



Blue Cross Complete of Michigan LLC is an independent licensee
of the Blue Cross and Blue Shield Association.

Dual Eligible Preferred Drug List

*This is a supplemental preferred drug list and only applies
to members who have dual eligibility.*

Effective April 8, 2025

This Preferred Drug List is a list of medicines that are covered by your pharmacy benefit. The list includes prescription and non-prescription medicines. In addition to this list, you can use our online search tool. You'll also find the Preferred Drug List Quick Reference on our website at **mibluecrosscomplete.com**. This is an easy-to-use summary of the medicines we cover.

If you have questions, please contact Blue Cross Complete of Michigan Pharmacy Customer Service at **1-888-288-3231**. You can call this number from 8:30 a.m. until 6 p.m., Monday through Friday.

Encl: Nondiscrimination Notice and Language Services

[Blue Cross Complete participates in the Michigan Common Formulary](#)

CURRENT AS OF 4/8/2025

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
Antidote Therapeutics		
Antidote Therapeutics		
naloxone hcl nasal	F	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	F	
phytonadione oral	F	QL
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	F	
Antihistamine Drugs		
Ethanolamine Derivatives		
allergy oral capsule	F	OTC; AL
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC; AL
BANOPHEN ORAL CAPSULE 50 MG	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl oral capsule 25 mg	F	AL
diphenhydramine hcl oral capsule 50 mg	F	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
diphenhydramine hcl oral tablet 25 mg	F	OTC; AL
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	OTC
ft allergy relief oral tablet 25 mg	F	OTC
ft allergy relief oral tablet chewable	F	OTC
gnp allergy antihistamine	F	OTC
gnp allergy childrens	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
hm allergy relief oral capsule	F	OTC; AL
hm allergy relief oral tablet 25 mg	F	OTC; AL
liquid allergy relief	F	OTC
m-dryl	F	OTC
sm allergy relief childrens	F	OTC
sm allergy relief oral tablet 25 mg	F	OTC; AL
Ethylenediamine Derivatives		
histaflex	F	OTC
First Generation Antihistamines		
AHIST ORAL TABLET 25 MG	F	OTC
ALA-HIST IR	F	OTC
aller-chlor oral tablet	F	OTC
allergy oral capsule	F	OTC; AL
allergy oral tablet 4 mg	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral tablet 25 mg	F	OTC; AL
allergy relief oral tablet 4 mg	F	OTC
allergy-time	F	OTC
BANOPHEN ORAL CAPSULE 25 MG	F	OTC; AL
BANOPHEN ORAL CAPSULE 50 MG	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl oral capsule 25 mg	F	AL
diphenhydramine hcl oral capsule 50 mg	F	

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
diphenhydramine hcl oral tablet 25 mg	F	OTC; AL
ed chlorped jr	F	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	OTC
ft allergy relief oral tablet 25 mg, 4 mg	F	OTC
ft allergy relief oral tablet chewable	F	OTC
gnp allergy antihistamine	F	OTC
gnp allergy childrens	F	OTC
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp allergy relief oral tablet 4 mg	F	OTC
gnp childrens allergy	F	OTC
HISTEX ORAL SYRUP	F	OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML	F	OTC
hm allergy relief oral capsule	F	OTC; AL
hm allergy relief oral tablet 25 mg	F	OTC; AL
hm allergy relief oral tablet 4 mg	F	OTC
liquid allergy relief	F	OTC
m-dryl	F	OTC
PEDIACLEAR PD CHILDRENS	F	OTC
PEDIAVENT ORAL SYRUP	F	OTC
sm allergy 4 hour	F	OTC
sm allergy relief childrens	F	OTC
sm allergy relief oral tablet 25 mg	F	OTC; AL
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	F	OTC
Other Antihistamines		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acid reducer complete	F	OTC
acid reducer maximum strength oral tablet 20 mg	F	OTC
acid reducer oral tablet 10 mg	F	OTC
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	OTC
cimetidine oral tablet 200 mg	F	
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 %	P	OTC
eye itch relief ophthalmic solution 0.035 %	P	OTC
famotidine maximum strength	F	OTC
famotidine oral tablet 10 mg	F	OTC
famotidine oral tablet 20 mg, 40 mg	F	
famotidine orig st	F	OTC
ft acid reducer + antacid	F	OTC
ft acid reducer max strength	F	OTC
ft acid reducer oral tablet	F	OTC
gnp acid reducer max st	F	OTC
goodsense dual action complete	F	OTC
heartburn relief max st oral tablet 20 mg	F	OTC
heartburn relief oral tablet 10 mg	F	OTC
ketotifen fumarate ophthalmic solution 0.035 %	P	OTC
kp ketotifen fumarate ophthalmic solution 0.025 %	P	OTC
PEPCID ORAL TABLET 20 MG	F	
qc acid controller	F	OTC
qc acid controller max st	F	OTC
ra eye itch relief ophthalmic solution 0.025 %	P	OTC
sm acid reducer max st oral tablet 20 mg	F	OTC
sm acid reducer oral tablet 10 mg	F	OTC
ZADITOR	P	OTC

Piperazine Derivatives

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
AHIST ORAL TABLET 25 MG	F	OTC
Propylamine Derivatives		
ALA-HIST IR	F	OTC
aller-chlor oral tablet	F	OTC
allergy oral tablet 4 mg	F	OTC
allergy relief oral tablet 4 mg	F	OTC
allergy-time	F	OTC
ed chlorped jr	F	OTC
ft allergy relief oral tablet 4 mg	F	OTC
gnp allergy relief oral tablet 4 mg	F	OTC
HISTEX ORAL SYRUP	F	OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML	F	OTC
hm allergy relief oral tablet 4 mg	F	OTC
PEDIACLEAR PD CHILDRENS	F	OTC
PEDIAVENT ORAL SYRUP	F	OTC
sm allergy 4 hour	F	OTC
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	F	OTC
Second Generation Antihistamines		
12hr allergy relief	NP	PA; OTC
24hr allergy relief	P	OTC
all day allergy childrens oral solution 5 mg/5ml	P	OTC
all day allergy oral tablet	P	OTC
allergy childrens oral solution	P	OTC
allergy childrens oral suspension	P	OTC
allergy rel child (loratadine)	P	OTC
allergy relief (loratadine) oral tablet	P	OTC
allergy relief cetirizine	P	OTC
allergy relief childrens oral solution 1 mg/ml	P	OTC
allergy relief oral tablet 10 mg, 180 mg	P	OTC
allergy relief/indoor/outdoor oral tablet 10 mg	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cetirizine hcl allergy child	P	
cetirizine hcl childrens alrgy oral solution	P	OTC
cetirizine hcl childrens oral solution 5 mg/5ml	NP	PA; OTC
cetirizine hcl oral solution 1 mg/ml	P	
cetirizine hcl oral tablet	P	OTC
cetirizine hcl oral tablet chewable	NP	PA; OTC
childrens loratadine oral solution	P	OTC
fexofenadine hcl oral tablet 180 mg	P	OTC
fexofenadine hcl oral tablet 60 mg	NP	PA; OTC
ft all day allergy	P	OTC
ft all day allergy 24 hour	P	OTC
ft all day allergy childrens	P	OTC
ft allergy childrens	P	OTC
ft allergy relief 12 hour	P	OTC
ft allergy relief 24 hour	P	OTC
ft allergy relief cetirizine	P	OTC
ft allergy relief childrens oral solution	P	OTC
ft allergy relief oral tablet 180 mg	P	OTC
gnp all day allergy	P	OTC
gnp all day allergy childrens oral solution	P	OTC
gnp allergy relief oral tablet 180 mg	P	OTC
gnp fexofenadine hcl	P	OTC
gnp loratadine childrens oral solution	P	OTC
gnp loratadine oral solution	P	OTC
gnp loratadine oral tablet	P	OTC
gnp loratadine oral tablet dispersible	P	OTC
goodsense all day allergy	P	OTC
goodsense aller-ease	P	OTC
goodsense allergy relief child	P	OTC
goodsense allergy relief oral tablet 10 mg	P	OTC
hm all day allergy childrens	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hm allergy relief (cetirizine)	P	OTC
hm allergy relief oral tablet 180 mg	P	OTC
hm allergy relief oral tablet 60 mg	NP	PA; OTC
hm cetirizine hcl	P	OTC
hm loratadine	P	OTC
loratadine childrens oral solution	P	OTC
loratadine oral tablet	P	OTC
loratadine oral tablet dispersible 10 mg	P	OTC
qc all day allergy	P	OTC
qc allergy relief oral tablet 10 mg	P	OTC
sm all day allergy	P	OTC
sm allergy childrens oral solution	P	OTC
sm fexofenadine hcl oral tablet 180 mg	P	OTC
sm loratadine oral solution	P	OTC

Anti-Infective Agents

Bacitracin Antibiotics

ft triple antibiotic	F	OTC
gnp triple antibiotic external ointment	F	OTC
goodsense first aid antibiotic	F	OTC
sm triple antibiotic original	F	OTC
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000	F	OTC

Antineoplastic Agents

Antineoplastic Agents

ATRALIN	F	QL
RETIN-A	F	QL
RETIN-A MICRO	F	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	F	QL
tretinoin external	F	QL
tretinoin microsphere external gel 0.04 %, 0.1 %	F	QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tretinoin microsphere pump external gel 0.04 %, 0.1 %	F	QL
Antitoxins, Immune Glob, Toxoids, Vaccines		
Vaccines		
COMIRNATY INTRAMUSCULAR SUSPENSION	F	
Autonomic Drugs		
Antiparkinsonian Agents		
allergy oral capsule	F	OTC; AL
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC; AL
BANOPHEN ORAL CAPSULE 50 MG	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl oral capsule 25 mg	F	AL
diphenhydramine hcl oral capsule 50 mg	F	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
diphenhydramine hcl oral tablet 25 mg	F	OTC; AL
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	OTC
ft allergy relief oral tablet 25 mg	F	OTC
ft allergy relief oral tablet chewable	F	OTC
gnp allergy antihistamine	F	OTC
gnp allergy childrens	F	OTC
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
hm allergy relief oral capsule	F	OTC; AL
hm allergy relief oral tablet 25 mg	F	OTC; AL
liquid allergy relief	F	OTC
m-dryl	F	OTC
sm allergy relief childrens	F	OTC
sm allergy relief oral tablet 25 mg	F	OTC; AL
Autonomic Drugs, Miscellaneous		
eq nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL
ft nicotine mini mouth/throat lozenge 2 mg	F	OTC; QL
ft nicotine mouth/throat	F	OTC; QL
gnp nicotine	F	OTC; QL
gnp nicotine mini	F	OTC; QL
gnp nicotine polacrilex	F	OTC; QL
goodsense nicotine	F	OTC; QL
hm nicotine polacrilex mouth/throat lozenge	F	OTC; QL
hm nicotine transdermal patch 24 hour 21 mg/24hr	F	OTC; QL
nicotine	F	OTC; QL
nicotine mini	F	OTC; QL
nicotine polacrilex mini	F	OTC; QL
nicotine polacrilex mouth/throat	F	OTC; QL
nicotine step 1	F	OTC; QL
nicotine step 2	F	OTC; QL
nicotine step 3	F	OTC; QL
qc nicotine transdermal system	F	OTC; QL
sm nicotine	F	OTC; QL
sm nicotine polacrilex	F	OTC; QL
Smoking Cessation Agents		
eq nicotine polacrilex mouth/throat gum 4 mg	F	OTC; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft nicotine mini mouth/throat lozenge 2 mg	F	OTC; QL
ft nicotine mouth/throat	F	OTC; QL
gnp nicotine	F	OTC; QL
gnp nicotine mini	F	OTC; QL
gnp nicotine polacrilex	F	OTC; QL
goodsense nicotine	F	OTC; QL
hm nicotine polacrilex mouth/throat lozenge	F	OTC; QL
hm nicotine transdermal patch 24 hour 21 mg/24hr	F	OTC; QL
nicotine	F	OTC; QL
nicotine mini	F	OTC; QL
nicotine polacrilex mini	F	OTC; QL
nicotine polacrilex mouth/throat	F	OTC; QL
nicotine step 1	F	OTC; QL
nicotine step 2	F	OTC; QL
nicotine step 3	F	OTC; QL
qc nicotine transdermal system	F	OTC; QL
sm nicotine	F	OTC; QL
sm nicotine polacrilex	F	OTC; QL

