI SOSY SC 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
BIMZELX SOSY 320 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP	PYZCHIVA 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail)
<i>calcipotriene CREA</i>	3	AL(At least 2 yrs old); PA	PYZCHIVA SC 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); SP; PA
<i>calcipotriene OINT</i>	3	QL(4 GM daily); AL(At least 2 yrs old); PA	PYZCHIVA 90 MG/ML	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
<i>calcipotriene SOLN</i>	3	QL(2 ML daily); AL(At least 2 yrs old); PA	PYZCHIVA 90 MG/ML	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail)
<i>calcitriol (topical)</i>	3	AL(At least 2 yrs old); PA	PYZCHIVA 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); SP
COSENTYX (300 MG DOSE) SOSY	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP	SELARSDI SOLN SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
COSENTYX SENSOREADY (300 MG) SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP	SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	2	SP
COSENTYX SENSOREADY PEN SOAJ	1	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	SILIQ	2	SP
COSENTYX UNOREADY SOAJ	1	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP	SKYRIZI PEN SOAJ	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
			SKYRIZI SOSY	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
			SOTYKTU	2	QL(1 EA daily); AL(At least 18 yrs old); SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP	TREMFYA ONE-PRESS SOPN SC 100 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 6 yrs old); SP
STELARA SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP	TREMFYA PEN SOAJ 100 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 6 yrs old); SP
STELARA SOSY 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP	TREMFYA SOSY 100 MG/ML	2	QL(1 ML per 56 day(s) retail; 1 ML per 56 days mail); AL(At least 6 yrs old); SP
STEQEYMA 90 MG/ML	1	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP	USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
STEQEYMA 45 MG/0.5ML	1	QL(0.5 ML per 84 day(s) retail); SP	USTEKINUMAB-AAUZ SOSY SC 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
TALTZ SOAJ	2	QL(1 ML per 365 day(s) retail; 1 ML per 365 days mail); SP	USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML	2	SP
TALTZ SOAJ	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	USTEKINUMAB SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
TALTZ SOAJ	2	QL(2 ML per 365 day(s) retail; 2 ML per 365 days mail); SP	USTEKINUMAB SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
TALTZ SOSY 40 MG/0.5ML	2	QL(0.5 ML per 28 day(s) retail); SP	USTEKINUMAB SOSY 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
TALTZ SOSY 20 MG/0.25ML	2	QL(0.25 ML per 28 day(s) retail); SP	USTEKINUMAB-TTWE 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP
TALTZ SOSY 80 MG/ML	2	QL(1 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	USTEKINUMAB-TTWE 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP
<i>tazarotene CREA</i>	3	PA	VECTICAL (<i>calcitriol topical</i>)	3	AL(At least 2 yrs old); PA
<i>tazarotene GEL</i>	3	PA			
TAZORAC CREA (<i>tazarotene</i>)	3	PA			
TAZORAC GEL (<i>tazarotene</i>)	3	PA			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VTAMA	3	QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA	<i>amcinonide LOTN</i>	2	
YESINTEK SOLN 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP	APEXICON E CREA	2	
YESINTEK SOSY 45 MG/0.5ML	2	QL(0.5 ML per 84 day(s) retail); SP	<i>betamethasone dipropionate (topical) CREA</i>	1	
YESINTEK SOSY 90 MG/ML	2	QL(1 ML per 84 day(s) retail; 1 ML per 84 days mail); SP	<i>betamethasone dipropionate (topical) LOTN</i>	1	
Antiseborrheic Products			<i>betamethasone dipropionate (topical) OINT</i>	1	
<i>selenium sulfide LOTN 2.5 %</i>	3		<i>betamethasone dipropionate augmented CREA</i>	2	
Antivirals - Topical			<i>betamethasone dipropionate augmented GEL 0.05 %</i>	2	
ABREVA (<i>docosanol</i>)	3	MP	<i>betamethasone dipropionate augmented LOTN</i>	2	
<i>acyclovir topical CREA</i>	1	MP	<i>betamethasone dipropionate augmented OINT</i>	2	
<i>acyclovir topical OINT</i>	1	MP	<i>betamethasone valerate CREA</i>	1	
DENAVIR (<i>penciclovir</i>)	1	MP	<i>betamethasone valerate FOAM</i>	2	
<i>docosanol</i>	3	MP	<i>betamethasone valerate LOTN</i>	1	
<i>penciclovir</i>	2	MP	<i>betamethasone valerate OINT</i>	1	
XERESE	2	MP	BRYHALI LOTN	2	
ZOVIRAX CREA (<i>acyclovir topical</i>)	2	MP	CAPEX SHAM	2	
ZOVIRAX OINT (<i>acyclovir topical</i>)	2	MP	<i>clobetasol propionate emollient base 0.05 %</i>	2	
Burn Products			<i>clobetasol propionate emulsion</i>	2	
SILVADENE (<i>silver sulfadiazine</i>)	3		<i>clobetasol propionate CREA 0.025 %</i>	2	
<i>silver sulfadiazine</i>	3		<i>clobetasol propionate CREA 0.05 %</i>	1	
Corticosteroids - Topical			<i>clobetasol propionate FOAM</i>	2	
<i>alclometasone dipropionate CREA</i>	2				
<i>alclometasone dipropionate OINT</i>	2				
<i>amcinonide CREA</i>	2				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate GEL 0.05 %</i>	2		<i>diflorasone diacetate CREA</i>	2	
<i>clobetasol propionate LIQD</i>	2		<i>diflorasone diacetate OINT</i>	2	
<i>clobetasol propionate LOTN</i>	2		DIPROLENE OINT (betamethasone dipropionate augmented)	2	
<i>clobetasol propionate OINT 0.05 %</i>	1		<i>fluocinolone acetonide CREA</i>	2	
<i>clobetasol propionate SHAM</i>	2		<i>fluocinolone acetonide OIL</i>	2	
<i>clobetasol propionate SOLN 0.05 %</i>	1		<i>fluocinolone acetonide OINT</i>	2	
CLOBEX SPRAY LIQD (<i>clobetasol propionate</i>)	2		<i>fluocinolone acetonide SOLN</i>	2	
CLOBEX LOTN 0.05 % (<i>clobetasol propionate</i>)	2		<i>fluocinonide emulsified base</i>	2	
CLOBEX SHAM (<i>clobetasol propionate</i>)	2		<i>fluocinonide CREA</i>	1	
<i>clocortolone pivalate</i>	2		<i>fluocinonide GEL</i>	1	
CLODAN	2		<i>fluocinonide OINT</i>	1	
CLODERM (<i>clocortolone pivalate</i>)	2		<i>fluocinonide SOLN</i>	1	
CORDRAN CREA (<i>flurandrenolide</i>)	2		<i>flurandrenolide CREA</i>	2	
CORDRAN LOTN (<i>flurandrenolide</i>)	2		<i>flurandrenolide LOTN</i>	2	
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	2		<i>flurandrenolide OINT</i>	2	
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide</i>)	2		<i>fluticasone propionate CREA 0.05 %</i>	1	
<i>desonide CREA</i>	2		<i>fluticasone propionate LOTN</i>	2	
<i>desonide GEL</i>	2		<i>fluticasone propionate OINT</i>	1	
<i>desonide LOTN</i>	2		<i>halcinonide CREA</i>	2	
<i>desonide OINT</i>	2		<i>halcinonide SOLN 0.1 %</i>	2	
<i>desoximetasone CREA</i>	2		<i>halobetasol propionate CREA</i>	1	
<i>desoximetasone GEL</i>	2		<i>halobetasol propionate FOAM</i>	2	
<i>desoximetasone LIQD</i>	2		<i>halobetasol propionate OINT</i>	1	
<i>desoximetasone OINT</i>	2		HALOG CREA (<i>halcinonide</i>)	2	
			HALOG OINT	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HALOG SOLN 0.1 % (halcinonide)	2		mometasone furoate OINT	1	
HYDROCORT LOTION COMPLETE KIT THPK	2		mometasone furoate SOLN	1	
hydrocortisone (topical) CREA	1	RX/OTC	PANDEL	2	
hydrocortisone (topical) LOTN 2.5 %	1		SERNIVO EMUL	2	
hydrocortisone (topical) OINT 1 %, 2.5 %	1	RX/OTC	SYNALAR (CREAM)	2	
hydrocortisone (topical) SOLN	2		SYNALAR (OINTMENT)	2	
hydrocortisone acetate (topical) OINT	1		SYNALAR TS	2	
HYDROCORTISONE ACETATE CREA	1		SYNALAR CREA (fluocinolone acetonide)	2	
hydrocortisone butyrate hydrophilic lipo base	2		SYNALAR OINT (fluocinolone acetonide)	2	
hydrocortisone butyrate CREA	2		SYNALAR SOLN (fluocinolone acetonide)	2	
hydrocortisone butyrate LOTN	2		TOPICORT SPRAY LIQD (desoximetasone)	2	
hydrocortisone butyrate OINT	2		TOPICORT CREA (desoximetasone)	2	
hydrocortisone butyrate SOLN	2		TOPICORT GEL (desoximetasone)	2	
hydrocortisone valerate CREA	2		TOPICORT OINT (desoximetasone)	2	
hydrocortisone valerate OINT	2		TOVET	2	
IMPOYZ CREA 0.025 % (clobetasol propionate)	2		triamcinolone acetonide (topical) AERS	2	
KENALOG AERS (triamcinolone acetonide (topical))	2		triamcinolone acetonide (topical) CREA	1	
LEXETTE FOAM (halobetasol propionate)	2		triamcinolone acetonide (topical) LOTN	1	
LOCOID LIPOCREAM	2		triamcinolone acetonide (topical) OINT	1	
LOCOID LOTN (hydrocortisone butyrate)	2		triamcinolone acetonide- dimethicone-silicone	2	
mometasone furoate CREA	1		ULTRAVATE LOTN	2	
			VANICREAM HC MAXIMUM STRENGTH CREA	2	
			VANOS CREA (fluocinonide)	2	
			Eczema Agents		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ADBRY SOAJ	1	QL(4 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA	NEMLUVIO	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
ADBRY SOSY	1	QL(4 ML per 28 day(s) retail); SP; PA	Immunomodulating Agents - Topical		
CIBINQO	2	AL(At least 12 yrs old); SP	<i>imiquimod 5 %</i>	3	
DUPIXENT SOAJ	1	AL(At least 2 yrs old); SP; PA	Immunosuppressive Agents - Topical		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	1	SP; PA	ELIDEL (<i>pimecrolimus</i>)	1	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA
EBGLYSS SOAJ	2	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); AL(At least 12 yrs old); SP	HYFTOR	3	AL(At least 6 yrs old); PA
EBGLYSS SOSY	2	QL(10 ML per 28 day(s) retail; 10 ML per 28 days mail); AL(At least 12 yrs old); SP	<i>pimecrolimus</i>	1	QL(30 GM per 30 day(s) retail); AL(At least 2 yrs old); PA
OPZELURA	2	QL(240 GM per 30 day(s) retail; 240 GM per 30 days mail); AL(At least 2 yrs old); SP	<i>tacrolimus (topical) OINT 0.03 %</i>	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA
Emollients			<i>tacrolimus (topical) OINT 0.1 %</i>	1	QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA
<i>lactic acid (ammonium lactate) CREA</i>	3	RX/OTC	Keratolytic/Antimitotic/Vesicant Agents		
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	3	RX/OTC	<i>podofilox SOLN</i>	3	
Hair Growth Agents			Local Anesthetics - Topical		
LITFULO	3	QL(1 EA daily); AL(At least 12 yrs old); SP; PA	<i>lidocaine hcl CREA 3 %</i>	3	QL(85 GM per 30 day(s) retail); RX/OTC
Immunomodulating Agents - Systemic			<i>lidocaine hcl GEL 2 %</i>	3	
			<i>lidocaine hcl PRSY</i>	3	
			<i>lidocaine OINT 5 %</i>	3	QL(100 GM per 30 day(s) retail)
			<i>lidocaine-prilocaine CREA</i>	3	QL(1 GM daily)
			<i>lidocaine PTCH 4 %</i>	3	QL(30 EA per 30 day(s) retail)

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine PTCH 5 %</i>	3	PA	<i>malathion</i>	3	QL(1.97 ML daily); AL(At least 2 yrs old)
LIDOCARE ARM/NECK/LEG PTCH (<i>lidocaine</i>)	3	QL(30 EA per 30 day(s) retail)	NATROBA (<i>spinosad</i>)	3	QL(240 ML per 180 day(s) retail; 240 ML per 180 days mail)
LIDOCARE BACK/SHOULDER PTCH (<i>lidocaine</i>)	3	QL(30 EA per 30 day(s) retail)	NIX CREME RINSE LIQD EX (<i>permethrin</i>)	3	QL(59 ML per 30 day(s) retail)
LIDODERM PTCH (<i>lidocaine</i>)	3	PA	OVIDE (<i>malathion</i>)	3	QL(1.97 ML daily); AL(At least 2 yrs old)
Misc. Topical			<i>permethrin CREA</i>	3	QL(2 GM daily)
DRYSOL SOLN	4		<i>permethrin LIQD EX</i>	3	QL(59 ML per 30 day(s) retail)
EUCERIN ORIGINAL HEALING CREA (<i>skin protectants, misc.</i>)	NF		<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	3	QL(236 ML per 30 day(s) retail)
HYDROCERIN CREA	4		SKLICE (<i>ivermectin (pediculicide)</i>)	2	
SENI CARE BODY CREA	4		<i>spinosad</i>	3	QL(240 ML per 180 day(s) retail; 240 ML per 180 days mail)
SENSI-CARE MOISTURIZING CREA	4		STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %	3	QL(236 ML per 30 day(s) retail)
<i>skin protectants, misc. CREA</i>	4		Tar Products		
SORBIDON HYDRATE CREA	4		<i>coal tar extract SHAM 0.5 %</i>	4	
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			DHS TAR GEL SHAM (<i>coal tar extract</i>)	NF	
EUCRISA	1	QL(100 GM per 30 day(s) retail); PA	DHS TAR SHAM (<i>coal tar extract</i>)	NF	
ZORYVE CREA EX	3	AL(At least 6 yrs old)	Wound Care Products		
ZORYVE FOAM EX	3	AL(At least 9 yrs old)	VYJUVEK	CO	SP
Rosacea Agents			DIAGNOSTIC PRODUCTS		
METROCREAM CREA (<i>metronidazole (topical)</i>)	3		Diagnostic Tests		
<i>metronidazole (topical) CREA</i>	3				
<i>metronidazole (topical) GEL 0.75 %</i>	3				
Scabicides & Pediculicides					
ELIMITE CREA (<i>permethrin</i>)	3	QL(2 GM daily)			
<i>ivermectin (pediculicide)</i>	1				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK GUIDE TEST STRP	4	QL(250 EA per 30 day(s) retail; 250 EA per 30 days mail); RX/OTC
CHEMSTRIP K STRP	4	QL(3.34 EA daily)
KETONE TEST STRP	4	QL(3.34 EA daily)
KETOSTIX STRP	4	QL(3.34 EA daily)
RELION KETONE TEST STRP	4	QL(3.34 EA daily)

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

Dietary Management Products		
ELFOLATE PLUS TABS	3	
FOLBIC	3	MP
FOLTANX TABS	3	
NIVA-FOL	3	MP
WESTAB MAX	3	MP

DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes

Digestive Enzymes		
CREON CPEP	1	MP; PA
PERTZYE CPEP	2	MP
VIOKACE TABS	2	MP
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	1	MP; PA

DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

Drug Name	Drug Tier	Requirements/ Limits
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12</i>	3	QL(2 EA daily); MP
<i>acetazolamide TABS</i>	3	QL(4 EA daily); MP
Diuretic Combinations		
<i>amiloride & hydrochlorothiazide</i>	3	QL(2 EA daily); MP
MAXZIDE-25 TABS (<i>triamterene & hydrochlorothiazide</i>)	3	MP
MAXZIDE TABS (<i>triamterene & hydrochlorothiazide</i>)	3	MP
<i>spironolactone & hydrochlorothiazide</i>	3	QL(3 EA daily); MP
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	3	MP
<i>triamterene & hydrochlorothiazide TABS</i>	3	MP
Loop Diuretics		
FUROSCIX CTKT	3	QL(8 EA per 30 day(s) retail); AL(At least 18 yrs old); PA
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	3	AL(Up to 12 yrs old); MP
<i>furosemide TABS 20 MG</i>	3	QL(16 EA daily); MP
<i>furosemide TABS 80 MG</i>	3	QL(4 EA daily); MP
<i>furosemide TABS 40 MG</i>	3	QL(8 EA daily); MP
LASIX TABS 80 MG (<i>furosemide</i>)	3	QL(4 EA daily); MP
LASIX TABS 20 MG (<i>furosemide</i>)	3	QL(16 EA daily); MP
LASIX TABS 40 MG (<i>furosemide</i>)	3	QL(8 EA daily); MP
SOAANZ TABS 20 MG	3	QL(4 EA daily); MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>torsemide TABS 5 MG, 100 MG</i>	3	QL(2 EA daily); MP	<i>alendronate sodium TABS 35 MG, 70 MG</i>	1	4 tablets per 28 days; QL(0.15 EA daily)
<i>torsemide TABS 10 MG, 20 MG</i>	3	QL(4 EA daily); MP	ATELVIA TBEC (<i>risedronate sodium</i>)	2	Limit: 4 tablets per 28 days; QL(0.134 EA daily)
Potassium Sparing Diuretics			BINOSTO TBEF	2	
ALDACTONE TABS 50 MG (<i>spironolactone</i>)	2	QL(4 EA daily); MP	BONSITY SOPN 560 MCG/2.24ML	1	SP; PA
ALDACTONE TABS 25 MG, 100 MG (<i>spironolactone</i>)	3	QL(4 EA daily); MP	<i>calcitonin (salmon) NA</i>	1	SP
<i>amiloride hcl TABS</i>	3	QL(1 EA daily); MP	FORTEO SOPN (<i>teriparatide</i>)	1	SP; PA
<i>spironolactone TABS 50 MG</i>	1	QL(4 EA daily); MP	FOSAMAX PLUS D	2	4 tablets per 28 days; QL(0.15 EA daily)
<i>spironolactone TABS 25 MG, 100 MG</i>	3	QL(4 EA daily); MP	FOSAMAX TABS 70 MG (<i>alendronate sodium</i>)	2	4 tablets per 28 days; QL(0.15 EA daily)
Thiazides and Thiazide-Like Diuretics			<i>ibandronate sodium SOLN</i>	2	SP
<i>chlorthalidone 25 MG, 50 MG</i>	3	QL(4 EA daily); MP	<i>ibandronate sodium TABS</i>	2	Limit 1 tablet per 28 days; QL(0.04 EA daily)
DIURIL SUSP	3	AL(Up to 12 yrs old); MP	<i>risedronate sodium TABS 5 MG, 30 MG, 150 MG</i>	2	
<i>hydrochlorothiazide CAPS</i>	3	MP	<i>risedronate sodium TABS 35 MG</i>	2	Limit: 4 tablets per 28 days; QL(0.143 EA daily)
<i>hydrochlorothiazide TABS</i>	3	MP	<i>risedronate sodium TBEC</i>	2	Limit: 4 tablets per 28 days; QL(0.134 EA daily)
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	3	QL(1 EA daily); MP	<i>teriparatide SOPN</i>	2	SP; PA
<i>metolazone</i>	3	QL(2 EA daily); MP	TERIPARATIDE SOPN	1	SP; PA
ENDOCRINE AND METABOLIC AGENTS - MISC.			TYMLOS	2	SP
- Drugs to Treat Bone Disease and Regulate Hormones			Corticotropin		
Bone Density Regulators			ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	CO	SP
ACTONEL TABS 150 MG (<i>risedronate sodium</i>)	2		CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML	CO	SP
ACTONEL TABS 35 MG (<i>risedronate sodium</i>)	2	Limit: 4 tablets per 28 days; QL(0.143 EA daily)	Corticotropin-Releasing Factor (CRF) Receptor		
<i>alendronate sodium SOLN</i>	2				
<i>alendronate sodium TABS 5 MG, 10 MG</i>	1				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Antagonists			Metabolic Modifiers		
CRENESSITY CAPS	CO	SP	<i>calcitriol CAPS</i>	3	QL(4 EA daily); MP
CRENESSITY SOLN	CO	SP	<i>calcitriol SOLN PO</i>	3	AL(Up to 12 yrs old); MP
GnRH/LHRH Antagonists			<i>cinacalcet hcl 30 MG, 60 MG</i>	3	QL(2 EA daily); SP; PA
ORILISSA 200 MG	1	QL(56 EA per 28 day(s) retail); AL(At least 18 yrs old); PA	<i>cinacalcet hcl 90 MG</i>	3	QL(4 EA daily); SP; PA
ORILISSA 150 MG	1	QL(28 EA per 28 day(s) retail); AL(At least 18 yrs old); PA	<i>doxercalciferol CAPS</i>	4	SP
Growth Hormones			<i>doxercalciferol SOLN</i>	4	
GENOTROPIN MINIQUICK PRSY	1	SP; PA	ELFABRIO	CO	SP
GENOTROPIN CART SC	1	SP; PA	HARLIKU TABS PO 2 MG	CO	SP
HUMATROPE CART IJ	2	SP	IMCIVREE SOLN SC	CO	SP
NGENLA	2	AL(Up to 16 yrs old); SP	LAMZEDE	CO	SP
NORDITROPIN FLEXPPO SOPN	1	SP; PA	OLPRUVA (2 GM DOSE) THPK	CO	SP
NUTROPIN AQ NUSPIN 10 SOPN	2	SP	OLPRUVA (3 GM DOSE) THPK	CO	SP
NUTROPIN AQ NUSPIN 20 SOPN	2	SP	OLPRUVA (4 GM DOSE) THPK	CO	SP
NUTROPIN AQ NUSPIN 5 SOPN	2	SP	OLPRUVA (5 GM DOSE) THPK	CO	SP
OMNITROPE SOCT	2	SP	OLPRUVA (6 GM DOSE) THPK	CO	SP
OMNITROPE SOLR SC	2	SP	OLPRUVA (6.67 GM DOSE) THPK	CO	SP
SAIZEN IJ	2	SP	OPFOLDA	CO	SP
SEROSTIM SC 4 MG, 5 MG, 6 MG	2	SP	<i>paricalcitol CAPS</i>	4	SP
SKYTROFA	2	SP	<i>paricalcitol SOLN</i>	4	
SOGROYA	2	SP	PHEBURANE PLLT	CO	SP
ZOMACTON SOLR SC	2	SP	ROCALtrol CAPS (<i>calcitriol</i>)	3	QL(4 EA daily); MP
Hormone Receptor Modulators			ROCALtrol SOLN PO (<i>calcitriol</i>)	3	AL(Up to 12 yrs old); MP
EVISTA (<i>raloxifene hcl</i>)	2		SENSIPAR 30 MG, 60 MG (<i>cinacalcet hcl</i>)	3	QL(2 EA daily); SP; PA
<i>raloxifene hcl</i>	1		SENSIPAR 90 MG (<i>cinacalcet hcl</i>)	3	QL(4 EA daily); SP; PA
			STRENSIQ	CO	SP; MP
			TRYNGOLZA	CO	SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits
VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	CO	SP
XPHOZAH	2	MP
YORVIPATH 168 MCG/0.56ML	3	QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 420 MCG/1.4ML	3	QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA
YORVIPATH 294 MCG/0.98ML	3	QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA
ZEMPLAR CAPS 1 MCG, 2 MCG (<i>paricalcitol</i>)	NF	SP
ZEMPLAR SOLN (<i>paricalcitol</i>)	NF	
Mineralocorticoid Receptor Antagonists		
KERENDIA	3	QL(1 EA daily); AL(At least 18 yrs old); PA
Natriuretic Peptides		
VOXZOGO	CO	SP
Posterior Pituitary Hormones		
DDAVP TABS 0.1 MG (<i>desmopressin acetate</i>)	3	QL(6 EA daily)
DDAVP TABS 0.2 MG (<i>desmopressin acetate</i>)	2	QL(6 EA daily)
<i>desmopressin acetate spray</i>	3	PA
<i>desmopressin acetate spray refrigerated 0.01 %</i>	3	PA
DESMOPRESSIN ACETATE SOLN NA	3	
<i>desmopressin acetate TABS 0.2 MG</i>	1	QL(6 EA daily)
<i>desmopressin acetate TABS 0.1 MG</i>	3	QL(6 EA daily)
Prolactin Inhibitors		
<i>cabergoline</i>	3	

Drug Name	Drug Tier	Requirements/Limits
Somatostatic Agents		
<i>octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML</i>	3	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (<i>octreotide acetate</i>)	3	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG (<i>tolvaptan</i>)	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
JYNARQUE TBPK 15 MG (<i>tolvaptan</i>)	NF	SP
SAMSCA TABS (<i>tolvaptan</i>)	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
<i>tolvaptan TABS</i>	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
<i>tolvaptan TBPK 15 MG</i>	3	QL(2 EA daily); AL(At least 18 yrs old); SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>estradiol & norethindrone acetate</i>)	3	AL(Up to 64 yrs old); MP
<i>esterified estrogens & methyltestosterone 1.25 MG-0.625 MG</i>	4	MP
<i>estradiol & norethindrone acetate TABS</i>	3	AL(Up to 64 yrs old); MP
MYFEMBREE	1	QL(28 EA per 28 day(s) retail); AL(At least 18 yrs old); PA

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol 1 MG-5 MCG</i>	3	AL(Up to 64 yrs old); MP	<i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
<i>norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG</i>	3	QL(1 EA daily); AL(Up to 64 yrs old); MP	MENEST 2.5 MG	3	AL(Up to 64 yrs old)
ORIAHNN	1	QL(56 EA per 28 day(s) retail); AL(At least 18 yrs old); PA	MINIVELLE PTTW (<i>estradiol</i>)	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
PREMPHASE	3	QL(1 EA daily); AL(Up to 64 yrs old); MP	PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	3	QL(1 EA daily); AL(Up to 64 yrs old); MP
PREMPRO	3	QL(1 EA daily); AL(Up to 64 yrs old); MP	VIVELLE-DOT PTTW (<i>estradiol</i>)	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP
Estrogens			FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP	Fluoroquinolones		
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL(0.143 EA daily); AL(Up to 64 yrs old); MP	BAXDELA TABS	2	
DELESTROGEN (<i>estradiol valerate</i>)	3	MP	<i>ciprofloxacin hcl TABS 100 MG</i>	1	QL(42 EA per fill retail)
ESTRACE TABS 0.5 MG, 2 MG (<i>estradiol</i>)	3	AL(Up to 64 yrs old); MP	<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	1	QL(56 EA per fill retail)
ESTRACE TABS 1 MG (<i>estradiol</i>)	2	AL(Up to 64 yrs old)	CIPRO SUSR	1	
<i>estradiol valerate</i>	3	MP	CIPRO TABS 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	2	QL(56 EA per fill retail)
<i>estradiol PTTW</i>	3	QL(0.29 EA daily); AL(Up to 64 yrs old); MP	<i>levofloxacin SOLN PO</i>	1	
<i>estradiol PTWK</i>	3	QL(0.143 EA daily); AL(Up to 64 yrs old); MP	<i>levofloxacin TABS 250 MG, 500 MG</i>	1	QL(28 EA per fill retail)
<i>estradiol TABS 1 MG</i>	1	AL(Up to 64 yrs old)	<i>levofloxacin TABS 750 MG</i>	1	QL(14 EA per fill retail)
<i>estradiol TABS 0.5 MG, 2 MG</i>	3	AL(Up to 64 yrs old); MP	<i>moxifloxacin hcl TABS</i>	2	QL(21 EA per fill retail)
			<i>ofloxacin 300 MG, 400 MG</i>	2	
			GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
			5-HT4 Receptor Agonists		
			MOTEGRITY (<i>prucalopride succinate</i>)	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prucalopride succinate</i>	2		<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	3	
Agents for Chronic Idiopathic Constipation (CIC)			<i>metoclopramide hcl TABS 10 MG</i>	1	
TRULANCE	2		<i>metoclopramide hcl TABS 5 MG</i>	3	
Antiflatulents			REGLAN TABS 5 MG (<i>metoclopramide hcl</i>)	3	
GAS RELIEF LIQD PO 40 MG/0.6ML	3		REGLAN TABS 10 MG (<i>metoclopramide hcl</i>)	2	
GAS-X EXTRA STRENGTH CHEW (<i>simethicone</i>)	3		Ileal Bile Acid Transporter (IBAT) Inhibitors		
MYLICON INFANTS GAS RELIEF SUSP (<i>simethicone</i>)	3		LIVMARLI	CO	SP
<i>simethicone CHEW</i>	3		LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	CO	SP
<i>simethicone LIQD PO</i>	3		Inflammatory Bowel Agents		
<i>simethicone SUSP</i>	3		APRISO CP24 (<i>mesalamine</i>)	2	
Gallstone Solubilizing Agents			AZULFIDINE EN-TABS TBEC (<i>sulfasalazine</i>)	2	
RELTONE CAPS	2	MP	AZULFIDINE TABS (<i>sulfasalazine</i>)	2	
URSO 250 TABS (<i>ursodiol</i>)	2	MP	<i>balsalazide disodium CAPS</i>	2	
URSO FORTE TABS (<i>ursodiol</i>)	2	MP	CIMZIA (2 SYRINGE) PSKT	2	QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); SP
<i>ursodiol CAPS</i>	1	MP	CIMZIA KIT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); SP
URSODIOL CAPS	2	MP	CIMZIA-STARTER PSKT	2	QL(3 EA per 365 day(s) retail; 3 EA per 365 days mail); SP
<i>ursodiol TABS</i>	1	MP	COLAZAL CAPS (<i>balsalazide disodium</i>)	2	
Gastrointestinal Antiallergy Agents			DELZICOL CPDR (<i>mesalamine</i>)	2	
<i>cromolyn sodium (mastocytosis)</i>	3		DIPENTUM	2	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>)	3				
Gastrointestinal Chloride Channel Activators					
AMITIZA (<i>lubiprostone</i>)	2	QL(2 EA daily); AL(At least 18 yrs old)			
<i>lubiprostone</i>	1	QL(2 EA daily); AL(At least 18 yrs old)			
Gastrointestinal Stimulants					

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENTYVIO PEN SOAJ	2	QL(1.36 ML per 28 day(s) retail; 1 ML per 28 days mail); SP	PENTASA CPCR	1	
ENTYVIO SOLR	2	SP	PYZCHIVA 130 MG/26ML	1	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
LIALDA TBEC (mesalamine)	2		SELARSDI SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
mesalamine CP24	2		SFROWASA ENEM	3	
mesalamine CPCR	2		SKYRIZI SOCT 180 MG/1.2ML	2	QL(1.2 ML per 56 day(s) retail; 1 ML per 56 days mail); SP
mesalamine CPDR	2		SKYRIZI SOCT 360 MG/2.4ML	2	QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); SP; PA
mesalamine ENEM	3		STELARA 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
mesalamine TBEC 800 MG	2		STEQEYMA	1	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP
mesalamine TBEC 1.2 GM	1		sulfasalazine TABS	1	
OMVOH (300 MG DOSE) SOAJ	2	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP	sulfasalazine TBEC	1	
OMVOH (300 MG DOSE) SOSY	2	QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP	TREMFYA PEN SOAJ SC 200 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old); SP
OMVOH SOAJ	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old); SP
OMVOH SOSY	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP	TREMFYA SOLN IV	2	SP
OTULFI SOLN IV 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP			
PENTASA CPCR (mesalamine)	1				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY SC 200 MG/2ML	2	QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 6 yrs old); SP	LOTIRONEX (<i>alosetron hcl</i>)	2	
USTEKINUMAB 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP	VIBERZI	2	QL(2 EA daily)
USTEKINUMAB-TTWE	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP	Peripheral Opioid Receptor Antagonists		
VELSIPITY	2	QL(1 EA daily); AL(At least 18 yrs old); SP	MOVANTIK	2	
YESINTEK 130 MG/26ML	2	QL(104 ML per 365 day(s) retail; 104 ML per 365 days mail); SP	RELISTOR SOLN 12 MG/0.6ML	2	
ZYMFENTRA (1 PEN) AJKT	2	SP	RELISTOR SOSY SC 8 MG/0.4ML, 12 MG/0.6ML	2	
ZYMFENTRA (2 PEN) AJKT	2	QL(1 EA per 28 day(s) retail; 1 EA per 28 days mail); AL(At least 18 yrs old); SP	RELISTOR TABS	2	
ZYMFENTRA (2 SYRINGE) PSKT	2	AL(At least 18 yrs old); SP	SYMPROIC	2	
Intestinal Acidifiers			Phosphate Binder Agents		
<i>lactulose (encephalopathy)</i>	CO		AURYXIA 210 MG (<i>ferric citrate</i>)	2	MP
Irritable Bowel Syndrome (IBS) Agents			<i>calcium acetate (phosphate binder) CAPS</i>	1	MP; PA
<i>alosetron hcl</i>	2		<i>calcium acetate (phosphate binder) TABS</i>	1	MP; PA; RX/OTC
IBSRELA	2	QL(2 EA daily); AL(At least 18 yrs old)	<i>ferric citrate</i>	2	MP
LINZESS	1	QL(1 EA daily); AL(At least 6 yrs old)	FOSRENOL CHEW (<i>lanthanum carbonate</i>)	2	MP
			FOSRENOL PACK	2	MP
			<i>lanthanum carbonate CHEW</i>	2	MP
			RENVELA PACK (<i>sevelamer carbonate</i>)	2	MP
			RENVELA TABS (<i>sevelamer carbonate</i>)	2	MP; PA
			<i>sevelamer carbonate PACK</i>	2	MP
			<i>sevelamer carbonate TABS</i>	1	MP; PA
			<i>sevelamer hcl</i>	2	MP
			VELPHORO	2	MP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System					
Acidifiers					

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
K-PHOS NO 2	3	
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR</i>	3	
<i>potassium citrate-citric acid SOLN</i>	3	RX/OTC
<i>sodium citrate & citric acid</i>	3	RX/OTC
UROCIT-K 10 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
UROCIT-K 15 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
UROCIT-K 5 TBCR (<i>potassium citrate (alkalinizer)</i>)	3	
Cystinosis Agents		
CYSTAGON CAPS	CO	SP
PROCYSBI CPDR	CO	SP
PROCYSBI PACK	CO	SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	4	
Hyperoxaluria Agents		
RIVFLOZA SOLN	CO	SP
RIVFLOZA SOSY	CO	SP
Interstitial Cystitis Agents		
ELMIRON CAPS	3	PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	1	
AVODART (<i>dutasteride</i>)	2	
CARDURA XL	2	MP
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride</i>	1	
JALYN (<i>dutasteride-tamsulosin hcl</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
PROSCAR (<i>finasteride</i>)	2	
RAPAFLO (<i>silodosin</i>)	2	
<i>silodosin</i>	2	
<i>tamsulosin hcl</i>	1	
UROXATRAL (<i>alfuzosin hcl</i>)	1	
Urinary Analgesics		
<i>phenazopyridine hcl TABS 100 MG</i>	3	
<i>phenazopyridine hcl TABS 200 MG</i>	1	
PYRIDIUM TABS 100 MG (<i>phenazopyridine hcl</i>)	3	
PYRIDIUM TABS 200 MG (<i>phenazopyridine hcl</i>)	2	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	1	
Gout Agents		
<i>allopurinol</i>	1	
<i>colchicine CAPS</i>	2	
<i>colchicine TABS</i>	1	
COLCRYS TABS (<i>colchicine</i>)	2	
<i>febuxostat</i>	1	
GLOPERBA SOLN PO	2	
MITIGARE CAPS (<i>colchicine</i>)	2	
ULORIC (<i>febuxostat</i>)	2	
Uricosurics		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ALHEMO	CO	SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
ALTUVIII 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	CO	SP
COAGADEX	CO	SP
ESPEROCT	CO	SP
FIBRYGA 2 GM	CO	SP
HEMLIBRA	CO	SP
HYMPAVZI	CO	SP
JIVI	CO	SP
NUWIQ KIT	CO	SP
NUWIQ SOLR	CO	SP
QFITLIA SOAJ SC 50 MG/0.5ML	CO	SP
QFITLIA SOLN SC 20 MG/0.2ML	CO	SP
REBINYN	CO	SP
SEVENFACT	CO	SP
Complement Inhibitors		
BKEMV SOLN IV 300 MG/30ML	CO	SP
EMPAVELI	CO	SP
ENJAYMO	CO	SP
EPYSQLI SOLN IV 300 MG/30ML	CO	SP
FABHALTA	CO	SP
PIASKY	CO	SP
SOLIRIS	CO	SP
TAVNEOS	CO	SP
ULTOMIRIS	CO	SP
VEOPOZ	CO	SP
VOYDEYA TABS	CO	SP
VOYDEYA TBPB	CO	SP
ZILBRYSQ	CO	SP
Hemataologic - Tyrosine Kinase Inhibitors		
WAYRILZ TABS PO 400 MG	CO	SP
Hematorheologic Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>pentoxifylline</i>	3	MP
Plasma Kallikrein Inhibitors		
TAKHZYRO SOSY	CO	SP
Plasma Proteins		
RYPLAZIM	CO	
Platelet Aggregation Inhibitors		
AGRYLIN 0.5 MG (<i>anagrelide hcl</i>)	3	
<i>anagrelide hcl</i>	3	
<i>aspirin-dipyridamole</i>	2	MP
BRILINTA 60 MG, 90 MG (<i>ticagrelor</i>)	1	MP
<i>cilostazol</i>	3	QL(2 EA daily); MP
<i>clopidogrel bisulfate 75 MG</i>	1	QL(1 EA daily); MP
<i>clopidogrel bisulfate 300 MG</i>	1	QL(2 EA per 30 day(s) retail)
<i>dipyridamole</i>	2	MP
EFFIENT (<i>prasugrel hcl</i>)	2	AL(Up to 75 yrs old); MP
PLAVIX 75 MG (<i>clopidogrel bisulfate</i>)	2	QL(1 EA daily); MP
<i>prasugrel hcl</i>	1	AL(Up to 75 yrs old); MP
<i>ticagrelor 60 MG, 90 MG</i>	2	MP
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPB	CO	SP
PYRUKYND TABS	CO	SP
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sick Cell Disease		
CASGEVY	CO	SP
DROXIA CAPS	3	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENDARI (<i>glutamine (sickle cell)</i>)	2	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); AL(At least 5 yrs old); PA	ARANESP (ALBUMIN FREE) SOSY	1	SP; PA
<i>glutamine (sickle cell)</i>	1	QL(180 EA per 30 day(s) retail; 180 EA per 30 days mail); AL(At least 5 yrs old); PA	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	1	SP; PA
LYFGENIA	CO	SP	FULPHILA	1	QL(0.6 ML per 14 day(s) retail; 1 ML per 14 days mail); SP
OXBRYTA TABS 500 MG	3	QL(3 EA daily); AL(At least 12 yrs old); SP; PA	FYLNETRA	1	QL(0.6 ML per 14 day(s) retail; 1 ML per 14 days mail); SP
OXBRYTA TABS 300 MG	3	QL(3 EA daily); AL(At least 4 yrs old); SP; PA	GRANIX SOLN 300 MCG/ML	2	SP
OXBRYTA TBSO	3	QL(3 EA daily); AL(At least 4 yrs old); SP; PA	GRANIX SOSY	2	SP
SIKLOS TABS	3	AL(At least 2 yrs old); SP; MP	JESDUVROQ	2	AL(At least 18 yrs old); SP
XROMI SOLN PO 100 MG/ML	3	SP; MP	LEUKINE SOLR IJ	2	SP
Cobalamins			NEULASTA ONPRO SOSY 6 MG/0.6ML	2	QL(0.6 ML per 14 day(s) retail); SP
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	3	MP	NEULASTA SOSY	2	QL(0.6 ML per 14 day(s) retail); SP
Folic Acid/Folates			NEUPOGEN SOLN	1	SP
<i>folic acid TABS 400 MCG</i>	3	QL(1 EA daily); MP	NEUPOGEN SOSY	1	SP
<i>folic acid TABS 1 MG, 800 MCG</i>	3	MP; RX/OTC	NIVESTYM SOLN	2	SP
Hematopoietic Gene Therapy			NIVESTYM SOSY	2	SP
ZYNTEGLO	CO	SP	NYVEPRIA	2	QL(0.6 ML per 14 day(s) retail); SP
Hematopoietic Growth Factors			PROCRIT	2	SP
ARANESP (ALBUMIN FREE) SOLN	1	SP; PA	PROCRIT	2	SP
			RELEUKO SOSY	2	SP
			RETACRIT	1	SP; PA
			STIMUFEND	2	QL(0.6 ML per 14 day(s) retail); SP
			UDENYCA ONBODY SOSY	2	QL(0.6 ML per 14 day(s) retail; 1 ML per 14 days mail); SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UDENYCA SOAJ	2	QL(0.6 ML per 14 day(s) retail); SP	<i>iron-docusate-b12-folic acid-vit c-vit e-copper-biotin</i>	4	MP
UDENYCA SOSY	2	QL(0.6 ML per 14 day(s) retail); SP	<i>iron-vitamin c</i>	4	MP
VAFSEO	2	AL(At least 18 yrs old); SP	MULTIGEN	4	MP
ZARXIO	2	QL(45 ML per 30 day(s) retail); SP	NEPHRON FA	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ZIEXTENZO	2	QL(0.6 ML per 14 day(s) retail); SP	Iron		
Hematopoietic Mixtures			FEOSOL TABS (<i>ferrous sulfate dried</i>)	3	MP
BIFERA	4	MP	FER-IN-SOL SOLN (<i>ferrous sulfate</i>)	3	AL(Up to 12 yrs old); MP
FE C TAB PLUS TABS 250 MG-1 MG-25 MCG-100 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	<i>ferrous gluconate TABS</i>	3	MP
FEOSOL BIFERA	4	MP	FERROUS GLUCONATE TABS 324 MG	3	MP
FERREX 150 FORTE PLUS	4	MP	<i>ferrous sulfate dried TABS</i>	3	MP
FERREX 28 MISC	4	MP	<i>ferrous sulfate dried TBCR 45 MG</i>	3	MP
FOLGARD RX TABS	3	AL(Up to 12 yrs old); MP	<i>ferrous sulfate SOLN</i>	3	AL(Up to 12 yrs old); MP
<i>folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.5 MG-1 MG</i>	3	RX/OTC	<i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>	3	
FOLITAB 500	4	MP	<i>ferrous sulfate TBEC</i>	3	MP
FOLTABS 800 TABS	3	MP	FERROUS SULFATE TBEC (<i>ferrous sulfate</i>)	3	MP
HEMATRON-AF	4	MP	Stem Cell Mobilizers		
HEMAX EZY-DOSE	4	MP	XOLREMDI	CO	SP
ICAR-C (<i>iron-vitamin c</i>)	NF	MP	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ICAR-C PLUS TABS 250 MG-1 MG-25 MCG-100 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	Barbiturate Hypnotics		
IRON 100 PLUS TABS 250 MG-1 MG-25 MCG-100 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	SEZABY SOLR	CO	
<i>iron polysaccharide complex-vit b12-folic acid CAPS</i>	4	MP; RX/OTC	Non-Barbiturate Hypnotics		
			IGALMI FILM	CO	SP
			ZOLPIDEM TARTRATE CAPS	CO	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Orexin Receptor Antagonists			MIRALAX POWD (polyethylene glycol 3350)	3	
QUVIVIQ	CO		polyethylene glycol 3350 POWD	3	
LAXATIVES - Bowel Treatment Drugs			Lubricant Laxatives		
Bulk Laxatives			FLEET OIL ENEM (mineral oil)	3	
HYDROCIL POWD (psyllium)	3		mineral oil ENEM	3	
METAMUCIL 4 IN 1 FIBER POWD (psyllium)	3		Saline Laxatives		
METAMUCIL FREE & NATURAL POWD (psyllium)	3		FLEET ENEMA ENEM (sodium phosphates)	3	
psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %, 95 %	3		FLEET PEDIATRIC ENEM (sodium phosphates)	3	
Laxative Combinations			magnesium citrate 1.745 GM/30ML	3	
GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	3		magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	3	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	3		magnesium oxide (laxative)	3	MP
peg 3350-potassium chloride-sod bicarbonate-sod chloride	3		PHILLIPS (magnesium oxide (laxative))	3	MP
sennosides-docusate sodium TABS	3		sodium phosphates ENEM	3	
SENOKOT S TABS (sennosides-docusate sodium)	3		Stimulant Laxatives		
sodium sulfate-potassium sulfate-magnesium sulfate	1	1 package(s) per 30 day(s) retail	bisacodyl SUPP	3	
SUPREP BOWEL PREP KIT (sodium sulfate- potassium sulfate- magnesium sulfate)	2	1 package(s) per 30 day(s) retail	bisacodyl TBEC	3	
Laxatives - Miscellaneous			DULCOLAX PINK LAXATIVE TBEC (bisacodyl)	3	
INSTALAX POWD 17 GM/SCOOP	3		DULCOLAX SUPP (bisacodyl)	3	
lactulose SOLN	3		DULCOLAX TBEC (bisacodyl)	3	
			sennosides CAPS	3	
			sennosides LIQD	3	
			sennosides SYRP 8.8 MG/5ML	3	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
<i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG</i>	3	
SENOKOT TABS (<i>sennosides</i>)	3	
Surfactant Laxatives		
<i>benzocaine-docusate sodium ENEM</i>	3	
COLACE CLEAR CAPS (<i>docusate sodium</i>)	3	
COLACE CAPS 100 MG (<i>docusate sodium</i>)	3	
<i>docusate calcium</i>	3	
<i>docusate sodium CAPS</i>	3	
<i>docusate sodium ENEM 283 MG/5ML</i>	3	
<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	3	
<i>docusate sodium TABS</i>	3	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin PACK</i>	1	QL(2 EA per fill retail)
<i>azithromycin SUSR</i>	1	
<i>azithromycin TABS 250 MG</i>	1	
<i>azithromycin TABS 500 MG</i>	1	QL(10 EA per fill retail)
<i>azithromycin TABS 600 MG</i>	1	QL(12 EA per fill retail)
ZITHROMAX TRI-PAK TABS (<i>azithromycin</i>)	2	QL(10 EA per fill retail)
ZITHROMAX Z-PAK TABS (<i>azithromycin</i>)	2	
ZITHROMAX PACK	2	QL(2 EA per fill retail)
ZITHROMAX SUSR (<i>azithromycin</i>)	2	
ZITHROMAX TABS 250 MG (<i>azithromycin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TABS 500 MG (<i>azithromycin</i>)	2	QL(10 EA per fill retail)
Clarithromycin		
<i>clarithromycin SUSR</i>	1	
<i>clarithromycin TABS</i>	1	QL(28 EA per fill retail)
<i>clarithromycin TB24</i>	2	
Erythromycins		
E.E.S. GRANULES SUSR (<i>erythromycin ethylsuccinate</i>)	2	MP
ERYPED 200 SUSR (<i>erythromycin ethylsuccinate</i>)	2	MP
ERYPED 400 SUSR (<i>erythromycin ethylsuccinate</i>)	2	MP
<i>erythromycin base CPEP</i>	2	
<i>erythromycin base TABS</i>	2	
<i>erythromycin base TBEC</i>	2	
<i>erythromycin ethylsuccinate SUSR 400 MG/5ML</i>	2	MP
<i>erythromycin ethylsuccinate SUSR 200 MG/5ML</i>	1	MP
<i>erythromycin ethylsuccinate TABS</i>	2	MP
<i>erythromycin ethylsuccinate TABS</i>	1	
<i>erythromycin stearate TABS 250 MG</i>	1	
Fidaxomicin		
DIFICID SUSR	2	AL(Up to 17 yrs old)
DIFICID TABS 200 MG (<i>fidaxomicin</i>)	1	
<i>fidaxomicin TABS 200 MG</i>	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AIMSCO LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	K-Y ME & YOU EXTRA LUBRICATED DEVI	3	QL(36 EA per 30 day(s) retail)
CAYA DPRH	3		K-Y ME & YOU INTENSE DEVI	3	QL(36 EA per 30 day(s) retail)
CONDOMS	3	QL(36 EA per 30 day(s) retail)	MAXX PLUS MISC	3	QL(36 EA per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN DEVI	3	QL(36 EA per 30 day(s) retail)	MAXX MISC	3	QL(36 EA per 30 day(s) retail)
DUREX EXTRA SENSITIVE THIN MISC	3	QL(36 EA per 30 day(s) retail)	REALITY LATEX CONDOMS MISC	3	QL(36 EA per 30 day(s) retail)
DUREX REALFEEL	3	QL(36 EA per 30 day(s) retail)	REALITY LATEX/ULTRA TEXTURED DEVI	3	QL(36 EA per 30 day(s) retail)
DUREX TROPICAL MISC	3	QL(36 EA per 30 day(s) retail)	REALITY LATEX/ULTRA THIN DEVI	3	QL(36 EA per 30 day(s) retail)
FANTASY LUBRICATED/SPERMICIDE MISC	3	QL(36 EA per 30 day(s) retail)	TROJAN BARESKIN DEVI	3	QL(36 EA per 30 day(s) retail)
FANTASY LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	TROJAN ENZ MISC	3	QL(36 EA per 30 day(s) retail)
FC2 FEMALE CONDOM	3	QL(36 EA per 30 day(s) retail)	TROJAN MAGNUM MISC	3	QL(36 EA per 30 day(s) retail)
FEMCAP DEVI	3		TROJAN ULTRA THIN/SPERMICIDAL MISC	3	QL(36 EA per 30 day(s) retail)
KAMELEON LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	TROJAN ULTRA THIN MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO COLORS DEVI	3	QL(36 EA per 30 day(s) retail)	TROJAN-ENZ LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO MAXX-LARGE FLARE MISC	3	QL(36 EA per 30 day(s) retail)	TROJAN-ENZ/SPERMICIDAL MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO MICRO THIN PLUS MISC	3	QL(36 EA per 30 day(s) retail)	TRUE COVER DEVI	3	QL(36 EA per 30 day(s) retail)
KIMONO MICRO THIN MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX COLOR CONDOMS + LUBE MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PLUS MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUB/RIBBED/STUDDERED MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PS PLUS MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUB/SPERMICIDE EX ST MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO PS MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUB/SPERMICIDE XL MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO SENSATION PLUS MISC	3	QL(36 EA per 30 day(s) retail)	TRUSTEX LUBRICATED EX LARGE MISC	3	QL(36 EA per 30 day(s) retail)
KIMONO SENSATION MISC	3	QL(36 EA per 30 day(s) retail)			
KIMONO SPECIAL DEVI	3	QL(36 EA per 30 day(s) retail)			
KIMONO MISC	3	QL(36 EA per 30 day(s) retail)			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED EXTRA ST MISC	3	QL(36 EA per 30 day(s) retail)	ACCU-CHEK GUIDE CONTROL LIQD	3	
TRUSTEX LUBRICATED/SPERMICIDE MISC	3	QL(36 EA per 30 day(s) retail)	ACCU-CHEK GUIDE ME KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	ACCU-CHEK GUIDE KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); RX/OTC
TRUSTEX NATURAL CONDOMS + LUBE MISC	3	QL(36 EA per 30 day(s) retail)	ACCU-CHEK SAFE-T PRO LANCETS	4	RX/OTC
TRUSTEX NON-LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	ACCU-CHEK SMARTVIEW CONTROL LIQD	3	
TRUSTEX RIA LUB/SPERMICIDE MISC	3	QL(36 EA per 30 day(s) retail)	ACCU-CHEK SOFTCLIX LANCET DEV KIT	4	
TRUSTEX RIA LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	ACCU-CHEK SOFTCLIX LANCETS	4	RX/OTC
TRUSTEX RIA NON-LUBRICATED MISC	3	QL(36 EA per 30 day(s) retail)	ACCUTREND GLUCOSE CONTROL SOLN	3	
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	3	QL(36 EA per 30 day(s) retail)	ACTI-LANCE 28G	4	RX/OTC
WIDE-SEAL DIAPHRAGM 60	3		ACTI-LANCE LITE LANCETS 28G	4	RX/OTC
WIDE-SEAL DIAPHRAGM 65	3		ACTI-LANCE SPECIAL LANCETS 17G	4	RX/OTC
WIDE-SEAL DIAPHRAGM 70	3		ACTI-LANCE UNIVERSAL 23G	4	RX/OTC
WIDE-SEAL DIAPHRAGM 75	3		ADJUSTABLE LANCING DEVICE MISC	4	
WIDE-SEAL DIAPHRAGM 80	3		ADVANCE INTUITION CONTROL LIQD	3	
WIDE-SEAL DIAPHRAGM 85	3		ADVANCE MICRO-DRAW CONTROL LIQD	3	
WIDE-SEAL DIAPHRAGM 90	3		ADVANCE MICRO-DRAW NORMAL LIQD	3	
WIDE-SEAL DIAPHRAGM 95	3		ADVANCED MOBILE LANCET	4	RX/OTC
Diabetic Supplies			ADVOCATE CONTROL SOLUTION LIQD	3	
ACCU-CHEK AVIVA SOLN	3		ADVOCATE LANCETS	4	RX/OTC
ACCU-CHEK FASTCLIX LANCET KIT	4				
ACCU-CHEK FASTCLIX LANCETS	4	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS 30G	4	RX/OTC	ASSURE COMFORT LANCETS 28G	4	RX/OTC
ADVOCATE LANCING DEVICE MISC	4		ASSURE CONTROL SOLUTION 2/3 LIQD	3	
ADVOCATE RAPID-SAFE LANCING MISC	4		ASSURE DOSE CONTROL SOLN	3	
ADVOCATE REDI-CODE+ CONTROL SOLN	3		ASSURE DOSE NORM/HIGH CONTROL SOLN	3	
ADVOCATE REDI-CODE+ CONTROL SOLN	4	QL(1 EA per 30 day(s) retail)	ASSURE HAEMOLANCE PLUS HIGH	4	RX/OTC
ADVOCATE SAFETY LANCETS	4	RX/OTC	ASSURE HAEMOLANCE PLUS LOW	4	RX/OTC
ADVOCATE SAFETY LANCETS 21G	4	RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	4	RX/OTC
ADVOCATE SAFETY LANCETS 23G	4	RX/OTC	ASSURE HAEMOLANCE PLUS NORMAL	4	RX/OTC
ADVOCATE SAFETY LANCETS 26G	4	RX/OTC	ASSURE HAEMOLANCE PLUS PED	4	RX/OTC
ADVOCATE SAFETY LANCETS 28G	4	RX/OTC	ASSURE II CONTROL LEVEL 1 & 2 LIQD	3	
AGAMATRIX CONTROL LEVEL 2 SOLN	3		ASSURE II CONTROL LIQD	3	
AGAMATRIX CONTROL LEVEL 4 SOLN	3		ASSURE LANCE LANCETS	4	RX/OTC
AGAMATRIX CONTROL NORMAL/HIGH SOLN	3		ASSURE LANCE LANCETS 21G	4	RX/OTC
AGAMATRIX CONTROL SOLN	3		ASSURE LANCE PLUS SAFETY 25G	4	RX/OTC
AGAMATRIX ULTRA-THIN LANCETS	4	RX/OTC	ASSURE LANCE PLUS SAFETY 30G	4	RX/OTC
AIMSCO TWIST LANCETS 32G	4	RX/OTC	ASSURE LANCE SAFETY LANCET 28G	4	RX/OTC
AIMSCO TWIST LANCETS 33G	4	RX/OTC	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	3	
AMBI-TRAY MISC	4	RX/OTC	ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	3	
AQUALANCE LANCETS 30G	4	RX/OTC	AURORA LANCET SUPER THIN 30G	4	RX/OTC
ASSURE 3 CONTROL LIQD	3		AURORA LANCET THIN 23G	4	RX/OTC
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	3				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AUTO-LANCET MINI MISC	4		BIGFOOT UNITY PEN CAP/TOUJEO MISC	4	RX/OTC
AUTO-LANCET MISC	4		BIGFOOT UNITY PEN CAP/TRESIBA MISC	4	RX/OTC
AUTOLET II CLINISAFE KIT	4		BLULINK CONTROL HIGH & LOW LIQD	3	
AUTOLET LANCING DEVICE MISC	4		CARDIOCOM LANCING DEVICE MISC	4	
AUTOLET LITE CLINISAFE KIT	4		CAREONE ADVANCED LANCING DEV MISC	4	
AUTOLET LITE LANCING DEVICE MISC	4		CAREONE LANCET SUPER THIN 30G	4	RX/OTC
AUTOLET LITE STARTER PACK KIT	4		CAREONE LANCET THIN 23G	4	RX/OTC
AUTOLET MINI MISC	4		CARESENS CONTROL A SOLN	3	
AUTOLET PLATFORMS MISC	4		CARESENS CONTROL SOLUTION A/B SOLN	3	
AUTOLET PLUS MISC	4		CARESENS LANCETS	4	RX/OTC
BD MICROTAINER LANCETS	4	RX/OTC	CARESENS LANCETS 30G	4	RX/OTC
BIGFOOT UNITY PEN CAP/ADMELOG MISC	4	RX/OTC	CARESENS S CONTROL SOLN A/B LIQD	3	
BIGFOOT UNITY PEN CAP/APIDRA MISC	4	RX/OTC	CARETOUCH CONTROL SOL LEVEL 2 LIQD	3	
BIGFOOT UNITY PEN CAP/ASPART MISC	4	RX/OTC	CARETOUCH LANCING/EJECTOR MISC	4	
BIGFOOT UNITY PEN CAP/BASAGLAR MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS	4	RX/OTC
BIGFOOT UNITY PEN CAP/FIASP MISC	4	RX/OTC	CARETOUCH SAFETY LANCETS 26G	4	RX/OTC
BIGFOOT UNITY PEN CAP/HUMALOG MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 28G	4	RX/OTC
BIGFOOT UNITY PEN CAP/LANTUS MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 30G	4	RX/OTC
BIGFOOT UNITY PEN CAP/LISPRO MISC	4	RX/OTC	CARETOUCH TWIST LANCETS 33G	4	RX/OTC
BIGFOOT UNITY PEN CAP/LYUMJEV MISC	4	RX/OTC	CARETOUCH TWIST MC LANCETS 30G	4	RX/OTC
BIGFOOT UNITY PEN CAP/NOVOLOG MISC	4	RX/OTC	CHOSEN LANCETS 30G	4	RX/OTC
BIGFOOT UNITY PEN CAP/TOUJEO M MISC	4	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CHOSEN LANCING DEVICE MISC	4		CVS LANCETS ORIGINAL	4	RX/OTC
CHOSEN SAFETY LANCETS 28G	4	RX/OTC	CVS LANCETS THIN 26G	4	RX/OTC
CLEANLET LANCETS 28G	4	RX/OTC	CVS LANCING DEVICE MISC	4	
CLEVER CHEK LANCETS	4	RX/OTC	CVS ULTRA THIN LANCETS	4	RX/OTC
CLEVER CHOICE COMFORT EZ	4	RX/OTC	DEXCOM G6 RECEIVER	4	PA
CLEVER CHOICE GLUCOSE CONTROL LIQD	3		DEXCOM G6 SENSOR	4	PA
CLEVER CHOICE LANCETS 21G	4	RX/OTC	DEXCOM G6 TRANSMITTER	4	PA
CLEVER CHOICE LANCETS 23G	4	RX/OTC	DEXCOM G7 15 DAY SENSOR	4	PA
CLEVER CHOICE LANCETS 28G	4	RX/OTC	DEXCOM G7 RECEIVER	4	PA
COAGUCHEK LANCETS	4	RX/OTC	DEXCOM G7 SENSOR	4	PA
COMFORT ASSURED LANCETS 28G	4	RX/OTC	DIATHRIVE GLUCOSE CONTROL SOLN LIQD	3	
COMFORT ASSURED LANCETS 33G	4	RX/OTC	DIATHRIVE LANCET ULTRA THIN 30	4	RX/OTC
COMFORT TOUCH LANCETS 31G	4	RX/OTC	DIATHRIVE LANCETS	4	RX/OTC
COMFORT TOUCH PLUS LANCETS 28G	4	RX/OTC	DIATHRIVE LANCING DEVICE MISC	4	
COMFORT TOUCH PLUS LANCETS 30G	4	RX/OTC	DIATRUE CONTROL LEVEL 2 SOLN	3	
COMFORT TOUCH TWIST LANCET 30G	4	RX/OTC	DIATRUE CONTROL LEVEL 3 SOLN	3	
CONTOUR CONTROL LIQD	3		DROPLET GENTEEL LANCING DEVICE MISC	4	
CONTOUR NEXT CONTROL SOLN	3		DROPLET LANCETS ULTRA THIN 30G	4	RX/OTC
CONTOUR PLUS CONTROL SOLUTION LIQD	3		DROPLET LANCING DEVICE MISC	4	
CONTROL SOLN	3		DROPLET PERSONAL LANCETS 30G	4	RX/OTC
COOL CONTROL A SOLN	3		DROPSAFE ACTI-LANCE 23G	4	RX/OTC
COOL CONTROL B SOLN	3		DROPSAFE MEDLANCE LANCET 30G	4	RX/OTC
			DRUG MART LANCING DEVICE MISC	4	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DRUG MART ON-THE-GO LANCET 30G	4	RX/OTC	EASY TOUCH LANCETS 30G/TWIST	4	RX/OTC
DRUG MART UNILET LANCETS 28G	4	RX/OTC	EASY TOUCH LANCETS 32G	4	RX/OTC
DRUG MART UNILET LANCETS 30G	4	RX/OTC	EASY TOUCH LANCETS 32G/TWIST	4	RX/OTC
DRUG MART UNILET LANCETS 33G	4	RX/OTC	EASY TOUCH LANCETS 33G/TWIST	4	RX/OTC
DUO-CARE CONTROL SOLUTION LIQD	3		EASY TOUCH LANCING DEVICE MISC	4	
EASY COMFORT LANCETS	4	RX/OTC	EASY TOUCH SAFETY LANCETS 21G	4	RX/OTC
EASY COMFORT LANCETS TWIST TOP	4	RX/OTC	EASY TOUCH SAFETY LANCETS 23G	4	RX/OTC
EASY MINI EJECT LANCING DEVICE MISC	4		EASY TOUCH SAFETY LANCETS 26G	4	RX/OTC
EASY MINI LANCING DEVICE MISC	4		EASY TOUCH SAFETY LANCETS 28G	4	RX/OTC
EASY PLUS II CONTROL SOLN	3		EASY TRAK CONTROL SOLN	3	
EASY STEP CONTROL SOLN	3		EASY TRAK II CONTROL LIQD	3	
EASY TALK CONTROL SOLN	3		EASYMAX 15 LEVEL 2 CONTROL SOLN	3	
EASY TALK PLUS II CONTROL SOLN	3		EASYMAX 15 LEVEL 2-3 CONTROL LIQD	3	
EASY TOUCH CONTROL HIGH & LOW SOLN	3		EASYMAX CONTROL NORMAL/HIGH LIQD	3	
EASY TOUCH HEALTHPRO HIGH/LOW LIQD	3		EASYMAX CONTROL SOLN	3	
EASY TOUCH LANCETS 21G	4	RX/OTC	ELEMENT COMPACT CONTROL 2 SOLN	3	
EASY TOUCH LANCETS 23G	4	RX/OTC	ELEMENT COMPACT CONTROL 3 SOLN	3	
EASY TOUCH LANCETS 26G	4	RX/OTC	ELEMENT CONTROL LIQD	3	
EASY TOUCH LANCETS 28G	4	RX/OTC	EMBRACE GLUCOSE CONTROL LIQD	3	
EASY TOUCH LANCETS 28G/TWIST	4	RX/OTC	EMBRACE LANCETS ULTRA THIN 30G	4	RX/OTC
EASY TOUCH LANCETS 30G	4	RX/OTC	EMBRACE LANCING DEVICE/EJECTOR MISC	4	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBRACE PRESSURE ACTIVATED 21G	4	RX/OTC	FORACARE GDH CONTROL SOLN	3	
EMBRACE PRESSURE ACTIVATED 28G	4	RX/OTC	FORTISCARE CONTROL SOLN	3	
EMBRACE PRO GLUCOSE CONTROL LIQD	3		FREESTYLE CONTROL SOLUTION LIQD	3	
EMBRACE TALK GLUCOSE CONTROL SOLN	3		FREESTYLE LANCETS	4	RX/OTC
ENLITE GLUCOSE SENSOR	4	PA	FREESTYLE LIBRE 14 DAY READER	4	PA
EVERSENSE 365 SENSOR/HOLDER	4	PA	FREESTYLE LIBRE 14 DAY SENSOR	4	PA
EVERSENSE 365 SMART TRANSMIT	4	PA	FREESTYLE LIBRE 2 PLUS SENSOR	4	PA
EVERSENSE E3 SENSOR/HOLDER	4	PA	FREESTYLE LIBRE 2 READER	4	PA
EVERSENSE E3 SMART TRANSMITTER	4	PA	FREESTYLE LIBRE 2 SENSOR	4	PA
EVERSENSE SENSOR/HOLDER	4	PA	FREESTYLE LIBRE 3 PLUS SENSOR	4	PA
EVERSENSE SMART TRANSMITTER	4	PA	FREESTYLE LIBRE 3 READER	4	PA
EVOLUTION CONTROL SOLN	3		FREESTYLE LIBRE 3 SENSOR	4	PA
FIFTY50 SAFETY SEAL LANCETS	4	RX/OTC	FREESTYLE LIBRE READER	4	PA
FIFTY50 UNILET LANCETS 33G	4	RX/OTC	FREESTYLE UNISTICK II LANCETS	4	RX/OTC
FINE 30	4	RX/OTC	GE100 CONTROL SOLN	3	
FINGERSTIX LANCETS	4	RX/OTC	GENTEEL BUTTERFLY TOUCH LANCET	4	RX/OTC
FONDCIRCLE CONTROL SOLUTION LIQD	3		GENTEEL CONTACT TIPS (BLUE) MISC	4	
FONDCIRCLE LANCING DEVICE MISC	4		GENTEEL CONTACT TIPS (CLEAR) MISC	4	
FONDCIRCLE SINGLE USE LANCETS	4	RX/OTC	GENTEEL CONTACT TIPS (GREEN) MISC	4	
FORA CONTROL SOLN	3		GENTEEL CONTACT TIPS (ORANGE) MISC	4	
FORA LANCETS	4	RX/OTC	GENTEEL CONTACT TIPS (RAINBOW) MISC	4	
FORA LANCING DEVICE MISC	4		GENTEEL CONTACT TIPS (VIOLET) MISC	4	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTEEL CONTACT TIPS (YELLOW) MISC	4		GLUCOCOM LANCETS 28G	4	RX/OTC
GENTEEL LANCING KIT (BLUE) KIT	4		GLUCOCOM LANCETS 30G	4	RX/OTC
GENTEEL NOZZLES MISC	4		GLUCOCOM LANCETS 33G	4	RX/OTC
GENTEEL PLUS LANCING (BLACK) MISC	4		GLUCOSE CONTROL SOLN	3	
GENTEEL PLUS LANCING (PURPLE) MISC	4		GNP EASY TOUCH CONT HIGH/LOW LIQD	3	
GENTEEL PLUS LANCING (WHITE) MISC	4		GNP EASY TOUCH CONT HIGH/LOW SOLN	3	
GENTEEL PLUS LANCING DEV(BLUE) MISC	4		GNP LANCING SYSTEM DEVICE MISC	4	
GENTEEL PLUS LANCING DEV(PINK) MISC	4		GNP STERILE LANCETS 28G	4	RX/OTC
GENTLE-LET GP LANCETS	4	RX/OTC	GNP STERILE LANCETS 30G	4	RX/OTC
GENTLE-LET LANCETS	4	RX/OTC	GNP STERILE LANCETS 33G	4	RX/OTC
GENTLE-LET PLATFORMS MISC	4		GOJJI CONTROL SOLN	3	
GLOBAL INJECT EASE LANCETS 28G	4	RX/OTC	GOJJI LANCING DEVICE/CLEAR CAP MISC	4	
GLOBAL INJECT EASE LANCETS 30G	4	RX/OTC	GOJJI STERILE LANCETS	4	RX/OTC
GLOBAL LANCING DEVICE MISC	4		GUARDIAN 4 GLUCOSE SENSOR	4	PA
GLUCOCARD 01 CONTROL LIQD	3		GUARDIAN 4 TRANSMITTER	4	PA
GLUCOCARD 01 CONTROL SOLN	3		GUARDIAN CONNECT TRANSMITTER	4	PA
GLUCOCARD EXPRESSION CONTROL SOLN	3		GUARDIAN LINK 3 TRANSMITTER	4	PA
GLUCOCARD SHINE CONTROL SOLN	3		GUARDIAN REAL-TIME CHARGER MISC	4	PA; RX/OTC
GLUCOCARD X-SENSOR CONTROL SOLN	3		GUARDIAN REAL-TIME REPLACE PED	4	PA
GLUCOCOM CONTROL LIQD	3		GUARDIAN REAL-TIME TEST PLUG MISC	4	PA; RX/OTC
			GUARDIAN SENSOR (3)	4	PA
			GUARDIAN SENSOR 3	4	PA

