

Agenda

Drug Utilization Review Board

Tuesday, September 8, 2020 3:00 –5:00 PM

[Join Microsoft Teams Meeting](#)

[+1 248-509-0316](#) United States, Pontiac (Toll)

Conference ID: 493 190 817#

**If you need the services below to join, please contact the MDHHS Section 1557 Coordinator
517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax),
MDHHS-ComplianceOffice@michigan.gov**

- Provide free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

3:00 – 3:05 Welcome and Introductions -- Chairperson Carrie Germain, RPh

3:05 – 3:10 Authority for remote participation in public meetings

- [Executive Order 2020-154](#)

3:10 - 3:15 Review of Minutes -- Chairperson Carrie Germain, RPh

3:15 – 3:30 MDHHS Updates – Trish Bouck

- Policy Updates
- Annual DUR Update

3:30 – 4:00 DUR Board Bylaw Review

4:00 – 4:30 Whole Health Rx Update- Santreis Cook, PharmD

- 3Q 2020 Outreach Summary
- 4Q 2020 Algorithm Selection

4:30– 4:55 RetroDUR – Donna Johnson, PharmD

- COVID-19 Trends
- Immunization
- Opioid-related Standards
- SUPPORT Act/ Opioid Potentiators
- Medication Assisted Treatment (MAT) Utilization

4:55 – 5:00 Public Comment, Chairperson Carrie Germain, RPh

5:00 Adjourn



MI Medicaid Fee-for-Service DUR Board MDHHS Updates

September 8, 2020

Trish Bouck

Director, Pharmacy Management Division
Bureau of Medicaid Care Management & Customer Service
Medical Services Administration
Michigan Department of Health & Human Services

Medicaid Policies – Single PDL

- Recommended in the [Governor's FY21 Executive Budget](#), the Department will implement a single Medicaid Preferred Drug List (PDL) to maximize drug manufacturer rebates (both Federal and PDL supplemental) and generate savings starting October 1, 2020 [*~\$182.9M Gross*]
- The Department issued the final policy (i.e. [MSA-20-51](#)) on July 1, 2020
- Effective 10/1/2020: Medicaid Health Plans will follow/adopt the Fee-For-Service (FFS) PDL

Medicaid Policies – Single PDL (cont.)

- The P&T Committee makes clinical recommendations for both the Michigan Pharmaceutical Product List (MPPL) and the subset of drugs on the PDL.
- To ensure comprehensive clinical review and considerations (across both FFS and Managed Medicaid), the MCO Common Formulary workgroup clinical input will be part of future PDL considerations
- **IMPORTANT:** Drugs not on the PDL will continue to be managed by the MCO Common Formulary for Medicaid Health Plan enrollees
- Existing processes allow FFS and MCO to consider individual medical necessity Prior Authorizations of PDL Non-Preferred agents

Coronavirus resources

- For the latest information on the 2019 Novel Coronavirus, visit [CDC.gov/Coronavirus](https://www.cdc.gov/coronavirus) or [Michigan.gov/Coronavirus](https://www.michigan.gov/coronavirus).
- MDHHS has continued to partner with its contracted MHPs to evaluate Point-Of-Sale pharmacy coverage needs, utilization trends, potential or actual drug supply short concerns, etc.
- Any additional coverage updates will be communicated via web announcements posted at <https://michigan.magellanrx.com/provider/> and [Michigan.gov/MCOPharmacy](https://www.michigan.gov/MCOPharmacy) websites, provider bulletins/letters, press releases, etc.

Medicaid COVID-19 Policies

The following policies most relevant to pharmacy coverage/access amidst the pandemic remain in effect...

- **L-20-20:** Pharmacy Flexibilities (Overrides for Early Refills, Days Supply, Quantity Limits, Prescriber Enrollment) - *Submission Clarification Code = 13; waived signature log*
- **MSA 20-13:** Telemedicine policy expansion...allows for telephone only visits – including for MTM
- **MSA 20-17:** Copay Exemptions for diagnosis and treatment of COVID-19
- **MSA 20-28:** Temporary suspension of certain Provider Enrollment requirements and Michigan Public Health Code requirements.
- **Medicaid State Plan Amendment 20-0005** (COVID-19 Disaster Relief SPA)

Governor's Prescription Drug Task Force

- Established via Executive Order 2020-01
- Chaired by the Director of the Michigan Department of Health & Human Services and includes appointed legislators and LARA and DIFS Department Directors/designees
- The task force meetings were postponed due to COVID-19 but there are discussions of scheduling those and working toward a report around the end of December 2020.

Outcomes-Based Contracts

- Encouraged by the Department of Health & Human Services to help address high drug costs
- MDHHS received CMS approval October 2018 to pursue Outcomes-Based Contracts with drug manufacturers
- MDHHS has been in the process of reviewing potential agreements with several drug manufacturers

“We Treat Hep C” RFP

- The MDHHS in collaboration with MDOC issued a RFP to secure lower pricing on Hepatitis C agents
- The goal of the RFP is to leverage the lowest pricing possible to treat as many Michiganders as possible
- Ultimately - a public health initiative to eliminate Hepatitis C in the State of Michigan
- The RFP is posted on the State of Michigan Vendor Self Service System, found at [Michigan.gov/vsslogin](https://michigan.gov/vsslogin).

CMS Annual DUR Report: FFY2019

- Annual reports are available from the CMS DUR website at:
<https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/index.html>
- This year's (i.e. FFY2018) FFS and MCO surveys are drafted and are being reviewed for completeness and required formatting.
- 9/30/2020: Both FFS and MCO surveys and attachments must be uploaded and certified in the CMS DUR web application

DRUG UTILIZATION REVIEW BOARD
Michigan Department of Health & Human Services

BYLAWS

Discussed 09/08/2020

ARTICLE I – PREAMBLE

The Drug Utilization Review Board (DUR Board) is created by the Michigan Department of Health and Human Services (MDHHS) and established pursuant to the Omnibus Budget Reconciliation Act, 1990 (OBRA '90). [42 CFR Subpart K – Drug Use Review \(DUR\) Program and Electronic Claims Management System for Outpatient Drug Claims Section 456.700-456.725 provides the requirements for the DUR program.](#) The Bylaws developed by the DUR Board shall remain in effect until otherwise amended as provided in Article X.

ARTICLE II – DEFINITIONS

“Meeting,” means the convening of the DUR Board at which a quorum is present for the purpose of reviewing DUR activities, recommending education activities, and deliberating toward, or writing a recommendation, or resolution for the Michigan Department of Health and Human Services.

“Michigan Department of Health and Human Services” means the single state agency responsible for the administration of the Medicaid program hereafter referred to as MDHHS.

“Medicaid program” means the administration of the delivery of health services to the medically indigent and categorically needy; and includes but is not limited to Drug Utilization Review.

“DUR Board Member” means an active voting participant on the DUR Board appointed by the MDHHS and hereafter referred to as member.

“Pharmacy Benefits Manager” means the vendor contracted with MDHHS to run the DUR Program and hereafter referred to as the PBM.

“Quorum” means a majority of the appointed and serving members, e.g. if 7 appointed and serving members, then a minimum of four (4) constitutes a quorum..|

“Fees” means a nominal amount to be paid on an annual or specific basis to cover the cost of mailing information to persons or organizations who may be requesting information to be sent to them.

ARTICLE III – GENERAL PURPOSE

- A. The DUR Board shall review and evaluate existing standards submitted by MDHHS or the PBM and recommend any necessary changes; assess the operational effect for modifications or elimination of existing standards or adding new ones; recommend guidelines governing written standards that pharmacies not using approved software must use in conducting prospective DUR.

DRUG UTILIZATION REVIEW BOARD
Michigan Department of Health & Human Services

B. Prospective DUR

1. Review and make recommendations on edits, or existing standards submitted by the MDHHS or the PBM.
2. Make recommendations to the MDHHS concerning modification or elimination of existing standards or the addition of new ones.

C. Retrospective DUR

1. Review and make recommendations on existing standards, or any submitted by the MDHHS or the PBM.
2. Make recommendations to the MDHHS concerning modification or elimination of existing standards or the addition of new ones.

D. Education Program

1. Identify and develop educational topics on common drug therapy problems to improve prescribing or dispensing practices.
2. Make recommendations as to which mix of interventions would most effectively lead to improvement in quality of drug therapy.
3. Periodically re-evaluate and modify the interventions, if necessary.

ARTICLE IV – ONGOING FUNCTIONS

- A. Review, evaluate and modify existing standards and make recommendations to the MDHHS.
- B. Review, evaluate, or modify the mix of interventions.
- C. Review and submit the annual CMS DUR report(s) prepared by the PBM to the MDHHS that includes:
 1. A description of activities to ensure compliance with the requirements for existing standards and with the access to the existing standards requirements.
 2. Assessment of the educational interventions and the effect of these educational interventions on the quality of care.

ARTICLE V – MEMBERSHIP OF THE DUR BOARD

A. Size and Composition

The DUR Board shall consist of seven (7) members appointed by the Michigan Department of Health and Human Services and pursuant to 42 CFR Subpart K 456.716. This includes the requirement that at least one-third but not more than 51 percent of the Board be physicians and at least one-third be pharmacists. Each member shall be actively practicing and licensed.

B. Term of Office

Each member of the DUR Board shall serve a term of 2 years, except for the present members on the committee whose terms will be staggered to affect a transition to this process. A vacancy on the DUR Board shall be filled in the same manner as the original

DRUG UTILIZATION REVIEW BOARD
Michigan Department of Health & Human Services

appointment. An individual appointed to fill a vacancy created other than by expiration or a term shall be appointed for the unexpired term of the member whom he or she is to succeed in the same manner as the original appointment. A member may be reappointed for additional terms. An individual appointed to serve as a physician or pharmacist member of the committee may serve only while maintaining his or her professional license in good standing. An individual physician's or pharmacist's failure to maintain his or her professional license in good standing immediately terminates that individual's membership on the DUR Board.

C. Administration and Professional Staff Support

Administrative support and staff for the DUR Board shall be provided by the MDHHS Pharmacy Management Division and the PBM.

ARTICLE VI – MEETINGS OF THE DUR BOARD

A. In compliance with Open Meetings Act

The DUR Board shall adhere to the provisions of the Michigan Open Meetings Act being Public Act 267 of 1976, MCL 15.261 through 15.275.

B. Notice of Meetings

The MDHHS shall provide notice of DUR Board meetings including details allowing for public participation. The MDHHS and PBM shall keep minutes of such meetings and a record of the actions of the DUR Board. Meeting notices and materials shall be posted to the PBM webpage designated for the DUR Board.

C. Regular and Special Meetings

1. The DUR Board shall hold Regular Meetings. Meetings shall take place in person when feasible. At the discretion of the DUR Board Chairperson or the MDHHS, DUR Board Members may attend meetings remotely via virtual platform or telephone. Additionally, at the discretion of the DUR Board Chairperson or the MDHHS, the meeting itself may be held virtually with advanced public notice to allow public participation as required in accordance with the Michigan Open Meetings Act.
2. The DUR Board shall vote to establish future meeting dates. All meeting dates shall be published on the PBM website.
3. The Chairperson of the DUR Board and MDHHS may call special Meetings.
4. A Regular or Special Meeting of the DUR Board may be recessed and reconvened consistent with the provisions of the Michigan Open Meetings Act.

D. Meeting Attendance

1. Members of the DUR Board are expected to attend all Regular and Special Meetings except on those occasions when good cause exists.
2. When a member of the DUR Board is aware that he or she will be unable to attend a Regular or Special Meeting, every effort should be made to notify the Board Chairperson and the MDHHS.
3. The Chairperson of the DUR Board shall determine whether a good cause exists for the absence of a member from a Regular or Special Meeting of the DUR Board.

DRUG UTILIZATION REVIEW BOARD
Michigan Department of Health & Human Services

4. When the attendance of the Chairperson is under question, the responsibility for determining good cause falls to the Vice-Chairperson of the DUR Board.
5. The MDHHS may remove a DUR Board Member's appointment for failure to attend three (3) consecutive meetings in a one (1) year period. The Chairperson of the DUR Board shall promptly notify the MDHHS of such situations. The MDHHS shall indicate as to whether good cause exists for such absences.

E. Voting procedures

Voting shall only occur when a quorum of the DUR Board occurs. Approval of meeting minutes, DUR recommendations to the MDHHS and amendments to bylaws are examples of tasks requiring a vote by the DUR Board.

F. Financial Reimbursement to DUR Board Members

1. DUR Board members shall be paid a per diem per meeting attended; and roundtrip mileage from their residence to the location of the meeting when attended in-person.
2. The MDHHS shall fix the per diem compensation of the DUR Board members as defined in the annual budget.

ARTICLE VII – OFFICERS AND PROCEDURES FOR ELECTING OFFICERS

A. Election of Chairperson and Vice-Chairperson

1. The DUR Board shall vote to elect a Chairperson and Vice-Chairperson. Each officer shall be for a two (2) year term.
2. Members may serve in an officer role for consecutive terms at the request of the DUR Board.

B. Procedures for Selecting Officers

1. Nominations for officers may be made by any DUR Board member in attendance at the meeting where the selection of officers is to occur.
2. Selection of officers shall be determined by an affirmative vote of a majority of DUR Board members.

C. Responsibilities of Officers

The Chairperson or in his/her absence, the Vice-Chairperson shall preside over the DUR Board at all its Regular and Special Meetings. In the event that neither the Chairperson nor Vice-Chairperson is able to preside over a meeting or a portion thereof, the remaining members of the DUR Board shall select a temporary presiding officer.

D. Filling Vacancies in Offices

1. If the office of Chairperson becomes vacant for any reason, the Vice-Chairperson shall become Chairperson of the DUR Board.
2. If the office of Vice-Chairperson becomes vacant as a result of the Vice-Chairperson becoming Chairperson under number 1 above or for any other reason, the DUR Board shall elect a new Vice-Chairperson by an affirmative vote of a majority of those members appointed and serving.

DRUG UTILIZATION REVIEW BOARD
Michigan Department of Health & Human Services

3. If the office of Chairperson and Vice-Chairperson become vacant simultaneously, the DUR Board shall conduct a special election to fill those positions. New officers shall be elected by an affirmative vote of a majority of those members appointed and serving.
4. Persons elected to fill vacancies in offices of the DUR Board shall serve out the balance of the remaining terms of the officer, which they replaced. Persons elected under the above provisions must meet all other applicable requirements contained in these bylaws for holding office.

ARTICLE VIII – STANDARDS OF CONDUCT BY DUR BOARD MEMBERS & CONFLICT OF INTEREST PROVISIONS

A. DUR Board Members are subject to the provisions of:

1. Michigan Public Act 317 of 1968, MCL 15.321 through 15.330 (contracts of public servants with public entities)
2. Michigan Public Act 196 of 1973, MCL 15.341 through 15.348 (code of ethics for public officers and employees)

B. Definition – Conflict of Interest

A conflict of interest for DUR Board Members shall exist when the individual member has a direct personal, professional or monetary interest in a matter under consideration by the DUR Board.

C. Procedures – Conflict of Interest

1. A DUR Board Member shall disclose that he or she has a conflict of interest or a potential conflict of interest at the commencement of consideration or substantive matter before the DUR Board, or where consideration has already commenced, at the point where a conflict or potential conflict of interest becomes apparent to the member.
2. When a conflict of interest exists, the affected member shall abstain from voting.
3. In the event that there are questions as to whether a conflict of interest or potential conflict of interest exists in a case of an individual member, the question shall be settled by an affirmative vote of a majority of those DUR Board Members appointed and serving, excluding the member in question.

ARTICLE IX – AMENDMENTS TO BYLAWS

- A. Any amendments to these bylaws shall be proposed by the DUR Board or presented in writing to the DUR Board by at least thirty (30) days in advance of the meeting where final action is scheduled to be taken.
- B. Any amendments shall be deemed to be approved upon an affirmative vote of a majority of the DUR Board Members appointed and serving.

DRUG UTILIZATION REVIEW BOARD
Michigan Department of Health & Human Services

ARTICLE X – FURNISHING MATERIALS REQUESTED BY THE PUBLIC

- A. Any public information will be disseminated pursuant to the Michigan Open Meetings Act and Freedom of Information Act.
 - 1. Such requests will be furnished for a nominal fee, to be determined by the MDHHS policies and procedures.
 - 2. Individuals or representatives of companies or others who request regular distribution of specific materials can be charged an annual fee determined by MDHHS.

DRAFT

Meeting Minutes

Drug Utilization Review (DUR) Board

June 9, 2020 Meeting

Draft

Board Members Present: Carrie Germain, Jennifer Stanley, Mohammed Arsiwala, Robert DeYoung, and Susan DeVuyst-Miller

Board Members Absent: James Forshee

MDHHS/Magellan Present: Trish Bouck, Donna Johnson, Santreis Cook, Matt Giering, Linda VanCamp and Michael Melvin

The MDHHS DUR Board meeting was held via Microsoft Teams web conference with teleconference only option of participation also available. Ms. Germain opened the meeting at 3:05 pm with roll call of the members present and approval of minutes.

Ms. Bouck explained that the Governor's Executive Order 2020-75 provides temporary authorization of remote participation in public meetings during the coronavirus (COVID-19) pandemic.

Conflict of interest statement was reviewed. None of the members had COI to report.

Ms. Bouck stated that a copy of the DUR Board bylaws was sent to the members via email the previous week. She asked if the members had any changes to suggest. Dr. DeYoung recommended that language be added that will allow open virtual meetings as needed outside of the current COVID-19 pandemic Executive Order. The bylaws also need to be updated to change references to MDCH to MDHHS. Ms. Bouck agreed and stated that the DUR Steering Committee will draft the changes and email them to the members for review prior to the next meeting. The final review and approval will be conducted at the September meeting.

Ms. Bouck presented the Centers for Disease Control (CDC) and the State of Michigan website resources for the Coronavirus pandemic (i.e. COVID-19). MDHHS continues to partner with contracted Medicaid Health Plans (MHPs) to evaluate Medicaid Point-Of-Sale coverage needs, utilization trends, potential or actual drugs supply shortage concerns. Additional coverage updates will be communicated via web announcements posted at <https://michigan.magellanrx.com/provider/> and www.Michigan.gov/MCOPharmacy websites, provider bulletins/letters and press releases. Ms. Bouck also presented the policies and a State Plan Amendment that were most relevant to pharmacy coverage and access amidst the pandemic.

The single Medicaid Preferred Drug List (sPDL) was recommended in the Governor's FY21 Executive Budget. The Department will implement a single PDL to maximize drug manufacturer rebates (both Federal and PDL supplemental) and generate savings starting October 1, 2020. The Department issued the proposed policy (2019-Pharmacy) on May 15, 2020. Public comment due June 19, 2020.

The proposed policy states that the Department will require MHPs to follow the Michigan PDL used by the Fee-for-service (FFS) pharmacy program. The P&T Committee makes clinical recommendations for both the Michigan Pharmaceutical Product List (MPPL) and the subset of drugs on the FFS PDL. To ensure comprehensive clinical review and considerations (across both FFS and Managed Medicaid) moving

forward, the Department has been working on a process to allow the MCO Common Formulary workgroup to provide clinical input on future PDL considerations in advance of the P&T Committee meetings. Drugs not on the PDL will continue to be managed by the MCO Common Formulary. During a recent impact analysis, Department staff found that approximately 65% of the current MHP pharmacy coverage will shift to PDL coverage rules. Approximately 69% of the coverage coding changes will be positive and less restrictive; 23% will be neutral changes and about 8% will be more restrictive requiring prior authorization. Ms. Bouck stated that the medications affected by more restrictions are primarily the long-acting insulins, asthma/COPD, biologics and multiple sclerosis treatments. The volume of utilization associated with each of the coding changes varies. The current Medicaid Health Plan (MHP) pharmacy claims will continue to be processed by the MHP's PBM but the coverage will align with the FFS PDL. In an effort to ensure financial sustainability of Michigan's smaller independent pharmacies, the Department also proposed raising the Medicaid Health Plan dispensing fee for independent pharmacies to \$3 using a portion of the single PDL savings.

Ms. Bouck presented two additional Medicaid policies. MSA 20-33 states that no copay will be required for opioid antidotes. MSA 20-48 states that no copay will be required for substance use disorder treatments which includes tobacco use disorder. Additionally, a State Plan Amendment will soon be submitted to account for both the aforementioned. This is a technical update to the Department's Copay Exemptions as a result of the Mental Health Parity rule and for purposes of further eliminating confusion and/or financial barriers.

Ms. Bouck reported that CMS posted the finalized annual DUR survey templates for FFY2019 to their website on May 1, 2020. The surveys for both FFS and MCO are now available. The draft surveys are due to State by August 1, 2020. Both the FFS and MCOs surveys and attachments must be uploaded and certified in the CMS DUR web application by September 30, 2020. Ms. Bouck noted that past annual reports are available on the CMS DUR website at <https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization-review/index.html>.

Ms. Bouck provided an update on the Governor's Prescription Drug Task Force which was established via Executive Order (EO) 2020-01. It will be chaired by the Director of the Michigan Department of Health & Human Services and includes appointed legislators and LARA and DIFS Department Directors/designees. Originally, the EO required that a report be provided to the Governor detailing the Task Force's findings and recommendations by August 15, 2020. However, the Task Force meetings were postponed due to COVID-19. No further updates about rescheduling the meetings and report due date have been provided.

Santreis Cook presented the Whole Health Outcomes Report for interventions completed from January 2019 through May 2019. The report included Atypical Antipsychotic Polypharmacy, Antidepressant Adherence, Antipsychotic Adherence, High Morphine Milligram Equivalent (MME) ≥ 90 , and High MME ≥ 90 with Concurrent Benzodiazepine Use. The outcomes data showed a decrease in the proportion of members prescribed two or more atypical antipsychotics, opioid claims ≥ 90 MME, and concurrent utilization of opioids and benzodiazepines. There was also an increase in members achieving a Proportion of Days Covered (PDC) $\geq 80\%$ for both antidepressants and antipsychotics. Santreis also analyzed concurrent opioid and antipsychotic utilization in the members identified during the above period and assessed average days of overlap, medication trends, and opportunities for intervention.

Dr. Cook provided an update of the current initiatives, Behavioral Health (BH) Polypharmacy- 5 or more Medications, Atypical Antipsychotic Polypharmacy, and Dose Optimization for Fluoxetine 20 mg- 2 caps/tabs daily. She reviewed the changes implemented by Whole Health to enable virtual and telephonic outreach during the COVID-19 pandemic. Santreis recommended continued outreach for the current algorithms through 3rd quarter 2020 and the addition of Antidepressant Adherence and Antipsychotic Adherence to assess areas of

opportunity to assist providers as the pandemic continues. The Board accepted her recommendations.

Santreis will provide an update on current initiatives and outreach activities during the September 2020 meeting.

Donna Johnson presented an update on the steps enacted when the March 10, 2020 Emergency Declaration was issued to ensure access to essential medications and to promote social distancing as permitted by law. The steps include allowing provider level or call center overrides to bypass quantity limits, days supply limits, early refills when at least half of the previous fill has been used; COVID-19-related prescription copays waived; and signature requirements waived to promote mailing or shipping medications. Dr. Johnson also presented utilization data on these emergency steps. She also reported on the utilization of the medications that were repurposed to treat COVID-19 patients. Her data showed a significant increase in hydroxychloroquine utilization in March and April compared to previous months.

At March meeting, the utilization of influenza vaccines and influenza antiviral medications over the past six seasons was reviewed. The Board requested that the beneficiaries who had pneumonia during this current season, but no evidence of an influenza vaccine be identified. They also requested a comparison of the utilization of the antiviral medications. The data revealed that the majority of beneficiaries with a diagnosis of pneumonia did not have any claims, either pharmacy or medical, for an influenza vaccine. The data also showed that oseltamivir, generic for Tamiflu, has been the most utilized of the antiviral medications over the past three influenza seasons.

Dr. Johnson presented a summary of the SUPPORT Act and the requirements for both the fee-for-service (FFS) and managed health plan (MHP) DUR programs. She presented reports showing the concurrent utilization of opioids with antipsychotics and with benzodiazepines for both the FFS and MHP populations for first quarter 2020. Dr. Johnson also presented a report on concurrent utilization of opioids and a potentiator medication in both adult and pediatric patients during the same period. Potentiator medications are those that enhance the opioid effect such as amphetamines, benzodiazepines, gabapentinoids, muscle relaxers, sedative hypnotics and antipsychotics. The results showed that the majority of patients on an opioid are not on concurrent potentiator medications.

Dr. Johnson reported on the Medication Assisted Treatment (MAT) Utilization for service period 4/1/2019 through 3/31/2020. She presented the utilization metrics, patient demographics, patient diagnoses and prescriber taxonomies for these medications.

There were two public comments noted. The first question, from Brian Scott, asked if the Department had seen an increase in enrollment as a result of COVID-19. Ms. Bouck replied that there has been an increase. Dan Coleman asked if MCO members' current medications would be allowed to continue with grandfathering once the single PDL was implemented. Ms. Bouck stated that no specific medications have been identified for grandfathering, but current medications may be continued through the prior authorization (PA) program. She noted that the MHPs are to start notifying members and prescribers impacted by the implementation of the single PDL as early as July 1, 2020.

Meeting adjourned at 5:10 pm.

MDHHS Fee-For-Service Pharmacy

 LIVE VIBRANTLY
Whole Health

An Innovative Approach to Behavioral Health and
Opioid Management

Santreis Cook, PharmD, BCGP

MagellanRx
MANAGEMENTSM

Agenda

- Current Initiatives and Outreach Updates
- Algorithm Selection for 4th Quarter 2020

A large blue triangle occupies the left and bottom portions of the slide. Several smaller, colorful triangles (orange, lime green, purple, magenta, cyan) are scattered around the blue shape. The text "Current Initiatives" is centered in white on the blue background.

Current Initiatives

Behavioral Health Algorithms



1

**Behavioral Health
(BH) Polypharmacy –
5+ Medications**

Identifies members taking 5 or more behavioral health medications for > 30 days.

2

**Antipsychotic
Polypharmacy**

Identifies members taking more than one antipsychotic for > 60 days.

3

**Fluoxetine 20 mg Dose
Optimization**

Identifies members taking 2 tabs/caps of Fluoxetine 20 MG per day.

Behavioral Health Algorithms



4

Antipsychotic Adherence (PDC)

Identifies members with a PDC (Proportion of Days Covered) less than 80% over the past 6-month period.