Blood Formation, Coagulation, Thrombosis

Iron Preparations

BPROTECTED PEDIA IRON	F	OTC; AL
FEOSOL ORAL TABLET 200 (65 FE) MG	F	OTC
FEROSUL ORAL TABLET	F	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml	F	OTC
ferrous sulfate oral solution 75 (15 fe) mg/ml	F	OTC; AL
ferrous sulfate oral tablet 325 (65 fe) mg	F	OTC
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	F	OTC
fe-vite iron	F	OTC; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FLORAFOL FE PEDIATRIC	F	
gnp iron oral tablet 200 (65 fe) mg	F	OTC
iron (ferrous sulfate) oral solution	F	OTC; AL
iron infant & toddler	F	OTC; AL
iron infant/toddler	F	OTC; AL
multi-vit/iron/fluoride	F	OTC; QL; AL
multi-vitamin/fluoride/iron	F	QL; AL
pc pediatric iron drops	F	OTC; AL
POLY-VI-FLOR/IRON	F	
QUFLORA FE	F	QL; AL
QUFLORA FE PEDIATRIC	F	QL; AL
true ferrous sulfate	F	OTC
Liver And Stomach Preparations		
cyanocobalamin injection solution 1000 mcg/ml	F	
cyanocobalamin nasal	F	
hydroxocobalamin acetate	F	
NASCOBAL	F	
Platelet-Aggregation Inhibitors		
aspirin 81 oral tablet delayed release	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
ft aspirin low dose	F	OTC; QL
ft aspirin oral tablet	F	OTC; QL; AL
ft aspirin oral tablet chewable	F	OTC; QL
ft enteric coated aspirin	F	OTC; QL; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp adult aspirin low strength oral tablet chewable	F	OTC; QL
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 81 mg	F	OTC; QL
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
hm aspirin ec low dose	F	OTC; QL
hm aspirin oral tablet chewable	F	OTC; QL
qc aspirin oral tablet	F	OTC; QL; AL
sm aspirin adult low strength oral tablet delayed release	F	OTC; QL
sm aspirin ec	F	OTC; QL; AL
sm aspirin low dose	F	OTC; QL
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Thrombolytic Agents		
aspirin 81 oral tablet delayed release	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
ft aspirin low dose	F	OTC; QL
ft aspirin oral tablet	F	OTC; QL; AL
ft aspirin oral tablet chewable	F	OTC; QL
ft enteric coated aspirin	F	OTC; QL; AL
gnp adult aspirin low strength oral tablet chewable	F	OTC; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 81 mg	F	OTC; QL
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
hm aspirin ec low dose	F	OTC; QL
hm aspirin oral tablet chewable	F	OTC; QL
qc aspirin oral tablet	F	OTC; QL; AL
sm aspirin adult low strength oral tablet delayed release	F	OTC; QL
sm aspirin ec	F	OTC; QL; AL
sm aspirin low dose	F	OTC; QL
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Central Nervous System Agents		
Amphetamine Derivatives		
ADIPEX-P ORAL TABLET	P-PA	PA; AL
diethylpropion hcl er	P-PA	PA; AL
diethylpropion hcl oral	P-PA	PA; AL
LOMAIRA	P-PA	PA; AL
phendimetrazine tartrate	P-PA	PA; AL
phendimetrazine tartrate er	P-PA	PA; AL
phentermine hcl oral capsule 15 mg, 30 mg	P-PA	PA; AL
phentermine hcl oral tablet	P-PA	PA; AL
Amphetamines		
benzphetamine hcl oral tablet 50 mg	P-PA	PA; AL
Analgesics And Antipyretics, Misc.		
acetaminophen childrens oral solution	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen er	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acetaminophen extra strength oral liquid	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	F	OTC
acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 80 mg/2.5ml	F	OTC
acetaminophen oral tablet	F	OTC
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC
acetaminophen-ibuprofen	F	OTC
arthritis pain relief oral	F	OTC
childrens acetaminophen oral suspension 160 mg/5ml	F	OTC
dual action pain relief	F	OTC
ed-apap	F	OTC
FEVERALL ADULTS	F	OTC
FEVERALL CHILDRENS	F	OTC
FEVERALL INFANTS	F	OTC
FEVERALL JUNIOR STRENGTH	F	OTC
ft 8 hour pain relief	F	OTC
ft arthritis pain reliever	F	OTC
ft pain & fever childrens	F	OTC
ft pain & fever infants	F	OTC
ft pain relief adult extra st	F	OTC
ft pain relief extra strength	F	OTC
ft pain relief oral tablet 325 mg	F	OTC
ft pain reliever ex str adult	F	OTC
gnp 8 hour arthritis relief	F	OTC
gnp 8 hour pain relief	F	OTC
gnp 8 hour pain reliever	F	OTC
gnp acetaminophen oral tablet	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp acetaminophen/ibuprofen	F	OTC
gnp arthritis pain relief oral	F	OTC
gnp childrens pain relief oral suspension	F	OTC
gnp infants pain/fever	F	OTC
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC
gnp pain & fever infants	F	OTC
gnp pain relief extra strength oral tablet	F	OTC
goodsense arthritis pain oral	F	OTC
goodsense dual action	F	OTC
goodsense pain & fever child	F	OTC
goodsense pain & fever infants	F	OTC
goodsense pain relief extra st	F	OTC
goodsense pain relief oral tablet	F	OTC
histaflex	F	OTC
hm pain reliever	F	OTC
MAPAP ACETAMINOPHEN EXTRA STR	F	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC
mapap oral capsule	F	OTC
m-pap	F	OTC
pain & fever childrens oral suspension	F	OTC
pain & fever infants	F	OTC
pain and fever relief kids	F	OTC
qc arthritis pain relief	F	OTC
qc non-aspirin jr strength	F	OTC
sm 8 hour pain relief	F	OTC
sm arthritis pain reliever	F	OTC
sm pain & fever childrens	F	OTC
sm pain & fever infants	F	OTC
sm pain reliever ex st oral tablet	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm pain reliever oral tablet 325 mg	F	OTC
tension headache	F	OTC
Anorexigenic Agents		
CONTRACE	P-PA	PA; AL
Anorexigenic Agents, Miscellaneous		
CONTRACE	P-PA	PA; AL
SAXENDA	P-PA	PA; AL
WEGOVY	P-PA	PA; AL
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 7.5 MG/0.5ML	P-PA	AL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	AL
Anticholinergic Agents (Cns)		
allergy oral capsule	F	OTC; AL
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC; AL
BANOPHEN ORAL CAPSULE 50 MG	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl oral capsule 25 mg	F	AL
diphenhydramine hcl oral capsule 50 mg	F	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
diphenhydramine hcl oral tablet 25 mg	F	OTC; AL
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	OTC
ft allergy relief oral tablet 25 mg	F	OTC
ft allergy relief oral tablet chewable	F	OTC
gnp allergy antihistamine	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp allergy childrens	F	OTC
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
hm allergy relief oral capsule	F	OTC; AL
hm allergy relief oral tablet 25 mg	F	OTC; AL
liquid allergy relief	F	OTC
m-dryl	F	OTC
sm allergy relief childrens	F	OTC
sm allergy relief oral tablet 25 mg	F	OTC; AL
Antimigraine Agents, Miscellaneous		
acetaminophen childrens oral solution	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen er	F	OTC
acetaminophen extra strength oral liquid	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	F	OTC
acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 80 mg/2.5ml	F	OTC
acetaminophen oral tablet	F	OTC
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC
all day pain relief	P	OTC
all day relief	P	OTC
arthritis pain relief oral	F	OTC
aspirin 81 oral tablet delayed release	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
childrens acetaminophen oral suspension 160 mg/5ml	F	OTC
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC
ed-apap	F	OTC
FEVERALL ADULTS	F	OTC
FEVERALL CHILDRENS	F	OTC
FEVERALL INFANTS	F	OTC
FEVERALL JUNIOR STRENGTH	F	OTC
ft 8 hour pain relief	F	OTC
ft all day pain relief	P	OTC
ft arthritis pain reliever	F	OTC
ft aspirin low dose	F	OTC; QL
ft aspirin oral tablet	F	OTC; QL; AL
ft aspirin oral tablet chewable	F	OTC; QL
ft enteric coated aspirin	F	OTC; QL; AL
ft ibuprofen	P	OTC
ft ibuprofen childrens	P	OTC
ft ibuprofen ib childrens	P	OTC
ft ibuprofen minis	P	OTC
ft naproxen sodium	P	OTC
ft pain & fever childrens	F	OTC
ft pain & fever infants	F	OTC
ft pain relief	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft pain relief adult extra st	F	OTC
ft pain relief extra strength	F	OTC
ft pain reliever ex str adult	F	OTC
gnp 8 hour arthritis relief	F	OTC
gnp 8 hour pain relief	F	OTC
gnp 8 hour pain reliever	F	OTC
gnp acetaminophen oral tablet	F	OTC
gnp adult aspirin low strength oral tablet chewable	F	OTC; QL
gnp arthritis pain relief oral	F	OTC
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 81 mg	F	OTC; QL
gnp childrens ibuprofen	P	OTC
gnp childrens pain relief oral suspension	F	OTC
gnp ibuprofen	P	OTC
gnp ibuprofen childrens	P	OTC
gnp ibuprofen infants	P	OTC
gnp infants pain/fever	F	OTC
gnp naproxen sodium	P	OTC
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC
gnp pain & fever infants	F	OTC
gnp pain relief extra strength oral tablet	F	OTC
goodsense arthritis pain oral	F	OTC
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
goodsense ibuprofen	P	OTC
goodsense ibuprofen childrens	P	OTC
goodsense ibuprofen infants	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense naproxen sodium	P	OTC
goodsense pain & fever child	F	OTC
goodsense pain & fever infants	F	OTC
goodsense pain relief extra st	F	OTC
goodsense pain relief oral tablet	F	OTC
hm aspirin ec low dose	F	OTC; QL
hm aspirin oral tablet chewable	F	OTC; QL
hm pain reliever	F	OTC
ibu-200	P	OTC
ibuprofen childrens	P	OTC
ibuprofen infants	P	OTC
ibuprofen junior strength oral tablet chewable	P	OTC
ibuprofen oral capsule	P	OTC
ibuprofen oral suspension	P	
ibuprofen oral tablet 200 mg	P	OTC
infants ibuprofen	P	OTC
MAPAP ACETAMINOPHEN EXTRA STR	F	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC
mapap oral capsule	F	OTC
m-pap	F	OTC
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
pain & fever childrens oral suspension	F	OTC
pain & fever infants	F	OTC
pain and fever relief kids	F	OTC
qc arthritis pain relief	F	OTC
qc aspirin oral tablet	F	OTC; QL; AL
qc ibuprofen ib	P	OTC
qc ibuprofen infants	P	OTC
qc non-aspirin jr strength	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm 8 hour pain relief	F	OTC
sm arthritis pain reliever	F	OTC
sm aspirin adult low strength oral tablet delayed release	F	OTC; QL
sm aspirin ec	F	OTC; QL; AL
sm aspirin low dose	F	OTC; QL
sm childrens ibuprofen	P	OTC
sm ibuprofen	P	OTC
sm ibuprofen ib childrens	P	OTC
sm infants ibuprofen	P	OTC
sm naproxen sodium oral tablet	P	OTC
sm pain & fever childrens	F	OTC
sm pain & fever infants	F	OTC
sm pain reliever ex st oral tablet	F	OTC
sm pain reliever oral tablet 325 mg	F	OTC
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Anxiolytics,Sedatives,And Hypnotics,Misc		
allergy oral capsule	F	OTC; AL
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC; AL
BANOPHEN ORAL CAPSULE 50 MG	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl oral capsule 25 mg	F	AL
diphenhydramine hcl oral capsule 50 mg	F	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
diphenhydramine hcl oral tablet 25 mg	F	OTC; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	OTC
ft allergy relief oral tablet 25 mg	F	OTC
ft allergy relief oral tablet chewable	F	OTC
gnp allergy antihistamine	F	OTC
gnp allergy childrens	F	OTC
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
hm allergy relief oral capsule	F	OTC; AL
hm allergy relief oral tablet 25 mg	F	OTC; AL
liquid allergy relief	F	OTC
m-dryl	F	OTC
sm allergy relief childrens	F	OTC
sm allergy relief oral tablet 25 mg	F	OTC; AL
Non-Opioid Analgesics		
acetaminophen childrens oral solution	F	OTC
acetaminophen childrens oral suspension 160 mg/5ml	F	OTC
acetaminophen er	F	OTC
acetaminophen extra strength oral liquid	F	OTC
acetaminophen extra strength oral tablet	F	OTC
acetaminophen infants	F	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	F	OTC
acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 80 mg/2.5ml	F	OTC
acetaminophen oral tablet	F	OTC
acetaminophen rectal suppository 120 mg, 650 mg	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
acetaminophen-ibuprofen	F	OTC
arthritis pain relief oral	F	OTC
childrens acetaminophen oral suspension 160 mg/5ml	F	OTC
dual action pain relief	F	OTC
ed-apap	F	OTC
FEVERALL ADULTS	F	OTC
FEVERALL CHILDRENS	F	OTC
FEVERALL INFANTS	F	OTC
FEVERALL JUNIOR STRENGTH	F	OTC
ft 8 hour pain relief	F	OTC
ft arthritis pain reliever	F	OTC
ft pain & fever childrens	F	OTC
ft pain & fever infants	F	OTC
ft pain relief adult extra st	F	OTC
ft pain relief extra strength	F	OTC
ft pain relief oral tablet 325 mg	F	OTC
ft pain reliever ex str adult	F	OTC
gnp 8 hour arthritis relief	F	OTC
gnp 8 hour pain relief	F	OTC
gnp 8 hour pain reliever	F	OTC
gnp acetaminophen oral tablet	F	OTC
gnp acetaminophen/ibuprofen	F	OTC
gnp arthritis pain relief oral	F	OTC
gnp childrens pain relief oral suspension	F	OTC
gnp infants pain/fever	F	OTC
gnp pain & fever childrens oral suspension 160 mg/5ml	F	OTC
gnp pain & fever infants	F	OTC
gnp pain relief extra strength oral tablet	F	OTC
goodsense arthritis pain oral	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense dual action	F	OTC
goodsense pain & fever child	F	OTC
goodsense pain & fever infants	F	OTC
goodsense pain relief extra st	F	OTC
goodsense pain relief oral tablet	F	OTC
hm pain reliever	F	OTC
MAPAP ACETAMINOPHEN EXTRA STR	F	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG	F	OTC
mapap oral capsule	F	OTC
m-pap	F	OTC
pain & fever childrens oral suspension	F	OTC
pain & fever infants	F	OTC
pain and fever relief kids	F	OTC
qc arthritis pain relief	F	OTC
qc non-aspirin jr strength	F	OTC
sm 8 hour pain relief	F	OTC
sm arthritis pain reliever	F	OTC
sm pain & fever childrens	F	OTC
sm pain & fever infants	F	OTC
sm pain reliever ex st oral tablet	F	OTC
sm pain reliever oral tablet 325 mg	F	OTC
tension headache	F	OTC
Nonsteroidal Anti-Inflamm. Agents, Misc		
acetaminophen-ibuprofen	F	OTC
all day pain relief	P	OTC
all day relief	P	OTC
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC
dual action pain relief	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft all day pain relief	P	OTC
ft ibuprofen	P	OTC
ft ibuprofen childrens	P	OTC
ft ibuprofen ib childrens	P	OTC
ft ibuprofen minis	P	OTC
ft naproxen sodium	P	OTC
ft pain relief oral tablet 200 mg	F	OTC
gnp acetaminophen/ibuprofen	F	OTC
gnp childrens ibuprofen	P	OTC
gnp ibuprofen	P	OTC
gnp ibuprofen childrens	P	OTC
gnp ibuprofen infants	P	OTC
gnp naproxen sodium	P	OTC
goodsense dual action	F	OTC
goodsense ibuprofen	P	OTC
goodsense ibuprofen childrens	P	OTC
goodsense ibuprofen infants	P	OTC
goodsense naproxen sodium	P	OTC
ibu-200	P	OTC
ibuprofen childrens	P	OTC
ibuprofen infants	P	OTC
ibuprofen junior strength oral tablet chewable	P	OTC
ibuprofen oral capsule	P	OTC
ibuprofen oral suspension	P	
ibuprofen oral tablet 200 mg	P	OTC
infants ibuprofen	P	OTC
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
qc ibuprofen ib	P	OTC
qc ibuprofen infants	P	OTC
sm childrens ibuprofen	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm ibuprofen	P	OTC
sm ibuprofen ib childrens	P	OTC
sm infants ibuprofen	P	OTC
sm naproxen sodium oral tablet	P	OTC
Opioid Antagonists (28:10)		
naloxone hcl nasal	F	
Respiratory And Cns Stimulants		
tension headache	F	OTC
Reversible Cox-1/Cox-2 Inhibitors		
acetaminophen-ibuprofen	F	OTC
all day pain relief	P	OTC
all day relief	P	OTC
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	P	OTC
dual action pain relief	F	OTC
ft all day pain relief	P	OTC
ft ibuprofen	P	OTC
ft ibuprofen childrens	P	OTC
ft ibuprofen ib childrens	P	OTC
ft ibuprofen minis	P	OTC
ft naproxen sodium	P	OTC
ft pain relief oral tablet 200 mg	F	OTC
gnp acetaminophen/ibuprofen	F	OTC
gnp childrens ibuprofen	P	OTC
gnp ibuprofen	P	OTC
gnp ibuprofen childrens	P	OTC
gnp ibuprofen infants	P	OTC
gnp naproxen sodium	P	OTC
goodsense dual action	F	OTC
goodsense ibuprofen	P	OTC
goodsense ibuprofen childrens	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense ibuprofen infants	P	OTC
goodsense naproxen sodium	P	OTC
ibu-200	P	OTC
ibuprofen childrens	P	OTC
ibuprofen infants	P	OTC
ibuprofen junior strength oral tablet chewable	P	OTC
ibuprofen oral capsule	P	OTC
ibuprofen oral suspension	P	
ibuprofen oral tablet 200 mg	P	OTC
infants ibuprofen	P	OTC
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
qc ibuprofen ib	P	OTC
qc ibuprofen infants	P	OTC
sm childrens ibuprofen	P	OTC
sm ibuprofen	P	OTC
sm ibuprofen ib childrens	P	OTC
sm infants ibuprofen	P	OTC
sm naproxen sodium oral tablet	P	OTC
Salicylates		
aspirin 81 oral tablet delayed release	F	OTC; QL
aspirin low dose oral tablet chewable	F	OTC; QL
aspirin low dose oral tablet delayed release	F	OTC; QL
aspirin low strength	F	OTC; QL
aspirin oral tablet 325 mg	F	OTC; QL; AL
aspirin oral tablet chewable	F	OTC; QL
aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
aspirin rectal suppository 300 mg	F	OTC
aspirin regimen	F	OTC; QL
ft aspirin low dose	F	OTC; QL
ft aspirin oral tablet	F	OTC; QL; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft aspirin oral tablet chewable	F	OTC; QL
ft enteric coated aspirin	F	OTC; QL; AL
gnp adult aspirin low strength oral tablet chewable	F	OTC; QL
gnp aspirin low dose	F	OTC; QL
gnp aspirin oral tablet 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 325 mg	F	OTC; QL; AL
gnp aspirin oral tablet delayed release 81 mg	F	OTC; QL
goodsense aspirin adults	F	OTC; QL; AL
goodsense aspirin oral tablet chewable	F	OTC; QL
hm aspirin ec low dose	F	OTC; QL
hm aspirin oral tablet chewable	F	OTC; QL
qc aspirin oral tablet	F	OTC; QL; AL
sm aspirin adult low strength oral tablet delayed release	F	OTC; QL
sm aspirin ec	F	OTC; QL; AL
sm aspirin low dose	F	OTC; QL
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Dental Agents		
Dental Agents		
FLORAFOL PEDIATRIC ORAL SOLUTION	F	QL; AL
multivitamin/fluoride oral solution	F	OTC; QL; AL
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
POLY-VI-FLOR ORAL SUSPENSION	F	
POLY-VI-FLOR ORAL TABLET CHEWABLE	F	QL; AL
QUFLORA FE	F	QL; AL
QUFLORA PEDIATRIC	F	QL; AL
tri-vite/fluoride	F	QL; AL
Nutritional Supplements		