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE	4	RX/OTC	KROGER AUTOLET LANCING DEVICE MISC	4	
HAEMOLANCE LOW FLOW LANCETS	4	RX/OTC	KROGER HEALTHPRO CONTROL HI/LO LIQD	3	
HAEMOLANCE PLUS	4	RX/OTC	KROGER HEALTHPRO LANCET 26G	4	RX/OTC
HAEMOLANCE PLUS HIGH FLOW	4	RX/OTC	KROGER LANCETS	4	RX/OTC
HAEMOLANCE PLUS LOW FLOW	4	RX/OTC	KROGER LANCETS SUPER THIN	4	RX/OTC
HAEMOLANCE PLUS MAX FLOW	4	RX/OTC	KROGER LANCETS THIN	4	RX/OTC
HAEMOLANCE PLUS PEDIATRIC FLOW	4	RX/OTC	KT TAPE CGM PATCH MISC	4	PA; RX/OTC
H-E-B INCONTROL ADV LANCING MISC	4		LANCET DEVICE WITH EJECTOR MISC	4	
H-E-B INCONTROL LANCETS 28G	4	RX/OTC	LANCET DEVICE MISC	4	
H-E-B INCONTROL LANCETS 30G	4	RX/OTC	LANCET TRANSPORTER CASE MISC	4	
H-E-B INCONTROL LANCETS 33G	4	RX/OTC	LANCETS	4	RX/OTC
HYPOLANCE AST LANCING KIT	4		LANCETS 28G THIN	4	RX/OTC
HY-VEE LANCETS	4	RX/OTC	LANCETS 30G	4	RX/OTC
HY-VEE THIN LANCETS	4	RX/OTC	LANCETS 33G	4	RX/OTC
IHEALTH CONTROL SOLUTION LIQD	3		LANCETS MICRO THIN 33G	4	RX/OTC
IHEALTH LANCING DEVICE MISC	4		LANCETS SUPER THIN	4	RX/OTC
IN TOUCH GLUCOSE CONTROL SOLN	3		LANCETS SUPER THIN 28G	4	RX/OTC
IN TOUCH LANCING DEVICE MISC	4		LANCETS THIN	4	RX/OTC
IN TOUCH STERILE LANCETS 30G	4	RX/OTC	LANCETS ULTRA THIN	4	RX/OTC
INFINITY CONTROL SOLN	3		LANCETS ULTRA THIN 30G	4	RX/OTC
INFINITY VOICE LIQD	3		LANCING DEVICE MISC	4	
INSUL-CAP MISC	4	RX/OTC	LANZO MISC	4	
INSUL-EZE MISC	4	RX/OTC	LEADER ADVANCED LANCING DEVICE MISC	4	
KINNEY LANCETS	4	RX/OTC	LIBERTY GLUCOSE CONTROL MID SOLN	3	
KINNEY THIN LANCETS	4	RX/OTC	LIBERTY GLUCOSE CONTROL LIQD	3	
			LIBERTY MEDICAL LANCETS	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIBERTY MINI LANCING DEVICE MISC	4		MICRODOT CONTROL HIGH/LOW SOLN	3	
LITE TOUCH LANCETS	4	RX/OTC	MICROLET LANCETS	4	RX/OTC
LITE TOUCH LANCING PEN MISC	4		MICROLET NEXT LANCING DEVICE MISC	4	
LITETOUCH LANCETS	4	RX/OTC	MINI LANCING DEVICE MISC	4	
LIVE BETTER LANCET SUPER THIN	4	RX/OTC	MINILINK REAL-TIME TRANSMITTER	4	PA
MEDICHOICE SAFETY LANCET	4	RX/OTC	MINIMED 630G GUARDIAN PRESS	4	PA
MEDICHOICE SAFETY LANCET EXTRA	4	RX/OTC	MINIMED INSTINCT GLUC SENSOR	4	PA
MEDICHOICE SAFETY LANCET NORM	4	RX/OTC	MM LANCING DEVICE MISC	4	
MEDISENSE GLUCOSE KETONE CONTR LIQD	3		MM TWIST LANCETS	4	RX/OTC
MEDISENSE HI/MID/LOW CONTROL LIQD	3		MOBILE LANCETS 30G	4	RX/OTC
MEDLANCE EXTRA 21G	4	RX/OTC	MODD1 PATIENT WELCOME KIT KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
MEDLANCE LITE 25G	4	RX/OTC			
MEDLANCE PLUS EXTRA 21G	4	RX/OTC	MONOLET LANCETS	4	RX/OTC
MEDLANCE PLUS LANCETS	4	RX/OTC	MONOLET OPD LANCETS	4	RX/OTC
MEDLANCE PLUS LITE 25G	4	RX/OTC	MONOLETTOR SAFETY LANCETS	4	RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	4	RX/OTC	MPD SAFETY LANCET 21G	4	RX/OTC
MEDLANCE PLUS SUPERLITE 30G	4	RX/OTC	MPD SAFETY LANCET 23G	4	RX/OTC
MEDLANCE PLUS UNIVERSAL 21G	4	RX/OTC	MPD SAFETY LANCET 28G	4	RX/OTC
MEDLANCE UNIVERSAL 21G	4	RX/OTC	MPD SAFETY LANCET 30G	4	RX/OTC
MEIJER LANCETS	4	RX/OTC	MULTI-LANCET DEVICE 2 KIT	4	
MEIJER LANCETS UNIVERSAL 21G	4	RX/OTC	MULTI-LANCET DEVICE MISC	4	
MEIJER LANCETS UNIVERSAL 30G	4	RX/OTC	MYGLUCOHEALTH CONTROL SOLN	3	
MEIJER LANCETS UNIVERSAL 33G	4	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MYGLUCOHEALTH LANCETS 30G	4	RX/OTC	OMNIPOD DASH PDM (GEN 4) KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA
NEUTEK 2TEK CONTROL SOLN	3		OMNIPOD DASH PODS (GEN 4) MISC	4	QL(0.34 EA daily); PA
NOVA MAX PLUS GLU/KET CONTROL LIQD	3		ONETOUCH DELICA PLUS LANCET30G	4	RX/OTC
NOVA SAFETY LANCETS 23G	4	RX/OTC	ONETOUCH DELICA PLUS LANCET33G	4	RX/OTC
NOVA SAFETY LANCETS 28G	4	RX/OTC	ONETOUCH DELICA PLUS LANCING MISC	4	
NOVA SUREFLEX LANCETS	4	RX/OTC	ONETOUCH DELICA SAFETY LANCING	4	RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	4		ONETOUCH ULTRA CONTROL LIQD	3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	ONETOUCH ULTRASOFT 2 LANCETS	4	RX/OTC
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	4	QL(0.34 EA daily); PA	ONETOUCH VERIO LIQD	3	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	OVAL TAPE MISC	4	PA; RX/OTC
OMNIPOD 5 G7 PODS (GEN 5) MISC	4	QL(0.34 EA daily); PA	PARADIGM REAL-TIME TRANSMITTER	4	PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	PERFECT LANCETS 28G	4	RX/OTC
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	4	QL(0.34 EA daily); PA	PERFECT LANCETS 30G	4	RX/OTC
OMNIPOD CLASSIC PODS (GEN 3) MISC	4	QL(0.34 EA daily); PA	PERFECT POINT SAFETY LANCETS	4	RX/OTC
OMNIPOD DASH INTRO (GEN 4) KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	PHARMACIST CHOICE LANCETS	4	RX/OTC
			PIP GLUCOSE CONTROL SOLUTION LIQD	3	
			PIP LANCETS 28G	4	RX/OTC
			PIP LANCETS 30G	4	RX/OTC
			POCKETCHEM EZ CONTROL SOLN	3	
			PRECISION GLUCOSE KETONE CONTR LIQD	3	
			PRECISION THINS GP LANCETS	4	RX/OTC
			PRO COMFORT LANCETS 30G	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 31G	4	RX/OTC	QUICKTEK CONTROL SOLUTION LIQD	3	
PRO COMFORT SAFETY LANCETS 30G	4	RX/OTC	QUINTET CONTROL HIGH/NORMAL SOLN	3	
PRODIGY CONTROL SOLUTION SOLN	3		READYLANCE SAFETY LANCETS	4	RX/OTC
PRODIGY CONTROL SOLUTION SOLN	4	QL(1 EA per 30 day(s) retail)	REALITY LANCETS	4	RX/OTC
PRODIGY COUNT-A-DOSE MISC	4	RX/OTC	REALITY TRIGGER LANCETS	4	RX/OTC
PRODIGY LANCETS 28G	4	RX/OTC	REFUAH PLUS GLUCOSE CONTROL SOLN	3	
PRODIGY LANCING DEVICE MISC	4		RELION LANCET DEVICES 30G	4	RX/OTC
PRODIGY SAFETY LANCETS 26G	4	RX/OTC	RELION LANCETS	4	RX/OTC
PRODIGY TWIST TOP LANCETS 28G	4	RX/OTC	RELION LANCETS MICRO-THIN 33G	4	RX/OTC
PSS SELECT GP LANCETS	4	RX/OTC	RELION LANCETS THIN 26G	4	RX/OTC
PSS SELECT PLATFORMS MISC	4		RELION LANCETS ULTRA-THIN 30G	4	RX/OTC
PSS SELECT SAFETY LANCETS	4	RX/OTC	RELION LANCING DEVICE MISC	4	
PURE COMFORT LANCETS 30G	4	RX/OTC	RELION ULTRA THIN LANCETS 30G	4	RX/OTC
PX ADVANCED LANCING DEVICE MISC	4		RIGHTEST ALTERNATE SITE ADAPT MISC	4	
PX LANCETS MICROTHIN 33G	4	RX/OTC	RIGHTEST GC300 CONTROL LIQD	3	
PX LANCETS ULTRA THIN 28G	4	RX/OTC	RIGHTEST GD500 LANCING DEVICE MISC	4	
QC ADVANCED LANCING DEVICE MISC	4		RIGHTEST GL300 LANCETS	4	RX/OTC
QC LANCETS SUPER THIN 30G	4	RX/OTC	SAFE-T-LANCE	4	RX/OTC
QC LANCETS ULTRA THIN	4	RX/OTC	SAFE-T-LANCE PLUS	4	RX/OTC
QC UNILET LANCETS 28G	4	RX/OTC	SAFETY LANCET 30G/PRESSURE ACT	4	RX/OTC
QC UNILET LANCETS MICRO THIN	4	RX/OTC	SAFETY LANCETS	4	RX/OTC
			SAFETY LANCETS 21G	4	RX/OTC
			SAFETY LANCETS 23G	4	RX/OTC
			SAFETY LANCETS 28G	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SAPS HEALTH PLUS LANCETS	4	RX/OTC	SUPREME II HIGH/LOW CONTROL LIQD	3	
SAPS HEALTH TWIST TOP LANCETS	4	RX/OTC	SURE COMFORT LANCETS 18G	4	RX/OTC
SAPS TWIST TOP LANCETS	4	RX/OTC	SURE COMFORT LANCETS 21G	4	RX/OTC
SAPSCARE TWIST TOP LANCETS	4	RX/OTC	SURE COMFORT LANCETS 23G	4	RX/OTC
SB LANCETS THIN	4	RX/OTC	SURE COMFORT LANCETS 28G	4	RX/OTC
SB LANCETS ULTRA THIN	4	RX/OTC	SURE COMFORT LANCETS 30G	4	RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	4		SURE COMFORT LANCING PEN MISC	4	
SELECT-LITE LANCING DEVICE MISC	4		SURELITE LANCETS	4	RX/OTC
SIMPLE DIAGNOSTICS LANCING DEV MISC	4		TAI DOC CONTROL SOLN	3	
SIMPLERA SENSOR	4	PA	TECHLITE AST LANCETS	4	RX/OTC
SIMPLERA SYNC SENSOR	4	PA	TECHLITE LANCETS	4	RX/OTC
SIMPLERA SYSTEM	4	PA	TECHLITE LANCETS 26G	4	RX/OTC
SINGLE-LET	4	RX/OTC	TECHLITE LANCETS 30G	4	RX/OTC
SM TRUEDRAW LANCING DEVICE MISC	4		THINLETS GP LANCETS	4	RX/OTC
SMART DIABETES VANTAGE LANCING MISC	4		TODAYS HEALTH LANCING DEVICE MISC	4	
SMARTEST CONTROL MEDIUM SOLN	3		TODAYS HEALTH THIN LANCETS 28G	4	RX/OTC
SMARTEST LANCETS 28G	4	RX/OTC	TODAYS HEALTH THIN LANCETS 30G	4	RX/OTC
SOLUS V2 CONTROL SOLN	3		TRAVEL LANCETS ADVANCED 28G	4	RX/OTC
SOLUS V2 LANCETS 28G	4	RX/OTC	TRUE COMFORT SAFETY LANCETS	4	RX/OTC
SOLUS V2 LANCING DEVICE MISC	4		TRUE COMFORT TWIST TOP LANCETS	4	RX/OTC
SOLUS V2 TWIST LANCETS 30G	4	RX/OTC	TRUE METRIX LEVEL 2 SOLN	3	
STERILANCE PA MISC	4		TRUE METRIX LEVEL 3 SOLN	3	
STERILANCE TL	4	RX/OTC	TRUECONTROL GLUCOSE CONT LEV 0 LIQD	3	
SUPER THIN LANCETS	4	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	3		UNILET G.P. SUPERLITE LANCET	4	RX/OTC
TRUEDRAW LANCING DEVICE MISC	4		UNILET GP 28 ULTRA THIN	4	RX/OTC
TRUEPLUS LANCETS 26G	4	RX/OTC	UNILET LANCET	4	RX/OTC
TRUEPLUS LANCETS 28G	4	RX/OTC	UNILET MICRO-THIN 33G	4	RX/OTC
TRUEPLUS LANCETS 30G	4	RX/OTC	UNILET SUPERLITE LANCET	4	RX/OTC
TRUEPLUS LANCETS 33G	4	RX/OTC	UNILET SUPER-THIN 30G	4	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	4	RX/OTC	UNILET ULTRA-THIN 28G	4	RX/OTC
TWIST STARTER KIT KIT	4	QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA	UNISTIK 1	4	RX/OTC
TWIST TOP LANCETS 30G	4	RX/OTC	UNISTIK 2	4	RX/OTC
ULTI-LANCE AUTOMATIC MISC	4		UNISTIK 2 COMFORT	4	RX/OTC
ULILET CLASSIC LANCETS	4	RX/OTC	UNISTIK 2 EXTRA	4	RX/OTC
ULILET LANCETS	4	RX/OTC	UNISTIK 2 NEONATAL	4	RX/OTC
ULILET SAFETY LANCETS	4	RX/OTC	UNISTIK 2 NORMAL	4	RX/OTC
ULILET SAFETY LANCETS 23G	4	RX/OTC	UNISTIK 2 SUPER	4	RX/OTC
ULTRA THIN LANCETS 31G	4	RX/OTC	UNISTIK 3	4	RX/OTC
ULTRA-CARE LANCETS 30G	4	RX/OTC	UNISTIK 3 COMFORT	4	RX/OTC
ULTRA-THIN II AUTO LANCET	4	RX/OTC	UNISTIK 3 EXTRA	4	RX/OTC
ULTRA-THIN II LANCETS	4	RX/OTC	UNISTIK 3 GENTLE	4	RX/OTC
UNILET COMFORTOUCH LANCET	4	RX/OTC	UNISTIK 3 NEONATAL	4	RX/OTC
UNILET EXCELITE	4	RX/OTC	UNISTIK 3 NORMAL	4	RX/OTC
UNILET EXCELITE II	4	RX/OTC	UNISTIK CZT COMFORT	4	RX/OTC
UNILET G.P. LANCET	4	RX/OTC	UNISTIK CZT NORMAL	4	RX/OTC
			UNISTIK NORMAL	4	RX/OTC
			UNISTIK PRO SAFETY LANCET	4	RX/OTC
			UNISTIK SAFETY LANCETS 28G	4	RX/OTC
			UNISTIK SAFETY LANCETS 30G	4	RX/OTC
			UNISTIK TOUCH SAFETY LANC 21G	4	RX/OTC
			UNISTIK TOUCH SAFETY LANC 23G	4	RX/OTC
			UNISTIK TOUCH SAFETY LANC 28G	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
UNISTIK TOUCH SAFETY LANC 30G	4	RX/OTC	ALCOHOL PREP PADS	4	RX/OTC
UNISTRIP CONTROL SOLN	3		ALCOHOL SWABS	4	RX/OTC
VERASENS GLUCOSE CONTROL LIQD	3		ALCOHOL SWABSTICK	4	RX/OTC
VERIFINE SAFE LANCET MINI 21G	4	RX/OTC	AUM ALCOHOL PREP PADS	4	RX/OTC
VERIFINE SAFE LANCET MINI 23G	4	RX/OTC	BD SWAB SINGLE USE REGULAR	4	RX/OTC
VERIFINE SAFE LANCET MINI 28G	4	RX/OTC	CARETOUCH ALCOHOL PREP	4	RX/OTC
VERIFINE SAFE LANCET MINI 30G	4	RX/OTC	COMFORT TOUCH ALCOHOL PREP	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 28G	4	RX/OTC	CURITY ALCOHOL PREPS	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	4	RX/OTC	CVS ALCOHOL PREP PADS	4	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	4	RX/OTC	CVS PREP	4	RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	3		DROPSAFE ALCOHOL PREP	4	RX/OTC
VIVAGUARD LANCETS	4	RX/OTC	EASY COMFORT ALCOHOL PADS	4	RX/OTC
VIVAGUARD LANCETS 30G	4	RX/OTC	EASY TOUCH ALCOHOL PREP MEDIUM	4	RX/OTC
VIVAGUARD LANCING DEVICE MISC	4		EQL ALCOHOL SWABS	4	RX/OTC
VIVAGUARD SAFETY LANCETS 28G	4	RX/OTC	FIFTY50 ALCOHOL PREP	4	RX/OTC
VIVI CAP1 MISC	4	RX/OTC	GLOBAL ALCOHOL PREP EASE	4	RX/OTC
VIVI CAP MISC	4	RX/OTC	GNP ALCOHOL SWABS	4	RX/OTC
ZEVRX TWIST TOP LANCETS 30G	4	RX/OTC	GOODSENSE ALCOHOL SWABS	4	RX/OTC
Misc. Devices			H-E-B INCONTROL ALCOHOL	4	RX/OTC
ADVOCATE ALCOHOL PREP PADS	4	RX/OTC	HM STERILE ALCOHOL PREP	4	RX/OTC
ALCOH-GLOVE CONTOURED WIPE	4	RX/OTC	MEIJER ALCOHOL SWABS	4	RX/OTC
ALCOHOL PADS	4	RX/OTC	PHARMACIST CHOICE ALCOHOL	4	RX/OTC
ALCOHOL PREP	4	RX/OTC	PRO COMFORT ALCOHOL	4	RX/OTC
			PURE COMFORT ALCOHOL PREP	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
QC ALCOHOL SWABS	4	RX/OTC	BD INSULIN SYRINGE U/F	4	RX/OTC
REALITY SWABS	4	RX/OTC	BD INSULIN SYRINGE U-500	4	
RELION ALCOHOL SWABS	4	RX/OTC	BD INSULIN SYRINGE ULTRAFINE	4	
SAPS CARE ALCOHOL PREP	4	RX/OTC	BD PEN NEEDLE MICRO ULTRAFINE	4	
SAPS HEALTH ALCOHOL PREP	4	RX/OTC	BD PEN NEEDLE MINI ULTRAFINE	4	RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	4	RX/OTC	BD PEN NEEDLE NANO 2ND GEN	4	RX/OTC
SB ALCOHOL PREP	4	RX/OTC	BD PEN NEEDLE NANO ULTRAFINE	4	RX/OTC
SM ALCOHOL PREP	4	RX/OTC	BD PEN NEEDLE ORIG ULTRAFINE	4	
SURE COMFORT ALCOHOL PREP	4	RX/OTC	BD PEN NEEDLE SHORT ULTRAFINE	4	RX/OTC
TRUE COMFORT ALCOHOL PREP PADS	4	RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	4	RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	4	RX/OTC	BD SAFETYGLIDE SYRINGE/NEEDLE	4	
ULTICARE ALCOHOL SWABS	4	RX/OTC	BD VEO INSULIN SYR U/F 1/2UNIT	4	RX/OTC
ULTILET ALCOHOL SWABS	4	RX/OTC	BD VEO INSULIN SYR ULTRAFINE	4	RX/OTC
ULTRA-CARE ALCOHOL PREP PADS	4	RX/OTC	EMBECTA AUTOSHIELD DUO	4	RX/OTC
WEBCOL ALCOHOL PREP LARGE	4	RX/OTC	EMBECTA INS SYR U/F 1/2 UNIT	4	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM	4	RX/OTC	EMBECTA INSULIN SYR ULTRAFINE	4	
ZEVSRX STERILE ALCOHOL PREP PAD	4	RX/OTC	EMBECTA INSULIN SYRINGE	4	RX/OTC
Parenteral Therapy Supplies			EMBECTA INSULIN SYRINGE U-100	4	
BD AUTOSHIELD DUO	4	RX/OTC	EMBECTA INSULIN SYRINGE U-500	4	
BD INS SYR ULTRAFINE 1/2UNIT	4	RX/OTC	EMBECTA PEN NEEDLE NANO	4	RX/OTC
BD INSULIN SYR ULTRAFINE II	4	RX/OTC	EMBECTA PEN NEEDLE NANO 2 GEN	4	RX/OTC
BD INSULIN SYRINGE	4	RX/OTC			
BD INSULIN SYRINGE HALF-UNIT	4	RX/OTC			
BD INSULIN SYRINGE MICROFINE	4	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMBECTA PEN NEEDLE ULTRAFINE	4		GNP EARLOOP MASKS	3	4 max fill(s) per 365 day(s) retail; RX/OTC
Respiratory Aids			J & J GERM FILTER MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ACTEEV PROTECT FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	KN95 DISPOSABLE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT PROTECT SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC	KN95 MEDICAL PROTECTIVE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE DISPOSABLE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MASK PEDIATRIC SIZE 1"	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	N95 PARTI RESPIRATOR FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CVS MEDICAL FACE MASKS EARLOOP	3	4 max fill(s) per 365 day(s) retail; RX/OTC	NEXCARE ALL PURPOSE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CVS PROCEDURAL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	NEXCARE EARLOOP MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PEDIATRIC MEDIUM MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
DISPOSABLE FACE MASK 3-PLY	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PEDIATRIC SMALL MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EAR-LOOP MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC	SAFE-SENSE EARLOOP FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW KN 95	3	4 max fill(s) per 365 day(s) retail; RX/OTC	SHIELD-SECURE FULL FACE SHIELD	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	SURGICAL FACE MASK/NIOSH N95	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK EARLOOP-STYLE	3	4 max fill(s) per 365 day(s) retail; RX/OTC	Respiratory Therapy Supplies		
FACE MASK RESP N-100 PART	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ACE AEROSOL CLOUD ENHANCER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASK RESPIRATOR R-95 PART	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ACTIVITY POUCH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FACE MASKS 3 LAYER NON-MEDICAL	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ADAPTER PED DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADULT AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU INTERM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ADULT MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROBIKA DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER MV MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER PLUS FLO-VU MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROCHAMBER2GO ANTI-STATIC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER W/FLOWSIGNAL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROECLIPSE MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROECLIPSE MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROECLIPSE MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROTRACH PLUS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AEROVENT PLUS DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
AEROCHAMBER Z-STAT PLUS MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			AIRZONE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
			ALL FLOW 1000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
			ALL FLOW 1000 PFT FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			ALL FLOW 2000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALL FLOW 3000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE LARGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE MEDIUM DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHE EASE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
ASSESS PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BREATHERRITE VALVED MDI CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	BUBBLES THE FISH II PEDI MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			CARETOUCH 2 CPAP HOSE HANGER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			CARETOUCH CPAP & BIPAP HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			CARETOUCH CPAP MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			CARETOUCH CPAP PRE-WASH SOLN MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH CPAP TUBE BRUSH MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	DISPOSABLE FULL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CARETOUCH UNIVERSL CPAP FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	DISPOSABLE LOW RANGE/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	DISPOSABLE LOW RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CLEVER CHOICE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	DISPOSABLE PAPER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CO MONITOR REPLACEMENT PIECES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	DISPOSABLE UNIVERSAL RANGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
CO MONITOR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASIVENT MASK LARGE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/LG MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASIVENT MASK MEDIUM MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/MED MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASIVENT MASK SMALL MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASIVENT MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
COMPACT SPACE CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY AIR NEBULIZER FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			EASY FLOW 300 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			EASY FLOW 400 MM HOSE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW AIR NOZZLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW WHITE/PINK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/BLUE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW WHITE/WHITE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/ORANGE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY FLOW WHITE/YELLOW DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/RED DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EASY NEB NEBULIZER FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/WHITE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EBASE CONTROLLER KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW BLACK/YELLOW DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW HEPA FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/BLUE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
EASY FLOW WHITE/GREEN DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXPIRATORY MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	INSPIREASE MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
FILTER AIR PP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	KOKO PEAK PRO MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC	LITETOUCH MASK LARGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC	LITETOUCH MASK MEDIUM MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC	LITETOUCH MASK SMALL MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FLEXICHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	LUNG PERFORM PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MASK VORTEX/CHILD/FROG	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FONDCIRCLE ELECTRONIC PEAK FLO	3	QL(4 EA per 365 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	3	4 max fill(s) per 365 day(s) retail; RX/OTC
FULL KIT NEBULIZER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MICROCHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROCHAMBER MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	MICROLIFE DIGITAL PEAK FLOW	3	QL(4 EA per 365 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	MICROSPACER MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MINI WRIGHT PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	ONE FLOW SPIROMETER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ONE FLOW TESTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NAVAGE NASAL ASPIRATOR BABY DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	ONE-WAY VALVED EXPIRATORY MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ONE-WAY VALVED INSPIRATORY MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER CUP/TUBING DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK ADULT/TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND-LG MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND-MD MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NEBULIZER MASK PED/TUBING MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	OPTICHAMBER DIAMOND-SM MASK MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
NOSE CLIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PANDA MASK LARGE	3	4 max fill(s) per 365 day(s) retail; RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
OMBRA TABLE TOP COMPRESSOR DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PANDA MASK MEDIUM	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PARI VORTEX PEDIATRIC MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PANDA MASK SMALL	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PEAK A-I-R FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PEAK AIR PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
PARI BABY CONVERSION KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PEAK FLOW METER UNIVERSAL RANG	3	QL(4 EA per 365 day(s) retail); RX/OTC
PARI BUBBLES PEDIATRIC MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PED DISPOSABLE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI ERAPID NEBULIZER HANDSET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PEDIATRIC MOUTHPIECE MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI EXPIRATORY FILTER SET DEVI	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PEDIATRIC PANDA MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI MANUAL INTERRUPTER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PERSONAL BEST FULL RANGE	3	QL(4 EA per 365 day(s) retail); RX/OTC
PARI MASK SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PFLEX MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PHARMACIST CHOICE MASK WIPES MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PIKO 1	3	QL(4 EA per 365 day(s) retail); RX/OTC
PARI SOFT PLASTIC PED MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI TREK S COMBO PACK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/CHILD MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PARI VORTEX ADULT MASK	3	4 max fill(s) per 365 day(s) retail; RX/OTC	PILLOW MASK/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			POCKET CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
POCKET PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
POCKET SPACER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PURE COMFORT 3-BALL BREATHE EX DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
POCKETPEAK PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC	PURE COMFORT FLOW METER ADULT	3	QL(4 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PURE COMFORT FLOW METER CHILD	3	QL(4 EA per 365 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PURE COMFORT PEAK FLOW MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PRO COMFORT SPACER INFANT DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	PURE COMFORT SPACER CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/ADULT MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	QUAKE DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
PROCARE SPACER/CHILD MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REPLACEMENT AIR FILTER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
PROCHAMBER VHC DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	REPLACEMENT FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			REUSABLE COMFORTSEAL MASK-LRG MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			REUSABLE COMFORTSEAL MASK-MED MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
			REUSABLE COMFORTSEAL MASK-SML MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RITEFLO DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC	THRESHOLD IMT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SAMI THE SEAL FILTERS MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	THRESHOLD PEP DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	TRUZONE PEAK FLOW METER	3	QL(4 EA per 365 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	TUBING/WING TIP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SIDESTREAM PLS ADULT FACE MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	ULTRA NEB ACCESSORIES KIT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/ADULT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VERSAPAP W/UNIVERSAL TUBING DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/INFANT MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VERSAPAP DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SILICONE MASK/PEDIATRIC MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX HOLD CHMBR/MASK/CHILD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENE NBL 100 ADULT MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX HOLD CHMBR/MASK/TODDLER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENE NBL 100 CHILD MASK MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC	VORTEX VALVE CHAMBER-PEDI MASK DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
SOOTHENE NBL 100 MED CUP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
SOOTHENE NBL 100 MESH CAP MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC			
SPIRO PD DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC			
STRIVE DUAL ZONE PEAK FLOW MTR	3	QL(4 EA per 365 day(s) retail); RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits
VORTEX VALVED HOLDING CHAMBER DEVI	3	QL(4 EA per 365 day(s) retail); 4 max fill(s) per 365 day(s) retail; RX/OTC
WINDMILL TRAINER MISC	3	4 max fill(s) per 365 day(s) retail; RX/OTC

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG 140 MG/ML	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA
AIMOVIG 70 MG/ML	1	QL(0.067 ML daily); AL(At least 18 yrs old); MP; PA
AJOVY SOAJ	1	QL(0.05 ML daily); AL(At least 6 yrs old); MP; PA
AJOVY SOSY	1	QL(0.05 ML daily); AL(At least 6 yrs old); MP; PA
EMGALITY (300 MG DOSE) SOSY	1	QL(0.1 ML daily); AL(At least 18 yrs old); MP; PA
EMGALITY SOAJ	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA
EMGALITY SOSY	1	QL(0.034 ML daily); AL(At least 18 yrs old); MP; PA
NURTEC	1	QL(0.6 EA daily); AL(At least 18 yrs old); MP; PA

Drug Name	Drug Tier	Requirements/Limits
QULIPTA	2	QL(1 EA daily); AL(At least 18 yrs old); MP
UBRELVY	2	QL(16 EA per 30 day(s) retail); AL(At least 18 yrs old)
ZAVZPRET	2	QL(0.27 EA daily); AL(At least 18 yrs old)

Migraine Combinations		
<i>sumatriptan-naproxen sodium</i>	2	
SYMBRAVO TABS PO	2	QL(9 EA per fill retail)
TREXIMET (<i>sumatriptan-naproxen sodium</i>)	2	
Migraine Products - NSAIDs		
ELYXYB	2	QL(0.47 ML daily); AL(At least 18 yrs old)
Serotonin Agonists		
<i>almotriptan malate</i>	2	QL(9 EA per fill retail)
<i>eletriptan hydrobromide</i>	2	QL(12 EA per fill retail)
FROVA (<i>frovatriptan succinate</i>)	2	QL(18 EA per fill retail)
<i>frovatriptan succinate</i>	2	QL(18 EA per fill retail)
IMITREX 5 MG/ACT, 20 MG/ACT (<i>sumatriptan</i>)	1	QL(6 EA per fill retail)
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	2	QL(4 ML per fill retail)
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML, 6 MG/0.5ML	2	QL(4 ML per fill retail)
IMITREX STATDOSE SYSTEM SOAJ (<i>sumatriptan succinate</i>)	2	QL(4 ML per fill retail)

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS (sumatriptan succinate)	2	QL(18 EA per fill retail)	CALCIUM + D3 TABS 125 UNIT-250 MG	3	MP
MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	2	QL(18 EA per fill retail)	CALCIUM 600 +D HIGH POTENCY TABS	3	MP
MAXALT TABS 10 MG (rizatriptan benzoate)	2	QL(18 EA per fill retail)	CALCIUM CARBONATE EXTRA LIGHT POWD XX	4	RX/OTC
naratriptan hcl	2	QL(9 EA per fill retail)	CALCIUM CARBONATE LIGHT POWD XX	4	RX/OTC
RELPAX (eletriptan hydrobromide)	2	QL(12 EA per fill retail)	calcium carbonate-cholecalciferol TABS	3	
REYVOW	2	QL(8 EA per 30 day(s) retail); AL(At least 18 yrs old)	CALCIUM CARBONATE POWD XX	4	RX/OTC
rizatriptan benzoate TABS	1	QL(18 EA per fill retail)	calcium carbonate TABS	3	
rizatriptan benzoate TBDP	1	QL(18 EA per fill retail)	calcium carbonate-vitamin d w/ minerals TABS	4	MP
sumatriptan	1	QL(6 EA per fill retail)	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT	3	MP
sumatriptan succinate SOAJ	1	QL(4 ML per fill retail)	calcium citrate TABS	3	MP
sumatriptan succinate SOCT	1	QL(4 ML per fill retail)	CALCIUM CITRATE TABS 250 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
sumatriptan succinate SOLN 6 MG/0.5ML	1	QL(2 ML per fill retail)	calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG	3	MP
sumatriptan succinate TABS	1	QL(18 EA per fill retail)	calcium gluconate SOLN	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
TOSYMRA	2	QL(6 EA per fill retail)	CALCIUM GLUCONATE SOLN (calcium gluconate)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ZEMBRACE SYMTOUCH SOAJ	2				
zolmitriptan SOLN	2				
zolmitriptan TABS	2	QL(12 EA per fill retail)			
zolmitriptan TBDP 2.5 MG	2	QL(12 EA per fill retail)			
ZOMIG SOLN (zolmitriptan)	2				
MINERALS & ELECTROLYTES					
Calcium					
CA PHOSPHATE DIBASIC DIHYD	4				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CALCIUM PHOSPHATE DIBASIC	4		GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML	3	MP
<i>calcium-magnesium-zinc-cholecalciferol TABS 200 UNIT-333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG</i>	4	MP	GOODSENSE ELECTROLYTE ADV CARE SOLN	3	MP
CALCIUM-MAGNESIUM-ZINC-D3 TABS	4	MP	HYDRALYTE FREEZER POPS SOLN	3	MP
CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG-133.333 MG-5 MG	4	MP	HYDRALYTE SOLN	3	MP
CALTRATE 600+D3 TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP	KINDERLYTE PREMAX SOLN	3	MP
CALTRATE BONE HEALTH TABS (<i>calcium carbonate-cholecalciferol</i>)	3	MP	KINDERLYTE SOLN	3	MP
CITRACAL MAXIMUM TABS (<i>calcium citrate-vitamin d</i>)	3	MP	<i>oral electrolytes SOLN</i>	3	MP
CVS CALCIUM TABS 600 MG	3		PEDIALYTE ADVANCED CARE SOLN (<i>oral electrolytes</i>)	3	MP
<i>oyster shell</i>	3	MP	PEDIALYTE FREEZER POPS SOLN (<i>oral electrolytes</i>)	3	MP
OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT	3	MP	PEDIALYTE IMMUNE SUPPORT SOLN	3	MP
OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG-250 MG	3	MP	PEDIALYTE SINGLES SOLN (<i>oral electrolytes</i>)	3	MP
Electrolyte Mixtures			PEDIALYTE SOLN (<i>oral electrolytes</i>)	3	MP
BIOLYTE SOLN	3	MP	TRUELYTE SOLN	3	MP
CERASPORT EX1 SOLN	3	MP	Fluoride		
CERASPORT SOLN	3	MP	<i>sodium fluoride CHEW</i>	3	AL(Up to 16 yrs old)
ENFAMIL ENFALYTE SOLN	3	MP	<i>sodium fluoride SOLN 0.5 MG/ML</i>	3	AL(Up to 16 yrs old); RX/OTC
EQUALYTE SOLN (<i>oral electrolytes</i>)	3	MP	SOLUVITA SOLN	3	AL(Up to 16 yrs old); RX/OTC
FT ELECTROLYTE SOLN	3	MP	Magnesium		
			BEELITH	3	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium chloride SOLN</i>	3	MP	SLOWMAG MG MUSCLE HLTH/RECOVER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
MAGNESIUM CITRATE TABS 100 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	SLOWMAG MG MUSCLE/HEART	3	MP
<i>magnesium gluconate TABS 27.5 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	Mineral Combinations		
<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG, 500 MG</i>	3	MP	ADVANCED CALCIUM/D/MAGNESIUM TABS	4	MP
MAGNESIUM OXIDE -MG SUPPLEMENT TABS	3		BONE DENSITY BUILDER TABS	4	MP
<i>magnesium sulfate IJ 50 %</i>	3	MP	CALCIUM 600+D3 PLUS MINERALS TABS	4	MP
MAGNESIUM SULFATE IV (<i>magnesium sulfate</i>)	3	MP	CALCIUM CITRATE + TABS 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG	4	MP
MAGNESIUM SULFATE IN D5W (<i>magnesium sulfate in dextrose</i>)	3	MP	CALCIUM CITRATE PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	4	MP
<i>magnesium sulfate in dextrose</i>	3	MP	CALCIUM CITRATE PLUS TABS 125 UNIT-0.5 MG-3.75 MG-250 MG-0.5 MG-40 MG, 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG-0.5 MG	4	MP
<i>magnesium TABS 100 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	CALCIUM CITRATE-MAG-MINERALS TABS 5 MG-400 UNIT-0.5 MG-5 MG-250 MG-40 MG-0.5 MG	4	MP
MAGOX 400 TABS (<i>magnesium oxide (mg supplement)</i>)	NF		CITRACAL MAXIMUM PLUS TABS	4	MP
NU-MAG	3	MP	CITRACAL PLUS TABS	4	MP
SLOW-MAG	3	MP	CVS CALCIUM CITRATE+D3 W/MAGNE TABS	4	MP
			CVS CALCIUM CITRATE+D3 TABS	4	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FEM-CAL CITRATE TABS	4	MP	SODIUM PHOSPHATES 45 MMOLE/15ML (<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG	4	MP	<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
MULTI MEGA MINERALS TABS	4	MP	Potassium		
PROSTEON TABS	4	MP	KLOR-CON 10 TBCR 10 MEQ (<i>potassium chloride</i>)	3	MP
THERACAL D2000 TABS	4	MP	KLOR-CON TBCR 8 MEQ (<i>potassium chloride</i>)	3	MP
THERACAL D4000 TABS	4	MP	K-TAB TBCR 20 MEQ (<i>potassium chloride</i>)	3	
THERACAL RAPID REPLETION TABS	4	MP	<i>potassium bicarbonate TBEF</i>	3	MP
Phosphate			<i>potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ</i>	3	MP
GLYCOPHOS	3	MP	<i>potassium chloride CPCR</i>	3	MP
K-PHOS TABS (<i>potassium phosphate monobasic</i>)	3		<i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>	3	
PHOS-NAK PACK (<i>potassium & sodium phosphates</i>)	1	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	Sodium		
PHOS-NAK PACK (<i>potassium & sodium phosphates</i>)	NF		<i>sodium chloride SOLN IV 0.9 %</i>	4	MP
<i>potassium & sodium phosphates PACK</i>	1	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	SODIUM CHLORIDE SOLN IV 0.9 %	4	MP
<i>potassium phosphate monobasic TABS</i>	3		<i>sodium chloride TABS</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>potassium phosphates</i>	3	MP	Zinc		
POTASSIUM PHOSPHATES (<i>potassium phosphates</i>)	3	MP			
POTASSIUM PHOSPHATES(66 MEQ K) (<i>potassium phosphates</i>)	3	MP			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORAZINC TABS 110 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	CELLCEPT TABS (<i>mycophenolate mofetil</i>)	3	SP
<i>zinc gluconate</i> TABS 100 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	<i>cyclosporine modified (for microemulsion)</i> CAPS	3	SP
<i>zinc sulfate</i> CAPS	4	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	<i>cyclosporine modified (for microemulsion)</i> SOLN	3	SP
<i>zinc sulfate</i> TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	<i>cyclosporine</i> CAPS	3	SP
MISCELLANEOUS THERAPEUTIC CLASSES			<i>cyclosporine</i> SOLN IV 50 MG/ML	3	SP
Immunomodulators			ENSPRYNG	3	AL (At least 18 yrs old); SP; PA
<i>lenalidomide</i>	3	SP	ENVARUSUS XR TB24	3	SP
REVLIMID	3	SP	<i>everolimus (immunosuppressant)</i>	3	SP
REZUROCK	3	SP	IMURAN TABS (<i>azathioprine</i>)	3	SP
THALOMID	3		<i>mycophenolate mofetil hcl</i>	3	SP
Immunosuppressive Agents			<i>mycophenolate mofetil</i> CAPS	3	SP
ASTAGRAF XL CP24	3	SP	<i>mycophenolate mofetil</i> SUSR	3	SP
<i>azathioprine</i> TABS	3	SP	<i>mycophenolate mofetil</i> TABS	3	SP
CELLCEPT INTRAVENOUS (<i>mycophenolate mofetil hcl</i>)	3	SP	<i>mycophenolate sodium</i>	3	SP
CELLCEPT CAPS (<i>mycophenolate mofetil</i>)	3	SP	MYFORTIC (<i>mycophenolate sodium</i>)	3	SP
CELLCEPT SUSR (<i>mycophenolate mofetil</i>)	3	SP	NEORAL CAPS (<i>cyclosporine modified (for microemulsion)</i>)	3	SP
			NEORAL SOLN (<i>cyclosporine modified (for microemulsion)</i>)	3	SP
			NULOJIX	3	SP
			PROGRAF CAPS (<i>tacrolimus</i>)	3	SP
			PROGRAF PACK	3	SP
			PROGRAF SOLN 5 MG/ML (<i>tacrolimus</i>)	3	SP
			RAPAMUNE SOLN (<i>sirolimus</i>)	3	SP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RAPAMUNE TABS (<i>sirolimus</i>)	3	SP	<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>)	3	
SANDIMMUNE CAPS (<i>cyclosporine</i>)	3	SP	PERIDEX (<i>chlorhexidine gluconate</i> (<i>mouth-throat</i>))	3	
SANDIMMUNE SOLN IV 50 MG/ML	3	SP	Dental Products		
<i>sirolimus</i> SOLN	3	SP	DENTA 5000 PLUS SENSITIVE GEL	3	
<i>sirolimus</i> TABS	3	SP	FLUORIDEX SENSITIVITY RELIEF GEL	3	
<i>tacrolimus</i> CAPS	3	SP	FLUORIMAX 5000 SENSITIVE GEL	3	
<i>tacrolimus</i> SOLN 5 MG/ML	3	SP	PREVIDENT 5000 DRY MOUTH GEL (<i>sodium fluoride</i> (<i>dental</i>))	3	
ZORTRESS (<i>everolimus</i> (<i>immunosuppressant</i>))	3	SP	PREVIDENT 5000 ENAMEL PROTECT GEL	3	
PIK3CA-Related Overgrowth Spectrum (PROS) Agents			PREVIDENT 5000 PLUS CREA (<i>sodium fluoride</i> (<i>dental</i>))	3	
VIJOICE PACK	CO	SP	PREVIDENT 5000 SENSITIVE GEL	3	
VIJOICE TBPk	CO	SP	PREVIDENT GEL (<i>sodium fluoride</i> (<i>dental</i>))	3	
Potassium Removing Agents			SOD FLUORIDE- POTASSIUM NITRATE GEL	3	
LOKELMA	1		<i>sodium fluoride</i> (<i>dental</i>) CREA	3	
<i>sodium polystyrene sulfonate</i> POWD	3	MP	<i>sodium fluoride</i> (<i>dental</i>) GEL	3	
<i>sodium polystyrene sulfonate</i> SUSP CO 15 GM/60ML	1		SODIUM FLUORIDE 5000 ENAMEL GEL	3	
VELTASSA	2	MP	SODIUM FLUORIDE 5000 SENSITIVE GEL	3	
MOUTH/THROAT/DENTAL AGENTS			Steroids - Mouth/Throat/Dental		
Anesthetics Topical Oral			<i>triamcinolone acetonide</i> (<i>mouth</i>)	3	QL(5 GM per 30 day(s) retail)
<i>lidocaine hcl</i> (<i>mouth-throat</i>) 2 %	3		Throat Products - Misc.		
Anti-infectives - Throat			<i>pilocarpine hcl</i> (<i>oral</i>)	3	
<i>clotrimazole</i>	1				
NYSTATIN (<i>nystatin</i> (<i>mouth-throat</i>))	1				
<i>nystatin</i> (<i>mouth-throat</i>)	1				
ORAVIG	2				
Antiseptics - Mouth/Throat					

