

## Analgesics, Non-Narcotic

| <i>Product Name</i>                                   | <i>Preferred Drug List</i> | <i>Medicaid</i> | <i>Health Choice</i> | <i>ABW: Wayne, Macomb</i> | <i>Plan B: Wayne, Macomb</i> |
|---|----------------------------|-----------------|----------------------|---------------------------|------------------------------|
| <b>Acetaminophen (all dosage forms and strengths)</b> | √                          | FA              | FA                   | FA                        | FA                           |
| <b>Aspirin (all dosage forms and strengths)</b>       | √                          | FA              | FA                   | FA                        | FA                           |
| <b>Diclofenac</b>                                     | √                          | FA              | FA                   | FA                        | FA                           |
| <b>Ibuprofen (all dosage forms and strengths)</b>     | √                          | FA              | FA                   | FA                        | FA                           |
| <b>Indomethacin</b>                                   |                            | FA              | FA                   | FA                        | FA                           |
| <b>Naproxen</b>                                       | √                          | FA              | FA                   | FA                        | FA                           |
| <b>Naproxen Sodium</b>                                | √                          | FA              | FA                   | FA                        | FA                           |

Generics are **bolded**

\*√ = Preferred Drug

\*FA = Formulary

\*PA = Prior Authorization required

\*NF = Not on Formulary

\*ST = Step Therapy

\*QL = Quantity Limits