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
FLORAFOL PEDIATRIC ORAL SOLUTION	F	QL; AL
multivitamin/fluoride oral solution	F	OTC; QL; AL
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
POLY-VI-FLOR ORAL SUSPENSION	F	
POLY-VI-FLOR ORAL TABLET CHEWABLE	F	QL; AL
QUFLORA FE	F	QL; AL
QUFLORA PEDIATRIC	F	QL; AL
tri-vite/fluoride	F	QL; AL
Electrolytic, Caloric, And Water Balance		
Caloric Agents		
ENLYTE	F	
Replacement Preparations		
BACMIN	F	
calcium + vitamin d3 oral tablet 500-5 mg-mcg	F	OTC
chromic chloride intravenous	F	
CORVITA ORAL TABLET	F	
CORVITE ORAL TABLET	F	
cupric chloride	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE SUPREME D ORAL TABLET	F	
DIALYVITE/ZINC	F	
K-PHOS	F	
K-PHOS-NEUTRAL	F	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	F	OTC
manganese chloride intravenous	F	
NEPHPLEX RX	F	

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
NU-MAG	F	OTC
oyster shell calcium oral tablet 1250 (500 ca) mg	F	OTC
oyster shell calcium w/d oral tablet 500-5 mg-mcg	F	OTC
PHOSPHA 250 NEUTRAL	F	
phosphorous	F	
PHOSPHO-TRIN 250 NEUTRAL	F	
PHOSPHO-TRIN K500	F	
QUFLORA FE	F	QL; AL
SLOWMAG MG MUSCLE/HEART	F	OTC
SLOW-MAG ORAL TABLET DELAYED RELEASE	F	OTC
STROVITE FORTE ORAL TABLET	F	
STROVITE ONE	F	
true magnesium oxide oral tablet 400 mg	F	OTC
VITAL-D RX	F	
well magnesium oxide	F	OTC
wes-phos 250 neutral	F	

Eye, Ear, Nose And Throat (Eent) Preps.