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
SALAGEN (<i>pilocarpine hcl (oral)</i>)	3	
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML</i>	3	MP
<i>b-complex vitamins TABS</i>	3	MP
B-COMPLEX SOLN IJ	3	MP
VITAMIN B COMPLEX-HYDROXOCOBAL SOLN IJ	3	MP
VITAMIN B-COMPLEX 100 SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	3	MP
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	3	MP; RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	3	MP; RX/OTC
<i>b-complex w/ folic acid TABS</i>	3	MP
<i>b-complex w/biotin & folic acid TABS</i>	3	MP
DIALYVITE 3000	3	MP
DIALYVITE 5000	3	MP
DIALYVITE 800 PLUS D WAFR	3	MP
DIALYVITE 800/ZINC	3	MP
DIALYVITE 800-ZINC 15	3	MP
DIALYVITE/ZINC	3	MP
NEPHPLEX RX	3	MP
SM B-COMPLEX/VITAMIN C TABS	3	MP; RX/OTC
VITAL-D RX	3	MP
Multiple Vitamins w/ Calcium		

Drug Name	Drug Tier	Requirements/ Limits
<i>multiple vitamins w/ calcium TABS</i>	3	
ONE-A-DAY WOMENS FORMULA TABS (<i>multiple vitamins w/ calcium</i>)	3	
Multiple Vitamins w/ Iron		
DESTRESS-IRON TABS	3	MP
<i>multiple vitamins w/ iron TABS</i>	3	MP
STRESS FORMULA/IRON/ENERGY TABS	3	MP
TAB-A-VITE/IRON/BETA CAROTENE TABS	3	MP
Multiple Vitamins w/ Minerals		
ABC COMPLETE ADULT TABS	3	MP; RX/OTC
ABC COMPLETE MENS TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS	3	MP; RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS	3	MP; RX/OTC
ABC COMPLETE WOMENS TABS	3	MP; RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	3	RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	3	RX/OTC
ACTIVNUTRIENTS CAPS	3	RX/OTC
ADEK GUMMIES PLUS ZN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADULT ONE DAILY GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ALIVE ADULT PREMIUM CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
AFLORA TABS	3	MP; RX/OTC	ALIVE CALCIUM BONE SUPPORT TABS	3	MP; RX/OTC
AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ALIVE DAILY ENERGY TABS	3	MP; RX/OTC
AIRBORNE KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ALIVE DIABETIC MULTIVITAMIN TABS	3	MP; RX/OTC
AIRBORNE+GOOD REST CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ALIVE ENERGY 50+ TABS	3	MP; RX/OTC
AIRBORNE+PROBIOTIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ALIVE EVERYDAY IMMUNE HEALTH CAPS	3	RX/OTC
AIRBORNE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ALIVE GARDEN GOODNESS TABS	3	MP; RX/OTC
			ALIVE HAIR, SKIN & NAILS CAPS	3	RX/OTC
			ALIVE HAIR, SKIN & NAILS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
			ALIVE MAX 6 POTENCY CAPS	3	RX/OTC
			ALIVE MENS 50+ MULTI GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
			ALIVE MENS 50+ ULTRA TABS	3	MP; RX/OTC
			ALIVE MENS 50+ TABS	3	MP; RX/OTC
			ALIVE MENS COMPLETE MULTI TABS	3	MP; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits
ALIVE MENS ENERGY TABS	3	MP; RX/OTC
ALIVE MENS GUMMY MULTIVITAMINS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE MENS ULTRA TABS	3	MP; RX/OTC
ALIVE MULTI-VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE ONCE DAILY WOMENS TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY ADULT TABS	3	MP; RX/OTC
ALIVE ULTRA POTENCY WOMENS 50+ TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ COMPLETE MV TABS	3	MP; RX/OTC
ALIVE WOMENS 50+ GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE WOMENS 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALIVE WOMENS 50+ TABS	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ALIVE WOMENS ENERGY TABS	3	MP; RX/OTC
ALIVE WOMENS GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ALPHA BETIC TABS	3	MP; RX/OTC
ANTIOXIDANT FORMULA TABS	3	MP; RX/OTC
APETIBEX CAPS	3	RX/OTC
APPE-CURB CAPS	3	RX/OTC
AZO HORMONAL HEALTH CYCLE CARE TABS	3	MP; RX/OTC
AZO HORMONAL HEALTH HAPPY CYCL TABS	3	MP; RX/OTC
BACMIN TABS	3	MP; RX/OTC
BARIATRIC FUSION CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMIN/IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	3	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BARIATRIC MULTIVITAMINS/IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CELEBRATE MULTI-COMplete 18 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMINS CAPS	3	RX/OTC	CELEBRATE MULTI-COMplete 36 CAPS	3	RX/OTC
BARIATRIC MULTIVITAMINS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CELEBRATE MULTI-COMplete 36 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BARIATRIC MULTIVITAMINS TABS	3	MP; RX/OTC	CELEBRATE MULTI-COMplete 45 CAPS	3	RX/OTC
BASIC AM TABS	3	MP; RX/OTC	CELEBRATE MULTI-COMplete 45 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BASIC PM TABS	3	MP; RX/OTC			
BIO-35 GLUTEN-FREE CAPS	3	RX/OTC			
BIO-35 IRON FREE CAPS	3	RX/OTC			
BIOCAL CAPS	3	RX/OTC	CELEBRATE MULTI-COMplete 60 CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BIOTECT PLUS CAPS	3	RX/OTC			
BLOOD SUGAR MANAGER TABS	3	MP; RX/OTC	CELEBRATE MULTI-COMplete 60 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
BONEUP 3 PER DAY CAPS	3	RX/OTC	CENTRAVITES 50 PLUS TABS	3	MP; RX/OTC
BONEUP VEGETARIAN TABS	3	MP; RX/OTC			
BONEUP CAPS	3	RX/OTC	CENTRAVITES ADULTS TABS	3	MP; RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	3	RX/OTC			
CELEBRATE MULTI-COMplete 18 CAPS	3	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM ADULT 50+ MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM FLAVOR BURST CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM ADULTS MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM FRESH/FRUITY 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM ADULTS TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC	CENTRUM FRESH/FRUITY ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM CARDIO TABS	3	MP; RX/OTC	CENTRUM MEN 50+ MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM MEN MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM MENOPAUSE HOT FLASH TABS	3	MP; RX/OTC
CENTRUM FLAVOR BURST ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM MEN TABS	3	MP; RX/OTC
			CENTRUM MINIS ADULTS 50+ TABS	3	MP; RX/OTC
			CENTRUM MINIS MEN 50+ TABS	3	MP; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM MINIS WOMEN 50+ TABS	3	MP; RX/OTC	CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM MINIS WOMEN IMMUNE SUP TABS	3	MP; RX/OTC	CENTRUM SILVER ULTRA WOMENS TABS	3	MP; RX/OTC
CENTRUM MULTI + OMEGA 3 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM SILVER WOMEN 50+ TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM MULTI+ MENTAL FOCUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM SILVER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM POSTNATAL GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM SILVER TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC
CENTRUM SILVER 50+MEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CENTRUM SPECIALIST HEART TABS	3	MP; RX/OTC
CENTRUM SILVER 50+WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CENTRUM SPECIALIST IMMUNE TABS	3	MP; RX/OTC
CENTRUM SILVER ADULT 50+ TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CENTRUM SPECIALIST VISION TABS	3	MP; RX/OTC
			CENTRUM ULTRA WOMENS TABS	3	MP; RX/OTC
			CENTRUM VITAMINTS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM WOMEN 50+ MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CULTURELLE PROBIOTICS + MULTIV CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CENTRUM WOMEN MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CVS ADULT 50+ EYE HEALTH CAPS	3	RX/OTC
CENTRUM WOMEN TABS (<i>multiple vitamins w/ minerals</i>)	3	MP; RX/OTC	CVS ADULT MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CERTAVITE SENIOR/ANTIOXIDANT TABS	3	MP; RX/OTC	CVS AIRSHIELD IMMUNITY SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CERTAVITE SENIOR TABS	3	MP; RX/OTC	CVS DAILY MULTIV/MINERAL MENS TABS	3	MP; RX/OTC
CERTAVITE/ANTIOXIDANTS TABS	3	MP; RX/OTC	CVS DAILY MULTIVITAMIN MENS TABS	3	MP; RX/OTC
CHOICEFUL MULTIVITAMIN CAPS	3	RX/OTC	CVS DAILY MULTIVITAMIN WOMENS TABS	3	MP; RX/OTC
CHOICEFUL MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CVS EYE HEALTH ADULT 50+ CAPS	3	RX/OTC
CITRACAL +D3 TABS	3	MP; RX/OTC	CVS IMMUNE SUPPORT CAPS	3	RX/OTC
COMPLETIA DIABETIC MULTIVIT TABS	3	MP; RX/OTC	CVS ONE DAILY MENS 50+ ADV TABS	3	MP; RX/OTC
COREVIA TABS	3	MP; RX/OTC	CVS ONE DAILY WOMENS 50+ ADV TABS	3	MP; RX/OTC
CULTURELLE PROBIOTIC MEN DAILY CAPS	3	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS SPECTRAVITE ADULT 50+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	DEKAS PLUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
CVS SPECTRAVITE ADULT 50+ TABS	3	MP; RX/OTC	DEPLIN MA CAPS	3	RX/OTC
CVS SPECTRAVITE ADULTS TABS	3	MP; RX/OTC	DEPLINPRO MOOD HEALTH CAPS	3	RX/OTC
CVS SPECTRAVITE ULTRA MEN 50+ TABS	3	MP; RX/OTC	DERMACINRX MULTITAM TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA MENS TABS	3	MP; RX/OTC	DERMACINRX RIBOTIN-E TABS	3	MP; RX/OTC
CVS SPECTRAVITE ULTRA WOMEN TABS	3	MP; RX/OTC	DERMACINRX ZINTREXYL-C TABS	3	MP; RX/OTC
CVS SPECTRAVITE WOMEN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	DERMAVITE TABS	3	MP; RX/OTC
CVS VISION HEALTH CAPS	3	RX/OTC	DEXATRAN CAPS	3	RX/OTC
DAYAVITE TABS	3	MP; RX/OTC	DIALYVITE SUPREME D TABS	3	MP; RX/OTC
DECUBI-VITE CAPS	3	RX/OTC	DIATROL TABS	3	MP; RX/OTC
DEKAS BARIATRIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	EMERGEN-C APPLE CIDER VINEGAR CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
DEKAS PLUS OCEAN CAPS	3	RX/OTC	EMERGEN-C ASHWAGANDHA CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
DEKAS PLUS CAPS	3	RX/OTC	EMERGEN-C ELDERBERRY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EMERGEN-C IMMUNE PLUS/VIT D CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	EQ COMPLETE MULTIVITAMIN-ADULT TABS	3	MP; RX/OTC
EMERGEN-C IMMUNE+ ELDERBERRY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	EQ MULTIVITAMINS ADULT GUMMY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
EMERGEN-C IMMUNE+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	EQ ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
EMERGEN-C TURMERIC & GINGER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	EQ ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC
EMERGEN-C VITAMIN C CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	EQ ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
ENLYTE GUMMY+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	EQ ONE DAILY WOMENS HEALTH TABS	3	MP; RX/OTC
			EQL CENTURY MATURE ADULTS 50+ TABS	3	MP; RX/OTC
			EQL CENTURY MENS TABS	3	MP; RX/OTC
			EQL CENTURY WOMENS TABS	3	MP; RX/OTC
			EQL ONE DAILY ADULT GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
			EQL ONE DAILY MENS TABS	3	MP; RX/OTC
			ESTROVEN MENOPAUSE SUPPLEMENT TABS	3	MP; RX/OTC
			EYE HEALTH + LUTEIN TABS	3	MP; RX/OTC
			EYE HEALTH AREDS 2 CAPS	3	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EYE HEALTH GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	FT CENTURY WOMEN 50+ TABS	3	MP; RX/OTC
			FT CENTURY WOMEN TABS	3	MP; RX/OTC
			FT EYE HEALTH CAPS	3	RX/OTC
			FT EYE HEALTH TABS	3	MP; RX/OTC
EYE HEALTH CAPS	3	RX/OTC	FT HAIR SKIN & NAILS EXTRA STR TABS	3	MP; RX/OTC
EYE MULTIVITAMIN/SODIUM TABS	3	MP; RX/OTC	FT IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
FINAZOL TABS	3	MP; RX/OTC			
FITNESS TABS FOR MEN AM/PM TABS	3	MP; RX/OTC			
FITNESS TABS FOR WOMEN AM/PM TABS	3	MP; RX/OTC			
FLORRAVITE TABS	3	MP; RX/OTC	FT ONE DAILY MENS 50+ TABS	3	MP; RX/OTC
FLORRAXYL TABS	3	MP; RX/OTC	FT ONE DAILY MENS TABS	3	MP; RX/OTC
FOLAGENT DHA CAPS	3	RX/OTC	FT ONE DAILY WOMENS 50+ TABS	3	MP; RX/OTC
FOLAMAX TABS	3	MP; RX/OTC	FT ONE DAILY WOMENS TABS	3	MP; RX/OTC
FOLAMED DHA CAPS	3	RX/OTC	GENADEK STEP 1 CAPS	3	RX/OTC
FOLAPRIME TABS	3	MP; RX/OTC	GENADEK STEP 2 CAPS	3	RX/OTC
FOLASYNC DHA CAPS	3	RX/OTC	GERI-FREEDA SENIOR FORMULA TABS	3	MP; RX/OTC
FOLIFLEX TABS	3	MP; RX/OTC	GNP ADULT MINI CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
FOLITIN-Z TABS	3	MP; RX/OTC			
FOLIXIA TABS	3	MP; RX/OTC			
FREEDAVITE TABS	3	MP; RX/OTC			
FT ADULT MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	GNP CENTURY ADULTS MEN TABS	3	MP; RX/OTC
FT CENTURY 50+ TABS	3		GNP CENTURY ADULTS WOMEN TABS	3	MP; RX/OTC
FT CENTURY ADULTS TABS	3		GNP CENTURY ADULT TABS	3	MP; RX/OTC
FT CENTURY MEN 50+ TABS	3		GNP CENTURY MATURE ADULTS 50+ TABS	3	MP; RX/OTC
FT CENTURY MEN TABS	3	MP; RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GNP HAIR SKIN & NAILS EXTRA ST TABS	3	MP; RX/OTC	HIGH POT MULTIVITAMIN/BETA-CAR TABS	3	MP; RX/OTC
GNP IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	HIGH POTENCY MULTIVIT/FA TABS	3	MP; RX/OTC
GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG	3	MP; RX/OTC	HM COMPLETE MEN TABS	3	MP; RX/OTC
GNP ONE DAILY MENS HEALTH TABS	3	MP; RX/OTC	HM HAIR/SKIN/NAILS TABS	3	MP; RX/OTC
GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG	3	MP; RX/OTC	HYLAZINC TABS	3	MP; RX/OTC
GNP THERAPEUTIC-M TABS	3	MP; RX/OTC	ICAPS AREDS FORMULA TABS	3	MP; RX/OTC
HAIR SKIN & NAILS ADVANCED TABS	3	MP; RX/OTC	IMMUNE ESSENTIALS DAILY CAPS	3	RX/OTC
HAIR SKIN & NAILS TABS	3	MP; RX/OTC	IMMUNE SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
HAIR/SKIN/NAILS CAPS	3	RX/OTC	JOINT HEALTH & BONE STRENGTH TABS	3	MP; RX/OTC
HEAD CARE PROACTIVE HEALTH TABS	3	MP; RX/OTC	KEYFOLIC TABS	3	MP; RX/OTC
HEALTHY EYES SUPERVISION 2 CAPS	3	RX/OTC	KEYLOSA TABS	3	MP; RX/OTC
			K-PAX IMMUNE PROFESSIONAL ST TABS	3	MP; RX/OTC
			LIVER DETOX TABS	3	MP; RX/OTC
			LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	3	MP; RX/OTC
			MEDI TAB TABS	3	MP; RX/OTC
			MEGA MULTI FOR WOMEN TABS	3	MP; RX/OTC
			MEGA MULTI MEN TABS	3	MP; RX/OTC
			MEGAVITE FRUITS & VEGGIES TABS	3	MP; RX/OTC
			MEGAVITE GOLDEN YEARS 55+ TABS	3	MP; RX/OTC
			MENATROL CAPS	3	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
MENS 50+ ADVANCED CAPS	3	RX/OTC
MENS 50+ MULTIVITAMIN TABS	3	MP; RX/OTC
MENS MULTI HEALTH FORMULA TABS	3	MP; RX/OTC
MENS MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MENS MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MENS MULTIVITAMIN TABS	3	MP; RX/OTC
MOOD FOOD ES CAPS	3	RX/OTC
MOOD FOOD CAPS	3	RX/OTC
MULTI + OMEGA-3 GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MULTIA CAPS	3	RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	3	RX/OTC
<i>multiple vitamins w/ minerals CHEW</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
<i>multiple vitamins w/ minerals TABS</i>	3	MP; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MULTITOL-M TABS	3	MP; RX/OTC
MULTIVITAMIN ADULT (MINERALS) TABS	3	MP; RX/OTC
MULTIVITAMIN HEALTH FORM/CA/FE TABS	3	MP; RX/OTC
MULTIVITAMIN MEN TABS	3	MP; RX/OTC
MULTI-VITAMIN MONOCAPS TABS	3	MP; RX/OTC
MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC
MULTIVITAMIN/ZINC STRESS TABS	3	MP; RX/OTC
MULTIVITAMIN-MINERALS TABS	3	MP; RX/OTC
MVW COMPLETE FORMULATION D3000 CAPS	3	RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS	3	RX/OTC
MVW COMPLETE FORMULATION MINIS CAPS	3	RX/OTC
MVW COMPLETE FORMULATION CAPS	3	RX/OTC
MVW HI-D ADEK GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
MVW MODULATOR FORMULATION MINI CAPS	3	RX/OTC
MVW MODULATOR FORMULATION CAPS	3	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MVW ORANGE CHEWABLES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ONE A DAY MENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
NAT-RUL THERAVITE-M TABS	3	MP; RX/OTC	ONE A DAY TRIPLE IMMUNE SUPPRT TABS	3	MP; RX/OTC
NATRUL-VITES TABS	3	MP; RX/OTC	ONE A DAY WOMEN 50 PLUS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
NEOVITE TABS	3	MP; RX/OTC			
NICADAN TABS	3	MP; RX/OTC			
NICAZEL FORTE TABS	3	MP; RX/OTC			
NICAZEL TABS	3	MP; RX/OTC			
NO IRON MULT VITAMIN-MINERALS TABS	3	MP; RX/OTC			
NUTRALYN TABS	3	MP; RX/OTC			
NUTRICAP TABS	3	MP; RX/OTC	ONE A DAY WOMEN 50 PLUS TABS	3	MP; RX/OTC
OCULAR VITAMINS TABS	3	MP; RX/OTC	ONE A DAY WOMENS MULTI TABS	3	MP; RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	3	RX/OTC	ONE DAILY MEN FORMULA W/O IRON TABS	3	MP; RX/OTC
OCUVITE ADULT 50+ CAPS	3	RX/OTC	ONE DAILY MENS 50+ MULTIVIT TABS	3	MP; RX/OTC
OCUVITE ADULT FORMULA CAPS	3	RX/OTC	ONE DAILY MULTIVITAMIN WOMEN TABS	3	MP; RX/OTC
OCUVITE EYE PERFORMANCE CAPS	3	RX/OTC	ONE DAILY WOMENS TABS	3	MP; RX/OTC
OCUVITE-LUTEIN CAPS	3	RX/OTC	ONE-A-DAY ENERGY TABS	3	MP; RX/OTC
ONCOVITE TABS	3	MP; RX/OTC	ONE-A-DAY FOR HER VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE A DAY ENERGY TABS	3	MP; RX/OTC			
ONE A DAY IMMUNITY DEFENSE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC			
ONE A DAY MEN 50 PLUS TABS	3	MP; RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY FOR HIM VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ONE-A-DAY VITACRAVES IMMUNITY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY MENOPAUSE FORMULA TABS	3	MP; RX/OTC	ONE-A-DAY VITACRAVES SOUR CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY MENS (MINERALS) TABS	3	MP; RX/OTC	ONE-A-DAY VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
ONE-A-DAY MENS 50+ ADVANTAGE TABS	3	MP; RX/OTC	ONE-A-DAY WEIGHT SMART ADVANCE TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY MENS 50+ TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS 50 PLUS TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY MENS HEALTH FORMULA TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY MENS PRO EDGE TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS 50+ TABS	3	MP; RX/OTC
ONE-A-DAY MENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ONE-A-DAY WOMENS HEALTHY SKIN TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY PROACTIVE 65+ TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS MIND & BODY TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY TEEN ADVANTAGE/HIM TABS	3	MP; RX/OTC	ONE-A-DAY WOMENS PETITES TABS <i>(multiple vitamins w/ minerals)</i>	3	MP; RX/OTC
ONE-A-DAY VITACRAVES ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE-A-DAY WOMENS VITACRAVES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	OPURITY TABS	3	MP; RX/OTC
ONE-A-DAY WOMENS TABS	3	MP; RX/OTC	OSTEOPRIME PLUS TABS	3	MP; RX/OTC
ONE-DAILY MULTI CAPS CAPS	3	RX/OTC	PARVLEX TABS	3	MP; RX/OTC
ONEVITE TABS	3	MP; RX/OTC	PHYTOMULTI TABS	3	MP; RX/OTC
OPTIFAST POST BARIATRIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	PRESCRIPTION SUPPORT MULTIVIT CAPS	3	RX/OTC
OPTIMUM AIRVITES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	PRESERVISION AREDS 2+COQ10 CAPS	3	RX/OTC
OPTISOURCE POST BARIATRIC SURG CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	PRESERVISION AREDS 2+MULTI VIT CAPS	3	RX/OTC
OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	PRESERVISION AREDS 2 CAPS	3	RX/OTC
OPURITY BYPASS OPTIMIZED CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	PRESERVISION AREDS 2 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
			PRESERVISION AREDS CAPS	3	RX/OTC
			PRESERVISION AREDS TABS	3	MP; RX/OTC
			PRESERVISION/LUTEIN CAPS	3	RX/OTC
			PREV-RX TABS	3	MP; RX/OTC
			PROBIOTICS + BARIATRIC MULTI CAPS	3	RX/OTC
			PRO-CAL TABS	3	MP; RX/OTC
			PROCERV HP TABS	3	MP; RX/OTC
			PROFOLA TABS	3	MP; RX/OTC
			PRORENAL + D W/ OMEGA-3 CAPS	3	RX/OTC
			PRORENAL + D TABS	3	MP; RX/OTC
			PROTECT CARDIO AF CAPS	3	RX/OTC
			PROTECT PLUS SO CAPS	3	RX/OTC
			PROTEGRA CAPS	3	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PROVIT TABS	3	MP; RX/OTC	THERAGRAN-M ADVANCED 50 PLUS TABS	3	MP; RX/OTC
QC MULTI-VITE TABS	3	MP; RX/OTC	THERAGRAN-M ADVANCED TABS	3	MP; RX/OTC
QC OCUHEALTH VISION SUPPORT 2 CAPS	3	RX/OTC	THERAGRAN-M PREMIER 50 PLUS TABS	3	MP; RX/OTC
QUIN B STRONG TABS	3	MP; RX/OTC	THERAGRAN-M PREMIER TABS	3	MP; RX/OTC
QUINTABS-M TABS	3	MP; RX/OTC	THERAGRAN-M TABS	3	MP; RX/OTC
RAYAVIT TABS	3	MP; RX/OTC	THERA-M PLUS MV W/BETA-CAROT TABS	3	MP; RX/OTC
REMEDIENT CAPS	3	RX/OTC	THERAMILL FORTE CAPS	3	RX/OTC
RENAL MULTIVITAMIN TABS	3	MP; RX/OTC	THERA-M TABS	3	MP; RX/OTC
RENAPLEX-D TABS	3	MP; RX/OTC	THERANATAL LACTATION ONE CAPS	3	RX/OTC
SENTRY SENIOR MENS 50+ TABS	3	MP; RX/OTC	THERA-TABS M TABS	3	MP; RX/OTC
SENTRY SENIOR/LUTEIN TABS	3	MP; RX/OTC	THERA-VITE MAX-M TABS	3	MP; RX/OTC
SENTRY TABS	3	MP; RX/OTC	THEREMS-M TABS	3	MP; RX/OTC
SIDEROL TABS	3	MP; RX/OTC	T-VITES TABS	3	MP; RX/OTC
SKIN HAIR & NAILS ADVANCED CAPS	3	RX/OTC	UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	3	MP; RX/OTC
SOLO TABS	3	MP; RX/OTC	ULTRA BONEUP TABS	3	MP; RX/OTC
SPECTRAVITE TABS	3	MP; RX/OTC	VENEXA FE TABS	3	MP; RX/OTC
STROVITE ONE TABS	3	MP; RX/OTC	VENEXA TABS	3	MP; RX/OTC
SUPER ANTIOXIDANT CAPS	3	RX/OTC	VENTRIXYL FE TABS	3	MP; RX/OTC
SUPER D-ZINC-SELENIUM-COPPER TABS	3	MP; RX/OTC	VENTRIXYL TABS	3	MP; RX/OTC
SUPERIOR MENS MULTI TABS	3	MP; RX/OTC	VISION HEALTH CAPS	3	RX/OTC
SUPERIOR WOMENS MULTI TABS	3	MP; RX/OTC	VISION OPTIMIZER CAPS	3	RX/OTC
SUPPORT-500 CAPS	3	RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	3	RX/OTC
SYSTANE ICAPS AREDS2 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	VISTA ADVANCED DRY EYE FORMULA CAPS	3	RX/OTC
SYSTANE ICAPS AREDS2 TABS	3	MP; RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITABASIC COMPLETE TABS	3	MP; RX/OTC	VITEYES CLASSIC MACULAR SUPPOR CAPS	3	RX/OTC
VITABASIC SENIOR TABS	3	MP; RX/OTC	VITEYES CLASSIC MULTIVITAMIN TABS	3	MP; RX/OTC
VITABEX PLUS CAPS	3	RX/OTC	VITEYES CLASSIC+OMEGA-3 CAPS	3	RX/OTC
VITABEX CAPS	3	RX/OTC	VITEYES OPTIC NERVE SUPPORT TABS	3	MP; RX/OTC
VITACHEW ADULT MULTI VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	VITRAMYN TABS	3	MP; RX/OTC
VITACORE TABS	3	MP; RX/OTC	VITRANOL FE TABS	3	MP; RX/OTC
VITAFUSION MULTI WOMENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	VITRANOL TABS	3	MP; RX/OTC
VITAJLOY MULTI GUMMIES ADULT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	VITREXATE FE TABS	3	MP; RX/OTC
VITAMIN D3 COMPLETE TABS	3	MP; RX/OTC	VITREXATE TABS	3	MP; RX/OTC
VITAROCA PLUS TABS (multiple vitamins w/ minerals)	3	MP; RX/OTC	VITREXYL + IRON TABS	3	MP; RX/OTC
VITASANA TABS	3	MP; RX/OTC	VITREXYL TABS	3	MP; RX/OTC
VITATRUM TABS	3	MP; RX/OTC	VITRUM 50+ ADULT-MULTI TABS	3	MP; RX/OTC
VITEYES AREDS 2 FORMULA +MULTI CAPS	3	RX/OTC	VITRUM 50+ SENIOR MULTI TABS	3	MP; RX/OTC
VITEYES AREDS 2 FORMULA CAPS	3	RX/OTC	WAL-BORN VITAMIN C CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC
VITEYES CLASSIC ADVANCED CAPS	3	RX/OTC	WELLFOLA TABS	3	MP; RX/OTC
			WOMENS 50+ MULTI VITAMIN TABS	3	MP; RX/OTC
			WOMENS MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
WOMENS MULTIVITAMIN + COLLAGEN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	Multivitamins		
WOMENS MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	ALTRIXA TABS	3	RX/OTC
YELETS TEENAGE FORMULA TABS	3	MP; RX/OTC	AMLADEX TABS	3	RX/OTC
YOUR LIFE MULTI ADULT GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	CENTRUM MENOPAUSE MIND/MOOD TABS	3	RX/OTC
YUM-VS COMPLETE MULTIVITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	DAILY MULTIPLE VITAMINS TABS	3	RX/OTC
YUMVS MULTI ZERO CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	DEKAS ESSENTIAL CAPS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
YUMVS ZERO DIABETIC MULTIVITAM CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP; RX/OTC	DEKAS ESSENTIAL LIQD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
			ESTROFACTORS TABS	3	RX/OTC
			FOLAWISE TABS	3	RX/OTC
			FOLCYTEINE TABS	3	RX/OTC
			GENICIN VITA-Q TABS	3	RX/OTC
			HIGH POTENCY MULTIVITAMIN TABS	3	RX/OTC
			MINCORA TABS	3	RX/OTC
			MULTI VITAMIN W/D-3 TABS	3	RX/OTC
			MULTI VITAMIN TABS	3	RX/OTC
			<i>multiple vitamin TABS</i>	3	RX/OTC
			MULTIVITAMIN ADULT TABS	3	RX/OTC
			MULTIVITAMIN TABS	3	RX/OTC
			NEOMULTIVITE TABS	3	RX/OTC
			NEWVITE TABS	3	RX/OTC
			OMNICAP TABS	3	RX/OTC
			ONE DAILY ESSENTIALS TABS	3	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONE DAILY ESSENTIAL TABS	3	RX/OTC	ALIVE MULTI-VITAMIN CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ONE VITE DAILY MULTIVITAMIN TABS	3	RX/OTC			
ONE-A-DAY ESSENTIAL TABS (<i>multiple vitamin</i>)	3	RX/OTC	CENTRUM FLAVOR BURST KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ONE-A-DAY MENS TABS (<i>multiple vitamin</i>)	3	RX/OTC			
QUINTABS TABS	3	RX/OTC	CENTRUM KIDS MULTIGUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
RELCARE TABS	3	RX/OTC			
STRESS FORMULA/ZINC/ENERGY TABS	3	RX/OTC	CENTRUM KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
THERA TABS	3	RX/OTC			
THEREMS TABS	3	RX/OTC	CHILDRENS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
TM-DAILY VITE TABS	3	RX/OTC			
TRUE MULTIVITAMIN TABS	3	RX/OTC	CVS GUMMY DINOS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
VIREXA TABS	3	RX/OTC			
VITRAX TABS	3	RX/OTC	CVS GUMMY MULTIVITAMIN KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ZE-PLUS CAPS (<i>multiple vitamin</i>)	NF	RX/OTC			
Ped Multi Vitamins w/Fl & FE					
<i>ped multivitamins w/fl & iron SOLN</i>	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC			
Ped Multiple Vitamins w/ Minerals					
ACTIVNUTRIENTS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members			
ALIVE GUMMIES FOR CHILDREN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DEKAS PLUS LIQD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC	FLINTSTONES COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG-0.13 MG-10 MG-0.5 MG-1.4 MCG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES BONE BUILD CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EMERGEN-C KIDZ IMMUNE+ CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQ MULTIVITAMIN GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQ MULTIVITAMINS GUMMY CHILD CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES GUMMIES-IMMUNITY CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
EQL GUMMIES CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES SOUR GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FLINTSTONES + EXTRA IRON CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLINTSTONES TODDLER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLINTSTONES- IMMUNITY SUPPORT CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MULTIVITAMIN CHILDRENS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
FT CHILDRENS MULTI CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MULTIVIT-MIN GUMMIES CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GNP MULTI CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION D3000 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GROWING BONES & MUSCLES KIDS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION D5000 CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
GUMMI BEAR MULTIVITAMIN/MIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
HEALTHY KIDS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	MVW COMPLETE FORMULATION SOLN	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; MP
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	NANOVM 1-3 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NANOVM 4-8 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	VITALETS CHILDRENS CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
NANOVM 9-18 YEARS POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	YUMVSKIDS MULTI ZERO CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
NANOVM T/F POWD	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	ZOO FRIENDS MULTI GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
ONE-A-DAY JOLLY RANCHER CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	Ped MV w/ Fluoride		
SMARTY PANTS KIDS COMPLETE CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLORAFOL PEDIATRIC CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
SPONGEBOB SQUAREPANTS GUMMIES CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLORAFOL PEDIATRIC CHEW 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
VITACHEW MULTIPLE VITAMIN CHEW	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members	FLORAFOL PEDIATRIC SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
			FLORIVA PLUS SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
			FLOTREX CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC
			FLOTREX CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC
			MULTIVITAMIN/FLUORIDE CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	QUFLORA PEDIATRIC SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN/FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	SOLUVITA ACD WITH FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML	3	QL(2 ML daily); AL(Up to 12 yrs old); MP	SOLUVITA WITH FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
MULTI-VIT-FLOR CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	TRI-VI-FLOR SUSP 0.25 MG/ML	3	QL(2 ML daily); AL(Up to 12 yrs old); MP
MULTI-VIT-FLOR CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	3	QL(2 ML daily); AL(Up to 12 yrs old); MP
<i>pediatric multivitamins w/fl CHEW 1 MG</i>	3	AL(Up to 12 yrs old); MP; RX/OTC	VITAMINS ACD-FLUORIDE SOLN	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC
<i>pediatric multivitamins w/fl CHEW 0.25 MG, 0.5 MG</i>	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	Pediatric Vitamins		
<i>pediatric multivitamins w/fl SOLN</i>	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	VITAMIN A/C/D/ INFANT/TODDLER	3	MP
<i>pediatric vitamins acd w/ fluoride SOLN</i>	3	QL(2 ML daily); AL(Up to 12 yrs old); MP; RX/OTC	VITAMIN A-C-D INFANT	3	MP
POLY-VI-FLOR CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	Prenatal Vitamins		
POLY-VI-FLOR CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	CLASSIC PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
POLY-VI-FLOR SUSP	3	QL(2 ML daily); AL(Up to 12 yrs old); MP	COMPLETENATE CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
QUFLORA PEDIATRIC CHEW 1 MG	3	AL(Up to 12 yrs old); MP; RX/OTC	CO-NATAL FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
QUFLORA PEDIATRIC CHEW 0.25 MG, 0.5 MG	3	QL(1 EA daily); AL(Up to 12 yrs old); MP; RX/OTC	EQL PRENATAL FORMULA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FT PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PNV 27-CA/FE/FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
GNP PRENATAL/FOLIC ACID TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATABS FA TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
GNP PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG- 100 MG-15 MG-3 MG- 4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
KP PRENATAL MULTIVITAMINS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATAL (W/IRON & FA) TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
MASONATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATAL 19 CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
M-NATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL 19 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC
NEONATAL COMPLETE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL FORTE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NEONATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NESTABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	PRENATAL PLUS VITAMIN/MINERAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
NIVA-PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	PRENATAL PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
ONE VITE WOMENS PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal vit w/ ferrous fumarate-folic acid CHEW</i>	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	THERANATAL CORE NUTRITION TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL VITAMIN AND MINERAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	THRIVITE RX TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	TRICARE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
PRENATAL/IRON TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	TRINATAL RX 1 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	VINATE ONE TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP
PRENATVITE RX TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC	VITATHELY WITH GINGER TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
QC PRENATAL TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	WESTAB PLUS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
SE-NATAL 19 CHEW	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	Specialty Vitamins Products		
SE-NATAL 19 TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP; RX/OTC	MG PLUS PROTEIN TABS	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members; RX/OTC
SM PRENATAL VITAMINS TABS	3	QL(1 EA daily); AL(At least 12 yrs old - Up to 55 yrs old); MP	Vitamins w/ Lipotropics		
			ACTIFLOVIT EAR HEALTH TABS	3	MP
			LIPO FLAVONOID ADVANCED BALANC TABS	3	MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
LIPOTRIAD TABS (vitamins w/ lipotropics)	3	MP	Fibrodysplasia Ossificans Progressiva (FOP) Agents		
TINNITUS RELIEF TABS	3	MP	SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	CO	SP
vitamins w/ lipotropics TABS	3	MP	Muscle Relaxant Combinations		
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms			orphenadrine w/ aspirin & caff	2	
Central Muscle Relaxants			NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
AMRIX CP24 (cyclobenzaprine hcl)	2		Nasal Agent Combinations		
baclofen SOLN PO 5 MG/5ML	1	PA	azelastine hcl-fluticasone propionate SUSP	2	
baclofen SUSP	2		DYMISTA SUSP (azelastine hcl-fluticasone propionate)	2	
baclofen TABS	1		RYALTRIS	2	
chlorzoxazone TABS	2		Nasal Agents - Misc.		
cyclobenzaprine hcl CP24	2		FT SALINE NASAL SPRAY SOLN	3	
cyclobenzaprine hcl TABS	1		LITTLE REMEDIES SALINE SOLN	3	
FLEQSUVY SUSP (baclofen)	2		OCEAN NASAL SPRAY SOLN (saline)	3	
LYVISPAH PACK	2		saline SOLN 0.65 %	3	
metaxalone	2		Nasal Antiallergy		
METAXALONE 640 MG	2		azelastine hcl	1	
methocarbamol TABS 1000 MG	2		cromolyn sodium (nasal) 5.2 MG/ACT	3	
methocarbamol TABS	1		NASALCROM (cromolyn sodium (nasal))	3	
orphenadrine citrate TB12	1		olopatadine hcl (nasal)	2	
OZOBAX SOLN PO (baclofen)	1	PA	Nasal Anticholinergics		
tizanidine hcl CAPS	2		ipratropium bromide (nasal)	1	
tizanidine hcl TABS	1		Nasal Steroids		
ZANAFLEX CAPS (tizanidine hcl)	2		budesonide (nasal)	2	
ZANAFLEX TABS 4 MG (tizanidine hcl)	2				
Direct Muscle Relaxants					
DANTRIUM CAPS 25 MG (dantrolene sodium)	2				
dantrolene sodium CAPS	2				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY REL CHILDRENS SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	2	RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>fluticasone propionate (nasal)</i>)	NF	RX/OTC
<i>flunisolide (nasal)</i>	2	
<i>fluticasone propionate (nasal) SUSP</i>	1	RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	2	RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	2	RX/OTC
NASACORT ALLERGY 24HR AERO (<i>triamcinolone acetonide (nasal)</i>)	2	
NASONEX 24HR SUSP (<i>mometasone furoate (nasal)</i>)	2	RX/OTC
OMNARIS SUSP	2	
QNASL	2	
QNASL CHILDRENS	2	
<i>triamcinolone acetonide (nasal) AERO</i>	2	
XHANCE EXHU	2	
ZETONNA AERS	2	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	3	AL(At least 18 yrs old); PA
RILUTEK TABS (<i>riluzole</i>)	3	
<i>riluzole TABS</i>	3	
TEGLUTIK SUSP	3	AL(At least 18 yrs old); PA

Drug Name	Drug Tier	Requirements/ Limits
TIGLUTIK SUSP	3	AL(At least 18 yrs old); PA
Friedrich's Ataxia Agents		
SKYCLARYS	CO	SP
Muscular Dystrophy Agents		
DUVYZAT	CO	SP
Rett Syndrome Agents		
DAYBUE	CO	SP
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI PO 5 MG	CO	SP
EVRYSDI	CO	SP; MP
SPINRAZA	CO	SP; MP
NUTRIENTS		
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS 200 MG-300 MG, 300 MG, 500 MG, 1000 MG, 1200 MG</i>	3	
<i>omega-3 fatty acids CPDR</i>	3	
Proteins		
L-ORNITHINE POWD	4	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	3	
BION TEARS PF	3	
<i>carboxymethylcellulose sodium (ophth) GEL</i>	3	
<i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i>	3	
<i>dextran 70-hypromellose 0.3 %-0.1 %</i>	3	
GENTEAL TEARS MODERATE PF (<i>dextran 70-hypromellose</i>)	3	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GENTEAL TEARS PF (dextran 70-hypromellose)	3		BETIMOL	2	
GENTEAL TEARS SEVERE DAY/NIGHT GEL	3		BETOPTIC-S SUSP	1	
polyethylene glycol- propylene glycol (ophth) GEL	3		brimonidine tartrate- timolol maleate	2	
polyethylene glycol- propylene glycol (ophth) SOLN 0.3 %-0.4 %	3		carteolol hcl (ophth)	1	
polyvinyl alcohol 1.4 %	3		COMBIGAN (brimonidine tartrate-timolol maleate)	1	
polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	3		COSOPT (dorzolamide hcl-timolol maleate)	2	
REFRESH LIQUIGEL GEL (carboxymethylcellulose sodium (ophth))	3		COSOPT PF (dorzolamide hcl-timolol maleate)	2	
REFRESH PLUS SOLN (carboxymethylcellulose sodium (ophth))	3		DORZOLAMIDE HCL- TIMOLOL MAL	2	
REFRESH PLUS SOLN (carboxymethylcellulose sodium (ophth))	NF		dorzolamide hcl-timolol maleate	2	
REFRESH TEARS SOLN (carboxymethylcellulose sodium (ophth))	3		dorzolamide hcl-timolol maleate	1	
SYSTANE ULTRA SOLN (polyethylene glycol- propylene glycol (ophth))	NF		ISTALOL SOLN (timolol maleate (ophth))	2	
SYSTANE ULTRA SOLN (polyethylene glycol- propylene glycol (ophth))	3		levobunolol hcl 0.5 %	2	
SYSTANE GEL	3		timolol	2	
SYSTANE SOLN (polyethylene glycol- propylene glycol (ophth))	3		timolol maleate (ophth) SOLG	1	
white petrolatum-mineral oil	3		timolol maleate (ophth) SOLN	2	
Beta-blockers - Ophthalmic			timolol maleate (ophth) SOLN	1	
betaxolol hcl (ophth) SOLN	2		TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	2	
BETIMOL (timolol)	2		Cholinergic Agonists		
			TYRVAYA	2	QL(8.4 ML per 30 day(s) retail)
			Cycloplegic Mydriatics		
			atropine sulfate (ophthalmic) OINT	3	
			atropine sulfate (ophthalmic) SOLN	3	
			ATROPINE SULFATE SOLN 1 %	3	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CYCLOGYL	3		gentamicin sulfate (ophth) SOLN	3	
CYCLOGYL (cyclopentolate hcl)	3		KLARITY-A	2	
cyclopentolate hcl 1 %	3		levofloxacin (ophth) 0.5 %	2	
MYDRIACYL SOLN (tropicamide)	3		moxifloxacin hcl (ophth) SOLN OP	1	
phenylephrine hcl (mydriatic) SOLN 2.5 %	3		moxifloxacin hcl (ophth) SOLN OP	2	
PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic))	3		neomycin-bacitracin zn-polymyxin	3	
tropicamide SOLN	3		neomycin-polymyxin-gramicidin	3	
Miotics			OCUFLOX (ofloxacin (ophth))	2	
PHOSPHOLINE IODIDE	3		ofloxacin (ophth)	1	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	3		polymyxin b-trimethoprim	3	
Ophthalmic Adrenergic Agents			sulfacetamide sodium (ophth) OINT	3	
ALPHAGAN P (brimonidine tartrate)	2		sulfacetamide sodium (ophth) SOLN	3	
apraclonidine hcl	1		tobramycin (ophth) SOLN	3	
brimonidine tartrate 0.2 %	1		trifluridine	4	
brimonidine tartrate 0.1 %, 0.15 %	2		VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	2	
IOPIDINE	2		ZYMAXID (gatifloxacin (ophth))	2	
SIMBRINZA	1		Ophthalmic Decongestants		
Ophthalmic Anti-infectives			naphazoline w/ pheniramine 0.3 %-0.025 %	3	
AZASITE	2		NAPHCN-A (naphazoline w/ pheniramine)	3	
bacitracin (ophthalmic)	3		Ophthalmic Immunomodulators		
bacitracin-polymyxin b (ophth)	3		CEQUA SOLN	2	QL(60 EA per 30 day(s) retail)
BESIVANCE	2		cyclosporine (ophth) EMUL	2	QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail)
CILOXAN OINT	2				
ciprofloxacin hcl (ophth) SOLN	1				
ERYTHROMYCIN	1				
erythromycin (ophth)	1				
gatifloxacin (ophth)	2				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
KLARITY-C DROPS EMUL	2	QL(4 ML daily); AL(At least 4 yrs old)	<i>bacitracin-poly-neomycin-hc</i>	3	
RESTASIS MULTIDOSE EMUL	2	QL(5.5 ML per 30 day(s) retail; 6 ML per 30 days mail)	<i>dexamethasone sodium phosphate (ophth)</i>	3	
RESTASIS EMUL (<i>cyclosporine (ophth)</i>)	1	QL(60 EA per 30 day(s) retail)	EYSUVIS SUSP	2	QL(8.3 ML per 14 day(s) retail)
VERKAZIA EMUL	2	QL(4 EA daily); AL(At least 4 yrs old)	<i>fluorometholone (ophth) SUSP</i>	3	QL(15 ML per 30 day(s) retail)
VEVYE SOLN	2	QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old)	FML LIQUIFILM SUSP (<i>fluorometholone (ophth)</i>)	3	QL(15 ML per 30 day(s) retail)
Ophthalmic Integrin Antagonists			<i>loteprednol etabonate SUSP 0.2 %</i>	2	
XIIDRA	1	QL(60 EA per 30 day(s) retail)	MAXITROL OINT (<i>neomycin-polymy-dexameth</i>)	3	
Ophthalmic Kinase Inhibitors			MAXITROL SUSP (<i>neomycin-polymy-dexameth</i>)	3	
RHOPRESSA	1		<i>neomycin-polymy-dexameth OINT</i>	3	
ROCKLATAN	1		<i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i>	3	
Ophthalmic Local Anesthetics			PRED FORTE (<i>prednisolone acetate (ophth)</i>)	3	
ALCAINE (<i>proparacaine hcl</i>)	3		<i>prednisolone acetate (ophth)</i>	3	
<i>proparacaine hcl</i>	3		PREDNISOLONE ACETATE P-F	3	
Ophthalmic Nerve Growth Factors			PREDNISOLONE SODIUM PHOSPHATE	3	
OXERVATE	3	QL(28 ML per 28 day(s) retail); 4 max fill(s) per 365 day(s) retail; 56 day(s) max supply per 365 day(s) retail; AL(At least 2 yrs old); SP; PA	<i>sulfacetamide sod-prednisolone SOLN</i>	3	
Ophthalmic Steroids			<i>tobramycin-dexamethasone SUSP</i>	3	
ALREX SUSP (<i>loteprednol etabonate</i>)	2		Ophthalmics - Misc.		
			ACULAR (<i>ketorolac tromethamine (ophth)</i>)	2	
			ACULAR LS (<i>ketorolac tromethamine (ophth)</i>)	2	
			ACUVAIL	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALOCRIL	2		PATADAY (<i>olopatadine hcl</i>)	2	
ALOMIDE	2		PROLENSA (<i>bromfenac sodium (ophth)</i>)	2	
<i>azelastine hcl (ophth)</i>	1		<i>sodium chloride hypertonic OINT</i>	3	
AZOPT (<i>brinzolamide</i>)	2		<i>sodium chloride hypertonic SOLN</i>	3	
<i>bepotastine besilate</i>	2		ZADITOR 0.035 % (<i>ketotifen fumarate (ophth)</i>)	1	
BEPREVE (<i>bepotastine besilate</i>)	2		ZERVIAE	2	
<i>brinzolamide</i>	1		Prostaglandins - Ophthalmic		
<i>bromfenac sodium (ophth)</i>	2		<i>bimatoprost SOLN</i>	2	
BROMSITE (<i>bromfenac sodium (ophth)</i>)	2		IYUZEH SOLN	2	
<i>cromolyn sodium (ophth)</i>	1		<i>latanoprost SOLN</i>	1	
<i>diclofenac sodium (ophth)</i>	1		LATANOPROST SOLN	2	
<i>dorzolamide hcl</i>	1		LUMIGAN SOLN 0.01 %	2	
DORZOLAMIDE HCL	2		<i>tafluprost</i>	2	
<i>epinastine hcl (ophth)</i>	2		TRAVATAN Z SOLN (<i>travoprost</i>)	2	
<i>flurbiprofen sodium</i>	1		<i>travoprost SOLN</i>	2	
ILEVRO	2		VYZULTA	2	
<i>ketorolac tromethamine (ophth) 0.5 %</i>	1		XALATAN SOLN (<i>latanoprost</i>)	2	
<i>ketorolac tromethamine (ophth) 0.4 %</i>	2		XELPROS EMUL	2	
<i>ketotifen fumarate (ophth) 0.035 %</i>	1		ZIOPTAN (<i>tafluprost</i>)	2	
LASTACAFT	2		OTIC AGENTS - Drugs to Treat the Ear		
MIEBO	2	QL(0.1 ML daily); AL(At least 18 yrs old)	Otic Agents - Miscellaneous		
MURO 128 OINT (<i>sodium chloride hypertonic</i>)	NF		<i>acetic acid (otic)</i>	3	
MURO 128 OINT (<i>sodium chloride hypertonic</i>)	3		Otic Anti-infectives		
MURO 128 SOLN (<i>sodium chloride hypertonic</i>)	NF		CETRAXAL (<i>ciprofloxacin hcl (otic)</i>)	2	
NEVANAC	2		<i>ciprofloxacin hcl (otic)</i>	2	
<i>olopatadine hcl</i>	1		<i>ofloxacin (otic)</i>	1	
PATADAY	2		Otic Combinations		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
CIPRO HC 1 %-0.2 % (<i>ciprofloxacin-hydrocortisone</i>)	2	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone acetonide</i>	2	
<i>ciprofloxacin-hydrocortisone</i>	2	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>)	2	
Otic Steroids		
<i>hydrocortisone w/acetic acid</i>	3	
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS</i>	3	QL(28 EA per 180 day(s) retail); AL(At least 12 yrs old)
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Monoclonal Antibodies		
BEYFORTUS	3	SP; MP; PA
SYNAGIS SOLN	3	SP; MP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	3	MP
<i>amoxicillin CHEW 125 MG, 250 MG</i>	3	MP
<i>amoxicillin SUSR</i>	3	MP