5

Antidepressant Adherence (PDC)

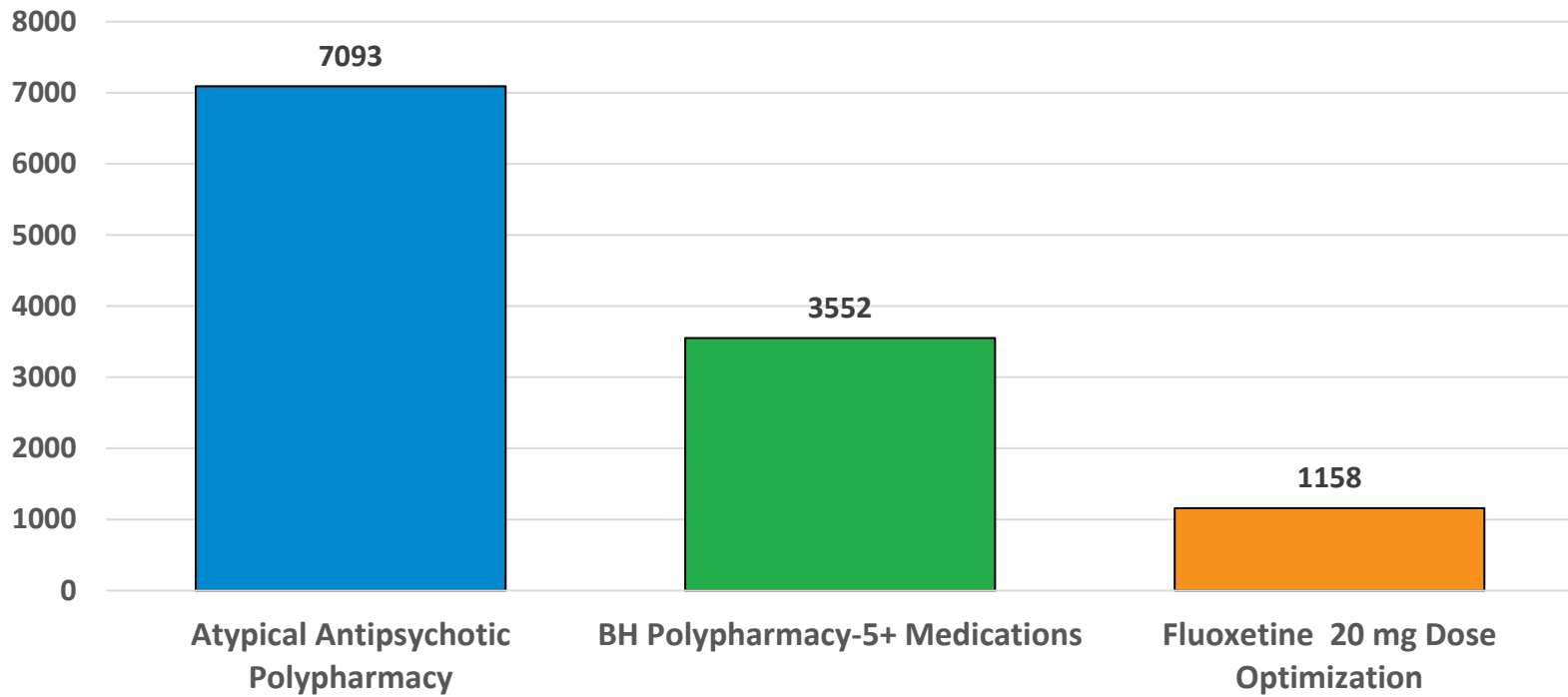
Identifies members with a PDC (Proportion of Days Covered) less than 80% over the past 6-month period.

PDC is calculated as the ratio of number of days the patient has at least one antipsychotic medication to the number of days in the time period.

3rd Quarter Outreach Opportunities



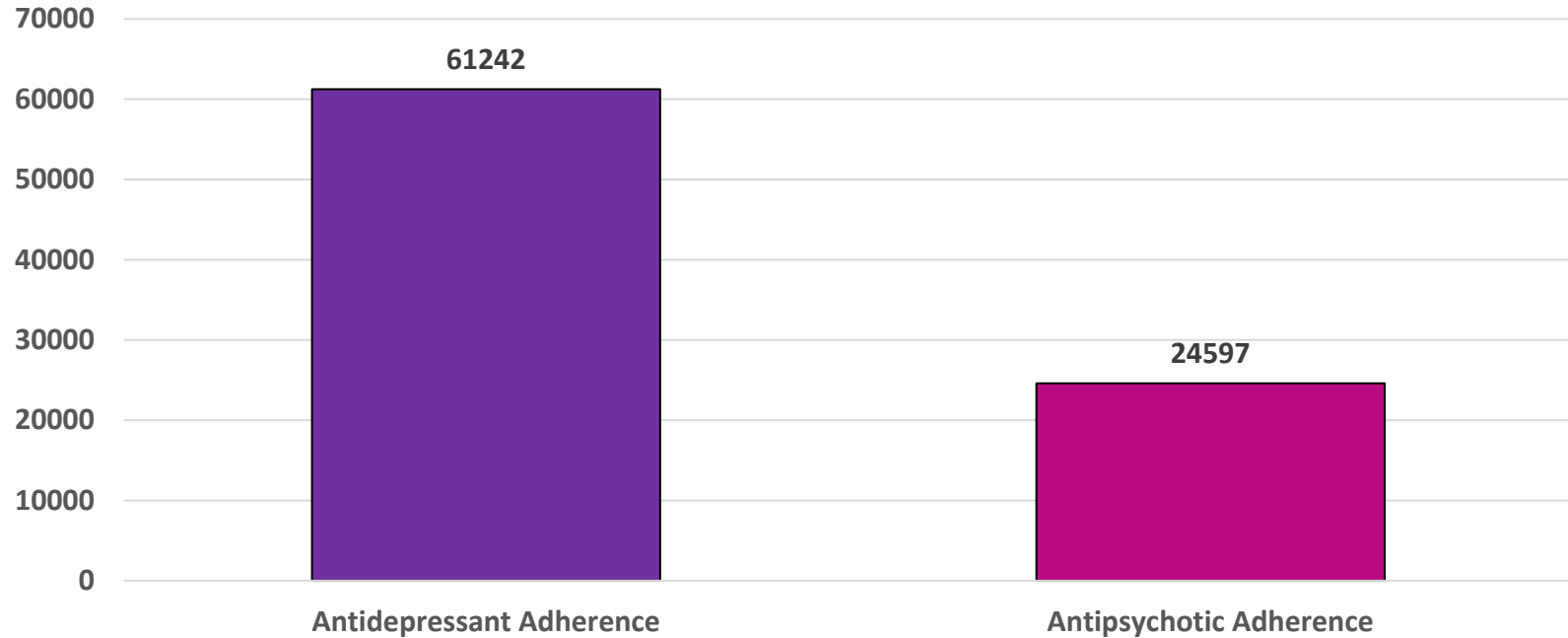
Unique Members Identified per Algorithm



3rd Quarter Outreach Opportunities



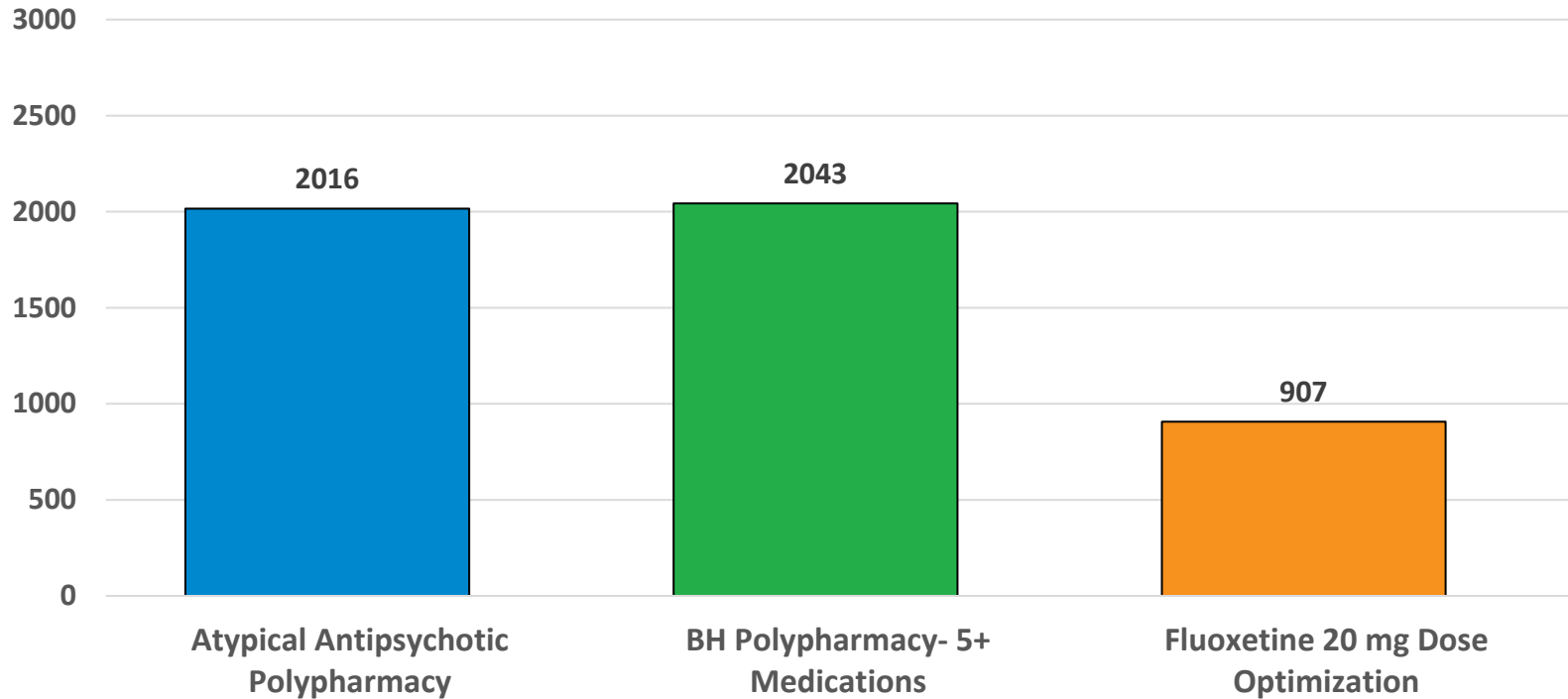
Unique Members Identified per Algorithm



3rd Quarter Outreach Opportunities



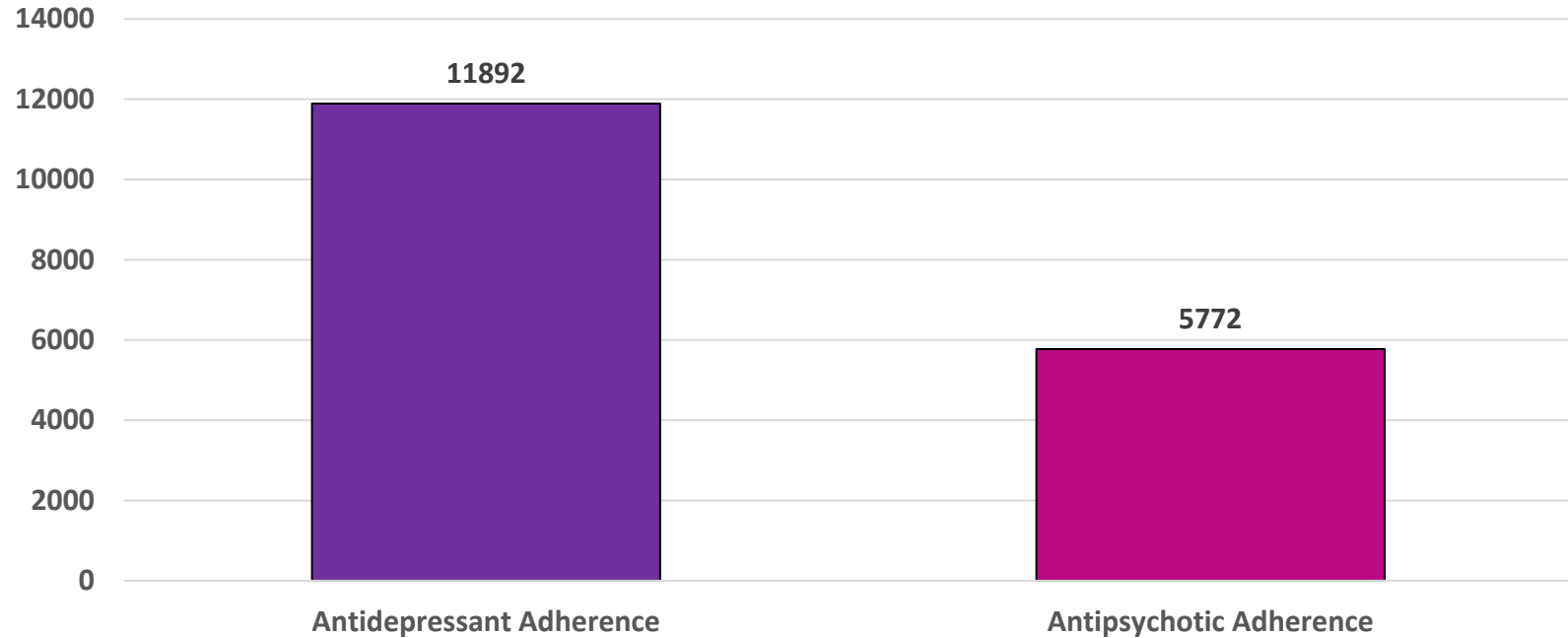
Unique Providers Identified per Algorithm



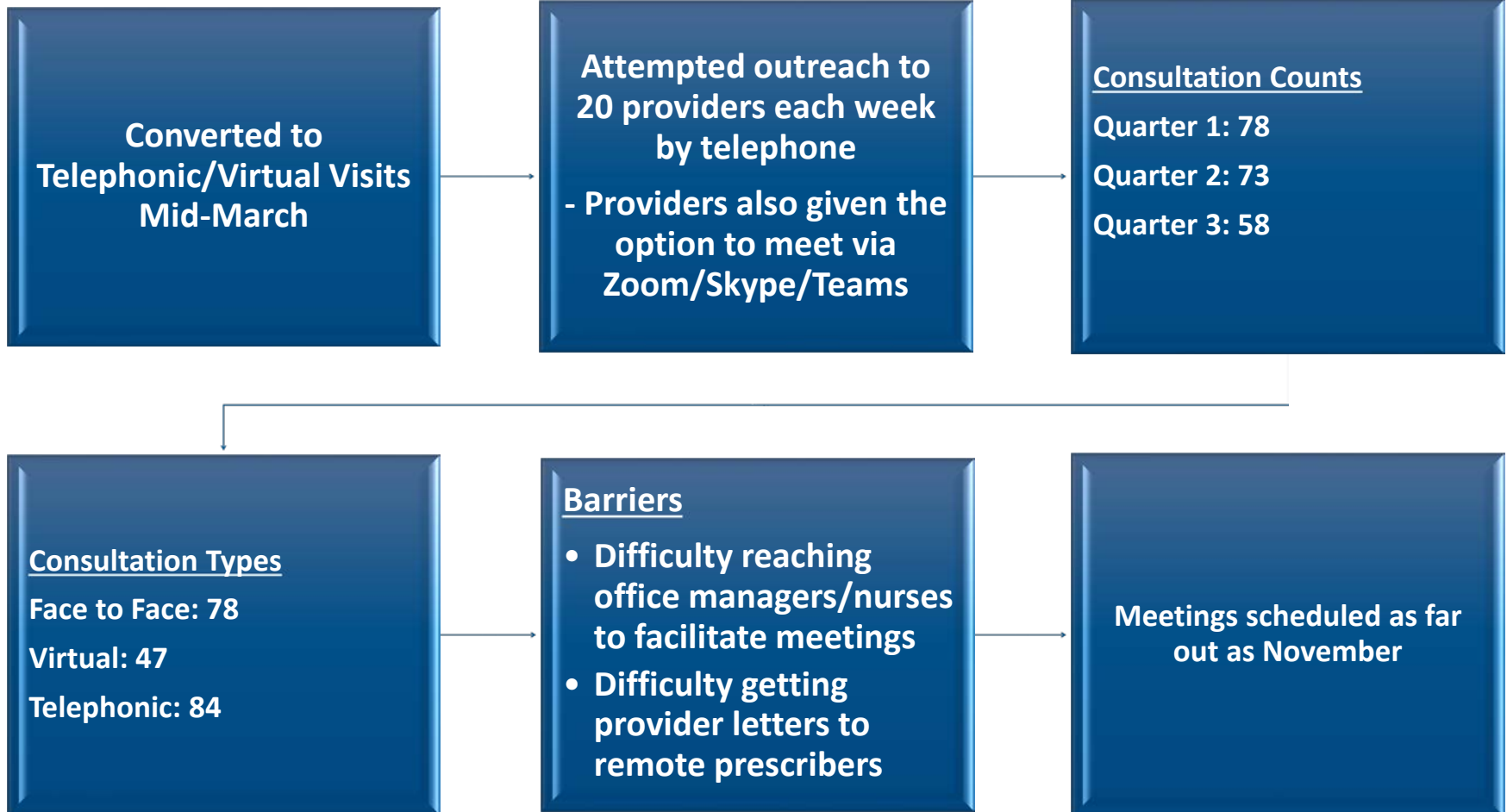
3rd Quarter Outreach Opportunities



Unique Providers Identified per Algorithm



COVID-19 Impact on Outreach



Quarter 1: January – March 2020; consultations completed prior to the initial Stay-At-Home order

Quarter 2: April – June 2020

Quarter 3: July – September 2020

Quarter 4: October – December 2020

Field Insights



- Providers are reporting higher utilization of antidepressant medications compared to typical patterns for this time of year.
 - Members who were showing improvement in symptoms prior to COVID-19 are requiring dose adjustments and additional therapy.
- Some providers switched patients from long-acting injectable therapy to oral medications at the start of the pandemic to limit office visits.
- Providers are more reluctant to adjust therapy; they are concerned that patients may not come in for follow up or go to the ER due to fear of COVID-19 exposure.
- Many members were recently started on sleep aids and benzos during the pandemic.
- Providers continue to work remotely providing telehealth services, most plan to continue until the end of the year.
- Psych providers report better medication adherence during the pandemic due to accommodations made by onsite pharmacies to ensure continuity of medication availability and delivery
- We noted an increase in prescription claims from non-psych providers across all algorithms.

A large blue triangle on the left side of the slide contains several smaller, colorful triangles: a large orange one, a smaller lime green one, and a purple one. On the right side, there are three more triangles: a small purple one, a medium cyan one, and a medium magenta one.

Algorithm Selection: 4th Quarter 2020

Potential Algorithm Report



Potential Algorithm Report: July 2020 Data

Algorithm Triggered	Unique Members per Algorithm	Unique Providers per Algorithm
Antidepressant adherence	61242	11892
Antipsychotic adherence	24597	5772
Antipsychotic Polypharmacy	9151	2209
High Diazepam Equivalent Dose	7236	2690
Atypical Antipsychotic Polypharmacy	7093	2016
Low dose Seroquel	7028	3063
Pediatric Age Alert- Antidepressants	6305	1689
Behavioral Health Polypharmacy- 5 or more medications - 30 days overlap	3552	2043
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) Polypharmacy	3038	2549
Pediatric Age Alert- Antipsychotics	1811	596
Pediatric Behavioral Health Polypharmacy - 4 or more medications	1776	681
Dose Optimization-Fluoxetine HCl Tab/Cap 20 MG 2 tabs/caps per day	1158	907
Behavioral Health Polypharmacy - 6 or more medications	832	767
Pediatric Antipsychotic Polypharmacy	823	358
Pediatric Atypical Antipsychotic Polypharmacy	757	346
High Morphine Milligram Equivalents (>=50)	460	428
Dose optimization - Aripiprazole 5 mg 2 tabs per day	457	286
Pediatric Behavioral Health Polypharmacy - 5 or more medications	417	287
Dose Optimization-Olanzapine Tab 5 mg 2 tabs per day	410	316
Dose Optimization-Olanzapine Tab 10 mg 2 tabs per day	408	309
Dose Optimization-Venlafaxine HCl Cap SR 24HR 75 mg 2 tabs per day	401	364
Dose Optimization-Venlafaxine HCl Cap SR 24HR 37.5 mg 2 tabs per day	349	327
Doctor/Pharmacy Shopping (3 or more)	325	868
Dose optimization - Aripiprazole 10 mg 2 tabs per day	240	189
Dose Optimization-Escitalopram Oxalate Tab 5 mg 2 tabs per day	197	166

1

MagellanRx
MANAGEMENT.

Algorithm Triggered	Unique Members per Algorithm	Unique Providers per Algorithm
High Morphine Milligram Equivalents (>=90)	181	182
High Morphine Milligram Equivalents (>=50) with Concomitant Benzodiazepine Use	148	212
Dose Optimization-Lurasidone 20 mg 2 tabs per day	140	101
Dose Optimization-Olanzapine Tab 2.5 mg 2 tabs per day	139	117
Dose Optimization-Olanzapine Tab 5 mg 3 tabs per day	139	126
Dose optimization - Aripiprazole 15 mg 2 tabs per day	135	118
Pediatric Age Alert - ADHD Medications	105	92
High Morphine Milligram Equivalents (>=120)	103	107
Dose Optimization-Dexamethylphenidate HCl ER Cap 20 mg 2 tabs per day	99	80
Dose Optimization-Lurasidone 40 mg 2 tabs per day	87	79
Dose Optimization-Lisdexamfetamine 30 mg 2 tabs per day	70	61
Dose Optimization-Dexamethylphenidate HCl Cap SR 24 HR 15 mg 2 tabs per day	70	59
Dose Optimization-Dexamethylphenidate HCl ER Cap 10 mg 2 tabs per day	68	55
Dose Optimization-Lurasidone 60 mg 2 tabs per day	64	54
Dose Optimization-Lisdexamfetamine 20 mg 2 tabs per day	61	51
Dose optimization - Aripiprazole 5 mg 3 tabs per day	61	53
High Morphine Milligram Equivalents (>=90) with Concomitant Benzodiazepine Use	55	78
Dose Optimization-Mirtazapine Tab 7.5 mg 2 tabs per day	47	42
Dose Optimization-Paroxetine HCl Tab 20 mg 1.5 tabs per day	45	45
Dose Optimization-Olanzapine Tab 5 mg 1.5 tabs per day	42	40
Dose Optimization-Olanzapine Tab 5 mg 4 tabs per day	40	35
Dose Optimization-Olanzapine Tab 7.5 mg 2 tabs per day	39	39
Opioid prescriptions within 45 days of a Suboxone prescription	35	62
High Morphine Milligram Equivalents (>=120) with Concomitant Benzodiazepine Use	33	48
Dose Optimization-Mirtazapine Tab 15 mg 3 tabs per day	33	32
Dose optimization - Aripiprazole 10 mg 1.5 tabs per day	32	29
Dose Optimization-Lisdexamfetamine 10 mg 2 tabs per day	32	24
Dose Optimization-Mirtazapine Tab 30 mg 1.5 tabs per day	30	27
Dose Optimization-Dexamethylphenidate HCl ER Cap 5 mg 2 tabs per day	28	28

2

MagellanRx
MANAGEMENT.

4th Quarter 2020 Recommendations:

- Continue current algorithms (Highlighted in Green)

1st Quarter 2021 Recommendations: Pediatric Algorithms (Highlighted in Yellow)



Next DUR Meeting

- Outcomes Report
- Review 4th Quarter 2020 initiatives
- 1st Quarter 2021 algorithm selection

Questions



For questions regarding information in this slide deck,
feel free to reach out to:

Astha Chopra
VP, Clinical Effectiveness
Magellan Rx Management
Achopra@MagellanHealth.com

Santreis Cook, PharmD, BCGP
Strategic Clinical Pharmacist
Magellan Rx Management
CookS@MagellanHealth.com



MagellanRx
MANAGEMENTSM

Leading humanity
to healthy,
vibrant lives



MagellanRx
MANAGEMENTSM

RetroDUR Reviews 2Q 2020

DONNA JOHNSON, PHARMD

MagellanRx
MANAGEMENTSM



COVID-19

Medicaid Pharmacy Emergency Response



- On March 10, 2020, the State of Michigan issued an Emergency Declaration.
- The following steps were taken to ensure access to essential medications and promote social distancing as permitted by law:
 - Provider level or call center overrides allow to bypass
 - ✓ quantity and days supply utilization edits when appropriate
 - ✓ early refills of prescriptions after at least half of the previous fill has been used
 - ✓ overrides will continue to be allowed to bypass prescriber network requirements
 - Signature requirements waived to promote mailing or shipping medications
 - COVID-19 related prescription copays waived
- Existing processes to quickly modify coverage due drug shortages or reported accessibility issues

COVID-19 Period Claims



Service Period 2/1/2020 – 7/31/2020

Service Month	Avg Days Supply per Claim	Avg Qty per Claim	Total Claims	Unique Recipients
2	29.5	60.3	736,426	329,217
3	30.1	61.5	800,469	338,800
4	30.8	59.5	742,670	320,233
5	30.6	59.0	731,256	318,126
6	30.6	58.9	756,756	324,525
7	30.7	58.3	766,055	328,171
Summary			4,533,632	558,303

Compared to the same service period in 2019
2/1/2019 – 7/31/2019

Service Month	Avg Days Supply per Claim	Avg Qty per Claim	Total Claims	Unique Recipients
2	29.5	62.0	752,753	338,478
3	29.4	60.6	809,663	353,564
4	29.6	60.6	810,534	351,252
5	29.5	60.3	813,609	349,230
6	29.7	60.8	735,385	327,054
7	29.7	60.1	782,016	331,866
Summary			4,703,960	610,015

COVID-19 Period Claims



Call Center Overrides

	Early Refill	Quantity Limit	Average Days Supply
April – July 2020	4,390	984	28.6

Pharmacy Claims Copay Overrides

Override Submitted	Nbr Beneficiaries	Nbr Claims
ICD10 = U07.1	2	2
ICD10 = B97.29	1	1
ICD10 = Z20.828	9	9
PATC = 4	19	32

U07.1 = 2019-nCoV Acute Respiratory Disease

B97.29 = Other coronavirus as the cause of diseases classed elsewhere

Z03.808 = Encounter for observation for suspected exposure to other biologic agents ruled out

Z11.59 = Encounter for screening for other viral diseases

Z20.828 = Contact with and exposure to other viral communicable disease

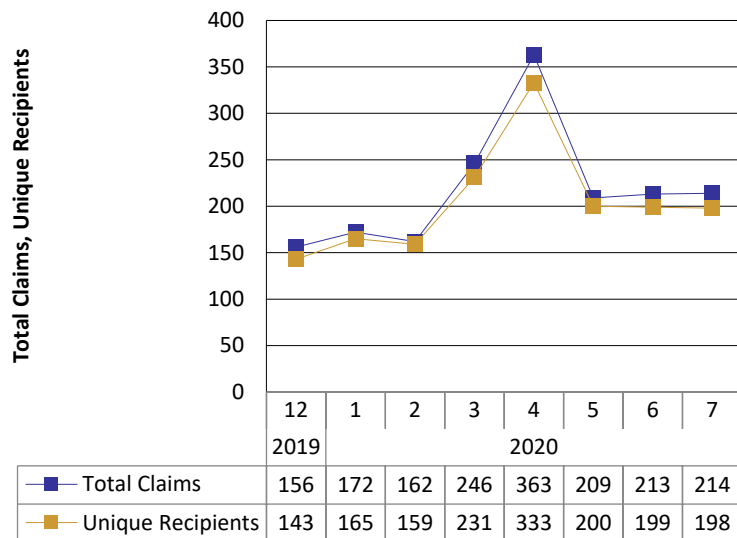
PATC = 4 Exemption from Co-pay and/or Co-insurance