Antiallergic Agents

ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	P	OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	P	OTC
CLARITIN EYE OPHTHALMIC SOLUTION 0.025 %	P	OTC
cromolyn sodium nasal	F	OTC
eye itch relief ophthalmic solution 0.035 %	P	OTC
ketotifen fumarate ophthalmic solution 0.035 %	P	OTC
kp ketotifen fumarate ophthalmic solution 0.025 %	P	OTC
ra eye itch relief ophthalmic solution 0.025 %	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ZADITOR	P	OTC
Antibacterials (52:04)		
ft triple antibiotic	F	OTC
gnp triple antibiotic external ointment	F	OTC
goodsense first aid antibiotic	F	OTC
sm triple antibiotic original	F	OTC
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000	F	OTC
Anti-Infectives, Miscellaneous (52:04)		
artificial tears ophthalmic solution 0.5-0.6 %	F	OTC
gnp artificial tears	F	OTC
Corticosteroids (Eent)		
allergy relief nasal	NP	PA; OTC
anti-itch maximum strength external cream 1 %	P	OTC
budesonide nasal	NP	PA; OTC
fluticasone propionate nasal	NP	PA
ft allergy relief 24 hr	NP	PA; OTC
ft itch relief max strength external cream	F	OTC
ft itch relief/aloe max str	F	OTC
gnp budesonide nasal spray	NP	PA; OTC
gnp fluticasone propionate	NP	PA; OTC
gnp hydrocortisone external cream 0.5 %	P	OTC
gnp hydrocortisone max st	P	OTC
gnp hydrocortisone plus	P	OTC
gnp hydrocortisone/aloe	P	OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
hm allergy relief nasal	NP	PA; OTC
hm hydrocortisone plus	P	OTC
hm hydrocortisone-aloe max st	P	OTC
hydrocortisone acetate external cream	P	OTC
hydrocortisone external cream 0.5 %	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hydrocortisone external cream 1 %	P	
hydrocortisone external ointment 1 %	P	
hydrocortisone max st external cream	P	OTC
hydrocortisone max st/12 moist	P	OTC
hydrocortisone/aloe max str	NP	PA; OTC
sm allergy relief nasal	NP	PA; OTC
sm hydrocortisone external cream 1 %	NP	PA; OTC
sm hydrocortisone max st	P	OTC
sm hydrocortisone plus	NP	PA; OTC
Eent Drugs, Miscellaneous		
artificial tears ophthalmic solution 0.5-0.6 %	F	OTC
carboxymethylcellulose sod pf ophthalmic solution	F	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	F	OTC
cromolyn sodium nasal	F	OTC
ft lubricant eye drops ophthalmic solution 0.5 %	F	OTC
GENTEAL SEVERE	F	OTC
GENTEAL TEARS NIGHT-TIME	F	OTC
gnp artificial tears	F	OTC
gnp lubricant eye drops (pf)	F	OTC
gnp nighttime relief lub eye	F	OTC
lubricant eye drops ophthalmic solution 0.5 %	F	OTC
lubricant eye drops pf	F	OTC
lubricant eye nighttime	F	OTC
lubrifresh p.m.	F	OTC
polyvinyl alcohol ophthalmic	F	OTC
REFRESH CELLUVISC OPTHALMIC GEL	F	OTC
REFRESH LACRI-LUBE	F	OTC
REFRESH LIQUIGEL OPTHALMIC GEL	F	OTC
REFRESH P.M.	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
REFRESH PLUS	F	OTC
REFRESH TEARS	F	OTC
sm lubricating plus	F	OTC
SYSTANE NIGHT	F	OTC
SYSTANE NIGHTTIME	F	OTC
Gastrointestinal Drugs		
Antacids And Adsorbents		
ACID GONE ORAL SUSPENSION	F	OTC
acid reducer complete	F	OTC
ALMACONE DOUBLE STRENGTH	F	OTC
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	F	OTC
aluminum hydroxide gel oral suspension 320 mg/5ml	F	OTC
antacid & antigas oral suspension 2400-2400-240 mg/30ml	F	OTC
antacid calcium	F	OTC
antacid extra strength oral tablet chewable 750 mg	F	OTC
antacid maximum strength	F	OTC
antacid oral suspension 400-400-40 mg/10ml	F	OTC
antacid oral tablet chewable 750 mg	F	OTC
antacid regular strength oral suspension	F	OTC
antacid ultra strength oral tablet chewable 1000 mg	F	OTC
antacid/antigas	F	OTC
bismuth subsalicylate oral tablet chewable 262 mg	F	OTC
calcium antacid	F	OTC
calcium antacid extra strength	F	OTC
calcium carbonate antacid oral suspension	F	OTC
CAL-GEST ANTACID	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
ft acid reducer + antacid	F	OTC
ft antacid & antigas	F	OTC
ft antacid extra strength	F	OTC
ft antacid regular strength	F	OTC
ft stomach relief	F	OTC
gnp antacid & anti-gas oral suspension	F	OTC
gnp antacid extra strength oral tablet chewable 750 mg	F	OTC
gnp antacid regular strength	F	OTC
gnp pink bismuth oral tablet	F	OTC
gnp pink bismuth oral tablet chewable	F	OTC
gnp pink bismuth ultra str	F	OTC
gnp stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense dual action complete	F	OTC
heartburn relief ex st	F	OTC
hm stomach relief oral tablet chewable	F	OTC
mag-al	F	OTC
mag-al plus	F	OTC
mag-al plus xs	F	OTC
magnesium oxide (antacid) oral tablet	F	OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	F	OTC
magnesium oxide oral tablet 400 mg, 420 mg	F	OTC
magnesium-aluminum-simethicone	F	OTC
mintox maximum strength	F	OTC
sm antacid	F	OTC
sm antacid advanced	F	OTC
sm antacid advanced max st	F	OTC
sm antacid maximum strength	F	OTC
sm calcium antacid ex st	F	OTC
sm stomach relief oral tablet	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm stomach relief oral tablet chewable	F	OTC
smooth antacid extra strength	F	OTC
sodium bicarbonate oral tablet 325 mg, 650 mg	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/30ml	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Antidiarrhea Agents		
anti-diarrheal oral solution	F	OTC
anti-diarrheal oral tablet	P	OTC
bismuth subsalicylate oral tablet chewable 262 mg	F	OTC
ft anti-diarrheal	P	OTC
ft stomach relief	F	OTC
gnp anti-diarrheal oral capsule	F	OTC
gnp anti-diarrheal oral tablet	P	OTC
gnp loperamide hcl oral solution	F	OTC
gnp pink bismuth oral tablet	F	OTC
gnp pink bismuth oral tablet chewable	F	OTC
gnp pink bismuth ultra str	F	OTC
gnp stomach relief oral suspension 525 mg/30ml	F	OTC
goodsense anti-diarrheal	F	OTC
hm stomach relief oral tablet chewable	F	OTC
loperamide hcl oral capsule	F	
loperamide hcl oral liquid 1 mg/7.5ml	F	OTC
loperamide hcl oral solution 1 mg/7.5ml	F	OTC
sm anti-diarrheal oral capsule	F	OTC
sm anti-diarrheal oral solution	F	OTC
sm anti-diarrheal oral tablet	P	OTC
sm stomach relief oral tablet	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm stomach relief oral tablet chewable	F	OTC
stomach relief extra strength	F	OTC
stomach relief oral suspension 525 mg/30ml	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
Antiflatulents		
ALMACONE DOUBLE STRENGTH	F	OTC
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	F	OTC
antacid & antigas oral suspension 2400-2400-240 mg/30ml	F	OTC
antacid maximum strength	F	OTC
antacid oral suspension 400-400-40 mg/10ml	F	OTC
antacid regular strength oral suspension	F	OTC
antacid/antigas	F	OTC
ft antacid & antigas	F	OTC
gnp antacid & anti-gas oral suspension	F	OTC
gnp antacid regular strength	F	OTC
mag-al plus	F	OTC
mag-al plus xs	F	OTC
magnesium-aluminum-simethicone	F	OTC
mintox maximum strength	F	OTC
sm antacid advanced	F	OTC
sm antacid advanced max st	F	OTC
sm antacid maximum strength	F	OTC
sm antacid oral suspension	F	OTC
Antiulcer Agents And Acid Suppressants		
aluminum hydroxide gel oral suspension 320 mg/5ml	F	OTC
antacid calcium	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
antacid extra strength oral tablet chewable 750 mg	F	OTC
antacid oral tablet chewable 750 mg	F	OTC
antacid ultra strength oral tablet chewable 1000 mg	F	OTC
bismuth subsalicylate oral tablet chewable 262 mg	F	OTC
calcium antacid	F	OTC
calcium antacid extra strength	F	OTC
calcium carbonate antacid oral suspension	F	OTC
CAL-GEST ANTACID	F	OTC
ft antacid extra strength	F	OTC
ft antacid regular strength	F	OTC
ft stomach relief	F	OTC
gnp antacid extra strength oral tablet chewable 750 mg	F	OTC
gnp pink bismuth oral tablet	F	OTC
gnp pink bismuth oral tablet chewable	F	OTC
gnp pink bismuth ultra str	F	OTC
gnp stomach relief oral suspension 525 mg/30ml	F	OTC
hm stomach relief oral tablet chewable	F	OTC
magnesium oxide (antacid) oral tablet	F	OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	F	OTC
magnesium oxide oral tablet 400 mg, 420 mg	F	OTC
sm antacid oral tablet chewable	F	OTC
sm calcium antacid ex st	F	OTC
sm stomach relief oral tablet	F	OTC
sm stomach relief oral tablet chewable	F	OTC
smooth antacid extra strength	F	OTC
sodium bicarbonate oral tablet 325 mg, 650 mg	F	OTC
stomach relief extra strength	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
stomach relief oral suspension 525 mg/30ml	F	OTC
stomach relief oral tablet chewable	F	OTC
stomach relief ultra	F	OTC
Cathartics And Laxatives		
ACID GONE ORAL SUSPENSION	F	OTC
acid reducer complete	F	OTC
bisacodyl ec	F	
bisacodyl rectal	F	OTC
COLACE ORAL CAPSULE 100 MG	F	OTC
docusate calcium	F	OTC
docusate sodium oral capsule 100 mg	F	OTC
docusate sodium oral capsule 250 mg	F	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	F	OTC
enema ready-to-use	F	OTC
enema rectal enema 7-19 gm/118ml	F	OTC
FLEET ENEMA RECTAL ENEMA	F	OTC
FLEET PEDIATRIC	F	OTC
ft acid reducer + antacid	F	OTC
ft enema saline	F	OTC
ft gentle laxative	F	OTC
ft laxative	F	OTC
ft stool softener oral capsule	F	OTC
gentle laxative oral tablet delayed release	F	OTC
gentle laxative rectal	F	OTC
GNP CLEARLAX ORAL PACKET	F	OTC; QL
gnp fiber	F	OTC
gnp gentle laxative	F	OTC
gnp natural fiber oral powder 48.57 %	F	OTC
gnp stool softener oral capsule	F	OTC
gnp womens gentle laxative	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense dual action complete	F	OTC
HEALTHYLAX	F	OTC; QL
heartburn relief ex st	F	OTC
hm enema	F	OTC
hm laxative oral	F	OTC
hm stool softener oral capsule	F	OTC
peg 3350 oral packet	F	OTC; QL
polyethylene glycol 3350 oral packet 17 gm	F	OTC; QL
qc enema	F	OTC
sm enema rectal enema 7-19 gm/118ml	F	OTC
sm gentle laxative	F	OTC
stool softener oral capsule 100 mg	F	OTC
tri-buffered aspirin oral tablet 325 mg	F	OTC; AL
Gi Drugs, Miscellaneous		
orlistat oral	P-PA	PA; AL
XENICAL	P-PA	PA; AL
Histamine H2-Antagonists		
acid reducer complete	F	OTC
acid reducer maximum strength oral tablet 20 mg	F	OTC
acid reducer oral tablet 10 mg	F	OTC
cimetidine oral tablet 200 mg	F	
famotidine maximum strength	F	OTC
famotidine oral tablet 10 mg	F	OTC
famotidine oral tablet 20 mg, 40 mg	F	
famotidine orig st	F	OTC
ft acid reducer + antacid	F	OTC
ft acid reducer max strength	F	OTC
ft acid reducer oral tablet	F	OTC
gnp acid reducer max st	F	OTC
goodsense dual action complete	F	OTC
heartburn relief max st oral tablet 20 mg	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
heartburn relief oral tablet 10 mg	F	OTC
PEPCID ORAL TABLET 20 MG	F	
qc acid controller	F	OTC
qc acid controller max st	F	OTC
sm acid reducer max st oral tablet 20 mg	F	OTC
sm acid reducer oral tablet 10 mg	F	OTC
Proton-Pump Inhibitors		
ft omeprazole	NP	PA; OTC
gnp lansoprazole	NP	PA; OTC
gnp omeprazole oral tablet delayed release	NP	PA; OTC
goodsense lansoprazole oral capsule delayed release	NP	PA; OTC
lansoprazole oral capsule delayed release 15 mg	NP	PA
omeprazole magnesium oral capsule delayed release	NP	PA; OTC
omeprazole oral tablet delayed release	NP	PA; OTC
sm lansoprazole	NP	PA; OTC
sm omeprazole	NP	PA; OTC
Hormones And Synthetic Substitutes		
Adrenals		
allergy relief nasal	NP	PA; OTC
anti-itch maximum strength external cream 1 %	P	OTC
fluticasone propionate nasal	NP	PA
ft allergy relief 24 hr	NP	PA; OTC
ft itch relief max strength external cream	F	OTC
ft itch relief/aloe max str	F	OTC
gnp fluticasone propionate	NP	PA; OTC
gnp hydrocortisone external cream 0.5 %	P	OTC
gnp hydrocortisone max st	P	OTC
gnp hydrocortisone plus	P	OTC
gnp hydrocortisone/aloe	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
goodsense 24-hr allergy nasal	NP	PA; OTC
hm allergy relief nasal	NP	PA; OTC
hm hydrocortisone plus	P	OTC
hm hydrocortisone-aloe max st	P	OTC
hydrocortisone acetate external cream	P	OTC
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %	P	
hydrocortisone external ointment 1 %	P	
hydrocortisone max st external cream	P	OTC
hydrocortisone max st/12 moist	P	OTC
hydrocortisone/aloe max str	NP	PA; OTC
sm allergy relief nasal	NP	PA; OTC
sm hydrocortisone external cream 1 %	NP	PA; OTC
sm hydrocortisone max st	P	OTC
sm hydrocortisone plus	NP	PA; OTC
Antigonadotropins		
ECONTRA EZ	F	OTC
ECONTRA ONE-STEP	F	OTC
HER STYLE	F	OTC
levonorgestrel oral tablet 1.5 mg	F	OTC
MY CHOICE	F	OTC
MY WAY	F	OTC
NEW DAY	F	OTC
OPCICON ONE-STEP	F	OTC
OPTION 2	F	OTC
PLAN B ONE-STEP	F	OTC
TAKE ACTION	F	OTC
Contraceptives		
ECONTRA EZ	F	OTC
ECONTRA ONE-STEP	F	OTC
HER STYLE	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
levonorgestrel oral tablet 1.5 mg	F	OTC
MY CHOICE	F	OTC
MY WAY	F	OTC
NEW DAY	F	OTC
OPCICON ONE-STEP	F	OTC
OPTION 2	F	OTC
PLAN B ONE-STEP	F	OTC
TAKE ACTION	F	OTC
Incretin Mimetics		
SAXENDA	P-PA	PA; AL
WEGOVY	P-PA	PA; AL
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 7.5 MG/0.5ML	P-PA	AL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	P-PA	AL
Progestins		
ECONTRA EZ	F	OTC
ECONTRA ONE-STEP	F	OTC
HER STYLE	F	OTC
levonorgestrel oral tablet 1.5 mg	F	OTC
MY CHOICE	F	OTC
MY WAY	F	OTC
NEW DAY	F	OTC
OPCICON ONE-STEP	F	OTC
OPTION 2	F	OTC
PLAN B ONE-STEP	F	OTC
TAKE ACTION	F	OTC
Miscellaneous Therapeutic Agents		
Antidotes (92:12)		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	F	