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin TABS</i>	3	MP
<i>ampicillin CAPS 500 MG</i>	3	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	3	MP
<i>penicillin v potassium TABS</i>	3	MP
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	3	
<i>amoxicillin & pot clavulanate SUSR</i>	3	
<i>amoxicillin & pot clavulanate TABS</i>	3	
AUGMENTIN ES-600 SUSR (<i>amoxicillin & pot clavulanate</i>)	3	
AUGMENTIN TABS 125 MG-500 MG (<i>amoxicillin & pot clavulanate</i>)	3	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	3	
PHARMACEUTICAL ADJUVANTS		
Liquid Vehicles		
FLAVOR BLEND SUSP	4	RX/OTC
FLAVOR PLUS LIQD	4	RX/OTC
FLAVOR SWEET-SF SYRP	4	RX/OTC
FLAVOR SWEET SYRP	4	RX/OTC
FREEDOM PEG TROCHE BASE POWD	4	
GRAPE SYRUP SYRP	4	RX/OTC
MX-SOL BLEND SF SUSP	4	RX/OTC
MX-SOL BLEND SUSP	4	RX/OTC
MX-SOL SF SYRP	4	RX/OTC
MX-SOL SUSPEND SUSP	4	RX/OTC
MX-SOL SYRP	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ORA-BLEND SF SUSP	4	RX/OTC	TROCHE BASE POWD	4	
ORA-BLEND SUSP	4	RX/OTC	UNISPEND ANHYDROUS SWEETENED SUSP	4	RX/OTC
ORAL MIX SF SUSP	4	RX/OTC	UNISPEND ANHYDROUS UNSWEETENED SUSP	4	RX/OTC
ORAL MIX SUSP	4	RX/OTC	VERSAFREE SYRP	4	RX/OTC
ORAL SUSPEND LIQD	4	RX/OTC	VERSAPLUS SYRP	4	RX/OTC
ORAL SYRUP SF SYRP	4	RX/OTC	Pharmaceutical Excipients		
ORAL SYRUP SYRP	4	RX/OTC	SODIUM BENZOATE	4	RX/OTC
ORAPENN SD ANHYD SWEETENED LIQD	4	RX/OTC	Semi Solid Vehicles		
ORAPENN SD ANHYD UNSWEETEN LIQD	4	RX/OTC	1ST BASE	4	RX/OTC
ORA-PLUS LIQD	4	RX/OTC	ALPAWASH	4	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	4	RX/OTC	ALTADERM	4	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	4	RX/OTC	ANHYDROUS BASE OINT	4	
PCCA CUSTOM TROCHE BASE (LS) POWD	4		ARBEM H-COSMETIC	4	RX/OTC
PCCA POLYGLYCOL TROCHE POWD	4		ARBEM LIOPEN	4	RX/OTC
PCCA SWEET-SF SYRP	4	RX/OTC	ATREVIS HYDROGEL	4	RX/OTC
PCCA SYRUP VEHICLE SYRP	4	RX/OTC	AUXIPRO VANISHING	4	RX/OTC
PCCA-PLUS SUSP	4	RX/OTC	AZ CREAM	4	RX/OTC
SOSWEET SYRP	4	RX/OTC	BABY SKIN PROTECTANT	3	RX/OTC
SUSPENDIT ANHYDROUS SUSP	4	RX/OTC	BASE PCCA CLARIFYING	4	RX/OTC
SUSPENDRX W/BITTERBLOC SWEET SUSP	4	RX/OTC	BASE W301	4	RX/OTC
SUSPENDRX W/BITTERBLOC UNSWEET SUSP	4	RX/OTC	CHRYSADERM DAY	4	RX/OTC
SUSPENSION VEHICLE SUSP	4	RX/OTC	CHRYSADERM NIGHT	4	RX/OTC
SYRPALTA SYRP	4	RX/OTC	CLEODERM	4	RX/OTC
SYRSPEND SF LIQD	4	RX/OTC	CREAM BASE	4	RX/OTC
SYRUP VEHICLE SF SYRP	4	RX/OTC	CREAM CONCENTRATE	4	RX/OTC
SYRUP VEHICLE SYRP	4	RX/OTC	CUTIS PLUS	4	RX/OTC
			DAILY MOISTURIZER	3	RX/OTC
			DURABASE	4	RX/OTC
			DURABASE ADVANCED	4	RX/OTC
			EMOLIVAN	4	RX/OTC
			EMOLLIENT BASE	4	RX/OTC
			FAGRON LS PLUS	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FAGRON NATURAL	4	RX/OTC	PCCA COSMETIC HRT BASE	4	RX/OTC
FAGRON SUPREME	4	RX/OTC	PCCA EMOLLIENT CREAM BASE	4	RX/OTC
FITALITE	4	RX/OTC	PCCA HYDRABASE SB CUSTOM BASE	4	RX/OTC
FLEX BASE	4	RX/OTC	PCCA LIPODERM BASE	4	RX/OTC
FREEDOM ADAPTADERM	4	RX/OTC	PCCA MVC BASE	4	RX/OTC
FREEDOM DERMA SERUM	4	RX/OTC	PCCA NATACREAM	4	RX/OTC
FREEDOM DERMA-D	4	RX/OTC	PCCA POLYPEG BASE	4	RX/OTC
FREEDOM DERMA-N	4	RX/OTC	PCCA PRACASIL TM-PLUS BASE	4	RX/OTC
HYDROUS EMULSIFIED BASE	4	RX/OTC	PCCA VANISHING CREAM BASE	4	RX/OTC
LIOPEN ABSORPTION ENHANCING	4	RX/OTC	PCCA VANISHING CREAM LIGHT	4	RX/OTC
LIP BALM BASE	4	RX/OTC	PCCA VANPEN BASE	4	RX/OTC
LIPO CREAM BASE	4	RX/OTC	PCCA WAV CUSTOM BASE	4	RX/OTC
LIPOCREAM BASE	4	RX/OTC	PEG	4	RX/OTC
LIOPEN ULTRA BASE	4	RX/OTC	PEG BLEND	4	RX/OTC
MEDIDERM	4	RX/OTC	PEG OINTMENT BASE	4	RX/OTC
MICRODERM BASE	4	RX/OTC	PENDERM	4	RX/OTC
MICROSOME BASE	4	RX/OTC	PENSOMAL	4	RX/OTC
MULTI-PHASIC PENETRATING CMPD	4	RX/OTC	PETROLATUM	3	RX/OTC
NOURILITE	4	RX/OTC	PETROLEUM JELLY	3	RX/OTC
NOURIVAN ANTIOX BASE	4	RX/OTC	PETROLEUM JELLY BABY	3	RX/OTC
OMNIBASE	4	RX/OTC	PFCB	4	RX/OTC
PCCA ALADERM BASE	4	RX/OTC	PHARMABASE ANTIOXIDANT	4	RX/OTC
PCCA ANHYDROUS BASE OINT	4		PHARMABASE COSMETIC	4	RX/OTC
PCCA ANHYDROUS LIPODERM BASE	4	RX/OTC	PHARMABASE COSMETIC NATURAL	4	RX/OTC
PCCA BASE 7542	4	RX/OTC	PHARMABASE HEAVY	4	RX/OTC
PCCA BIOPEPTIDE BASE	4	RX/OTC	PHARMABASE LIGHT	4	RX/OTC
PCCA CANNIDEX 2.0 CUSTOM BASE	4	RX/OTC	PHARMABASE VAGINAL	4	RX/OTC
PCCA CANNIDEX CUSTOM BASE	4	RX/OTC	PHYTOBASE	4	RX/OTC
			P-SILOXAN DS	4	RX/OTC

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/Limits
SA3 DERM	4	RX/OTC
SALT DURABLE CREAM	4	RX/OTC
SALT STABLE LS ADVANCED	4	RX/OTC
SALTSTABLE LO	4	RX/OTC
SANARE ADVANCED SCAR THERAPY	4	RX/OTC
SANARE SCAR THERAPY	4	RX/OTC
SCAR CARE	4	RX/OTC
SECURA PROTECTIVE	3	RX/OTC
SILPROTEX PLUS	4	RX/OTC
SKIN PROTECTANT	3	RX/OTC
SKYY DERM	4	RX/OTC
TERODERM	4	RX/OTC
TERODERM-PLUS	4	RX/OTC
U-BASE	4	RX/OTC
VANIBASE	4	RX/OTC
VANISHING	4	RX/OTC
VANISHING CREAM BOTANICAL BASE	4	RX/OTC
VANISH-PEN	4	RX/OTC
VERSAPRO	4	RX/OTC
VERSATILE CREAM BASE	4	RX/OTC
VERSATILE RICH BASE	4	RX/OTC
VERSIGEL	4	RX/OTC
VP DERMABASE	4	RX/OTC
WOUND CARE	4	RX/OTC
XCEL 100	4	RX/OTC
XEMATOP BASE	4	RX/OTC
YELLOW PETROLATUM	3	RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	1	MP

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite)</i>	2	
<i>norethindrone acetate TABS</i>	1	MP
<i>progesterone CAPS</i>	1	MP
<i>progesterone OIL</i>	2	MP
PROMETRIUM CAPS (<i>progesterone</i>)	2	MP
PROVERA 5 MG, 10 MG (<i>medroxyprogesterone acetate</i>)	2	MP
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>lofexidine hcl</i>	1	
LUCEMYRA (<i>lofexidine hcl</i>)	1	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN	3	QL(18 ML daily); AL(At least 7 yrs old); SP; PA
XYWAV	3	QL(18 ML daily); AL(At least 7 yrs old); SP; PA
Antidementia Agents		
ADLARITY PTWK	3	PA
ARICEPT TABS (<i>donepezil hydrochloride</i>)	2	
<i>donepezil hydrochloride TABS 23 MG</i>	2	
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	1	
<i>donepezil hydrochloride TBDP</i>	1	
EXELON (<i>rivastigmine</i>)	1	
<i>galantamine hydrobromide CP24</i>	2	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide SOLN</i>	2		INGREZZA CAPS	3	AL(At least 18 yrs old); SP; PA
<i>galantamine hydrobromide TABS</i>	1		INGREZZA CPPK	3	AL(At least 18 yrs old); SP; PA
<i>memantine hcl CP24</i>	2		Multiple Sclerosis Agents		
<i>memantine hcl-donepezil hcl CP24</i>	2		AMPYRA (<i>dalfampridine</i>)	3	QL(2 EA daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
<i>memantine hcl SOLN</i>	1		AUBAGIO (<i>teriflunomide</i>)	2	SP
<i>memantine hcl TABS</i>	1		AVONEX PEN AJKT	1	SP
NAMENDA TITRATION PAK TABS (<i>memantine hcl</i>)	2		AVONEX PREFILLED PSKT	1	QL(4 EA per fill retail); SP
NAMENDA XR CP24 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	2		BAFIERTAM	2	QL(4 EA daily); SP
NAMENDA TABS (<i>memantine hcl</i>)	2		BETASERON KIT	1	SP
NAMZARIC C4PK	2		<i>cladribine (multiple sclerosis) 10 MG</i>	2	SP
NAMZARIC CP24	2		COPAXONE SOSY 20 MG/ML (<i>glatiramer acetate</i>)	1	SP
NAMZARIC CP24 (<i>memantine hcl-donepezil hcl</i>)	2		COPAXONE SOSY 40 MG/ML (<i>glatiramer acetate</i>)	2	SP
<i>rivastigmine</i>	2		<i>dalfampridine</i>	3	QL(2 EA daily); AL(At least 18 yrs old - Up to 70 yrs old); SP; PA
<i>rivastigmine tartrate CAPS</i>	1		<i>dimethyl fumarate CDPK</i>	1	SP
ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	2		<i>dimethyl fumarate CPDR</i>	1	SP
Fibromyalgia Agents			<i> fingolimod hcl</i>	1	SP
SAVELLA TITRATION PACK MISC	1		GILENYA (<i>fingolimod hcl</i>)	2	SP
SAVELLA TABS	1		GILENYA	2	SP
Movement Disorder Drug Therapy			<i>glatiramer acetate SOSY</i>	2	SP
AUSTEDO XR PATIENT TITRATION TEPK	3	AL(At least 18 yrs old); SP; PA	KESIMPTA	1	SP
AUSTEDO XR TB24	3	AL(At least 18 yrs old); SP; PA	MAVENCLAD (10 TABS) 10 MG (<i>cladribine (multiple sclerosis)</i>)	2	SP
AUSTEDO TABS	3	AL(At least 18 yrs old); SP; PA			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MAVENCLAD (4 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	2	SP	TASCENSO ODT 0.25 MG	2	AL(At least 10 yrs old - Up to 17 yrs old); SP
MAVENCLAD (5 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	2	SP	TASCENSO ODT 0.5 MG	2	AL(At least 10 yrs old - Up to 18 yrs old); SP
MAVENCLAD (6 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	2	SP	TECFIDERA CDPK (<i>dimethyl fumarate</i>)	2	SP
MAVENCLAD (7 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	2	SP	TECFIDERA CPDR (<i>dimethyl fumarate</i>)	2	SP
MAVENCLAD (8 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	2	SP	<i>teriflunomide</i>	1	SP
MAVENCLAD (9 TABS) 10 MG (<i>cladribine</i> (<i>multiple sclerosis</i>))	2	SP	VUMERITY	2	SP
MAYZENT STARTER PACK TBPK 0.25 MG	2	SP	ZEPOSIA 7-DAY STARTER PACK CPPK	2	AL(At least 18 yrs old); SP
MAYZENT TABS	2	SP	ZEPOSIA STARTER KIT CPPK	2	AL(At least 18 yrs old); SP
PLEGRIDY STARTER PACK SOAJ	2	SP	ZEPOSIA CAPS	2	SP
PLEGRIDY STARTER PACK SOSY SC	2	SP	Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
PLEGRIDY SOAJ	2	SP	<i>gabapentin (once-daily)</i> TABS	1	
PLEGRIDY SOSY IM	2	SP	GRALISE TABS (<i>gabapentin (once-daily)</i>)	1	
PONVORY STARTER PACK TBPK	2	AL(At least 18 yrs old - Up to 55 yrs old); SP	Psychotherapeutic and Neurological Agents - Misc.		
PONVORY TABS	2	AL(At least 18 yrs old - Up to 55 yrs old); SP	MIPLYFFA	CO	SP
REBIF REBIDOSE TITRATION PACK SOAJ	2	SP	Restless Leg Syndrome (RLS) Agents		
REBIF REBIDOSE SOAJ	2	SP	HORIZANT	1	
REBIF TITRATION PACK SOSY	2	SP	Smoking Deterrents		
REBIF SOSY 22 MCG/0.5ML	2	SP	APO-VARENICLINE TABS	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail
REBIF SOSY 44 MCG/0.5ML	2	QL(7.5 ML per 30 day(s) retail); SP	<i>bupropion hcl (smoking deterrent)</i>	3	QL(2 EA daily)
			CHANTIX CONTINUING MONTH PAK TABS (<i>varenicline tartrate</i>)	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX STARTING MONTH PAK TBPk (varenicline tartrate)	2	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
CHANTIX TABS (varenicline tartrate)	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail
NICODERM CQ PT24 TD (nicotine)	3	QL(1 EA daily)
NICORETTE MINI LOZG (nicotine polacrilex)	3	QL(20 EA daily)
NICORETTE STARTER KIT GUM 2 MG (nicotine polacrilex)	3	QL(30 EA daily)
NICORETTE STARTER KIT GUM 4 MG (nicotine polacrilex)	3	QL(24 EA daily)
NICORETTE GUM 4 MG (nicotine polacrilex)	3	QL(24 EA daily)
NICORETTE GUM 2 MG (nicotine polacrilex)	3	QL(30 EA daily)
NICORETTE LOZG (nicotine polacrilex)	3	QL(20 EA daily)
nicotine polacrilex GUM 4 MG	3	QL(24 EA daily)
nicotine polacrilex GUM 2 MG	3	QL(30 EA daily)
nicotine polacrilex LOZG	3	QL(20 EA daily)
NICOTINE KIT	3	QL(1 EA daily)
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	3	QL(1 EA daily)
NICOTROL NS SOLN	3	QL(40 ML per 30 day(s) retail)
NICOTROL INHA	3	QL(168 EA per 30 day(s) retail)
varenicline tartrate TABS	3	QL(2 EA daily; 60 EA per fill retail); 6 max fill(s) per 365 day(s) retail

Drug Name	Drug Tier	Requirements/ Limits
varenicline tartrate TBPk	1	QL(2 EA daily); 6 max fill(s) per 365 day(s) retail
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
ALYFTREK	CO	SP
BRONCHITOL	3	QL(20 EA daily); AL(At least 18 yrs old); PA
BRONCHITOL TOLERANCE TEST	3	QL(20 EA daily); AL(At least 18 yrs old); PA
KALYDECO PACK	CO	SP
ORKAMBI PACK	CO	SP
PULMOZYME	3	QL(2.5 ML daily); SP; PA
TRIKAFTA THPK	CO	SP
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
doxycycline (monohydrate) CAPS 50 MG, 100 MG	3	
doxycycline (monohydrate) SUSR	3	
doxycycline (monohydrate) TABS 50 MG, 100 MG	3	
doxycycline hyclate CAPS	3	
doxycycline hyclate TABS 20 MG, 100 MG	3	
minocycline hcl CAPS	3	
VIBRAMYCIN CAPS (doxycycline hyclate)	3	
VIBRAMYCIN SUSR (doxycycline monohydrate)	3	
THYROID AGENTS - Drugs to Regulate Thyroid		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Hormones			TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (<i>levothyroxine sodium</i>)	3	
Antithyroid Agents					
<i>methimazole TABS</i>	3	MP			
<i>propylthiouracil</i>	3	MP	TIROSINT-SOL SOLN PO 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	3	
Thyroid Hormones					
ADTHYZA TABS	3	MP			
ARMOUR THYROID TABS	3	MP			
CYTOMEL TABS (<i>liothyronine sodium</i>)	3	MP			
ERMEZA SOLN PO	3				
EVEKITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG	3	MP	TOXOIDS		
<i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>	3		Toxoid Combinations		
<i>levothyroxine sodium SOLR IV</i>	3		ADACEL SUSP	4	
LEVOTHYROXINE SODIUM SOLR IV (<i>levothyroxine sodium</i>)	3		ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML	4	
<i>levothyroxine sodium TABS</i>	3	MP	BOOSTRIX SUSP	4	
<i>liothyronine sodium SOLN</i>	2		BOOSTRIX SUSY	4	
<i>liothyronine sodium TABS</i>	3	MP	DAPTACEL	4	
NIVA THYROID TABS	3	MP	INFANRIX	4	
NP THYROID TABS	3	MP	KINRIX SUSY	4	
RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	3	MP	PEDIARIX SUSY	4	
SYNTHROID TABS (<i>levothyroxine sodium</i>)	3	MP	PENTACEL	4	
THYQUIDITY SOLN PO	3		QUADRACEL SUSP	4	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	3	MP	QUADRACEL SUSY	4	
			TDVAX SUSP	4	
			TENIVAC SUSP 2 LFU-5 LFU	4	
			TETANUS-DIPHThERIA TOXOIDS TD SUSP	4	
			VAXELIS SUSP	4	
			VAXELIS SUSY	4	
			ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
			Antispasmodics		

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANASPAZ TBDP (hyoscyamine sulfate)	3	AL(Up to 64 yrs old)	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)	3	RX/OTC
CUVPOSA SOLN PO (glycopyrrolate)	3	AL(Up to 12 yrs old)	PEPCID AC TABS (famotidine)	3	
dicyclomine hcl CAPS	3	AL(Up to 64 yrs old)	PEPCID TABS (famotidine)	3	RX/OTC
dicyclomine hcl SOLN PO	3	AL(Up to 64 yrs old)	TAGAMET HB 200 TABS (cimetidine)	3	RX/OTC
dicyclomine hcl TABS	3	AL(Up to 64 yrs old)	TAGAMET HB TABS (cimetidine)	3	RX/OTC
glycopyrrolate SOLN PO 1 MG/5ML	3	AL(Up to 12 yrs old)	Misc. Anti-Ulcer		
glycopyrrolate TABS 1 MG, 2 MG	3		CARAFATE TABS (sucralfate)	3	QL(4 EA daily)
hyoscyamine sulfate ELIX	3	AL(Up to 64 yrs old)	sucralfate TABS	3	QL(4 EA daily)
hyoscyamine sulfate SOLN PO 0.125 MG/ML	3	AL(Up to 64 yrs old)	Proton Pump Inhibitors		
hyoscyamine sulfate SUBL 0.125 MG	3	AL(Up to 64 yrs old)	ACIPHEX TBEC (rabeprazole sodium)	2	
hyoscyamine sulfate TABS 0.125 MG	3	AL(Up to 64 yrs old)	DEXILANT (dexlansoprazole)	2	
hyoscyamine sulfate TB12 0.375 MG	3	AL(Up to 64 yrs old)	dexlansoprazole	2	
hyoscyamine sulfate TBDP 0.125 MG	3	AL(Up to 64 yrs old)	esomeprazole magnesium CPDR	2	RX/OTC
LEVBIID TB12 (hyoscyamine sulfate)	3	AL(Up to 64 yrs old)	esomeprazole magnesium PACK	2	QL(2 EA daily)
LEVSIN/SL SUBL (hyoscyamine sulfate)	3	AL(Up to 64 yrs old)	esomeprazole magnesium TBEC	2	
LEVSIN TABS (hyoscyamine sulfate)	3	AL(Up to 64 yrs old)	lansoprazole CPDR	2	RX/OTC
ROBINUL-FORTE TABS (glycopyrrolate)	3		lansoprazole TBDD	2	RX/OTC
ROBINUL TABS (glycopyrrolate)	3		NEXIUM 24HR CLEAR MINIS CPDR (esomeprazole magnesium)	2	RX/OTC
H-2 Antagonists			NEXIUM 24HR CPDR (esomeprazole magnesium)	2	RX/OTC
cimetidine hcl PO 300 MG/5ML	3		NEXIUM 24HR TBEC 20 MG	2	
cimetidine TABS	3	RX/OTC	NEXIUM CPDR (esomeprazole magnesium)	2	RX/OTC
famotidine SUSR	3	AL(Up to 6 yrs old)			
famotidine TABS	3	RX/OTC			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NEXIUM PACK (esomeprazole magnesium)	1	QL(2 EA daily)	<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	2	
<i>omeprazole magnesium CPDR</i>	2		KONVOMEK SUSR	2	
<i>omeprazole magnesium TBEC</i>	2		OMECLAMOX-PAK	2	
<i>omeprazole CPDR 10 MG, 40 MG</i>	1	QL(2 EA daily)	<i>omeprazole-sodium bicarbonate CAPS</i>	2	RX/OTC
<i>omeprazole CPDR 20 MG</i>	1		<i>omeprazole-sodium bicarbonate PACK</i>	2	
<i>omeprazole TBDD</i>	2		PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>)	1	
<i>omeprazole TBEC</i>	2		TALICIA	2	
<i>pantoprazole sodium PACK</i>	2	QL(2 EA daily)	VOQUEZNA DUAL PAK	2	
<i>pantoprazole sodium TBEC</i>	1	QL(2 EA daily)	VOQUEZNA TRIPLE PAK	2	
PREVACID 24HR CPDR (<i>lansoprazole</i>)	2	RX/OTC	ZEGERID OTC CAPS (<i>omeprazole-sodium bicarbonate</i>)	2	RX/OTC
PREVACID SOLUTAB TBDD (<i>lansoprazole</i>)	2	RX/OTC	ZEGERID CAPS (<i>omeprazole-sodium bicarbonate</i>)	2	RX/OTC
PREVACID CPDR 30 MG (<i>lansoprazole</i>)	2		ZEGERID PACK (<i>omeprazole-sodium bicarbonate</i>)	2	
PRILOSEC OTC TBEC (<i>omeprazole magnesium</i>)	2		URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
PRILOSEC PACK	2		Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
PROTONIX PACK (<i>pantoprazole sodium</i>)	1	QL(2 EA daily)	<i>darifenacin hydrobromide</i>	2	
PROTONIX TBEC (<i>pantoprazole sodium</i>)	2	QL(2 EA daily)	DETROL LA CP24 (<i>tolterodine tartrate</i>)	2	
RABEPRAZOLE SODIUM CPSP	2		DETROL TABS (<i>tolterodine tartrate</i>)	2	
<i>rabeprazole sodium TBEC</i>	2		<i>fesoterodine fumarate</i>	1	MP
VOQUEZNA	3	QL(1 EA daily); AL(At least 18 yrs old); PA	GELNIQUE GEL 10 %	2	
Ulcer Drugs - Prostaglandins			<i>oxybutynin chloride SOLN</i>	1	
CYTOTEC (<i>misoprostol</i>)	3	QL(4 EA daily)	<i>oxybutynin chloride TABS</i>	1	
<i>misoprostol</i>	3	QL(4 EA daily)	<i>oxybutynin chloride TB24</i>	1	
Ulcer Therapy Combinations					
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	2	QL(224 EA per fill retail)			

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OXYTROL FOR WOMEN PTTW	3	RX/OTC	MENVEO SOLR	4	
OXYTROL PTTW	2	RX/OTC	PEDVAX HIB SUSP	4	
<i>solifenacin succinate</i> TABS	1		PENBRAYA	4	
<i>tolterodine tartrate</i> CP24	1		PENMENVY SUSR IM	4	
<i>tolterodine tartrate</i> TABS	1		PNEUMOVAX 23 SOLN	4	
TOVIAZ (<i>fesoterodine fumarate</i>)	2	MP	PNEUMOVAX 23 SOSY	4	
<i>trospium chloride</i> CP24	1		PREVNAR 13	4	
<i>trospium chloride</i> TABS	1		PREVNAR 20	4	
VESICARE LS SUSP	2		TRUMENBA 0.5 ML	4	
VESICARE TABS (<i>solifenacin succinate</i>)	2		TYPHIM VI SOLN	4	
Urinary Antispasmodics - Beta-3 Adrenergic Agonists			TYPHIM VI SOSY	4	
GEMTESA	2		VAXCHORA	4	
<i>mirabegron</i> TB24	2		VAXNEUVANCE	4	
MYRBETRIQ SRER	1		VIVOTIF	4	
MYRBETRIQ TB24 (<i>mirabegron</i>)	1		Viral Vaccines		
Urinary Antispasmodics - Cholinergic Agonists			ABRYSVO	4	
<i>bethanechol chloride</i>	3	QL(4 EA daily)	ACAM2000	4	
Urinary Antispasmodics - Direct Muscle Relaxants			AFLURIA PRESERVATIVE FREE SUSY	4	
<i>flavoxate hcl</i>	2	MP	AFLURIA QUADRIVALENT SUSP	4	
VACCINES			AFLURIA QUADRIVALENT SUSY 0.5 ML	4	
Bacterial Vaccines			AFLURIA SUSP	4	
ACTHIB SOLR IM	4		AREXVY	4	AL(At least 50 yrs old)
BCG VACCINE	4		AUDENZ EMUL	4	
BEXSERO 0.5 ML	4		AUDENZ PRSY	4	
BIOTHRAX	4		COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML	4	
CAPVAXIVE	4		COMIRNATY SUSP	4	
HIBERIX SOLR IJ	4		COMIRNATY SUSY	4	
MENACTRA	4		DENGVAIXIA	4	
MENQUADFI 0.5 ML	4		ENGRIX-B SUSP 20 MCG/ML	4	3 max fill(s) per 999 day(s) retail
MENVEO SOLN	4				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSY	4	3 max fill(s) per 999 day(s) retail	GARDASIL 9 SUSY 0.5 ML	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
ERVEBO	4		HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	4	
FLUAD	4	QL(1 ML per fill retail); 1 max fill(s) per 180 day(s) retail	HEPLISAV-B SOSY	4	3 max fill(s) per 999 day(s) retail
FLUAD QUADRIVALENT	4		IMOVAX RABIES SUSR	4	
FLUARIX QUADRIVALENT SUSY	4		IPOL IJ	4	
FLUARIX SUSY	4		IXCHIQ	4	
FLUBLOK QUADRIVALENT	4		IXIARO	4	
FLUBLOK SOSY	4		JYNNEOS	4	
FLUCELVAX QUADRIVALENT SUSP	4		M-M-R II SOLR	4	
FLUCELVAX QUADRIVALENT SUSY	4		MNEXSPIKE SUSY 10 MCG/0.2ML	4	
FLUCELVAX SUSP	4		MODERNA COVID-19 BIVALENT	4	
FLUCELVAX SUSY	4		MODERNA COVID-19 VAC 6M-11Y SUSP	4	
FLULAVAL QUADRIVALENT SUSY	4		MODERNA COVID-19 VAC 6M-11Y SUSY	4	
FLULAVAL SUSY	4		MODERNA COVID-19 VACCINE SUSP	4	
FLUMIST QUADRIVALENT	4		MRESVIA	4	
FLUZONE HIGH-DOSE QUADRIVALENT	4		NOVAVAX COVID-19 VACCINE SUSP	4	
FLUZONE HIGH-DOSE SUSY	4	QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail	NOVAVAX COVID-19 VACCINE SUSY	4	
FLUZONE QUADRIVALENT SUSP	4		NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML	4	
FLUZONE QUADRIVALENT SUSY	4		PFIZER COVID-19 VAC BIVALENT	4	
FLUZONE SUSP	4		PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	4	
FLUZONE SUSY	4		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	4	
GARDASIL 9 SUSP 0.5 ML	4	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)	PFIZER-BIONT COVID-19 VAC-TRIS SUSP	4	

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PFIZER-BIONTECH COVID-19 VACC SUSP	4		CLEOCIN SUPP	1	
PREHEVBRIO	4	3 max fill(s) per 999 day(s) retail	<i>clindamycin phosphate vaginal CREA</i>	1	
PRIORIX SUSR	4		CLINDESSE	1	
PROQUAD SUSR	4		<i>clotrimazole vaginal CREA</i>	3	
RABAVERT	4		<i>metronidazole vaginal</i>	1	
RECOMBIVAX HB SUSP	4	3 max fill(s) per 999 day(s) retail	MICONAZOLE 7 SUPP 100 MG	3	
RECOMBIVAX HB SUSY	4	3 max fill(s) per 999 day(s) retail	<i>miconazole nitrate vaginal CREA 2 %</i>	3	
ROTARIX SUSP	4		<i>miconazole nitrate vaginal KIT</i>	3	
ROTATEQ SOLN	4		<i>miconazole nitrate vaginal SUPP 100 MG</i>	3	
SHINGRIX	4	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)	MONISTAT 3 COMBINATION PACK KIT (<i>miconazole nitrate vaginal</i>)	3	
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML	4		MONISTAT 3 COMBO PACK APP KIT (<i>miconazole nitrate vaginal</i>)	3	
SPIKEVAX SUSP	4		MONISTAT 7 COMBO PACK APP KIT	3	
SPIKEVAX SUSY	4		MONISTAT 7 SIMPLY CURE CREA (<i>miconazole nitrate vaginal</i>)	3	
STAMARIL SUSR	4		NUVESSA	1	
TICOVAC	4		<i>terconazole vaginal CREA</i>	3	
TWINRIX SUSY	4		VANDAZOLE	2	
VAQTA	4		XACIATO GEL	2	AL(At least 12 yrs old)
VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML	4		Vaginal Anti-inflammatory Agents		
VARIVAX SUSR	4	2 max fill(s) per 999 day(s) retail	<i>hydrocortisone acetate vaginal</i>	1	
VIMKUNYA SUSY IM 40 MCG/0.8ML	4		<i>hydrocortisone vaginal</i>	2	
YF-VAX SUSR	4		<i>hydrocortisone vaginal</i>	1	
VAGINAL AND RELATED PRODUCTS			MONISTAT CARE INSTANT ITCH RLF 1 %	1	
Vaginal Anti-infectives			Vaginal Contraceptive - pH Modulators		
CLEOCIN CREA (<i>clindamycin phosphate vaginal</i>)	2				

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
PHEXX	3	QL(180 GM per 30 day(s) retail)
PHEXXI	3	QL(180 GM per 30 day(s) retail)
Vaginal Estrogens		
ESTRACE CREA (estradiol vaginal)	3	QL(1.42 GM daily); MP
estradiol vaginal CREA	3	QL(1.42 GM daily); MP
estradiol vaginal TABS	3	MP
VAGIFEM TABS (estradiol vaginal)	3	MP
Vaginal Progestins		
CRINONE GEL	2	MP
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ	2	QL(4 EA per fill retail)
epinephrine (anaphylaxis) SOAJ	1	QL(4 EA per fill retail)
EPINEPHRINE SOSY 0.3 MG/0.3ML	2	
EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))	1	QL(4 EA per fill retail)
EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))	1	QL(4 EA per fill retail)
NEFFY SOLN NA	2	QL(4 EA per fill retail)
Vasopressors		
midodrine hcl	3	QL(3 EA daily)
VITAMINS		
Oil Soluble Vitamins		

Drug Name	Drug Tier	Requirements/ Limits
beta carotene CAPS 25000 UNIT	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
cholecalciferol CAPS	3	MP
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML	3	MP
cholecalciferol TABS 50 MCG	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
cholecalciferol TABS	3	
DRISDOL CAPS (ergocalciferol)	3	MP
D-VI-SOL LIQD PO (cholecalciferol)	3	MP
ergocalciferol CAPS	3	MP
ergocalciferol SOLN PO 200 MCG/ML	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
phytonadione TABS 5 MG	3	QL(3 EA per 30 day(s) retail); 3 day(s) max supply per 30 day(s) retail
vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	4	Covered for CSHCS members without PA. PA reqd for non-CSHCS members

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D3 TABS (cholecalciferol)	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>vitamin e CAPS 1000 UNIT, 268 MG, 400 UNIT, 450 MG, 400 UNIT, 450 MG, 1000 UNIT</i>	3	
<i>vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
VITAMIN E CAPS	3	
<i>vitamin e SOLN</i>	3	MP
VITAMIN E SOLN 15 MG/0.67ML	3	MP
VITAMIN E TABS 100 UNIT, 100 UNIT	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
Water Soluble Vitamins		
<i>ascorbic acid TABS 500 MG</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
<i>biotin TABS 5 MG, 5000 MCG</i>	3	MP
ENDUR-AMIDE TBCR	1	
NIACIN ER CPCR	1	MP
<i>niacinamide TABS 100 MG</i>	1	
<i>niacinamide TABS 500 MG</i>	3	MP
<i>niacinamide TBCR</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin CPCR 500 MG</i>	1	MP
<i>niacin TABS 100 MG, 500 MG</i>	1	MP
<i>niacin TBCR 500 MG, 750 MG</i>	1	MP
<i>pyridoxine hcl TABS 25 MG</i>	4	QL(2 EA daily); MP
<i>pyridoxine hcl TABS 100 MG</i>	4	MP
<i>pyridoxine hcl TABS 50 MG</i>	4	QL(4 EA daily); MP
<i>riboflavin TABS</i>	3	Covered for CSHCS members without PA. PA reqd for non-CSHCS members
SLO-NIACIN TBCR 500 MG, 750 MG (<i>niacin</i>)	1	MP
<i>thiamine mononitrate TABS 100 MG</i>	4	QL(1 EA daily); MP

Drugs listed in UPPERCASE are brand-name; lowercase are generic. Legend: Tier 1=PDL Preferred; Tier 2=PDL Non-Preferred; Tier 3=Non-PDL; Tier 4=Supplemental; AL=Age Limit; PA=Prior Auth; QL=Quantity Limit; SP=Specialty; ST=Step Therapy; RX/OTC=Both; MP=Maintenance; NF=Non-Formulary; CO=Carve Out.
Michigan Medicaid Formulary Updated January 2026

INDEX

1ST BASE	137	KIT	72	acetaminophen TABS 325 MG, 500 MG	9
ABC COMPLETE ADULT TABS ..	105	ACCU-CHEK FASTCLIX LANCETS ..	72	acetaminophen TBCR	9
ABC COMPLETE MENS TABS ..	105	ACCU-CHEK GUIDE CONTROL LIQD	72	acetaminophen TBDP 160 MG	9
ABC COMPLETE SENIOR 50+ TABs	105	ACCU-CHEK GUIDE KIT	72	acetaminophen w/ codeine SOLN ..	12
ABC COMPLETE SENIOR MENS 50+ TABS	105	ACCU-CHEK GUIDE ME KIT	72	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG	12
ABC COMPLETE SENIOR WOMENS 50+ TABS	105	ACCU-CHEK GUIDE TEST STRP ..	57	acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ...	12
ABC COMPLETE WOMENS TABS 105		ACCU-CHEK SAFE-T PRO LANCETS	72	acetazolamide CP12	57
ABILIFY ASIMTUFII PRSY	39	ACCU-CHEK SMARTVIEW CONTROL LIQD	72	acetazolamide TABS	57
ABILIFY MYCITE MAINTENANCE KIT	39	ACCU-CHEK SOFTCLIX LANCET DEV KIT	72	acetic acid (otic)	135
ABILIFY MYCITE STARTER KIT ..	39	ACCU-CHEK SOFTCLIX LANCETS 72		acetylcysteine SOLN	47
abiraterone acetate	35	ACCUPRIL (quinapril hcl)	30	ACID GONE SUSP 358 MG/15ML-95 MG/15ML	13
ABREVA (docosanol)	52	ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (quinapril- hydrochlorothiazide)	31	ACIPHEX TBEC (rabeprazole sodium)	144
ABRILADA (1 PEN) AJKT	3	ACCUTREND GLUCOSE CONTROL SOLN	72	acitretin 10 MG, 25 MG	50
ABRILADA (2 PEN) AJKT	3	ACE AEROSOL CLOUD ENHANCER MISC	87	acitretin 17.5 MG	50
ABRILADA (2 SYRINGE) PSKT 20 MG/0.4ML	3	acebutolol hcl CAPS	40	ACTEEV PROTECT FACE MASK 87	
ABRILADA (2 SYRINGE) PSKT 40 MG/0.8ML	3	acetaminophen CAPS 500 MG	9	ACTEMRA ACTPEN SOAJ	6
ABRYSVO	146	acetaminophen CHEW 80 MG	9	ACTEMRA SOSY	6
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	47	acetaminophen LIQD 160 MG/5ML ..	9	ACTHAR GEL PEN SC 40 UNIT/0.5ML, 80 UNIT/ML	58
ACAM2000	146	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	9	ACTHIB SOLR IM	146
ACANYA GEL (clindamycin phosphate-benzoyl peroxide)	47	acetaminophen SUPP 120 MG, 650 MG	9	ACTIFLOVIT EAR HEALTH TABS 129	
acarbose	20	acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML	9	ACTI-LANCE 28G	72
ACCOLATE (zafirlukast)	16			ACTI-LANCE LITE LANCETS 28G 72	
ACCU-CHEK AVIVA SOLN	72			ACTI-LANCE SPECIAL LANCETS 17G	72
ACCU-CHEK FASTCLIX LANCET					

ACTI-LANCE UNIVERSAL 23G .. 72	ADALIMUMAB-AACF (2 PEN) AJKT . 3	ADALIMUMAB-BWWD SOAJ 40 MG/0.4ML 4
ACTIQ LPOP 400 MCG (fentanyl citrate) 10	ADALIMUMAB-AACF (2 SYRINGE) PSKT 3	ADALIMUMAB-BWWD SOSY 40 MG/0.4ML 4
ACTIVELLA TABS 1 MG-0.5 MG (estradiol & norethindrone acetate) 60	ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT 3	ADALIMUMAB-FKJP (2 PEN) AJKT . 4
ACTIVITY POUCH MISC 87	ADALIMUMAB-AACF(PS/UV STARTER) AJKT 3	ADALIMUMAB-FKJP (2 SYRINGE) PSKT 20 MG/0.4ML 4
ACTIVNUTRIENTS CAPS 105	ADALIMUMAB-AATY (1 PEN) AJKT 40 MG/0.4ML 3	ADALIMUMAB-FKJP (2 SYRINGE) PSKT 40 MG/0.8ML 4
ACTIVNUTRIENTS CHEW 123	ADALIMUMAB-AATY (1 PEN) AJKT 80 MG/0.8ML 3	ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML 4
ACTIVNUTRIENTS PERFORMANCE CAPS 105	ADALIMUMAB-AATY (2 PEN) AJKT . 3	ADALIMUMAB-RYVK (2 PEN) AJKT . 4
ACTIVNUTRIENTS W/O IRON CAPS 105	ADALIMUMAB-AATY (2 SYRINGE) PSKT 3	ADALIMUMAB-RYVK (2 SYRINGE) PSKT 4
ACTONEL TABS 150 MG (risedronate sodium) 58	ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML 3	adapalene GEL 0.1 % 47
ACTONEL TABS 35 MG (risedronate sodium) 58	ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML 3	adapalene GEL 0.3 % 47
ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl) 20	ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML 3	adapalene-benzoyl peroxide GEL 2.5 %-0.1 % 47
ACTOS (pioglitazone hcl) 24	ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML 3	ADAPTER PED DISPOSABLE MISC 87
ACULAR (ketorolac tromethamine (ophth)) 134	ADALIMUMAB-ADAZ SOSY 20 MG/0.2ML 3	ADBRY SOAJ 55
ACULAR LS (ketorolac tromethamine (ophth)) 134	ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML 3	ADBRY SOSY 55
ACUVAIL 134	ADALIMUMAB-ADBM (2 PEN) AJKT 3	ADCIRCA TABS (tadalafil (pulmonary hypertension)) 42
acyclovir CAPS 39	ADALIMUMAB-ADBM (2 SYRINGE) PSKT 3	adefovir dipivoxil 39
acyclovir SUSP 40	ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT 3	ADEK GUMMIES PLUS ZN CHEW 105
acyclovir TABS PO 40	ADALIMUMAB-ADBM(PS/UV STARTER) AJKT 4	ADEMPAS 42
acyclovir topical CREA 52		ADIPEX-P TABS (phentermine hcl) . 1
acyclovir topical OINT 52		ADJUSTABLE LANCING DEVICE MISC 72
ADACEL SUSP 143		ADLARITY PTWK 139
ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML 143		

ADMELOG SOLN IJ	22	LIQD	72	AEROCHAMBER PLUS FLO-VU MEDIUM MISC	88
ADMELOG SOLOSTAR SOPN	22	ADVOCATE LANCETS	72	AEROCHAMBER PLUS FLO-VU MISC	89
ADTHYZA TABS	143	ADVOCATE LANCETS 30G	73	AEROCHAMBER PLUS FLO-VU SMALL DEVI	88
ADULT AEROSOL MASK MISC ..	88	ADVOCATE LANCING DEVICE MISC	73	AEROCHAMBER PLUS FLO-VU SMALL MISC	88
ADULT DISPOSABLE MISC	88	ADVOCATE RAPID-SAFE LANCING MISC	73	AEROCHAMBER PLUS FLO-VU W/MASK MISC	88
ADULT MASK DEVI	88	ADVOCATE REDI-CODE+ CONTROL SOLN	73	AEROCHAMBER PLUS FLOW VU MISC	89
ADULT MASK LARGE MISC	88	ADVOCATE SAFETY LANCETS ..	73	AEROCHAMBER W/FLOWSIGNAL MISC	89
ADULT ONE DAILY GUMMIES CHEW	106	ADVOCATE SAFETY LANCETS 21G	73	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	89
ADVAIR DISKUS AEPB (fluticasone- salmeterol)	17	ADVOCATE SAFETY LANCETS 23G	73	AEROCHAMBER Z-STAT PLUS MISC	89
ADVAIR HFA AERO (fluticasone- salmeterol)	17	ADVOCATE SAFETY LANCETS 26G	73	AEROCHAMBER Z-STAT PLUS/LARGE MISC	89
ADVANCE INTUITION CONTROL LIQD	72	ADVOCATE SAFETY LANCETS 28G	73	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	89
ADVANCE MICRO-DRAW CONTROL LIQD	72	AEMCOLO	32	AEROCHAMBER Z-STAT PLUS/SMALL MISC	89
ADVANCE MICRO-DRAW NORMAL LIQD	72	AEROBIKA DEVI	88	AEROCHAMBER2GO ANTI-STATIC DEVI	89
ADVANCED CALCIUM/D/MAGNESIUM TABS 101		AEROCHAMBER HOLDING CHAMBER DEVI	88	AEROECLIPSE EZ TWIST TUBING MISC	89
ADVANCED MOBILE LANCET ...	72	AEROCHAMBER MINI CHAMBER DEVI	88	AEROECLIPSE MASK LARGE MISC	89
ADVIL CAPS (ibuprofen)	7	AEROCHAMBER MV MISC	88	AEROECLIPSE MASK MEDIUM MISC	89
ADVIL DUAL ACTION TABS (ibuprofen-acetaminophen)	7	AEROCHAMBER PLS FLOVU MTHPIECE DEVI	88	AEROECLIPSE MASK SMALL MISC	89
ADVIL JUNIOR STRENGTH TABS 100 MG	7	AEROCHAMBER PLUS FLO-VU INTERM DEVI	88	AEROTRACH PLUS MISC	89
ADVIL MIGRAINE CAPS (ibuprofen) . 7		AEROCHAMBER PLUS FLO-VU LARGE DEVI	88	AEROVENT PLUS DEVI	89
ADVIL TABS (ibuprofen)	7	AEROCHAMBER PLUS FLO-VU LARGE MISC	88		
ADVOCATE ALCOHOL PREP PADS	85	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	88		
ADVOCATE CONTROL SOLUTION					

AFINITOR DISPERZ TBSO (everolimus)36	AIRBORNE+GOOD REST CHEW 106	ALDACTONE TABS 25 MG, 100 MG (spironolactone)58
AFINITOR TABS (everolimus)36	AIRBORNE+PROBIOTIC CHEW 106	ALDACTONE TABS 50 MG (spironolactone)58
AFLORA TABS106	AIRDUO DIGIHALER17	alendronate sodium SOLN58
AFLURIA PRESERVATIVE FREE SUSY146	AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)17	alendronate sodium TABS 35 MG, 70 MG58
AFLURIA QUADRIVALENT SUSP 146	AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)17	alendronate sodium TABS 5 MG, 10 MG58
AFLURIA QUADRIVALENT SUSY 0.5 ML146	AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)17	ALEVE ALL DAY STRONG TABS 220 MG (naproxen sodium)7
AFLURIA SUSP146	AIRS PEDIATRIC AEROSOL MASK MISC89	ALEVE CAPS (naproxen sodium) ..7
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT22	AIRSUPRA17	ALEVE TABS (naproxen sodium) ...7
AGAMATRIX CONTROL LEVEL 2 SOLN73	AIRZONE PEAK FLOW METER ..89	alfuzosin hcl65
AGAMATRIX CONTROL LEVEL 4 SOLN73	AJOVY SOAJ98	ALHEMO65
AGAMATRIX CONTROL NORMAL/HIGH SOLN73	AJOVY SOSY98	ALIMTA SOLR (pemetrexed disodium)34
AGAMATRIX CONTROL SOLN ...73	AKEEGA35	ALINIA TABS (nitazoxanide)32
AGAMATRIX ULTRA-THIN LANCETS73	AKYNZEO26	aliskiren fumarate32
AGAMREE44	albendazole14	ALIVE ADULT PREMIUM CHEW 106
AGRYLIN 0.5 MG (anagrelide hcl) 66	albuterol sulfate AERS17	ALIVE CALCIUM BONE SUPPORT TABS106
AIMOVIG 140 MG/ML98	albuterol sulfate NEBU17	ALIVE DAILY ENERGY TABS ...106
AIMOVIG 70 MG/ML98	ALBUTEROL SULFATE NEBU17	ALIVE DIABETIC MULTIVITAMIN TABS106
AIMSCO LUBRICATED MISC71	ALCAINE (proparacaine hcl)134	ALIVE ENERGY 50+ TABS106
AIMSCO TWIST LANCETS 32G ..73	alclometasone dipropionate CREA 52	ALIVE EVERYDAY IMMUNE HEALTH CAPS106
AIMSCO TWIST LANCETS 33G ..73	alclometasone dipropionate OINT .52	ALIVE GARDEN GOODNESS TABS 106
AIRBORNE CHEW106	ALCOH-GLOVE CONTOURED WIPE85	ALIVE GUMMIES FOR CHILDREN CHEW123
AIRBORNE ELDERBERRY CHEW 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG106	ALCOHOL PADS85	ALIVE HAIR, SKIN & NAILS CAPS 106
AIRBORNE KIDS CHEW106	ALCOHOL PREP85	
	ALCOHOL PREP PADS85	
	ALCOHOL SWABS85	
	ALCOHOL SWABSTICK85	

ALIVE HAIR, SKIN & NAILS CHEW 106	89	ALPHA BETIC TABS	107
ALIVE MAX 6 POTENCY CAPS .	106	ALPHAGAN P (brimonidine tartrate) 133	
ALIVE MENS 50+ MULTI GUMMY CHEW	106	ALREX SUSP (loteprednol etabonate)	134
ALIVE MENS 50+ TABS	106	ALTACE CAPS 1.25 MG, 5 MG, 10 MG (ramipril)	30
ALIVE MENS 50+ ULTRA TABS .	106	ALTADERM	137
ALIVE MENS COMPLETE MULTI TABS	106	ALTOPREV TB24 20 MG, 40 MG, 60 MG	29
ALIVE MENS ENERGY TABS ...	107	ALTRIXA TABS	122
ALIVE MENS GUMMY MULTIVITAMINS CHEW	107	ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT	66
ALIVE MENS ULTRA TABS	107	alum & mag hydrox-simethicone LIQD	13
ALIVE MULTI-VITAMIN CHEW ..	107	alum & mag hydrox-simethicone SUSP	13
ALIVE MULTI-VITAMIN CHILDRENS CHEW	123	ALUMINUM HYDROXIDE GEL SUSP	14
ALIVE ONCE DAILY WOMENS TABS	107	ALUNBRIG TABS	36
ALIVE ULTRA POTENCY ADULT TABS	107	ALUNBRIG TBPK	36
ALIVE ULTRA POTENCY WOMENS 50+ TABS	107	ALVESCO	16
ALIVE WOMENS 50+ CHEW	107	ALYFTREK	142
ALIVE WOMENS 50+ COMPLETE MV TABS	107	amantadine hcl CAPS	38
ALIVE WOMENS 50+ GUMMY CHEW	107	amantadine hcl SOLN	38
ALIVE WOMENS 50+ TABS	107	amantadine hcl TABS	38
ALIVE WOMENS ENERGY TABS 107		AMBI-TRAY MISC	73
ALIVE WOMENS GUMMY CHEW 107		ambrisentan	42
ALKINDI SPRINKLE CPSP	44	amcinonide CREA	52
ALL FLOW 1000 PFT FILTER DEVI .		amcinonide LOTN	52
ALL FLOW 1000 PFT FILTER MISC .	89	amiloride & hydrochlorothiazide ...	57
ALL FLOW 2000 PFT FILTER DEVI .	89	amiloride hcl TABS	58
ALL FLOW 3000 PFT FILTER DEVI .	90		
ALL FLOW 4000 PFT FILTER DEVI .	90		
ALL FLOW 5000 PFT FILTER DEVI .	90		
ALL FLOW 6000 PFT FILTER DEVI .	90		
ALL FLOW 7000 PFT FILTER DEVI .	90		
ALLEGRA ALLERGY CHILDRENS SUSP (fexofenadine hcl)	27		
ALLEGRA ALLERGY TABS (fexofenadine hcl)	27		
allopurinol	65		
almotriptan malate	98		
ALOCRIAL	135		
ALOE VESTA ANTIFUNGAL OINT (miconazole nitrate (topical))	48		
alogliptin benzoate	21		
alogliptin-metformin hcl	20		
alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	20		
ALOMIDE	135		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	61		
alosetron hcl	64		
ALPAWASH	137		

amiodarone hcl TABS 100 MG 15	ampicillin CAPS 500 MG 136	aprepitant CAPS 40 MG, 125 MG .26
amiodarone hcl TABS 200 MG, 400 MG 15	AMPYRA (dalfampridine) 140	aprepitant CAPS 80 MG 26
AMITIZA (lubiprostone) 62	AMRIX CP24 (cyclobenzaprine hcl) 130	aprepitant CAPS 26
AMJEVITA SOAJ 40 MG/0.8ML 4	anagrelide hcl 66	APRISO CP24 (mesalamine) 62
AMJEVITA SOSY 4	ANAPROX DS TABS (naproxen sodium) 7	AQUALANCE LANCETS 30G 73
AMJEVITA-PED 10KG TO <15KG SOSY 4	ANASPAZ TBDP (hyoscyamine sulfate) 144	ARANESP (ALBUMIN FREE) SOLN . 67
AMJEVITA-PED 15KG TO <30KG SOSY 4	anastrozole 35	ARANESP (ALBUMIN FREE) SOSY . 67
AMLADEX TABS 122	ANCOBON (flucytosine) 26	ARAVA (leflunomide) 8
amlodipine besylate TABS 41	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR 13	ARBEM H-COSMETIC 137
amlodipine besylate-atorvastatin calcium 41	ANDROGEL PUMP GEL TD (testosterone) 13	ARBEM LIOPEN 137
amlodipine besylate-benazepril hcl 31	ANHYDROUS BASE OINT 137	AREXVY 146
amlodipine besylate-olmesartan medoxomil 31	ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT (umeclidinium-vilanterol) 17	arformoterol tartrate 17
amlodipine besylate-valsartan 31	ANTIOXIDANT FORMULA TABS 107	ARICEPT TABS (donepezil hydrochloride) 139
amlodipine-valsartan-hydrochlorothiazide 31	ANTIVERT CHEW (meclizine hcl) .26	ARIMIDEX (anastrozole) 35
amoxicillin & pot clavulanate CHEW . 136	ANUSOL-HC EX (hydrocortisone (rectal)) 13	ARIXTRA (fondaparinux sodium) . 19
amoxicillin & pot clavulanate SUSR 136	ANZEMET TABS 50 MG 25	ARMONAIR DIGIHALER 16
amoxicillin & pot clavulanate TABS 136	APADAZ 12	ARMOUR THYROID TABS 143
amoxicillin CAPS 136	APETIBEX CAPS 107	ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT (fluticasone furoate (inhalation)) 16
amoxicillin CHEW 125 MG, 250 MG . 136	APEXICON E CREA 52	ARNUITY ELLIPTA 50 MCG/ACT (fluticasone furoate (inhalation)) ... 16
amoxicillin SUSR 136	APIDRA SOLN 22	AROMASIN (exemestane) 35
amoxicillin TABS 136	APIDRA SOLOSTAR SOPN 22	ARRANON (nelarabine) 34
amoxicillin-clarithromycin w/ lansoprazole THPK 145	APO-VARENICLINE TABS 141	ARTHROTEC TBEC (diclofenac w/ misoprostol) 7
	APPE-CURB CAPS 107	artificial tear solution 131
	apraclonidine hcl 133	ARZERRA 35
		ascorbic acid TABS 500 MG 150

ASMANEX (120 METERED DOSES) AEPB	16	CONTROL SOLN	73	ATORVALIQ SUSP	29
ASMANEX (14 METERED DOSES) AEPB	16	ASSURE HAEMOLANCE PLUS HIGH	73	atorvastatin calcium TABS	29
ASMANEX (30 METERED DOSES) AEPB 110 MCG/ACT	16	ASSURE HAEMOLANCE PLUS LOW	73	atovaquone	32
ASMANEX (30 METERED DOSES) AEPB 220 MCG/ACT	16	ASSURE HAEMOLANCE PLUS MICRO	73	ATREVIS HYDROGEL	137
ASMANEX (60 METERED DOSES) AEPB	16	ASSURE HAEMOLANCE PLUS NORMAL	73	atropine sulfate (ophthalmic) OINT 132	
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	16	ASSURE HAEMOLANCE PLUS PED	73	atropine sulfate (ophthalmic) SOLN 132	
ASMANEX HFA AERO 50 MCG/ACT	16	ASSURE II CONTROL LEVEL 1 & 2 LIQD	73	ATROPINE SULFATE SOLN 1 % 132	
aspirin buffered (cal carb-mag carb- mag oxide)	10	ASSURE II CONTROL LIQD	73	ATROVENT HFA	16
aspirin CHEW	10	ASSURE LANCE LANCETS	73	AUBAGIO (teriflunomide)	140
ASPIRIN SUPP 300 MG	10	ASSURE LANCE LANCETS 21G	73	AUDENZ EMUL	146
aspirin TABS 325 MG	10	ASSURE LANCE PLUS SAFETY 25G	73	AUDENZ PRSY	146
aspirin TBEC 325 MG	10	ASSURE LANCE PLUS SAFETY 30G	73	AUGMENTIN ES-600 SUSR (amoxicillin & pot clavulanate)	136
aspirin TBEC 81 MG	10	ASSURE LANCE SAFETY LANCET 28G	73	AUGMENTIN TABS 125 MG-500 MG (amoxicillin & pot clavulanate)	136
aspirin-dipyridamole	66	ASSURE PRISM CONTROL LEVEL 1&2 SOLN	73	AUGTYRO	36
ASPRUZYO SPRINKLE PACK	14	ASSURE PRO CONTROL LEVEL 1 & 2 LIQD	73	AUM ALCOHOL PREP PADS	85
ASSESS PEAK FLOW METER ...	90	ASTAGRAF XL CP24	103	AURORA LANCET SUPER THIN 30G	73
ASSURE 3 CONTROL LIQD	73	ATACAND (candesartan cilexetil) .	30	AURORA LANCET THIN 23G	73
ASSURE 4 CONTROL LEVEL 1 & 2 LIQD	73	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	31	AURYXIA 210 MG (ferric citrate) ..	64
ASSURE COMFORT LANCETS 28G	73	ATELVIA TBEC (risedronate sodium)	58	AUSTEDO TABS	140
ASSURE CONTROL SOLUTION 2/3 LIQD	73	atenolol & chlorthalidone	31	AUSTEDO XR PATIENT TITRATION TEPK	140
ASSURE DOSE CONTROL SOLN 73		atenolol TABS	40	AUSTEDO XR TB24	140
ASSURE DOSE NORM/HIGH				AUTO-LANCET MINI MISC	74
				AUTO-LANCET MISC	74
				AUTOLET II CLINISAFE KIT	74
				AUTOLET LANCING DEVICE MISC . 74	