Repurposed Medications



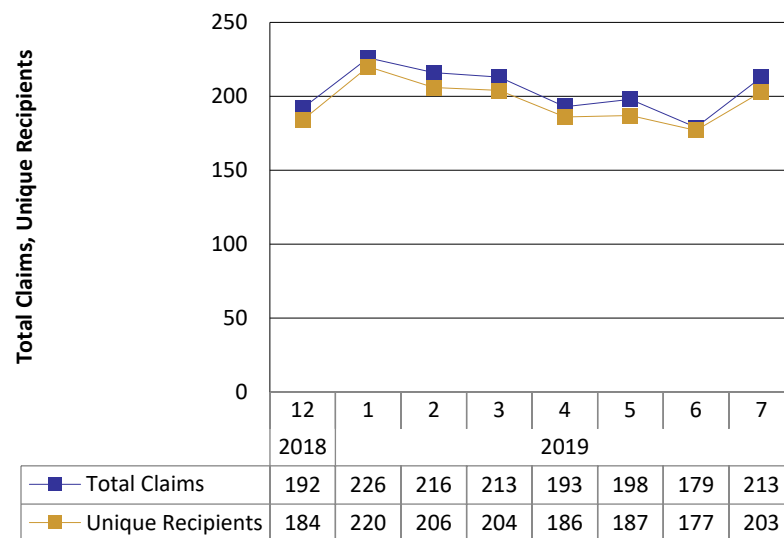
Hydroxychloroquine Trends

12/1/19 – 7/31/20



Service Year, Service Month

12/1/18 – 7/31/19



Service Year, Service Month

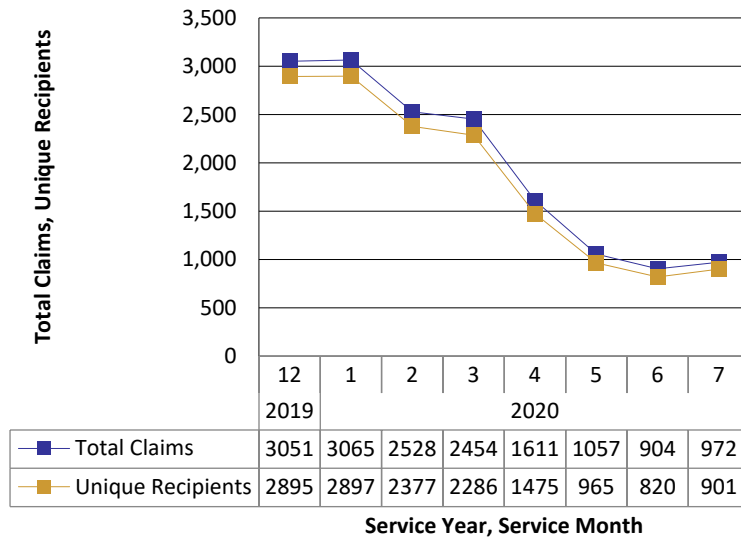
Diagnosis	December Nbr Beneficiaries	April Nbr Beneficiaries	July Nbr Beneficiaries
Lupus	34	23	27
Rheumatoid conditions	23	17	12
Viral infection, unspecified	5	2	7
Contact/exposure	0	1	2

Repurposed Medications

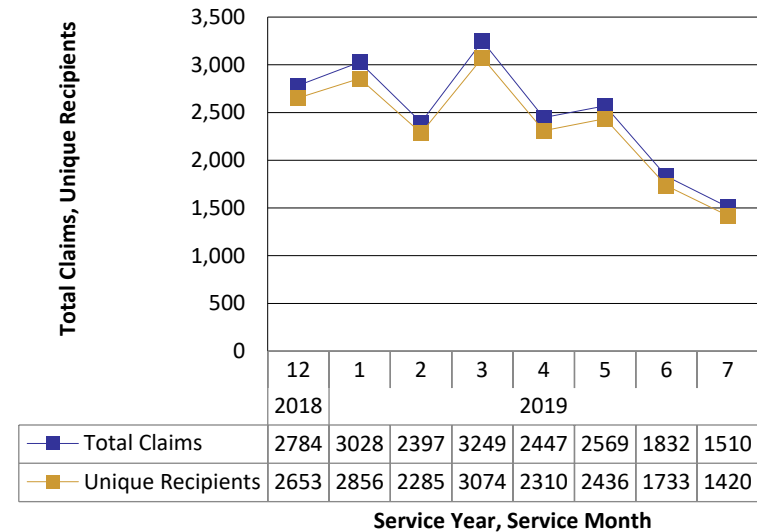


Azithromycin Trends

12/1/2019 – 7/31/2020



12/1/2018 – 7/31/2019



The addition of azithromycin to hydroxychloroquine may result in a more rapid decrease in viral load compared to treatment with hydroxychloroquine alone*

In March, 17 beneficiaries also had a claim for hydroxychloroquine

In April, 50 beneficiaries also had a claim for hydroxychloroquine

In July, 1 beneficiary also had a claim for hydroxychloroquine

*Some Drugs for COVID-19. Med Lett Drugs Ther 2020 April 6 (epub). Available at <https://secure.medicalletter.org/w1595a>. Accessed May 15, 2020.



Immunizations



Immunizations



- Purpose:
 - There are concerns that immunization rates in general have drastically decreased due to the challenges with social distancing and stay-at-home orders.
 - To determine the impact to the FFS Medicaid population
- Analysis:
 - A comparison was performed of both medical and pharmacy claims for pediatric[†] and adult[‡] vaccines during service period 2/1/2019 – 6/30/2019 and the same period in 2020 (2/1/20 – 6/30/20)

[†] Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020. Available at <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

[‡] Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2020. Available at <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

Immunizations



- Results:
 - 64% reduction in immunizations submitted as a medical (CPT code) claim
 - 55% reduction in immunizations submitted as a pharmacy (NDC) claim.

	Medical			Pharmacy		
	2019	2020	% Change	2019	2020	% Change
Distinct Beneficiaries	5116	1933	-62%	456	215	-53%
Total Claims	5615	2015	-64%	577	257	-55%

A large blue triangle points from the top-left towards the bottom-right. Several smaller triangles in various colors (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle. The word "Questions" is centered in white text within the blue triangle, with a thin white horizontal line underneath it.

Questions



Opioid-Related Standards

Opioid Naïve – 7-day Supply Limit Edit



- Michigan law (i.e. MCL 333.7333b) prohibits prescribers from writing more than a 7-day supply of an opioid used to treat acute pain.
- For enforcement purposes, effective 9/5/2018, MDHHS implemented a hard edit limiting coverage of short-acting narcotic analgesics for Fee-For-Service members who are opioid treatment-naïve to a 7-day supply.
- For this edit, opioid treatment-naïve members are defined as those who have not had a claim for a narcotic drug within the past 180 days.
- The 7-day supply limit targets short-acting narcotic analgesics and opioid treatment naïve population in our best attempt to minimize risk of denying coverage of more than a 7-day supply for someone receiving treatment for chronic pain.
- Claims that exceed a 7-day supply will be denied with the supplemental message, "Opioid naïve. More than 7 days' supply. Call 877-864-9014 for chronic use consideration."
 - Pharmacies may submit a partial fill for 7 days' supply using the NCPDP Partial Fill functionality in lieu of calling for authorization for the entire prescription.
 - Either the pharmacy or prescriber can call for authorization of the entire prescription by attesting it is for "chronic" pain

Opioid Naïve – 7-day limit edit



April 1, 2020 – June 30, 2020

Month		Distinct Beneficiaries		Distinct Beneficiaries
April	Denied Claims	1614	Call Center Requests	78
	Paid Claims	462	Approved	70
	≤7 ds	376	Denied	0
	>7 ds	70	Informational	8
May	Denied Claims	1667	Call Center Requests	82
	Paid Claims	419	Approved	78
	≤7 ds	332	Denied	1
	>7 ds	87	Informational	3
June	Denied Claims	1601	Call Center Requests	67
	Paid Claims	375	Approved	62
	≤7 ds	307	Denied	0
	>7 ds	68	Informational	5


Denied pharmacy claims are those that denied for the 7-day supply limit edit. Paid claims were searched for the beneficiaries who initially had denied claims and either decreased the quantity to ≤7-day supply or received a PA to allow a >7-day supply.

Naloxone Use



1/1/2020 – 6/30/2020

	Members	P1000M	Naloxone Utilization (n)	Naloxone Utilization (%)
Opioid Dosage >=90 MME/day	281	0.11	28	9.96%
Total Members on Opioids	13,305	5.15	285	2.14%



SUPPORT Act/ Opioid Potentiators

SUPPORT Act



SUPPORT for Patients and Communities Act requires states to implement minimum opioid standards within their FFS and managed care programs.

Requirements for both FFS and MHPs:

- Safety edits including early, duplicate and quantity limits
- Maximum Daily Morphine Milligram Equivalents (MME) Safety Edits
- Concurrent Utilization
 - Opioids and benzodiazepines
 - Opioids and antipsychotics

SUPPORT Act – Concurrent Utilization



FFS Population							
Opioid Only Utilization and Opioid Concurrent Utilization with Antipsychotics and Benzodiazepines - 2020 Q2 (Dates of Service: 04/01/2020-6/30/2020)							
Potentiator Classes (>=30-day overlap)	Current Avg. Daily MME						
	< 30	30-49.9	50-89.9	90-119.9	120-200	>200	Total
Opioids and Antipsychotics Only	261	66	33	9	5	3	377
Opioids and Benzodiazepines Only	98	40	20	2	1	1	162
Opioids, Antipsychotics, and Benzodiazepines	93	26	15	4	0	2	140
Total	450	132	68	15	6	6	679
Total Opioids	9,482	3,431	1,016	158	76	49	14,212

SUPPORT Act – Concurrent Utilization



MHP Population							
Opioid Only Utilization and Opioid Concurrent Utilization with Antipsychotics and Benzodiazepines - 2020 Q2 (Dates of Service: 04/01/2020-6/30/2020)							
Potentiator Classes (>=30-day overlap)	Current Avg. Daily MME						
	< 30	30-49.9	50-89.9	90-119.9	120-200	>200	Total
Opioids and Antipsychotics Only	3,339	1,333	399	128	93	38	5,330
Opioids and Benzodiazepines Only	5,235	1,965	711	877	331	122	9,241
Opioids, Antipsychotics, and Benzodiazepines	2,066	765	294	81	83	29	3,318
Total	10,640	4,063	1,404	1,086	507	189	17,889
Total Opioids	59,736	18,871	4,914	1,381	981	422	86,305

SUPPORT Act – Concurrent Utilization



Total Medicaid Population							
Opioid Only Utilization and Opioid Concurrent Utilization with Antipsychotics and Benzodiazepines - 2020 Q2 (Dates of Service: 04/01/2020-6/30/2020)							
Potentiator Classes (>=30-day overlap)	Current Avg. Daily MME						Total
	< 30	30-49.9	50-89.9	90-119.9	120-200	>200	
Opioids and Antipsychotics Only	3,600	1,399	432	137	98	41	5,707
Opioids and Benzodiazepines Only	5,333	2,005	731	879	332	123	9,403
Opioids, Antipsychotics, and Benzodiazepines	2,159	791	309	85	83	31	3,458
Total	11,090	4,195	1,472	1,101	513	195	18,568
Total Opioids	69,218	22,302	5,930	1,539	1,057	471	100,517

Opioid Potentiator Utilization

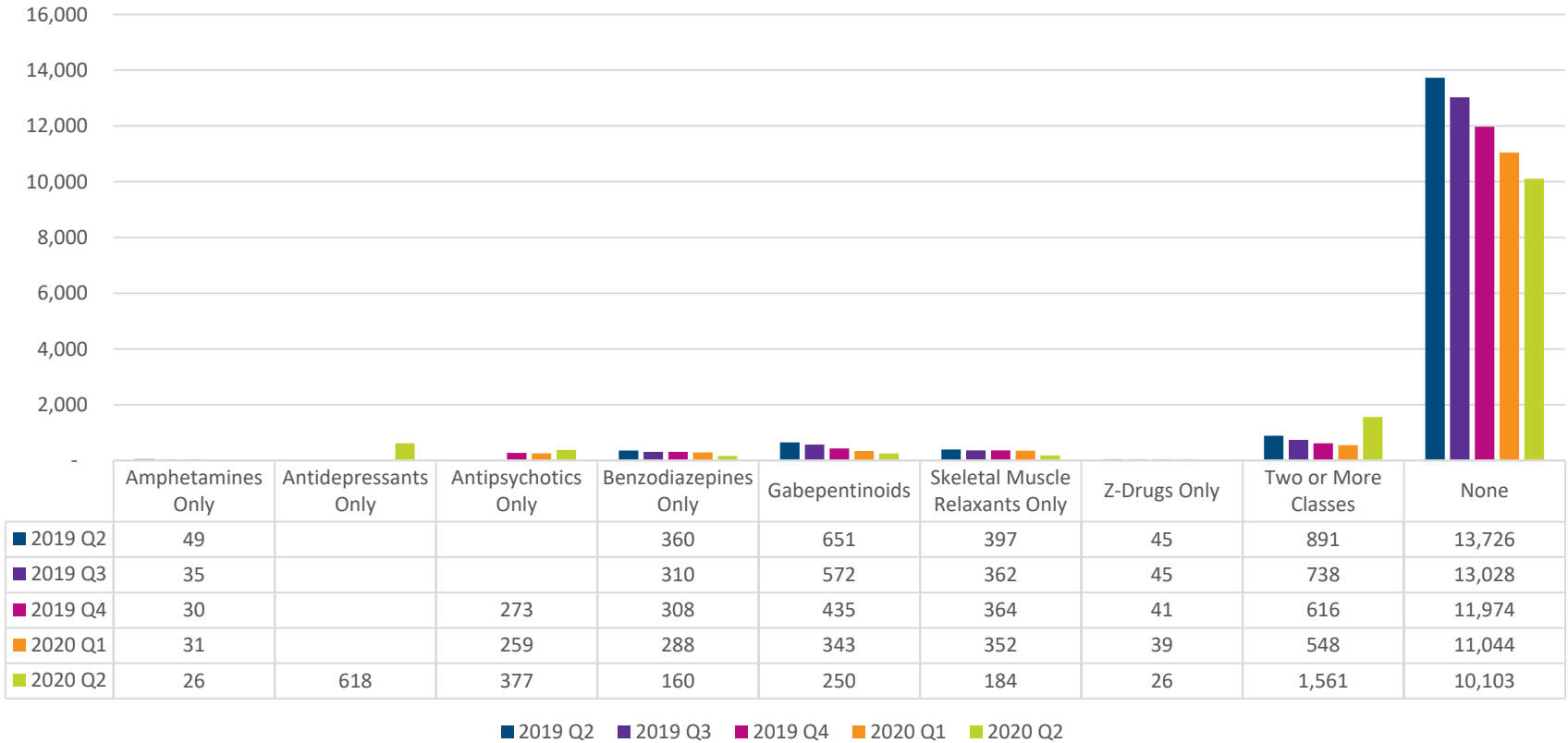


- Paid pharmacy claims were searched for opioids for both adult and pediatric FFS populations
 - Service period 4/1/2019 through 6/30/2020
- Additional analysis was performed on the identified members with concurrent utilization with a 30 day or longer overlap with potentiator medications.
 - Potentiator medications are those that enhance the opioid effect such as amphetamines, antidepressants, antipsychotics, benzodiazepines, gabapentinoids, muscle relaxers and sedative hypnotics (Z-drugs)

Opioid Potentiator Utilization



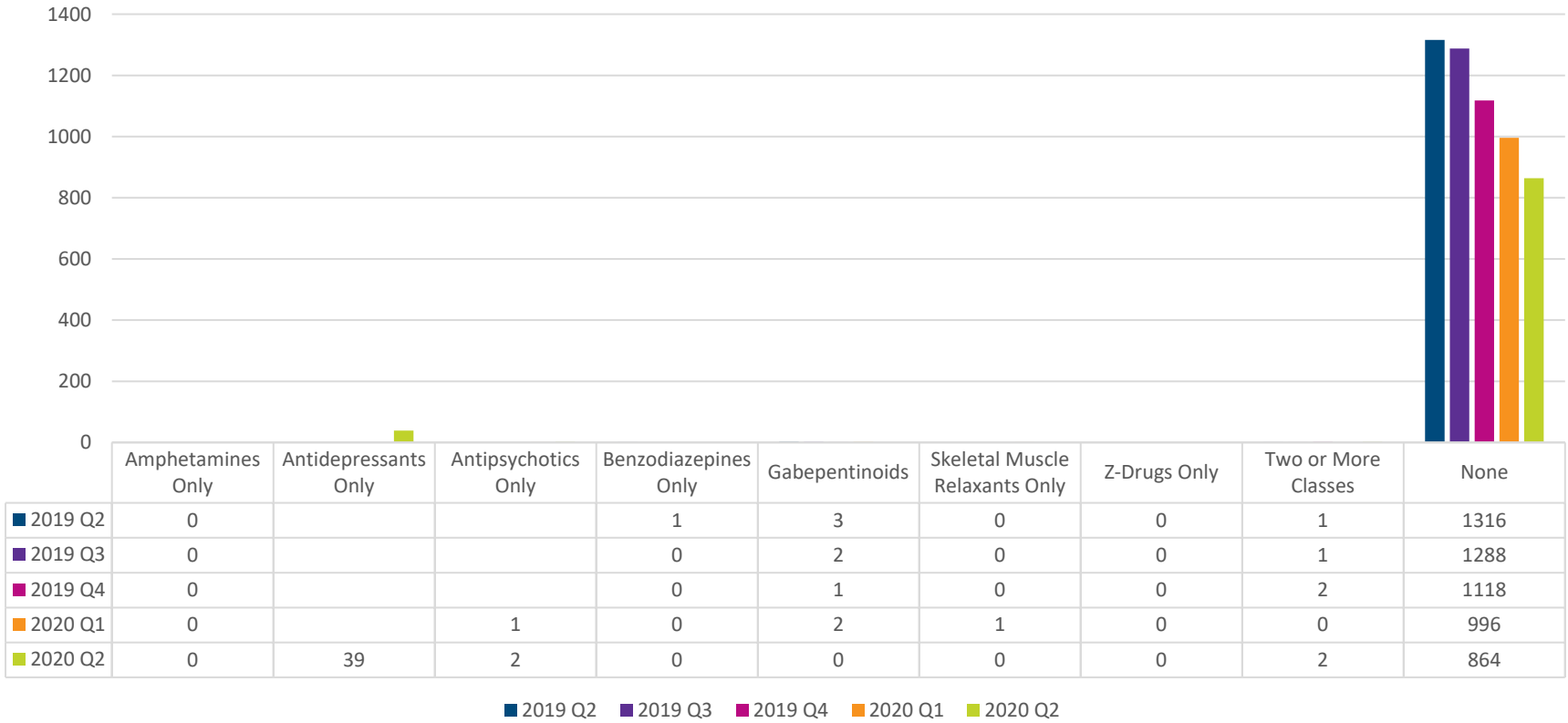
Opioid Potentiator Utilization - Adults



Opioid Potentiator Utilization



Opioid Potentiator Utilization - Pediatrics



Opioid Potentiator Utilization



Concurrent Opioid and Potentiators – Adults Antipsychotics, Benzodiazepines and Gabapentinoids

Potentiator Classes (>=30-day overlap)	Current Avg. Daily MME						
	< 30	30-49.9	50-89.9	90-119.9	120-200	>200	Total
Antipsychotics Only	261	66	33	9	5	3	377
Benzodiazepines Only	96	40	20	2	1	1	160
Antipsychotics and Benzodiazepines	93	26	15	4	0	2	140
Gabapentinoids Only	163	49	27	5	4	2	250
Total	613	181	794	20	4	24	927

Opioid Potentiator Utilization



Concurrent Opioid and Potentiators – Pediatrics Antipsychotics, Benzodiazepines and Gabapentinoids


Potentiator Classes (>=30-day overlap)	Current Avg. Daily MME						
	< 30	30-49.9	50-89.9	90-119.9	120-200	>200	Total
Antipsychotics Only	0	0	0	0	0	0	0
Benzodiazepines Only	2	0	0	0	0	0	2
Antipsychotics and Benzodiazepines	0	0	0	0	0	0	0
Gabapentinoids Only	0	0	0	0	0	0	0
Total	2	0	0	0	0	0	2*

*Benzodiazepine (diazepam): 6yo female with spastic quadriplegic cerebral palsy

*Benzodiazepine (clobazam): 4yo female with spastic quadriplegic cerebral palsy

A large blue triangle points from the top-left towards the bottom-right. Several smaller triangles in various colors (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle. The word "Questions" is centered in white text within the blue area, with a thin white horizontal line underneath it.

Questions



Medication Assisted Treatment (MAT) Utilization

Medication Assisted Treatment (MAT) Utilization

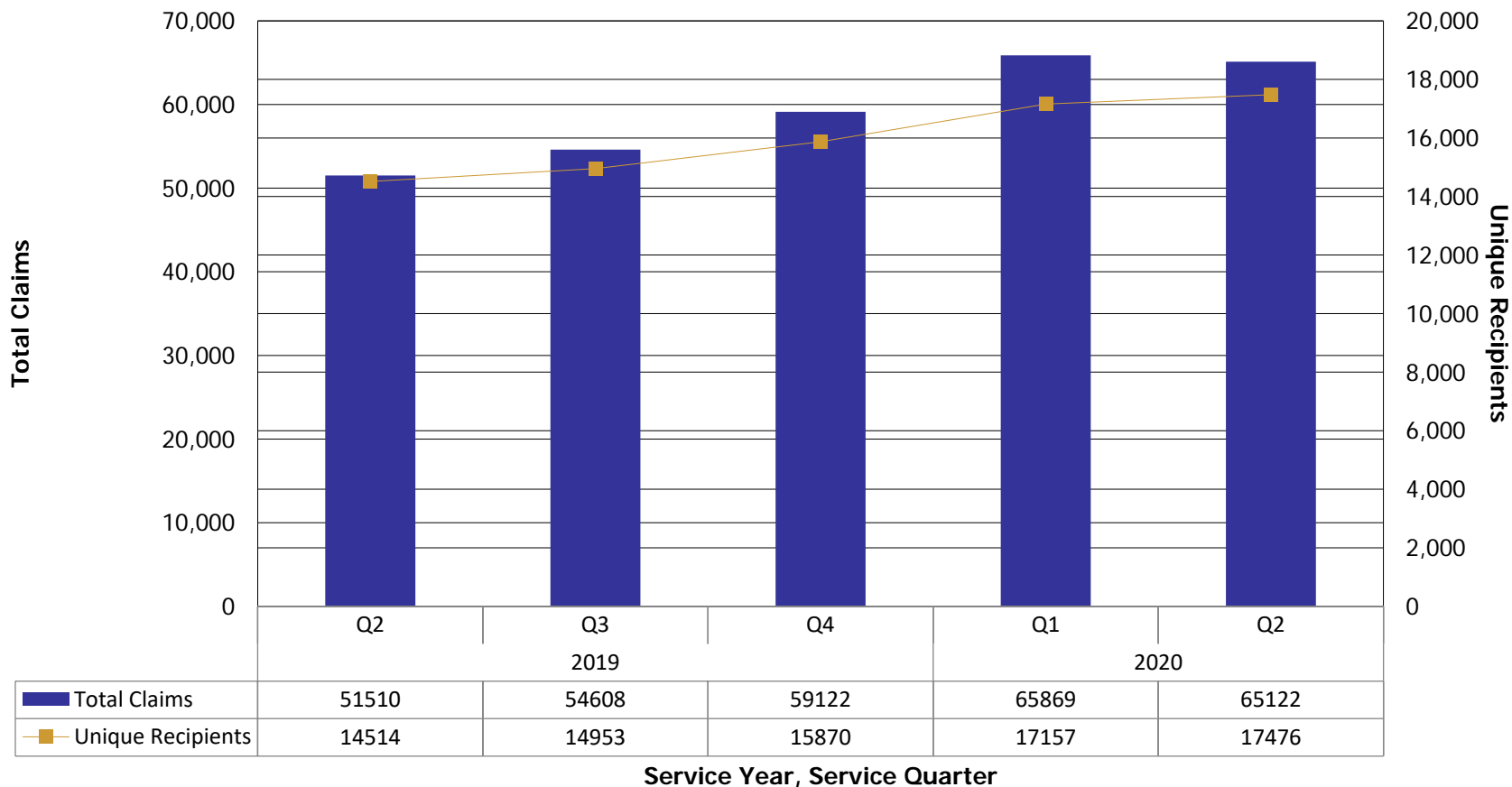


- Paid pharmacy claims were searched for 4/1/2019 – 6/30/2020 to show the trend in utilization for each quarter.
- Paid pharmacy and medical claims were searched for FFS and managed Medicaid Health Plan (MHP) members taking MAT medications
 - Service period: 4/1/2020 through 6/30/2020
- Utilization metrics, patient demographics, and prescriber taxonomies are displayed on the following slides

Medication Assisted Treatment (MAT) Utilization



Utilization Trend – 4/1/2019 – 6/30/2020



Medication Assisted Treatment (MAT) Utilization



- Effective December 2, 2019, MDHHS removed the prior authorization requirement from the medications to treat opioid use disorders for Medicaid beneficiaries to allow for immediate access to care.
- Prior authorization was fully removed for buprenorphine sublingual tablets, buprenorphine/naloxone sublingual tablets, Sublocade® subcutaneous injection, Suboxone® sublingual films and Zubsolv® sublingual tablets.
- MDHHS initially included prior authorization for certain medications to treat opioid use disorders because of their unique pharmacological properties and initial concerns that these medications could be misused.
- After an in-depth analysis of the prior authorization program, existing literature and lessons learned in other states, MDHHS concluded that prior authorization creates substantially more barriers to accessing care for opioid use disorders than protections from misuse of substances.