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
phytonadione oral	F	QL
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	F	
Antigout Agents		
all day pain relief	P	OTC
all day relief	P	OTC
ft all day pain relief	P	OTC
ft naproxen sodium	P	OTC
gnp naproxen sodium	P	OTC
goodsense naproxen sodium	P	OTC
naproxen sodium oral capsule	P	OTC
naproxen sodium oral tablet 220 mg	P	OTC
sm naproxen sodium oral tablet	P	OTC
Cariostatic Agents		
FLORAFOL FE PEDIATRIC	F	
FLORAFOL PEDIATRIC ORAL SOLUTION	F	QL; AL
FLORIVA ORAL TABLET CHEWABLE 0.25 MG	F	QL; AL
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG	F	QL
multi-vit/iron/fluoride	F	OTC; QL; AL
multivitamin/fluoride oral solution	F	OTC; QL; AL
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
multi-vitamin/fluoride/iron	F	QL; AL
POLY-VI-FLOR ORAL SUSPENSION	F	
POLY-VI-FLOR ORAL TABLET CHEWABLE	F	QL; AL
POLY-VI-FLOR/IRON	F	
QUFLORA FE	F	QL; AL
QUFLORA FE PEDIATRIC	F	QL; AL
QUFLORA PEDIATRIC	F	QL; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
tri-vite/fluoride	F	QL; AL
Other Miscellaneous Therapeutic Agents		
bp vit 3	F	
Protective Agents		
adapalene external cream	F	QL
adapalene external gel 0.1 %	F	
adapalene external gel 0.3 %	F	QL
DIFFERIN EXTERNAL CREAM	F	
DIFFERIN EXTERNAL GEL 0.3 %	F	
DIFFERIN EXTERNAL LOTION	F	
Respiratory Tract Agents		
Antitussives		
allergy oral capsule	F	OTC; AL
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral tablet 25 mg	F	OTC; AL
BANOPHEN ORAL CAPSULE 25 MG	F	OTC; AL
BANOPHEN ORAL CAPSULE 50 MG	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl oral capsule 25 mg	F	AL
diphenhydramine hcl oral capsule 50 mg	F	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
diphenhydramine hcl oral tablet 25 mg	F	OTC; AL
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	OTC
ft allergy relief oral tablet 25 mg	F	OTC
ft allergy relief oral tablet chewable	F	OTC
gnp allergy antihistamine	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp allergy childrens	F	OTC
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp childrens allergy	F	OTC
hm allergy relief oral capsule	F	OTC; AL
hm allergy relief oral tablet 25 mg	F	OTC; AL
liquid allergy relief	F	OTC
m-dryl	F	OTC
sm allergy relief childrens	F	OTC
sm allergy relief oral tablet 25 mg	F	OTC; AL

Corticosteroids (Respiratory Tract)

allergy relief nasal	NP	PA; OTC
budesonide nasal	NP	PA; OTC
fluticasone propionate nasal	NP	PA
ft allergy relief 24 hr	NP	PA; OTC
gnp budesonide nasal spray	NP	PA; OTC
gnp fluticasone propionate	NP	PA; OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
hm allergy relief nasal	NP	PA; OTC
sm allergy relief nasal	NP	PA; OTC

First Generation Antihist.(Respir Tract)

aller-chlor oral tablet	F	OTC
allergy oral capsule	F	OTC; AL
allergy oral tablet 4 mg	F	OTC
allergy relief childrens oral liquid	F	OTC
allergy relief oral capsule 25 mg	F	OTC; AL
allergy relief oral tablet 25 mg	F	OTC; AL
allergy relief oral tablet 4 mg	F	OTC
allergy-time	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
BANOPHEN ORAL CAPSULE 25 MG	F	OTC; AL
BANOPHEN ORAL CAPSULE 50 MG	F	OTC
BANOPHEN ORAL TABLET	F	OTC; AL
diphenhydramine hcl childrens	F	OTC
diphenhydramine hcl oral capsule 25 mg	F	AL
diphenhydramine hcl oral capsule 50 mg	F	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	F	OTC
diphenhydramine hcl oral tablet 25 mg	F	OTC; AL
ed chlorped jr	F	OTC
ft allergy relief childrens oral liquid	F	OTC
ft allergy relief oral capsule	F	OTC
ft allergy relief oral tablet 25 mg, 4 mg	F	OTC
ft allergy relief oral tablet chewable	F	OTC
gnp allergy antihistamine	F	OTC
gnp allergy childrens	F	OTC
gnp allergy oral tablet 25 mg	F	OTC; AL
gnp allergy relief max st	F	OTC
gnp allergy relief oral capsule	F	OTC; AL
gnp allergy relief oral tablet 25 mg	F	OTC; AL
gnp allergy relief oral tablet 4 mg	F	OTC
gnp childrens allergy	F	OTC
HISTEX ORAL SYRUP	F	OTC
HISTEX PD ORAL LIQUID 0.938 MG/ML	F	OTC
hm allergy relief oral capsule	F	OTC; AL
hm allergy relief oral tablet 25 mg	F	OTC; AL
hm allergy relief oral tablet 4 mg	F	OTC
liquid allergy relief	F	OTC
m-dryl	F	OTC
PEDIACLEAR PD CHILDRENS	F	OTC
sm allergy 4 hour	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm allergy relief childrens	F	OTC
sm allergy relief oral tablet 25 mg	F	OTC; AL
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	F	OTC
Mast-Cell Stabilizers		
cromolyn sodium nasal	F	OTC
Nasal Preparations (Steroids)		
allergy relief nasal	NP	PA; OTC
budesonide nasal	NP	PA; OTC
fluticasone propionate nasal	NP	PA
ft allergy relief 24 hr	NP	PA; OTC
gnp budesonide nasal spray	NP	PA; OTC
gnp fluticasone propionate	NP	PA; OTC
goodsense 24-hr allergy nasal	NP	PA; OTC
hm allergy relief nasal	NP	PA; OTC
sm allergy relief nasal	NP	PA; OTC
Second Generation Antihist(Respir Tract)		
12hr allergy relief	NP	PA; OTC
24hr allergy relief	P	OTC
all day allergy childrens oral solution 5 mg/5ml	P	OTC
all day allergy oral tablet	P	OTC
allergy childrens oral solution	P	OTC
allergy childrens oral suspension	P	OTC
allergy rel child (loratadine)	P	OTC
allergy relief (loratadine) oral tablet	P	OTC
allergy relief cetirizine	P	OTC
allergy relief childrens oral solution 1 mg/ml	P	OTC
allergy relief oral tablet 10 mg, 180 mg	P	OTC
allergy relief/indoor/outdoor oral tablet 10 mg	P	OTC
cetirizine hcl allergy child	P	

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
cetirizine hcl childrens alrgy oral solution	P	OTC
cetirizine hcl childrens oral solution 5 mg/5ml	NP	PA; OTC
cetirizine hcl oral solution 1 mg/ml	P	
cetirizine hcl oral tablet	P	OTC
cetirizine hcl oral tablet chewable	NP	PA; OTC
childrens loratadine oral solution	P	OTC
fexofenadine hcl oral tablet 180 mg	P	OTC
fexofenadine hcl oral tablet 60 mg	NP	PA; OTC
ft all day allergy	P	OTC
ft all day allergy 24 hour	P	OTC
ft all day allergy childrens	P	OTC
ft allergy childrens	P	OTC
ft allergy relief 12 hour	P	OTC
ft allergy relief 24 hour	P	OTC
ft allergy relief cetirizine	P	OTC
ft allergy relief childrens oral solution	P	OTC
ft allergy relief oral tablet 180 mg	P	OTC
gnp all day allergy	P	OTC
gnp all day allergy childrens oral solution	P	OTC
gnp allergy relief oral tablet 180 mg	P	OTC
gnp fexofenadine hcl	P	OTC
gnp loratadine childrens oral solution	P	OTC
gnp loratadine oral solution	P	OTC
gnp loratadine oral tablet	P	OTC
gnp loratadine oral tablet dispersible	P	OTC
goodsense all day allergy	P	OTC
goodsense aller-ease	P	OTC
goodsense allergy relief child	P	OTC
goodsense allergy relief oral tablet 10 mg	P	OTC
hm all day allergy childrens	P	OTC
hm allergy relief (cetirizine)	P	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
hm allergy relief oral tablet 180 mg	P	OTC
hm allergy relief oral tablet 60 mg	NP	PA; OTC
hm cetirizine hcl	P	OTC
hm loratadine	P	OTC
loratadine childrens oral solution	P	OTC
loratadine oral tablet	P	OTC
loratadine oral tablet dispersible 10 mg	P	OTC
qc all day allergy	P	OTC
qc allergy relief oral tablet 10 mg	P	OTC
sm all day allergy	P	OTC
sm allergy childrens oral solution	P	OTC
sm fexofenadine hcl oral tablet 180 mg	P	OTC
sm loratadine oral solution	P	OTC