AUTOLET LITE CLINISAFE KIT ...74	azithromycin SUSR 70	balsalazide disodium CAPS 62
AUTOLET LITE LANCING DEVICE MISC 74	azithromycin TABS 250 MG 70	BAQSIMI ONE PACK POWD 21
AUTOLET LITE STARTER PACK KIT 74	azithromycin TABS 500 MG 70	BAQSIMI TWO PACK POWD 21
AUTOLET MINI MISC 74	azithromycin TABS 600 MG 70	BARACLUDE TABS (entecavir) ... 39
AUTOLET PLATFORMS MISC 74	AZO HORMONAL HEALTH CYCLE CARE TABS 107	BARIATRIC FUSION CHEW 107
AUTOLET PLUS MISC 74	AZO HORMONAL HEALTH HAPPY CYCL TABS 107	BARIATRIC MULTIVITAMIN/IRON CHEW 107
AUVELITY 20	AZOLEN ANTI-FUNGAL WASH SOLN 48	BARIATRIC MULTIVITAMINS CAPS 108
AUVI-Q SOAJ 149	AZOLEN TINCTURE SOLN 48	BARIATRIC MULTIVITAMINS CHEW 108
AUXIPRO VANISHING 137	AZOPT (brinzolamide) 135	BARIATRIC MULTIVITAMINS TABS . 108
AVALIDE (irbesartan- hydrochlorothiazide) 31	AZOR (amlodipine besylate- olmesartan medoxomil) 31	BARIATRIC MULTIVITAMINS/IRON CAPS 107
AVAPRO 150 MG, 300 MG (irbesartan) 30	AZULFIDINE EN-TABS TBEC (sulfasalazine) 62	BARIATRIC MULTIVITAMINS/IRON CHEW 108
AVGEMSI SOLN 1 GM/26.3ML, 2 GM/52.6ML 34	AZULFIDINE TABS (sulfasalazine) 62	BASAGLAR KWIKPEN SOPN 22
AVMAPKI FAKZYNJA CO-PACK THPK PO 36	BABY SKIN PROTECTANT 137	BASE PCCA CLARIFYING 137
AVODART (dutasteride) 65	bacitracin (ophthalmic) 133	BASE W301 137
AVONEX PEN AJKT 140	bacitracin (topical) OINT 48	BASIC AM TABS 108
AVONEX PREFILLED PSKT 140	bacitracin zinc OINT 48	BASIC PM TABS 108
AZ CREAM 137	bacitracin-polymyxin b (ophth) ... 133	BAXDELA TABS 61
azacitidine SUSR 34	bacitracin-poly-neomycin-hc 134	BCG VACCINE 146
AZASITE 133	baclofen SOLN PO 5 MG/5ML ... 130	B-COMPLEX SOLN IJ 105
azathioprine TABS 103	baclofen SUSP 130	b-complex vitamins SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML 105
azelastine hcl (ophth) 135	baclofen TABS 130	b-complex vitamins TABS 105
azelastine hcl 130	BACMIN TABS 107	b-complex w/ c & folic acid CAPS 105
azelastine hcl-fluticasone propionate SUSP 130	BACTRIM DS TABS (sulfamethoxazole-trimethoprim) .. 32	b-complex w/ c & folic acid TABS 105
AZILECT (rasagiline mesylate) ... 38	BACTRIM TABS (sulfamethoxazole- trimethoprim) 32	b-complex w/ folic acid TABS 105
azithromycin PACK 70	BAFIERTAM 140	

b-complex w/biotin & folic acid TABS 105	86	benzphetamine hcl 50 MG	1
BD AUTOSHIELD DUO	86	bepotastine besilate	135
BD INS SYR ULTRAFINE 1/2UNIT 86	BEELITH	BEPREVE (bepotastine besilate)	135
BD INSULIN SYR ULTRAFINE II .86	BELBUCA FILM	BESIVANCE	133
BD INSULIN SYRINGE	BENADRYL ALLERGY CAPS (diphenhydramine hcl)	BESREMI	37
BD INSULIN SYRINGE HALF-UNIT .86	BENADRYL ALLERGY CHILDRENS LIQD (diphenhydramine hcl)	beta carotene CAPS 25000 UNIT	149
BD INSULIN SYRINGE MICROFINE	BENADRYL ALLERGY TABS (diphenhydramine hcl)	betamethasone dipropionate (topical) CREA	52
BD INSULIN SYRINGE U/F	BENADRYL ALLERGY ULTRATABS TABS (diphenhydramine hcl)	betamethasone dipropionate (topical) LOTN	52
BD INSULIN SYRINGE U-500	benazepril & hydrochlorothiazide	betamethasone dipropionate (topical) OINT	52
BD INSULIN SYRINGE ULTRAFINE	benazepril hcl	betamethasone dipropionate augmented CREA	52
BD MICROTAINER LANCETS	BENICAR (olmesartan medoxomil)	betamethasone dipropionate augmented GEL 0.05 %	52
BD PEN NEEDLE MICRO ULTRAFINE	BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	betamethasone dipropionate augmented LOTN	52
BD PEN NEEDLE MINI ULTRAFINE	BENZAC AC WASH LIQD 5 %	betamethasone dipropionate augmented OINT	52
BD PEN NEEDLE NANO 2ND GEN .86	BENZAMYCIN GEL (benzoyl peroxide-erythromycin)	betamethasone valerate CREA	52
BD PEN NEEDLE NANO ULTRAFINE	BENZHYDROCODONE-ACETAMINOPHEN	betamethasone valerate FOAM	52
BD PEN NEEDLE ORIG ULTRAFINE	BENZNIDAZOLE	betamethasone valerate LOTN	52
BD PEN NEEDLE SHORT ULTRAFINE	benzocaine-docusate sodium ENEM	betamethasone valerate OINT	52
BD SAFETYGLIDE INSULIN SYRINGE	benzoyl peroxide CREA 10 %	BETAPACE AF (sotalol hcl (afib/afll))	40
BD SAFETYGLIDE SYRINGE/NEEDLE	benzoyl peroxide FOAM 10 %	BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl)	40
BD SWAB SINGLE USE REGULAR 85	benzoyl peroxide GEL 10 %	BETASERON KIT	140
BD VEO INSULIN SYR U/F 1/2UNIT	benzoyl peroxide GEL 5 %	betaxolol hcl (ophth) SOLN	132
	benzoyl peroxide LIQD 5 %, 10 %	betaxolol hcl	40
	benzoyl peroxide-erythromycin GEL	bethanechol chloride	146

BETHKIS NEBU (tobramycin) 2	CAP/TOUJEO MISC74	108
BETIMOL (timolol) 132	BIGFOOT UNITY PEN	BLULINK CONTROL HIGH & LOW
BETIMOL132	CAP/TRESIBA MISC 74	LIQD74
BETOPTIC-S SUSP132	bimatoprost SOLN135	BONE DENSITY BUILDER TABS
BEVESPI AEROSPHERE17	BIMZELX SOAJ50	101
bexarotene (topical)49	BIMZELX SOSY 160 MG/ML50	BONEUP 3 PER DAY CAPS108
bexarotene 37	BIMZELX SOSY 320 MG/2ML50	BONEUP CAPS 108
BEXSERO 0.5 ML146	BINOSTO TBEF 58	BONEUP VEGETARIAN TABS .. 108
BEYFORTUS 136	BIO-35 GLUTEN-FREE CAPS ...108	BONSITY SOPN 560 MCG/2.24ML
bicalutamide35	BIO-35 IRON FREE CAPS108	58
BIFERA68	BIOCAL CAPS108	BOOSTNOW IMMUNE SUPPORT
BIGFOOT UNITY PEN	BIOLYTE SOLN 100	CAPS 108
CAP/ADMELOG MISC74	BION TEARS PF131	BOOSTRIX SUSP143
BIGFOOT UNITY PEN CAP/APIDRA	BIOTECT PLUS CAPS108	BOOSTRIX SUSY143
MISC 74	BIOTHRAX146	BORTEZOMIB SOLN IV36
BIGFOOT UNITY PEN	biotin TABS 5 MG, 5000 MCG ... 150	BORTEZOMIB SOLR IV 3.5 MG ..36
CAP/ASPART MISC74	bisacodyl SUPP69	BORUZU SOLN IJ36
BIGFOOT UNITY PEN	bisacodyl TBEC69	bosentan TABS42
CAP/BASAGLAR MISC74	bismuth subcitrate potassium-	bosentan TBSO 32 MG42
BIGFOOT UNITY PEN CAP/FIASP	metronidazole-tetracycline145	BOSULIF CAPS36
MISC 74	bismuth subsalicylate CHEW 262 MG	BRAFTOVI 75 MG36
BIGFOOT UNITY PEN	24	BREATHE COMFORT
CAP/HUMALOG MISC74	bismuth subsalicylate SUSP 262	CHAMBER/ADULT DEVI90
BIGFOOT UNITY PEN CAP/LANTUS	MG/15ML, 525 MG/15ML, 525	BREATHE COMFORT
MISC 74	MG/30ML, 527 MG/30ML, 1050	CHAMBER/CHILD DEVI90
BIGFOOT UNITY PEN CAP/LISPRO	MG/30ML24	BREATHE COMFORT PROTECT
MISC 74	bismuth subsalicylate TABS 24	SHIELD87
BIGFOOT UNITY PEN	bisoprolol & hydrochlorothiazide ..31	BREATHE EASE LARGE DEVI ... 90
CAP/LYUMJEV MISC74	bisoprolol fumarate40	BREATHE EASE MEDIUM DEVI ..90
BIGFOOT UNITY PEN	BKEMV SOLN IV 300 MG/30ML .. 66	BREATHE EASE NEB MASK/CHILD
CAP/NOVOLOG MISC74	BLINCYTO 35	MISC90
BIGFOOT UNITY PEN	BLOOD SUGAR MANAGER TABS	BREATHE EASE NEB
CAP/TOUJEO M MISC 74		MASK/INFANT MISC90
BIGFOOT UNITY PEN		

BREATHE EASE PEAK FLOW METER90	BUBBLES THE FISH II PEDI MASK MISC90	MCG/0.02ML (exenatide)22
BREATHE EASE SMALL DEVI ...90	BUCAPSOL PO 7.5 MG, 10 MG, 15 MG15	BYSTOLIC (nebivolol hcl)40
BREATHERITE VALVED MDI CHAMBER DEVI90	budesonide (inhalation) SUSP17	CA PHOSPHATE DIBASIC DIHYD 99
BREO ELLIPTA (fluticasone furoate- vilanterol)17	budesonide (nasal)130	cabergoline60
BREO ELLIPTA 50 MCG/INH-25 MCG/INH17	budesonide CPEP44	CABTREO47
BREXAFEMME26	budesonide TB2444	CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (amlodipine besylate-atorvastatin calcium)41
BREZTRI AEROSPHERE17	budesonide-formoterol fumarate dihydrate18	caffeine citrate SOLN PO1
BRILINTA 60 MG, 90 MG (ticagrelor) 66	BUFFERIN (aspirin buffered (cal carb-mag carb-mag oxide))10	calcipotriene CREA50
brimonidine tartrate 0.1 %, 0.15 % 133	buprenorphine hcl-naloxone hcl dihydrate SUBL13	calcipotriene OINT50
brimonidine tartrate 0.2 %133	buprenorphine PTWK13	calcipotriene SOLN50
brimonidine tartrate-timolol maleate . 132	bupropion hcl (smoking deterrent) 141	calcitonin (salmon) NA58
brinzolamide135	butalbital-acetaminophen TABS 50 MG-325 MG9	calcitriol (topical)50
BRIXADI (WEEKLY) SOSY13	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG9	calcitriol CAPS59
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML13	butalbital-acetaminophen-caffeine w/ codeine12	calcitriol SOLN PO59
bromfenac sodium (ophth)135	butalbital-aspirin-caffeine CAPS9	CALCIUM + D3 TABS 125 UNIT-250 MG99
bromocriptine mesylate CAPS38	butalbital-aspirin-caffeine w/cod ...12	CALCIUM 600 +D HIGH POTENCY TABS99
bromocriptine mesylate TABS 2.5 MG38	butenafine hcl48	CALCIUM 600+D3 PLUS MINERALS TABS101
BROMSITE (bromfenac sodium (ophth))135	butorphanol tartrate NA 10 MG/ML 13	calcium acetate (phosphate binder) CAPS64
BRONCHITOL142	BUTRANS PTWK (buprenorphine) 13	calcium acetate (phosphate binder) TABS64
BRONCHITOL TOLERANCE TEST . 142	BYDUREON BCISE AUIJ21	calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG14
BROVANA (arformoterol tartrate) .17	BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (exenatide)21	calcium carbonate (antacid) SUSP 14
BRUKINSA PO 160 MG36	BYETTA 5 MCG PEN SOPN 5	CALCIUM CARBONATE ANTACID SUSP14
BRYHALI LOTN52		

CALCIUM CARBONATE EXTRA LIGHT POWD XX99	calcium gluconate SOLN99	carbidopa37
CALCIUM CARBONATE LIGHT POWD XX99	CALCIUM PHOSPHATE DIBASIC 100	carbidopa-levodopa CPCR38
CALCIUM CARBONATE POWD XX . 99	calcium-magnesium-zinc- cholecalciferol TABS 200 UNIT- 333.33 MG-133.33 MG-5 MG, 5 MCG-333 MG-133 MG-5 MG100	carbidopa-levodopa TABS38
calcium carbonate TABS99	CALCIUM-MAGNESIUM-ZINC-D3 TABS100	carbidopa-levodopa TBCR38
calcium carbonate-cholecalciferol TABS99	CALCIUM-MAGNESIUM-ZINC-VIT D3 TABS 1.666 MCG-333.333 MG- 133.333 MG-5 MG100	carbidopa-levodopa TBDP38
calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT, 600 MG-200 UNIT99	CALQUENCE36	carbidopa-levodopa-entacapone ..38
calcium carbonate-vitamin d w/ minerals TABS99	CALTRATE 600+D3 TABS (calcium carbonate-cholecalciferol)100	carbinoxamine maleate SOLN27
CALCIUM CITRATE + TABS 50 UNIT-0.5 MG-50 MCG-0.5 MG-2 MG-250 MG101	CALTRATE BONE HEALTH TABS (calcium carbonate-cholecalciferol) 100	carbinoxamine maleate TABS 4 MG . 27
CALCIUM CITRATE PLUS TABS 125 UNIT-0.5 MG-3.75 MG-250 MG- 0.5 MG-40 MG, 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG-250 MG- 0.5 MG101	CAMCEVI35	carboxymethylcellulose sodium (ophth) GEL131
CALCIUM CITRATE PLUS/MAGNESIUM TABS 5 MG-125 UNIT-0.5 MG-40 MG-5 MG-0.5 MG- 250 MG-0.5 MG101	CAMZYOS41	carboxymethylcellulose sodium (ophth) SOLN 0.5 %131
CALCIUM CITRATE TABS 250 MG 99	candesartan cilexetil30	CARDIOCOM LANCING DEVICE MISC74
calcium citrate TABS99	candesartan cilexetil- hydrochlorothiazide31	CARDIZEM CD CP24 (diltiazem hcl coated beads)41
CALCIUM CITRATE-MAG- MINERALS TABS 5 MG-400 UNIT- 0.5 MG-5 MG-250 MG-40 MG-0.5 MG101	capecitabine34	CARDIZEM LA TB24 (diltiazem hcl) 41
calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-315 MG, 5 MCG-315 MG, 6.25 MCG-315 MG 99	CAPEX SHAM52	CARDIZEM TABS 30 MG, 60 MG, 120 MG (diltiazem hcl)41
CALCIUM GLUCONATE SOLN (calcium gluconate)99	CAPLYTA39	CARDURA (doxazosin mesylate) .30
	CAPRELSA36	CARDURA XL65
	captopril & hydrochlorothiazide ...31	CAREONE ADVANCED LANCING DEV MISC74
	captopril30	CAREONE LANCET SUPER THIN 30G74
	CAPVAXIVE146	CAREONE LANCET THIN 23G ...74
	CARAC CREA (fluorouracil (topical)) 49	CARESENS CONTROL A SOLN ..74
	CARAFATE TABS (sucralfate) ...144	CARESENS CONTROL SOLUTION A/B SOLN74
	carbamazepine CHEW19	CARESENS LANCETS74
		CARESENS LANCETS 30G74

CARESENS S CONTROL SOLN A/B LIQD	74	CASODEX (bicalutamide)	35	CELEBRATE MULTI-COMPLETE 45 CAPS	108
CARETOUCH 2 CPAP HOSE HANGER MISC	90	CATAPRES-TTS-1 PTWK (clonidine)	30	CELEBRATE MULTI-COMPLETE 45 CHEW	108
CARETOUCH ALCOHOL PREP	85	CATAPRES-TTS-2 PTWK (clonidine)	30	CELEBRATE MULTI-COMPLETE 60 CAPS	108
CARETOUCH CONTROL SOL LEVEL 2 LIQD	74	CATAPRES-TTS-3 PTWK (clonidine)	30	CELEBRATE MULTI-COMPLETE 60 CHEW	108
CARETOUCH CPAP & BIPAP HOSE MISC	90	CAYA DPRH	71	CELEBREX (celecoxib)	7
CARETOUCH CPAP MASK WIPES MISC	90	CAYSTON	33	celecoxib	7
CARETOUCH CPAP PRE-WASH SOLN MISC	90	cefaclor CAPS	43	CELLCEPT CAPS (mycophenolate mofetil)	103
CARETOUCH CPAP TUBE BRUSH MISC	91	CEFACLOR ER TB12	43	CELLCEPT INTRAVENOUS (mycophenolate mofetil hcl)	103
CARETOUCH LANCING/EJECTOR MISC	74	cefaclor SUSR 250 MG/5ML	43	CELLCEPT SUSR (mycophenolate mofetil)	103
CARETOUCH SAFETY LANCETS 74		cefadroxil CAPS	43	CELLCEPT TABS (mycophenolate mofetil)	103
CARETOUCH SAFETY LANCETS 26G	74	cefadroxil SUSR	43	CENTANY AT KIT	48
CARETOUCH TWIST LANCETS 28G	74	cefadroxil TABS	43	CENTRAVITES 50 PLUS TABS	108
CARETOUCH TWIST LANCETS 30G	74	cefdinir CAPS	43	CENTRAVITES ADULTS TABS	108
CARETOUCH TWIST LANCETS 33G	74	cefdinir SUSR	43	CENTRUM ADULT 50+ MULTIGUMMIES CHEW	109
CARETOUCH TWIST MC LANCETS 30G	74	cefepime CAPS	43	CENTRUM ADULTS MULTIGUMMIES CHEW	109
CARETOUCH UNIVERSL CPAP FILTER MISC	91	cefepime SUSR	43	CENTRUM ADULTS TABS (multiple vitamins w/ minerals)	109
carteolol hcl (ophth)	132	cefpodoxime proxetil SUSR	43	CENTRUM CARDIO TABS	109
carvedilol	40	cefpodoxime proxetil TABS	43	CENTRUM DUAL ACT MULTI+ BEAUTY CHEW	109
carvedilol phosphate	40	cefprozil SUSR	43	CENTRUM DUAL ACT MULTI+OMEGA-3 CHEW	109
CASGEVY	66	cefprozil TABS	43	CENTRUM FLAVOR BURST ADULT CHEW	109
		cefuroxime axetil TABS	43	CENTRUM FLAVOR BURST CHEW	
		CELEBRATE MULTI-COMPLETE 18 CAPS	108		
		CELEBRATE MULTI-COMPLETE 18 CHEW	108		
		CELEBRATE MULTI-COMPLETE 36 CAPS	108		
		CELEBRATE MULTI-COMPLETE 36 CHEW	108		

109	CENTRUM SILVER 50+WOMEN TABS (multiple vitamins w/ minerals) 110	cephalexin CAPS 43
CENTRUM FLAVOR BURST KIDS CHEW123	CENTRUM SILVER ADULT 50+ TABS (multiple vitamins w/ minerals) 110	cephalexin SUSR 43
CENTRUM FRESH/FRUITY 50+ CHEW109	CENTRUM SILVER CHEW 110	cephalexin TABS 43
CENTRUM FRESH/FRUITY ADULT CHEW109	CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG- 20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT- 27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG (multiple vitamins w/ minerals) 110	CEQUA SOLN133
CENTRUM KIDS CHEW 123	CENTRUM SILVER TABS (multiple vitamins w/ minerals) 110	CERASPORT EX1 SOLN 100
CENTRUM KIDS MULTIGUMMIES CHEW123	CENTRUM SILVER ULTRA WOMENS TABS110	CERASPORT SOLN 100
CENTRUM MEN 50+ MULTIGUMMIES CHEW109	CENTRUM SILVER WOMEN 50+ TABS (multiple vitamins w/ minerals) 110	CERTAVITE SENIOR TABS 111
CENTRUM MEN MULTIGUMMIES CHEW109	CENTRUM SPECIALIST HEART TABS110	CERTAVITE SENIOR/ANTIOXIDANT TABS ...111
CENTRUM MEN TABS109	CENTRUM SPECIALIST IMMUNE TABS110	CERTAVITE/ANTIOXIDANTS TABS . 111
CENTRUM MENOPAUSE HOT FLASH TABS109	CENTRUM SPECIALIST VISION TABS110	cetirizine hcl CAPS 27
CENTRUM MENOPAUSE MIND/MOOD TABS 122	CENTRUM ULTRA WOMENS TABS 110	cetirizine hcl CHEW27
CENTRUM MINIS ADULTS 50+ TABS109	CENTRUM VITAMINTS CHEW ..110	cetirizine hcl SOLN PO 27
CENTRUM MINIS MEN 50+ TABS 109	CENTRUM WOMEN 50+ MULTIGUMMIES CHEW111	cetirizine hcl SYRP PO 1 MG/ML ..27
CENTRUM MINIS WOMEN 50+ TABS110	CENTRUM WOMEN MULTIGUMMIES CHEW111	cetirizine hcl TABS27
CENTRUM MINIS WOMEN IMMUNE SUP TABS110	CENTRUM WOMEN TABS (multiple vitamins w/ minerals) 111	CETRAXAL (ciprofloxacin hcl (otic)) . 135
CENTRUM MULTI + OMEGA 3 CHEW110		CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ..141
CENTRUM MULTI+ MENTAL FOCUS CHEW 110		CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) 142
CENTRUM POSTNATAL GUMMIES CHEW110		CHANTIX TABS (varenicline tartrate)142
CENTRUM SILVER 50+MEN TABS (multiple vitamins w/ minerals) ... 110		CHEMET 25
		CHEMSTRIP K STRP 57
		CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen)7
		CHILDRENS GUMMIES CHEW . 123
		CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen)7
		chlorhexidine gluconate (mouth- throat) 104

chloroquine phosphate TABS33	cilostazol66	cladribine (multiple sclerosis) 10 MG . 140
chlorpheniramine maleate TABS ..27	CILOXAN OINT133	cladribine 10 MG/10ML34
chlorthalidone 25 MG, 50 MG 58	cimetidine hcl PO 300 MG/5ML ..144	CLARINEX TABS (desloratadine) .27
chlorzoxazone TABS 130	cimetidine TABS144	clarithromycin SUSR70
CHOICEFUL MULTIVITAMIN CAPS . 111	CIMZIA (2 SYRINGE) PSKT62	clarithromycin TABS70
CHOICEFUL MULTIVITAMIN CHEW111	CIMZIA KIT62	clarithromycin TB2470
cholecalciferol CAPS 149	CIMZIA-STARTER PSKT62	CLARITIN ALLERGY CHILDRENS SOLN (loratadine)27
cholecalciferol LIQD PO 10 MCG/ML, 400 UNIT/ML 149	cinacalcet hcl 30 MG, 60 MG59	CLARITIN CHEW (loratadine)27
cholecalciferol TABS 50 MCG ...149	cinacalcet hcl 90 MG59	CLARITIN CHILDRENS CHEW (loratadine)27
cholecalciferol TABS 149	CIPRO HC 1 %-0.2 % (ciprofloxacin- hydrocortisone)136	CLARITIN SOLN (loratadine)27
cholestyramine light PACK 28	CIPRO SUSR61	CLARITIN TABS (loratadine)27
cholestyramine light POWD28	CIPRO TABS 250 MG, 500 MG (ciprofloxacin hcl) 61	CLASSIC PRENATAL TABS127
cholestyramine PACK28	ciprofloxacin hcl (ophth) SOLN ...133	CLEANLET LANCETS 28G75
cholestyramine POWD28	ciprofloxacin hcl (otic)135	CLEOCIN (clindamycin hcl)33
choline fenofibrate29	ciprofloxacin hcl TABS 100 MG ...61	CLEOCIN (clindamycin palmitate hydrochloride)33
CHOSEN LANCETS 30G74	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG 61	CLEOCIN CREA (clindamycin phosphate vaginal) 148
CHOSEN LANCING DEVICE MISC 75	ciprofloxacin-dexamethasone136	CLEOCIN SUPP148
CHOSEN SAFETY LANCETS 28G 75	ciprofloxacin-fluocinolone acetoneide . 136	CLEODERM 137
CHRYSADERM DAY 137	ciprofloxacin-hydrocortisone136	CLEVER CHEK LANCETS75
CHRYSADERM NIGHT137	CITALOPRAM HYDROBROMIDE CAPS20	CLEVER CHOICE COMFORT EZ 75
CIBINQO 55	CITRACAL +D3 TABS111	CLEVER CHOICE DISPOSABLE MASK87
ciclopirox GEL48	CITRACAL MAXIMUM PLUS TABS 101	CLEVER CHOICE FACE MASK ..87
ciclopirox KIT48	CITRACAL MAXIMUM TABS (calcium citrate-vitamin d) 100	CLEVER CHOICE GLUCOSE CONTROL LIQD75
ciclopirox olamine CREA48	CITRACAL PLUS TABS101	CLEVER CHOICE HOLDING CHAMBER DEVI91
ciclopirox olamine SUSP48	CITRULLINE 43	
ciclopirox SHAM48		
ciclopirox SOLN48		

CLEVER CHOICE LANCETS 21G 75	clobetasol propionate FOAM 52	CREA 48
CLEVER CHOICE LANCETS 23G 75	clobetasol propionate GEL 0.05 % 53	clotrimazole w/ betamethasone LOTN 48
CLEVER CHOICE LANCETS 28G 75	clobetasol propionate LIQD 53	CO MONITOR DEVI 91
CLEVER CHOICE PEAK FLOW METER 91	clobetasol propionate LOTN 53	CO MONITOR REPLACEMENT PIECES MISC 91
CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol) 61	clobetasol propionate OINT 0.05 % 53	COAGADDEX 66
clindamycin hcl 33	clobetasol propionate SHAM 53	COAGUCHEK LANCETS 75
clindamycin palmitate hydrochloride . 33	clobetasol propionate SOLN 0.05 % . 53	coal tar extract SHAM 0.5 % 56
clindamycin phosphate (topical) SOLN 47	CLOBEX LOTN 0.05 % (clobetasol propionate) 53	COBENFY CAPS 39
clindamycin phosphate (topical) SWAB 47	CLOBEX SHAM (clobetasol propionate) 53	COBENFY STARTER PACK CPPK 39
clindamycin phosphate vaginal CREA 148	CLOBEX SPRAY LIQD (clobetasol propionate) 53	codeine sulfate TABS 30 MG 10
clindamycin phosphate-benzoyl peroxide (refrigerate) 47	clocortolone pivalate 53	CODEINE SULFATE TABS 10
clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 % . 47	CLODAN 53	COENZYME Q10 43
clindamycin phosphate-benzoyl peroxide GEL 3.75 %-1.2 % 47	CLODERM (clocortolone pivalate) 53	COLACE CAPS 100 MG (docusate sodium) 70
CLINDESSE 148	clofarabine 34	COLACE CLEAR CAPS (docusate sodium) 70
clobetasol propionate CREA 0.025 % 52	CLOLAR (clofarabine) 34	COLAZAL CAPS (balsalazide disodium) 62
clobetasol propionate CREA 0.05 % . 52	clonidine hcl (adhd) TB12 1	colchicine CAPS 65
clobetasol propionate emollient base 0.05 % 52	clonidine hcl TABS 30	colchicine TABS 65
clobetasol propionate emulsion ... 52	clonidine PTWK 30	colchicine w/ probenecid 65
	clonidine TB24 30	COLCRYS TABS (colchicine) 65
	clopidogrel bisulfate 300 MG 66	colesevelam hcl PACK 28
	clopidogrel bisulfate 75 MG 66	colesevelam hcl TABS 28
	clotrimazole (topical) CREA 48	COLESTID FLAVORED GRAN (colestipol hcl) 28
	clotrimazole (topical) SOLN 48	COLESTID FLAVORED PACK (colestipol hcl) 28
	clotrimazole 104	COLESTID GRAN (colestipol hcl) . 28
	clotrimazole vaginal CREA 148	COLESTID PACK (colestipol hcl) . 29
	clotrimazole w/ betamethasone	

COLESTID TABS (colestipol hcl) ..29	COMPLETIA DIABETIC MULTIVIT TABS111	COSENTYX (300 MG DOSE) SOSY . 50
colestipol hcl GRAN29	COMTAN (entacapone)38	COSENTYX SENSOREADY (300 MG) SOAJ 50
colestipol hcl PACK29	CO-NATAL FA TABS127	COSENTYX SENSOREADY PEN SOAJ50
colestipol hcl TABS29	CONDOMS71	COSENTYX SOSY 150 MG/ML ...50
COMBIGAN (brimonidine tartrate- timolol maleate)132	CONJUPRI (levamlodipine maleate) 41	COSENTYX UNOREADY SOAJ .. 50
COMBIVENT RESPIMAT AERS .. 18	CONTOUR CONTROL LIQD75	COSOPT (dorzolamide hcl-timolol maleate) 132
COMFORT ASSURED LANCETS 28G75	CONTOUR NEXT CONTROL SOLN . 75	COSOPT PF (dorzolamide hcl- timolol maleate)132
COMFORT ASSURED LANCETS 33G75	CONTOUR PLUS CONTROL SOLUTION LIQD75	COZAAR (losartan potassium) ...30
COMFORT TOUCH ALCOHOL PREP85	CONTROL SOLN75	CREAM BASE 137
COMFORT TOUCH LANCETS 31G . 75	CONZIP CP24 (tramadol hcl)10	CREAM CONCENTRATE 137
COMFORT TOUCH PLUS LANCETS 28G75	COOL CONTROL A SOLN75	CREATINE MONOHYDRATE 43
COMFORT TOUCH PLUS LANCETS 30G75	COOL CONTROL B SOLN75	CRENESSITY CAPS 59
COMFORT TOUCH TWIST LANCET 30G75	COPAXONE SOSY 20 MG/ML (glatiramer acetate)140	CRENESSITY SOLN 59
COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML146	COPAXONE SOSY 40 MG/ML (glatiramer acetate)140	CREON CPEP57
COMIRNATY SUSP146	CORDRAN CREA (flurandrenolide) 53	CRESEMBA CAPS 26
COMIRNATY SUSY146	CORDRAN LOTN (flurandrenolide) 53	CRESTOR TABS (rosuvastatin calcium) 29
COMPACT SPACE CHAMBER DEVI91	COREG (carvedilol)40	CREXONT CPR38
COMPACT SPACE CHAMBER/LG MASK DEVI91	COREG CR (carvedilol phosphate) 40	CRINONE GEL 149
COMPACT SPACE CHAMBER/MED MASK DEVI91	COREVIA TABS111	cromolyn sodium (mastocytosis) ..62
COMPACT SPACE CHAMBER/SM MASK DEVI91	CORGARD TABS 20 MG, 40 MG (nadolol)40	cromolyn sodium (nasal) 5.2 MG/ACT 130
COMPLETENATE CHEW127	CORTEF TABS (hydrocortisone) ..44	cromolyn sodium (ophth) 135
	CORTROPHIN GEL PRSY SC 40 UNIT/0.5ML, 80 UNIT/ML58	CULTURELLE CAPS (lactobacillus rhamnosus (gg)) 24
	COSELA37	CULTURELLE HEALTH (INULIN) CAPS25
		CULTURELLE IMMUNITY

SUPPORT CAPS (lactobacillus rhamnosus (gg))	24	CHEW	123	CYCLOGYL	133
CULTURELLE PROBIOTIC MEN DAILY CAPS	111	CVS IMMUNE SUPPORT CAPS	111	cyclopentolate hcl 1 %	133
CULTURELLE PROBIOTICS + MULTIV CHEW	111	CVS LANCETS ORIGINAL	75	cyclophosphamide CAPS	34
CULTURELLE PRO-WELL HEALTH CAPS (lactobacillus rhamnosus (gg)) 24		CVS LANCETS THIN 26G	75	CYCLOPHOSPHAMIDE TABS	34
CURITY ALCOHOL PREPS	85	CVS LANCING DEVICE MISC	75	cycloserine	34
CUTIS PLUS	137	CVS MEDICAL FACE MASKS EARLOOP	87	cyclosporine (ophth) EMUL	133
CUVPOSA SOLN PO (glycopyrrolate)	144	CVS ONE DAILY MENS 50+ ADV TABS	111	cyclosporine CAPS	103
CVS ADULT 50+ EYE HEALTH CAPS	111	CVS ONE DAILY WOMENS 50+ ADV TABS	111	cyclosporine modified (for microemulsion) CAPS	103
CVS ADULT MULTIVITAMIN CHEW 111		CVS PREP	85	cyclosporine modified (for microemulsion) SOLN	103
CVS AIRSHIELD IMMUNITY SUPPORT CHEW	111	CVS PROCEDURAL MASK	87	cyclosporine SOLN IV 50 MG/ML	103
CVS ALCOHOL PREP PADS	85	CVS SPECTRAVITE ADULT 50+ CHEW	112	CYLTEZO (2 PEN) AJKT	4
CVS CALCIUM CITRATE+D3 TABS .	101	CVS SPECTRAVITE ADULT 50+ TABS	112	CYLTEZO (2 SYRINGE) PSKT 10 MG/0.2ML, 20 MG/0.4ML	4
CVS CALCIUM CITRATE+D3 W/MAGNE TABS	101	CVS SPECTRAVITE ADULTS TABS 112		CYLTEZO (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	4
CVS CALCIUM TABS 600 MG ...	100	CVS SPECTRAVITE ULTRA MEN 50+ TABS	112	CYLTEZO-CD/UC/HS STARTER AJKT	4
CVS DAILY MULTIV/MINERAL MENS TABS	111	CVS SPECTRAVITE ULTRA MENS TABS	112	CYLTEZO-PSORIASIS/UV STARTER AJKT	4
CVS DAILY MULTIVITAMIN MENS TABS	111	CVS SPECTRAVITE ULTRA WOMEN TABS	112	cyproheptadine hcl SYRP	28
CVS DAILY MULTIVITAMIN WOMENS TABS	111	CVS SPECTRAVITE ULTRA WOMEN TABS	112	cyproheptadine hcl TABS	28
CVS EYE HEALTH ADULT 50+ CAPS	111	CVS SPECTRAVITE WOMEN CHEW	112	CYRAMZA	35
CVS GUMMY DINOS CHEW	123	CVS ULTRA THIN LANCETS	75	CYSTAGON CAPS	65
CVS GUMMY MULTIVITAMIN KIDS		CVS VISION HEALTH CAPS	112	cytarabine SOLN	34
		cyanocobalamin SOLN IJ 1000 MCG/ML	67	CYTOMEL TABS (liothyronine sodium)	143
		cyclobenzaprine hcl CP24	130	CYTOTEC (misoprostol)	145
		cyclobenzaprine hcl TABS	130	dabigatran etexilate mesylate CAPS 110 MG	19
		CYCLOGYL (cyclopentolate hcl)	133	dabigatran etexilate mesylate CAPS 75 MG, 150 MG	19

DAILY MOISTURIZER	137	DEKAS ESSENTIAL CAPS	122	desloratadine TABS	27
DAILY MULTIPLE VITAMINS TABS .	122	DEKAS ESSENTIAL LIQD	122	desloratadine TBDP 2.5 MG	27
dalfampridine	140	DEKAS PLUS CAPS	112	desloratadine TBDP 5 MG	27
DALIRESP (roflumilast)	16	DEKAS PLUS CHEW	112	DESMOPRESSIN ACETATE SOLN	
danazol CAPS	13	DEKAS PLUS LIQD	124	NA	60
DANTRIUM CAPS 25 MG		DEKAS PLUS OCEAN CAPS	112	desmopressin acetate spray	60
(dantrolene sodium)	130	DELESTROGEN (estradiol valerate)		desmopressin acetate spray	
dantrolene sodium CAPS	130	61		refrigerated 0.01 %	60
DANZITEN	36	DELZICOL CPDR (mesalamine) ..	62	desmopressin acetate TABS 0.1 MG	
dapagliflozin propanediol	24	DENAVIR (penciclovir)	52	60	
dapagliflozin propanediol-metformin		DENGAXIA	146	desmopressin acetate TABS 0.2 MG	
hcl	20	DENTA 5000 PLUS SENSITIVE GEL		60	
dapsone	33		104	desogestrel & ethinyl estradiol	43
DAPTACEL	143	DEPLIN MA CAPS	112	desogestrel-ethinyl estradiol	
DARAPRIM (pyrimethamine)	33	DEPLINPRO MOOD HEALTH CAPS		(biphasic)	43
darifenacin hydrobromide	145	112		desogestrel-ethinyl estradiol	
DAURISMO	35	DEPO-MEDROL SUSP		(triphasic)	43
DAYAVITE TABS	112	(methylprednisolone acetate)	44	desonide CREA	53
DAYBUE	131	DEPO-MEDROL SUSP	44	desonide GEL	53
DAYHIST ALLERGY 12 HOUR		DEPO-PROVERA SUSP IM		desonide LOTN	53
RELIEF TABS	27	(medroxyprogesterone acetate		desonide OINT	53
DAYPRO TABS (oxaprozin)	7	(contraceptive))	44	desoximetasone CREA	53
DDAVP TABS 0.1 MG		DERMACINRX MULTITAM TABS		desoximetasone GEL	53
(desmopressin acetate)	60	112		desoximetasone LIQD	53
DDAVP TABS 0.2 MG		DERMACINRX RIBOTIN-E TABS		desoximetasone OINT	53
(desmopressin acetate)	60	112		DESTRESS-IRON TABS	105
decitabine	34	DERMACINRX ZINTREXYL-C TABS		DETROL LA CP24 (tolterodine	
DECUBI-VITE CAPS	112		112	tartrate)	145
deflazacort SUSP	44	DERMA-SMOOTH/FS BODY OIL		DETROL TABS (tolterodine tartrate) .	
deflazacort TABS	44	(fluocinolone acetonide)	53	145	
DEKAS BARIATRIC CHEW	112	DERMA-SMOOTH/FS SCALP OIL		dexamethasone ELIX	44
		(fluocinolone acetonide)	53	DEXAMETHASONE INTENSOL	
		DERMAVITE TABS	112	CONC	44
		DESCOVY	39		

dexamethasone sodium phosphate (ophth)	134	DHS TAR GEL SHAM (coal tar extract)	56	diclofenac sodium (topical) SOLN EX 2 %	49
dexamethasone sodium phosphate SOLN IJ	44	DHS TAR SHAM (coal tar extract)	56	diclofenac sodium TB24	7
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ	44	DIALYVITE 3000	105	diclofenac sodium TBEC	7
dexamethasone sodium phosphate SOSY IJ	44	DIALYVITE 5000	105	diclofenac w/ misoprostol TBEC	7
dexamethasone SOLN	44	DIALYVITE 800 PLUS D WAFR .	105	dicloxacillin sodium	136
dexamethasone TABS	44	DIALYVITE 800/ZINC	105	dicyclomine hcl CAPS	144
dexamethasone TBPk	45	DIALYVITE 800-ZINC 15	105	dicyclomine hcl SOLN PO	144
DEXATLAN CAPS	112	DIALYVITE SUPREME D TABS .	112	dicyclomine hcl TABS	144
DEXCOM G6 RECEIVER	75	DIALYVITE/ZINC	105	diethylpropion hcl TABS	1
DEXCOM G6 SENSOR	75	DIATHRIVE GLUCOSE CONTROL SOLN LIQD	75	diethylpropion hcl TB24	1
DEXCOM G6 TRANSMITTER	75	DIATHRIVE LANCET ULTRA THIN 30	75	DIFFERIN CLEANSER LIQD (benzoyl peroxide)	47
DEXCOM G7 15 DAY SENSOR ..	75	DIATHRIVE LANCETS	75	DIFFERIN GEL 0.1 % (adapalene) 47	
DEXCOM G7 RECEIVER	75	DIATHRIVE LANCING DEVICE MISC	75	DIFFERIN GEL 0.3 % (adapalene) 47	
DEXCOM G7 SENSOR	75	DIATROL TABS	112	DIFICID SUSR	70
DEXILANT (dexlansoprazole) ...	144	DIATRUE CONTROL LEVEL 2 SOLN	75	DIFICID TABS 200 MG (fidaxomicin) 70	
dexlansoprazole	144	DIATRUE CONTROL LEVEL 3 SOLN	75	diflorasone diacetate CREA	53
dextran 70-hypromellose 0.3 %-0.1 %	131	diazoxide	21	diflorasone diacetate OINT	53
dextromethorphan-doxylamine-acetaminophen LIQD	46	diclofenac epolamine PTCH EX ...	49	DIFLUCAN SUSR (fluconazole) ...	26
dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML	46	diclofenac potassium CAPS	7	DIFLUCAN TABS 100 MG, 200 MG (fluconazole)	26
dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	46	diclofenac potassium TABS	7	DIFLUCAN TABS 150 MG (fluconazole)	26
dextromethorphan-phenylephrine-acetaminophen LIQD	46	diclofenac sodium (actinic keratoses) EX	49	diflunisal TABS	10
DHIVY TABS	38	diclofenac sodium (ophth)	135	digoxin TABS 125 MCG, 250 MCG 41	
		diclofenac sodium (topical) GEL EX 49		DILAUDID LIQD (hydromorphone hcl)	10
		diclofenac sodium (topical) SOLN EX 1.5 %	49	DILAUDID TABS 2 MG	

(hydromorphone hcl)	10	dipyridamole	66		132
DILAUDID TABS 4 MG (hydromorphone hcl)	10	disopyramide phosphate CAPS ...	15	dorzolamide hcl-timolol maleate .	132
DILAUDID TABS 8 MG (hydromorphone hcl)	10	DISPOSABLE FACE MASK	87	doxazosin mesylate	30
diltiazem hcl coated beads CP24 ..	41	DISPOSABLE FACE MASK 3-PLY 87		doxercalciferol CAPS	59
diltiazem hcl CP12	41	DISPOSABLE FULL RANGE MISC 91		doxercalciferol SOLN	59
diltiazem hcl CP24	41	DISPOSABLE LOW RANGE MISC 91		doxycycline (monohydrate) CAPS 50 MG, 100 MG	142
diltiazem hcl extended release beads	41	DISPOSABLE LOW RANGE/PEDIATRIC MISC	91	doxycycline (monohydrate) SUSR 142	
diltiazem hcl TABS	41	DISPOSABLE PAPER MISC	91	doxycycline (monohydrate) TABS 50 MG, 100 MG	142
diltiazem hcl TB24	41	DISPOSABLE UNIVERSAL RANGE MISC	91	doxycycline hyclate CAPS	142
dimenhydrinate TABS	26	DIURIL SUSP	58	doxycycline hyclate TABS 20 MG, 100 MG	142
dimethyl fumarate CDPK	140	docosanol	52	DRAMAMINE TABS (dimenhydrinate)	26
dimethyl fumarate CPDR	140	docusate calcium	70	DRISDOL CAPS (ergocalciferol) .	149
DIOVAN HCT (valsartan- hydrochlorothiazide)	31	docusate sodium CAPS	70	dronabinol CAPS	26
DIOVAN TABS (valsartan)	30	docusate sodium ENEM 283 MG/5ML	70	DROPLET GENTEEL LANCING DEVICE MISC	75
DIPENTUM	62	docusate sodium LIQD 50 MG/5ML, 100 MG/10ML	70	DROPLET LANCETS ULTRA THIN 30G	75
diphenhydramine hcl CAPS	27	docusate sodium TABS	70	DROPLET LANCING DEVICE MISC .	75
diphenhydramine hcl ELIX 12.5 MG/5ML	27	dofetilide	15	DROPLET PERSONAL LANCETS 30G	75
diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	27	DOLOBID TABS	10	DROPSAFE ACTI-LANCE 23G ...	75
diphenhydramine hcl SOLN 50 MG/ML	27	donepezil hydrochloride TABS 23 MG	139	DROPSAFE ALCOHOL PREP ...	85
diphenhydramine hcl TABS 25 MG 27		donepezil hydrochloride TABS 5 MG, 10 MG	139	DROPSAFE MEDLANCE LANCET 30G	75
diphenoxylate w/ atropine LIQD ...	25	donepezil hydrochloride TBDP ...	139	drospirenone-ethinyl estradiol 0.02 MG-3 MG	43
diphenoxylate w/ atropine TABS ..	25	dorzolamide hcl	135	drospirenone-ethinyl estradiol 0.03 MG-3 MG	43
DIPROLENE OINT (betamethasone dipropionate augmented)	53	DORZOLAMIDE HCL	135		
		DORZOLAMIDE HCL-TIMOLOL MAL			

DROXIA CAPS66	DEVI71	EASY FLOW BLACK/ORANGE DEVI92
DRUG MART LANCING DEVICE	DUREX EXTRA SENSITIVE THIN	
MISC75	MISC71	EASY FLOW BLACK/RED DEVI ..92
DRUG MART ON-THE-GO LANCET	DUREX REALFEEL71	EASY FLOW BLACK/WHITE DEVI
30G76	DUREX TROPICAL MISC71	92
DRUG MART UNILET LANCETS	dutasteride65	EASY FLOW BLACK/YELLOW DEVI
28G76	dutasteride-tamsulosin hcl65	92
DRUG MART UNILET LANCETS	DUVYZAT131	EASY FLOW HEPA FILTER MISC
30G76		92
DRUG MART UNILET LANCETS	D-VI-SOL LIQD PO (cholecalciferol) .	EASY FLOW KN 9587
33G76	149	EASY FLOW WHITE/BLUE DEVI .92
DRYSOL SOLN56	DYANAVEL XR TBCR1	EASY FLOW WHITE/GREEN DEVI
DUAKLIR PRESSAIR18	DYMISTA SUSP (azelastine hcl-	92
DUETACT (pioglitazone hcl-	fluticasone propionate)130	EASY FLOW WHITE/PINK DEVI ..92
glimepiride)20	E.E.S. GRANULES SUSR	EASY FLOW WHITE/WHITE DEVI
DUEXIS (ibuprofen-famotidine)7	(erythromycin ethylsuccinate)70	92
DULCOLAX PINK LAXATIVE TBEC	EAR-LOOP MASK SMALL87	EASY FLOW WHITE/YELLOW DEVI
(bisacodyl)69	EASIVENT MASK LARGE MISC ..91	92
DULCOLAX SUPP (bisacodyl)69	EASIVENT MASK MEDIUM MISC 91	EASY MINI EJECT LANCING
DULCOLAX TBEC (bisacodyl)69	EASIVENT MASK SMALL MISC ..91	DEVICE MISC76
DULERA 100 MCG/ACT-5	EASIVENT MISC91	EASY MINI LANCING DEVICE MISC
MCG/ACT, 200 MCG/ACT-5		76
MCG/ACT18	EASY AIR NEBULIZER FILTERS	EASY NEB NEBULIZER FILTERS
DULERA 50 MCG/ACT-5 MCG/ACT .	MISC91	MISC92
18	EASY COMFORT ALCOHOL PADS	EASY PLUS II CONTROL SOLN ..76
DUO-CARE CONTROL SOLUTION	85	EASY STEP CONTROL SOLN76
LIQD76	EASY COMFORT LANCETS76	EASY TALK CONTROL SOLN76
DUOPA SUSP38	EASY COMFORT LANCETS TWIST	EASY TALK PLUS II CONTROL
DUPIXENT SOAJ55	TOP76	SOLN76
DUPIXENT SOSY 200 MG/1.14ML,	EASY FLOW 300 MM HOSE MISC	EASY TOUCH ALCOHOL PREP
300 MG/2ML55	91	MEDIUM85
DURABASE137	EASY FLOW 400 MM HOSE MISC	EASY TOUCH CONTROL HIGH &
DURABASE ADVANCED137	91	LOW SOLN76
DUREX EXTRA SENSITIVE THIN	EASY FLOW AIR NOZZLE MISC .92	EASY TOUCH HEALTHPRO
	EASY FLOW BLACK/BLUE DEVI .92	HIGH/LOW LIQD76

EASY TOUCH LANCETS 21G76	EBGLYSS SOAJ55	EMBECTA INS SYR U/F 1/2 UNIT 86
EASY TOUCH LANCETS 23G76	EBGLYSS SOSY55	EMBECTA INSULIN SYR ULTRAFINE86
EASY TOUCH LANCETS 26G76	EC-NAPROSYN TBEC (naproxen) .7	EMBECTA INSULIN SYRINGE ...86
EASY TOUCH LANCETS 28G76	econazole nitrate CREA48	EMBECTA INSULIN SYRINGE U- 10086
EASY TOUCH LANCETS 28G/TWIST76	ECOTRIN ARTHRTIS PAIN TBEC (aspirin)10	EMBECTA INSULIN SYRINGE U- 50086
EASY TOUCH LANCETS 30G76	ECOTRIN TBEC (aspirin)10	EMBECTA PEN NEEDLE NANO .86
EASY TOUCH LANCETS 30G/TWIST76	EDARBI30	EMBECTA PEN NEEDLE NANO 2 GEN86
EASY TOUCH LANCETS 32G76	EDARBYCLOR31	EMBECTA PEN NEEDLE ULTRAFINE87
EASY TOUCH LANCETS 32G/TWIST76	EDURANT PED PO 2.5 MG39	EMBRACE GLUCOSE CONTROL LIQD76
EASY TOUCH LANCETS 33G/TWIST76	EFFIENT (prasugrel hcl)66	EMBRACE LANCETS ULTRA THIN 30G76
EASY TOUCH LANCING DEVICE MISC76	EFUDEX CREA (fluorouracil (topical))49	EMBRACE LANCING DEVICE/EJECTOR MISC76
EASY TOUCH SAFETY LANCETS 21G76	ELEMENT COMPACT CONTROL 2 SOLN76	EMBRACE PRESSURE ACTIVATED 21G77
EASY TOUCH SAFETY LANCETS 23G76	ELEMENT COMPACT CONTROL 3 SOLN76	EMBRACE PRESSURE ACTIVATED 28G77
EASY TOUCH SAFETY LANCETS 26G76	ELEMENT CONTROL LIQD76	EMBRACE PRO GLUCOSE CONTROL LIQD77
EASY TOUCH SAFETY LANCETS 28G76	eletriptan hydrobromide98	EMBRACE TALK GLUCOSE CONTROL SOLN77
EASY TRAK CONTROL SOLN76	ELFABRIO59	EMCYT35
EASY TRAK II CONTROL LIQD ...76	ELFOLATE PLUS TABS57	EMEND BIPACK CAPS 80 MG (aprepitant)26
EASYMAX 15 LEVEL 2 CONTROL SOLN76	ELIDEL (pimecrolimus)55	EMEND SUSR26
EASYMAX 15 LEVEL 2-3 CONTROL LIQD76	ELIGARD SC35	EMEND TRIPACK CAPS (aprepitant)26
EASYMAX CONTROL NORMAL/HIGH LIQD76	ELIMITE CREA (permethrin)56	EMERGEN-C APPLE CIDER
EASYMAX CONTROL SOLN76	ELIQUIS DVT/PE STARTER PACK TBPk19	
EBASE CONTROLLER KIT MISC .92	ELIQUIS TABS 2.5 MG19	
	ELIQUIS TABS 5 MG19	
	ELLA44	
	ELMIRON CAPS65	
	ELYXYB98	
	EMBECTA AUTOSHIELD DUO ..86	

VINEGAR CHEW112	ENBREL SOLN9	149
EMERGEN-C ASHWAGANDHA CHEW112	ENBREL SOSY9	EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))149
EMERGEN-C ELDERBERRY CHEW112	ENBREL SURECLICK SOAJ9	EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))149
EMERGEN-C IMMUNE PLUS/VIT D CHEW113	ENDARI (glutamine (sickle cell)) ..67	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML67
EMERGEN-C IMMUNE+ CHEW .113	ENDUR-AMIDE TBCR150	EPYSQI SOLN IV 300 MG/30ML 66
EMERGEN-C IMMUNE+ ELDERBERRY CHEW113	ENFAMIL ENFALYTE SOLN100	EQ COMPLETE MULTIVITAMIN- ADULT TABS113
EMERGEN-C KIDZ DAILY IMMUNE CHEW 250 MG-12 MCG-0.5 MG- 0.13 MG-10 MG-0.5 MG-1.4 MCG 124	ENGERIX-B SUSP 20 MCG/ML .146	EQ MULTIVITAMIN GUMMIES CHEW124
EMERGEN-C KIDZ IMMUNE+ CHEW124	ENGERIX-B SUSY147	EQ MULTIVITAMINS ADULT GUMMY CHEW113
EMERGEN-C TURMERIC & GINGER CHEW113	ENJAYMO66	EQ MULTIVITAMINS GUMMY CHILD CHEW124
EMERGEN-C VITAMIN C CHEW 113	ENLITE GLUCOSE SENSOR77	EQ ONE DAILY MENS 50+ TABS 113
EMFLAZA SUSP (deflazacort)45	ENLYTE GUMMY+ CHEW113	EQ ONE DAILY MENS HEALTH TABS113
EMFLAZA TABS (deflazacort)45	enoxaparin sodium SOLN IJ 300 MG/3ML19	EQ ONE DAILY WOMENS 50+ TABS113
EMGALITY (300 MG DOSE) SOSY 98	enoxaparin sodium SOSY19	EQ ONE DAILY WOMENS HEALTH TABS113
EMGALITY SOAJ98	ENSPRYNG103	EQ SPACE CHAMBER ANTI- STATIC DEVI92
EMGALITY SOSY98	entacapone38	EQ SPACE CHAMBER ANTI- STATIC L DEVI92
EMOLIVAN137	entecavir TABS39	EQ SPACE CHAMBER ANTI- STATIC M DEVI92
EMOLLIENT BASE137	ENTRESTO CPSP41	EQ SPACE CHAMBER ANTI- STATIC S DEVI92
EMPAVELI66	ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan)41	EQL ALCOHOL SWABS85
enalapril maleate & hydrochlorothiazide31	ENTYVIO PEN SOAJ63	EQL CENTURY MATURE ADULTS 50+ TABS113
enalapril maleate SOLN30	ENTYVIO SOLR63	
enalapril maleate TABS30	ENVARUSUS XR TB24103	
ENBREL MINI SOCT9	EOHILIA SUSP45	
	EPANED SOLN (enalapril maleate) 30	
	EPIDUO GEL (adapalene-benzoyl peroxide)47	
	epinastine hcl (ophth)135	
	epinephrine (anaphylaxis) SOAJ .149	
	EPINEPHRINE SOSY 0.3 MG/0.3ML	

