

Upper Peninsula Health Plan (UPHP) Coverage Quick Guide

Diabetes Medication, Smoking Cessation and Vaccines

Information subject to change	Medicaid/Healthy Michigan/CSHCS Based on the Michigan Department of Health and Human Services (MDHHS) Managed Care Common Formulary			Medicare • MI Health Link • Advantage/Choice
Prescription Drugs	Biguanides	Preferred agents: metformin/metformin XR <i>Metformin 1000mg ER and XR and Metformin –OSM are NON-Formulary</i>		
	Sulfonylureas & Biguanide Combos	<ul style="list-style-type: none"> •Chlorpropamide •Glimepiride •Glyburide •Glipizide/Glipizide •ER/Glipizide XL •Tolazamide •Tolbutamide •Glipizide-Metformin •Glyburide-Metformin 		
	Meglitinide Analogs	Nateglinide, Repaglinide		
	Thiazolidinediones	Pioglitazone	Alpha-glucosidase inhibitor	Acarbose
	PA* criteria include: •A1C requirements as noted below •Good compliance •Trial, failure or intolerance to Metformin and other antidiabetic agents in past 120 days – See formulary for specifics.			
*PA- Prior Authorization	*DPP-4 Inhibitors & Biguanide Combos	A1C ≤9	Preferred: alogliptin, After trial/failure of alogliptin: sitagliptin (Januvia), linagliptin (Tradjenta) Combination Products: sitagliptin-metformin (Janumet, JanumetXR), linagliptin-metformin (Jentaducto), alogliptin-metformin, alogliptin/pioglitazone	
	*GLP-1s	A1C ≤9	Victoza	
	*SGLT2 Inhibitor	A1C ≤9	canagliflozin (Invokana), empagliflozin (Jardiance) Combination Products: empagliflozin-metformin (Synjardy/SynjardyXR), canagliflozin-metformin (Invokamet/InvokametXR)	
Insulins	AdmeLOG (insulin lispro) vial 100units/ml AdmeLOG (Insulin lispro) Solostar* 100unit/ml – Ages 0-21 Basaglar KwikPen (insulin glargine) Levemir (insulin detemir)- Age edit coverage ONLY for ages 2-6 years old Humulin R U-500 covered with a PA			Part D See Formulary www.uphp.com/medicare
Syringes	Insulin syringes and Pen Needles Covered (any generic) Pen needles (any generic)			Part D
Diabetic Supplies Test Strips & Lancets	Preferred product: Bayer Test Strips covered at the pharmacy IDDM: Ages 21 years & up: 200 per month IDDM: Ages 0 to 21 years: 300 per month Non-IDDM: 100 per month			Part B DME Benefit
Blood Glucose Monitors	Contour Next meter & Contour Next One meter , replacement batteries, calibrator solution/chips provided free of charge. Call 800-401-8440 to request. Pharmacy billing information available at UPHP Blood Glucose Meter Coverage .			DME Benefit
Insulin Pumps	DME Benefit			DME Benefit
Shingles Vaccine	Medical Benefit			Part D
Flu Vaccine	Medical Benefit or Rx Benefit			Part B
Pneumonia	Medical Benefit			Part B
Smoking Cessation	Nicotine products: Oral: nicotine gum – nicotine lozenge – nicotine oral inhalation; Nasal: nicotine nasal spray; Transdermal: nicotine patch Other Agents: buPROPban SR generic (Zyban), varenicline (Chantix) two 12 week courses/yr. <i>Quantity limits apply & agents can be used in combination</i>			Part D See Formulary www.uphp.com/medicare

- Helpful Links- <http://www.michigan.gov/mcopharmacy> OR <http://www.uphp.com/pharmacy/formulary-info/>
- Brand names are listed for reference only and are NOT covered if a generic equivalent is available.
- Prescribers may request medical necessity authorization for non-formulary products.
- Information subject to change. This document is a listing of covered medications and coverage limitations within UPHP's restricted drug classes. It is not a comprehensive listing, but meant to assist in prescribing.

For questions regarding coverage- Call UPHP's Pharmacy Benefit Manager (Magellan Rx)
 For Medicaid/Healthy Michigan/CSHCS at **888-274-2031** For Medicare at **844-827-0182** or
 Call UPHP Customer Service at **800-835-2556** or **906-225-7500**