Skin And Mucous Membrane Agents

Antibacterials (84:04)

ft triple antibiotic	F	OTC
gnp triple antibiotic external ointment	F	OTC
goodsense first aid antibiotic	F	OTC
sm triple antibiotic original	F	OTC
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000	F	OTC

Antipruritics And Local Anesthetics

lidocaine external cream 4 %	F	OTC
------------------------------	---	-----

Astringents, Anti-Infective

BETADINE EXTERNAL SOLUTION 10 %	F	OTC
first aid antiseptic external ointment	F	OTC
povidone-iodine external solution 10 %	F	OTC
sm povidone-iodine	F	OTC

Azoles (Skin And Mucous Membrane)

3 day vaginal	F	OTC
antifungal (clotrimazole)	NP	PA; OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
antifungal clotrimazole	NP	PA; OTC
athletes foot (clotrimazole)	NP	PA; OTC
clotrimazole anti-fungal	NP	PA; OTC
clotrimazole external cream	NP	PA
clotrimazole vaginal cream 1 %	F	
ft athletes foot (clotrimaz)	P	OTC
ft clotrimazole	F	OTC
ft clotrimazole 3	F	OTC
ft miconazole 3 comb pack-supp	F	OTC
ft miconazole 7	F	OTC
ft tioconazole-1	F	OTC
FUNGOID TINCTURE EXTERNAL SOLUTION	F	OTC
gnp athletes foot external cream	NP	PA; OTC
gnp clotrimazole 3	F	OTC
gnp miconazole 1	F	OTC
gnp miconazole 3	F	OTC
gnp miconazole 7	F	OTC
miconazole 3 combo-supp	F	OTC
miconazole 7 vaginal cream	F	OTC
miconazole nitrate combo pack	F	OTC
miconazole nitrate external cream	P	
miconazole nitrate external solution	F	OTC
miconazole nitrate vaginal cream	F	OTC
MICOTRIN AC	NP	PA; OTC
MYCOZYL AC	NP	PA; OTC
sm 3-day vaginal	F	OTC
sm antifungal clotrimazole	NP	PA; OTC
sm antifungal miconazole	P	OTC
sm clotrimazole vaginal	F	OTC
sm miconazole 3	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
sm miconazole 7	F	OTC
sm tioconazole-1	F	OTC
tioconazole-1	F	OTC
tm-clotrimazole	P	OTC
Basic Lotions And Liniments		
ammonium lactate external	F	QL
Basic Ointments And Protectants		
gnp hydrocortisone/aloe	P	OTC
hm hydrocortisone plus	P	OTC
hm hydrocortisone-aloe max st	P	OTC
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %	P	
hydrocortisone/aloe max str	NP	PA; OTC
sm hydrocortisone plus	NP	PA; OTC
Cell Stimulants And Proliferants		
ATRALIN	F	QL
RENOVA	F	
RENOVA PUMP	F	
RETIN-A	F	QL
RETIN-A MICRO	F	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 %	F	QL
tretinoin external	F	QL
tretinoin microsphere external gel 0.04 %, 0.1 %	F	QL
tretinoin microsphere pump external gel 0.04 %, 0.1 %	F	QL
Corticosteroids (Skin, Mucous Membrane)		
anti-itch maximum strength external cream 1 %	P	OTC
ft itch relief max strength external cream	F	OTC
ft itch relief/aloe max str	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
gnp hydrocortisone external cream 0.5 %	P	OTC
gnp hydrocortisone max st	P	OTC
gnp hydrocortisone plus	P	OTC
gnp hydrocortisone/aloe	P	OTC
hm hydrocortisone plus	P	OTC
hm hydrocortisone-aloe max st	P	OTC
hydrocortisone acetate external cream	P	OTC
hydrocortisone external cream 0.5 %	P	OTC
hydrocortisone external cream 1 %	P	
hydrocortisone external ointment 1 %	P	
hydrocortisone max st external cream	P	OTC
hydrocortisone max st/12 moist	P	OTC
hydrocortisone/aloe max str	NP	PA; OTC
sm hydrocortisone external cream 1 %	NP	PA; OTC
sm hydrocortisone max st	P	OTC
sm hydrocortisone plus	NP	PA; OTC
Keratolytic Agents		
adapalene external cream	F	QL
adapalene external gel 0.1 %	F	
adapalene external gel 0.3 %	F	QL
DIFFERIN EXTERNAL CREAM	F	
DIFFERIN EXTERNAL GEL 0.3 %	F	
DIFFERIN EXTERNAL LOTION	F	
FABIOR	F	QL
Local Anti-Infectives, Miscellaneous		
acne medication 10 external gel	F	OTC; QL
acne medication 10 external lotion	F	OTC
acne medication 2.5	F	OTC
acne medication 5 external gel	F	OTC
benzoyl peroxide external gel 10 %	F	QL
benzoyl peroxide external gel 2.5 %, 5 %	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
benzoyl peroxide wash external liquid 5 %	F	
BETADINE EXTERNAL SOLUTION 10 %	F	OTC
first aid antiseptic external ointment	F	OTC
povidone-iodine external solution 10 %	F	OTC
sm povidone-iodine	F	OTC
Scabicides And Pediculicides		
ft lice killing max st	F	OTC; QL
gnp lice killing	F	OTC; QL
gnp lice treatment external liquid	F	OTC; QL
goodsense lice killing	F	OTC; QL
lice killing shampoo max str	F	OTC; QL
sm lice killing max strength	F	OTC; QL
Skin And Mucous Membrane Agents, Misc.		
adapalene external cream	F	QL
adapalene external gel 0.1 %	F	
adapalene external gel 0.3 %	F	QL
DIFFERIN EXTERNAL CREAM	F	
DIFFERIN EXTERNAL GEL 0.3 %	F	
DIFFERIN EXTERNAL LOTION	F	
FABIOR	F	QL
Thiocarbamates(Skin And Mucous Membrane)		
ft antifungal external cream 1 %	P	OTC
gnp tolnaftate	P	OTC
qc tolnaftate	P	OTC
sm antifungal tolnaftate	P	OTC
tolnaftate external cream	P	OTC
Vitamins		
Multivitamin Preparations		
BACMIN	F	

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
CORVITA ORAL TABLET	F	
CORVITE ORAL TABLET	F	
DIALYVITE	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE SUPREME D ORAL TABLET	F	
DIALYVITE/ZINC	F	
FLORAFOL FE PEDIATRIC	F	
FLORAFOL PEDIATRIC ORAL SOLUTION	F	QL; AL
FLORIVA ORAL TABLET CHEWABLE 0.25 MG	F	QL; AL
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG	F	QL
INFUVITE ADULT	F	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	F	
multi-vit/iron/fluoride	F	OTC; QL; AL
multivitamin/fluoride oral solution	F	OTC; QL; AL
multi-vitamin/fluoride oral solution	F	QL; AL
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
multi-vitamin/fluoride/iron	F	QL; AL
NEPHPLEX RX	F	
POLY-VI-FLOR ORAL SUSPENSION	F	
POLY-VI-FLOR ORAL TABLET CHEWABLE	F	QL; AL
POLY-VI-FLOR/IRON	F	
QUFLORA FE	F	QL; AL
QUFLORA FE PEDIATRIC	F	QL; AL
QUFLORA PEDIATRIC	F	QL; AL
RENAL ORAL CAPSULE	F	
reno caps	F	OTC
STROVITE FORTE ORAL TABLET	F	

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
STROVITE ONE	F	
triphrocaps	F	
tri-vite/fluoride	F	QL; AL
virt-caps	F	
VITAL-D RX	F	
wescaps	F	
Vitamin A		
tri-vite/fluoride	F	QL; AL
Vitamin B Complex		
bp vit 3	F	
CORVITA ORAL TABLET	F	
CORVITE ORAL TABLET	F	
cyanocobalamin injection solution 1000 mcg/ml	F	
cyanocobalamin nasal	F	
DIALYVITE	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE SUPREME D ORAL TABLET	F	
DIALYVITE/ZINC	F	
folic acid injection	F	
folic acid oral tablet 1 mg	F	
FOLTRATE	F	
hydroxocobalamin acetate	F	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	F	QL; AL
NASCOBAL	F	
NEPHPLEX RX	F	
niacin er oral capsule extended release 500 mg	NP	PA; OTC
NIVA-FOL	F	OTC
pyridoxine hcl injection	F	
QUFLORA FE	F	QL; AL

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
RENAL ORAL CAPSULE	F	
reno caps	F	OTC
thiamine hcl injection solution 100 mg/ml	F	
thiamine hcl injection solution 200 mg/2ml	F	PA
triphrocaps	F	
true folic acid oral tablet 1 mg	F	OTC
virt-caps	F	
VITAL-D RX	F	
wescaps	F	
westab max	F	OTC
Vitamin C		
DIALYVITE	F	
DIALYVITE 3000	F	
DIALYVITE 5000	F	
DIALYVITE/ZINC	F	
NEPHPLEX RX	F	
RENAL ORAL CAPSULE	F	
reno caps	F	OTC
triphrocaps	F	
tri-vite/fluoride	F	QL; AL
virt-caps	F	
VITAL-D RX	F	
wescaps	F	
Vitamin D		
calcium + vitamin d3 oral tablet 500-5 mg-mcg	F	OTC
ergocalciferol oral capsule	F	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	F	OTC
RAYALDEE	F	
tri-vite/fluoride	F	QL; AL
true vitamin d3 oral capsule 250 mcg (10000 ut)	F	OTC

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

Prescriptions Drug Name	Tier Status	Coverage Requirements and Limits
VITAL-D RX	F	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	F	
Vitamin E		
DIALYVITE 3000	F	
DIALYVITE 5000	F	
Vitamin K Activity		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	F	
phytonadione oral	F	QL
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	F	

AL = Age Limit F = Formulary product NP = Formulary; PDL Non-Preferred; PA required
 P = Formulary; PDL Preferred P-PA = Formulary; PDL Preferred; PA required
 PA = Prior Authorization QL = Quantity Limit ST = Step Therapy

State Carve Out = Carve-out medications must be billed to Medicaid Fee For Service. For billing assistance call the Magellan Clinical Call Center at 877-864-9014.