EQL CENTURY MENS TABS113	400 MG/5ML70	0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG 61
EQL CENTURY WOMENS TABS 113	erythromycin ethylsuccinate TABS 70	ESTROVEN MENOPAUSE SUPPLEMENT TABS 113
EQL GUMMIES CHILDRENS CHEW124	erythromycin stearate TABS 250 MG 70	ethambutol hcl TABS 34
EQL ONE DAILY ADULT GUMMIES CHEW113	ERZOFRI39	ethynodiol diacet & eth estrad 43
EQL ONE DAILY MENS TABS ...113	ESCITALOPRAM OXALATE CAPS PO 15 MG20	etodolac CAPS7
EQL PRENATAL FORMULA TABS 127	ESGIC TABS (butalbital- acetaminophen-caffeine)9	etodolac TABS 7
EQUALYTE SOLN (oral electrolytes) 100	esomeprazole magnesium CPDR 144	etodolac TB247
ergocalciferol CAPS 149	esomeprazole magnesium PACK 144	etonogestrel-ethinyl estradiol 44
ergocalciferol SOLN PO 200 MCG/ML 149	esomeprazole magnesium TBEC 144	etoposide CAPS 37
ERIVEDGE35	ESPEROCT 66	EUCERIN ORIGINAL HEALING CREA (skin protectants, misc.)56
ERLEADA 35	esterified estrogens & methyltestosterone 1.25 MG-0.625 MG 60	EUCRISA56
ERMEZA SOLN PO 143	ESTRACE CREA (estradiol vaginal) . 149	EULEXIN35
ERTACZO48	ESTRACE TABS 0.5 MG, 2 MG (estradiol) 61	everolimus (immunosuppressant) 103
ERVEBO147	ESTRACE TABS 1 MG (estradiol) .61	everolimus TABS 36
ERYPED 200 SUSR (erythromycin ethylsuccinate)70	estradiol & norethindrone acetate TABs60	everolimus TBSO36
ERYPED 400 SUSR (erythromycin ethylsuccinate)70	estradiol PTTW61	EVERSENSE 365 SENSOR/HOLDER77
erythromycin (acne aid) SOLN 47	estradiol PTWK 61	EVERSENSE 365 SMART TRANSMIT77
erythromycin (ophth)133	estradiol TABS 0.5 MG, 2 MG61	EVERSENSE E3 SENSOR/HOLDER77
ERYTHROMYCIN133	estradiol TABS 1 MG 61	EVERSENSE E3 SMART TRANSMITTER 77
erythromycin base CPEP70	estradiol vaginal CREA149	EVERSENSE SENSOR/HOLDER 77
erythromycin base TABS 70	estradiol vaginal TABS 149	EVERSENSE SMART TRANSMITTER 77
erythromycin base TBEC 70	estradiol valerate61	EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG143
erythromycin ethylsuccinate SUSR 200 MG/5ML70	ESTROFACTORS TABS122	
erythromycin ethylsuccinate SUSR	estrogens, conjugated TABS 0.3 MG,	

EVISTA (raloxifene hcl)	59	FACE MASK	87	fenofibrate CAPS	29
EVOLUTION CONTROL SOLN ...	77	FACE MASK EARLOOP-STYLE ..	87	fenofibrate micronized 43 MG, 130	
EVRYSDI	131	FACE MASK RESP N-100 PART ..	87	MG	29
EVRYSDI PO 5 MG	131	FACE MASK RESPIRATOR R-95		fenofibrate micronized 67 MG, 134	
EXELDERM CREA (sulconazole		PART	87	MG, 200 MG	29
nitrate)	48	FACE MASKS 3 LAYER NON-		fenofibrate TABS 40 MG, 120 MG ..	29
EXELON (rivastigmine)	139	MEDICAL	87	fenofibrate TABS 48 MG, 54 MG, 145	
exemestane	35	FAGRON LS PLUS	137	MG, 160 MG	29
exenatide SOPN 10 MCG/0.04ML ..	22	FAGRON NATURAL	138	fenofibric acid	29
exenatide SOPN 5 MCG/0.02ML ..	22	FAGRON SUPREME	138	FENOGLIDE TABS (fenofibrate) ..	29
EXFORGE (amlodipine besylate-		famciclovir	40	fenoprofen calcium CAPS 400 MG ..	7
valsartan)	31	famotidine SUSR	144	fenoprofen calcium TABS	7
EXFORGE HCT (amlodipine-		famotidine TABS	144	fentanyl citrate LPOP	10
valsartan-hydrochlorothiazide)	31	FANAPT TITRATION PACK B	39	fentanyl PT72 12 MCG/HR, 25	
EXPIRATORY MOUTHPIECE MISC ..	93	FANAPT TITRATION PACK C	39	MCG/HR, 50 MCG/HR, 75 MCG/HR,	
EXSERVAN FILM	131	FANTASY LUBRICATED MISC ...	71	100 MCG/HR	10
EXXUA TB24 PO 18.2 MG, 36.3 MG,		FANTASY		fentanyl PT72 37.5 MCG/HR, 62.5	
54.5 MG, 72.6 MG	20	LUBRICATED/SPERMICIDE MISC		MCG/HR, 87.5 MCG/HR	10
EXXUA TITRATION PACK TB24 PO		71		FEOSOL BIFERA	68
18.2 MG	20	FARESTON (toremifene citrate) ..	35	FEOSOL TABS (ferrous sulfate	
EYE HEALTH + LUTEIN TABS ..	113	FARXIGA (dapagliflozin propanediol)		dried)	68
EYE HEALTH AREDS 2 CAPS ..	113		24	FER-IN-SOL SOLN (ferrous sulfate) ..	68
EYE HEALTH CAPS	114	FASENRA PEN SOAJ	15	FERREX 150 FORTE PLUS	68
EYE HEALTH GUMMIES CHEW ..	114	FC2 FEMALE CONDOM	71	FERREX 28 MISC	68
EYE MULTIVITAMIN/SODIUM TABS		FE C TAB PLUS TABS 250 MG-1		ferric citrate	64
.....	114	MG-25 MCG-100 MG	68	FERROUS GLUCONATE TABS 324	
EYSUVIS SUSP	134	febuxostat	65	MG	68
EZALLOR SPRINKLE CPSP	29	FELDENE CAPS (piroxicam)	7	ferrous gluconate TABS	68
ezetimibe	29	felodipine	41	ferrous sulfate dried TABS	68
ezetimibe-simvastatin	28	FEMARA (letrozole)	35	ferrous sulfate dried TBCR 45 MG ..	68
FABHALTA	66	FEM-CAL CITRATE TABS	102	ferrous sulfate SOLN	68
		FEMCAP DEVI	71	ferrous sulfate TABS 325 MG, 65	

MG, 325 MG 68	FITALITE 138	FLINTSTONES GUMMIES CHEW 124
FERROUS SULFATE TBEC (ferrous sulfate) 68	FITNESS TABS FOR MEN AM/PM TABS 114	FLINTSTONES GUMMIES COMPLETE CHEW 124
ferrous sulfate TBEC 68	FITNESS TABS FOR WOMEN AM/PM TABS 114	FLINTSTONES GUMMIES- IMMUNITY CHEW 124
fesoterodine fumarate 145	FLAGYL CAPS (metronidazole) ... 32	FLINTSTONES SOUR GUMMIES CHEW 124
FEVERALL JUNIOR STRENGTH SUPP 9	FLAVOR BLEND SUSP 136	FLINTSTONES TODDLER CHEW 124
fexofenadine hcl SUSP 27	FLAVOR PLUS LIQD 136	FLINTSTONES-IMMUNITY SUPPORT CHEW 125
fexofenadine hcl TABS 60 MG, 180 MG 28	FLAVOR SWEET SYRP 136	FLONASE ALLERGY REL CHILDRENS SUSP (fluticasone propionate (nasal)) 131
FIASP FLEXTOUCH SOPN 22	FLAVOR SWEET-SF SYRP 136	FLONASE ALLERGY RELIEF SUSP (fluticasone propionate (nasal)) .. 131
FIASP PENFILL SOCT 22	flavoxate hcl 146	FLORAFOL PEDIATRIC CHEW 0.5 MG 126
FIASP PUMPCART SOCT 22	flecainide acetate 15	FLORAFOL PEDIATRIC CHEW 1 MG 126
FIASP SOLN 22	FLECTOR PTCH EX (diclofenac epolamine) 49	FLORAFOL PEDIATRIC SOLN .. 126
FIBRICOR (fenofibric acid) 29	FLEET ENEMA ENEM (sodium phosphates) 69	FLORIVA PLUS SOLN 126
FIBRYGA 2 GM 66	FLEET OIL ENEM (mineral oil) ... 69	FLORRAVITE TABS 114
fidaxomicin TABS 200 MG 70	FLEET PEDIATRIC ENEM (sodium phosphates) 69	FLORRAXYL TABS 114
FIFTY50 ALCOHOL PREP 85	FLEQSUVY SUSP (baclofen) 130	FLOTREX CHEW 0.25 MG, 0.5 MG . 126
FIFTY50 SAFETY SEAL LANCETS . 77	FLEX BASE 138	FLOTREX CHEW 1 MG 126
FIFTY50 UNILET LANCETS 33G .77	FLEXICHAMBER ADULT MASK/SMALL 93	FLOVENT HFA 110 MCG/ACT (fluticasone propionate hfa) 17
FILTER AIR PP MISC 93	FLEXICHAMBER CHILD MASK/LARGE 93	FLOVENT HFA 220 MCG/ACT (fluticasone propionate hfa) 17
finasteride 65	FLEXICHAMBER DEVI 93	FLOVENT HFA 44 MCG/ACT (fluticasone propionate hfa) 17
FINAZOL TABS 114	FLINTSTONES + EXTRA IRON CHEW 124	floxuridine 34
FINE 30 77	FLINTSTONES COMPLETE CHEW . 124	
FINGERSTIX LANCETS 77	FLINTSTONES GUMMIES BONE BUILD CHEW 124	
finingolimod hcl 140		
FIORICET/CODEINE 30 MG-40 MG- 50 MG-300 MG (butalbital- acetaminophen-caffeine w/ codeine) . 12		
FIRVANQ SOLR PO (vancomycin hcl) 32		

FLUAD	147	fluocinonide CREA	53	fluticasone propionate hfa 44	
FLUAD QUADRIVALENT	147	fluocinonide emulsified base	53	MCG/ACT	17
FLUARIX QUADRIVALENT SUSY		fluocinonide GEL	53	fluticasone propionate LOTN	53
147		fluocinonide OINT	53	fluticasone propionate OINT	53
FLUARIX SUSY	147	fluocinonide SOLN	53	fluticasone-salmeterol AEPB 100	
FLUBLOK QUADRIVALENT	147	FLUORIDEX SENSITIVITY RELIEF		MCG/ACT-50 MCG/ACT, 250	
FLUBLOK SOSY	147	GEL	104	MCG/ACT-50 MCG/ACT, 500	
FLUCELVAX QUADRIVALENT		FLUORIMAX 5000 SENSITIVE GEL .		MCG/ACT-50 MCG/ACT	18
SUSP	147	104		fluticasone-salmeterol AEPB 113	
FLUCELVAX QUADRIVALENT		fluorometholone (ophth) SUSP ...	134	MCG/ACT-14 MCG/ACT, 232	
SUSY	147	fluorouracil (topical) CREA	49	MCG/ACT-14 MCG/ACT, 55	
FLUCELVAX SUSP	147	fluorouracil (topical) SOLN	49	MCG/ACT-14 MCG/ACT	18
FLUCELVAX SUSY	147	fluorouracil	34	fluticasone-salmeterol AERO	18
fluconazole SUSR	26	flurandrenolide CREA	53	fluvastatin sodium CAPS	29
fluconazole TABS 150 MG	26	flurandrenolide LOTN	53	fluvastatin sodium TB24	29
fluconazole TABS 50 MG, 100 MG,		flurandrenolide OINT	53	FLUZONE HIGH-DOSE	
200 MG	26	flurbiprofen sodium	135	QUADRIVALENT	147
flucytosine	26	flurbiprofen TABS 100 MG	7	FLUZONE HIGH-DOSE SUSY ...	147
fludarabine phosphate SOLN	34	fluticasone furoate (inhalation) 100		FLUZONE QUADRIVALENT SUSP	
FLUDARABINE PHOSPHATE SOLN		MCG/ACT, 200 MCG/ACT	17	147	
.....	34	fluticasone furoate (inhalation) 50		FLUZONE QUADRIVALENT SUSY	
fludarabine phosphate SOLR	34	MCG/ACT	17	147	
fludrocortisone acetate TABS	45	fluticasone furoate-vilanterol	18	FLUZONE SUSP	147
FLULAVAL QUADRIVALENT SUSY .		fluticasone propionate (inhalation)		FLUZONE SUSY	147
147		AEPB	17	FLYP HYPERSONIQ CARTRIDGE	
FLULAVAL SUSY	147	fluticasone propionate (nasal) SUSP .		MISC	93
FLUMIST QUADRIVALENT	147	131		FML LIQUIFILM SUSP	
flunisolide (nasal)	131	fluticasone propionate CREA 0.05 %		(fluorometholone (ophth))	134
fluocinolone acetonide CREA	53	53		FOLAGENT DHA CAPS	114
fluocinolone acetonide OIL	53	fluticasone propionate hfa 110		FOLAMAX TABS	114
fluocinolone acetonide OINT	53	MCG/ACT	17	FOLAMED DHA CAPS	114
fluocinolone acetonide SOLN	53	fluticasone propionate hfa 220		FOLAPRIME TABS	114
		MCG/ACT	17	FOLASYNC DHA CAPS	114
				FOLAWISE TABS	122

FOLBIC	57	FORTISCARE CONTROL SOLN ..	77	FREESTYLE LIBRE 3 READER ..	77
FOLCYTEINE TABS	122	FOSAMAX PLUS D	58	FREESTYLE LIBRE 3 SENSOR ..	77
FOLGARD RX TABS	68	FOSAMAX TABS 70 MG (alendronate sodium)	58	FREESTYLE LIBRE READER	77
folic acid TABS 1 MG, 800 MCG ..	67	fosinopril sodium & hydrochlorothiazide	31	FREESTYLE UNISTICK II LANCETS	77
folic acid TABS 400 MCG	67	fosinopril sodium	30	FROVA (frovatriptan succinate) ...	98
folic acid-vitamin b6-vitamin b12 TABS 25 MG-2.5 MG-1 MG	68	FOSRENOL CHEW (lanthanum carbonate)	64	frovatriptan succinate	98
FOLIFLEX TABS	114	FOSRENOL PACK	64	FRUZAQLA	35
FOLITAB 500	68	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	19	FT ADULT MULTI GUMMIES CHEW	114
FOLITIN-Z TABS	114	FRAGMIN SOSY	19	FT CENTURY 50+ TABS	114
FOLIXIA TABS	114	FREEDAVITE TABS	114	FT CENTURY ADULTS TABS ...	114
FOLOTYN	34	FREEDOM ADAPTADERM	138	FT CENTURY MEN 50+ TABS ...	114
FOLTABS 800 TABS	68	FREEDOM DERMA SERUM	138	FT CENTURY MEN TABS	114
FOLTANX TABS	57	FREEDOM DERMA-D	138	FT CENTURY WOMEN 50+ TABS 114	
fondaparinux sodium	19	FREEDOM DERMA-N	138	FT CENTURY WOMEN TABS ...	114
FONDCIRCLE CONTROL SOLUTION LIQD	77	FREEDOM PEG TROCHE BASE POWD	136	FT CHILDRENS MULTI CHEW ..	125
FONDCIRCLE ELECTRONIC PEAK FLO	93	FREESTYLE CONTROL SOLUTION LIQD	77	FT ELECTROLYTE SOLN	100
FONDCIRCLE LANCING DEVICE MISC	77	FREESTYLE LANCETS	77	FT EYE HEALTH CAPS	114
FONDCIRCLE SINGLE USE LANCETS	77	FREESTYLE LIBRE 14 DAY READER	77	FT EYE HEALTH TABS	114
FORA CONTROL SOLN	77	FREESTYLE LIBRE 14 DAY SENSOR	77	FT HAIR SKIN & NAILS EXTRA STR TABS	114
FORA LANCETS	77	FREESTYLE LIBRE 2 PLUS SENSOR	77	FT IMMUNE SUPPORT CHEW ..	114
FORA LANCING DEVICE MISC ...	77	FREESTYLE LIBRE 2 READER ..	77	FT ONE DAILY MENS 50+ TABS 114	
FORACARE GDH CONTROL SOLN . 77		FREESTYLE LIBRE 2 SENSOR ..	77	FT ONE DAILY MENS TABS	114
formoterol fumarate NEBU	18	FREESTYLE LIBRE 3 PLUS SENSOR	77	FT ONE DAILY WOMENS 50+ TABS	114
FORTEO SOPN (teriparatide)	58			FT ONE DAILY WOMENS TABS	114
FORTESTA GEL TD (testosterone) 13				FT PRENATAL TABS	128
				FT SALINE NASAL SPRAY SOLN	

130	GEMCITABINE HCL SOLN	GENTEEL CONTACT TIPS
FULL KIT NEBULIZER SET MISC 93	(gemcitabine hcl)34	(YELLOW) MISC78
FULPHILA67	gemcitabine hcl SOLN34	GENTEEL LANCING KIT (BLUE) KIT
FUNGOID TINCTURE SOLN48	gemcitabine hcl SOLR34	78
FUROSCIX CTKT57	gemfibrozil TABS29	GENTEEL NOZZLES MISC78
furosemide SOLN PO 8 MG/ML, 10	GEMTESA146	GENTEEL PLUS LANCING (BLACK)
MG/ML57	GENADEK STEP 1 CAPS114	MISC78
furosemide TABS 20 MG57	GENADEK STEP 2 CAPS114	GENTEEL PLUS LANCING
furosemide TABS 40 MG57	GENICIN VITA-Q TABS122	(PURPLE) MISC78
furosemide TABS 80 MG57	GENOTROPIN CART SC59	GENTEEL PLUS LANCING (WHITE)
FYLNETRA67	GENOTROPIN MINISQUICK PRSY 59	MISC78
gabapentin (once-daily) TABS ... 141	gentamicin sulfate (ophth) SOLN .133	GENTEEL PLUS LANCING
GABARONE TABS 100 MG, 400 MG	gentamicin sulfate (topical) CREA .48	DEV(BLUE) MISC78
.....19	gentamicin sulfate (topical) OINT ..48	GENTEEL PLUS LANCING
galantamine hydrobromide CP24 139	GENTEAL TEARS MODERATE PF	DEV(PINK) MISC78
galantamine hydrobromide SOLN	(dextran 70-hypromellose)131	GENTLE-LET GP LANCETS78
140	GENTEAL TEARS PF (dextran 70-	GENTLE-LET LANCETS78
galantamine hydrobromide TABS 140	hypromellose)132	GENTLE-LET PLATFORMS MISC
GARDASIL 9 SUSP 0.5 ML147	GENTEAL TEARS SEVERE	78
GARDASIL 9 SUSY 0.5 ML147	DAY/NIGHT GEL132	GERI-FREEDA SENIOR FORMULA
GAS RELIEF LIQD PO 40 MG/0.6ML	GENTEEL BUTTERFLY TOUCH	TABS114
.....62	LANCET77	GERI-TUSSIN SYRP46
GASTROCROM (cromolyn sodium	GENTEEL CONTACT TIPS (BLUE)	GILENYA (fingolimod hcl)140
(mastocytosis))62	MISC77	GILENYA140
GAS-X EXTRA STRENGTH CHEW	GENTEEL CONTACT TIPS (CLEAR)	glatiramer acetate SOSY140
(simethicone)62	MISC77	GLEOSTINE (lomustine)34
gatifloxacin (ophth)133	GENTEEL CONTACT TIPS	glimepiride 1 MG, 2 MG, 4 MG24
GAVISCON SUSP 358 MG/15ML-95	(GREEN) MISC77	glipizide TABS 5 MG, 10 MG24
MG/15ML13	GENTEEL CONTACT TIPS	glipizide TB2424
GAZYVA35	(ORANGE) MISC77	glipizide-metformin hcl20
GE100 CONTROL SOLN77	GENTEEL CONTACT TIPS	GLOBAL ALCOHOL PREP EASE 85
GELNIQUE GEL 10 %145	(RAINBOW) MISC77	GLOBAL INJECT EASE LANCETS
	GENTEEL CONTACT TIPS	28G78
	(VIOLET) MISC77	

GLOBAL INJECT EASE LANCETS 30G78	glycopyrrolate SOLN PO 1 MG/5ML . 144	GNP MULTI CHILDRENS CHEW 125
GLOBAL LANCING DEVICE MISC 78	glycopyrrolate TABS 1 MG, 2 MG 144	GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG- 400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG 115
GLOPERBA SOLN PO 65	GLYNASE 3 MG (glyburide micronized)24	GNP ONE DAILY MENS HEALTH TABS115
GLUCAGEN HYPOKIT21	GLYXAMBI20	GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG- 22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG 115
GLUCAGON EMERGENCY 21	GNP ADULT MINI CHEW114	GNP PRENATAL TABS128
GLUCAGON EMERGENCY SOLR IJ 1 MG, 1 MG/ML (glucagon)21	GNP ALCOHOL SWABS85	GNP PRENATAL/FOLIC ACID TABS128
glucagon SOLR IJ 1 MG21	GNP CAL MAG ZINC +D3 TABS 133.333 UNIT-333.333 MG-133.333 MG-5 MG 102	GNP STERILE LANCETS 28G ... 78
GLUCOCARD 01 CONTROL LIQD 78	GNP CENTURY ADULT TABS ...114	GNP STERILE LANCETS 30G ... 78
GLUCOCARD 01 CONTROL SOLN . 78	GNP CENTURY ADULTS MEN TABS114	GNP STERILE LANCETS 33G ... 78
GLUCOCARD EXPRESSION CONTROL SOLN78	GNP CENTURY ADULTS WOMEN TABS114	GNP THERAPEUTIC-M TABS ...115
GLUCOCARD SHINE CONTROL SOLN78	GNP CENTURY MATURE ADULTS 50+ TABS114	GOCOVRI CP2438
GLUCOCARD X-SENSOR CONTROL SOLN78	GNP EARLOOP MASKS87	GOJJI CONTROL SOLN78
GLUCOCOM CONTROL LIQD78	GNP EASY TOUCH CONT HIGH/LOW LIQD78	GOJJI LANCING DEVICE/CLEAR CAP MISC78
GLUCOCOM LANCETS 28G78	GNP EASY TOUCH CONT HIGH/LOW SOLN78	GOJJI STERILE LANCETS78
GLUCOCOM LANCETS 30G78	GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML 100	GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate) ... 69
GLUCOCOM LANCETS 33G78	GNP HAIR SKIN & NAILS EXTRA ST TABS115	GOMEKLI CAPS PO 1 MG, 2 MG .36
GLUCOSE CONTROL SOLN78	GNP IMMUNE SUPPORT CHEW 115	GOMEKLI TBSO PO 1 MG37
GLUCOTROL XL TB24 (glipizide) .24	GNP LANCING SYSTEM DEVICE MISC78	GOODSENSE ALCOHOL SWABS 85
GLUMETZA TB24 (metformin hcl) .21		
glutamine (sickle cell) 67		
glyburide micronized 1.5 MG, 3 MG, 6 MG 24		
glyburide TABS 24		
glyburide-metformin20		
GLYCOPHOS102		

GOODSENSE ELECTROLYTE ADV CARE SOLN	100	GUMMI BEAR MULTIVITAMIN/MIN CHEW	125	halobetasol propionate CREA	53
GRALISE TABS (gabapentin (once-daily))	141	GVOKE HYPOPEN 1-PACK SOAJ 0.5 MG/0.1ML	21	halobetasol propionate FOAM	53
granisetron hcl TABS	25	GVOKE HYPOPEN 1-PACK SOAJ 1 MG/0.2ML	21	halobetasol propionate OINT	53
GRANIX SOLN 300 MCG/ML	67	GVOKE HYPOPEN 2-PACK SOAJ 0.5 MG/0.1ML	21	HALOG CREA (halcinonide)	53
GRANIX SOSY	67	GVOKE HYPOPEN 2-PACK SOAJ 1 MG/0.2ML	21	HALOG OINT	53
GRAPE SYRUP SYRP	136	GVOKE KIT SOLN	21	HALOG SOLN 0.1 % (halcinonide)	54
griseofulvin microsize SUSP	26	GVOKE PFS SOSY 0.5 MG/0.1ML	21	HARLIKU TABS PO 2 MG	59
griseofulvin microsize TABS	26	GVOKE PFS SOSY 1 MG/0.2ML	21	HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML	147
griseofulvin ultramicrosize	26	HADLIMA PUSHTOUCH SOAJ	4	HEAD CARE PROACTIVE HEALTH TABS	115
GROWING BONES & MUSCLES KIDS CHEW	125	HADLIMA SOSY	4	HEALTHY EYES SUPERVISION 2 CAPS	115
guaifenesin LIQD	46	HAEMOLANCE	79	HEALTHY KIDS GUMMIES CHEW	125
guaifenesin TABS 200 MG	46	HAEMOLANCE LOW FLOW LANCETS	79	H-E-B INCONTROL ADV LANCING MISC	79
guaifenesin-codeine SOLN	46	HAEMOLANCE PLUS	79	H-E-B INCONTROL ALCOHOL ...	85
guaifenesin-codeine SYRP	46	HAEMOLANCE PLUS HIGH FLOW	79	H-E-B INCONTROL LANCETS 28G	79
guanfacine hcl	30	HAEMOLANCE PLUS LOW FLOW	79	H-E-B INCONTROL LANCETS 30G	79
GUARDIAN 4 GLUCOSE SENSOR	78	HAEMOLANCE PLUS MAX FLOW	79	H-E-B INCONTROL LANCETS 33G	79
GUARDIAN 4 TRANSMITTER	78	HAEMOLANCE PLUS PEDIATRIC FLOW	79	HEMADY TABS	45
GUARDIAN CONNECT TRANSMITTER	78	HAIR SKIN & NAILS ADVANCED TABS	115	HEMANGEOL SOLN PO	40
GUARDIAN LINK 3 TRANSMITTER	78	HAIR SKIN & NAILS TABS	115	HEMATRON-AF	68
GUARDIAN REAL-TIME CHARGER MISC	78	HAIR/SKIN/NAILS CAPS	115	HEMAX EZY-DOSE	68
GUARDIAN REAL-TIME REPLACE PED	78	halcinonide CREA	53	HEMLIBRA	66
GUARDIAN REAL-TIME TEST PLUG MISC	78	halcinonide SOLN 0.1 %	53	heparin sodium (porcine) lock flush 10 UNIT/ML	19
GUARDIAN SENSOR (3)	78			heparin sodium (porcine) SOLN IJ 5000 UNIT/ML, 10000 UNIT/ML ...	19
GUARDIAN SENSOR 3	78				

HEPLISAV-B SOSY	147	HUMALOG TEMPO PEN SOPN ...	22	50 MG	32
HERNEXEOS TABS PO 60 MG ...	35	HUMATIN	2	hydralazine hcl TABS 100 MG	32
HIBERIX SOLR IJ	146	HUMATROPE CART IJ	59	HYDRALYTE FREEZER POPS SOLN	100
HIGH POT MULTIVITAMIN/BETA- CAR TABS	115	HUMIRA (2 PEN) AJKT 80 MG/0.8ML	5	HYDRALYTE SOLN	100
HIGH POTENCY MULTIVIT/FA TABS	115	HUMIRA (2 PEN) AJKT	5	HYDREA (hydroxyurea)	37
HIGH POTENCY MULTIVITAMIN TABS	122	HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML	5	HYDROCERIN CREA	56
HIPREX (methenamine hippurate) 33		HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML	5	hydrochlorothiazide CAPS	58
HM COMPLETE MEN TABS	115	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	5	hydrochlorothiazide TABS	58
HM HAIR/SKIN/NAILS TABS	115	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	5	HYDROCIL POWD (psyllium)	69
HM STERILE ALCOHOL PREP ..	85	HUMIRA-PED<40KG CROHNS STARTER PSKT	5	hydrocodone bitartrate CP12	10
HORIZANT	141	HUMIRA-PED>=40KG CROHNS START PSKT	5	hydrocodone bitartrate T24A	10
HULIO (2 PEN) AJKT	4	HUMIRA-PS/UV/ADOL HS STARTER AJKT	5	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	12
HULIO (2 SYRINGE) PSKT 20 MG/0.4ML	4	HUMIRA-PSORIASIS/UVEIT STARTER AJKT	5	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	12
HULIO (2 SYRINGE) PSKT 40 MG/0.8ML	5	HUMULIN 70/30 KWIKPEN SUPN	22	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	12
HUMALOG JUNIOR KWIKPEN SOPN	22	HUMULIN 70/30 SUSP	22	HYDROCORT LOTION COMPLETE KIT THPK	54
HUMALOG KWIKPEN SOPN 100 UNIT/ML	22	HUMULIN N KWIKPEN SUPN	22	hydrocortisone (rectal) EX 1 %	13
HUMALOG KWIKPEN SOPN 200 UNIT/ML	22	HUMULIN N SUSP	22	hydrocortisone (rectal) EX 2.5 % ..	13
HUMALOG MIX 50/50 KWIKPEN SUPN	22	HUMULIN R SOLN IJ	22	hydrocortisone (topical) CREA	54
HUMALOG MIX 50/50 SUSP	22	HUMULIN R U-500 (CONCENTRATED) SOLN SC ...	22	hydrocortisone (topical) LOTN 2.5 % .	54
HUMALOG MIX 75/25 KWIKPEN SUPN	22	HUMULIN R U-500 KWIKPEN SOPN SC	22	hydrocortisone (topical) OINT 1 %, 2.5 %	54
HUMALOG MIX 75/25 SUSP	22	HYCANTIN CAPS	37	hydrocortisone (topical) SOLN	54
HUMALOG SOCT	22	hydralazine hcl SOLN	32	hydrocortisone acetate (topical) OINT	
HUMALOG SOLN IJ	22	hydralazine hcl TABS 10 MG, 25 MG,			

.....54	HYMPAVZI66	simethicone)13
HYDROCORTISONE ACETATE CREA54	hyoscyamine sulfate ELIX144	HY-VEE LANCETS79
hydrocortisone acetate vaginal ..148	hyoscyamine sulfate SOLN PO 0.125 MG/ML144	HY-VEE THIN LANCETS79
hydrocortisone butyrate CREA54	hyoscyamine sulfate SUBL 0.125 MG144	HYZAAR (losartan potassium & hydrochlorothiazide)31
hydrocortisone butyrate hydrophilic lipo base54	hyoscyamine sulfate TABS 0.125 MG144	ibandronate sodium SOLN58
hydrocortisone butyrate LOTN54	hyoscyamine sulfate TB12 0.375 MG 144	ibandronate sodium TABS58
hydrocortisone butyrate OINT54	hyoscyamine sulfate TBDP 0.125 MG144	IBSRELA64
hydrocortisone butyrate SOLN54	HYPERSAL NEBU (sodium chloride (inhalant))46	IBTROZI CAPS PO 200 MG37
hydrocortisone sod succinate 100 MG45	HYPERSAL NEBU46	ibuprofen CAPS7
hydrocortisone TABS45	HYPOLANCE AST LANCING KIT .79	ibuprofen CHEW7
hydrocortisone vaginal148	HYRIMOZ SOAJ 40 MG/0.4ML5	ibuprofen SUSP7
hydrocortisone valerate CREA54	HYRIMOZ SOAJ 80 MG/0.8ML5	ibuprofen TABS7
hydrocortisone valerate OINT54	HYRIMOZ SOSY 10 MG/0.1ML5	ibuprofen-acetaminophen TABS7
hydrocortisone w/acetic acid136	HYRIMOZ SOSY 20 MG/0.2ML5	ibuprofen-famotidine7
hydromorphone hcl LIQD10	HYRIMOZ SOSY 40 MG/0.4ML5	ICAPS AREDS FORMULA TABS 115
HYDROMORPHONE HCL SUPP .10	HYRIMOZ-CROHNS/UC STARTER SOAJ5	ICAR-C (iron-vitamin c)68
hydromorphone hcl TABS 2 MG ...10	HYRIMOZ-PED<40KG CROHN STARTER SOSY5	ICAR-C PLUS TABS 250 MG-1 MG- 25 MCG-100 MG68
hydromorphone hcl TABS 4 MG ...10	HYRIMOZ-PED>=40KG CROHN START SOSY5	icosapent ethyl28
hydromorphone hcl TABS 8 MG ...10	HYRIMOZ-PLAQ PSOR/UEIT START SOAJ5	IDACIO (2 PEN) AJKT5
hydromorphone hcl TB2410	HYRIMOZ-PLAQUE PSORIASIS START SOAJ5	IDACIO (2 SYRINGE) PSKT5
HYDROUS EMULSIFIED BASE .138	HYSINGLA ER T24A10	IDACIO-CROHNS/UC STARTER AJKT6
hydroxychloroquine sulfate33	HYVEE ADVANCED ANTACID SUSP (alum & mag hydrox-	IDACIO-PSORIASIS STARTER AJKT6
hydroxyurea37		IDHIFA37
hydroxyzine hcl SYRP15		IGALMI FILM68
hydroxyzine hcl TABS15		IHEALTH CONTROL SOLUTION LIQD79
hydroxyzine pamoate CAPS15		IHEALTH LANCING DEVICE MISC
HYFTOR55		
HYLAZINC TABS115		

79	IN TOUCH STERILE LANCETS 30G	INSUL-EZE MISC	79
ILEVRO	135	INSULIN ASP PROT & ASP	
ILUMYA	50	FLEXPEN SUPN	22
IMBRUVICA SUSP	37	INSULIN ASPART FLEXPEN SOPN	22
IMCIVREE SOLN SC	59	INSULIN ASPART PENFILL SOCT	
imiquimod 5 %	55	MTR DEVI	93
IMITREX 5 MG/ACT, 20 MG/ACT (sumatriptan)	98	INCRUSE ELLIPTA	16
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML, 6 MG/0.5ML	98	indapamide TABS 1.25 MG, 2.5 MG	58
IMITREX STATDOSE SYSTEM SOAJ (sumatriptan succinate)	98	INDERAL LA CP24 (propranolol hcl)	40
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML, 6 MG/0.5ML	98	INDERAL XL	40
IMITREX TABS (sumatriptan succinate)	99	INDOCIN SUSP (indomethacin)	7
IMKELDI SOLN	37	indomethacin CAPS 25 MG, 50 MG	7
IMMUNE ESSENTIALS DAILY CAPS	115	indomethacin CPCR	7
IMMUNE SUPPORT CHEW	115	indomethacin SUSP	7
IMODIUM A-D CAPS (loperamide hcl)	25	INFANRIX	143
IMODIUM A-D SOLN (loperamide hcl)	25	INFANTS ADVIL SUSP (ibuprofen)	7
IMODIUM A-D TABS (loperamide hcl)	25	INFINITY CONTROL SOLN	79
IMOVAX RABIES SUSR	147	INFINITY VOICE LIQD	79
IMPOYZ CREA 0.025 % (clobetasol propionate)	54	INGREZZA CAPS	140
IMURAN TABS (azathioprine)	103	INGREZZA CPPK	140
IN TOUCH GLUCOSE CONTROL SOLN	79	INNOPRAN XL	40
IN TOUCH LANCING DEVICE MISC	79	INNOSPIRE REPLACEMENT FILTER MISC	93
		INPEFA	42
		INQOVI	36
		INSPIREASE MISC	93
		INSTALAX POWD 17 GM/SCOOP	69
		INSUL-CAP MISC	79
		INSULIN ASPART PROT & ASPART SUSP	23
		INSULIN ASPART SOLN IJ	23
		INSULIN DEGLUDEC FLEXTOUCH SOPN	23
		INSULIN DEGLUDEC SOLN	23
		INSULIN GLARGINE MAX SOLOSTAR SOPN	23
		INSULIN GLARGINE SOLN	23
		INSULIN GLARGINE SOLOSTAR SOPN	23
		INSULIN GLARGINE-YFGN SOLN	23
		INSULIN GLARGINE-YFGN SOPN	23
		INSULIN LISPRO (1 UNIT DIAL) SOPN	23
		INSULIN LISPRO JUNIOR KWIKPEN SOPN	23
		INSULIN LISPRO PROT & LISPRO SUPN	23
		INSULIN LISPRO SOLN IJ	23
		INVOKAMET TABS	20
		INVOKAMET XR TB24	20
		INVOKANA	24
		IOPIDINE	133
		IPOL IJ	147

ipratropium bromide (nasal)	130	IXCHIQ	147	1	
ipratropium bromide SOLN 0.02 %	16	IXIARO	147	KATERZIA	41
ipratropium-albuterol SOLN	18	IYUZEH SOLN	135	KAZANO (alogliptin-metformin hcl)	20
irbesartan	30	J & J GERM FILTER MASK	87	KENALOG AERS (triamcinolone acetonide (topical))	54
irbesartan-hydrochlorothiazide	31	JAKAFI	37	KENALOG-10 SUSP (triamcinolone acetonide)	45
IRON 100 PLUS TABS 250 MG-1 MG-25 MCG-100 MG	68	JALYN (dutasteride-tamsulosin hcl) . 65		KENALOG-40 SUSP (triamcinolone acetonide)	45
iron polysaccharide complex-vit b12- folic acid CAPS	68	JANUMET TABS	20	KERENDIA	60
iron-docusate-b12-folic acid-vit c-vit e-copper-biotin	68	JANUMET XR TB24	20	KERYDIN (tavaborole)	48
iron-vitamin c	68	JANUVIA	21	KESIMPTA	140
isoniazid SYRP	34	JARDIANCE	24	ketoconazole (topical) CREA	48
isoniazid TABS	34	JAYPIRCA	37	ketoconazole (topical) FOAM	48
ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)	15	JENTADUETO TABS	20	ketoconazole (topical) SHAM 2 % .	48
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	15	JENTADUETO XR TB24	20	ketoconazole	26
isosorbide mononitrate TABS	15	JESDUVROQ	67	KETODAN	48
ISOSORBIDE MONONITRATE TABS	15	JIVI	66	KETONE TEST STRP	57
isosorbide mononitrate TB24	15	JOINT HEALTH & BONE STRENGTH TABS	115	ketoprofen CAPS 25 MG, 50 MG . . .	7
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	47	JOURNAVX	9	ketoprofen CP24	7
isradipine CAPS	41	JUBLIA	48	ketorolac tromethamine (ophth) 0.4 %	135
ISTALOL SOLN (timolol maleate (ophth))	132	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW	125	ketorolac tromethamine (ophth) 0.5 %	135
ITOVEBI	37	JYLAMVO SOLN PO	34	ketorolac tromethamine TABS	7
itraconazole CAPS	26	JYNARQUE TABS 15 MG, 30 MG (tolvaptan)	60	KETOSTIX STRP	57
itraconazole SOLN	26	JYNARQUE TBPK 15 MG (tolvaptan)	60	ketotifen fumarate (ophth) 0.035 % 135	
ivermectin (pediculicide)	56	JYNNEOS	147	KEVZARA SOAJ	6
ivermectin	14	KALYDECO PACK	142	KEVZARA SOSY	6
IWILFIN	37	KAMELEON LUBRICATED MISC .	71	KEYFOLIC TABS	115
		KAPSPARGO SPRINKLE CS24 .	40		
		KAPVAY TB12 (clonidine hcl (adhd))			

KEYLOSA TABS	115	KLOR-CON 10 TBCR 10 MEQ (potassium chloride)	102	K-TAB TBCR 20 MEQ (potassium chloride)	102
KEYTRUDA	35	KLOR-CON TBCR 8 MEQ (potassium chloride)	102	K-Y ME & YOU EXTRA LUBRICATED DEVI	71
KHINDIVI SOLN PO 1 MG/ML	45	KLOXXADO LIQD	25	K-Y ME & YOU INTENSE DEVI ...	71
KIMONO COLORS DEVI	71	KN95 DISPOSABLE MASK	87	labetalol hcl TABS	40
KIMONO MAXX-LARGE FLARE MISC	71	KN95 MEDICAL PROTECTIVE MASK	87	lactic acid (ammonium lactate) CREA	55
KIMONO MICRO THIN MISC	71	KOKO PEAK PRO MOUTHPIECE MISC	93	lactic acid (ammonium lactate) LOTN 12 %	55
KIMONO MICRO THIN PLUS MISC . 71		KOMBIGLYZE XR (saxagliptin- metformin hcl)	20	lactobacillus rhamnosus (gg) CAPS 24	
KIMONO MISC	71	KONVOMEPEP SUSR	145	lactulose (encephalopathy)	64
KIMONO PLUS MISC	71	KOSELUGO PO 5 MG, 7.5 MG ...	37	lactulose SOLN	69
KIMONO PS MISC	71	KP PRENATAL MULTIVITAMINS TABS	128	LAMISIL AT ATHLETES FOOT CREA (terbinafine hcl (topical)) ...	48
KIMONO PS PLUS MISC	71	K-PAX IMMUNE PROFESSIONAL ST TABS	115	LAMISIL AT CREA (terbinafine hcl (topical))	48
KIMONO SENSATION MISC	71	K-PHOS NO 2	65	LAMISIL AT JOCK ITCH CREA (terbinafine hcl (topical))	48
KIMONO SENSATION PLUS MISC 71		K-PHOS TABS (potassium phosphate monobasic)	102	lamivudine (hbv) TABS	39
KIMONO SPECIAL DEVI	71	KRAZATI	37	LAMZEDE	59
KINDERLYTE PREMAX SOLN ..	100	KRINTAFEL	33	LANCET DEVICE MISC	79
KINDERLYTE SOLN	100	KROGER AUTOLET LANCING DEVICE MISC	79	LANCET DEVICE WITH EJECTOR MISC	79
KINNEY LANCETS	79	KROGER HEALTHPRO CONTROL HI/LO LIQD	79	LANCET TRANSPORTER CASE MISC	79
KINNEY THIN LANCETS	79	KROGER HEALTHPRO LANCET 26G	79	LANCETS	79
KINRIX SUSY	143	KROGER LANCETS	79	LANCETS 28G THIN	79
KISQALI FEMARA (200 MG DOSE) . 36		KROGER LANCETS SUPER THIN 79		LANCETS 30G	79
KISQALI FEMARA (400 MG DOSE) . 36		KROGER LANCETS THIN	79	LANCETS 33G	79
KISQALI FEMARA (600 MG DOSE) . 36		KT TAPE CGM PATCH MISC	79	LANCETS MICRO THIN 33G	79
KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML (tobramycin) ...	2			LANCETS SUPER THIN	79
KLARITY-A	133				
KLARITY-C DROPS EMUL	134				

LANCETS SUPER THIN 28G79	LEUKINE SOLR IJ67	levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG143
LANCETS THIN79	leuprolide acetate (3 month) INJ 22.5 MG35	LEVOTHYROXINE SODIUM SOLR IV (levothyroxine sodium) 143
LANCETS ULTRA THIN79	leuprolide acetate KIT IJ 1 MG/0.2ML35	levothyroxine sodium SOLR IV ...143
LANCETS ULTRA THIN 30G79	levalbuterol hcl 18	levothyroxine sodium TABS143
LANCING DEVICE MISC79	levalbuterol tartrate18	LEVSIN TABS (hyoscyamine sulfate)144
LANOXIN TABS 125 MCG, 250 MCG (digoxin)41	levamlodipine maleate 41	LEVSIN/SL SUBL (hyoscyamine sulfate)144
lansoprazole CPDR144	LEVVID TB12 (hyoscyamine sulfate) 144	LEXETTE FOAM (halobetasol propionate)54
lansoprazole TBDD144	LEVEMIR FLEXPEN SOPN 23	LIALDA TBEC (mesalamine) 63
lanthanum carbonate CHEW 64	LEVEMIR SOLN 23	LIBERTY GLUCOSE CONTROL LIQD79
LANTUS SOLN23	LEVETIRACETAM IN NACL19	LIBERTY GLUCOSE CONTROL MID SOLN79
LANTUS SOLOSTAR SOPN23	levobunolol hcl 0.5 %132	LIBERTY MEDICAL LANCETS ...79
LANZO MISC79	levocetirizine dihydrochloride SOLN 28	LIBERTY MINI LANCING DEVICE MISC80
LASIX TABS 20 MG (furosemide) .57	levocetirizine dihydrochloride TABS 28	LIBERVANT FILM19
LASIX TABS 40 MG (furosemide) .57	levofloxacin (ophth) 0.5 %133	lidocaine hcl (mouth-throat) 2 % ..104
LASIX TABS 80 MG (furosemide) .57	levofloxacin SOLN PO61	lidocaine hcl CREA 3 %55
LASTACFT135	levofloxacin TABS 250 MG, 500 MG . 61	lidocaine hcl GEL 2 %55
latanoprost SOLN135	levofloxacin TABS 750 MG61	lidocaine hcl PRSY55
LATANOPROST SOLN135	levonorgestrel & eth estradiol TABS 43	lidocaine OINT 5 %55
LAZCLUZE35	levonorgestrel (emergency oc) 1.5 MG44	lidocaine PTCH 4 %55
L-CITRULLINE43	levonorgestrel-eth estradiol (triphasic)43	lidocaine PTCH 5 %56
LEADER ADVANCED LANCING DEVICE MISC79	levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG43	lidocaine-prilocaine CREA55
leflunomide8	levonorgestrel-ethinyl estradiol (continuous)43	LIDOCARE ARM/NECK/LEG PTCH (lidocaine)56
lenalidomide103	levorphanol tartrate TABS 10	LIDOCARE BACK/SHOULDER
LESCOL XL TB24 (fluvastatin sodium)29		
LETAIRIS (ambrisentan)42		
letrozole35		
leucovorin calcium TABS37		
LEUKERAN34		

PTCH (lidocaine)	56	LITETOUCH MASK LARGE MISC	93	LOPRESSOR TABS (metoprolol tartrate)	40
LIDODERM PTCH (lidocaine)	56	LITETOUCH MASK MEDIUM MISC	93	LOQTORZI	35
LIKMEZ SUSP	32	LITETOUCH MASK SMALL MISC	93	loratadine CHEW	28
linezolid SUSP	33	LITFULO	55	loratadine SOLN	28
linezolid TABS	33	lithium	39	loratadine TABS	28
LINZESS	64	LITTLE REMEDIES SALINE SOLN	130	LOREEV XR CS24	15
LIOPEN ABSORPTION ENHANCING	138	LIVALO (pitavastatin calcium)	29	L-ORNITHINE HYDROCHLORIDE	43
liothyronine sodium SOLN	143	LIVE BETTER LANCET SUPER THIN	80	L-ORNITHINE POWD	131
liothyronine sodium TABS	143	LIVER DETOX TABS	115	losartan potassium & hydrochlorothiazide	31
LIP BALM BASE	138	LIVMARLI	62	losartan potassium	30
LIPITOR TABS (atorvastatin calcium)	29	LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG	62	LOTENSIN 10 MG, 20 MG, 40 MG (benazepril hcl)	30
LIPO CREAM BASE	138	LIVTENCITY	39	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)	31
LIPO FLAVONOID ADVANCED BALANC TABS	129	LOCROID LIPOCREAM	54	loteprednol etabonate SUSP 0.2 %	134
LIPOCREAM BASE	138	LOCROID LOTN (hydrocortisone butyrate)	54	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) .	31
LIPOFEN CAPS (fenofibrate)	29	LODINE TABS (etodolac)	7	LOTRIMIN AF CREA (clotrimazole (topical))	48
LIPOPEN ULTRA BASE	138	LODOSYN (carbidopa)	37	LOTRIMIN AF CREA (clotrimazole (topical))	49
LIPOTRIAD TABS (vitamins w/ lipotropics)	130	lofexidine hcl	139	LOTRIMIN AF JOCK ITCH CREA (clotrimazole (topical))	48
LIQREV SUSP	42	LOKELMA	104	LOTRIMIN ULTRA (butenafine hcl)	49
liraglutide (weight management) 18 MG/3ML	1	LOMOTIL TABS (diphenoxylate w/ atropine)	25	LOTRONEX (alosetron hcl)	64
liraglutide	22	lomustine	34	lovastatin TABS	29
lisinopril & hydrochlorothiazide ...	31	LONSURF	36	LOVAZA (omega-3-acid ethyl esters)	
lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	30	loperamide hcl CAPS	25		
LITE TOUCH LANCETS	80	loperamide hcl SOLN 1 MG/7.5ML	25		
LITE TOUCH LANCING PEN MISC	80	LOPERAMIDE HCL SUSP	25		
LITETOUCH LANCETS	80	loperamide hcl TABS	25		
		LOPID TABS (gemfibrozil)	29		

28	LYUMJEV SOLN	23	oxide (mg supplement))	101	
LOVENOX SOLN IJ 300 MG/3ML (enoxaparin sodium)	19	LYUMJEV TEMPO PEN SOPN	23	malathion	56
LOVENOX SOSY (enoxaparin sodium)	19	LYVISPAH PACK	130	MARINOL CAPS (dronabinol)	26
lubiprostone	62	MACROBID (nitrofurantoin monohyd macro)	33	MASK PEDIATRIC SIZE 1"	87
LUCEMYRA (lofexidine hcl)	139	MACRODANTIN 50 MG, 100 MG (nitrofurantoin macrocrystal)	33	MASK VORTEX/CHILD/FROG	93
luliconazole	49	MAG 440 TABS 440 MG	14	MASK VORTEX/TODDLER/LADYBUG	93
LUMAKRAS	37	magnesium chloride SOLN	101	MASONATAL TABS	128
LUMIGAN SOLN 0.01 %	135	magnesium citrate 1.745 GM/30ML 69		MATULANE	37
LUNG PERFORM PEAK FLOW METER	93	MAGNESIUM CITRATE TABS 100 MG	101	MAVENCLAD (10 TABS) 10 MG (cladribine (multiple sclerosis))	140
LUPRON DEPOT (1-MONTH) KIT IM 7.5 MG	35	magnesium gluconate TABS 27.5 MG	101	MAVENCLAD (4 TABS) 10 MG (cladribine (multiple sclerosis))	141
LUPRON DEPOT (3-MONTH) KIT IM 22.5 MG	35	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	69	MAVENCLAD (5 TABS) 10 MG (cladribine (multiple sclerosis))	141
LUPRON DEPOT (4-MONTH) IM	35	magnesium oxide (laxative)	69	MAVENCLAD (6 TABS) 10 MG (cladribine (multiple sclerosis))	141
LUPRON DEPOT (6-MONTH) IM	36	magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG, 500 MG	101	MAVENCLAD (7 TABS) 10 MG (cladribine (multiple sclerosis))	141
LURBIPR TABS 100 MG (flurbiprofen)	7	MAGNESIUM OXIDE -MG SUPPLEMENT TABS	101	MAVENCLAD (8 TABS) 10 MG (cladribine (multiple sclerosis))	141
LURBIRO TABS 100 MG (flurbiprofen)	7	magnesium oxide TABS 400 MG	14	MAVENCLAD (9 TABS) 10 MG (cladribine (multiple sclerosis))	141
LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	115	magnesium oxide TABS 420 MG	14	MAXALT TABS 10 MG (rizatriptan benzoate)	99
LUTRATE DEPOT INJ 22.5 MG	36	magnesium sulfate IJ 50 %	101	MAXALT-MLT TBDP 10 MG (rizatriptan benzoate)	99
LUZU (luliconazole)	49	MAGNESIUM SULFATE IN D5W (magnesium sulfate in dextrose)	101	MAXITROL OINT (neomycin-polymy-dexameth)	134
LYFGENIA	67	magnesium sulfate in dextrose	101	MAXITROL SUSP (neomycin-polymy-dexameth)	134
LYSODREN	36	MAGNESIUM SULFATE IV (magnesium sulfate)	101	MAXX MISC	71
LYTGOBI (12 MG DAILY DOSE)	37	magnesium TABS 100 MG	101	MAXX PLUS MISC	71
LYTGOBI (16 MG DAILY DOSE)	37	MAGOX 400 TABS (magnesium		MAXZIDE TABS (triamterene &	
LYTGOBI (20 MG DAILY DOSE)	37				
LYUMJEV KWIKPEN SOPN	23				

hydrochlorothiazide) 57	MEDROL TABS (methylprednisolone) 45	melphalan 34
MAXZIDE-25 TABS (triamterene & hydrochlorothiazide) 57	MEDROL TABS 45	memantine hcl CP24 140
MAYZENT STARTER PACK TBPk 0.25 MG 141	MEDROL TBPk (methylprednisolone) 45	memantine hcl SOLN 140
MAYZENT TABS 141	medroxyprogesterone acetate (contraceptive) SUSP IM 44	memantine hcl TABS 140
meclizine hcl CHEW 26	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG 139	memantine hcl-donepezil hcl CP24 140
meclizine hcl TABS 12.5 MG, 25 MG 26	mefenamic acid CAPS 8	MENACTRA 146
meclofenamate sodium CAPS 8	mefloquine hcl 33	MENATROL CAPS 115
MEDI TAB TABS 115	MEGA MULTI FOR WOMEN TABS 115	MENEST 2.5 MG 61
MEDICHOICE SAFETY LANCET .80	MEGA MULTI MEN TABS 115	MENQUADFI 0.5 ML 146
MEDICHOICE SAFETY LANCET EXTRA 80	MEGAVITE FRUITS & VEGGIES TABS 115	MENS 50+ ADVANCED CAPS ... 116
MEDICHOICE SAFETY LANCET NORM 80	MEGAVITE GOLDEN YEARS 55+ TABS 115	MENS 50+ MULTIVITAMIN TABS 116
MEDIDERM 138	megestrol acetate (appetite) 139	MENS MULTI HEALTH FORMULA TABS 116
MEDISENSE GLUCOSE KETONE CONTR LIQD 80	megestrol acetate SUSP 36	MENS MULTIVITAMIN CHEW ... 116
MEDISENSE HI/MID/LOW CONTROL LIQD 80	megestrol acetate TABS 36	MENS MULTIVITAMIN GUMMIES CHEW 116
MEDLANCE EXTRA 21G 80	MEIJER ALCOHOL SWABS 85	MENS MULTIVITAMIN TABS 116
MEDLANCE LITE 25G 80	MEIJER LANCETS 80	MENVEO SOLN 146
MEDLANCE PLUS EXTRA 21G .. 80	MEIJER LANCETS UNIVERSAL 21G 80	MENVEO SOLR 146
MEDLANCE PLUS LANCETS 80	MEIJER LANCETS UNIVERSAL 30G 80	meperidine hcl SOLN PO 50 MG/5ML 10
MEDLANCE PLUS LITE 25G 80	MEIJER LANCETS UNIVERSAL 33G 80	meperidine hcl TABS 50 MG 10
MEDLANCE PLUS SPECIAL 0.8MM 80	MEKINIST SOLR 37	MEPRON (atovaquone) 32
MEDLANCE PLUS SUPERLITE 30G 80	melatonin LIQD 1 MG/ML 2	mercaptopurine SUSP 2000 MG/100ML 34
MEDLANCE PLUS UNIVERSAL 21G 80	meloxicam CAPS 8	mercaptopurine TABS 34
MEDLANCE UNIVERSAL 21G ... 80	meloxicam TABS 8	mesalamine CP24 63
		mesalamine CPCR 63
		mesalamine CPDR 63
		mesalamine ENEM 63

mesalamine TBEC 1.2 GM 63	methocarbamol TABS 130	metronidazole TABS 125 MG 32
mesalamine TBEC 800 MG 63	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML 34	metronidazole TABS 250 MG, 500 MG 32
mesna TABS 37	methotrexate sodium SOLR 34	metronidazole vaginal 148
MESNEX TABS 37	methotrexate sodium TABS 2.5 MG 35	mexiletine hcl 15
MESTINON TABS (pyridostigmine bromide) 34	methyldopa TABS 30	MG PLUS PROTEIN TABS 129
METAMUCIL 4 IN 1 FIBER POWD (psyllium) 69	methylergonovine maleate TABS 136	MICARDIS (telmisartan) 30
METAMUCIL FREE & NATURAL POWD (psyllium) 69	methylphenidate hcl TBCR 1	MICARDIS HCT (telmisartan- hydrochlorothiazide) 31
metaxalone 130	METHYLPREDNISOLONE ACETATE SUSP 40 MG/ML, 80 MG/ML 45	MICATIN CREA (miconazole nitrate (topical)) 49
METAXALONE 640 MG 130	methylprednisolone acetate SUSP 45	MICONAZOLE 7 SUPP 100 MG . 148
metformin hcl SOLN 21	methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG 45	miconazole nitrate (topical) CREA .49
metformin hcl TABS 500 MG, 850 MG, 1000 MG 21	methylprednisolone TABS 45	miconazole nitrate (topical) OINT . .49
metformin hcl TABS 625 MG, 750 MG 21	methylprednisolone TBPK 45	MICONAZOLE NITRATE SOLN ... 49
metformin hcl TB24 500 MG, 1000 MG 21	metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML 62	miconazole nitrate vaginal CREA 2 % 148
metformin hcl TB24 500 MG, 750 MG 21	metoclopramide hcl TABS 10 MG .62	miconazole nitrate vaginal KIT ... 148
methadone hcl CONC 10	metoclopramide hcl TABS 5 MG .. 62	miconazole nitrate vaginal SUPP 100 MG 148
methadone hcl SOLN PO 11	metolazone 58	miconazole-zinc oxide-white petrolatum 49
methadone hcl TABS 11	metoprolol & hydrochlorothiazide TABS 31	MICONI-AL SOLN 49
methadone hcl TBSO 11	metoprolol succinate TB24 40	MICROCHAMBER DEVI 93
METHADOSE CONC (methadone hcl) 11	metoprolol tartrate TABS 40	MICROCHAMBER MISC 93
METHADOSE SUGAR-FREE CONC (methadone hcl) 11	METROCREAM CREA (metronidazole (topical)) 56	MICRODERM BASE 138
methenamine hippurate 33	metronidazole (topical) CREA 56	MICRODOT CONTROL HIGH/LOW SOLN 80
methenamine mandelate 33	metronidazole (topical) GEL 0.75 % 56	MICROLET LANCETS 80
methimazole TABS 143	metronidazole CAPS 32	MICROLET NEXT LANCING DEVICE MISC 80
methocarbamol TABS 1000 MG . 130		MICROLIFE DIGITAL PEAK FLOW . 93