Medication Assisted Treatment (MAT) Utilization



- Claims analysis of the buprenorphine products before and after the removal of the PA requirement show an increase in the number of prescribers and beneficiaries

	Unique Beneficiaries	Total Claims
Before PA removal (2019 Q4)	15,870	59,122
After PA removal (2020 Q2)	17,476	65,122
Percentage Change	10.1% ↑	10.1% ↑

Medication Assisted Treatment (MAT) Utilization



MAT products - Brand Name	Generic Name	Dosage Form	Nbr Mbrs	Nbr Claims	Nbr Prescribers	Avg Mbrs/Prescriber	Avg Claims/Mbr
SUBOXONE*	BUPRENORPHINE/NALOXONE	FILM	11,473	45,186	781	14.7	3.9
NALTREXONE*	NALTREXONE	TABLET	2,224	3,824	1,214	1.8	1.7
ZUBSOLV*	BUPRENORPHINE/NALOXONE	TAB SUBL	1,507	6,128	243	6.2	4.1
VIVITROL*	NALTREXONE MICROSPHERES	SUS ER REC	1,085	2,038	419	2.6	1.9
BUPRENORPHINE-NALOXONE*	BUPRENORPHINE/NALOXONE	TAB SUBL	993	3,147	292	3.4	3.2
BUPRENORPHINE*	BUPRENORPHINE	TAB SUBL	900	2,921	281	3.2	3.2
SUBLOCADE*	BUPRENORPHINE	SOLER SYR	393	759	84	4.7	1.9
BUPRENORPHINE-NALOXONE	BUPRENORPHINE/NALOXONE	FILM	80	190	66	1.2	2.4
BUNAVAIL	BUPRENORPHINE/NALOXONE	FILM	5	11	5	1.0	2.2
Summary			17,433	64,204	1,958		

* PDL Preferred

Medication Assisted Treatment (MAT) Utilization



Comparison of FFS vs MHP Pharmacy Claims

All Groups			FFS Only			MHPs		
Nbr Mbrs	Nbr Prescribers	Nbr Claims	Nbr Mbrs	Nbr Prescribers	Nbr Claims	Nbr Mbrs	Nbr Prescribers	Nbr Claims
17,433	1,958	64,204	1,848	649	4,784	16,171	1,829	59,420

Medication Assisted Treatment (MAT) Utilization



Member Demographics

Drug	Gender	
	Female	Male
MAT products	8,824	8,844

Drug	Age (yrs)							
	7-12	13-17	18-24	25-30	31-40	41-50	51-60	61-65
MAT products [range 7 -65y]	21	36	973	3,985	7,262	3,367	1,824	200

Medication Assisted Treatment (MAT) Utilization



Member Demographics

Race	Nbr Mbrs
Non-Migrant White (1)	14,177
Non-Migrant Black (2)	1,046
Non-Migrant Unknown (5)	676
Non-Migrant Hispanic (6)	533
Native American Indian or Alaskan (3)	447
Non-Migrant race not elsewhere (4)	397
Migrant Hispanic (F)	1
Migrant White (A)	0

Medication Assisted Treatment (MAT) Utilization



Prescriber Taxonomy	Total Prescribers
Family Practice/General Practice	501
Nurse Practitioner	358
Psychiatry	284
Internal Medicine	214
Physicians Assistant	208
Addiction Specialist	29
Emergency Medicine	28
Pain Specialist	24
Obstetrics/Gynecology	16
Anesthesiology	12
Physical Medicine and Rehab	12
Pediatrics	9
Neurology	8
Surgery	6

Medication Assisted Treatment (MAT) Utilization



Vivitrol Diagnoses	Nbr Mbrs
Alcohol Abuse	154
Opioid Abuse	187

22 members with both alcohol and opioid abuse diagnoses

Pregnancy-related Diagnoses	Nbr Mbrs
MAT products	762

Opioid Use within 45 days of a MAT agent



- Objective: To identify FFS beneficiaries who received an opioid prescription within 45 days of their last MAT medication claim.
- Method:
 - Identified beneficiaries with MAT medication claims during the service period 1/1/2020 – 6/30/20.
 - Claims for these beneficiaries were queried for the presence of an opioid claim within 45 days of their last MAT claim
- Results:
 - 3,048 beneficiaries with a MAT claim
 - 46 MAT beneficiaries with an opioid claim within 45 days of last MAT claim
 - Age range (yrs): 20 – 60
 - Gender: 27 female; 19 male
 - Days overlap range: 1 – 148 day
 - >30 days overlap: 9 beneficiaries
 - Diagnoses:

MAT-RELATED DIAGNOSIS	NBR BENEFICIARIES
OPIOID ABUSE	16
ALCOHOL ABUSE	8

Opioid Use within 45 days of a MAT agent



OPIOID-RELATED DIAGNOSIS	Nbr Beneficiaries
CHRONIC PAIN	5
PERIAPICAL ABCESS	5
FRACTURES	4
SHOULDER INJURY	4
NO RECENT OR APPLICABLE DX	3
BURSITIS	2
CELLULITIS	2
CESAREAN DELIVERY	2
KNEE INJURY	2
OSTEOARTHRITIS, KNEES	2
TUBAL LIGATION	2
ACUTE CYSTITIS	1
ACUTE PYELONEPHRITIS	1
ARTHRODESIS	1
CERVICALGIA	1
CHOLECYSTITIS	1
HERNIA SURGERY	1
KIDNEY STONES	1
LEG AMPUTATION	1
PANCREATITIS	1
RHEUMATOID ARTHRITIS	1
TRAUMATIC TRANSMETACARPAL AMPUTATION OF HAND	1
DIABETIC POLYNEUROPATHY	1
SARCOIDOSIS	1

A large blue triangle points from the top-left towards the bottom-right. Several smaller triangles in various colors (orange, lime green, purple, magenta, cyan) are scattered around the blue triangle. The word "Questions" is centered in white text within the blue triangle, with a thin white horizontal line underneath it.

Questions

Appendix A

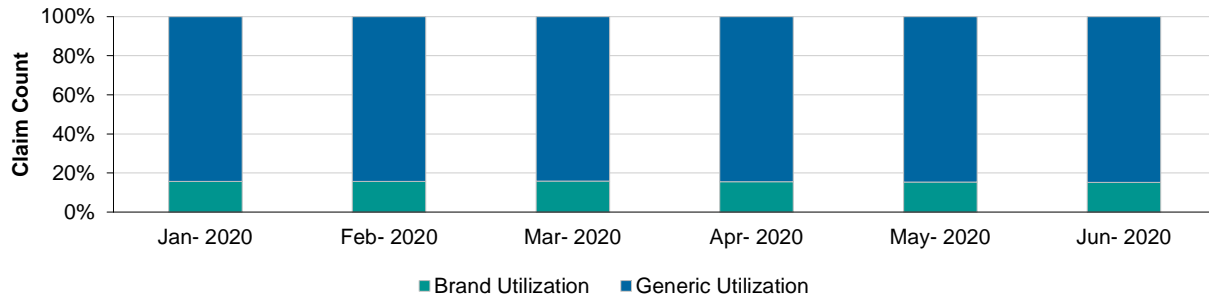
Generic Metrics

2020Q2

Generic Metric Report: The average generic utilization continues to remain constant at 84.4% in Q2.

Data Source : MICHIGAN MEDICAID
Service Date : Jan - 2020 to Jun - 2020

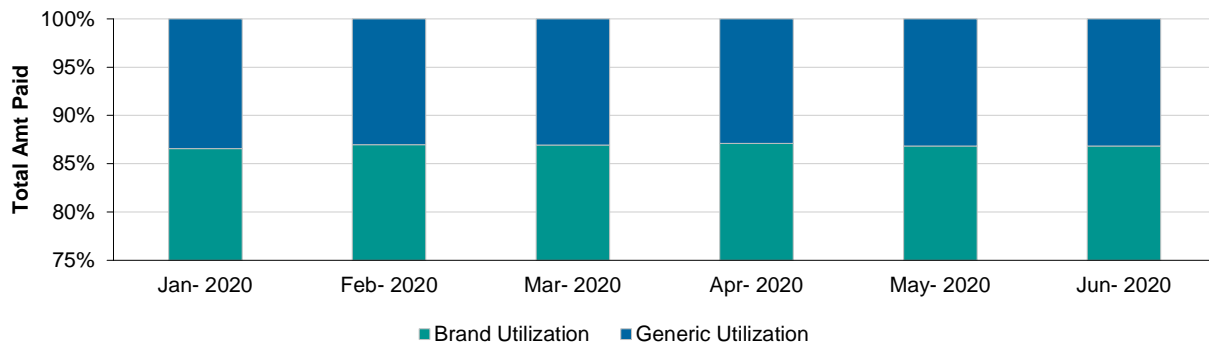
Brand/Generic Utilization By Claim Count



Tabular Data

	Jan- 2020	Feb- 2020	Mar- 2020	Apr- 2020	May- 2020	Jun- 2020
Brand Utilization	15.72%	15.67%	15.82%	15.59%	15.30%	15.24%
Generic Utilization	84.28%	84.33%	84.18%	84.41%	84.70%	84.76%

Brand/Generic Utilization By Paid Amt



Tabular Data

	Jan- 2020	Feb- 2020	Mar- 2020	Apr- 2020	May- 2020	Jun- 2020
Brand Utilization	86.55%	86.98%	86.94%	87.10%	86.84%	86.83%
Generic Utilization	13.45%	13.02%	13.06%	12.90%	13.16%	13.17%



Standard Clinical Metrics: Summary and Trend

Data Source : **MICHIGAN MEDICAID**
 Service Date : **Jul - 2019 to Jun - 2020**

	Jan - 2020	Feb - 2020	Mar - 2020	Apr - 2020	May - 2020	Jun - 2020	SMLY* (Jun - 2019)	Fiscal YTD** (Oct - 2019 -> Jun - 2020)
Total Amt Paid	\$119,933,073.87	\$111,887,262.20	\$122,078,417.08	\$115,542,534.49	\$108,455,793.61	\$113,820,469.44	\$103,330,964.43	\$1,030,416,070.83
Claims Count	805,570	736,169	800,104	742,366	730,862	762,974	737,027	6,845,120
Paid/Claim	\$148.88	\$151.99	\$152.58	\$155.64	\$148.39	\$149.18	\$140.20	\$150.53
Paid PUPM	\$349.34	\$339.77	\$360.22	\$360.74	\$340.91	\$347.45	\$315.47	\$347.46
Paid PMPM	\$28.67	\$26.74	\$29.00	\$27.20	\$25.24	\$26.07	\$24.91	\$27.15
Claims/User/Month	2.3	2.2	2.4	2.3	2.3	2.3	2.3	2.3
Generic Utilization	84.28%	84.33%	84.18%	84.41%	84.70%	84.76%	84.42%	84.53%
% Users	8.21%	7.87%	8.05%	7.54%	7.40%	7.50%	7.90%	7.81%
User-Months	343,312	329,299	338,896	320,290	318,134	327,585	327,549	2,965,552
Member-Months	4,183,082	4,184,022	4,209,173	4,247,407	4,297,527	4,366,350	4,147,892	37,949,569
Net Net Paid/Claim	\$148.88	\$151.99	\$152.58	\$155.64	\$148.39	\$149.18	\$140.20	\$150.53
% CMS Rebate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
% Suppl Rebate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
BH PMPM	\$11.80	\$10.94	\$11.92	\$11.16	\$10.50	\$10.99	\$10.18	\$11.15
Specialty Drug PMPM	\$12.36	\$11.70	\$12.52	\$11.89	\$10.65	\$10.91	\$9.83	\$11.84

* SMLY = Same Month Last Year

** Fiscal YTD = Client Specific Fiscal Year

© 2020 Magellan Health, Inc. All Rights Reserved

Appendix B

ProDUR Reports

2020Q2

ProDUR Message Report: No trends to report

ProDUR Top Ten Message Report: No trends to report

ProDUR Message and Savings Report 2020Q2

Message		Jun 2020		May 2020		Apr 2020	
DC	inferred dis. - level 1	11,925	\$4,185,093	10,588	\$3,899,857	11,091	\$3,444,251
DD	drug-drug - level 1	1,254	\$827,001	1,218	\$753,475	1,589	\$3,340,675
ER	early refill	130,936	\$70,191,757	129,498	\$64,033,688	147,122	\$78,518,366
LR	late refill (filtered)	95,117	\$48,153,943	89,712	\$44,115,555	91,536	\$44,485,721
MC	known dis - level 1	37,178	\$24,458,456	33,925	\$20,615,335	35,973	\$25,012,736
MIN-MAX	(Max only; Min suppressed)	30,624	\$52,068,571	31,568	\$41,887,583	31,674	\$36,156,130
PA	geriatric - level 1	59	\$2,284	43	\$1,108	53	\$3,750
	pediatric - level 1	3219	\$293,719	2975	\$283,236	3181	\$268,614
SX	drug to gender - level 1	190	\$509,683	207	\$217,153	134	\$51,088
TD	therapeutic dup.	264,099	\$182,709,316	256,412	\$177,423,343	267,765	\$185,653,550
TOTALS (seen at POS)		574,601	\$383,399,822	556,146	\$353,230,332	590,118	\$376,934,881
# of trans. w/ mess. - at POS		493,057		476,762		504,288	
Avg. mess./claims - POS		1.17		1.17		1.17	
Paid Transactions w/ a message reversed & not resubmitted		28,556	\$7,048,362	29,363	\$9,403,349	31,937	\$12,301,033
Transactions denied and not resubmitted		160,338	\$35,615,125	143,197	\$31,127,552	147,689	\$39,134,685
Total ProDUR Savings			\$42,663,487		\$40,530,901		\$51,435,718
Total submitted transactions		1,524,619	\$259,252,656	1,446,912	\$246,608,316	1,240,402	\$222,066,130
Total paid transactions (claims)		764,690	\$114,267,218	735,372	\$109,461,186	621,297	\$96,634,267
% of total trans. w/mes. POS		32%		33%		41%	
Savings as % of paid trans.		37%		37%		53%	

Top Ten ProDUR Message Report 2020Q2

Alert:	Inferred Disease	Jun-20				May-20				Apr-20				
		DC	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Bupropion to epilepsy		1	2,772	29,923	9.26%	1	2,633	28,455	9.25%	1	2,917	30,666	9.51%
	Methylphenidate to anxiety		2	1,711	24,796	6.90%	2	1,567	24,172	6.48%	2	1,809	27,004	6.70%
	Haloperidol to Parkinson's disease		3	1,631	3,402	47.94%	3	1,478	3,103	47.63%	3	1,481	3,261	45.42%
	Dexmethylphenidate to anxiety		4	622	10,033	6.20%	4	688	10,414	6.61%	4	690	11,341	6.08%
	Fluphenazine to parkinsonism		5	481	1,278	37.64%	na				na			
	Cyclobenzaprine to heart failure		6	304	5,144	5.91%	5	337	4,796	7.03%	5	319	4,804	6.64%
	Metoprolol tartrate to asthma		7	301	3,300	9.12%	7	261	3,158	8.26%	6	285	3,326	8.57%
	Amphetamine salts to anxiety		8	247	63,585	0.39%	6	274	61,333	0.45%	7	263	64,772	0.41%
	Chlorpromazine to parkinsonism		9	159	930	17.10%	na				na			
	Spirolactone to hyperkalemia		10	129	1,830	7.05%	na				na			
	Morphine to asthma		na				8	172	1,705	10.09%	8	161	1,719	9.37%
	Fentanyl to asthma		na				na				9	125	888	14.08%
	Carvedilol to asthma		na				10	110	2,034	5.41%	na			
	Lisinopril to pregnancy		na				9	118	7,626	1.55%	10	119	8,089	1.47%

Alert:	Drug to Drug Interaction	Jun-20				May-20				Apr-20				
		DD	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Ziprasidone to citalopram		1	139	2,952	4.71%	1	118	2,921	4.04%	2	144	3,095	4.65%
	Buprenorphine/naloxone to naltrexone		2	73	36,001	0.20%	4	39	33,596	0.12%	3	75	35,390	0.21%
	Atorvastatin to gemfibrozil		3	51	10,677	0.48%	2	55	10,077	0.55%	4	43	10,676	0.40%
	Simvastatin to amlodipine		4	42	1,941	2.16%	8	27	6,468	0.42%	8	26	6,837	0.38%
	Ondansetron to hydroxychloroquine		5	31	4,378	0.71%	9	25	3,892	0.64%	9	22	4,548	0.48%
	Escitalopram to hydroxychloroquine		6	25	661	3.78%	7	31	698	4.44%	5	39	1,241	3.14%
	Citalopram to hydroxychloroquine		7	23	661	3.48%	na				na			
	Ketorolac to ibuprofen		8	23	729	3.16%	6	36	709	5.08%	na			
	Tramadol to naltrexone		9	18	4,311	0.42%	na				na			
	Simvastatin to diltiazem		10	12	836	1.44%	na				na			
	Azithromycin to hydroxychloroquine		na				3	45	4,184	1.08%	1	147	6,812	2.16%
	Lurasidone to primidone		na				na				na			
	Fluconazole to hydroxychloroquine		na				5	39	3,794	1.03%	6	33	4,016	0.82%
	Sertraline to pimozide		na				10	15	43,444	0.03%	7	27	112	24.11%
	Sacubitril/valsartan to lisinopril		na				na				10	20	306	6.54%

Alert:	Early Refill	Jun-20				May-20				Apr-20				
		ER	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Sertraline		1	5,721	45,825	12.48%	1	5,388	43,444	12.40%	1	6,238	44,550	14.00%
	Quetiapine		2	5,277	37,250	14.17%	2	5,199	35,874	14.49%	2	6,106	38,098	16.03%
	Trazodone		3	5,167	39,457	13.10%	3	5,152	37,349	13.79%	3	5,754	39,586	14.54%
	Buprenorphine/naloxone		4	5,010	36,001	13.92%	5	4,805	33,596	14.30%	4	5,536	35,390	15.64%
	Gabapentin		5	4,960	63,585	7.80%	6	4,292	49,331	8.70%	6	4,726	51,666	9.15%
	Bupropion		6	4,614	52,832	8.73%	8	3,618	28,455	12.71%	7	4,538	30,666	14.80%
	Duloxetine		7	3,843	29,923	12.84%	7	3,672	27,167	13.52%	5	5,291	64,772	8.17%
	Aripiprazole		8	3,697	28,434	13.00%	10	3,374	25,909	13.02%	8	4,159	28,884	14.40%
	Fluoxetine		9	3,335	27,771	12.01%	na				na			
	Escitalopram		10	3,304	28,535	11.58%	na				9	4,017	28,788	13.95%
	Alprazolam		na				9	3,432	26,734	12.84%	na			
	Amphetamine salts		na				4	5,132	61,333	8.37%	10	3,846	29,133	13.20%

Alert:	Min-Max*	Jun-20				May-20				Apr-20				
		HD/LD	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Amphetamine salts - A-max 2.000EA		1	1,105	63,585	1.74%	2	1,007	61,333	1.64%	3	1,026	64,772	1.58%
	Escitalopram - G-max 0.500EA		2	969	28,160	3.44%	3	920	27,016	3.41%	9	516	28,788	1.79%
	Venlafaxine-A-max 1.000EA		3	883	17,871	4.94%	4	873	17,476	5.00%	4	965	18,411	5.24%
	Escitalopram - A-max 1.000EA		4	822	28,160	2.92%	7	741	27,016	2.74%	5	909	28,788	3.16%
	Zolpidem - G-max 0.500EA		5	754	7,710	9.78%	6	783	7,632	10.26%	na			
	Alprazolam - A-max 2.000EA		6	677	27,785	2.44%	8	649	26,734	2.43%	6	763	28,757	2.65%
	Citalopram - G-max 0.500EA		7	663	15,851	4.18%	9	624	15,221	4.10%	7	692	16,436	4.21%
	Olanzapine - A-max 1.000EA		8	565	11,936	4.73%	na				10	506	11,624	4.35%
	Ergocalciferol - G-max 0.200EA		9	514	17,651	2.91%	na				na			
	Levetiracetam - A-max 3.000EA		10	369	14,908	2.48%	na				na			
	Gabapentin - A-max 3.000EA		na				1	1,116	49,331	2.26%	1	1,478	51,666	2.86%
	Gabapentin - A-max 4.000EA		na				5	832	49,331	1.69%	2	1,155	51,666	2.24%
	Gabapentin -A-max 8.000EA		na				10	577	49,331	1.17%	8	670	51,666	1.30%

* A-max = Adult maximum

G-max = Geriatric maximum

P-max = Pediatric Maximum

**Top Ten ProDUR Message Report
2020Q2**

Alert:	Late Refill	Jun-20				May-20				Apr-20			
		LR	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Gabapentin	1	7,206	52,832	13.64%	1	6,566	49,331	13.31%	1	6,987	51,666	13.52%
	Sertraline	2	5,251	45,825	11.46%	2	5,128	43,444	11.80%	2	4,956	44,550	11.12%
	Trazodone	3	4,595	39,457	11.65%	3	4,143	37,349	11.09%	3	4,453	39,586	11.25%
	Fluoxetine	4	3,367	28,535	11.80%	5	3,301	28,273	11.68%	5	3,242	29,133	11.13%
	Bupropion	5	3,353	29,923	11.21%	6	3,142	28,455	11.04%	6	3,193	30,666	10.41%
	Escitalopram	6	3,151	28,160	11.19%	7	3,000	27,016	11.10%	7	3,116	28,788	10.82%
	Buprenorphine/naloxone	7	3,080	36,001	8.56%	9	2,798	33,596	8.33%	9	2,798	35,390	7.91%
	Duloxetine	8	3,069	28,434	10.79%	8	2,843	27,167	10.46%	8	3,018	28,884	10.45%
	Albuterol	9	3,054	24,324	12.56%	4	3,443	26,999	12.75%	4	3,334	31,911	10.45%
	Clonazepam	10	2,978	19,935	14.94%	10	2,715	19,293	14.07%	10	2,699	20,525	13.15%

Alert:	Known Disease	Jun-20				May-20				Apr-20			
		MC	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Ibuprofen to pregnancy	1	819	13,089	6.26%	2	703	11,153	6.30%	4	669	10,048	6.66%
	Aspirin to GI hemorrhage	2	807	22,940	3.52%	3	655	20,668	3.17%	1	756	22,493	3.36%
	Amphetamine salts to pregnancy	3	769	63,585	1.21%	1	757	61,333	1.23%	2	754	64,772	1.16%
	Aspirin to blood in stool	4	713	22,940	3.11%	4	650	20,668	3.14%	3	692	22,493	3.08%
	Aspirin to melena	5	627	22,940	2.73%	6	516	20,668	2.50%	5	579	22,493	2.57%
	Amphetamine salts to chest pain	6	568	63,585	0.89%	5	571	61,333	0.93%	6	549	64,772	0.85%
	Amphetamine salts to tachycardia	7	438	63,585	0.69%	7	438	61,333	0.71%	7	482	64,772	0.74%
	Diazepam to pregnancy	8	335	9,357	3.58%	8	313	8,594	3.64%	na			
	Divalproex to pregnancy	9	305	15,122	2.02%	10	260	14,389	1.81%	8	317	15,042	2.11%
	Docusate to intestinal obstruction	10	292	12,248	2.38%	na				10	288	11,938	2.41%
	Alprazolam to pregnancy	na				9	293	26,734	1.10%	9	290	28,757	1.01%

Alert:	Geriatric	Jun-20				May-20				Apr-20			
		PA	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Amitriptyline	1	1,485	12,050	12.32%	1	1,399	11,709	11.95%	1	1,531	12,463	12.28%
	Benzotropine mesylate	2	811	7,209	11.25%	2	746	6,638	11.24%	2	803	6,913	11.62%
	Doxepin	3	419	3,453	12.13%	3	375	3,273	11.46%	3	389	3,514	11.07%
	Chlordiazepoxide	4	130	1,327	9.80%	4	143	1,204	11.88%	4	135	1,055	12.80%
	Trihexyphenidyl	5	102	712	14.33%	5	93	695	13.38%	5	123	770	15.97%
	Chlorpromazine	6	79	930	8.49%	6	60	904	6.64%	6	53	848	6.25%
	Thyroid, pork	7	71	322	22.05%	7	50	336	14.88%	7	51	342	14.91%
	Indomethacin	8	36	253	14.23%	8	35	244	14.34%	8	35	270	12.96%
	Megestrol	9	29	124	23.39%	10	15	117	12.82%	9	21	148	14.19%
	Nifedipine	10	12	1,132	1.06%	na				na			
	Chlorzoxasone	na				na				10	10	93	10.75%
	Cyclobenzaprine	na				9	22	4,796	0.46%	na			

Alert:	Pediatric	Jun-20				May-20				Apr-20			
		PA	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Loperamide	1	14	567	2.47%	8	2	534	0.0037%	3	11	564	1.95%
	Acetaminophen with codeine	2	8	2,409	0.33%	1	15	2,176	0.69%	1	12	2,121	0.57%
	Dextromethorphan/APAP/chlorphen	3	6	3	200.00%	na				na			
	Tramadol	4	6	4,311	0.14%	na				na			
	Metoclopramide	5	5	672	0.74%	4	4	600	0.67%	4	3	592	0.51%
	Diphenhydramine	6	4	4,426	0.09%	na				na			
	Guaifenesin/dextromethorphan	7	4	245	1.63%	2	6	304	1.97%	2	11	708	1.55%
	Diazepam	8	3	9,357	0.03%	3	4	8,594	0.05%	na			
	Sulfamethoxazole/trimethoprim	9	3	3,426	0.09%	na				5	3	3,161	0.09%
	Diphenhydramine/PE	10	2	2	100.00%	na				na			
	Brompheniramine/PE/dm	na				na				na			
	Cetirizine/pseudoephed	na				9	1	73	1.37%	9	1	84	1.19%
	DM/PE/APAP/chlorpheniramine	na				na				na			
	Brompheniramine/pseudoephed/dm	na				6	3	31	9.68%	6	2	52	3.85%
	loratadine/pseudoephed	na				10	1	233	0.43%	na			
	Silver sulfadiazine	na				7	3	397	0.76%	na			
	Benzocaine	na				5	3	56	5.36%	na			
	Chlorpheniramine/DM	na				na				10	1	4	25.00%
	Fluocinolone oil	na				na				7	2	23	8.70%
	Sodium phosphate, mn-dibasic	na				na				8	2	137	1.46%

**Top Ten ProDUR Message Report
2020Q2**

Alert:	Gender	Jun-20				May-20				Apr-20					
		SX	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%
			Tranexamic acid (W)	1	42	393	10.69%	4	27	334	8.08%	na			
			Olaparib (W)	2	32	86	37.21%	6	13	45	28.89%	na			
			Progesterone, micronized (W)	3	19	398	4.77%	3	28	306	9.15%	2	18	280	6.43%
			Finasteride (M)	4	14	330	4.24%	2	34	334	10.18%	1	57	377	15.12%
			Anastrozole (W)	5	11	364	3.02%	9	4	324	1.23%	3	15	389	3.86%
			Miconazole (W)	6	10	536	1.87%	na				8	5	458	1.09%
			Clotrimazole (W)	7	9	1,110	0.81%	na				na			
			Bicalutamide (M)	8	8	37	21.62%	na				na			
			Medroxyprogesterone acetate (W)	9	7	1,160	0.60%	na				na			
			Estradiol (W)	10	6	755	0.79%	1	53	807	6.57%	4	11	759	1.45%
			Testosterone (M)	na				5	24	123	19.51%	6	9	136	6.62%
			Leuprolide (W)	na				10	3	171	1.75%	5	9	75	12.00%
			Metronidazole (W)	na				na				na			
			Norethindrone (W)	na				7	7	159	4.40%	7	6	206	2.91%
			Alfuzosin (M)	na				8	5	55	9.09%	9	1	42	2.38%
			Sildenafil (M)	na				na				10	1	9	11.11%

Alert:	Therapeutic Duplication	Jun-20				May-20				Apr-20					
		TD	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%
			Amphet. salts to amphet. salts	1	15,315	63,585	24.09%	1	15,079	61,333	24.59%	1	15,240	64,772	23.53%
			Quetiapine to quetiapine	2	11,488	37,250	30.84%	2	11,499	35,874	32.05%	2	11,797	38,098	30.96%
			Sertaline to sertraline	3	9,796	45,825	21.38%	3	9,334	43,444	21.49%	3	9,851	44,550	22.11%
			Fluoxetine to fluoxetine	4	9,126	28,535	31.98%	4	9,003	28,273	31.84%	4	9,492	29,133	32.58%
			Duloxetine to duloxetine	5	8,086	28,434	28.44%	5	7,864	27,167	28.95%	6	8,026	28,884	27.79%
			Venlafaxine to venlafaxine	6	7,594	17,871	42.49%	6	7,490	17,476	42.86%	5	8,115	18,411	44.08%
			Bupropion to bupropion	7	6,577	29,923	21.98%	7	5,934	28,455	20.85%	7	6,474	30,666	21.11%
			Methylphenidate to methylphenidate	8	5,895	24,796	23.77%	8	5,747	24,172	23.78%	8	6,328	27,004	23.43%
			Buprenorphine/naloxone to bupren/nalox	9	5,556	36,001	15.43%	9	4,914	33,596	14.63%	9	4,755	35,390	13.44%
			Trazodone to sertraline	10	4,629	45,825	10.10%	10	4,407	43,444	10.14%	10	4,572	44,550	10.26%

Appendix C

Utilization Reports

2020Q1

Top 10 Therapeutic Classes Ranked by Count and Payment Amount: No new trends noted.