BCC Formulary

1

12hr allergy relief.....5, 49

2

24hr allergy relief.....5, 49

3

3 day vaginal51

A

acetaminophen..... 14, 18, 23

acetaminophen childrens .14, 17,
18, 23

acetaminophen er..... 14, 18, 23

acetaminophen extra strength 14,
18, 23

acetaminophen infants 14, 18, 23

acetaminophen-ibuprofen 14, 23,
25, 27

ACID GONE34, 39

acid reducer4, 40

acid reducer complete..4, 34, 39,
40

acid reducer maximum strength
.....4, 40

acne medication 10.....54

acne medication 2.5.....54

acne medication 5.....54

adapalene.....45, 54, 55

ADIPEX-P.....13

AHIST2, 5

ALA-HIST IR2, 5

ALAWAY4, 31

ALAWAY CHILDRENS

ALLERGY4, 31

all day allergy5, 49

all day allergy childrens5, 49

all day pain relief..18, 25, 27, 44

all day relief.....18, 25, 27, 44

aller-chlor2, 5, 47

allergy...1, 2, 5, 8, 16, 22, 45, 47

allergy childrens5, 49

allergy rel child (loratadine)....5,
49

allergy relief 1, 2, 5, 6, 8, 16, 17,
22, 32, 41, 45, 46, 47, 48, 49

allergy relief (loratadine)....5, 49

allergy relief cetirizine5, 49

allergy relief childrens.1, 2, 6, 8,
16, 22, 45, 47, 49

allergy relief/indoor/outdoor ...6,
49

allergy-time2, 5, 47

ALMACONE DOUBLE

STRENGTH34, 37

alum & mag hydroxide-simeth

.....34, 37

aluminum hydroxide gel...34, 37

ammonium lactate52

antacid34, 37, 38

antacid & antigas34, 37

antacid calcium.....34, 38

antacid extra strength.....34, 38

antacid maximum strength34, 37

antacid regular strength ...34, 37

antacid ultra strength34, 38

antacid/antigas34, 37

anti-diarrheal36

antifungal (clotrimazole)51

antifungal clotrimazole.....51

anti-itch maximum strength...32,
41, 53

arthritis pain relief14, 18, 23

artificial tears.....32, 33

aspirin12, 13, 18, 28

aspirin 8111, 12, 18, 28

aspirin low dose....11, 12, 18, 28

aspirin low strength ...11, 12, 18,
28

aspirin regimen12, 13, 18, 28

athletes foot (clotrimazole).....51

ATRALIN7, 53

B

BACMIN.....30, 55

BANOPHEN .1, 2, 8, 17, 22, 45,
47

benzoyl peroxide54

benzoyl peroxide wash54

benzphetamine hcl.....14

BETADINE51, 54

bisacodyl.....39

bisacodyl ec39

bismuth subsalicylate .34, 36, 38

bp vit 3.....45, 56

BPROTECTED PEDIA IRON

.....10

budesonide.....32, 46, 48

C

calcium + vitamin d330, 58

calcium antacid.....34, 38

calcium antacid extra strength
.....34, 38

calcium carbonate antacid 34, 38

CAL-GEST ANTACID....34, 38

carboxymethylcellulose sod pf
.....33

carboxymethylcellulose sodium
.....33

cetirizine hcl6, 49

cetirizine hcl allergy child ..6, 49

cetirizine hcl childrens.....6, 49

cetirizine hcl childrens alrgy ...6,
49

childrens acetaminophen .14, 18,
23

childrens ibuprofen18, 25, 27

childrens loratadine6, 49

chromic chloride.....30

cimetidine4, 40

CLARITIN EYE.....4, 31

clotrimazole51

clotrimazole anti-fungal.....51

COLACE39

COMIRNATY8

CONTRAIVE16

CORVITA30, 55, 57

CORVITE.....30, 55, 57

cromolyn sodium31, 33, 48

cupric chloride.....30

cyanocobalamin.....11, 57

D

DIALYVITE.....55, 57, 58

DIALYVITE 300030, 55, 57, 58

DIALYVITE 500030, 55, 57, 58

DIALYVITE SUPREME D ..30,
55, 57

DIALYVITE/ZINC ...30, 55, 57,
58

diethylpropion hcl.....13

diethylpropion hcl er.....13

DIFFERIN45, 54, 55

diphenhydramine hcl ...1, 2, 3, 8,
17, 22, 46, 47

diphenhydramine hcl childrens 1,
2, 8, 17, 22, 45, 47

docusate calcium	39	ft acid reducer max strength	4, 40	ft nicotine mini	9, 10
docusate sodium	39	ft all day allergy	6, 49	ft omeprazole	41
dual action pain relief	14, 23, 25, 27	ft all day allergy 24 hour	6, 49	ft pain & fever childrens..	15, 19, 24
E		ft all day allergy childrens..	6, 49	ft pain & fever infants.	15, 19, 24
ECONTRA EZ	42, 43	ft all day pain relief ...	19, 25, 27, 44	ft pain relief	15, 19, 24, 25, 27
ECONTRA ONE-STEP ...	42, 43	ft allergy childrens	6, 49	ft pain relief adult extra st	15, 19, 24
ed chlorped jr	3, 5, 47	ft allergy relief ...	1, 3, 5, 6, 8, 17, 22, 46, 47, 49	ft pain relief extra strength	15, 19, 24
ed-apap	14, 18, 23	ft allergy relief 12 hour	6, 49	ft pain reliever ex str adult	15, 19, 24
enema	39	ft allergy relief 24 hour	6, 49	ft stomach relief	35, 36, 38
enema ready-to-use	39	ft allergy relief 24 hr..	32, 41, 46, 48	ft stool softener	39
ENLYTE	30	ft allergy relief cetirizine	6, 49	ft tioconazole-1	51
eq nicotine polacrilex	9, 10	ft allergy relief childrens .	1, 3, 6, 8, 17, 22, 46, 47, 49	ft triple antibiotic	7, 31, 50
ergocalciferol	58	ft antacid & antigas	35, 37	FUNGOID TINCTURE	51
eye itch relief	4, 31	ft antacid extra strength	35, 38	G	
F		ft antacid regular strength.	35, 38	GENTEAL SEVERE	33
FABIOR	54, 55	ft anti-diarrheal	36	GENTEAL TEARS NIGHT- TIME	33
famotidine	4, 40	ft antifungal	55	gentle laxative	39
famotidine maximum strength	4, 40	ft arthritis pain reliever	15, 19, 24	gnp 8 hour arthritis relief.	15, 19, 24
famotidine orig st	4, 40	ft aspirin	12, 13, 19, 28	gnp 8 hour pain relief .	15, 19, 24
FEOSOL	10	ft aspirin low dose	12, 13, 19, 28	gnp 8 hour pain reliever...	15, 19, 24
FEROSUL	11	ft athletes foot (clotrimaz)	51	gnp acetaminophen	15, 19, 24
ferrous sulfate	11	ft clotrimazole	51	gnp acetaminophen/ibuprofen	15, 24, 25, 27
FEVERALL ADULTS	14, 18, 23	ft clotrimazole 3	51	gnp acid reducer max st	4, 41
FEVERALL CHILDRENS ...	14, 18, 23	ft enema saline	39	gnp adult aspirin low strength	12, 13, 19, 28
FEVERALL INFANTS ...	14, 19, 23	ft enteric coated aspirin ...	12, 13, 19, 28	gnp all day allergy	6, 50
FEVERALL JUNIOR		ft gentle laxative	39	gnp all day allergy childrens	6, 50
STRENGTH	15, 19, 23	ft ibuprofen	19, 25, 27	gnp allergy 2, 3, 9, 17, 22, 46, 47	
fe-vite iron	11	ft ibuprofen childrens .	19, 25, 27	gnp allergy antihistamine	1, 3, 9, 17, 22, 46, 47
fexofenadine hcl	6, 49	ft ibuprofen ib childrens ..	19, 25, 27	gnp allergy childrens .	2, 3, 9, 17, 22, 46, 47
first aid antiseptic	51, 54	ft ibuprofen minis	19, 25, 27	gnp allergy relief	2, 3, 5, 6, 9, 17, 22, 46, 47, 48, 50
FLEET ENEMA	39	ft itch relief max strength	32, 41, 53	gnp allergy relief max st ..	2, 3, 9, 17, 22, 46, 47
FLEET PEDIATRIC	39	ft itch relief/aloe max str .	32, 41, 53	gnp antacid & anti-gas	35, 37
FLORAFOL FE PEDIATRIC		ft laxative	39	gnp antacid extra strength.	35, 38
.....	11, 44, 55	ft lice killing max st	54	gnp antacid regular strength ..	35, 37
FLORAFOL PEDIATRIC	29, 44, 55	ft lubricant eye drops	33	gnp anti-diarrheal	36
FLORIVA	44, 55, 56	ft miconazole 3 comb pack-supp			
fluticasone propionate	32, 41, 46, 48		51		
folic acid	57	ft miconazole 7	51		
FOLTRATE	57	ft naproxen sodium	19, 25, 27, 44		
ft 8 hour pain relief	15, 19, 24	ft nicotine	9, 10		
ft acid reducer	4, 41				
ft acid reducer + antacid	4, 35, 39, 40				

gnp arthritis pain relief 15, 19, 24
 gnp artificial tears 32, 33
 gnp aspirin 12, 13, 19, 20, 28, 29
 gnp aspirin low dose.. 12, 13, 19, 28
 gnp athletes foot 51
 gnp budesonide nasal spray... 32, 46, 48
 gnp childrens allergy .2, 3, 9, 17, 22, 46, 48
 gnp childrens ibuprofen... 20, 25, 27
 gnp childrens pain relief.. 15, 20, 24
 GNP CLEARLAX..... 39
 gnp clotrimazole 3 51
 gnp fexofenadine hcl 6, 50
 gnp fiber 39
 gnp fluticasone propionate 32, 42, 46, 48
 gnp gentle laxative 39
 gnp hydrocortisone 32, 42, 53
 gnp hydrocortisone max st 32, 42, 53
 gnp hydrocortisone plus .. 32, 42, 53
 gnp hydrocortisone/aloe .. 32, 42, 52, 53
 gnp ibuprofen 20, 26, 27
 gnp ibuprofen childrens... 20, 26, 27
 gnp ibuprofen infants .20, 26, 27
 gnp infants pain/fever. 15, 20, 24
 gnp iron 11
 gnp lansoprazole..... 41
 gnp lice killing..... 54
 gnp lice treatment 54
 gnp loperamide hcl 36
 gnp loratadine 6, 50
 gnp loratadine childrens 6, 50
 gnp lubricant eye drops (pf) ... 33
 gnp miconazole 1 52
 gnp miconazole 3 52
 gnp miconazole 7 52
 gnp naproxen sodium 20, 26, 27, 44
 gnp natural fiber 40
 gnp nicotine 9, 10
 gnp nicotine mini..... 9, 10
 gnp nicotine polacrilex 9, 10

gnp nighttime relief lub eye.... 33
 gnp omeprazole 41
 gnp pain & fever childrens 15, 20, 24
 gnp pain & fever infants.. 15, 20, 24
 gnp pain relief extra strength. 15, 20, 24
 gnp pink bismuth 35, 36, 38
 gnp pink bismuth ultra str 35, 36, 38
 gnp stomach relief 35, 36, 38
 gnp stool softener 40
 gnp tolnaftate 55
 gnp triple antibiotic 7, 32, 51
 gnp womens gentle laxative ... 40
 goodsense 24-hr allergy nasal 32, 42, 46, 48
 goodsense all day allergy ... 6, 50
 goodsense aller-ease 7, 50
 goodsense allergy relief..... 7, 50
 goodsense allergy relief child.. 7, 50
 goodsense anti-diarrheal..... 36
 goodsense arthritis pain... 15, 20, 24
 goodsense aspirin . 12, 13, 20, 29
 goodsense aspirin adults.. 12, 13, 20, 29
 goodsense dual action 15, 24, 26, 27
 goodsense dual action complete 4, 35, 40, 41
 goodsense first aid antibiotic... 7, 32, 51
 goodsense ibuprofen... 20, 26, 27
 goodsense ibuprofen childrens 20, 26, 27
 goodsense ibuprofen infants.. 20, 26, 27
 goodsense lansoprazole 41
 goodsense lice killing 54
 goodsense naproxen sodium.. 20, 26, 27, 44
 goodsense nicotine 9, 10
 goodsense pain & fever child 15, 20, 24
 goodsense pain & fever infants 15, 20, 24
 goodsense pain relief.. 15, 20, 24

