

Medicaid Formulary Update Effective Oct. 1, 2020

Michigan Department of Health and Human Services (MDHHS) Policy 20-51 will change health plan formulary coverage to follow the MDHHS Fee-for-Service (FFS) coverage for preferred drug categories. This change is effective Oct., 1, 2020. Coverage will be referred to as the Single Preferred Drug List (PDL). The Single PDL is available on the web at michigan.magellanrx.com >Provider> Michigan Preferred Drug List. Significant changes to coverage are listed below. The list is not all inclusive.

DIABETIC AGENTS

Long acting insulin

NOW COVERED AS PREFERRED: Lantus (insulin glargine), Levemir (insulin detemir)

NON-PREFERRED: Basaglar (insulin glargine)

Rapid acting insulin

NOW COVERED AS PREFERRED: Humalog/Novolog

NON-PREFERRED: Admelog, insulin aspart, insulin lispro

GLP-1s agonists

NOW COVERED AS PREFERRED: Bydureon, Byetta, Victoza

NON-PREFERRED: Bydureon Bcise, Ozempic, Trulicity

DPP4 Inhibitors

NOW COVERED AS PREFERRED: Januvia, Trajenta

NON-PREFERRED: Alogliptin, Nesina, Onglyza

RESPIRATORY AGENTS

PREFERRED COVERAGE:

Beta Adrenergic and Corticosteroid Inhaler Combination

- Advair Diskus® (DPI)
- Advair HFA® (MDI)
- Dulera® (MDI)
- Symbicort® (MDI)

Anticholinergic Agents– Short Acting

- Atrovent HFA® (MDI) NOW COVERED AS PREFERRED

Anticholinergic Agents – Long Acting

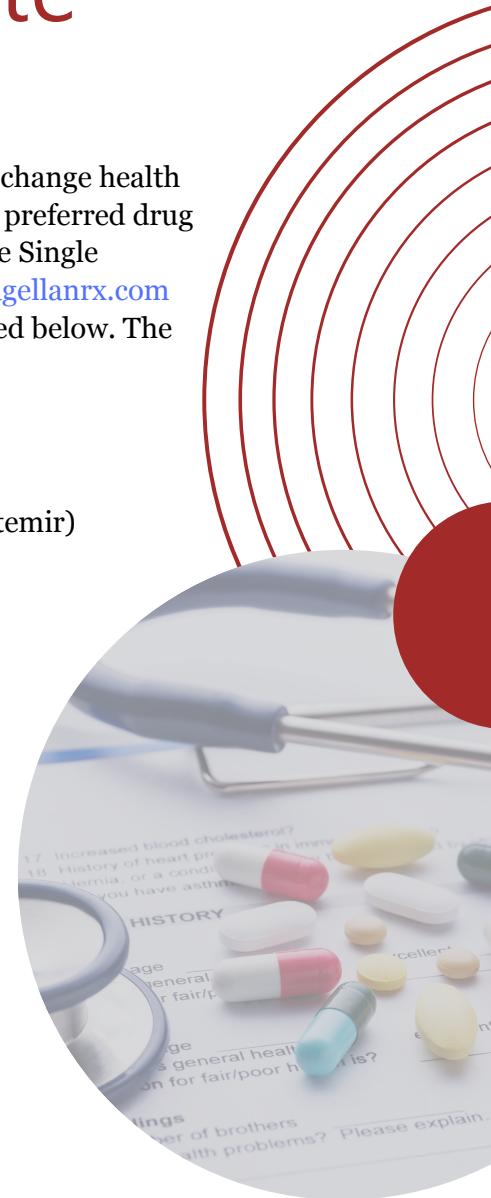
- Spiriva® (DPI)

Beta Adrenergics –Short Acting

- ProAir HFA (MDI), Proventil HFA (MDI), albuterol sulfate nebulizer

Inhaled Glucocorticoids

- Flovent HFA (MDI), Asmanex Twisthaler, budesonide nebulizer



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SELECT PREFERRED AGENTS

- Migraine Agents
 - CGRP Inhibitors: Emgality*
 - Triptans: Relpax, rizatriptan tabs/ODT, sumatriptan tab/inj, Zomig nasal spray
- Urinary Tract Antispasmodics: oxybutynin/oxybutynin ER, Toviaz
- Proton Pump Inhibitors: omeprazole, pantoprazole
- Immunomodulators for atopic dermatitis: Elidel
- Multiple Sclerosis Agents: Avonex, Betaseron, Copaxone 20mg, Gilenya, Rebif, Tecfidera

**Clinical Criteria Apply*

Comprehensive Formulary Information

Some agents no longer require a prior authorization. Be sure to check formulary and prior authorization information at michigan.magellanrx.com > Provider > Michigan Preferred Drug List. After Oct. 1, 2020, information will be available at www.uphp.com/pharmacy.

Prior Authorization Criteria

Non-preferred agents will require a prior authorization. Requirements include trial and failure, contraindication, allergy to preferred medications or medical necessity justification. Clinical criteria are applicable to some preferred and non-preferred agents; these requests will be addressed on a case by case basis.

Brand vs. Generic Coverage

Unlike the current formulary which has a generic preferred mandate, for some PDL drug categories, branded medications are preferred. Writing prescriptions for the generic name will avoid issues.

Member Impact

Members currently receiving non-preferred or non-covered medications have been sent notices. They are being asked to contact you for new prescriptions.

If you have any questions, please contact the UPHP Pharmacy Benefit Manager, Magellan Rx, at (248) 540-6686, or UPHP Customer Service at 1-800-835-2556 (TTY: 711).