Top Classes and Drugs: Top 50 therapeutic classes and the Top 25 drugs. The Top 25 drugs are further broken out by age groups.

Michigan Medicaid
Therapeutic Class Analysis Summary Sorted by Claim Count
For Service Period Between Apr 1, 2020 and Jun 30, 2020

Spec Thera Class	Spec Thera Desc	Total Nbr of Claims	% of Total Claims	Total Payment Amount	% of Total Payment Amt	Nbr of Utilizers	PUPM
H4B	ANTICONVULSANTS	311,490	13.96%	\$30,858,654.13	9.17%	111,434	\$276.92
H2S	SEROTONIN SPEC REUPTAKE INHIB(SSRI)	245,077	10.98%	\$3,591,108.95	1.07%	116,801	\$30.75
H7T	ANTIPTY, ATYP, DOP, & SERO, ANTAG	163,836	7.34%	\$45,880,698.55	13.63%	53,710	\$854.23
J5B	ADRENERG., AROMAT., NON-CATECHOLAMINE	118,583	5.31%	\$20,148,730.57	5.98%	41,444	\$486.17
H7C	SEROT-NOREPINEPH REUP-INHIB (SNRIS)	100,994	4.53%	\$3,280,887.59	0.97%	44,762	\$73.30
H20	Antianxiety-Benzodiazepine type	93,975	4.21%	\$1,100,822.24	0.33%	42,393	\$25.97
H7E	SEROT-2 ANTAG/REUPTAKE INHIB(SARIS)	77,777	3.49%	\$980,551.94	0.29%	36,132	\$27.14
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	59,170	2.65%	\$17,991,267.13	5.34%	14,436	\$1,246.28
H7X	ANTIPTYCH, ATYP, D2 PART AG/5HT MIX	58,433	2.62%	\$18,173,797.55	5.40%	23,497	\$773.45
H7D	NOREPINEPH & DOP REUP INHIB (NDRIS)	58,204	2.61%	\$1,581,909.45	0.47%	27,954	\$56.59
H2V	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS	55,772	2.50%	\$8,605,283.87	2.56%	20,864	\$412.45
H2F	ANTI-ANXIETY DRUGS	52,616	2.36%	\$808,600.09	0.24%	24,269	\$33.32
H4A	Anticonvulsants-Benzodiaz. Type	45,229	2.03%	\$2,591,867.22	0.77%	18,422	\$140.69
Z2Q	ANTIHISTAMINES - 2ND GENERATION	44,316	1.99%	\$439,098.75	0.13%	21,063	\$20.85
H2U	TRICY ANTIDEPR & REL NSRUI	40,096	1.80%	\$934,898.62	0.28%	18,884	\$49.51
C6D	VITAMIN D PREPARATIONS	30,937	1.39%	\$310,391.76	0.09%	15,533	\$19.98
M9P	PLATELET AGGREGATION INHIBITORS	30,874	1.38%	\$372,940.34	0.11%	13,742	\$27.14
H8M	TX ADHD-SELECTIVE ALPH-2 RCPT AGNST	28,047	1.26%	\$848,457.89	0.25%	11,537	\$73.54
D6S	LAXATIVES AND CATHARTICS	26,449	1.19%	\$465,589.29	0.14%	11,557	\$40.29
H7B	ALPHA-2 RECEPT ANTAG ANTIDEPRESSANT	22,114	0.99%	\$354,794.35	0.11%	10,174	\$34.87
D4J	PROTON-PUMP INHIBITORS	17,406	0.78%	\$290,369.68	0.09%	9,671	\$30.02
S2B	ANTI-INFLAMMATORY AGENTS	16,576	0.74%	\$167,428.74	0.05%	12,349	\$13.56
H2E	NON-BARBITURATES, SEDATIVE-HYPNOTIC	16,079	0.72%	\$329,096.83	0.10%	7,082	\$46.47
C4G	INSULINS	15,902	0.71%	\$4,399,670.31	1.31%	5,691	\$773.09
H6B	ANTIPARKINSON DRUGS,ANTICHOLINERGIC	15,377	0.69%	\$219,364.69	0.07%	6,001	\$36.55

Michigan Medicaid
Therapeutic Class Analysis Summary Sorted by Payment Amount
For Service Period Between Apr 1, 2020 and Jun 30, 2020

Spec Thera Class	Spec Thera Desc	Total Nbr of Claims	% of Total Claims	Total Payment Amount	% of Total Payment Amt	Nbr of Utilizers	PUPM
H7T	ANTIPSY, ATYP, DOP, & SERO, ANTAG	163,836	7.34%	\$45,880,698.55	13.63%	53,710	\$854.23
H4B	ANTICONVULSANTS	311,490	13.96%	\$30,858,654.13	9.17%	111,434	\$276.92
W5X	ARV CMB-NRTI INTEGRASE INHIB	6,070	0.27%	\$20,366,373.47	6.05%	2,452	\$8,306.03
J5B	ADRENERG.,AROMAT.,NON-CATECHOLAMINE	118,583	5.31%	\$20,148,730.57	5.98%	41,444	\$486.17
H7X	ANTIPSYCH, ATYP, D2 PART AG/5HT MIX	58,433	2.62%	\$18,173,797.55	5.40%	23,497	\$773.45
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	59,170	2.65%	\$17,991,267.13	5.34%	14,436	\$1,246.28
V1Q	ANTINEOP SYS ENZYME INHIB	1,423	0.06%	\$15,883,107.22	4.72%	555	\$28,618.21
B0F	CFTR POTENT & CORRECT COMB	1,122	0.05%	\$13,249,369.29	3.94%	392	\$33,799.41
W0B	HCV - NS5A & NS5B COMBO	575	0.03%	\$13,162,060.74	3.91%	330	\$39,885.03
H8W	ANTIPSYCH-ATYP-D3/D2 PART	8,393	0.38%	\$9,801,477.95	2.91%	3,629	\$2,700.88
H2V	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS	55,772	2.50%	\$8,605,283.87	2.56%	20,864	\$412.45
M0E	ANTIHEMOPHILIC FACTORS	277	0.01%	\$6,023,476.33	1.79%	121	\$49,780.80
H8T	SSRI & SEROTN RECPT MOD ANTIDEP	12,813	0.57%	\$5,420,645.04	1.61%	5,547	\$977.22
W5O	ANTIVIR,HIVSPEC,NUCLEOSD-TIDE ANLOG	2,462	0.11%	\$4,890,366.33	1.45%	1,163	\$4,204.96
M0P	Hemophilia TX-Non-Factor Repl	231	0.01%	\$4,791,653.62	1.42%	74	\$64,752.08
C4G	INSULINS	15,902	0.71%	\$4,399,670.31	1.31%	5,691	\$773.09
W0E	HEP C- NS5A AND NS3/4A COMB	332	0.01%	\$4,218,199.94	1.25%	222	\$19,000.90
W0H	PI-Nucleoside-Nucleotide	1,083	0.05%	\$4,027,050.47	1.20%	425	\$9,475.41
H2S	SEROTONIN SPEC REUPTAKE INHIB(SSRI)	245,077	10.98%	\$3,591,108.95	1.07%	116,801	\$30.75
W5Q	ARTV - NUCLEOSIDE/NUCLEOTIDE/NON-NU	1,228	0.06%	\$3,580,984.06	1.06%	483	\$7,414.05
W5Z	ARV COMB-NRTIS&INTEGRASE INHB	1,138	0.05%	\$3,440,419.54	1.02%	475	\$7,242.99
H7C	SEROT-NOREPINEPH REUP-INHIB (SNRIS)	100,994	4.53%	\$3,280,887.59	0.97%	44,762	\$73.30
Z1T	GENET D/O TX-EXON I.A.O.	24	0.00%	\$3,060,040.04	0.91%	24	\$127,501.67
H4A	Anticonvulsants-Benzodiaz. Type	45,229	2.03%	\$2,591,867.22	0.77%	18,422	\$140.69
P1E	ADRENOCORTICOTROPHIC HORMONES	35	0.00%	\$2,591,192.00	0.77%	15	\$172,746.13

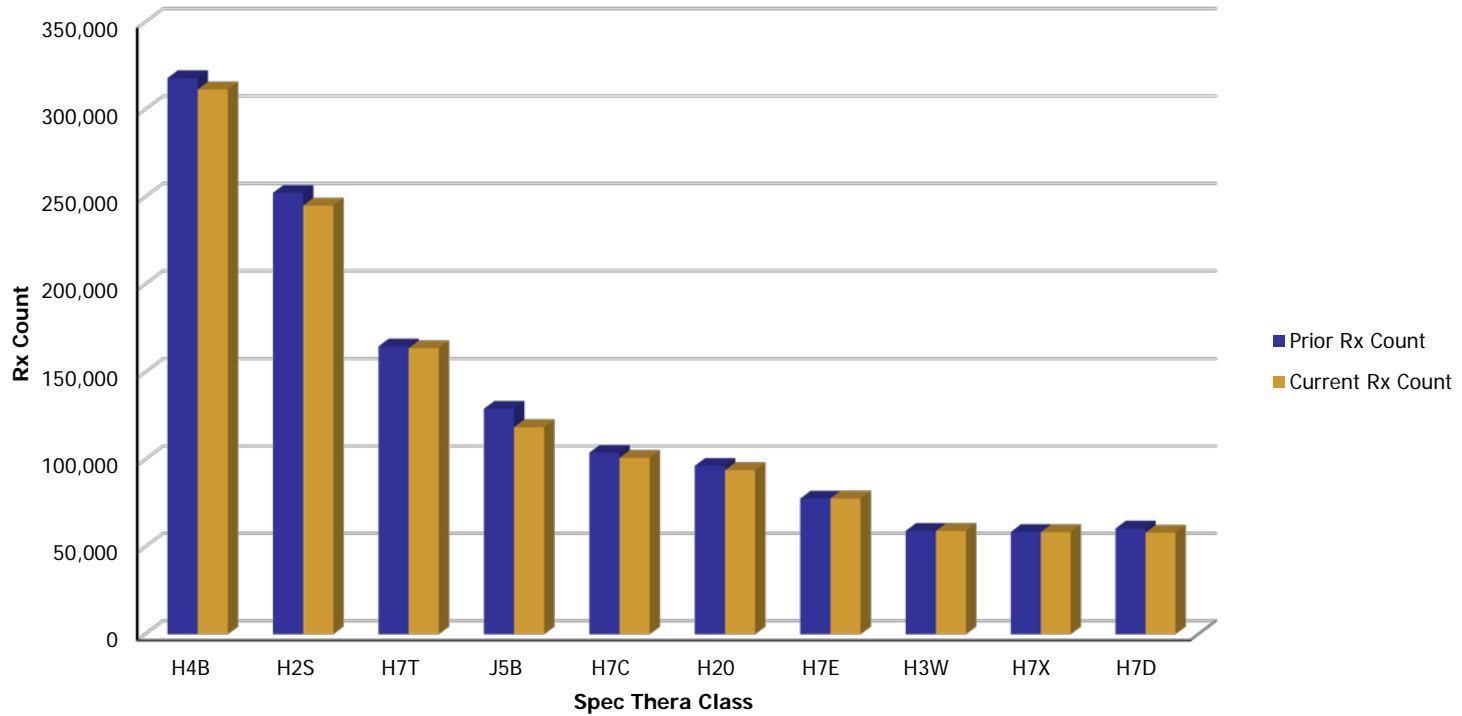
□
□

Michigan Medicaid

Top 10 Therapeutic Classes Ranked by Claim Volume

Current Service Dates from Apr 1, 2020 to Jun 30, 2020
Prior Service Dates from Jan 1, 2020 to Mar 31, 2020

□

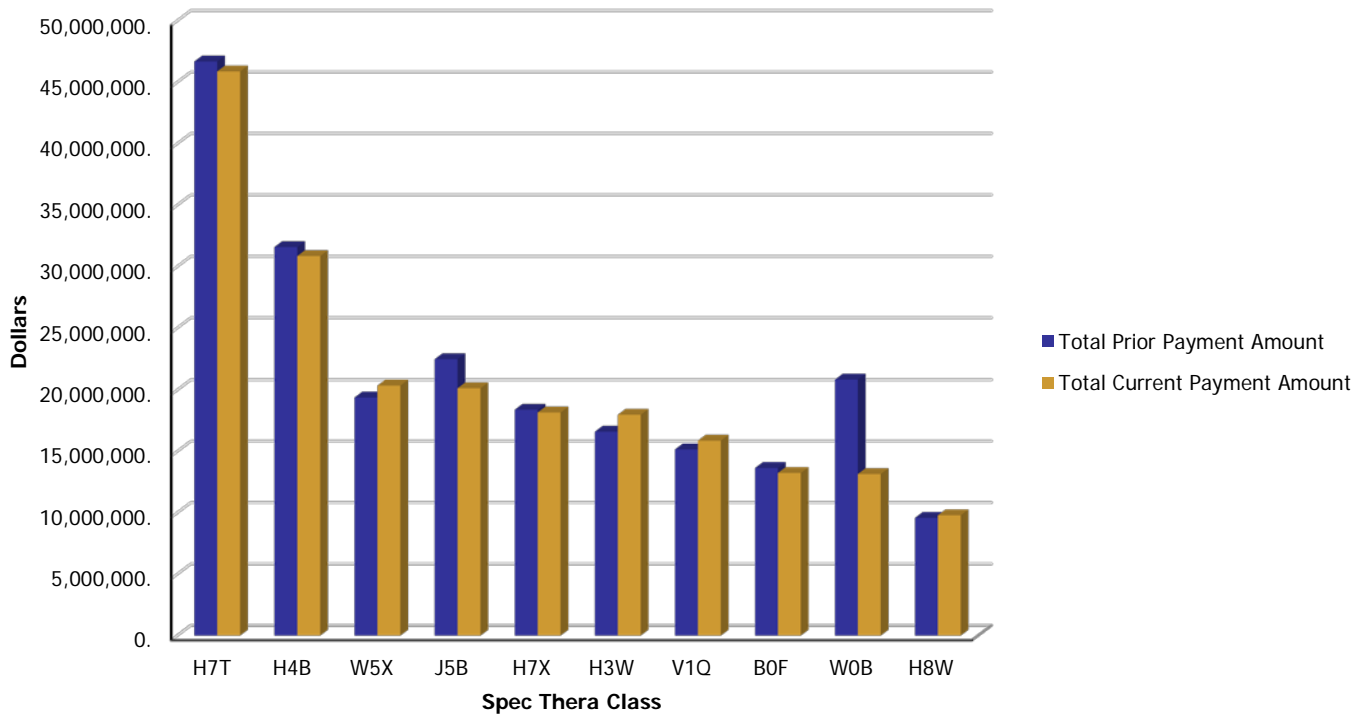


Spec Thera Class	Spec Thera Desc	Prior Rx Count	Current Rx Count	% Change in Rx Count	Total Ingredient Cost	Total Payment Amount
H4B	ANTICONSULSANTS	318,011	311,490	-2.05%	\$30,645,119.31	\$30,858,654.13
H2S	SEROTONIN SPEC REUPTAKE INHIB(SSRI)	252,358	245,077	-2.89%	\$1,534,548.39	\$3,591,108.95
H7T	ANTIPSY, ATYP, DOP, & SERO, ANTAG	164,840	163,836	-0.61%	\$45,064,270.96	\$45,880,698.55
J5B	ADRENERG., AROMAT., NON-CATECHOLAMINE	129,117	118,583	-8.16%	\$19,217,051.74	\$20,148,730.57
H7C	SEROT-NOREPINEPH REUP-INHIB (SNRIS)	104,007	100,994	-2.90%	\$2,311,328.22	\$3,280,887.59
H20	Antianxiety-Benzodiazepine type	96,461	93,975	-2.58%	\$242,287.47	\$1,100,822.24
H7E	SEROT-2 ANTAG/REUPTAKE INHIB(SARIS)	77,713	77,777	0.08%	\$349,424.74	\$980,551.94
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	59,229	59,170	-0.10%	\$17,569,318.15	\$17,991,267.13
H7X	ANTIPSYCH, ATYP, D2 PART AG/5HT MIX	58,577	58,433	-0.25%	\$17,746,647.70	\$18,173,797.55
H7D	NOREPINEPH & DOP REUP INHIB (NDRIS)	60,548	58,204	-3.87%	\$1,020,069.23	\$1,581,909.45

Michigan Medicaid Top 10 Therapeutic Classes Ranked by Payment Amount

Current Service Dates from Apr 1, 2020 to Jun 30, 2020

Prior Service Dates from Jan 1, 2020 to Mar 31, 2020



Spec Thera Class	Spec Thera Desc	Prior Rx Count	Current Rx Count	% Change in Payment	Total Prior Payment Amount	Total Current Payment Amount
H7T	ANTIPSY, ATYP, DOP, & SERO, ANTAG	164,840	163,836	-1.73%	\$46,686,496.96	\$45,880,698.55
H4B	ANTICONVULSANTS	318,011	311,490	-2.31%	\$31,586,766.75	\$30,858,654.13
W5X	ARV CMB-NRTI INTEGRASE INHIB	5,965	6,070	5.02%	\$19,393,056.99	\$20,366,373.47
J5B	ADRENERG.,AROMAT.,NON-CATECHOLAMINE	129,117	118,583	-10.51%	\$22,515,067.62	\$20,148,730.57
H7X	ANTIPSYCH, ATYP, D2 PART AG/5HT MIX	58,577	58,433	-1.24%	\$18,401,149.84	\$18,173,797.55
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	59,229	59,170	8.32%	\$16,608,855.48	\$17,991,267.13
V1Q	ANTINEOP SYS ENZYME INHIB	1,365	1,423	4.69%	\$15,171,039.82	\$15,883,107.22
B0F	CFTR POTENT & CORRECT COMB	1,192	1,122	-2.98%	\$13,655,735.29	\$13,249,369.29
W0B	HCV - NS5A & NS5B COMBO	870	575	-36.89%	\$20,857,082.67	\$13,162,060.74
H8W	ANTIPSYCH-ATYP-D3/D2 PART	8,225	8,393	2.19%	\$9,591,354.83	\$9,801,477.95

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 0 - 18 years

Grand Total Payment Amount - \$78,910,005.27

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	DEXTROAMPHETAMINE/AMPHETAMINE	42,186	14,612	\$6,216,578.25	\$425.44	35.44	29.75	\$147.36	23.26%
2	METHYLPHENIDATE HCL	33,630	12,975	\$3,600,823.58	\$277.52	42.23	29.67	\$107.07	13.47%
3	GUANFACINE HCL	24,211	10,036	\$581,313.14	\$57.92	36.02	31.95	\$24.01	2.18%
4	LISDEXAMFETAMINE DIMESYLATE	21,552	9,260	\$6,164,269.48	\$665.69	30.39	29.81	\$286.02	23.06%
5	SERTRALINE HCL	18,058	8,217	\$211,549.47	\$25.75	39.09	34.59	\$11.72	0.79%
6	ARIPIPIRAZOLE	15,298	5,944	\$1,154,276.57	\$194.19	39.06	28.59	\$75.45	4.32%
7	FLUOXETINE HCL	14,866	6,431	\$248,769.04	\$38.68	40.74	33.65	\$16.73	0.93%
8	DEXMETHYLPHENIDATE HCL	13,676	5,137	\$4,008,111.35	\$780.24	35.74	29.69	\$293.08	15.00%
9	RISPERIDONE	10,976	3,977	\$224,310.05	\$56.40	53.65	29.25	\$20.44	0.84%
10	ESCITALOPRAM OXALATE	10,877	5,115	\$142,982.35	\$27.95	40.40	33.67	\$13.15	0.53%
11	TRAZODONE HCL	10,248	4,420	\$103,414.64	\$23.40	37.17	30.90	\$10.09	0.39%
12	QUETIAPINE FUMARATE	8,820	2,772	\$129,962.03	\$46.88	39.23	27.68	\$14.73	0.49%
13	ATOMOXETINE HCL	7,796	3,235	\$514,591.32	\$159.07	30.44	29.09	\$66.01	1.93%
14	LEVETIRACETAM	7,785	3,174	\$377,580.51	\$118.96	258.36	34.27	\$48.50	1.41%
15	OXCARBAZEPINE	7,420	2,907	\$905,835.52	\$311.60	168.54	31.29	\$122.08	3.39%
16	LAMOTRIGINE	6,941	2,617	\$519,032.82	\$198.33	82.35	33.29	\$74.78	1.94%
17	CLONIDINE HCL	6,554	2,726	\$254,073.94	\$93.20	60.17	32.21	\$38.77	0.95%
18	DIVALPROEX SODIUM	5,216	1,901	\$174,828.68	\$91.97	91.94	31.68	\$33.52	0.65%
19	BUPROPION HCL	5,021	2,363	\$97,393.67	\$41.22	39.51	34.08	\$19.40	0.36%
20	CETIRIZINE HCL	4,959	2,833	\$45,077.45	\$15.91	83.95	29.23	\$9.09	0.17%
21	BUSPIRONE HCL	4,718	2,127	\$61,703.79	\$29.01	63.32	29.28	\$13.08	0.23%
22	ALBUTEROL SULFATE	4,589	2,952	\$177,406.23	\$60.10	65.22	21.98	\$38.66	0.66%
23	FLUTICASONE PROPIONATE	4,538	2,792	\$249,168.08	\$89.24	14.99	30.60	\$54.91	0.93%
24	TOPIRAMATE	4,092	1,799	\$527,752.32	\$293.36	79.94	33.13	\$128.97	1.97%
25	MONTELUKAST SODIUM	3,834	2,243	\$35,135.04	\$15.66	38.50	38.55	\$9.16	0.13%
All Drugs Total Payment for Period				\$26,725,939.32					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 0 - 18 yrs

Grand Total Payment Amount - \$78,910,005.27

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	DEXTROAMPHETAMINE/AMPHETAMINE	42,186	14,612	\$6,216,578.25	\$425.44	35.44	29.75	\$147.36	11.23%
2	LISDEXAMFETAMINE DIMESYLATE	21,552	9,260	\$6,164,269.48	\$665.69	30.39	29.81	\$286.02	11.14%
3	ELEXACFTOR/TEZACFTOR/IVACFT	360	126	\$4,484,139.98	\$35,588.41	83.30	27.96	\$12,455.94	8.10%
4	VIGABATRIN	412	156	\$4,448,869.73	\$28,518.40	147.05	30.95	\$10,798.23	8.04%
5	LURASIDONE HCL	3,466	1,317	\$4,025,924.03	\$3,056.89	31.01	28.97	\$1,161.55	7.27%
6	DEXMETHYLPHENIDATE HCL	13,676	5,137	\$4,008,111.35	\$780.24	35.74	29.69	\$293.08	7.24%
7	METHYLPHENIDATE HCL	33,630	12,975	\$3,600,823.58	\$277.52	42.23	29.67	\$107.07	6.50%
8	NUSINERSEN SODIUM/PF	22	22	\$2,805,000.00	\$127,500.00	5.00	32.73	\$127,500.00	5.07%
9	EMICIZUMAB-KXWH	130	47	\$2,336,871.50	\$49,720.67	2.11	28.03	\$17,975.93	4.22%
10	LUMACFTOR/IVACFTOR	166	54	\$2,055,442.28	\$38,063.75	86.53	28.00	\$12,382.18	3.71%
11	ETEPLIRSEN	38	8	\$1,484,477.20	\$185,559.65	49.05	28.00	\$39,065.19	2.68%
12	CANNABIDIOL (CBD)	810	285	\$1,302,963.79	\$4,571.80	158.25	29.96	\$1,608.60	2.35%
13	GLYCEROL PHENYLBUTYRATE	49	19	\$1,298,710.58	\$68,353.19	237.24	28.61	\$26,504.30	2.35%
14	ARIPIRAZOLE	15,298	5,944	\$1,154,276.57	\$194.19	39.06	28.59	\$75.45	2.09%
15	LACOSAMIDE	1,499	565	\$1,125,008.67	\$1,991.17	291.20	31.57	\$750.51	2.03%
16	CLOBAZAM	3,041	1,177	\$1,091,841.72	\$927.65	167.11	31.55	\$359.04	1.97%
17	ANTIHEMOPH.FVIII REC,FC FUSION	43	17	\$1,085,280.35	\$63,840.02	19,154.02	27.58	\$25,239.08	1.96%
18	IDURSULFASE	19	5	\$1,016,149.92	\$203,229.98	55.89	26.16	\$53,481.57	1.84%
19	IVACFTOR	63	23	\$933,426.81	\$40,583.77	59.56	28.00	\$14,816.30	1.69%
20	OXCARBAZEPINE	7,420	2,907	\$905,835.52	\$311.60	168.54	31.29	\$122.08	1.64%
21	TEZACFTOR/IVACFTOR	59	22	\$853,907.12	\$38,813.96	56.00	28.00	\$14,473.00	1.54%
22	CARIPRAZINE HCL	741	298	\$850,799.57	\$2,855.03	31.53	29.16	\$1,148.18	1.54%
23	RUFINAMIDE	430	158	\$730,827.59	\$4,625.49	425.22	31.07	\$1,699.60	1.32%
24	FACTOR XIII A-SUBUNIT,RECOMB	13	5	\$703,975.19	\$140,795.04	4,736.54	31.54	\$54,151.94	1.27%
25	CANAKINUMAB/PF	45	19	\$671,970.51	\$35,366.87	1.07	28.36	\$14,932.68	1.21%
All Drugs Total Payment for Period				\$55,355,481.29					

