

# Common Formulary Update

**Effective July 1, 2019**

Please note the following changes to the Michigan Medicaid Managed Care Common Formulary and Upper Peninsula Health Plan (UPHP) Michigan Medicaid Common Formulary. Age and quantity limits may apply.

**DMARD- Antinflammatory, Select. Costimulation modulator, T-cell Inhib\***

Covered on formulary with prior authorization:

- Orencia 125mg/ml, 50mg/0.4ml, 87.5mg/0.7ml syringe
- Orencia ClickJect 125mg/ml

**DMARD- Inerleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody\***

Covered on formulary with prior authorization:

- Actemra 162mg/0.9ml syringe & ACTpen

**DMARD- Janus Kinase (JAK) Inhibitors\***

Covered on formulary with prior authorization:

- Xeljanz 5mg, 10mg
- Xeljanz XR 11mg tablet

**Inflammatory Bowel Agent- Tumor Necrosis Factor Alpha Blockers\***

Covered on formulary with prior authorization:

- Cimzia 200mg vial kit
- Cimzia 200mg/ml syringe kit and starter kit

**Antipsoriatic Agents, Systemic\***

Covered on formulary with prior authorization:

- Siliq 210mg/1.5ml syringe

**Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents, TNF-alpha Sel\***

Covered on formulary with prior authorization:

- Humira Citrate Free- 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml Syringe, Pen 40mg/0.4ml, Pedi Crohn 80-40mg, Pedi Crohn 80mg/0.8, Pen Crhn-UC-HS 80mg, Pen PS-UV-AHS 80-40

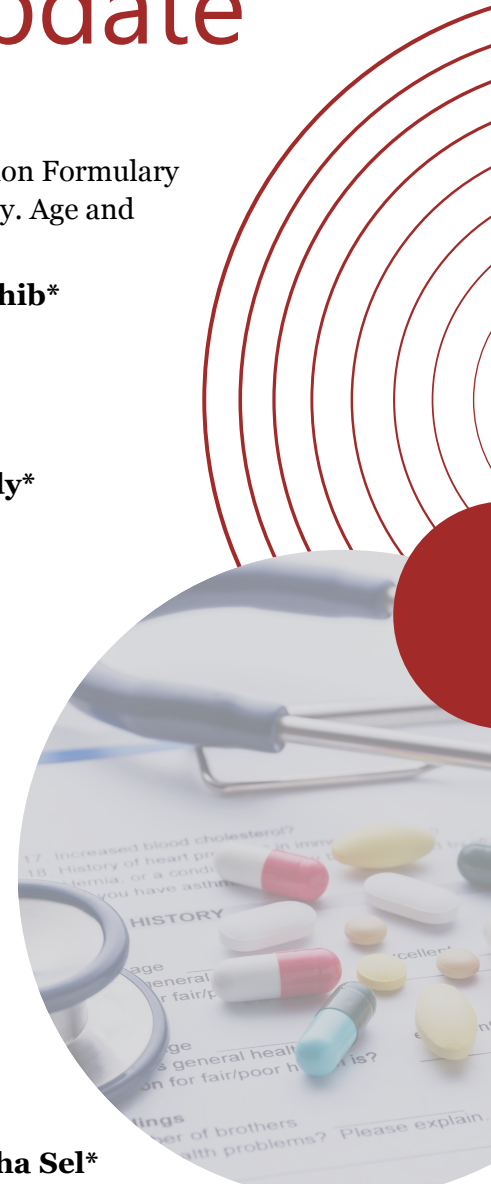
**Anti-inflammatory Tumor Necrosis Factor Inhibiting agents, Non-Selective\***

- Enbrel/Etanercept 25mg subcutaneous kit; 25mg/0.5ml and 50mg/ml subcutaneous solution, prefilled syringes, Enbrel 50mg/ml Sure Click, a subcutaneous solution auto-injector

**Migraine Therapy- Calcitonin Gene-Related Peptide Inhibitors**

Covered on formulary with prior authorization:

- Aimovig 140mg/ml autoinjector
- Ajovy 225mg/1.5ml syringe
- Emgality 120mg/ml pen



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## **Angiotensin II Receptor Blocker- Neprilysin Inhibitor Comb. (ARNi)**

Covered on formulary with step therapy:

- Entresto 24mg-26mg, 49mg-51mg, 97mg-103mg tablet

## **Granulocyte Colony-Stimulating Factor (G-CSF)**

Covered on formulary with prior authorization:

- Nivestym 300mcg/0.5ml, 480mcg/0.8ml syringe

*\*Trial and failure of infliximab (medical benefit) required for applicable indication.*

## **RESPIRATORY (Asthma/COPD) AGENT COVERAGE**

Step, quantity, and/or age limits may apply. Prescribing generically allows substitution of covered product at the pharmacy. For example, albuterol should be noted versus Proventil or Ventolin.

### **Asthma Therapy - Glucocorticoids**

- Armonair Respiclick (fluticasone)
- Budesonide nebulizer
- Flovent HFA (fluticasone)
- Pulmicort 90mcg Flexhaler (budesonide)
- QVAR Redihaler 40mcg (beclomethasone)

### **Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting**

- Atrovent (ipratropium) inhaler, nebulizer
- Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting
- Incruse Ellipta 62.5mcg inhaler (umeclidinium)

### **Beta 2 Adrenergic Agents – Inhaled Short Acting**

- Albuterol 90mcg inhaler
- Albuterol sulfate nebulizer solution, syrup and tablets
- Levalbuterol HFA (Xopenex)

### **Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting**

- Serevent Diskus (salmeterol)

### **Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations**

- Fluticasone-salmeterol (Wixela Inhub/Advair HFA & Air Duo RespiClick authorized generics) various strengths
- Symbicort inhaler (budesonide/formoterol) – age edit up to 12 years

### **Beta-Adrenergic/Anticholinergic Combinations**

- Bevespi Aerosphere inhaler (glycopyrrolate/formoterol)
- Combivent Respimat 20-100mcg (albuterol/ipratropium)

Provider Bulletins, full searchable formulary, and prior authorization information are available at <http://www.uphp.com>. For any questions, please contact UPHP Customer Service at 1-800-835-2556 or Magellan Rx, the UPHP Pharmacy Benefit Manager, at 1-888-274-2031.