goodsense pain relief extra st 15, 20, 24
H
 HEALTHYLAX..... 40
 heartburn relief 4, 41
 heartburn relief ex st..... 35, 40
 heartburn relief max st..... 4, 41
 HER STYLE..... 42, 43
 histaflex 2, 15
 HISTEX..... 3, 5, 48
 HISTEX PD..... 3, 5, 48
 hm all day allergy childrens 7, 50
 hm allergy relief 2, 3, 5, 7, 9, 17, 23, 32, 42, 46, 47, 48, 50
 hm allergy relief (cetirizine).... 7, 50
 hm aspirin 12, 13, 20, 29
 hm aspirin ec low dose 12, 13, 20, 29
 hm cetirizine hcl 7, 50
 hm enema..... 40
 hm hydrocortisone plus ... 32, 42, 52, 53
 hm hydrocortisone-aloe max st 32, 42, 52, 53
 hm laxative 40
 hm loratadine 7, 50
 hm nicotine 9, 10
 hm nicotine polacrilex 9, 10
 hm pain reliever..... 15, 20, 24
 hm stomach relief 35, 36, 38
 hm stool softener 40
 hydrocortisone 32, 42, 52, 53
 hydrocortisone acetate 32, 42, 53
 hydrocortisone max st. 33, 42, 53
 hydrocortisone max st/12 moist 33, 42, 53
 hydrocortisone/aloe max str .. 33, 42, 52, 53
 hydroxocobalamin acetate 11, 57
I
 ibu-200..... 20, 26, 27
 ibuprofen..... 21, 26, 27, 28
 ibuprofen childrens..... 20, 26, 27
 ibuprofen infants..... 20, 26, 27
 ibuprofen junior strength .20, 26, 27
 infants ibuprofen..... 21, 26, 28
 INFUVITE ADULT 56
 INFUVITE PEDIATRIC..... 56

iron (ferrous sulfate).....	11	multivitamin/fluoride.29, 44, 45,	phosphorous.....	31
iron infant & toddler.....	11	56, 57	PHOSPHO-TRIN 250	
iron infant/toddler.....	11	multi-vitamin/fluoride	NEUTRAL	31
K		multi-vitamin/fluoride	PHOSPHO-TRIN K500	31
ketotifen fumarate	4, 31	multi-vitamin/fluoride	phytonadione	1, 44, 59
kp ketotifen fumarate	4, 31	multi-vitamin/fluoride	PLAN B ONE-STEP	43, 44
K-PHOS	30	multi-vitamin/fluoride/iron....	polyethylene glycol 3350	40
K-PHOS-NEUTRAL	30	45, 56	POLY-VI-FLOR...29, 30, 45, 56	
L		MY CHOICE.....	POLY-VI-FLOR/IRON...11, 45,	56
lansoprazole.....	41	MY WAY	polyvinyl alcohol.....	33
levonorgestrel	42, 43	MYCOZYL AC.....	povidone-iodine.....	51, 54
lice killing shampoo max str ..	54	N	pyridoxine hcl.....	57
lidocaine	51	naloxone hcl	Q	
liquid allergy relief....2, 3, 9, 17,	23, 46, 48	naproxen sodium ..21, 26, 28, 44	qc acid controller	4, 41
LOMAIRA	14	NASCOBAL	qc acid controller max st....	4, 41
loperamide hcl.....	36	NEPHPLEX RX...30, 56, 57, 58	qc all day allergy	7, 50
loratadine.....	7, 50	NEW DAY	qc allergy relief.....	7, 50
loratadine childrens	7, 50	niacin er	qc arthritis pain relief..16, 21, 25	
lubricant eye drops	33	nicotine	qc aspirin	12, 13, 21, 29
lubricant eye drops pf.....	33	nicotine mini.....	qc enema.....	40
lubricant eye nighttime.....	33	nicotine polacrilex	qc ibuprofen ib.....	21, 26, 28
lubrifresh p.m.	33	nicotine polacrilex mini.....	qc ibuprofen infants....	21, 26, 28
M		nicotine step 1.....	qc nicotine transdermal system	
mag-al.....	35	nicotine step 2.....		10
mag-al plus	35, 37	nicotine step 3.....	qc non-aspirin jr strength.16, 21,	25
mag-al plus xs.....	35, 37	NIVA-FOL	qc tolnaftate	55
magnesium oxide.....	35, 38	NU-MAG.....	QUFLORA FE.....11, 29, 30, 31,	45, 56, 57
magnesium oxide (antacid) ...	35, 38	O	QUFLORA FE PEDIATRIC.11,	45, 56
magnesium oxide -mg		omeprazole	QUFLORA PEDIATRIC 29, 30,	45, 56
supplement	30, 35, 38	omeprazole magnesium.....	R	
magnesium-aluminum-		OPCICON ONE-STEP....	ra eye itch relief.....	4, 31
simethicone.....	35, 37	OPTION 2	RAYALDEE.....	58
manganese chloride	30	orlistat.....	REFRESH CELLUVISC.....	33
mapap	16, 21, 24	oyster shell calcium.....	REFRESH LACRI-LUBE.....	33
MAPAP ACETAMINOPHEN		oyster shell calcium w/d...30, 58	REFRESH LIQUIGEL	33
EXTRA STR	15, 21, 24	P	REFRESH P.M.....	33
MAPAP CHILDRENS....	16, 21, 24	pain & fever childrens 16, 21, 25	REFRESH PLUS.....	33
m-dryl.....	2, 3, 9, 17, 23, 46, 48	pain & fever infants....	REFRESH TEARS.....	34
miconazole 3 combo-supp.....	52	pain and fever relief kids.16, 21,	RENAL.....	56, 57, 58
miconazole 7	52	25	reno caps.....	56, 57, 58
miconazole nitrate	52	pc pediatric iron drops.....	RENOVA	53
miconazole nitrate combo pack		PEDIACLEAR PD	RENOVA PUMP.....	53
.....	52	CHILDRENS.....	RETIN-A	7, 53
MICOTRIN AC.....	52	PEDIAVENT.....	RETIN-A MICRO	8, 53
mintox maximum strength35, 37		peg 3350	RETIN-A MICRO PUMP ..	8, 53
m-pap.....	16, 21, 25	PEPCID		
multi-vit/iron/fluoride.11, 44, 56		phendimetrazine tartrate		
		phendimetrazine tartrate er....		
		phentermine hcl		
		PHOSPHA 250 NEUTRAL ...		

S			
SAXENDA.....	16, 43		
SLOW-MAG.....	31		
SLOWMAG MG			
MUSCLE/HEART	31		
sm 3-day vaginal	52		
sm 8 hour pain relief... 16, 21, 25			
sm acid reducer.....	4, 41		
sm acid reducer max st.....	4, 41		
sm all day allergy	7, 50		
sm allergy 4 hour.....	3, 5, 48		
sm allergy childrens	7, 50		
sm allergy relief... 2, 3, 9, 17, 23,	33, 42, 46, 47, 48		
sm allergy relief childrens 2, 3, 9,	17, 23, 46, 48		
sm antacid.....	35, 37, 38		
sm antacid advanced.....	35, 37		
sm antacid advanced max st.. 35,	37		
sm antacid maximum strength			
.....	35, 37		
sm anti-diarrheal.....	36		
sm antifungal clotrimazole	52		
sm antifungal miconazole.....	52		
sm antifungal tolnaftate.....	55		
sm arthritis pain reliever.. 16, 21,	25		
sm aspirin adult low strength 12,	13, 21, 29		
sm aspirin ec.....	12, 13, 21, 29		
sm aspirin low dose... 12, 13, 21,	29		
sm calcium antacid ex st... 35, 38			
sm childrens ibuprofen 21, 26, 28			
sm clotrimazole vaginal	52		
sm enema.....	40		
sm fexofenadine hcl	7, 50		
sm gentle laxative.....	40		
sm hydrocortisone	33, 42, 54		
sm hydrocortisone max st 33, 42,	54		
sm hydrocortisone plus.... 33, 42,	52, 54		
sm ibuprofen.....	21, 26, 28		
sm ibuprofen ib childrens 21, 26,	28		
sm infants ibuprofen... 21, 26, 28			
sm lansoprazole	41		
sm lice killing max strength ... 54			
sm loratadine	7, 50		
sm lubricating plus	34		
sm miconazole 3.....	52		
sm miconazole 7.....	52		
sm naproxen sodium.. 21, 26, 28,	44		
sm nicotine	10		
sm nicotine polacrilex	10		
sm omeprazole.....	41		
sm pain & fever childrens 16, 21,	25		
sm pain & fever infants ... 16, 22,	25		
sm pain reliever	16, 22, 25		
sm pain reliever ex st.. 16, 22, 25			
sm povidone-iodine	51, 54		
sm stomach relief.. 35, 36, 37, 38			
sm tioconazole-1.....	52		
sm triple antibiotic original 7, 32,	51		
smooth antacid extra strength 36,	38		
sodium bicarbonate.....	36, 39		
stomach relief	36, 37, 39		
stomach relief extra strength . 36,	37, 39		
stomach relief ultra.....	36, 37, 39		
stool softener	40		
STROVITE FORTE.....	31, 56		
STROVITE ONE	31, 56		
SYSTANE NIGHT.....	34		
SYSTANE NIGHTTIME.....	34		
T			
TAKE ACTION	43, 44		
tension headache.....	16, 25, 26		
thiamine hcl	57		
tioconazole-1	52		
tm-clotrimazole.....	52		
tolnaftate	55		
tretinoin.....	8, 53		
tretinoin microsphere.....	8, 53		
tretinoin microsphere pump 8, 53			
tri-buffered aspirin..... 12, 13, 22,	29, 36, 40		
triphrocaps	56, 57, 58		
triple antibiotic.....	7, 32, 51		
triprolidine hcl	3, 5, 48		
tri-vite/fluoride 29, 30, 45, 56, 58			
true ferrous sulfate.....	11		
true folic acid.....	57		
true magnesium oxide.....	31		
true vitamin d3.....	58		
V			
virt-caps	56, 57, 58		
VITAL-D RX	31, 56, 57, 58		
vitamin d (ergocalciferol).....	58		
vitamin k1	1, 44, 59		
W			
WEGOVY	16, 43		
well magnesium oxide.....	31		
wescaps.....	56, 57, 58		
wes-phos 250 neutral.....	31		
westab max	58		
X			
XENICAL.....	40		
Z			
ZADITOR.....	5, 31		
ZEPBOUND.....	16, 43		



Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs or activities. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

Blue Cross Complete of Michigan:

- Provides free (no cost) reasonable modifications and appropriate auxiliary aids and services for individuals with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and,
 - Information in other formats (large print, audio, accessible electronic formats).
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters; and,
 - Information written in other languages.

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554** (TDD/TTY: 1-888-987-5832).

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with:

- **Blue Cross Complete of Michigan**
Attn: Civil Rights Coordinator
P.O. Box 41789
North Charleston, SC 29423
1-800-228-8554
(TDD/TTY: 1-888-987-5832)
grievance@mibluecrosscomplete.com
- If you need help filing a grievance, Blue Cross Complete of Michigan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, by mail or phone at:

**U.S. Department of Health
and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019
(TDD/TTY: 1-800-537-7697)

Complaint forms are available at:
hhs.gov/ocr/office/file/index.html.

mibluecrosscomplete.com

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you.
Call **1-800-228-8554**
(TTY: **1-888-987-5832**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832).**

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-228-8554 (TTY: 1-888-987-5832).

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：**1-800-228-8554 (TTY: 1-888-987-5832)**。

Chinese Cantonese: 注意：如果您使用粵語，
您可以免費獲得語言援助服務。請致電
1-800-228-8554 (TTY: 1-888-987-5832)。

Syriac:
 ܐܡܝܢ ܕܝܗܘܐ ܕܡܪܝܡ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ
 ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ
 ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ
 ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ ܕܥܝܪܐ
 (TTY: 1-888-987-5832)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554** (TTY: **1-888-987-5832**).

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832).**

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554 (TTY: 1-888-987-5832)** 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুন: যদি আপনি বাংলায় কথা বলেন, তাহলে নি:খরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554**
(TTY: 1-888-987-5832) নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-228-8554**
(TTY: **1-888-987-5832**).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554** (TTY: **1-888-987-5832**).

Japanese: 注意事項：日本語を話される場合、
無料の通訳サービスをご利用いただけます。
1-800-228-8554 (TTY: 1-888-987-5832)
まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554** (TTY: 1-888-987-5832).

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554 (TTY: 1-888-987-5832).**

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554** (TTY: **1-888-987-5832**).