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 19 - 49 years

Grand Total Payment Amount - \$190,255,079.63

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	GABAPENTIN	61,630	27,195	\$1,051,190.34	\$38.65	97.25	30.18	\$17.06	2.58%
2	BUPRENORPHINE HCL/NALOXONE HCL	49,231	11,997	\$14,590,422.37	\$1,216.17	36.33	18.30	\$296.37	35.75%
3	SERTRALINE HCL	48,012	24,456	\$599,081.10	\$24.50	45.38	38.53	\$12.48	1.47%
4	QUETIAPINE FUMARATE	43,458	15,558	\$783,608.44	\$50.37	39.38	28.98	\$18.03	1.92%
5	TRAZODONE HCL	43,140	20,799	\$553,253.55	\$26.60	42.35	33.54	\$12.82	1.36%
6	DEXTROAMPHETAMINE/AMPHETAMINE	42,122	13,896	\$4,824,103.23	\$347.16	51.38	29.30	\$114.53	11.82%
7	BUPROPION HCL	38,739	18,833	\$1,029,355.91	\$54.66	48.19	37.24	\$26.57	2.52%
8	ALPRAZOLAM	37,225	16,177	\$440,191.38	\$27.21	53.88	25.31	\$11.83	1.08%
9	BUSPIRONE HCL	35,221	16,770	\$545,011.59	\$32.50	68.58	29.09	\$15.47	1.34%
10	DULOXETINE HCL	33,708	15,409	\$649,988.88	\$42.18	49.06	36.49	\$19.28	1.59%
11	ESCITALOPRAM OXALATE	31,890	16,606	\$421,694.66	\$25.39	40.94	38.57	\$13.22	1.03%
12	FLUOXETINE HCL	28,627	13,771	\$517,856.47	\$37.60	47.18	37.83	\$18.09	1.27%
13	CLONAZEPAM	27,924	11,476	\$351,548.67	\$30.63	54.88	27.33	\$12.59	0.86%
14	ARIPRAZOLE	26,830	11,202	\$5,998,673.12	\$535.50	28.42	29.02	\$223.58	14.70%
15	LAMOTRIGINE	24,715	10,263	\$1,486,062.50	\$144.80	63.74	34.22	\$60.13	3.64%
16	TOPIRAMATE	23,055	10,641	\$2,891,060.07	\$271.69	67.36	35.30	\$125.40	7.08%
17	VENLAFAXINE HCL	22,734	10,199	\$929,555.17	\$91.14	47.85	38.03	\$40.89	2.28%
18	CITALOPRAM HYDROBROMIDE	19,120	9,906	\$199,645.59	\$20.15	41.39	39.91	\$10.44	0.49%
19	PREGABALIN	18,376	7,841	\$584,754.98	\$74.58	68.71	30.51	\$31.82	1.43%
20	DIVALPROEX SODIUM	17,743	7,045	\$595,576.84	\$84.54	81.03	31.14	\$33.57	1.46%
21	AMITRIPTYLINE HCL	14,494	7,150	\$257,920.77	\$36.07	45.01	36.30	\$17.80	0.63%
22	LORAZEPAM	13,222	6,545	\$149,432.05	\$22.83	46.97	23.46	\$11.30	0.37%
23	OLANZAPINE	13,128	5,054	\$282,648.22	\$55.93	35.81	28.45	\$21.53	0.69%
24	LEVETIRACETAM	12,807	5,570	\$883,272.41	\$158.58	141.18	34.67	\$68.97	2.16%
25	MIRTAZAPINE	12,198	5,818	\$194,982.48	\$33.51	32.87	31.92	\$15.98	0.48%
All Drugs Total Payment for Period				\$40,810,890.79					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 19 - 49 years

Grand Total Payment Amount - \$190,255,079.63

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	BUPRENORPHINE HCL/NALOXONE HCL	49,231	11,997	\$14,590,422.37	\$1,216.17	36.33	18.30	\$296.37	11.50%
2	LURASIDONE HCL	10,735	4,448	\$13,721,465.40	\$3,084.86	31.34	29.24	\$1,278.20	10.81%
3	PALIPERIDONE PALMITATE	5,102	2,171	\$12,802,429.75	\$5,897.02	1.28	32.62	\$2,509.30	10.09%
4	BICTEGRAV/EMTRICIT/TENOFOV ALA	3,222	1,310	\$10,829,465.25	\$8,266.77	32.91	32.87	\$3,361.10	8.54%
5	SOFOSBUVIR/VELPATASVIR	338	200	\$7,816,959.04	\$39,084.80	28.00	28.00	\$23,127.10	6.16%
6	CARIPRAZINE HCL	6,338	2,793	\$7,407,126.62	\$2,652.03	30.16	29.20	\$1,168.69	5.84%
7	ARIPIRAZOLE	26,830	11,202	\$5,998,673.12	\$535.50	28.42	29.02	\$223.58	4.73%
8	BREXPIRAZOLE	5,054	2,137	\$5,738,622.81	\$2,685.36	30.85	29.45	\$1,135.46	4.52%
9	ELEXACAFOR/TEZACAFOR/IVACAFT	509	179	\$5,489,523.82	\$30,667.73	84.33	28.11	\$10,784.92	4.33%
10	DEXTROAMPHETAMINE/AMPHETAMINE	42,122	13,896	\$4,824,103.23	\$347.16	51.38	29.30	\$114.53	3.80%
11	VORTIOXETINE HYDROBROMIDE	9,013	3,924	\$3,793,472.89	\$966.74	32.90	31.98	\$420.89	2.99%
12	ELVITEG/COB/EMTRI/TENOF ALAFEN	1,124	477	\$3,777,242.36	\$7,918.75	32.76	32.76	\$3,360.54	2.98%
13	LACOSAMIDE	3,832	1,471	\$3,721,655.25	\$2,530.02	130.34	32.53	\$971.20	2.93%
14	GLECAPREVIR/PIBRENTASVIR	246	162	\$3,159,429.48	\$19,502.65	84.00	28.00	\$12,843.21	2.49%
15	DARUNAVIR/COB/EMTRI/TENOF ALAF	791	316	\$2,949,472.37	\$9,333.77	30.23	30.23	\$3,728.79	2.32%
16	TOPIRAMATE	23,055	10,641	\$2,891,060.07	\$271.69	67.36	35.30	\$125.40	2.28%
17	ABACAIVIR/DOLUTEGRAVIR/LAMIVUDI	772	330	\$2,366,163.83	\$7,170.19	33.03	33.03	\$3,064.98	1.86%
18	EMICIZUMAB-KXWH	93	24	\$2,278,067.87	\$94,919.49	2.75	28.13	\$24,495.35	1.80%
19	LISDEXAMFETAMINE DIMESYLATE	7,144	2,780	\$2,125,632.96	\$764.62	30.43	29.41	\$297.54	1.68%
20	EMTRICITABINE/TENOFOV ALAFENAM	1,049	472	\$2,079,550.00	\$4,405.83	34.26	34.22	\$1,982.41	1.64%
21	NALTREXONE MICROSPHERES	1,693	901	\$2,039,411.46	\$2,263.50	1.01	28.21	\$1,204.61	1.61%
22	EMTRICITAB/RILPIVIRI/TENOF ALA	626	248	\$1,805,269.06	\$7,279.31	31.53	31.53	\$2,883.82	1.42%
23	EMTRICITABINE/TENOFOVIR (TDF)	778	423	\$1,595,949.06	\$3,772.93	36.43	36.41	\$2,051.35	1.26%
24	CORTICOTROPIN	23	9	\$1,594,582.00	\$177,175.78	8.70	26.91	\$69,329.65	1.26%
25	LAMOTRIGINE	24,715	10,263	\$1,486,062.50	\$144.80	63.74	34.22	\$60.13	1.17%
All Drugs Total Payment for Period				\$126,881,812.57					

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 50 - 64 years

Grand Total Payment Amount - \$65,520,117.07

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	GABAPENTIN	40,703	18,286	\$679,085.61	\$37.14	95.30	31.05	\$16.68	9.74%
2	TRAZODONE HCL	24,072	10,756	\$316,475.51	\$29.42	43.59	34.54	\$13.15	4.54%
3	DULOXETINE HCL	20,333	8,996	\$391,211.81	\$43.49	49.68	37.21	\$19.24	5.61%
4	QUETIAPINE FUMARATE	19,648	6,668	\$355,684.33	\$53.34	39.37	29.00	\$18.10	5.10%
5	SERTRALINE HCL	17,389	8,065	\$218,652.80	\$27.11	45.15	38.08	\$12.57	3.14%
6	ALPRAZOLAM	17,388	7,279	\$202,747.60	\$27.85	54.98	26.27	\$11.66	2.91%
7	BUPROPION HCL	14,319	6,700	\$423,042.69	\$63.14	51.30	37.76	\$29.54	6.07%
8	BUSPIRONE HCL	12,551	5,320	\$199,503.53	\$37.50	69.42	29.22	\$15.90	2.86%
9	PREGABALIN	12,121	5,191	\$382,785.30	\$73.74	67.88	30.67	\$31.58	5.49%
10	ASPIRIN	11,266	5,089	\$108,347.45	\$21.29	34.03	33.69	\$9.62	1.55%
11	FLUOXETINE HCL	10,853	4,900	\$196,181.96	\$40.04	49.23	38.42	\$18.08	2.81%
12	ESCITALOPRAM OXALATE	10,803	5,145	\$143,150.61	\$27.82	39.71	37.94	\$13.25	2.05%
13	CITALOPRAM HYDROBROMIDE	9,497	4,670	\$97,682.48	\$20.92	42.37	41.09	\$10.29	1.40%
14	CLONAZEPAM	9,381	3,714	\$117,930.28	\$31.75	54.54	28.08	\$12.57	1.69%
15	ERGOCALCIFEROL (VITAMIN D2)	9,340	4,560	\$96,042.67	\$21.06	4.87	34.24	\$10.28	1.38%
16	VENLAFAXINE HCL	9,091	3,986	\$385,870.38	\$96.81	50.01	38.92	\$42.45	5.53%
17	AMITRIPTYLINE HCL	8,865	4,118	\$163,005.42	\$39.58	44.86	36.48	\$18.39	2.34%
18	LORATADINE	8,488	3,800	\$85,430.26	\$22.48	31.14	29.66	\$10.06	1.23%
19	ARIPIPRAZOLE	8,280	3,193	\$1,113,960.96	\$348.88	29.31	29.42	\$134.54	15.98%
20	MIRTAZAPINE	7,213	3,142	\$115,568.06	\$36.78	33.36	32.33	\$16.02	1.66%
21	ATORVASTATIN CALCIUM	6,671	3,409	\$74,277.79	\$21.79	28.65	28.73	\$11.13	1.07%
22	TOPIRAMATE	6,663	2,854	\$647,340.20	\$226.82	64.67	34.72	\$97.15	9.28%
23	DOCUSATE SODIUM	6,607	2,817	\$64,670.16	\$22.96	57.23	29.38	\$9.79	0.93%
24	LEVETIRACETAM	6,267	2,567	\$221,611.54	\$86.33	104.52	32.93	\$35.36	3.18%
25	DIVALPROEX SODIUM	6,146	2,231	\$172,028.33	\$77.11	74.09	30.88	\$27.99	2.47%
All Drugs Total Payment for Period				\$6,972,287.73					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 50 - 64 years

Grand Total Payment Amount - \$65,520,117.07

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	SOFOSBUVIR/VELPATASVIR	235	128	\$5,296,410.00	\$41,378.20	28.00	27.97	\$22,537.91	13.69%
2	LURASIDONE HCL	2,680	1,017	\$3,622,484.94	\$3,561.93	32.01	29.55	\$1,351.67	9.36%
3	BICTEGRAV/EMTRICIT/TENOFOV ALA	994	387	\$3,331,105.41	\$8,607.51	32.50	32.49	\$3,351.21	8.61%
4	PALIPERIDONE PALMITATE	1,135	514	\$3,089,209.29	\$6,010.13	1.31	35.48	\$2,721.77	7.98%
5	PALBOCICLIB	210	76	\$2,554,582.33	\$33,612.93	20.83	27.37	\$12,164.68	6.60%
6	BREXPIRAZOLE	1,743	700	\$1,991,628.88	\$2,845.18	30.45	29.36	\$1,142.64	5.15%
7	BUPRENORPHINE HCL/NALOXONE HCL	6,037	1,550	\$1,936,735.28	\$1,249.51	39.46	19.86	\$320.81	5.01%
8	CARIPRAZINE HCL	1,311	536	\$1,537,651.43	\$2,868.75	29.88	29.06	\$1,172.88	3.97%
9	ELVITEG/COB/EMTRI/TENOF ALAFEN	440	175	\$1,478,578.29	\$8,449.02	32.37	32.37	\$3,360.41	3.82%
10	VORTIOXETINE HYDROBROMIDE	3,348	1,418	\$1,446,885.68	\$1,020.37	33.45	32.61	\$432.16	3.74%
11	IBRUTINIB	82	27	\$1,151,412.33	\$42,644.90	38.37	28.32	\$14,041.61	2.98%
12	ARIPIRAZOLE	8,280	3,193	\$1,113,960.96	\$348.88	29.31	29.42	\$134.54	2.88%
13	LACOSAMIDE	1,328	458	\$1,098,394.90	\$2,398.24	81.20	27.88	\$827.10	2.84%
14	DARUNAVIR/COB/EMTRI/TENOF ALAF	280	105	\$1,050,990.83	\$10,009.44	30.43	30.43	\$3,753.54	2.72%
15	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	311	124	\$957,130.89	\$7,718.80	31.91	31.91	\$3,077.59	2.47%
16	GLECAPREVIR/PIBRENTASVIR	73	49	\$941,498.70	\$19,214.26	84.00	28.00	\$12,897.24	2.43%
17	EMTRICITAB/RILPIVIRI/TENOF ALA	279	104	\$825,973.73	\$7,942.06	31.08	31.08	\$2,960.48	2.13%
18	EMTRICITABINE/TENOFOV ALAFENAM	394	156	\$765,439.86	\$4,906.67	32.89	32.74	\$1,942.74	1.98%
19	DOLUTEGRAVIR SODIUM	377	146	\$733,975.40	\$5,027.23	33.56	33.08	\$1,946.88	1.90%
20	INSULIN GLARGINE,HUM.REC.ANLOG	2,073	978	\$701,879.87	\$717.67	13.80	29.92	\$338.58	1.81%
21	GABAPENTIN	40,703	18,286	\$679,085.61	\$37.14	95.30	31.05	\$16.68	1.76%
22	TOPIRAMATE	6,663	2,854	\$647,340.20	\$226.82	64.67	34.72	\$97.15	1.67%
23	LENVATINIB MESYLATE	30	16	\$608,846.20	\$38,052.89	71.00	30.00	\$20,294.87	1.57%
24	CORTICOTROPIN	9	4	\$597,960.00	\$149,490.00	8.33	31.56	\$66,440.00	1.55%
25	OLAPARIB	44	17	\$531,368.37	\$31,256.96	102.27	28.30	\$12,076.55	1.37%
All Drugs Total Payment for Period				\$38,690,529.38					

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
All Ages

Grand Total Payment Amount - \$336,684,042.61

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	GABAPENTIN	104,599	46,531	\$1,772,560.81	\$38.09	97.43	30.53	\$16.95	2.44%
2	DEXTROAMPHETAMINE/AMPHETAMINE	88,347	29,869	\$11,475,145.13	\$384.18	43.89	29.51	\$129.89	15.80%
3	SERTRALINE HCL	83,854	40,912	\$1,033,053.08	\$25.25	43.93	37.56	\$12.32	1.42%
4	TRAZODONE HCL	77,735	36,111	\$976,140.15	\$27.03	42.03	33.50	\$12.56	1.34%
5	QUETIAPINE FUMARATE	72,130	25,082	\$1,271,388.74	\$50.69	39.35	28.82	\$17.63	1.75%
6	BUPROPION HCL	58,214	27,961	\$1,552,166.90	\$55.51	48.21	37.09	\$26.66	2.14%
7	DULOXETINE HCL	56,011	25,294	\$1,076,771.11	\$42.57	49.03	36.66	\$19.22	1.48%
8	ALPRAZOLAM	55,579	23,982	\$652,562.69	\$27.21	54.02	25.56	\$11.74	0.90%
9	BUPRENORPHINE HCL/NALOXONE HCL	55,451	13,597	\$16,581,377.06	\$1,219.49	36.66	18.47	\$299.03	22.83%
10	FLUOXETINE HCL	54,481	25,166	\$964,367.51	\$38.32	45.84	36.81	\$17.70	1.33%
11	ESCITALOPRAM OXALATE	53,809	26,987	\$710,474.52	\$26.33	40.58	37.45	\$13.20	0.98%
12	BUSPIRONE HCL	52,612	24,268	\$807,728.52	\$33.28	68.28	29.13	\$15.35	1.11%
13	ARIPIPRAZOLE	50,476	20,370	\$8,271,256.85	\$406.05	31.79	28.95	\$163.87	11.39%
14	METHYLPHENIDATE HCL	40,864	15,589	\$4,128,434.89	\$264.83	44.44	29.63	\$101.03	5.68%
15	CLONAZEPAM	39,434	16,263	\$508,903.72	\$31.29	54.74	27.40	\$12.91	0.70%
16	LAMOTRIGINE	37,310	15,150	\$2,232,051.63	\$147.33	66.68	33.98	\$59.82	3.07%
17	VENLAFAXINE HCL	34,043	15,134	\$1,377,873.17	\$91.04	47.86	38.05	\$40.47	1.90%
18	TOPIRAMATE	33,855	15,314	\$4,067,556.81	\$265.61	68.36	34.92	\$120.15	5.60%
19	CITALOPRAM HYDROBROMIDE	31,751	16,070	\$330,430.02	\$20.56	41.60	39.88	\$10.41	0.45%
20	PREGABALIN	30,704	13,127	\$973,168.71	\$74.13	68.33	30.57	\$31.70	1.34%
21	ASPIRIN	29,970	13,280	\$293,649.89	\$22.11	34.33	33.86	\$9.80	0.40%
22	DIVALPROEX SODIUM	29,206	11,221	\$944,638.43	\$84.18	81.51	31.18	\$32.34	1.30%
23	LISDEXAMFETAMINE DIMESYLATE	29,199	12,237	\$8,445,573.07	\$690.17	30.41	29.71	\$289.24	11.63%
24	LEVETIRACETAM	27,015	11,372	\$1,484,686.96	\$130.56	166.26	34.12	\$54.96	2.04%
25	RISPERIDONE	26,972	9,956	\$698,608.12	\$70.17	48.93	28.95	\$25.90	0.96%
All Drugs Total Payment for Period				\$72,630,568.49					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
All Ages

Grand Total Payment Amount - \$336,684,042.61

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	LURASIDONE HCL	16,895	6,788	\$21,387,151.54	\$3,150.73	31.38	29.24	\$1,265.89	10.75%
2	BUPRENORPHINE HCL/NALOXONE HCL	55,451	13,597	\$16,581,377.06	\$1,219.49	36.66	18.47	\$299.03	8.34%
3	PALIPERIDONE PALMITATE	6,545	2,815	\$16,576,331.71	\$5,888.57	1.28	33.11	\$2,532.67	8.33%
4	BICTEGRAV/EMTRICIT/TENOFOV ALA	4,402	1,765	\$14,731,400.75	\$8,346.40	32.77	32.75	\$3,346.52	7.41%
5	SOFOSBUVIR/VELPATASVIR	575	330	\$13,162,060.74	\$39,885.03	28.00	27.99	\$22,890.54	6.62%
6	DEXTROAMPHETAMINE/AMPHETAMINE	88,347	29,869	\$11,475,145.13	\$384.18	43.89	29.51	\$129.89	5.77%
7	ELEXACAFITOR/TEZACAFITOR/IVACAFT	879	310	\$10,143,020.03	\$32,719.42	83.81	28.05	\$11,539.27	5.10%
8	CARIPRAZINE HCL	8,393	3,629	\$9,801,477.95	\$2,700.88	30.25	29.17	\$1,167.82	4.93%
9	LISDEXAMFETAMINE DIMESYLATE	29,199	12,237	\$8,445,573.07	\$690.17	30.41	29.71	\$289.24	4.25%
10	ARIPIPRAZOLE	50,476	20,370	\$8,271,256.85	\$406.05	31.79	28.95	\$163.87	4.16%
11	BREXPIPRAZOLE	7,209	3,012	\$8,205,323.24	\$2,724.21	30.91	29.46	\$1,138.21	4.12%
12	LACOSAMIDE	6,678	2,500	\$5,960,053.33	\$2,384.02	157.04	31.36	\$892.49	3.00%
13	VORTIOXETINE HYDROBROMIDE	12,813	5,547	\$5,420,645.04	\$977.22	33.01	32.12	\$423.06	2.73%
14	ELVITEG/COB/EMTRI/TENOF ALAFEN	1,595	665	\$5,353,112.21	\$8,049.79	32.60	32.60	\$3,356.18	2.69%
15	VIGABATRIN	444	167	\$4,917,056.79	\$29,443.45	149.35	30.90	\$11,074.45	2.47%
16	EMICIZUMAB-KXWH	231	74	\$4,791,653.62	\$64,752.08	2.40	28.07	\$20,743.09	2.41%
17	DEXMETHYLPHENIDATE HCL	14,461	5,418	\$4,292,217.43	\$792.21	36.22	29.68	\$296.81	2.16%
18	GLECAPREVIR/PIBRENTASVIR	323	215	\$4,152,519.78	\$19,314.05	84.00	28.00	\$12,856.10	2.09%
19	METHYLPHENIDATE HCL	40,864	15,589	\$4,128,434.89	\$264.83	44.44	29.63	\$101.03	2.08%
20	TOPIRAMATE	33,855	15,314	\$4,067,556.81	\$265.61	68.36	34.92	\$120.15	2.04%
21	DARUNAVIR/COB/EMTRI/TENOF ALAF	1,083	425	\$4,027,050.47	\$9,475.41	30.28	30.28	\$3,718.42	2.02%
22	PALBOCICLIB	296	108	\$3,605,097.97	\$33,380.54	20.83	27.36	\$12,179.39	1.81%
23	ABACAIVIR/DOLUTEGRAVIR/LAMIVUDI	1,138	475	\$3,440,419.54	\$7,242.99	32.74	32.74	\$3,023.22	1.73%
24	NUSINERSEN SODIUM/PF	24	24	\$3,060,040.04	\$127,501.67	5.00	32.67	\$127,501.67	1.54%
25	EMTRICITABINE/TENOFOV ALAFENAM	1,483	647	\$2,924,869.60	\$4,520.66	33.95	33.87	\$1,972.27	1.47%
All Drugs Total Payment for Period				\$198,920,845.59					

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 65 years and older

Grand Total Payment Amount - \$1,547,996.10

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	ASPIRIN	15,721	6,671	\$158,211.86	\$23.72	34.31	33.88	\$10.06	20.56%
2	ERGOCALCIFEROL (VITAMIN D2)	9,896	4,363	\$102,032.66	\$23.39	4.61	32.73	\$10.31	13.26%
3	LORATADINE	7,029	2,968	\$73,667.98	\$24.82	29.58	29.21	\$10.48	9.57%
4	ACETAMINOPHEN	6,582	3,064	\$74,974.78	\$24.47	80.08	24.22	\$11.39	9.74%
5	DOCUSATE SODIUM	5,575	2,339	\$56,431.11	\$24.13	54.08	29.58	\$10.12	7.33%
6	CALCIUM CARBONATE/VITAMIN D3	3,457	1,456	\$37,109.09	\$25.49	64.51	35.29	\$10.73	4.82%
7	FOLIC ACID	3,409	1,545	\$33,555.24	\$21.72	35.50	33.54	\$9.84	4.36%
8	CETIRIZINE HCL	3,311	1,440	\$36,461.26	\$25.32	29.72	29.29	\$11.01	4.74%
9	FERROUS SULFATE	3,075	1,314	\$32,139.82	\$24.46	45.84	32.90	\$10.45	4.18%
10	POLYETHYLENE GLYCOL 3350	1,259	636	\$61,856.20	\$97.26	38.74	28.09	\$49.13	8.04%
11	BISACODYL	1,090	490	\$11,723.56	\$23.93	44.86	27.96	\$10.76	1.52%
12	MAGNESIUM OXIDE	1,058	524	\$11,805.84	\$22.53	50.75	34.86	\$11.16	1.53%
13	CARBOXYMETHYLCELLULOSE SODIUM	587	298	\$10,275.96	\$34.48	21.07	25.63	\$17.51	1.34%
14	CYANOCOBALAMIN (VITAMIN B-12)	520	253	\$6,750.20	\$26.68	1.44	24.94	\$12.98	0.88%
15	GABAPENTIN	466	211	\$4,976.24	\$23.58	68.42	27.47	\$10.68	0.65%
16	ATORVASTATIN CALCIUM	464	251	\$4,703.94	\$18.74	27.14	27.17	\$10.14	0.61%
17	KETOTIFEN FUMARATE	463	242	\$8,247.68	\$34.08	5.22	25.90	\$17.81	1.07%
18	CHOLECALCIFEROL (VITAMIN D3)	426	190	\$4,139.26	\$21.79	8.96	29.40	\$9.72	0.54%
19	CALCIUM CARBONATE	415	190	\$4,433.36	\$23.33	80.00	31.01	\$10.68	0.58%
20	FAMOTIDINE	397	218	\$5,210.19	\$23.90	41.05	26.07	\$13.12	0.68%
21	POLYVINYL ALCOHOL	368	205	\$5,049.52	\$24.63	15.65	28.57	\$13.72	0.66%
22	NICOTINE	349	198	\$16,115.37	\$81.39	22.30	22.41	\$46.18	2.09%
23	AMLODIPINE BESYLATE	348	183	\$2,681.29	\$14.65	31.52	31.23	\$7.70	0.35%
24	LEVOTHYROXINE SODIUM	345	146	\$4,492.66	\$30.77	29.87	30.02	\$13.02	0.58%
25	SERTRALINE HCL	285	121	\$2,486.03	\$20.55	30.56	28.84	\$8.72	0.32%
All Drugs Total Payment for Period				\$769,531.10					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Apr 1, 2020 and Jun 30, 2020
Ages 65 years and older