MICROSOME BASE	138	MM TWIST LANCETS	80	MONOLETTOR SAFETY LANCETS	80
MICROSPACER MISC	93	M-M-R II SOLR	147	montelukast sodium CHEW 4 MG	.16
midodrine hcl	149	M-NATAL PLUS TABS	128	montelukast sodium CHEW 5 MG	.16
MIEBO	135	MNEXSPIKE SUSY 10 MCG/0.2ML	147	montelukast sodium PACK	16
miglitol	20	MOBILE LANCETS 30G	80	montelukast sodium TABS	16
MINASTRIN 24 FE CHEW (norethin acet & estrad-fe)	43	MODD1 PATIENT WELCOME KIT	80	MOOD FOOD CAPS	116
MINCORA TABS	122	KIT	80	MOOD FOOD ES CAPS	116
mineral oil ENEM	69	MODERNA COVID-19 BIVALENT	147	morphine sulfate beads	11
MINI LANCING DEVICE MISC	80	MODERNA COVID-19 VAC 6M-11Y	147	morphine sulfate CP24 10 MG, 20	MG, 30 MG, 50 MG, 60 MG, 80 MG,
MINI WRIGHT PEAK FLOW METER	94	SUSP	147	100 MG	11
MINIELITE FILTER	94	MODERNA COVID-19 VAC 6M-11Y	147	morphine sulfate SOLN PO 10	MG/5ML, 20 MG/5ML
REPLACEMENTS MISC	94	SUSY	147	MG/5ML, 20 MG/5ML	11
MINILINK REAL-TIME	80	MODERNA COVID-19 VACCINE	147	morphine sulfate SOLN PO 20	MG/ML, 100 MG/5ML
TRANSMITTER	80	SUSP	147	MG/ML, 100 MG/5ML	11
MINIMED 630G GUARDIAN PRESS	80	moexipril hcl	30	morphine sulfate SUPP	11
MINIMED INSTINCT GLUC	80	mometasone furoate (nasal) SUSP	131	morphine sulfate TABS 15 MG	11
SENSOR	80	mometasone furoate CREA	54	morphine sulfate TABS 30 MG	11
MINIPRESS CAPS (prazosin hcl) .	30	mometasone furoate OINT	54	morphine sulfate TBCR	11
MINIVELLE PTTW (estradiol)	61	mometasone furoate SOLN	54	MOTTEGRITY (prucalopride	succinate)
minocycline hcl CAPS	142	MONISTAT 3 COMBINATION PACK	148	succinate)	61
minoxidil 2.5 MG, 10 MG	32	KIT (miconazole nitrate vaginal) ..	148	MOTPOLY XR CP24	19
MIPLYFFA	141	MONISTAT 3 COMBO PACK APP	148	MOTRIN CHILDRENS CHEW	(ibuprofen)
mirabegron TB24	146	KIT (miconazole nitrate vaginal) ..	148	(ibuprofen)	8
MIRALAX POWD (polyethylene	69	MONISTAT 7 COMBO PACK APP	148	MOTRIN INFANTS DROPS SUSP	(ibuprofen)
glycol 3350)	69	KIT	148	(ibuprofen)	8
MIRAPEX ER TB24 (pramipexole	38	MONISTAT 7 SIMPLY CURE CREA	148	MOUNJARO	22
dihydrochloride)	38	(miconazole nitrate vaginal)	148	MOVANTIK	64
misoprostol	145	MONISTAT CARE INSTANT ITCH	148	moxifloxacin hcl (ophth) SOLN OP	133
MITIGARE CAPS (colchicine)	65	RLF 1 %	148	moxifloxacin hcl TABS	61
MM LANCING DEVICE MISC	80	MONOLET LANCETS	80	MPD SAFETY LANCET 21G	80
		MONOLET OPD LANCETS	80		

MPD SAFETY LANCET 23G80	MULTIVITAMIN CHILDRENS GUMMIES CHEW125	CHEW125
MPD SAFETY LANCET 28G80	MULTIVITAMIN HEALTH FORM/CA/FE TABS116	MVW COMPLETE FORMULATION D3000 CAPS116
MPD SAFETY LANCET 30G80	MULTIVITAMIN MEN TABS116	MVW COMPLETE FORMULATION D3000 CHEW125
MRESVIA147	MULTI-VITAMIN MONOCAPS TABS 116	MVW COMPLETE FORMULATION D5000 CAPS116
MS CONTIN TBCR (morphine sulfate)11	MULTIVITAMIN TABS122	MVW COMPLETE FORMULATION D5000 CHEW125
MUCINEX D TB12 (pseudoephedrine-guaifenesin) ...46	MULTIVITAMIN WOMEN TABS .116	MVW COMPLETE FORMULATION MINIS CAPS116
MULTI + OMEGA-3 GUMMIES CHEW116	MULTIVITAMIN/FLUORIDE CHEW 0.25 MG, 0.5 MG127	MVW COMPLETE FORMULATION SOLN125
MULTI MEGA MINERALS TABS .102	MULTIVITAMIN/FLUORIDE CHEW 1 MG126	MVW HI-D ADEK GUMMIES CHEW . 116
MULTI VITAMIN TABS122	MULTIVITAMIN/FLUORIDE SOLN 127	MVW MODULATOR FORMULATION CAPS116
MULTI VITAMIN W/D-3 TABS ...122	MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML127	MVW MODULATOR FORMULATION MINI CAPS116
MULTIA CAPS116	MULTIVITAMIN/ZINC STRESS TABS116	MVW ORANGE CHEWABLES CHEW117
MULTIGEN68	MULTIVITAMIN-MINERALS TABS 116	MX-SOL BLEND SF SUSP136
MULTI-LANCET DEVICE 2 KIT ...80	MULTI-VIT-FLOR CHEW 0.25 MG, 0.5 MG127	MX-SOL BLEND SUSP136
MULTI-LANCET DEVICE MISC ...80	MULTI-VIT-FLOR CHEW 1 MG ..127	MX-SOL SF SYRP136
MULTI-PHASIC PENETRATING CMPD138	MULTIVIT-MIN GUMMIES CHILDRENS CHEW125	MX-SOL SUSPEND SUSP136
multiple vitamin TABS122	mupirocin calcium (topical)48	MX-SOL SYRP136
multiple vitamins w/ calcium TABS 105	mupirocin OINT48	MYAMBUTOL TABS 400 MG (ethambutol hcl)34
multiple vitamins w/ iron TABS ...105	MURO 128 OINT (sodium chloride hypertonic)135	MYCOBUTIN (rifabutin)34
multiple vitamins w/ minerals CAPS 116	MURO 128 SOLN (sodium chloride hypertonic)135	mycophenolate mofetil CAPS103
multiple vitamins w/ minerals CHEW . 116	MVW COMPLETE FORMULATION CAPS116	mycophenolate mofetil hcl103
multiple vitamins w/ minerals TABS 116	MVW COMPLETE FORMULATION	mycophenolate mofetil SUSR103
MULTITOL-M TABS116		mycophenolate mofetil TABS103
MULTIVITAMIN ADULT (MINERALS) TABS116		mycophenolate sodium103
MULTIVITAMIN ADULT TABS ...122		

MYDRIACYL SOLN (tropicamide) 133	140	NARCAN LIQD (naloxone hcl)	25
MYFEMBREE	60	NAMENDA TITRATION PAK TABS (memantine hcl)	140
MYFORTIC (mycophenolate sodium)	103	NAMENDA XR CP24 14 MG, 21 MG, 28 MG (memantine hcl)	140
MYGLUCOHEALTH CONTROL SOLN	80	NAMZARIC C4PK	140
MYGLUCOHEALTH LANCETS 30G 81		NAMZARIC CP24 (memantine hcl- donepezil hcl)	140
MYLERAN TABS	34	NAMZARIC CP24	140
MYLICON INFANTS GAS RELIEF SUSP (simethicone)	62	NANOVM 1-3 YEARS POWD	125
MYRBETRIQ SRER	146	NANOVM 4-8 YEARS POWD	126
MYRBETRIQ TB24 (mirabegron)	146	NANOVM 9-18 YEARS POWD ...	126
N95 PARTI RESPIRATOR FACE MASK	87	NANOVM T/F POWD	126
nabumetone	8	naphazoline w/ pheniramine 0.3 %- 0.025 %	133
nadolol TABS 20 MG, 40 MG, 80 MG	40	NAPHCN-A (naphazoline w/ pheniramine)	133
naftifine hcl CREA	49	NAPRELAN TB24 (naproxen sodium)	8
naftifine hcl GEL 2 %	49	NAPROSYN SUSP (naproxen)	8
NAFTIN GEL (naftifine hcl)	49	NAPROSYN TABS 500 MG (naproxen)	8
NAFTIN GEL	49	naproxen sodium CAPS	8
NALFON CAPS (fenoprofen calcium)	8	naproxen sodium TABS 220 MG ...	8
NALFON TABS 600 MG	8	naproxen sodium TABS 275 MG, 550 MG	8
NALOCET TABS	12	naproxen sodium TB24	8
naloxone hcl LIQD	25	naproxen SUSP	8
naloxone hcl SOCT	25	naproxen TABS	8
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	25	naproxen TBEC	8
naloxone hcl SOSY 2 MG/2ML	25	naproxen-esomeprazole magnesium	8
NAMENDA TABS (memantine hcl)		naratriptan hcl	99
		NASACORT ALLERGY 24HR AERO (triamcinolone acetonide (nasal))	131
		NASALCROM (cromolyn sodium (nasal))	130
		NASONEX 24HR SUSP (mometasone furoate (nasal))	131
		nateglinide	24
		NATESTO GEL NA	13
		NATROBA (spinosad)	56
		NAT-RUL THERAVITE-M TABS .	117
		NATRUL-VITES TABS	117
		NAVAGE NASAL ASPIRATOR BABY DEVI	94
		nebivolol hcl	40
		NEBULIZER AIR TUBE/PLUGS MISC	94
		NEBULIZER CUP/TUBING DEVI .	94
		NEBULIZER MASK ADULT MISC .	94
		NEBULIZER MASK ADULT/TUBING MISC	94
		NEBULIZER MASK CHILD MISC .	94
		NEBULIZER MASK PED/TUBING MISC	94
		NEBUSAL NEBU	46
		NEFFY SOLN NA	149
		nelarabine	35
		NEMLUVIO	55
		NEOMULTIVITE TABS	122
		neomycin sulfate TABS	2
		neomycin-bacitracin zn-polymyxin 133	
		neomycin-bacitracin-polymyxin OINT	

48	NEXCARE ALL PURPOSE MASK	polacrilex)142
neomycin-polymy-dexameth OINT	87	NICORETTE GUM 4 MG (nicotine
134	NEXCARE EARLOOP MASK87	polacrilex)142
neomycin-polymy-dexameth SUSP	NEXICLON XR TB24 (clonidine) .. 31	NICORETTE LOZG (nicotine
0.1 %-3.5 MG/ML-10000 UNIT/ML,	NEXIUM 24HR CLEAR MINIS CPDR	polacrilex)142
0.1 %134	(esomeprazole magnesium)144	NICORETTE MINI LOZG (nicotine
neomycin-polymyxin-gramicidin . 133	NEXIUM 24HR CPDR	polacrilex)142
neomycin-polymyxin-hc (otic) SOLN .	(esomeprazole magnesium)144	NICORETTE STARTER KIT GUM 2
136	NEXIUM 24HR TBEC 20 MG 144	MG (nicotine polacrilex) 142
neomycin-polymyxin-hc (otic) SUSP .	NEXIUM CPDR (esomeprazole	NICORETTE STARTER KIT GUM 4
136	magnesium)144	MG (nicotine polacrilex) 142
NEONATAL COMPLETE TABS ..128	NEXIUM PACK (esomeprazole	NICOTINE KIT142
NEONATAL PLUS TABS128	magnesium)145	nicotine polacrilex GUM 2 MG142
NEORAL CAPS (cyclosporine	NEXLETOL28	nicotine polacrilex GUM 4 MG142
modified (for microemulsion)) 103	NEXLIZET28	nicotine polacrilex LOZG 142
NEORAL SOLN (cyclosporine	NGENLA59	nicotine PT24 TD 7 MG/24HR, 14
modified (for microemulsion)) 103	niacin (antihyperlipidemic) TBCR ..29	MG/24HR, 21 MG/24HR142
NEOSPORIN ORIGINAL OINT	niacin CPCR 500 MG150	NICOTROL INHA142
(neomycin-bacitracin-polymyxin) .. 48	NIACIN ER CPCR150	NICOTROL NS SOLN142
NEOVITE TABS 117	niacin TABS 100 MG, 500 MG ... 150	nifedipine CAPS 41
NEPHPLEX RX 105	niacin TBCR 500 MG, 750 MG ...150	nifedipine TB24 41
NEPHRON FA68	niacinamide TABS 100 MG150	NILANDRON (nilutamide)36
NESINA (alogliptin benzoate)21	niacinamide TABS 500 MG150	NILOTINIB D-TARTRATE CAPS PO
NESTABS128	niacinamide TBCR150	50 MG, 150 MG, 200 MG37
NEULASTA ONPRO SOSY 6	NICADAN TABS117	nilutamide 36
MG/0.6ML67	nicardipine hcl CAPS 41	nimodipine CAPS41
NEULASTA SOSY67	NICAZEL FORTE TABS117	NIPENT37
NEUPOGEN SOLN67	NICAZEL TABS117	nisoldipine41
NEUPOGEN SOSY67	NICE PURE BAKING SODA43	nitazoxanide TABS 32
NEUPRO38	NICODERM CQ PT24 TD (nicotine) .	NITRO-BID OINT 15
NEUTEK 2TEK CONTROL SOLN .81	142	NITRO-DUR PT24 (nitroglycerin) ..15
NEVANAC135	NICORETTE GUM 2 MG (nicotine	nitrofurantoin macrocrystal 50 MG,
NEWWITE TABS122		100 MG33

nitrofurantoin monohyd macro	33	estradiol 1 MG-5 MCG	61	NOVOLIN 70/30 SUSP	23
nitroglycerin PT24	15	norethindrone acetate-ethinyl estradiol-fe	44	NOVOLIN N FLEXPEN RELION SUPN	23
nitroglycerin SOLN TL 0.4 MG/SPRAY	15	norethindrone-eth estradiol (triphasic)	44	NOVOLIN N FLEXPEN SUPN	23
nitroglycerin SUBL	15	norgestimate-ethinyl estradiol (triphasic)	44	NOVOLIN N RELION SUSP	23
NITROLINGUAL SOLN TL (nitroglycerin)	15	norgestimate-ethinyl estradiol	44	NOVOLIN N SUSP	23
NITROSTAT SUBL (nitroglycerin)	15	norgestrel & ethinyl estradiol 30 MCG-0.3 MG	44	NOVOLIN R FLEXPEN RELION SOPN IJ	23
NIVA THYROID TABS	143	NORLIQVA SOLN	41	NOVOLIN R FLEXPEN SOPN IJ	23
NIVA-FOL	57	NORPACE CAPS (disopyramide phosphate)	15	NOVOLIN R RELION SOLN IJ	23
NIVA-PLUS TABS	128	NORVASC TABS (amlodipine besylate)	41	NOVOLIN R SOLN IJ	23
NIVESTYM SOLN	67	NOSE CLIP MISC	94	NOVOLOG 70/30 FLEXPEN RELION SUPN	23
NIVESTYM SOSY	67	NOURIANZ	37	NOVOLOG FLEXPEN RELION SOPN	23
NIX CREME RINSE LIQD EX (permethrin)	56	NOURILITE	138	NOVOLOG FLEXPEN SOPN	23
NO IRON MULT VITAMIN- MINERALS TABS	117	NOURIVAN ANTIOX BASE	138	NOVOLOG MIX 70/30 FLEXPEN SUPN	23
NORDITROPIN FLEXPEN SOPN	59	NOVA MAX PLUS GLU/KET CONTROL LIQD	81	NOVOLOG MIX 70/30 RELION SUSP	23
norelgestromin-ethinyl estradiol	44	NOVA SAFETY LANCETS 23G	81	NOVOLOG MIX 70/30 SUSP	23
norethin acet & estrad-fe CHEW	43	NOVA SAFETY LANCETS 28G	81	NOVOLOG MIX 70/30 SOCT	23
norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	44	NOVA SUREFLEX LANCETS	81	NOVOLOG RELION SOLN IJ	23
norethindrone & eth estradiol	44	NOVA SUREFLEX LANCING DEVICE MISC	81	NOVOLOG SOLN IJ	23
norethindrone & ethinyl estradiol-fe	44	NOVAVAX COVID-19 VACCINE SUSP	147	NOXAFIL PACK	26
norethindrone (contraceptive)	44	NOVAVAX COVID-19 VACCINE SUSY	147	NOXAFIL SUSP (posaconazole)	26
norethindrone acet & eth estra TABS	44	NOVOLIN 70/30 FLEXPEN RELION SUPN	23	NOXAFIL TBEC (posaconazole)	27
norethindrone acetate TABS	139	NOVOLIN 70/30 FLEXPEN SUPN	23	NP THYROID TABS	143
norethindrone acetate-ethinyl estradiol 0.5 MG-2.5 MCG	61	NOVOLIN 70/30 RELION SUSP	23	NUBEQA	36
norethindrone acetate-ethinyl				NUCALA SOAJ	15
				NUCALA SOLR	15
				NUCALA SOSY 100 MG/ML	15

NUCALA SOSY 40 MG/0.4ML15	NYVEPRIA 67	OLPRUVA (4 GM DOSE) THPK ...59
NUCYNTA ER TB1211	OCEAN NASAL SPRAY SOLN (saline)130	OLPRUVA (5 GM DOSE) THPK ...59
NUCYNTA TABS11	octreotide acetate SOLN 50 MCG/ML, 100 MCG/ML, 200 MCG/ML, 1000 MCG/ML 60	OLPRUVA (6 GM DOSE) THPK ...59
NULOJIX103	OCUFLOX (ofloxacin (ophth)) ...133	OLPRUVA (6.67 GM DOSE) THPK 59
NU-MAG 101	OCULAR VITAMINS TABS117	OLUMIANT 2
NURTEC98	OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 117	OMBRA COMPRESSOR AIR FILTERS MISC 94
NUTRALYN TABS117	OCUVITE ADULT 50+ CAPS 117	OMBRA TABLE TOP COMPRESSOR DEVI 94
NUTRICAP TABS 117	OCUVITE ADULT FORMULA CAPS . 117	OMECLAMOX-PAK145
NUTROPIN AQ NUSPIN 10 SOPN 59	OCUVITE EYE PERFORMANCE CAPS 117	omega-3 fatty acids CAPS 200 MG- 300 MG, 300 MG, 500 MG, 1000 MG, 1200 MG131
NUTROPIN AQ NUSPIN 20 SOPN 59	OCUVITE-LUTEIN CAPS 117	omega-3 fatty acids CPDR 131
NUTROPIN AQ NUSPIN 5 SOPN .59	ODOMZO35	omega-3-acid ethyl esters 28
NUVARING (etonogestrel-ethinyl estradiol)44	ofloxacin (ophth) 133	omeprazole CPDR 10 MG, 40 MG 145
NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML 147	ofloxacin (otic)135	omeprazole CPDR 20 MG145
NUVESSA148	ofloxacin 300 MG, 400 MG 61	omeprazole magnesium CPDR .. 145
NUWIQ KIT 66	OGSIVEO 37	omeprazole magnesium TBEC ...145
NUWIQ SOLR66	OHTUVAYRE 16	omeprazole TBDD145
NYQUIL HBP COLD & FLU LIQD (dextromethorphan-doxylamine- acetaminophen)46	OJJAARA37	omeprazole TBEC145
NYSTATIN (nystatin (mouth-throat)) . 104	olmesartan medoxomil 30	omeprazole-sodium bicarbonate CAPS 145
nystatin (mouth-throat)104	olmesartan medoxomil-amlodipine- hydrochlorothiazide31	omeprazole-sodium bicarbonate PACK 145
nystatin (topical) CREA49	olmesartan medoxomil- hydrochlorothiazide31	OMNARIS SUSP 131
nystatin (topical) OINT49	olopatadine hcl (nasal)130	OMNIBASE 138
nystatin (topical) POWD EX 49	olopatadine hcl135	OMNICAP TABS122
nystatin TABS26	OLPRUVA (2 GM DOSE) THPK ...59	OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT 81
nystatin-triamcinolone CREA49	OLPRUVA (3 GM DOSE) THPK ...59	OMNIPOD 5 DEXG7G6 PODS GEN
nystatin-triamcinolone OINT49		

5 MISC81	ONE A DAY MEN 50 PLUS TABS 117	CHEW126
OMNIPOD 5 G7 INTRO (GEN 5) KIT 81	ONE A DAY MENS VITACRAVES CHEW117	ONE-A-DAY MENOPAUSE FORMULA TABS118
OMNIPOD 5 G7 PODS (GEN 5) MISC81	ONE A DAY TRIPLE IMMUNE SUPPRT TABS117	ONE-A-DAY MENS (MINERALS) TABS118
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT81	ONE A DAY WOMEN 50 PLUS CHEW117	ONE-A-DAY MENS 50+ ADVANTAGE TABS118
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC81	ONE A DAY WOMEN 50 PLUS TABS117	ONE-A-DAY MENS 50+ TABS ...118
OMNIPOD CLASSIC PODS (GEN 3) MISC81	ONE A DAY WOMENS MULTI TABS117	ONE-A-DAY MENS HEALTH FORMULA TABS118
OMNIPOD DASH INTRO (GEN 4) KIT81	ONE DAILY ESSENTIAL TABS ..123	ONE-A-DAY MENS PRO EDGE TABS118
OMNIPOD DASH PDM (GEN 4) KIT . 81	ONE DAILY ESSENTIALS TABS 122	ONE-A-DAY MENS TABS (multiple vitamin) 123
OMNIPOD DASH PODS (GEN 4) MISC81	ONE DAILY MEN FORMULA W/O IRON TABS117	ONE-A-DAY MENS VITACRAVES CHEW118
OMNITROPE SOCT59	ONE DAILY MENS 50+ MULTIVIT TABS117	ONE-A-DAY PROACTIVE 65+ TABS118
OMNITROPE SOLR SC59	ONE DAILY MULTIVITAMIN WOMEN TABS 117	ONE-A-DAY TEEN ADVANTAGE/HIM TABS118
OMVOH (300 MG DOSE) SOAJ ..63	ONE DAILY WOMENS TABS117	ONE-A-DAY VITACRAVES ADULT CHEW118
OMVOH (300 MG DOSE) SOSY ..63	ONE FLOW SPIROMETER DEVI .94	ONE-A-DAY VITACRAVES CHEW 118
OMVOH SOAJ63	ONE FLOW TESTER MISC94	ONE-A-DAY VITACRAVES IMMUNITY CHEW118
OMVOH SOSY63	ONE VITE DAILY MULTIVITAMIN TABS123	ONE-A-DAY VITACRAVES SOUR CHEW118
ONAPGO SOCT 98 MG/20ML38	ONE VITE WOMENS PLUS TABS 128	ONE-A-DAY WEIGHT SMART ADVANCE TABS (multiple vitamins w/ minerals)118
ONCOVITE TABS 117	ONE-A-DAY ENERGY TABS 117	ONE-A-DAY WOMENS 50 PLUS TABS (multiple vitamins w/ minerals) 118
ondansetron hcl SOLN PO 4 MG/5ML25	ONE-A-DAY ESSENTIAL TABS (multiple vitamin)123	ONE-A-DAY WOMENS 50+ ADVANTAGE TABS (multiple vitamins w/ minerals) 118
ondansetron hcl TABS 4 MG, 8 MG 25	ONE-A-DAY FOR HER VITACRAVES CHEW 117	
ondansetron TBDP 16 MG25	ONE-A-DAY FOR HIM VITACRAVES CHEW118	
ondansetron TBDP 4 MG, 8 MG ..25	ONE-A-DAY JOLLY RANCHER	
ONE A DAY ENERGY TABS117		
ONE A DAY IMMUNITY DEFENSE CHEW117		

ONE-A-DAY WOMENS 50+ TABS 118	ONEXTON GEL (clindamycin phosphate-benzoyl peroxide)47	ORA-BLEND SF SUSP137
ONE-A-DAY WOMENS FORMULA TABS (multiple vitamins w/ calcium) . 105	ONGENTYS38	ORA-BLEND SUSP 137
ONE-A-DAY WOMENS HEALTHY SKIN TABS (multiple vitamins w/ minerals)118	ONGLYZA (saxagliptin hcl) 21	oral electrolytes SOLN100
ONE-A-DAY WOMENS MIND & BODY TABS (multiple vitamins w/ minerals)118	ONUREG TABS35	ORAL MIX SF SUSP 137
ONE-A-DAY WOMENS PETITES TABS (multiple vitamins w/ minerals) 118	ONYDA XR SUER1	ORAL MIX SUSP137
ONE-A-DAY WOMENS TABS ... 119	OPDIVO 40 MG/4ML, 100 MG/10ML 35	ORAL SUSPEND LIQD137
ONE-A-DAY WOMENS VITACRAVES CHEW 119	OPFOLDA59	ORAL SYRUP SF SYRP 137
ONE-DAILY MULTI CAPS CAPS 119	OPILL44	ORAL SYRUP SYRP137
ONETOUCH DELICA PLUS LANCET30G 81	OPIPZA FILM39	ORAPENN SD ANHYD SWEETENED LIQD 137
ONETOUCH DELICA PLUS LANCET33G 81	OPSUMIT42	ORAPENN SD ANHYD UNSWEETEN LIQD137
ONETOUCH DELICA PLUS LANCING MISC81	OPSYNVI42	ORA-PLUS LIQD 137
ONETOUCH DELICA SAFETY LANCING81	OPTICHAMBER DIAMOND DEVI .94	ORAPRED ODT TBDP 45
ONETOUCH ULTRA CONTROL LIQD81	OPTICHAMBER DIAMOND MISC .94	ORA-SWEET SF SYRP 10 %-9 % 137
ONETOUCH ULTRASOFT 2 LANCETS 81	OPTICHAMBER DIAMOND-LG MASK DEVI94	ORA-SWEET SYRP 4 %-5 %-54 % 137
ONETOUCH VERIO LIQD81	OPTICHAMBER DIAMOND-MD MASK MISC94	ORAVIG104
ONEVITE TABS 119	OPTICHAMBER DIAMOND-SM MASK MISC94	ORAZINC TABS 110 MG103
ONE-WAY VALVED EXPIRATORY MISC94	OPTIFAST POST BARIATRIC CHEW119	ORENCIA CLICKJECT SOAJ 8
ONE-WAY VALVED INSPIRATORY MISC94	OPTIMUM AIRVITES CHEW119	ORENCIA SOSY 125 MG/ML8
	OPTISOURCE POST BARIATRIC SURG CHEW119	ORENCIA SOSY 50 MG/0.4ML8
	OPTIVITE P.M.T. TABS (multiple vitamins w/ minerals) 119	ORENCIA SOSY 87.5 MG/0.7ML ...8
	OPURITY BYPASS OPTIMIZED CHEW119	ORENITRAM MONTH 1 TEPK42
	OPURITY TABS119	ORENITRAM MONTH 2 TEPK42
	OPVEE NA25	ORENITRAM MONTH 3 TEPK42
	OPZELURA55	ORENITRAM TBCR 42
		ORGOVYX 36
		ORIAHNN 61
		ORILISSA 150 MG59

ORILISSA 200 MG59	OXBRYTA TABS 500 MG 67	OXYCODONE-ACETAMINOPHEN TABS12
ORKAMBI PACK 142	OXBRYTA TBSO 67	OXYCONTIN T12A 10 MG 11
orlistat1	OXERVATE134	OXYCONTIN T12A 15 MG 11
ORNITHINE HCL43	oxiconazole nitrate CREA49	OXYCONTIN T12A 20 MG 11
orphenadrine citrate TB12130	OXISTAT CREA (oxiconazole nitrate)49	OXYCONTIN T12A 30 MG 11
orphenadrine w/ aspirin & caff ...130	OXISTAT LOTN49	OXYCONTIN T12A 40 MG 11
ORSERDU 36	oxybutynin chloride SOLN145	OXYCONTIN T12A 60 MG 11
oseltamivir phosphate CAPS40	oxybutynin chloride TABS145	OXYCONTIN T12A 80 MG 11
oseltamivir phosphate SUSR40	oxybutynin chloride TB24145	oxymorphone hcl TABS 10 MG11
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone)20	oxycodone hcl CAPS 11	oxymorphone hcl TABS 5 MG11
OSMOLEX ER TB24 129 MG 38	oxycodone hcl CONC 100 MG/5ML 11	oxymorphone hcl TB12 11
OSTEOPRIME PLUS TABS119	oxycodone hcl SOLN 11	OXYTROL FOR WOMEN PTTW .146
OTEZLA TABS8	oxycodone hcl T12A 10 MG 11	OXYTROL PTTW146
OTEZLA TBPK8	oxycodone hcl T12A 20 MG 11	oyster shell100
OTEZLA XR TB24 PO 75 MG 8	oxycodone hcl T12A 40 MG 11	OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT100
OTEZLA/OTEZLA XR INITIATION PK TBPK8	oxycodone hcl T12A 80 MG 11	OYSTER SHELL CALCIUM/VIT D3 TABS 200 UNIT-500 MG, 3.12 MCG- 250 MG 100
OTOVEL (ciprofloxacin-fluocinolone acetoneide)136	OXYCODONE HCL TABA 15 MG .11	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN22
OTULFI SOLN IV 130 MG/26ML ..63	OXYCODONE HCL TABA 30 MG .11	OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML22
OTULFI SOSY SC 45 MG/0.5ML ..50	OXYCODONE HCL TABA 5 MG, 10 MG 11	OZEMPIC (2 MG/DOSE) SOPN ...22
OTULFI SOSY SC 90 MG/ML50	oxycodone hcl TABS 20 MG11	OZOBAX SOLN PO (baclofen) ...130
OVAL TAPE MISC81	oxycodone hcl TABS 30 MG11	PALFORZIA (12 MG DAILY DOSE) CSPK2
OVIDE (malathion)56	oxycodone hcl TABS 5 MG, 10 MG, 15 MG11	PALFORZIA (120 MG DAILY DOSE) CSPK2
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML34	oxycodone w/ acetaminophen SOLN 12	PALFORZIA (160 MG DAILY DOSE) CSPK2
oxaliplatin SOLR34	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG ...12	PALFORZIA (20 MG DAILY DOSE)
oxaprozin TABS8	OXYCODONE-ACETAMINOPHEN SOLN12	
OXAYDO TABS11		
OXBRYTA TABS 300 MG 67		

CSPK2	PARI ERAPID NEBULIZER	PCCA ANHYDROUS LIPODERM
PALFORZIA (200 MG DAILY DOSE)	HANDSET MISC95	BASE138
CSPK2	PARI EXPIRATORY FILTER SET	PCCA BASE 7542 138
PALFORZIA (240 MG DAILY DOSE)	DEVI95	PCCA BIOPEPTIDE BASE138
CSPK2	PARI MANUAL INTERRUPTER	PCCA CANNIDEX 2.0 CUSTOM
PALFORZIA (3 MG DAILY DOSE)	DEVI95	BASE138
CSPK2	PARI MASK SET MISC95	PCCA CANNIDEX CUSTOM BASE .
PALFORZIA (300 MG	PARI SMARTMASK BABY/ELBOW	138
MAINTENANCE) PACK2	MISC95	PCCA COSMETIC HRT BASE ..138
PALFORZIA (300 MG TITRATION)	PARI SOFT PLASTIC ADULT MASK	PCCA CUSTOM TROCHE BASE
PACK2	MISC95	(LS) POWD137
PALFORZIA (40 MG DAILY DOSE)	PARI SOFT PLASTIC PED MASK	PCCA EMOLLIENT CREAM BASE
CSPK2	MISC95	138
PALFORZIA (6 MG DAILY DOSE)	PARI TREK S COMBO PACK DEVI .	PCCA HYDRABASE SB CUSTOM
CSPK2	95	BASE138
PALFORZIA (80 MG DAILY DOSE)	PARI VORTEX ADULT MASK95	PCCA LIPODERM BASE138
CSPK2	PARI VORTEX PEDIATRIC MASK	PCCA MVC BASE 138
PALFORZIA INITIAL DOSE 4-17YRS	95	PCCA NATACREAM138
CSPK2	paricalcitol CAPS59	PCCA POLYGLYCOL TROCHE
PALFORZIA INITIAL ESCALATION	paricalcitol SOLN59	POWD 137
CSPK2	PARLODEL CAPS (bromocriptine	PCCA POLYPEG BASE138
PANDA MASK LARGE94	mesylate)38	PCCA PRACASIL TM-PLUS BASE .
PANDA MASK MEDIUM95	PARLODEL TABS (bromocriptine	138
PANDA MASK SMALL95	mesylate)38	PCCA SWEET-SF SYRP137
PANDEL54	PARVLEX TABS119	PCCA SYRUP VEHICLE SYRP ..137
pantoprazole sodium PACK145	PATADAY (olopatadine hcl)135	PCCA VANISHING CREAM BASE
pantoprazole sodium TBEC145	PATADAY135	138
PARADIGM REAL-TIME	PAXLOVID (150/100)39	PCCA VANISHING CREAM LIGHT .
TRANSMITTER81	PAXLOVID (300/100 & 150/100) .39	138
PARI ALTERA NEBULIZER	PAXLOVID (300/100)39	PCCA VANPEN BASE138
HANDSET MISC95	pazopanib hcl37	PCCA WAV CUSTOM BASE138
PARI BABY CONVERSION KIT	PCCA ALADERM BASE138	PCCA-PLUS SUSP137
MISC95	PCCA ANHYDROUS BASE OINT	PEAK A-I-R FLOW METER95
PARI BUBBLES PEDIATRIC MASK	138	
MISC95		

PEAK AIR PEAK FLOW METER .95	peg 3350-potassium chloride-sod bicarbonate-sod chloride69	subsalicylate) 25
PEAK FLOW METER UNIVERSAL RANG95	PEG BLEND 138	PEPTO-BISMOL TO-GO CHEW (bismuth subsalicylate) 25
PED DISPOSABLE MISC 95	PEG OINTMENT BASE138	PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG (oxycodone w/ acetaminophen)12
ped multivitamins w/fl & iron SOLN 123	pemetrexed disodium SOLR 100 MG, 500 MG35	PERFECT LANCETS 28G81
PEDIALYTE ADVANCED CARE SOLN (oral electrolytes)100	PENBRAYA146	PERFECT LANCETS 30G81
PEDIALYTE FREEZER POPS SOLN (oral electrolytes) 100	penciclovir52	PERFECT POINT SAFETY LANCETS 81
PEDIALYTE IMMUNE SUPPORT SOLN 100	PENDERM138	PERFOROMIST NEBU (formoterol fumarate)18
PEDIALYTE SINGLES SOLN (oral electrolytes)100	penicillin v potassium SOLR136	PERIDEX (chlorhexidine gluconate (mouth-throat))104
PEDIALYTE SOLN (oral electrolytes)100	penicillin v potassium TABS136	perindopril erbumine 30
PEDIAPRED SOLN (prednisolone sodium phosphate)45	PENMENVY SUSR IM 146	permethrin CREA56
PEDIARIX SUSY 143	PENNSAID SOLN EX 2 % (diclofenac sodium (topical))49	permethrin LIQD EX 56
PEDIATRIC MEDIUM MASK 87	PENSOMAL138	PERSONAL BEST FULL RANGE 95
PEDIATRIC MOUTHPIECE MISC .95	PENTACEL 143	PERTZYE CPEP57
pediatric multivitamins w/fl CHEW 0.25 MG, 0.5 MG 127	PENTASA CPCR (mesalamine) ..63	PETROLATUM138
pediatric multivitamins w/fl CHEW 1 MG127	PENTASA CPCR 63	PETROLEUM JELLY 138
pediatric multivitamins w/fl SOLN 127	pentazocine w/ naloxone hcl13	PETROLEUM JELLY BABY138
PEDIATRIC PANDA MASK95	pentoxifylline66	PFCB138
PEDIATRIC SMALL MASK 87	PEPCID AC MAXIMUM STRENGTH TABS (famotidine)144	PFIZER COVID-19 VAC BIVALENT . 147
pediatric vitamins acid w/ fluoride SOLN 127	PEPCID AC TABS (famotidine) .. 144	PFIZER COVID-19 VAC-TRIS 5-11Y SUSP 147
PEDVAX HIB SUSP146	PEPCID TABS (famotidine) 144	PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP 147
PEG 138	PEPTO BISMOL SUSP 525 MG/30ML (bismuth subsalicylate) .24	PFIZER-BIONT COVID-19 VAC-TRIS SUSP147
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR69	PEPTO-BISMOL CHEW (bismuth subsalicylate)25	PFIZER-BIONTECH COVID-19 VACC SUSP148
	PEPTO-BISMOL MAX STRENGTH SUSP (bismuth subsalicylate)25	
	PEPTO-BISMOL SUSP 262 MG/15ML (bismuth subsalicylate) .25	
	PEPTO-BISMOL TABS (bismuth	

PFLEX MISC	95	PHOS-NAK PACK (potassium & sodium phosphates)	102	PLEGRIDY SOAJ	141
PHARMABASE ANTIOXIDANT	138	PHOSPHOLINE IODIDE	133	PLEGRIDY SOSY IM	141
PHARMABASE COSMETIC	138	PHYTOBASE	138	PLEGRIDY STARTER PACK SOAJ	141
PHARMABASE COSMETIC NATURAL	138	PHYTOMULTI TABS	119	PLEGRIDY STARTER PACK SOSY SC	141
PHARMABASE HEAVY	138	phytonadione TABS 5 MG	149	PNEUMOVAX 23 SOLN	146
PHARMABASE LIGHT	138	PIASKY	66	PNEUMOVAX 23 SOSY	146
PHARMABASE VAGINAL	138	PIKO 1	95	PNV 27-CA/FE/FA TABS	128
PHARMACIST CHOICE ALCOHOL	85	PILLOW MASK/ADULT MISC	95	POCKET CHAMBER DEVI	95
PHARMACIST CHOICE LANCETS	81	PILLOW MASK/CHILD MISC	95	POCKET PEAK FLOW METER	96
PHARMACIST CHOICE MASK WIPES MISC	95	PILLOW MASK/PEDIATRIC MISC	95	POCKET SPACER DEVI	96
PHEBURANE PLLT	59	pilocarpine hcl (oral)	104	POCKETCHEM EZ CONTROL SOLN	81
phenazopyridine hcl TABS 100 MG	65	pilocarpine hcl SOLN 1 %, 2 %, 4 %	133	POCKETPEAK PEAK FLOW METER	96
phenazopyridine hcl TABS 200 MG	65	pimecrolimus	55	podofilox SOLN	55
PHENDIMETRAZINE TARTRATE ER CP24	1	pindolol TABS	40	polyethylene glycol 3350 POWD	69
phendimetrazine tartrate TABS	1	pioglitazone hcl	24	polyethylene glycol-propylene glycol (ophth) GEL	132
phentermine hcl CAPS	1	pioglitazone hcl-glimepiride	20	polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %	132
phentermine hcl TABS	1	pioglitazone hcl-metformin hcl TABS	20	polymyxin b-trimethoprim	133
phentermine hcl-topiramate	1	PIP GLUCOSE CONTROL SOLUTION LIQD	81	POLY-VI-FLOR CHEW 0.25 MG, 0.5 MG	127
phenylephrine hcl (mydriatic) SOLN 2.5 %	133	PIP LANCETS 28G	81	POLY-VI-FLOR CHEW 1 MG	127
PHENYLEPHRINE HCL SOLN (phenylephrine hcl (mydriatic))	133	PIP LANCETS 30G	81	POLY-VI-FLOR SUSP	127
PHEXX	149	piroxicam CAPS	8	polyvinyl alcohol 1.4 %	132
PHEXXI	149	pitavastatin calcium	29	polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %, 5 MG/ML-6 MG/ML	132
PHILLIPS (magnesium oxide (laxative))	69	PLAN B ONE-STEP (levonorgestrel (emergency oc))	44	POMALYST	36
		PLAQUENIL (hydroxychloroquine sulfate)	33	PONVORY STARTER PACK TBPK	141
		PLAVIX 75 MG (clopidogrel bisulfate)	66		

PONVORY TABS	141	pravastatin sodium	29	PREMPRO	61
posaconazole SUSP	27	prazosin hcl CAPS	31	PRENATABS FA TABS	128
posaconazole TBEC	27	PRECISION GLUCOSE KETONE CONTR LIQD	81	PRENATABS RX TABS 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG-3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG-150 MCG-30 UNIT-29 MG ...	128
potassium & sodium phosphates PACK	102	PRECISION THINS GP LANCETS 81		PRENATAL (W/IRON & FA) TABS 128	
potassium bicarbonate TBEF	102	PRED FORTE (prednisolone acetate (ophth))	134	PRENATAL 19 CHEW	128
potassium chloride CPCR	102	prednisolone acetate (ophth)	134	PRENATAL 19 TABS	128
potassium chloride microencapsulated crystals er 10 MEQ, 20 MEQ	102	PREDNISOLONE ACETATE P-F 134		PRENATAL FORTE TABS	128
potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ	102	PREDNISOLONE SODIUM PHOSPHATE	134	PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG	128
potassium citrate (alkalinizer) TBCR . 65		prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML 45		PRENATAL PLUS TABS	128
potassium citrate-citric acid SOLN .65		PREDNISOLONE SODIUM PHOSPHATE TBDP 10 MG, 15 MG, 30 MG	45	PRENATAL PLUS VITAMIN/MINERAL TABS	128
potassium phosphate monobasic TABS	102	prednisolone sodium phosphate TBDP	45	PRENATAL TABS	129
POTASSIUM PHOSPHATES (potassium phosphates)	102	prednisolone SOLN	45	prenatal vit w/ ferrous fumarate-folic acid CHEW	129
potassium phosphates	102	prednisolone TABS	45	PRENATAL VITAMIN AND MINERAL TABS	129
POTASSIUM PHOSPHATES(66 MEQ K) (potassium phosphates) 102		PREDNISONE INTENSOL CONC .45		PRENATAL VITAMINS TABS 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	129
PRADAXA CAPS 110 MG (dabigatran etexilate mesylate)	19	prednisone SOLN	45	PRENATAL/IRON TABS	129
PRADAXA CAPS 75 MG, 150 MG (dabigatran etexilate mesylate)	19	prednisone TABS	45	PRENATVITE RX TABS	129
PRADAXA PACK	19	PREDNISONE TBEC 2 MG	45	PREPARATION H EX 1 %	13
pralatrexate	35	prednisone TBPk	45	PREPARATION H SOOTHING RELIEF EX 1 %	13
PRALUENT SOAJ	30	PREHEVBRIO	148	PRESCRIPTION SUPPORT MULTIVIT CAPS	119
pramipexole dihydrochloride TABS 38		PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	61	PRESERVISION AREDS 2 CAPS	
pramipexole dihydrochloride TB24	38	PREMPHASE	61		
prasugrel hcl	66				

119	PRIFTIN	34	PROCHAMBER VHC DEVI	96	
PRESERVISION AREDS 2 CHEW 119	PRILOSEC OTC TBEC (omeprazole magnesium)	145	prochlorperazine	39	
PRESERVISION AREDS 2+COQ10 CAPS	119	PRILOSEC PACK	145	prochlorperazine maleate TABS ...	39
PRESERVISION AREDS 2+MULTI VIT CAPS	119	PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)	33	PROCRIT	67
PRESERVISION AREDS CAPS .	119	primaquine phosphate TABS	33	PROCYSBI CPDR	65
PRESERVISION AREDS TABS .	119	primidone	19	PROCYSBI PACK	65
PRESERVISION/LUTEIN CAPS .	119	PRIORIX SUSR	148	PRODIGY CONTROL SOLUTION SOLN	82
PRETOMANID	34	PRO COMFORT ALCOHOL	85	PRODIGY COUNT-A-DOSE MISC 82	
PREVACID 24HR CPDR (lansoprazole)	145	PRO COMFORT LANCETS 30G .	81	PRODIGY LANCETS 28G	82
PREVACID CPDR 30 MG (lansoprazole)	145	PRO COMFORT LANCETS 31G .	82	PRODIGY LANCING DEVICE MISC .	82
PREVACID SOLUTAB TBDD (lansoprazole)	145	PRO COMFORT SAFETY LANCETS 30G	82	PRODIGY SAFETY LANCETS 26G .	82
PREVIDENT 5000 DRY MOUTH GEL (sodium fluoride (dental)) ...	104	PRO COMFORT SPACER ADULT MISC	96	PRODIGY TWIST TOP LANCETS 28G	82
PREVIDENT 5000 ENAMEL PROTECT GEL	104	PRO COMFORT SPACER CHILD MISC	96	PROFOLA TABS	119
PREVIDENT 5000 PLUS CREA (sodium fluoride (dental))	104	PRO COMFORT SPACER INFANT DEVI	96	progesterone CAPS	139
PREVIDENT 5000 SENSITIVE GEL .	104	PROAIR DIGIHALER	18	progesterone OIL	139
PREVIDENT GEL (sodium fluoride (dental))	104	PROAIR RESPICLICK AEPB	18	PROGLYCEM (diazoxide)	21
PREVNAR 13	146	probenecid	65	PROGRAF CAPS (tacrolimus) ...	103
PREVNAR 20	146	PROBIOTICS + BARIATRIC MULTI CAPS	119	PROGRAF PACK	103
PREV-RX TABS	119	PRO-CAL TABS	119	PROGRAF SOLN 5 MG/ML (tacrolimus)	103
PREVYMIS PACK	39	PROCARDIA XL TB24 (nifedipine) 41		PROLATE SOLN	12
PREVYMIS TABS	39	PROCARE SPACER/ADULT MASK DEVI	96	PROLATE TABS	12
PREZCOBIX	39	PROCARE SPACER/CHILD MASK DEVI	96	PROLENSA (bromfenac sodium (ophth))	135
PREZISTA SUSP	39	PROCERV HP TABS	119	promethazine & phenylephrine SYRP	46
				promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML	28

promethazine hcl SUPP 12.5 MG, 25 MG	28	sulfate)	18	CHAMBER DEVI	96
promethazine hcl SUPP 50 MG ...	28	PROVERA 5 MG, 10 MG (medroxyprogesterone acetate) ..	139	PURIXAN SUSP 2000 MG/100ML (mercaptopurine)	35
promethazine hcl TABS	28	PROVIT TABS	120	PX ADVANCED LANCING DEVICE MISC	82
promethazine w/codeine SOLN ...	46	prucalopride succinate	62	PX LANCETS MICROTHIN 33G ..	82
promethazine-dm SYRP	46	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	46	PX LANCETS ULTRA THIN 28G ..	82
promethazine-phenylephrine-codeine	46	P-SILOXAN DS	138	PYLERA (bismuth subcitrate potassium-metronidazole-tetracycline)	145
PROMETRIUM CAPS (progesterone)	139	PSS SELECT GP LANCETS	82	pyrazinamide	34
PRONEB ULTRA FILTER SET MISC	96	PSS SELECT PLATFORMS MISC 82		pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %	56
propafenone hcl TABS	15	PSS SELECT SAFETY LANCETS 82		PYRIDIDIUM TABS 100 MG (phenazopyridine hcl)	65
proparacaine hcl	134	psyllium POWD 25 %, 28.3 %, 43 %, 51.7 %, 58.6 %, 95 %	69	PYRIDIDIUM TABS 200 MG (phenazopyridine hcl)	65
propranolol hcl CP24	40	PULMICORT FLEXHALER AEPB 180 MCG/ACT	17	pyridostigmine bromide TABS 60 MG	34
propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	40	PULMICORT FLEXHALER AEPB 90 MCG/ACT	17	pyridoxine hcl TABS 100 MG	150
propranolol hcl TABS	40	PULMICORT SUSP (budesonide (inhalation))	17	pyridoxine hcl TABS 25 MG	150
propylthiouracil	143	PULMICORT SUSP (budesonide (inhalation))	17	pyridoxine hcl TABS 50 MG	150
PROQUAD SUSR	148	PULMOZYME	142	pyrimethamine	33
PRORENAL + D TABS	119	PURE COMFORT 3-BALL BREATHE EX DEVI	96	PYRUKYND TABS	66
PRORENAL + D W/ OMEGA-3 CAPS	119	PURE COMFORT ALCOHOL PREP	85	PYRUKYND TAPER PACK TBPB ..	66
PROSCAR (finasteride)	65	PURE COMFORT FLOW METER ADULT	96	PYZCHIVA 130 MG/26ML	63
PROSTEON TABS	102	PURE COMFORT FLOW METER CHILD	96	PYZCHIVA 45 MG/0.5ML	50
PROTECT CARDIO AF CAPS ...	119	PURE COMFORT LANCETS 30G 82		PYZCHIVA 90 MG/ML	50
PROTECT PLUS SO CAPS	119	PURE COMFORT PEAK FLOW MISC	96	PYZCHIVA SC 45 MG/0.5ML	50
PROTEGRA CAPS	119	PURE COMFORT SPACER		QBRELIS SOLN	30
PROTONIX PACK (pantoprazole sodium)	145			QC ADVANCED LANCING DEVICE MISC	82
PROTONIX TBEC (pantoprazole sodium)	145			QC ALCOHOL SWABS	86
PROVENTIL HFA AERS (albuterol					

QC LANCETS SUPER THIN 30G 82	QUICKTEK CONTROL SOLUTION	REALITY LATEX CONDOMS MISC .
QC LANCETS ULTRA THIN82	LIQD82	71
QC MULTI-VITE TABS120	QUIN B STRONG TABS120	REALITY LATEX/ULTRA
QC OCUHEALTH VISION	quinapril hcl30	TEXTURED DEVI71
SUPPORT 2 CAPS120	quinapril-hydrochlorothiazide31	REALITY LATEX/ULTRA THIN DEVI
QC PRENATAL TABS129	quinidine sulfate TABS15	71
QC UNILET LANCETS 28G82	QUINTABS TABS123	REALITY SWABS86
QC UNILET LANCETS MICRO THIN	QUINTABS-M TABS120	REALITY TRIGGER LANCETS ...82
.....82	QUINTET CONTROL	REBIF REBIDOSE SOAJ141
QDOLO SOLN (tramadol hcl)11	HIGH/NORMAL SOLN82	REBIF REBIDOSE TITRATION
QFITLIA SOAJ SC 50 MG/0.5ML .66	QULIPTA98	PACK SOAJ141
QFITLIA SOLN SC 20 MG/0.2ML .66	QUVIVIQ69	REBIF SOSY 22 MCG/0.5ML141
QNASL131	QVAR REDHALER17	REBIF SOSY 44 MCG/0.5ML141
QNASL CHILDRENS131	RA DAYLOGIC ACNE FOAMING	REBIF TITRATION PACK SOSY .141
QSYMIA 11.25 MG-69 MG, 15 MG-	WASH FOAM 10 %47	REBINYN66
92 MG, 3.75 MG-23 MG, 7.5 MG-46	RABAVERT148	RECOMBIVAX HB SUSP148
MG (phentermine hcl-topiramate) ...1	RABEPRAZOLE SODIUM CPSP 145	RECOMBIVAX HB SUSY148
QTERN20	rabeprazole sodium TBEC145	REFRESH LIQUIGEL GEL
QUADRACEL SUSP143	RALDESY SOLN PO 10 MG/ML ..20	(carboxymethylcellulose sodium
QUADRACEL SUSY143	raloxifene hcl59	(ophth))132
QUAKE DEVI96	ramipril CAPS30	REFRESH PLUS SOLN
QUESTRAN LIGHT POWD	ranolazine TB1214	(carboxymethylcellulose sodium
(cholestyramine light)29	RAPAFLO (silodosin)65	(ophth))132
QUESTRAN PACK (cholestyramine)	RAPAMUNE SOLN (sirolimus) ...103	REFRESH TEARS SOLN
29	RAPAMUNE TABS (sirolimus) ...104	(carboxymethylcellulose sodium
QUESTRAN POWD (cholestyramine)	rasagiline mesylate38	(ophth))132
.....29	RAYAVIT TABS120	REFUAH PLUS GLUCOSE
quetiapine fumarate TABS39	RAYOS TBEC45	CONTROL SOLN82
QUFLORA PEDIATRIC CHEW 0.25	READYLANCE SAFETY LANCETS .	REGLAN TABS 10 MG
MG, 0.5 MG127	82	(metoclopramide hcl)62
QUFLORA PEDIATRIC CHEW 1 MG	REALITY LANCETS82	REGLAN TABS 5 MG
.....127		(metoclopramide hcl)62
QUFLORA PEDIATRIC SOLN ...127		RELAFEN DS8
		RELCARE TABS123

