

Estrogen Agents

Oral Agents

<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>
Estradiol (Estrace) tabs	√	FA	FA	FA	FA
Premarin tabs		FA	FA	FA	NF
Estropipate (Ogen) tabs	√	FA	FA	FA	FA

Transdermal Agents

<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>
Estradiol (Alora) Patch	√	FA	FA	FA	NF
Estraderm Patch		FA	FA	NF	NF
Vivelle – Dot Patch		FA	FA	NF	NF
Combipatch		FA	FA	NF	NF

Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*PA = Prior Authorization required

*NF = Not on Formulary

*ST = Step Therapy

*QL = Quantity Limits

Vaginal Agents

<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>
Premarin vaginal cream	√	FA	FA	FA	NF

Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*PA = Prior Authorization required

*NF = Not on Formulary

*ST = Step Therapy

*QL = Quantity Limits