Grand Total Payment Amount - \$1,547,996.10

Rank	Drug Name	Total Claim Count	Utilizer Count	Total Payment Amt	Payment per Utilizer	Avg Quantity per Rx	Avg Days Supply per Rx	Avg Payment per Rx	% Total Payment
1	ASPIRIN	15,721	6,671	\$158,211.86	\$23.72	34.31	33.88	\$10.06	14.65%
2	ERGOCALCIFEROL (VITAMIN D2)	9,896	4,363	\$102,032.66	\$23.39	4.61	32.73	\$10.31	9.45%
3	CABOZANTINIB S-MALATE	4	2	\$80,614.73	\$40,307.37	30.00	30.00	\$20,153.68	7.46%
4	ACETAMINOPHEN	6,582	3,064	\$74,974.78	\$24.47	80.08	24.22	\$11.39	6.94%
5	LORATADINE	7,029	2,968	\$73,667.98	\$24.82	29.58	29.21	\$10.48	6.82%
6	POLYETHYLENE GLYCOL 3350	1,259	636	\$61,856.20	\$97.26	38.74	28.09	\$49.13	5.73%
7	DOCUSATE SODIUM	5,575	2,339	\$56,431.11	\$24.13	54.08	29.58	\$10.12	5.22%
8	APIXABAN	191	65	\$48,535.87	\$746.71	42.99	21.79	\$254.11	4.49%
9	CALCIUM CARBONATE/VITAMIN D3	3,457	1,456	\$37,109.09	\$25.49	64.51	35.29	\$10.73	3.44%
10	VISMODEGIB	3	1	\$36,726.97	\$36,726.97	30.00	30.00	\$12,242.32	3.40%
11	CETIRIZINE HCL	3,311	1,440	\$36,461.26	\$25.32	29.72	29.29	\$11.01	3.38%
12	LIDOCAINE HCL	19	14	\$35,523.48	\$2,537.39	128.42	24.58	\$1,869.66	3.29%
13	FOLIC ACID	3,409	1,545	\$33,555.24	\$21.72	35.50	33.54	\$9.84	3.11%
14	FERROUS SULFATE	3,075	1,314	\$32,139.82	\$24.46	45.84	32.90	\$10.45	2.98%
15	ENZALUTAMIDE	2	1	\$23,841.32	\$23,841.32	120.00	30.00	\$11,920.66	2.21%
16	INSULIN GLARGINE,HUM.REC.ANLOG	102	60	\$23,498.47	\$391.64	10.47	29.86	\$230.38	2.18%
17	SITAGLIPTIN PHOSPHATE	46	23	\$22,028.92	\$957.78	33.85	31.89	\$478.89	2.04%
18	DARUNAVIR/COBICISTAT	7	3	\$21,599.22	\$7,199.74	47.14	47.14	\$3,085.60	2.00%
19	LENVATINIB MESYLATE	1	1	\$19,026.00	\$19,026.00	60.00	30.00	\$19,026.00	1.76%
20	INSULIN ASPART	52	34	\$19,009.57	\$559.11	13.00	33.04	\$365.57	1.76%
21	SUNITINIB MALATE	1	1	\$18,766.17	\$18,766.17	28.00	28.00	\$18,766.17	1.74%
22	RIVAROXABAN	61	26	\$17,364.97	\$667.88	24.61	24.59	\$284.67	1.61%
23	EMTRICITAB/RILPIVIRI/TENOF ALA	2	2	\$16,886.32	\$8,443.16	90.00	90.00	\$8,443.16	1.56%
24	NICOTINE	349	198	\$16,115.37	\$81.39	22.30	22.41	\$46.18	1.49%
25	DOLUTEGRAVIR SODIUM	4	2	\$14,282.14	\$7,141.07	60.00	60.00	\$3,570.54	1.32%
All Drugs Total Payment for Period				\$1,080,259.52					

Appendix D

Preferred Drug List

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANALGESICS		
Drug Class	Preferred Agents	Non-Preferred Agents
Narcotics – Long Acting	morphine sulfate ER tablets Morphabond ER®	Arymo ER® Belbuca® ² Conzip ER® Diskets® Dolophine® Embeda® ² Exalgo® hydromorphone ER® Hysingla ER® Kadian® methadone morphine sulfate ER caps (generic Avinza®) morphine sulfate ER caps (generic Kadian®) MS Contin® Nucynta ER® Oramorph SR® Oxycontin® ² oxycodone ER ² oxymorphone ER tramadol ER Ultram ER® Xtampza ER® ² Zohydro ER®
Narcotics – Short and Intermediate Acting	codeine ² codeine/acetaminophen hydrocodone/acetaminophen hydromorphone ² oral tablets ² morphine sulfate tablets, solution ² morphine sulfate supp oxycodone (immediate release) ² oxycodone /acetaminophen	Abstral® ² Actiq® ² Apadaz® butorphanol ² codeine / acetaminophen/caffeine /butalbital codeine / aspirin /caffeine /butalbital Demerol® tablets, solution ² dihydrocodeine/acetaminophen/caffeine

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANALGESICS		
Drug Class	Preferred Agents	Non-Preferred Agents
	tramadol	Dilaudid® all forms ² fentanyl citrate buccal ² Fentora® ² Fioricet w/ Codeine® Fiorinal w/ Codeine® hydrocodone/ ibuprofen hydromorphone suppository levorphanol Lorcet®, Lorcet HD®, Lorcet Plus® Lortab® meperidine tablets, solution ² Nalocet® Norco® Nucynta® Opana® Oxaydo® Oxycodone/aspirin oxycodone caps, tabs (20mg, 30mg), oral conc soln, oral syr ² oxycodone/ibuprofen oxymorphone ² pentazocine/naloxone Percocet® Primlev® Prolate® Roxybond® ² Roxicodone® ² Rybix ODT® Stadol®, Stadol NS® ² Talwin®, Talwin NX® tramadol/acetaminophen Tylenol with Codeine #3® Tylenol with Codeine #4® Tylenol with Codeine Elixir® Tylox® Ultracet® Ultram®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANALGESICS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Verdrocet®</i> <i>Vicodin®, Vicodin HP®</i> <i>Vicoprofen®</i> <i>Vopac®</i> <i>Wygesic®</i> <i>Xodol®</i> <i>Zolvit®</i> <i>Zydone®</i>
Narcotics – Transdermal	fentanyl patches (generic only) ²	<i>buprenorphine patches</i> ² <i>Butrans®</i> ² <i>Duragesic®</i> ² <i>fentanyl generic patches 37.5 mg, 62.5 mg and 87.5 mg only</i>
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	diclofenac diclofenac topical gel 1% diclofenac topical solution 1.5% ibuprofen indomethacin ketoprofen immediate release ketorolac meloxicam nabumetone naproxen (generic for Naprosyn®) salsalate sulindac	<i>Arthrotec®</i> <i>Daypro®</i> <i>DermacinRx® Lexitral</i> <i>diclofenac ER</i> <i>diclofenac epolamine 1.3% patch</i> <i>diclofenac-misoprostol</i> <i>diclofenac potassium</i> <i>diflunisal</i> <i>Duexis®</i> <i>EC-Naprosyn®</i> <i>EC-naproxen</i> <i>etodolac / etodolac ER</i> <i>Feldene®</i> <i>fenoprofen</i> <i>Flector Patch®</i> ² <i>flurbiprofen</i> <i>Indocin® oral suspension</i> ¹ <i>indomethacin ext release</i> <i>ketoprofen ext release</i> <i>meclufenamate sodium</i> <i>mefenamic acid</i> <i>Mobic®</i> <i>Motrin®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANALGESICS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Nalfon®</i> <i>Naprelan CR®</i> <i>Naprosyn®</i> <i>naproxen (generic for Anaprox)</i> <i>naproxen delayed release</i> <i>naproxen/esomeprazole (generic for Vimovo)</i> <i>oxaprozin</i> <i>Pennsaid®</i> <i>piroxicam</i> <i>Qmiiz ODT®</i> <i>Relafen DS®</i> <i>Sprix®♦</i> <i>Tivorbex®</i> <i>tolmetin sodium</i> <i>Vimovo®♦</i> <i>Vivlodex®</i> <i>Voltaren® gel</i> <i>Xrylix® kit</i> <i>Zipsor®</i> <i>Zorvolex®♦</i>
Non-Steroidal Anti-Inflammatory – Cox II Inhibitors	celecoxib ^{2,10}	<i>Celebrex®</i> ^{2, 10}
Opioid Use Disorder Treatments	buprenorphine SL tabs ² buprenorphine/naloxone SL <u>tabs</u> ² naltrexone tablets Sublocade® SC injection Suboxone® SL films ² Vivitrol® IM injection Zubsolv® SL tabs ²	<i>Bunavail® SL films</i> ² <i>buprenorphine/naloxone SL film (generic for Suboxone films)</i> ²

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANTIBIOTICS / ANTI-INFECTIVES		
Drug Class	Preferred Agents	Non-Preferred Agents
Antibiotics – Inhaled	Bethkis® Cayston® Kitabis® Tobi-Podhaler®	<i>tobramycin solution (inhalation)</i> <i>TOBI inhalation</i>
Antifungals – Oral	clotrimazole troches fluconazole ² griseofulvin oral suspension nystatin oral susp terbinafine ²	<i>Cresemba®</i> ◆ <i>Diflucan®</i> ² <i>flucytosine</i> <i>griseofulvin tablet</i> <i>griseofulvin microsize tablets</i> <i>griseofulvin ultramicrosized</i> <i>itraconazole</i> ² ◆ <i>ketoconazole</i> <i>Noxafil®, Noxafil DR®</i> <i>nystatin tablets</i> <i>Onmel®</i> <i>Oravig®</i> <i>posaconazole</i> <i>Sporanox®</i> ² ◆ <i>Tolsura®</i> <i>Vfend®</i> ◆ <i>voriconazole</i> ◆
Antifungals – Topical	ciclopirox suspension (generic for Loprox®) clotrimazole OTC cream, solution clotrimazole Rx cream clotrimazole/betamethasone cream ketoconazole miconazole nitrate nystatin nystatin/triamcinolone cream, ointment tolnaftate cream, powder	<i>butenafine</i> <i>Ciclodan®</i> ◆ <i>ciclopirox cream, shampoo</i> <i>ciclopirox 8% solution</i> ◆ <i>clotrimazole / betamethasone lotion</i> <i>clotrimazole Rx solution</i> <i>DermacinRx Therazole Pak®</i> <i>econazole nitrate</i> <i>Ertaczo®</i> <i>Exelderm®</i> <i>Extina®</i> <i>Fungoid-D®</i> <i>Jublia®</i> ◆ <i>Kerydin®</i> ◆

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANTIBIOTICS / ANTI-INFECTIVES		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>ketoconazole foam</i> Ketodan® Loprox® Lotrimin AF® Lotrisone® luliconazole Luzu® Mentax® miconazole/zinc oxide/petrolatum Naftin® naftifine Nizoral® Oxistat® Vusion®
Antivirals – Herpes	acyclovir tablets, capsules, suspension famciclovir valacyclovir	Sitavig® Valtrex® Zovirax®
Antivirals – Influenza ⁵	oseltamivir ² Relenza® ² rimantadine Tamiflu® ² Xofluza®	Flumadine®
Antivirals – Topical	Denavir® Zovirax® Cream	<i>acyclovir cream, ointment</i> Xerese® Zovirax® Ointment

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANTIBIOTICS / ANTI-INFECTIVES		
Drug Class	Preferred Agents	Non-Preferred Agents
Cephalosporins - 1st Generation	cefadroxil capsules ² cefadroxil suspension cephalexin	<i>cefadroxil tablets²</i> <i>Keflex®</i>
Cephalosporins - 2nd Generation	cefuroxime ² cefprozil tablets ² cefprozil suspension	<i>cefaclor²</i> <i>cefaclor ER²</i>
Cephalosporins - 3rd Generation	cefdinir ² cefixime suspension	<i>cefixime capsules</i> <i>cefpodoxime tablets²</i> <i>cefpodoxime suspension</i> <i>Suprax® capsules, chew tabs, suspension</i>
Hepatitis C	Pegasys® ² Peg-Intron® ribavirin	<i>Intron A®♦</i> <i>Ribasphere®</i> <i>ribavirin dose pack</i>
Hepatitis C – Direct-Acting Antivirals♦	Mavyret® sofosbuvir/velpatasvir (generic for Eplusa) Vosevi® Zepatier®	<i>Daklinza®</i> <i>Eplusa®</i> <i>Harvoni®</i> <i>ledipasvir/sofosbuvir (generic for Harvoni)</i> <i>Sovaldi®</i> <i>Viekira Pak®</i>
Macrolides	azithromycin ² clarithromycin ² E.E.S.® 200mg suspension erythromycin ethylsuccinate tablets Erythrocin®	<i>clarithromycin ER</i> <i>E.E.S.® tablets and 400mg suspension</i> <i>EryPed®</i> <i>Ery-Tab®</i> <i>erythromycin base</i> <i>erythromycin ethylsuccinate 200mg and 400mg susp.</i> <i>Zithromax® tablets², suspension</i>
Oxazolidinones	linezolid tablets ²	<i>linezolid suspension</i> <i>Sivextro®² ♦</i> <i>Zyvox®²</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANTIBIOTICS / ANTI-INFECTIVES		
Drug Class	Preferred Agents	Non-Preferred Agents
Quinolones	Cipro® suspension ciprofloxacin tablets ² levofloxacin ²	Avelox® Baxdela® ciprofloxacin suspension Cipro® tablets ² moxifloxacin ² ofloxacin
Ophthalmic Fluoroquinolones	ciprofloxacin ofloxacin Vigamox®	Besivance® Ciloxan® gatifloxacin levofloxacin Moxeza® moxifloxacin (generic for Moxeza®) moxifloxacin (generic for Vigamox®) Ocuflox® Zymaxid®
Ophthalmic Macrolides	erythromycin ointment	Azasite®
Otic Quinolones	Ciprodex® ofloxacin otic	ciprofloxacin otic Cipro HC® Otovel®
Topical Antibiotics	mupiricin ointment	Centany® mupiricin cream
Gastrointestinal Antibiotics	Firvanq® metronidazole tablets vancomycin capsules	Difucid® Flagyl® tablets and capsules metronidazole capsules neomycin® tablets tinidazole Vancocin® vancomycin solution Xifaxan® 200mg ^{2, 11} Xifaxan® 550mg ⁷

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ANTIBIOTICS / ANTI-INFECTIVES		
Drug Class	Preferred Agents	Non-Preferred Agents
Vaginal Antibiotics – <i>new class</i>	Cleocin® Ovules Clindesse® 2% cream Nuvessa® 1.3% gel Vandazole® (0.75% gel)	Cleocin® 2% cream clindamycin (generic for Cleocin) 2% cream metronidazole (generic for Metro-Gel and Vandazole) gel Metro-Gel® 0.75% gel

ASTHMA / COPD		
<i>DPI = dry powder inhaler; MDI = metered dose inhaler; ISI = inhalation spray inhaler</i>		
Drug Class	Preferred Agents	Non-Preferred Agents
Anticholinergic Agents - Short Acting	Atrovent HFA® ² (MDI) ipratropium nebulizer solution	
Anticholinergic Agents - Long Acting	Spiriva® ² (DPI)	Incruse Ellipta® (DPI) Lonhala Magnair nebulizer solution Seebri Neohaler® (DPI) Spiriva Respimat® (ISI) Tudorza Pressair® (DPI) Yupelri® nebulizer solution
Beta Adrenergic and Anticholinergic Combinations	Bevespi Aerosphere® (MDI) Combivent RESPIMAT® (ISI) ipratropium/albuterol nebulizer solution Stiolto Respimat® (ISI)	Anoro Ellipta® (DPI) Duaklir Pressair® (DPI) Trelegy Ellipta® (DPI) Utibron Neohaler® (DPI)
Beta Adrenergics – Short Acting	albuterol sulfate nebulizer solution ProAir HFA® ² (MDI) Proventil HFA® ² (MDI)	albuterol HFA ² (MDI) levalbuterol HFA ² (MDI) levalbuterol nebulizer solution ProAir Digihaler® (DPI) ProAir Respiclick® ² (DPI) Ventolin HFA® ² (MDI) Xopenex HFA® (MDI) Xopenex® nebulizer solution

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ASTHMA / COPD		
<i>DPI = dry powder inhaler; MDI = metered dose inhaler; ISI = inhalation spray inhaler</i>		
Drug Class	Preferred Agents	Non-Preferred Agents
Beta Adrenergics – Long Acting	Serevent® ² (DPI)	Arcapta Neohaler® (DPI) Brovana® nebulizer solution ♦ Perforomist® nebulizer solution Striverdi Respimat® (ISI) ♦
Beta Adrenergic and Corticosteroid Inhaler Combinations	Advair Diskus® ² (DPI) Advair HFA® ² (MDI) Dulera® ² (MDI) Symbicort® ² (MDI)	AirDuo Resplick® ² (DPI) Breo Ellipta® ² (DPI) budesonide/formoterol ² (generic for Symbicort) fluticasone/salmeterol ² (generic for Advair Diskus) fluticasone/salmeterol ² (generic for AirDuo) Wixela® ² (DPI) (fluticasone/salmeterol)
Phosphodiesterase-4 (PDE-4) Inhibitors		Daliresp®♦
Inhaled Glucocorticoids	Asmanex® Twisthaler (DPI) budesonide 0.25, 0.5mg, 1mg nebulizer solution Flovent HFA® ² (MDI)	Alvesco® (MDI) ♦ Arnuity Ellipta®♦ (DPI) Asmanex HFA® ² ♦ (DPI) Flovent Diskus® (DPI) Pulmicort Flexihaler® ² ♦ (DPI) Pulmicort® 0.25mg, 0.5mg, 1mg Respules QVAR Redihaler® (MDI)

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

ALLERGY		
Drug Class	Preferred Agents	Non-Preferred Agents
Antihistamines – 2nd Generation	cetirizine tabs cetirizine 1mg/ml solution levocetirizine tablets loratadine / loratadine ODT	<i>cetirizine chewable tabs</i> <i>cetirizine 5mg/5ml solution (cups)</i> <i>Clarinet®</i> <i>desloratadine</i> <i>fexofenadine tablets, suspension</i> <i>levocetirizine solution</i>
Leukotriene Inhibitors	montelukast tablets, 4mg chew tabs ¹² , 5mg chew tabs ¹³	<i>Accolate®</i> <i>montelukast granules</i> <i>Singulair® tablets, 4mg chew tabs¹², 5mg chew tabs¹³, granules¹²</i> <i>Zyflo®</i> <i>zafirlukast</i> <i>Zileuton ER®</i>
Nasal Anticholinergics	ipratropium nasal	
Nasal Antihistamines	azelastine (generic for Astepro and Astelin)	<i>azelastine/fluticasone</i> <i>Dymista®</i> <i>olopatadine</i> <i>Patanase Nasal®</i>
Nasal Corticosteroids	fluticasone (Rx)	<i>Beconase AQ®</i> <i>budesonide♦</i> <i>Flonase OTC®</i> <i>Flonase Sensimist®</i> <i>flunisolide</i> <i>fluticasone (OTC)</i> <i>mometasone</i> <i>Nasonex®</i> <i>Omnanis®</i> <i>Qnasl®</i> <i>Ticanase®</i> <i>triamcinolone</i> <i>Xhance®♦</i> <i>Zetonna®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
ACE Inhibitors	benazepril/ benazepril HCT enalapril lisinopril/ lisinopril HCT	<i>Accupril®</i> <i>Accuretic®</i> <i>Altace®</i> <i>captopril/ captopril HCT</i> <i>enalapril HCT</i> <i>Epaned®♦</i> <i>fosinopril/ fosinopril HCT</i> <i>Lotensin® / Lotensin HCT®</i> <i>moexipril / moexipril HCT</i> <i>Monopril® / Monopril HCT®</i> <i>perindopril</i> <i>Prinivil®</i> <i>Qbrexis®♦</i> <i>quinapril / quinapril HCT</i> <i>ramipril</i> <i>trandolapril</i> <i>Vasotec® / Vaseretic®</i> <i>Zestril® / Zestoretic®</i>
Alpha Adrenergic Agents	Catapres TTS® ^{2,3} clonidine ³ guanfacine methyldopa	<i>Catapres®³</i> <i>clonidine transdermal^{2,3}</i> <i>methyldopa / HCTZ</i>
Antihypertensive Combinations: ACEI	amlodipine / benazepril	<i>Lotrel®</i> <i>Prestalia®</i> <i>Tarka®</i> <i>trandolapril / verapamil</i>
Antihypertensive Combinations: ARB	amlodipine/valsartan amlodipine/valsartan/HCTZ	<i>Azor®</i> <i>amlodipine/olmesartan</i> <i>amlodipine/olmesartan/HCTZ</i> <i>Exforge® / Exforge HCT®</i> <i>telmisartan/amlodipine</i> <i>Tribenzor®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
Angiotensin Receptor Antagonists	losartan/ losartan HCT valsartan/ valsartan HCT	<i>Atacand® / Atacand HCT®</i> <i>Avapro®/ Avalide®</i> <i>Benicar®/ Benicar HCT®</i> <i>candesartan/ candesartan HCT</i> <i>Cozaar®</i> <i>Diovan®/ Diovan HCT®</i> <i>Edarbi®</i> <i>Edarbyclor®</i> <i>eprosartan</i> <i>Hyzaar®</i> <i>irbesartan/ irbesartan HCT</i> <i>Micardis® / Micardis HCT®</i> <i>olmesartan, olmesartan HCT</i> <i>telmisartan/ telmisartan HCT</i> <i>Teveten® / Teveten HCT®</i>
Angiotensin II-Receptor Neprilysin Inhibitors (ARNIs)	Entresto® ²	
Direct Renin Inhibitors♦		<i>aliskiren</i> <i>Tekturma® / Tekturma HCT®</i>
Beta Blockers	atenolol atenolol / chlorthalidone bisoprolol fumarate HCT Bystolic® carvedilol labetalol metoprolol / metoprolol XL metoprolol succinate metoprolol tartrate propranolol / propranolol LA	<i>acebutolol</i> <i>Betapace® / Betapace AF®</i> <i>betaxolol</i> <i>bisoprolol fumarate</i> <i>Coreg® / Coreg CR®</i> <i>Corgard®</i> <i>Corzide®</i> <i>Hemangeol oral solution®</i> <i>Inderal LA®/ Inderal XL®</i> <i>Innopran XL®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
	Sorine® sotalol / sotalol AF	Kapsargo® Lopressor® metoprolol HCT nadolol nadolol/bendromethiazide pindolol propranolol HCT Sotylize® Tenormin®/ Tenoretic® timolol maleate Toprol XL® Ziac®
Calcium Channel Blockers – Dihydropyridine	amlodipine besylate nifedipine / nifedipine SA	Adalat CC® felodipine ER isradipine Katerzia® nicardipine nisoldipine Norvasc® Procardia / Procardia XL® Sular®
Calcium Channel Blockers – Non- Dihydropyridine	diltiazem / diltiazem XR / diltiazem ER Taztia XT® verapamil / verapamil ER tablets	Calan®/ Calan SR® Cardizem® / Cardizem LA® / Cardizem CD® Covera-HS® Dilacor XR® diltiazem LA Isoptin®/ Isoptin SR® Matzim LA® Tiadylt ER®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
		<i>Tiazac®</i> <i>verapamil ER capsules</i> <i>Verelan® / Verelan PM®</i> <i>verapamil cap 24-hr pellet capsules</i>
Lipotropics: Fibric Acid Derivatives	fenofibrate, nanocrystallized (generic for Tricor®) fenofibrate <u>tablets</u> (generic for Lofibra tablets) gemfibrozil	<i>Antara®</i> <i>fenofibrate, nanocrystallized (generic for Triglide®)</i> <i>fenofibric acid (generic for Fibracor)</i> <i>fenofibric acid capsules (generic for Lofibra® caps)</i> <i>fenofibric acid (generic for Trilipix®)</i> <i>Fenoglide®</i> <i>Fibracor®</i> <i>Lopid®</i> <i>Lipofen®</i> <i>Tricor®</i> <i>Triglide®</i> <i>Trilipix®</i>
Lipotropics: Bile Acid Sequestrants	cholestyramine/ cholestyramine light colestipol tablets, packets Prevalite packet, powder	<i>Colestid®</i> <i>colestipol granules</i> <i>colesevelam</i> <i>Questran®/ Questran Light®</i> <i>Welchol® powder and tablets</i>
Lipotropics: Statins²	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	<i>Advicor®</i> <i>Altoprev®</i> <i>amlodipine / atorvastatin</i> <i>Caduet®</i> <i>Crestor®</i> <i>Ezallor® Sprinkle♦</i> <i>ezetimibe/simvastatin</i> <i>fluvastatin/ fluvastatin ER</i> <i>Lescol XL®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Lipitor® Livalo® Pravachol® Vytorin® Zocor® Zypitamag®
Lipotropics: Niacin Derivatives	Niaspan®	niacin and niacin ER
Lipotropics: Other	ezetimibe	Lovaza®♦ omega-3 acid ethyl esters (generic for Lovaza) Vascepa®♦ Zetia®
Lipotropics: PCSK9 Inhibitors♦	Repatha® ²	Praluent® ²
Anticoagulants	Eliquis® enoxaparin Pradaxa® warfarin Xarelto®/ Xarelto® Dose Pack	Arixtra® Bevyxxa® ² ♦ Coumadin® fondaparinux Fragmin® syringes and vials Lovenox® Savaysa®♦
Platelet Aggregation Inhibitors	Brilinta® clopidogrel prasugrel ¹⁴	Aggrenox® aspirin/dipyridamole dipyridamole Effient® ¹⁴ ♦ Plavix® Zontivity®♦

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CARDIAC MEDICATIONS		
Drug Class	Preferred Agents	Non-Preferred Agents
Pulmonary Arterial Hypertension (PAH) Agents ♦	Tyvaso® Ventavis® Tracleer® tablets Letairis® Opsumit® Revatio® <u>suspension</u> sildenafil tablets (generic for Revatio®) tadalafil (generic for Adcirca) Uptravi®	Adcirca® Adempas® Alyq® ambrisentan (generic for Letairis) bosentan tablets (generic for Tracleer) Orenitram ER® Revatio® tablets sildenafil <u>suspension</u> (generic for Revatio) Tracleer® suspension

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Alzheimer's Dementia	donepezil tabs, ODT Exelon® patch galantamine immediate release memantine immediate release rivastigmine capsules	Aricept® donepezil 23 mg® galantamine ER, solution memantine ER Namenda® Namenda XR® Namzaric® Razadyne®, Razadyne ER® rivastigmine patch
Anti-Anxiety – General	alprazolam buspirone chlordiazepoxide ³ clorazepate diazepam ³ hydroxyzine HCL hydroxyzine pamoate lorazepam	alprazolam ER, ODT♦ alprazolam intensol solution Buspar® diazepam intensol♦ lorazepam intensol♦ meprobamate oxazepam Serax® Tranxene® Vistaril® Xanax / Xanax XR®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Drugs for ADHD♦ – Amphetamines	<u>IMMEDIATE-RELEASE</u> amphetamine IR salts (generic Adderall®) dextroamphetamine IR tabs (generic Dexedrine tabs)	<u>IMMEDIATE-RELEASE</u> Adderall (amphetamine IR salts) amphetamine (generic Evekeo) Dexedrine® tabs (dextroamphetamine IR) dextroamphetamine IR solution (generic Procentra) Evekeo® / Evekeo ODT (amphetamine) Procentra® (dextroamphetamine IR solution) Zenzedi® (dextroamphetamine IR)
	<u>EXTENDED-RELEASE</u> Adderall XR® (amphetamine salts XR) ² dextroamphetamine ER caps (generic Dexedrine caps)	<u>EXTENDED-RELEASE</u> Adzenys ER suspension (amphetamine ER) Adzenys XR ODT® (amphetamine ER) amphetamine salts XR (generic Adderall XR) ² Dexedrine® caps (dextroamphetamine ER) Dyanavel® (amphetamine ER) Mydayis ER® (amphetamine salts ER)
Drugs for ADHD♦ – Pseudoamphetamines	<u>IMMEDIATE-RELEASE</u> dexmethylphenidate IR (generic Focalin®) Methylin® (methylphenidate IR) methylphenidate IR (generic Ritalin)	<u>IMMEDIATE-RELEASE</u> Methylin® chewable / soln. ((methylphenidate IR) methylphenidate chewable (generic Methylin) Focalin® (dexmethylphenidate IR) Ritalin® (methylphenidate IR)
	<u>EXTENDED-RELEASE</u> Aptensio XR® (methylphenidate ER) Daytrana® (methylphenidate ER transdermal) Focalin XR® (dexmethylphenidate XR) methylphenidate CD (generic Metadate CD®) methylphenidate SR (generic Ritalin SR®) Quillichew ER® (methylphenidate ER) Quillivant XR® (methylphenidate XR) Vyvanse® cap/chew tabs (lisdexamfetamine) ²	<u>EXTENDED-RELEASE</u> Adhansia XR® (methylphenidate ER) Concerta® (methylphenidate ER – OROS) Cotempla XR-ODT® (methylphenidate ER) dexmethylphenidate XR (generic Focalin XR) Jornay PM® (methylphenidate ER) Metadate ER® (methylphenidate ER) methylphenidate ER caps (generic for Aptensio XR) methylphenidate ER (generic Metadate ER®) methylphenidate ER - OROS (generic Concerta®) methylphenidate LA (generic Ritalin LA®)-all strengths Relexxi® (methylphenidate ER -OSM) Ritalin LA® (methylphenidate LA) -all strengths