RELENZA DISKHALER	40	REPATHA PUSHTRONEX SYSTEM	riboflavin TABS	150
RELEUKO SOSY	67	SOCT	rifabutin	34
RELEXXII TBCR (methylphenidate		REPATHA SOSY	rifampin CAPS	34
hcl)	2	REPATHA SURECLICK SOAJ		
RELION ALCOHOL SWABS	86	REPLACEMENT AIR FILTER MISC .	RIGHTEST ALTERNATE SITE	
RELION KETONE TEST STRP ...	57	96	ADAPT MISC	82
RELION LANCET DEVICES 30G .	82	REPLACEMENT FILTERS MISC ..	RIGHTEST GC300 CONTROL LIQD	
RELION LANCETS	82	96	82	
RELION LANCETS MICRO-THIN		RESTASIS EMUL (cyclosporine	RIGHTEST GD500 LANCING	
33G	82	(ophth))	DEVICE MISC	82
RELION LANCETS THIN 26G	82	134		
RELION LANCETS ULTRA-THIN		RESTASIS MULTIDOSE EMUL ..	RIGHTEST GL300 LANCETS	82
30G	82	.134		
RELION LANCING DEVICE MISC	82	RETACRIT	RILUTEK TABS (riluzole)	131
RELION ULTRA THIN LANCETS		67	riluzole TABS	131
30G	82	RETEVMO TABS	rimantadine hydrochloride TABS ..	40
RELISTOR SOLN 12 MG/0.6ML ..	64	37	RINVOQ LQ SOLN	3
RELISTOR SOSY SC 8 MG/0.4ML,		RETIN-A CREA 0.025 %, 0.05 %	RINVOQ TB24	3
12 MG/0.6ML	64	(tretinoin)		
RELISTOR TABS	64	47	RIOMET SOLN (metformin hcl) ...	21
RELPAK (eletriptan hydrobromide)		REUSABLE COMFORTSEAL MASK-	risedronate sodium TABS 35 MG .	58
99		LRG MISC	risedronate sodium TABS 5 MG, 30	
RELSTONE CAPS	62	.96	MG, 150 MG	58
REMEDIENT CAPS	120	REUSABLE COMFORTSEAL MASK-	risedronate sodium TBEC	58
RENAL MULTIVITAMIN TABS ...	120	MED MISC	RITEFLO DEVI	97
RENAPLEX-D TABS	120	.96	RITUXAN	35
RENTHYROID TABS 15 MG, 30 MG,		REUSABLE COMFORTSEAL MASK-	rivaroxaban SUSR 1 MG/ML	19
60 MG, 90 MG, 120 MG	143	SML MISC	rivaroxaban TABS 2.5 MG	19
REVELA PACK (sevelamer		.96	rivastigmine	140
carbonate)	64	REZURIO SUSR (sildenafil citrate	rivastigmine tartrate CAPS	140
REVELA TABS (sevelamer		(pulmonary hypertension))	RIVFLOZA SOLN	65
carbonate)	64	42	RIVFLOZA SOSY	65
repaglinide	24	REVATIO TABS (sildenafil citrate	rizatriptan benzoate TABS	99
		(pulmonary hypertension))	rizatriptan benzoate TBDP	99
		42		
		REVATIO TABS (sildenafil citrate	ROBINUL TABS (glycopyrrolate) .	144
		(pulmonary hypertension))		
		42		
		REVLIMID		
		103		
		REVUFORJ		
		36		
		REXTOVY LIQD		
		25		
		REYVOW		
		99		
		REZLIDHIA		
		37		
		REZUROCK		
		103		
		REZVOGLAR KWIKPEN		
		23		
		RHOPRESSA		
		134		
		RIABNI		
		35		

ROBINUL-FORTE TABS (glycopyrrolate)	144	MASK	87	SAPS HEALTH PLUS LANCETS ..	83
ROCALTROL CAPS (calcitriol)	59	SAFE-T-LANCE	82	SAPS HEALTH TWIST TOP LANCETS	83
ROCALTROL SOLN PO (calcitriol) 59		SAFE-T-LANCE PLUS	82	SAPS TWIST TOP LANCETS	83
ROCKLATAN	134	SAFETY LANCET 30G/PRESSURE ACT	82	SAPSCARE TWIST TOP LANCETS 83	
roflumilast	16	SAFETY LANCETS	82	SAVAYSA	19
ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG	37	SAFETY LANCETS 21G	82	SAVELLA TABS	140
ropinirole hydrochloride TABS	38	SAFETY LANCETS 23G	82	SAVELLA TITRATION PACK MISC 140	
ropinirole hydrochloride TB24	38	SAFETY LANCETS 28G	82	saxagliptin hcl	21
rosuvastatin calcium TABS	29	SAIZEN IJ	59	saxagliptin-metformin hcl	20
ROTARIX SUSP	148	SALAGEN (pilocarpine hcl (oral)) 105		SAXENDA 18 MG/3ML (liraglutide (weight management))	1
ROTATEQ SOLN	148	saline SOLN 0.65 %	130	SB ALCOHOL PREP	86
ROXICODONE TABS 15 MG (oxycodone hcl)	11	SALT DURABLE CREAM	139	SB LANCETS THIN	83
ROXICODONE TABS 30 MG (oxycodone hcl)	11	SALT STABLE LS ADVANCED .	139	SB LANCETS ULTRA THIN	83
ROXYBOND TABA 15 MG	12	SALTSTABLE LO	139	SCAR CARE	139
ROXYBOND TABA 30 MG	12	SAMI THE SEAL FILTERS MISC .	97	SCEMBLIX	37
ROXYBOND TABA 5 MG, 10 MG .	12	SAMSCA TABS (tolvaptan)	60	SECURA PROTECTIVE	139
ROZLYTREK PACK	37	SANARE ADVANCED SCAR THERAPY	139	SEGLENTIS	12
RUBRACA	37	SANARE SCAR THERAPY	139	SEGLUROMET	20
RYALTRIS	130	SANCUSO PTCH	25	SELARSDI SOLN IV 130 MG/26ML 63	
RYBELSUS TABS	22	SANDIMMUNE CAPS (cyclosporine) 104		SELARSDI SOLN SC 45 MG/0.5ML . 50	
RYKINDO SRER	39	SANDIMMUNE SOLN IV 50 MG/ML . 104		SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML	50
RYPLAZIM	66	SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML (octreotide acetate) .	60	SELECT-LITE DEVICE/LANCETS KIT	83
RYTARY CPR	38	SAPS CARE ALCOHOL PREP ...	86	SELECT-LITE LANCING DEVICE MISC	83
RYTELO	37	SAPS HEALTH ALCOHOL PREP 86		selegiline hcl CAPS	38
SA3 DERM	139	SAPS HEALTH CARE ALCOHOL PREP	86		
sacubitril-valsartan TABS	42				
SAFE-SENSE EARLOOP FACE					

selegiline hcl TABS38	sevelamer hcl64	SIMLANDI (1 PEN) AJKT6
selenium sulfide LOTN 2.5 %52	SEVENFACT66	SIMLANDI (1 SYRINGE) PSKT6
SEMGLEE (YFGN) SOLN24	SEZABY SOLR68	SIMLANDI (2 PEN) AJKT6
SEMGLEE (YFGN) SOPN24	SFROWASA ENEM63	SIMLANDI (2 SYRINGE) PSKT 20 MG/0.2ML6
SE-NATAL 19 CHEW129	SHIELD-SECURE FULL FACE SHIELD87	SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML6
SE-NATAL 19 TABS129	SHINGRIX148	SIMPLE DIAGNOSTICS LANCING DEV MISC83
SENI CARE BODY CREA56	SIDEROL TABS120	SIMPLERA SENSOR83
sennosides CAPS69	SIDESTREAM ADULT FACE MASK MISC97	SIMPLERA SYNC SENSOR83
sennosides LIQD69	SIDESTREAM PEDIATRIC FACE MASK MISC97	SIMPLERA SYSTEM83
sennosides SYRP 8.8 MG/5ML69	SIDESTREAM PLS ADULT FACE MASK MISC97	SIMPONI ARIA SOLN6
sennosides TABS 8.6 MG, 15 MG, 17.2 MG, 25 MG70	SIKLOS TABS67	SIMPONI SOAJ 100 MG/ML6
sennosides-docusate sodium TABS 69	sildenafil citrate (pulmonary hypertension) SUSR42	SIMPONI SOAJ 50 MG/0.5ML6
SENOKOT S TABS (sennosides- docusate sodium)69	sildenafil citrate (pulmonary hypertension) TABS42	SIMPONI SOSY 100 MG/ML6
SENOKOT TABS (sennosides)70	SILICONE MASK/ADULT MISC ...97	SIMPONI SOSY 50 MG/0.5ML6
SENSI-CARE MOISTURIZING CREA56	SILICONE MASK/INFANT MISC ...97	simvastatin TABS29
SENSIPAR 30 MG, 60 MG (cinacalcet hcl)59	SILICONE MASK/PEDIATRIC MISC . 97	SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (carbidopa-levodopa)38
SENSIPAR 90 MG (cinacalcet hcl) 59	SILIQ50	SINGLE-LET83
SENTRY SENIOR MENS 50+ TABS . 120	silodosin65	SINGULAIR CHEW 4 MG (montelukast sodium)16
SENTRY SENIOR/LUTEIN TABS 120	SILPROTEX PLUS139	SINGULAIR CHEW 5 MG (montelukast sodium)16
SENTRY TABS120	SILVADENE (silver sulfadiazine) . 52	SINGULAIR PACK (montelukast sodium)16
SEREVENT DISKUS18	silver sulfadiazine52	SINGULAIR TABS (montelukast sodium)16
SERNIVO EMUL54	SIMBRINZA133	sirolimus SOLN104
SEROSTIM SC 4 MG, 5 MG, 6 MG 59	simethicone CHEW62	sirolimus TABS104
sevelamer carbonate PACK64	simethicone LIQD PO62	SIRTURO34
sevelamer carbonate TABS64	simethicone SUSP62	

SITAGLIPT BASE-METFORM HCL ER TB24	20	SM TRUEDRAW LANCING DEVICE MISC	83	SENSITIVE GEL	104
SITAGLIPTIN	21	SMART DIABETES VANTAGE LANCING MISC	83	sodium fluoride CHEW	100
SITAGLIPTIN BASE-METFORMIN HCL TABS	20	SMARTEST CONTROL MEDIUM SOLN	83	sodium fluoride SOLN 0.5 MG/ML 100	
SITAVIG TABS BU	40	SMARTEST LANCETS 28G	83	SODIUM OXYBATE SOLN	139
SIVEXTRO TABS	33	SMARTY PANTS KIDS COMPLETE CHEW	126	sodium phosphates (sodium phosphate dibasic & monobasic) 102	
SKIN HAIR & NAILS ADVANCED CAPS	120	SOANZ TABS 20 MG	57	SODIUM PHOSPHATES 45 MMOLE/15ML (sodium phosphates (sodium phosphate dibasic & monobasic))	102
SKIN PROTECTANT	139	SOD FLUORIDE-POTASSIUM NITRATE GEL	104	sodium phosphates ENEM	69
skin protectants, misc. CREA	56	SODIUM BENZOATE	137	sodium polystyrene sulfonate POWD 104	
SKLICE (ivermectin (pediculicide)) 56		sodium bicarbonate (antacid) TABS 325 MG, 650 MG	14	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	104
SKYCLARYS	131	SODIUM BICARBONATE POWD . 14		sodium sulfate-potassium sulfate- magnesium sulfate	69
SKYRIZI PEN SOAJ	50	sodium chloride (gu irrigant) 0.9 % 65		SOGROYA	59
SKYRIZI SOCT 180 MG/1.2ML ...	63	sodium chloride (inhalant) NEBU 0.9 %	46	SOHONOS 1 MG, 1.5 MG, 2.5 MG, 10 MG	130
SKYRIZI SOCT 360 MG/2.4ML ...	63	sodium chloride (inhalant) NEBU 3 %, 7 %	46	solifenacin succinate TABS	146
SKYRIZI SOSY	50	sodium chloride hypertonic OINT 135		SOLIQUEA	20
SKYTROFA	59	sodium chloride hypertonic SOLN 135		SOLIRIS	66
SKYY DERM	139	sodium chloride SOLN IV 0.9 % ..	102	SOLO TABS	120
SLO-NIACIN TBCR 500 MG, 750 MG (niacin)	150	SODIUM CHLORIDE SOLN IV 0.9 %	102	SOLTAMOX SOLN	36
SLOW-MAG	101	sodium chloride TABS	102	SOLU-CORTEF (hydrocortisone sod succinate)	45
SLOWMAG MG MUSCLE HLTH/RECOVER CHEW	101	sodium citrate & citric acid	65	SOLU-CORTEF	45
SLOWMAG MG MUSCLE/HEART 101		sodium fluoride (dental) CREA ...	104	SOLU-MEDROL (PF)	45
SM ALCOHOL PREP	86	sodium fluoride (dental) GEL	104	SOLU-MEDROL	45
SM B-COMPLEX/VITAMIN C TABS . 105		SODIUM FLUORIDE 5000 ENAMEL GEL	104	SOLU-MEDROL 2 GM, 500 MG, 1000 MG (methylprednisolone sod succ)	45
SM FOAMING ANTACID	13	SODIUM FLUORIDE 5000			
SM PRENATAL VITAMINS TABS 129					

SOLUS V2 CONTROL SOLN83	SPIRIVA HANDIHALER CAPS IN (tiotropium bromide)16	STEQEYMA63
SOLUS V2 LANCETS 28G83	SPIRIVA RESPIMAT AERS IN16	STEQEYMA 45 MG/0.5ML51
SOLUS V2 LANCING DEVICE MISC 83	SPIRO PD DEVI97	STEQEYMA 90 MG/ML51
SOLUS V2 TWIST LANCETS 30G 83	spironolactone & hydrochlorothiazide57	STERILANCE PA MISC83
SOLUVITA ACD WITH FLUORIDE SOLN127	spironolactone TABS 25 MG, 100 MG58	STERILANCE TL83
SOLUVITA SOLN100	spironolactone TABS 50 MG58	STIMUFEND67
SOLUVITA WITH FLUORIDE SOLN . 127	SPONGEBOB SQUAREPANTS GUMMIES CHEW126	STIOLTO RESPIMAT18
SOOTHENEB NBL 100 ADULT MASK MISC97	SPORANOX CAPS (itraconazole) .27	STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %56
SOOTHENEB NBL 100 CHILD MASK MISC97	SPORANOX SOLN (itraconazole) .27	STRENSIQ59
SOOTHENEB NBL 100 MED CUP MISC97	SPRIX SOLN NA8	STRESS FORMULA/IRON/ENERGY TABS105
SOOTHENEB NBL 100 MESH CAP MISC97	STALEVO 100 (carbidopa-levodopa- entacapone)38	STRESS FORMULA/ZINC/ENERGY TABS123
SORBIDON HYDRATE CREA56	STALEVO 125 (carbidopa-levodopa- entacapone)38	STRIVE DUAL ZONE PEAK FLOW MTR97
SOSWEET SYRP137	STALEVO 150 (carbidopa-levodopa- entacapone)38	STRIVERDI RESPIMAT18
sotalol hcl (afib/afl)40	STALEVO 200 (carbidopa-levodopa- entacapone)38	STROMECTOL (ivermectin)14
sotalol hcl TABS40	STALEVO 50 (carbidopa-levodopa- entacapone)38	STROVITE ONE TABS120
SOTYKTU50	STALEVO 75 (carbidopa-levodopa- entacapone)38	SUBVENITE SUSP PO 10 MG/ML 19
SOTYLIZE SOLN PO40	STAMARIL SUSR148	sucralfate TABS144
SOVUNA33	STEGLATRO24	SULAR 8.5 MG, 17 MG, 34 MG (nisoldipine)41
SPECTRAVITE TABS120	STEGLUJAN20	sulconazole nitrate CREA49
SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML148	STELARA 130 MG/26ML63	sulfacetamide sodium (ophth) OINT 133
SPIKEVAX SUSP148	STELARA SOLN 45 MG/0.5ML ...51	sulfacetamide sodium (ophth) SOLN . 133
SPIKEVAX SUSY148	STELARA SOSY 45 MG/0.5ML ...51	sulfacetamide sodium w/ sulfur LIQD 10 %-5 %47
spinosad56	STELARA SOSY 90 MG/ML51	sulfacetamide sod-prednisolone SOLN134
SPINRAZA131		

sulfamethoxazole-trimethoprim SUSP32	83	SYNALAR (OINTMENT)54
sulfamethoxazole-trimethoprim TABS32	SURE COMFORT LANCETS 21G 83	SYNALAR CREA (fluocinolone acetone)54
sulfasalazine TABS63	SURE COMFORT LANCETS 23G 83	SYNALAR OINT (fluocinolone acetone)54
sulfasalazine TBEC63	SURE COMFORT LANCETS 28G 83	SYNALAR SOLN (fluocinolone acetone)54
sulindac TABS8	SURE COMFORT LANCETS 30G 83	SYNALAR TS54
sumatriptan99	SURE COMFORT LANCING PEN MISC83	SYNJARDY TABS21
sumatriptan succinate SOAJ99	SURELITE LANCETS83	SYNJARDY XR TB2421
sumatriptan succinate SOCT99	SURGICAL FACE MASK/NIOSH N9587	SYNTHROID TABS (levothyroxine sodium)143
sumatriptan succinate SOLN 6 MG/0.5ML99	SUSPENDIT ANHYDROUS SUSP 137	SYRPALTA SYRP137
sumatriptan succinate TABS99	SUSPENDRX W/BITTERBLOC SWEET SUSP137	SYRSPEND SF LIQD137
sumatriptan-naproxen sodium98	SUSPENDRX W/BITTERBLOC UNSWEET SUSP137	SYRUP VEHICLE SF SYRP137
SUNLENCA SOLN39	SUSPENSION VEHICLE SUSP ..137	SYRUP VEHICLE SYRP137
SUNLENCA TABS PO 300 MG ...39	SYMBICORT (budesonide- formoterol fumarate dihydrate)18	SYSTANE GEL132
SUNLENCA TBPK 300 MG39	SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)18	SYSTANE ICAPS AREDS2 CHEW 120
SUPER ANTIOXIDANT CAPS ...120	SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (budesonide-formoterol fumarate dihydrate)18	SYSTANE ICAPS AREDS2 TABS 120
SUPER D-ZINC-SELENIUM- COPPER TABS120	SYMBRAVO TABS PO98	SYSTANE SOLN (polyethylene glycol-propylene glycol (ophth)) ..132
SUPER THIN LANCETS83	SYMLINPEN 120 SOPN20	SYSTANE ULTRA SOLN (polyethylene glycol-propylene glycol (ophth))132
SUPERIOR MENS MULTI TABS .120	SYMLINPEN 60 SOPN20	TAB-A-VITE/IRON/BETA CAROTENE TABS105
SUPERIOR WOMENS MULTI TABS 120	SYMPROIC64	TABLOID35
SUPPORT-500 CAPS120	SYNAGIS SOLN136	tacrolimus (topical) OINT 0.03 % ..55
SUPREME II HIGH/LOW CONTROL LIQD83	SYNALAR (CREAM)54	tacrolimus (topical) OINT 0.1 % ...55
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate- magnesium sulfate)69		tacrolimus CAPS104
SURE COMFORT ALCOHOL PREP86		tacrolimus SOLN 5 MG/ML104
SURE COMFORT LANCETS 18G		

tadalafil (pulmonary hypertension) TABS42	tazarotene GEL 51	terbutaline sulfate TABS18
TADLIQ SUSP42	TAZORAC CREA (tazarotene) 51	terconazole vaginal CREA148
TAFINLAR TBSO37	TAZORAC GEL (tazarotene) 51	teriflunomide 141
tafluprost 135	TAZVERIK37	teriparatide SOPN58
TAGAMET HB 200 TABS (cimetidine) 144	TDVAX SUSP143	TERIPARATIDE SOPN58
TAGAMET HB TABS (cimetidine) 144	TECENTRIQ35	TERODERM 139
TAI DOC CONTROL SOLN83	TECENTRIQ HYBREZA 36	TERODERM-PLUS 139
TAKHZYRO SOSY66	TECFIDERA CDPK (dimethyl fumarate)141	TESTIM GEL TD (testosterone) ... 13
TALICIA 145	TECFIDERA CPDR (dimethyl fumarate)141	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML13
TALTZ SOAJ51	TECHLITE AST LANCETS83	testosterone cypionate SOLN IM .. 13
TALTZ SOSY 20 MG/0.25ML51	TECHLITE LANCETS 83	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM 13
TALTZ SOSY 40 MG/0.5ML51	TECHLITE LANCETS 26G83	testosterone GEL TD 1.62 %, 1.62 %13
TALTZ SOSY 80 MG/ML 51	TECHLITE LANCETS 30G83	testosterone SOLN13
TALZENNA37	TEGLUTIK SUSP131	TETANUS-DIPHTHERIA TOXOIDS TD SUSP 143
TAMIFLU CAPS (oseltamivir phosphate)40	TEKTURNA (aliskiren fumarate) ..32	TEZRULY PO 1 MG/ML 31
TAMIFLU SUSR (oseltamivir phosphate)40	TEKTURNA HCT31	TEZSPIRE SOAJ 15
tamoxifen citrate TABS 36	telmisartan30	TEZSPIRE SOSY15
tamsulosin hcl65	telmisartan-amlodipine31	THALOMID103
TARGRETIN (bexarotene (topical)) 49	telmisartan-hydrochlorothiazide ...32	theophylline ELIX 18
TARGRETIN (bexarotene)37	temozolomide CAPS34	theophylline SOLN18
TASCENSO ODT 0.25 MG141	TENIVAC SUSP 2 LFU-5 LFU ... 143	theophylline TB12 300 MG, 450 MG . 18
TASCENSO ODT 0.5 MG 141	TENORETIC 100 (atenolol & chlorthalidone) 32	theophylline TB2418
TASMAR (tolcapone)38	TENORETIC 50 (atenolol & chlorthalidone) 32	THERA TABS123
tavaborole49	TENORMIN TABS (atenolol) 40	THERACAL D2000 TABS102
TAVNEOS66	terazosin hcl31	THERACAL D4000 TABS102
tazarotene CREA 51	terbinafine hcl (topical) CREA 49	
	terbinafine hcl TABS26	

THERACAL RAPID REPLETION TABS	102	TIBSOVO	37	tobramycin NEBU	2
THERAGRAN-M ADVANCED 50 PLUS TABS	120	ticagrelor 60 MG, 90 MG	66	tobramycin-dexamethasone SUSP 134	
THERAGRAN-M ADVANCED TABS . 120		TICOVAC	148	TODAYS HEALTH LANCING DEVICE MISC	83
THERAGRAN-M PREMIER 50 PLUS TABS	120	TIGLUTIK SUSP	131	TODAYS HEALTH THIN LANCETS 28G	83
THERAGRAN-M PREMIER TABS 120		TIKOSYN (dofetilide)	15	TODAYS HEALTH THIN LANCETS 30G	83
THERAGRAN-M TABS	120	timolol	132	tolcapone	38
THERA-M PLUS MV W/BETA- CAROT TABS	120	timolol maleate (ophth) SOLG	132	tolmetin sodium CAPS	8
THERA-M TABS	120	timolol maleate (ophth) SOLN	132	tolmetin sodium TABS 600 MG	8
THERAMILL FORTE CAPS	120	timolol maleate TABS	40	tolnaftate CREA	49
THERANATAL CORE NUTRITION TABS	129	TIMOPTIC OCUDOSE SOLN (timolol maleate (ophth))	132	tolnaftate POWD EX	49
THERANATAL LACTATION ONE CAPS	120	TINACTIN CREA (tolnaftate)	49	TOLSURA CAPS	27
THERA-TABS M TABS	120	tinidazole	32	tolterodine tartrate CP24	146
THERA-VITE MAX-M TABS	120	TINNITUS RELIEF TABS	130	tolterodine tartrate TABS	146
THEREMS TABS	123	tiotropium bromide CAPS IN 18 MCG	16	tolvaptan TABS	60
THEREMS-M TABS	120	TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG (levothyroxine sodium)	143	tolvaptan TBPK 15 MG	60
thiamine mononitrate TABS 100 MG . 150		TIROSINT-SOL SOLN PO 13 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML, 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML	143	TOPICORT CREA (desoximetasone)	54
THINLETS GP LANCETS	83			TOPICORT GEL (desoximetasone) 54	
THRESHOLD IMT MISC	97			TOPICORT OINT (desoximetasone) . 54	
THRESHOLD PEP DEVI	97	tizanidine hcl CAPS	130	TOPICORT SPRAY LIQD (desoximetasone)	54
THRIVITE RX TABS	129	tizanidine hcl TABS	130	topiramate CPSP	19
THYQUIDITY SOLN PO	143	TM-DAILY VITE TABS	123	TOPROL XL TB24 (metoprolol succinate)	40
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	143	TOBI NEBU (tobramycin)	2	toremifene citrate	36
TIAZAC (diltiazem hcl extended release beads)	41	TOBI PODHALER CAPS	2	torsemide TABS 10 MG, 20 MG ...	58
		tobramycin (ophth) SOLN	133	torsemide TABS 5 MG, 100 MG ...	58

TOSYMRA	99	TREMFYA SOLN IV	63	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide)	32
TOUJEO MAX SOLOSTAR SOPN 24		TREMFYA SOSY 100 MG/ML	51	TRICARE TABS	129
TOUJEO SOLOSTAR SOPN	24	TREMFYA SOSY SC 200 MG/2ML 64		TRICOR TABS (fenofibrate)	29
TOVET	54	TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML	63	trifluridine	133
TOVIAZ (fesoterodine fumarate) 146		TRESIBA FLEXTOUCH SOPN ...	24	TRIJARDY XR	21
TRACLEER TABS (bosentan)	42	TRESIBA SOLN	24	TRIKAFTA THPK	142
TRACLEER TBSO 32 MG (bosentan)	42	tretinoin (chemotherapy)	37	TRILIPIX (choline fenofibrate)	29
TRADJENTA	21	tretinoin CREA 0.025 %, 0.05 % ..	48	trimethobenzamide hcl CAPS	26
tramadol hcl CP24 100 MG, 200 MG, 300 MG	12	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	35	trimethoprim TABS	32
TRAMADOL HCL SOLN (tramadol hcl)	12	TREXIMET (sumatriptan-naproxen sodium)	98	TRINATAL RX 1 TABS	129
tramadol hcl SOLN	12	triamcinolone acetonide (mouth) 104		TRI-VI-FLOR SUSP 0.25 MG/ML 127	
tramadol hcl TABS 50 MG, 100 MG 12		triamcinolone acetonide (nasal) AERO	131	TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML	127
tramadol hcl TB24	12	triamcinolone acetonide (topical) AERS	54	TROCHE BASE POWD	137
tramadol-acetaminophen	12	triamcinolone acetonide (topical) CREA	54	TROJAN BARESKIN DEVI	71
trandolapril	30	triamcinolone acetonide (topical) LOTN	54	TROJAN ENZ MISC	71
trandolapril-verapamil hcl	32	triamcinolone acetonide (topical) OINT	54	TROJAN MAGNUM MISC	71
TRAVATAN Z SOLN (travoprost) 135		TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML	45	TROJAN ULTRA THIN MISC	71
TRAVEL LANCETS ADVANCED 28G	83	triamcinolone acetonide SUSP	45	TROJAN ULTRA THIN/SPERMICIDAL MISC	71
travoprost SOLN	135	triamcinolone acetonide-dimethicone-silicone	54	TROJAN-ENZ LUBRICATED MISC 71	
TRELEGY ELLIPTA	18	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	57	TROJAN-ENZ/SPERMICIDAL MISC . 71	
TRELSTAR MIXJECT	36	triamterene & hydrochlorothiazide TABS	57	tropicamide SOLN	133
TREMFYA ONE-PRESS SOPN SC 100 MG/ML	51			trospium chloride CP24	146
TREMFYA PEN SOAJ 100 MG/ML 51				trospium chloride TABS	146
TREMFYA PEN SOAJ SC 200 MG/2ML	63			TRUE COMFORT ALCOHOL PREP PADS	86
				TRUE COMFORT PRO ALCOHOL PREP	86

TRUE COMFORT SAFETY LANCETS	83	MISC	71	TUMS EXTRA STRENGTH 750 CHEW (calcium carbonate (antacid)) 14	
TRUE COMFORT TWIST TOP LANCETS	83	TRUSTEX LUBRICATED EX LARGE MISC	71	TUMS EXTRA STRENGTH CHEW (calcium carbonate (antacid))	14
TRUE COVER DEVI	71	TRUSTEX LUBRICATED EXTRA ST MISC	72	TUMS LASTING EFFECTS CHEW (calcium carbonate (antacid))	14
TRUE METRIX LEVEL 2 SOLN ...	83	TRUSTEX LUBRICATED MISC ...	72	TUMS SMOOTHIES CHEW (calcium carbonate (antacid))	14
TRUE METRIX LEVEL 3 SOLN ...	83	TRUSTEX LUBRICATED/SPERMICIDE MISC 72		TUMS ULTRA 1000 CHEW (calcium carbonate (antacid))	14
TRUE MULTIVITAMIN TABS	123	TRUSTEX NATURAL CONDOMS + LUBE MISC	72	TUMS ULTRA STRENGTH CHEW (calcium carbonate (antacid))	14
TRUECONTROL GLUCOSE CONT LEV 0 LIQD	83	TRUSTEX NON-LUBRICATED MISC	72	TURALIO 125 MG	37
TRUECONTROL GLUCOSE CONT LEV 1 LIQD	84	TRUSTEX RIA LUB/SPERMICIDE MISC	72	T-VITES TABS	120
TRUEDRAW LANCING DEVICE MISC	84	TRUSTEX RIA LUBRICATED MISC . 72		TWIIST STARTER KIT KIT	84
TRUELYTE SOLN	100	TRUSTEX RIA NON-LUBRICATED MISC	72	TWINRIX SUSY	148
TRUEPLUS LANCETS 26G	84	TRUSTEX-NOXOYNOL-9/RIB/STUD MISC	72	TWIST TOP LANCETS 30G	84
TRUEPLUS LANCETS 28G	84	TRUZONE PEAK FLOW METER .	97	TYENNE SOAJ	6
TRUEPLUS LANCETS 30G	84	TRYNGOLZA	59	TYENNE SOSY	7
TRUEPLUS LANCETS 33G	84	TRYVIO	32	TYLENOL 8 HOUR ARTHRITIS PAIN TBCR (acetaminophen)	9
TRUEPLUS SAFETY LANCETS 28G	84	TUBING/WING TIP MISC	97	TYLENOL 8 HOUR TBCR (acetaminophen)	9
TRULANCE	62	TUDORZA PRESSAIR	16	TYLENOL CHILDRENS PAIN + FEVER SUSP (acetaminophen)	9
TRULICITY	22	TUMS CHEW (calcium carbonate (antacid))	14	TYLENOL CHILDRENS SUSP (acetaminophen)	9
TRUMENBA 0.5 ML	146	TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	14	TYLENOL EXTRA STRENGTH TABS (acetaminophen)	9
TRUQAP TABS	37	TUMS CHEWY BITES ULTRA STR CHEW (calcium carbonate (antacid)) 14		TYLENOL FOR CHILDREN + ADULTS SUSP (acetaminophen) ...	9
TRUQAP TBPB	37	TUMS E-X 750 CHEW (calcium carbonate (antacid))	14	TYLENOL INFANTS PAIN+FEVER SUSP (acetaminophen)	9
TRUSTEX COLOR CONDOMS + LUBE MISC	71			TYLENOL TABS (acetaminophen) .	9
TRUSTEX LUB/RIBBED/STUDD MISC	71				
TRUSTEX LUB/SPERMICIDE EX ST MISC	71				
TRUSTEX LUB/SPERMICIDE XL					

TYMLOS	58	ULTOMIRIS	66	UNISTIK 2 EXTRA	84
TYPHIM VI SOLN	146	ULTRA BONEUP TABS	120	UNISTIK 2 NEONATAL	84
TYPHIM VI SOSY	146	ULTRA NEB ACCESSORIES KIT		UNISTIK 2 NORMAL	84
TYRVAYA	132	MISC	97	UNISTIK 2 SUPER	84
TYVASO DPI INSTITUTIONAL KIT		ULTRA THIN LANCETS 31G	84	UNISTIK 3	84
POWD	42	ULTRA-CARE ALCOHOL PREP		UNISTIK 3 COMFORT	84
TYVASO DPI MAINTENANCE KIT		PADS	86	UNISTIK 3 EXTRA	84
POWD	42	ULTRA-CARE LANCETS 30G	84	UNISTIK 3 GENTLE	84
TYVASO DPI TITRATION KIT		ULTRA-THIN II AUTO LANCET ..	84	UNISTIK 3 NEONATAL	84
POWD	42	ULTRA-THIN II LANCETS	84	UNISTIK 3 NORMAL	84
TYVASO REFILL KIT SOLN IN ...	42	ULTRAVATE LOTN	54	UNISTIK CZT COMFORT	84
TYVASO SOLN IN	42	umeclidinium-vilanterol	18	UNISTIK CZT NORMAL	84
TYVASO STARTER KIT SOLN IN	42	UNILET COMFORTOUCH LANCET		UNISTIK NORMAL	84
U-BASE	139	84		UNISTIK PRO SAFETY LANCET	84
UBIDECARENONE	43	UNILET EXCELITE	84	UNISTIK SAFETY LANCETS 28G	
UBRELVY	98	UNILET EXCELITE II	84	84	
UCERIS TB24 (budesonide)	45	UNILET G.P. LANCET	84	UNISTIK SAFETY LANCETS 30G	
UDAMIN SP TABS 12.5 MG-1000		UNILET G.P. SUPERLITE LANCET		84	
MCG-250 MCG-2.5 MG-17 MG-7.5		84		UNISTIK TOUCH SAFETY LANC	
MG-100 MCG-75 UNIT-320 MG .	120	UNILET GP 28 ULTRA THIN	84	21G	84
UDENYCA ONBODY SOSY	67	UNILET LANCET	84	UNISTIK TOUCH SAFETY LANC	
UDENYCA SOAJ	68	UNILET MICRO-THIN 33G	84	23G	84
UDENYCA SOSY	68	UNILET SUPERLITE LANCET ...	84	UNISTIK TOUCH SAFETY LANC	
ULORIC (febuxostat)	65	UNILET SUPER-THIN 30G	84	28G	84
ULTICARE ALCOHOL SWABS ...	86	UNILET ULTRA-THIN 28G	84	UNISTIK TOUCH SAFETY LANC	
ULTI-LANCE AUTOMATIC MISC .	84	UNISPEND ANHYDROUS		30G	85
ULTILET ALCOHOL SWABS	86	SWEETENED SUSP	137	UNISTRIP CONTROL SOLN	85
ULTILET CLASSIC LANCETS	84	UNISPEND ANHYDROUS		UPTRAVI TABS	42
ULTILET LANCETS	84	UNSWEETENED SUSP	137	UPTRAVI TITRATION TBPK	42
ULTILET SAFETY LANCETS	84	UNISTIK 1	84	UROCIT-K 10 TBCR (potassium	
ULTILET SAFETY LANCETS 23G		UNISTIK 2	84	citrate (alkalinizer))	65
84		UNISTIK 2 COMFORT	84	UROCIT-K 15 TBCR (potassium	
				citrate (alkalinizer))	65

UROKIT-K 5 TBCR (potassium citrate (alkalinizer))65	VALCYTE TABS (valganciclovir hcl) . 39	VARIVAX SUSR148
UROXATRAL (alfuzosin hcl)65	valganciclovir hcl TABS39	VARUBI (180 MG DOSE) TBPK ... 26
URSO 250 TABS (ursodiol)62	valsartan SOLN30	VASCEPA (icosapent ethyl) 28
URSO FORTE TABS (ursodiol) ... 62	valsartan TABS 30	VASERETIC 25 MG-10 MG (enalapril maleate & hydrochlorothiazide) ... 32
ursodiol CAPS 62	valsartan-hydrochlorothiazide32	VASOTEC TABS (enalapril maleate) 30
URSODIOL CAPS 62	VALTREX (valacyclovir hcl)40	VAXCHORA146
ursodiol TABS62	VANCOCIN CAPS (vancomycin hcl) . 33	VAXELIS SUSP143
USTEKINUMAB 130 MG/26ML ... 64	vancomycin hcl CAPS 33	VAXELIS SUSY143
USTEKINUMAB SOLN 45 MG/0.5ML51	VANCOMYCIN HCL SOLR IV (vancomycin hcl)33	VAXNEUVANCE146
USTEKINUMAB SOSY 45 MG/0.5ML51	vancomycin hcl SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG33	VECTICAL (calcitriol (topical)) 51
USTEKINUMAB SOSY 90 MG/ML 51	VANCOMYCIN HCL SOLR IV 1 GM, 5 GM, 10 GM, 500 MG, 750 MG ...33	VELPHORO64
USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML51	vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML .33	VELSIPITY 64
USTEKINUMAB-AAUZ SOSY SC 90 MG/ML 51	VANDAZOLE148	VELTASSA104
USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML 51	VANFLYTA37	VEMLIDY39
USTEKINUMAB-TTWE 64	VANIBASE139	VENCLEXTA STARTING PACK TBPK35
USTEKINUMAB-TTWE 45 MG/0.5ML51	VANICREAM HC MAXIMUM STRENGTH CREA 54	VENCLEXTA TABS35
USTEKINUMAB-TTWE 90 MG/ML 51	VANISHING139	VENEXA FE TABS 120
UZEDY SUSY39	VANISHING CREAM BOTANICAL BASE139	VENEXA TABS120
VABRINTY SC 22.5 MG, 30 MG, 45 MG 36	VANISH-PEN 139	VENLAFAXINE BESYLATE ER .. 20
VAFSEO68	VANOS CREA (fluocinonide)54	VENTAVIS IN42
VAGIFEM TABS (estradiol vaginal) 149	VAQTA148	VENTOLIN HFA AERS (albuterol sulfate) 18
valacyclovir hcl40	VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML148	VENTRIXYL FE TABS120
VALCHLOR49	varenicline tartrate TABS142	VENTRIXYL TABS 120
	varenicline tartrate TBPK142	VEOPOZ66
		verapamil hcl CP2441
		VERAPAMIL HCL ER CP24 (verapamil hcl) 41
		verapamil hcl TABS41

verapamil hcl TBCR	41	VEVYE SOLN	134	VISTA ADVANCED AREDS2 FORMULA CAPS	120
VERASENS GLUCOSE CONTROL LIQD	85	VFEND SUSR (voriconazole)	27	VISTA ADVANCED DRY EYE FORMULA CAPS	120
VERELAN CP24 (verapamil hcl) ..	41	VFEND TABS 200 MG (voriconazole)	27	VISTARIL CAPS 25 MG (hydroxyzine pamoate)	15
VERELAN PM CP24 (verapamil hcl) .	41	VIBERZI	64	VITABASIC COMPLETE TABS ..	121
VERIFINE SAFE LANCET MINI 21G	85	VIBRAMYCIN CAPS (doxycycline hyclate)	142	VITABASIC SENIOR TABS	121
VERIFINE SAFE LANCET MINI 23G	85	VIBRAMYCIN SUSR (doxycycline (monohydrate))	142	VITABEX CAPS	121
VERIFINE SAFE LANCET MINI 28G	85	VICKS NYQUIL COLD & FLU LIQD (dextromethorphan-doxylamine- acetaminophen)	46	VITABEX PLUS CAPS	121
VERIFINE SAFE LANCET MINI 30G	85	VICKS NYQUIL COLD & FLU NIGHT LIQD (dextromethorphan- doxylamine-acetaminophen)	46	VITACHEW ADULT MULTI VITAMIN CHEW	121
VERIFINE UNIVERSAL LANCETS 28G	85	VICKS NYQUIL HBP COLD & FLU LIQD (dextromethorphan- doxylamine-acetaminophen)	46	VITACHEW MULTIPLE VITAMIN CHEW	126
VERIFINE UNIVERSAL LANCETS 30G	85	VICTOZA (liraglutide)	22	VITACORE TABS	121
VERIFINE UNIVERSAL LANCETS 33G	85	VIDAZA SUSR (azacitidine)	35	VITAFUSION MULTI WOMENS CHEW	121
VERKAZIA EMUL	134	VIGAFYDE SOLN	19	VITAJoy MULTI GUMMIES ADULT CHEW	121
VERQUVO	42	VIGAMOX SOLN OP (moxifloxacin hcl (ophth))	133	VITAL-D RX	105
VERSAFREE SYRP	137	VIJOICE PACK	104	VITALETS CHILDRENS CHEW ..	126
VERSAPAP DEVI	97	VIJOICE TBPk	104	vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT	149
VERSAPAP W/UNIVERSAL TUBING DEVI	97	VIMKUNYA SUSY IM 40 MCG/0.8ML	148	VITAMIN A/C/D/ INFANT/TODDLER	127
VERSAPLUS SYRP	137	VIMOVO (naproxen-esomeprazole magnesium)	8	VITAMIN A-C-D INFANT	127
VERSAPRO	139	VINATE ONE TABS	129	VITAMIN B COMPLEX- HYDROXOCOBAL SOLN IJ	105
VERSATILE CREAM BASE	139	VIOKACE TABS	57	VITAMIN B-COMPLEX 100 SOLN IJ 2 MG/ML-100 MG/ML-2 MG/ML-100 MG/ML-2 MG/ML	105
VERSATILE RICH BASE	139	VIREXA TABS	123	VITAMIN D3 COMPLETE TABS .	121
VERSIGEL	139	VISION HEALTH CAPS	120	VITAMIN D3 TABS (cholecalciferol) 150	
VESICARE LS SUSP	146	VISION OPTIMIZER CAPS	120		
VESICARE TABS (solifenacin succinate)	146				

vitamin e CAPS 1000 UNIT, 268 MG, 400 UNIT, 450 MG, 400 UNIT, 450 MG, 1000 UNIT	150	VITRAMYN TABS	121	VOQUEZNA TRIPLE PAK	145
vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG 150		VITRANOL FE TABS	121	VORANIGO	37
VITAMIN E CAPS	150	VITRANOL TABS	121	voriconazole SUSR	27
VITAMIN E SOLN 15 MG/0.67ML 150		VITRAX TABS	123	voriconazole TABS	27
vitamin e SOLN	150	VITREXATE FE TABS	121	VORTEX HOLD	
VITAMIN E TABS 100 UNIT, 100 UNIT	150	VITREXATE TABS	121	CHMBR/MASK/CHILD DEVI	97
VITAMINS ACD-FLUORIDE SOLN 127		VITREXYL + IRON TABS	121	VORTEX HOLD	
vitamins w/ lipotropics TABS	130	VITREXYL TABS	121	CHMBR/MASK/TODDLER DEVI ..	97
VITAROCA PLUS TABS (multiple vitamins w/ minerals)	121	VITRUM 50+ ADULT-MULTI TABS 121		VORTEX VALVE CHAMBER-PEDI MASK DEVI	97
VITASANA TABS	121	VITRUM 50+ SENIOR MULTI TABS 121		VORTEX VALVED HOLDING CHAMBER DEVI	98
VITATHELY WITH GINGER TABS 129		VIVAGUARD INO CONTROL SOLUTION LIQD	85	VOXZOGO	60
VITATRUM TABS	121	VIVAGUARD LANCETS	85	VOYDEYA TABS	66
VITEYES AREDS 2 FORMULA +MULTI CAPS	121	VIVAGUARD LANCETS 30G	85	VOYDEYA TBPk	66
VITEYES AREDS 2 FORMULA CAPS	121	VIVAGUARD LANCING DEVICE MISC	85	VP DERMABASE	139
VITEYES CLASSIC ADVANCED CAPS	121	VIVAGUARD SAFETY LANCETS 28G	85	VTAMA	52
VITEYES CLASSIC MACULAR SUPPOR CAPS	121	VIVELLE-DOT PTTW (estradiol) ..	61	VUMERITY	141
VITEYES CLASSIC MULTIVITAMIN TABS	121	VIVI CAP MISC	85	VUSION (miconazole-zinc oxide-white petrolatum)	49
VITEYES CLASSIC+OMEGA-3 CAPS	121	VIVI CAP1 MISC	85	VYJUVEK	56
VITEYES OPTIC NERVE SUPPORT TABS	121	VIVJOA	27	VYKAT XR TB24 PO 25 MG, 75 MG, 150 MG	60
		VIVOTIF	146	VYTORIN (ezetimibe-simvastatin) 28	
		VOGELXO GEL TD (testosterone) 13		VYZULTA	135
		VOGELXO PUMP GEL TD (testosterone)	13	WAL-BORN VITAMIN C CHEW ..	121
		VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) ..	49	warfarin sodium TABS	18
		VOQUEZNA	145	WAYRILZ TABS PO 400 MG	66
		VOQUEZNA DUAL PAK	145	WEBCOL ALCOHOL PREP LARGE 86	
				WEBCOL ALCOHOL PREP MEDIUM	86
				WEGOVY 0.25 MG/0.5ML, 0.5	

MG/0.5ML, 1 MG/0.5ML1	XALATAN SOLN (latanoprost) ... 135	XOFLUZA (40 MG DOSE) 40 MG .40
WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML1	XALKORI CPSP 37	XOFLUZA (80 MG DOSE) 80 MG .40
WELCHOL PACK (colesevelam hcl) . 29	XARELTO STARTER PACK TBPK 19	XOLAIR SOAJ 15
WELCHOL TABS (colesevelam hcl) . 29	XARELTO SUSR 1 MG/ML (rivaroxaban)19	XOLAIR SOSY16
WELLFOLA TABS121	XARELTO TABS 10 MG19	XOLREMDI68
WESTAB MAX 57	XARELTO TABS 15 MG19	XOPENEX HFA (levalbuterol tartrate)18
WESTAB PLUS TABS129	XARELTO TABS 2.5 MG (rivaroxaban)19	XPHOZAH60
white petrolatum-mineral oil 132	XARELTO TABS 20 MG19	XPOVIO (100 MG ONCE WEEKLY) 50 MG36
WIDE-SEAL DIAPHRAGM 60 72	XATMEP SOLN PO35	XPOVIO (40 MG ONCE WEEKLY) 40 MG36
WIDE-SEAL DIAPHRAGM 65 72	XCEL 100139	XPOVIO (40 MG TWICE WEEKLY) 40 MG36
WIDE-SEAL DIAPHRAGM 70 72	XCOPRI TABS19	XPOVIO (60 MG ONCE WEEKLY) 60 MG36
WIDE-SEAL DIAPHRAGM 75 72	XELJANZ SOLN3	XPOVIO (60 MG TWICE WEEKLY) . 36
WIDE-SEAL DIAPHRAGM 80 72	XELJANZ TABS3	XPOVIO (80 MG ONCE WEEKLY) 40 MG36
WIDE-SEAL DIAPHRAGM 85 72	XELJANZ XR TB24 3	XPOVIO (80 MG TWICE WEEKLY) . 36
WIDE-SEAL DIAPHRAGM 90 72	XELODA (capecitabine)35	XROMI SOLN PO 100 MG/ML 67
WIDE-SEAL DIAPHRAGM 95 72	XELPROS EMUL135	XTAMPZA ER 36 MG12
WINDMILL TRAINER MISC 98	XELSTRYM1	XTAMPZA ER 9 MG, 13.5 MG, 18 MG, 27 MG12
WINREVAIR42	XEMATOP BASE139	XTANDI CAPS36
WOMENS 50+ MULTI VITAMIN TABS121	XENICAL (orlistat)1	XTANDI TABS 36
WOMENS MULTI GUMMIES CHEW 121	XEPI48	XULTOPHY 21
WOMENS MULTIVITAMIN + COLLAGEN CHEW122	XERESE52	XYWAV139
WOMENS MULTIVITAMIN GUMMIES CHEW 122	XHANCE EXHU 131	XYZAL ALLERGY 24HR CHILDRENS SOLN (levocetirizine dihydrochloride)28
WOUND CARE 139	XIFAXAN 200 MG32	XYZAL ALLERGY 24HR TABS
XACIATO GEL148	XIFAXAN 550 MG32	
XADAGO38	XIGDUO XR (dapagliflozin propanediol-metformin hcl) 21	
	XIGDUO XR21	
	XIIDRA134	

(levocetirizine dihydrochloride) 28	YUMVS MULTI ZERO CHEW122	UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT- 63000 UNIT-20000 UNIT 57
YASMIN 28 (drospirenone-ethinyl estradiol) 44	YUMVS ZERO DIABETIC MULTIVITAM CHEW 122	ZEPBOUND SOAJ 1
YAZ (drospirenone-ethinyl estradiol) 44	YUMVSKIDS MULTI ZERO CHEW 126	ZE-PLUS CAPS (multiple vitamin) 123
YELETS TEENAGE FORMULA TABS122	YUPELRI 16	ZEPOSIA 7-DAY STARTER PACK CPPK 141
YELLOW PETROLATUM139	YUSIMRY6	ZEPOSIA CAPS 141
YERVOY35	ZADITOR 0.035 % (ketotifen fumarate (ophth)) 135	ZEPOSIA STARTER KIT CPPK ..141
YESINTEK 130 MG/26ML 64	zafirlukast16	ZERVIAE 135
YESINTEK SOLN 45 MG/0.5ML .. 52	ZANAFLEX CAPS (tizanidine hcl) 130	ZESTORETIC (lisinopril & hydrochlorothiazide) 32
YESINTEK SOSY 45 MG/0.5ML .. 52	ZANAFLEX TABS 4 MG (tizanidine hcl) 130	ZESTRIL TABS (lisinopril) 30
YESINTEK SOSY 90 MG/ML52	ZARXIO68	ZETIA (ezetimibe)29
YEZTUGO SOLN 463.5 MG/1.5ML 39	ZAVZPRET98	ZETONNA AERS131
YEZTUGO TABS PO 300 MG39	ZEGALOGUE SOAJ21	ZEVRX STERILE ALCOHOL PREP PAD86
YF-VAX SUSR148	ZEGALOGUE SOSY21	ZEVRX TWIST TOP LANCETS 30G 85
YONSA36	ZEGERID CAPS (omeprazole- sodium bicarbonate)145	ZIEXTENZO68
YORVIPATH 168 MCG/0.56ML ... 60	ZEGERID OTC CAPS (omeprazole- sodium bicarbonate)145	ZILBRYSQ66
YORVIPATH 294 MCG/0.98ML ... 60	ZEGERID PACK (omeprazole- sodium bicarbonate)145	zileuton TB12 16
YORVIPATH 420 MCG/1.4ML60	ZEJULA CAPS37	ZIMHI SOSY25
YOUR LIFE MULTI ADULT GUMMIES CHEW 122	ZEJULA TABS37	zinc gluconate TABS 100 MG103
YUFLYMA (1 PEN) AJKT 40 MG/0.4ML 6	ZELAPAR TBDP38	zinc sulfate CAPS 103
YUFLYMA (1 PEN) AJKT 80 MG/0.8ML 6	ZEMBRACE SYMTOUCH SOAJ ..99	zinc sulfate TABS103
YUFLYMA (2 PEN) AJKT6	ZEMPLAR CAPS 1 MCG, 2 MCG (paricalcitol)60	ZIOPTAN (tafluprost) 135
YUFLYMA (2 SYRINGE) PSKT6	ZEMPLAR SOLN (paricalcitol)60	ZIPSOR CAPS (diclofenac potassium)8
YUFLYMA-CD/UC/HS STARTER AJKT6	ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT- 10000 UNIT-3000 UNIT, 168000	
YUM-VS COMPLETE MULTIVITAMIN CHEW122		

ZITHROMAX PACK	70	ZOVIRAX OINT (acyclovir topical)	52
ZITHROMAX SUSR (azithromycin) 70		ZTALMY	19
ZITHROMAX TABS 250 MG (azithromycin)	70	ZUBSOLV SUBL	13
ZITHROMAX TABS 500 MG (azithromycin)	70	ZULRESSO	20
ZITHROMAX TRI-PAK TABS (azithromycin)	70	ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG	140
ZITHROMAX Z-PAK TABS (azithromycin)	70	ZURZUVAE	20
ZITUVIMET TABS	21	ZYFLO TABS	16
ZITUVIMET XR TB24	21	ZYMAXID (gatifloxacin (ophth))	133
ZITUVIO	21	ZYMFENTRA (1 PEN) AJKT	64
ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)	29	ZYMFENTRA (2 PEN) AJKT	64
ZOLINZA	37	ZYMFENTRA (2 SYRINGE) PSKT	64
zolmitriptan SOLN	99	ZYNTEGLO	67
zolmitriptan TABS	99	ZYPITAMAG 2 MG, 4 MG	29
zolmitriptan TBDP 2.5 MG	99	ZYRTEC ALLERGY CAPS (cetirizine hcl)	28
ZOLPIDEM TARTRATE CAPS	68	ZYRTEC ALLERGY TABS (cetirizine hcl)	28
ZOMACTON SOLR SC	59	ZYRTEC CHEW 10 MG (cetirizine hcl)	28
ZOMIG SOLN (zolmitriptan)	99	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (cetirizine hcl)	28
ZONISADE SUSP	19	ZYRTEC CHILDRENS ALLERGY SOLN PO (cetirizine hcl)	28
ZOO FRIENDS MULTI GUMMIES CHEW	126	ZYTIGA (abiraterone acetate)	36
ZORTRESS (everolimus (immunosuppressant))	104	ZYVOX SUSR (linezolid)	33
ZORVOLEX CAPS 18 MG	8	ZYVOX TABS (linezolid)	33
ZORYVE CREA EX	56		
ZORYVE FOAM EX	56		
ZOVIRAX CREA (acyclovir topical) 52			