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Drugs for ADHD – Non-Stimulants	atomoxetine clonidine ER (generic Kapvay®) ³ guanfacine ER Strattera®	Intuniv®
Neuropathic Pain	Cymbalta® Drizalma Sprinkles® duloxetine (generic for Cymbalta) duloxetine (generic for Irenka) Gabapal Kit® gabapentin ² Lipritin Kit® Lidotin Kit® Lyrica®, Lyrica CR® ^{2,7} Neurontin® ² Pentican Kit® pregabalin ^{2,7} Savella®	Gralise® ^{2,♦} Horizant® ^{2,♦}
Multiple Sclerosis Agents	Avonex® ² Betaseron®/ Betaseron® Kit Copaxone 20 mg Gilenya® Rebif® ² / Rebif Rebidose® Tecfidera®	Aubagio® Copaxone® 40 mg syringe Extavia® glatiramer 20 mg/ml and 40 mg/ml Glatopa® Mavenclad®♦ Mayzent®♦ Plegridy®♦ Vumerity®♦
AntiParkinson's Agents – Dopamine Agonists	pramipexole ropinirole	bromocriptine Mirapex® Mirapex ER® Neupro® Parlodel® capsule

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
		pramiprexole ER Requip® Requip XL® ropinirole ER
AntiParkinson's Agents – Other	amantadine capsule, syrup benztropine carbidopa/levodopa IR tablets trihexyphenidyl tablet	amantadine tablet Azilect® ⁷ carbidopa carbidopa / levodopa ER, ODT carbidopa/levodopa/entacapone Comtan® Duopa® entacapone Gocovri® [◆] Inbrija® [◆] Lodosyn® Nourianz® Osmolex ER® rasagiline ⁷ Rytary® [◆] selegiline capsule, tablet Sinemet®, Sinemet CR® Stalevo® Tasmar® tolcapone trihexyphenidyl elixir Xadago® [◆] Zelapar®
Sedative Hypnotic Non-Barbiturates	eszopiclone ⁷ temazepam (excluding 7.5mg and 22.5mg) ³ triazolam ^{2,3} zaleplon zolpidem ⁷	Ambien® / Ambien CR® ⁷ Belsomra® [◆] doxepin ⁷ (generic for Silenor) Edluar® ⁷ [◆] estazolam flurazepam ^{3,6} Halcion® ^{2,3} Hetlioz® ⁷ [◆]

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
		Intermezzo® ⁷ Lunesta® ⁷ ramelteon Restoril® ³ Rozerem® ⁴ Silenor® ⁷ temazepam 7.5mg and 22.5mg ^{2, 3} zolpidem ER, sublingual ⁷ Zolpimist® ⁷ ♦
Antimigraine Agents, Triptans	Relpax® ² rizatriptan tab and ODT ² sumatriptan tablets, injection ² Zomig® nasal spray	almotriptan ² Alsuma® ² Amerge® ² eletriptan ² Frova® ² frovatriptan ² Imitrex® ² naratriptan ² Maxalt®/ Maxalt MLT® ² Migranow® ² Onzetra Xsail® sumatriptan nasal spray Sumavel® /Sumavel® Dose Pack Tosymra® ² Treximet® Zecuity® Zembrace Symtouch® zolmitriptan, zolmitriptan ODT ² Zomig® tablet/ Zomig ZMT® ²
Antimigraine Agents, CGRP Inhibitors ♦	Emgality® ²	Aimovig® ² Ajovy® ² Ubrelvy® ² ♦

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

CENTRAL NERVOUS SYSTEM DRUGS		
Drug Class	Preferred Agents	Non-Preferred Agents
Skeletal Muscle Relaxants	baclofen chlorzoxazone cyclobenzaprine orphenadrine citrate tizanidine tablets	Amrix® cyclobenzaprine ER Dantrium® dantrolene sodium Fexmid® Lorzone® metaxalone methocarbamol Norgesic Forte® Robaxin® Skelaxin® tizanidine capsules Zanaflex® capsules and tablets

DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
Combination Benzoyl Peroxide and Clindamycin⁹	clindamycin / benzoyl peroxide pumps and tubes (generic for Benzaclin and Duac)	Acanya® gel and pump Benzaclin® tube and pump clindamycin / benzoyl peroxide (generic for Acanya) Duac® tube and pump Neuac 1.25% kit® Onexton®
Immunomodulators: Atopic Dermatitis♦	Elidel® ^{2, 15}	Dupixent® Eucrisa® pimecrolimus (generic for Elidel) ^{2, 15} Protopic® ^{2, 6} tacrolimus ^{2, 6}
Topical Steroids – Low Potency	hydrocortisone acetate cream hydrocortisone acetate ointment	aclometasone dipropionate ointment and cream Aqua Glycolic HC®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
	hydrocortisone cream hydrocortisone lotion hydrocortisone ointment	Capex® shampoo Derma-smooth – FS® Dermasorb HC® Desonate® gel Desonide® ointment, cream, lotion Desowen® cream fluocinolone 0.01% oil Micort-HC® Pediaderm TA®, Pediaderm HC® Scalpicin® Texacort®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
Topical Steroids – Medium Potency	fluticasone propionate cream fluticasone propionate ointment mometasone furoate ointment mometasone furoate cream mometasone furoate solution	<i>Beser Kit</i> <i>Beser Lotion</i> <i>betamethasone valerate foam</i> <i>Cloderm®</i> <i>Cordran® tape</i> <i>clocortolone cream</i> <i>Cutivate® cream and lotion</i> <i>Dermatop® cream and ointment</i> <i>Elocon ® cream</i> <i>flurandrenolide cream, lotion, ointment</i> <i>fluocinolone acetonide cream, solution</i> <i>fluticasone propionate lotion</i> <i>hydrocortisone butyrate cream, lotion, ointment, solution</i> <i>hydrocortisone valerate cream and ointment</i> <i>Locoid® cream, lotion, solution</i> <i>Locoid Lipocream®</i> <i>Luxiq®</i> <i>Pandel®</i> <i>prednicarbate cream and ointment</i> <i>Synalar® solution, cream and ointment</i> <i>Synalar TS® kit</i>
Topical Steroids – High Potency	betamethasone valerate cream betamethasone valerate ointment betamethasone valerate lotion triamcinolone acetonide cream triamcinolone acetonide ointment triamcinolone acetonide lotion	<i>amcinonide cream, lotion</i> <i>betamethasone dipropionate cream, gel, lotion, oint.</i> <i>betamethasone dipropionate/propylene glycol cream, lotion, and ointment</i> <i>DermacinRx Silapak®</i> <i>Dermasorb TA®</i> <i>desoximetasone cream, ointment, gel and spray</i> <i>diflorasone diacetate cream and ointment</i> <i>Diprolene® ointment</i> <i>Ellzia PAK®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
		fluocinonide cream, ointment and gel fluocinonide emollient and solution Halog® cream and ointment Kenalog® aerosol Psorcon® SanadermRx solution Sernivo® Silaczone-II® Topicort® cream, gel, ointment and spray triamcinolone spray Trianex® ointment Vanos®
Topical Steroids – Very High Potency	clobetasol propionate solution clobetasol propionate cream clobetasol propionate ointment clobetasol propionate gel halobetasol propionate cream halobetasol propionate ointment	Apexicon E® Bryhali® clobetasol emollient and lotion clobetasol propionate foam, spray and shampoo Clobex® lotion, spray and shampoo Clodan® shampoo and kit Lexette® Olux® Olux-E® Temovate® cream, emollient, ointment Tovet Foam Kit Tovet Emollient Foam Ultravate® cream, lotion and ointment Ultravate X PAC® cream and ointment

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

DIABETES		
Drug Class	Preferred Agents	Non-Preferred Agents
Amylin Analogs	Symlin®	
Incretin Mimetics	Bydureon® Byetta® Victoza®	Adlyxin® Bydureon Bcise® Ozempic® Rybelsus® Trulicity®♦
Incretin Mimetics - Combinations		Soliqua®♦ Xultophy®♦
Insulins, Basal²	Lantus® pens, vials Levemir® pens, vials	Basaglar® pens Toujeo Solostar® pens♦ Tresiba Flextouch® pens
Insulins, Rapid Acting²	Apidra® pens, vials Humalog® U-100 cartridges, pens, vials Novolog® cartridges, pens, vials	Admelog® vials; Admelog Solostar® pens Afrezza® inhalation cartridges Fiasp® pens, vials Humalog® U-200 Kwikpens insulin aspart cartridges, pens, vials insulin lispro U-100 Kwikpens, vials (gen for Humalog)
Insulin, Mixes²	Humalog® 50/50 pens, vials Humalog® 75/25 pens, vials Humulin® 70/30 vials Novolin® 70/30 pens Novolog® 70/30 pens, vials	Humulin® 70/30 Kwikpens insulin aspart 70/30 pens, vials insulin lispro mix 75-25 Kwikpen Novolin® 70/30 vials
Insulins, Traditional²	Humulin® R U-500 pens, vials Humulin® N vials Humulin® R vials Novolin® N vials Novolin® R vials	Humulin® N Kwikpens

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

DIABETES		
Drug Class	Preferred Agents	Non-Preferred Agents
Oral Hypoglycemics – Alpha-Glucosidase Inhibitors	acarbose miglitol	<i>Glyset®</i> <i>Precose®</i>
Oral Hypoglycemics – Biguanides	metformin / metformin XR Riomet®	<i>Fortamet® and generic</i> <i>Glucophage®</i> <i>Glucophage XR®</i> <i>Glumetza®</i> <i>metformin (generic for Glumetza)</i> <i>Riomet ER®</i>
Oral Hypoglycemics – Combinations	glyburide / metformin Glyxambi® Invokamet® Janumet®/Janumet XR® Jentadueto® Xigduo®	<i>Actoplus Met® / Actoplus Met XR®</i> <i>alogliptin/metformin</i> <i>alogliptin/pioglitazone</i> <i>Duetact®</i> <i>glipizide / metformin</i> <i>Invokamet XR®</i> <i>Jentadueto XR®</i> <i>Kazano®</i> <i>Kombiglyze XR®</i> <i>Oseni®</i> <i>pioglitazone/glimepride</i> <i>pioglitazone/metformin</i> <i>Qtern®</i> <i>Segluromet®</i> <i>Steglujan®</i> <i>repaglinide/metformin</i>
Oral Hypoglycemics – DPP4 Inhibitors	Januvia® ² Tadjenta®	<i>alogliptin</i> <i>Nesina®</i> <i>Onglyza®</i>
Oral Hypoglycemics – Meglitinides	nateglinide repaglinide	<i>Prandin®</i> <i>Starlix®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

DIABETES		
Drug Class	Preferred Agents	Non-Preferred Agents
Oral Hypoglycemics – 2nd Generation Sulfonylureas	glimepiride glipizide / glipizide ER glyburide glyburide micronized	<i>Amaryl®</i> <i>Glucotrol® / Glucotrol XL®</i> <i>Glynase®</i>
Oral Hypoglycemics – SGLT2 Inhibitors ♦	Farxiga® Invokana® Jardiance®	<i>Steglatro®</i> <i>Synjardy®/ Synjardy XR®</i>
Oral Hypoglycemics – Thiazolidinediones	pioglitazone	<i>Actos®</i> <i>Avandia®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

GASTROINTESTINAL		
Drug Class	Preferred Agents	Non-Preferred Agents
Antiemetics	Emend® ^{2, 11} granisetron ² ondansetron ²	aprepitant ² Akynzeo® ² ♦ Emend Pack® ² Sancuso® ² Varubi® ² ♦ Zofran® / Zofran ODT® ² Zuplenz®
Bile Salts	ursodiol tablets	Actigall® Urso®/Urso Forte® ursodiol capsules
GI Motility, Chronic⁴ Irritable bowel syndrome with constipation (IBS-C)	Amitiza® ² Linzess®	Trulance® Zelnorm®
GI Motility, Chronic⁴ Chronic idiopathic constipation (CIC)	Amitiza® Linzess®	Motegrity® Trulance®
GI Motility, Chronic⁴ Opioid-induced constipation (OIC)	Amitiza® Movantik®	Relistor® Symproic®
GI Motility, Chronic Irritable bowel syndrome with diarrhea (IBS-D)	diphenoxylate/atropine (generic Lomotil®) loperamide (generic Imodium®)	alosetron ⁴ Lotronex® ⁴ Viberzi® ^{2, 4}
H. pylori Treatment	Pylera®	Helidac® lansoprazole/amoxicillin/clarithromycin Omeclamox-PAK®
Pancreatic Enzymes⁴	Creon® Zenpep®	Pancrease® Pertzye® Viokace®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

GASTROINTESTINAL		
Drug Class	Preferred Agents	Non-Preferred Agents
Progestins for Cachexia	megestrol oral suspension	<i>megestrol oral suspension (generic Megace ES®)</i>
Proton Pump Inhibitors	omeprazole (Rx) pantoprazole	<i>Aciphex® rabeprazole Dexilant® (formerly Kapidex®) Esomep-EZS® esomeprazole magnesium esomeprazole strontium lansoprazole Nexium® capsules, susp pkts / Nexium OTC® omeprazole OTC Prevacid / Prevacid 24HR® Prilosec® / Prilosec OTC® Protonix® Zegerid® / Zegerid OTC®</i>
Ulcerative Colitis – Oral	Apriso® Lialda® sulfasalazine/ sulfasalazine DR	<i>Asacol HD® Azulfidine DR® balsalazide budesonide ER Colazal® Delzicol® Dipentum® Giazo® mesalamine (generic for Apriso) mesalamine (generic for Delzicol) mesalamine (generic for Lialda) Pentasa® Uceris®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

OPHTHALMICS		
Drug Class	Preferred Agents	Non-Preferred Agents
Glaucoma – Alpha-2 Adrenergics	apraclonidine brimonidine tartrate 0.2%	<i>Alphagan P®</i> <i>brimonidine tartrate 0.15%</i> <i>lopidine®</i>
Glaucoma – Beta Blockers	Betoptic S® carteolol timolol maleate (generic for Timoptic®)	<i>betaxolol</i> <i>Istalol®</i> <i>levobunolol</i> <i>timolol maleate (generic for Istalol®)</i> <i>Timoptic®</i> <i>Timoptic XE®</i>
Glaucoma – Prostaglandin Analogues	latanoprost Travatan Z®	<i>bimatoprost (generic for Lumigan)</i> <i>Lumigan®</i> <i>travoprost (generic for Travatan®)</i> <i>Vyzulta®</i> <i>Xalatan®</i> <i>Xelpros®</i> <i>Zioptan®</i>
Glaucoma – Carbonic Anhydrase Inhibitors	Azopt® dorzolamide dorzolamide / timolol Simbrinza®	<i>Cosopt®/ Cosopt PF®</i> <i>Trusopt®</i>
Glaucoma – Combination Alpha-2 Adrenergic-Beta Blocker	Combigan®	
Glaucoma – Rho Kinase Inhibitors	Rhopressa® Rocklatan®	

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

OPHTHALMICS		
Drug Class	Preferred Agents	Non-Preferred Agents
Ophthalmic Antihistamines	ketotifen fumarate (OTC Only) olopatadine Zaditor®	<i>Alex®</i> <i>azelastine</i> <i>Bepreve®</i> <i>epinastine</i> <i>Lastacast®</i> <i>Pataday®</i> <i>Patanol®</i> <i>Pazeo®</i>
Ophthalmic Mast Cell Stabilizers	cromolyn sodium	<i>Alocril®</i> <i>Alomide®</i>
Ophthalmic NSAIDs	Acular® diclofenac flurbiprofen ketorolac	<i>Acular LS®</i> <i>Acuvail®</i> <i>bromfenac</i> <i>Bromsite®</i> <i>Ilevro®</i> <i>Nevanac®</i> <i>Prolensa®</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
Biologics: Agents to Treat Rheumatoid Arthritis	Enbrel® Humira®	Actemra® SC Cimzia®, Cimzia Kit® Kevzara®♦ Kineret® Olumiant® Orencia® SC Rinvoq ER® Xeljanz®, Xeljanz XR®♦ Simponi®
Biologics: Agents to Treat Ankylosing Spondylitis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Simponi® Taltz®♦
Biologics: Agents to Treat Juvenile Idiopathic Arthritis	Enbrel® Humira®	Orencia® SC
Biologics: Agents to Treat Plaque Psoriasis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Illumya®♦ Otezla®♦ Siliq®♦ Skyrizi®♦ Stelara® Taltz®♦ Tremfya®♦
Biologics: Agents to Treat Psoriatic Arthritis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Orencia® SC Otezla®♦ Simponi® Stelara® Taltz®♦ Xeljanz®, Xeljanz XR®♦
Biologics: Agents to Treat Crohn's Disease	Humira®	Cimzia®, Cimzia Kit® Entyvio®♦ Stelara®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
Biologics: Agents to Treat Ulcerative Colitis	Humira®	Simponi® Entyvio®♦ Xeljanz®, Xeljanz XR®♦
Biologics: Agents to Non-radiographic Axial Spondyloarthritis	Cosentyx®	Cimzia®, Cimzia Kit®
Androgenic Agents (topical)♦	Androgel® packet and gel pump	Androderm® Fortesta® Testim® testosterone Vogelxo®
Antihyperuricemic Agents	allopurinol probenecid/colchicine probenecid Mitigare® (colchicine capsules)	colchicine tablets (generic for Colcrys)♦ colchicine capsules (generic for Mitigare) Colcrys (colchicine)♦ febuxostat Gloperba® (colchicine) Uloric (febuxostat) Zyloprim (allopurinol)
BPH Agents – Alpha Blockers	alfuzosin doxazosin prazosin tamsulosin♦ terazosin	Cardura® Cardura XR® Flomax®♦ Minipress® Rapaflo® Silodosin (generic for Rapaflo)
BPH Agents – 5-Alpha Reductase (5AR) Inhibitors	dutasteride finasteride 5mg (generic for Proscar®)	Avodart® dutasteride/tamsulosin Jalyn® Proscar®
Colony Stimulating Factors	Fulphila® Neupogen® Udenyca®	Granix® Leukine® Neulasta® syringe; Neulasta® Onpro Kit Nivestym® Zarxio® Ziextenzo®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
Electrolyte Depleters ♦	calcium acetate capsules and tablets sevelamer powder pkts and (AG) tablets	<i>Auryxia</i> ® <i>Eliphos</i> ® <i>Fosrenol</i> ® / <i>Fosrenol</i> ® powder pak <i>lanthanum</i> <i>Phoslo</i> ® <i>Phoslyra</i> ® <i>Renagel</i> ® <i>Renvela powder pkts and tablets</i> <i>Velphoro</i> ®
Epinephrine Injectable ²	epinephrine (generic for Epi Pen®)	<i>epinephrine (generic for Adrenaclick)</i> ® <i>Epi Pen</i> ®, <i>Epi Pen Jr</i> ® <i>Symjepi</i> ®
Growth Hormones ♦	<i>Genotropin</i> ® <i>Norditropin</i> ® <i>Norditropin Flexpro</i> ® <i>Nutropin AQ</i> ®	<i>Humatrope</i> ® <i>Omnitrope</i> ® <i>Saizen</i> ® <i>Serostim</i> ♦ <i>Zomacton</i> ® <i>Zorbtive</i> ®
Hematopoietic Agents ♦	<i>Aranesp</i> ® <i>Procrit</i> ® <i>Retacrit</i> ®	<i>Epogen</i> ®
Osteoporosis Agents: Bisphosphonates	alendronate sodium	<i>Actonel</i> ® ² <i>alendronate sodium oral solution</i> <i>Atelvia</i> ® ² <i>Binosto</i> ® <i>Boniva</i> ® ² <i>Fosamax</i> ® <i>Fosamax Plus D</i> ® <i>Ibandronate</i> <i>risedronate (Actonel)</i> ² <i>risedronate (Atelvia)</i> ²
Osteoporosis Agents: Other	calcitonin	<i>Forteo</i> ® <i>Miacalcin</i> ♦ <i>Tymlos</i> ®

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

♦ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

MISCELLANEOUS		
Drug Class	Preferred Agents	Non-Preferred Agents
Osteoporosis Agents: SERMs	raloxifene	<i>Evista®</i>
Progestational Agents	medroxyprogesterone (oral) progesterone (oral) norethindrone (oral)	<i>Aygestin® (oral)</i> <i>Crinone® (vaginal)◆</i> <i>Depo-Provera® (injection)</i> <i>progesterone (intramuscular)</i> <i>Prometrium® (oral)</i> <i>Provera® (oral)</i>
	hydroxyprogesterone caproate (IM)	<i>Makena® (intramuscular) ◆</i> <i>Makena Auto-Injector® (subcutaneous) ◆</i>
Urinary Tract Antispasmodics	oxybutynin / oxybutynin ER Toviaz® Vesicare®	<i>darifenacin ER</i> <i>Detrol®/ Detrol LA®</i> <i>Ditropan / Ditropan XL®</i> <i>Enablex®</i> <i>flavoxate HCL</i> <i>Gelnique®◆</i> <i>Myrbetriq®</i> <i>Oxytrol®</i> <i>solifenacin</i> <i>tolterodine/ tolterodine ER</i> <i>trospium/ trospium ER</i>

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

LEGISLATIVELY PROTECTED CLASSES		
Drug Class	Preferred Agents	Non-Preferred Agents
Anticonvulsants	Aptiom® Banzel® Briviact® carbamazepine, carbamazepine ER Carbatrol® Celontin® clobazam clonazepam Depakene® Depakote®, Depakote ER® Depakote Sprinkle® Diacomit® Diastat®, Diastat Acudial® diazepam Dilantin® divalproex sodium, divalproex sodium ER Epidiolex® Eptol® Equetro® ethosuximide Felbamate® felbatol Fycompa® gabapentin Gabitril® Keppra®, Keppra XR® Klonopin® Lamictal®, Lamictal ODT®, Lamictal XR® lamotrigine, lamotrigine ER, lamotrigine ODT levetiracetam, levetiracetam ER Lyrica®, Lyrica CR® Mysoline® Nayzilam® Neurontin® Onfi® oxcarbazepine	

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

LEGISLATIVELY PROTECTED CLASSES		
Drug Class	Preferred Agents	Non-Preferred Agents
	Oxtellar XR® Peganone® Phenytek® phenytoin, phenytoin sodium extended pregabalin primidone Qudexy XR® Roweepra®, Roweepra XR® Sabril® Spritam® Subvenite® Sympazan® Tegretol®, Tegretol XR® tiagabine Topamax® topiramate, topiramate ER Trileptal® Trokendi XR® valproic acid vigabatrin Vigadrone® Vimpat® Zarontin® Zonegran® zonisamide	
Atypical Antipsychotics	Abilify®, Abilify MyCite® Abilify Maintena® aripiprazole Aristada®, Aristada Initio® Caplyta® clozapine Clozaril® Fanapt® Geodon®	

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at

https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions

Michigan Department of Health and Human Services Preferred Drug List

Effective 07/14/2020

Preferred Agents do not require prior authorization, except as noted in the chart at the bottom of the page

LEGISLATIVELY PROTECTED CLASSES		
Drug Class	Preferred Agents	Non-Preferred Agents
	Invega® Invega Sustenna®, Invega Trinza® Latuda® molindone Nuplazid® olanzapine, olanzapine ODT paliperidone Perseris® quetiapine Rexulti® risperidone Risperdal®, Risperdal Consta® ² Saphris® Secuado® Seroquel®, Seroquel XR® Versacloz® Vraylar® ziprasidone Zyprexa®, Zyprexa Relprevv®, Zyprexa Zydis®	
Antipsychotic-Antidepressant Comb.	olanzapine/fluoxetine Symbyax®	

Note: Not all medications listed are covered by all MDHHS Programs. Check individual program coverage. For program drug coverage information, go to <https://michigan.magellanrx.com/provider/>, open “Documents” and click on “Fee for Service Drug Coverage” then open “MPPL Including Coverage Information” for all programs.

Michigan Department of Health and Human Services, in conjunction with Magellan Medicaid Administration, is pleased to offer an alternative means to submit pharmacy prior authorization (PA) requests for prescription drugs. This web-based process is designed to save prescribers time by providing a real-time pharmacy prior authorization. This process will supplement the more traditional means of requesting PAs by phone or fax, which will still be available to providers. In order to use Web PA, provider designees will need to register to receive a logon and password for the Web PA system. Detailed information on user registration and Web PA, including a web-based tutorial, and a complete instruction is available at <https://michigan.magellanrx.com/provider/>. For questions or assistance with registration, call the Magellan Medicaid Administration Web Support Call Center at 800-241-8726.

1 Prior Authorization Not Required for Beneficiaries Under the Age of 12.

2 Quantity limits apply – Refer to document at https://michigan.magellanrx.com/provider/external/medicaid/mi/doc/en-us/MIRx_quantity_limits.pdf

3 Prior Authorization Required if Beneficiary is Over the Age of 65

4 PA required if a benzodiazepine is found in beneficiary drug history

5 Providers should consult yearly CDC guidelines for Influenza

6 Prior Authorization Required for Beneficiaries Under 15 years of age

7 Prior Authorization Required for Beneficiaries Under 18 years of age

8 Components of product must be in drug history

9 Trial of OTC benzoyl peroxide must be in beneficiary drug history

10 Electronic Step edit:2 or more NSAIDs on MPPL in history

11 Prior Authorization Required for Beneficiaries Under Age of 12

12 Prior authorization required for Beneficiaries over 5 years of age

13 Prior authorization required for Beneficiaries over 14 years of age

14 Prior Authorization Required if Beneficiary is Over the Age of 75

15 Prior Authorization Required for Beneficiaries Under 2 years of age

APAP = Acetaminophen ASA = Aspirin

CR, ER, SR, XL, XR, SA, LA = Extended Release, HCT = Hydrochlorothiazide

◆ Clinical PA required; refer to MPPL, MI Provider Manual or <https://michigan.magellanrx.com/> for other restrictions