

Agenda

Drug Utilization Review Board

Tuesday, March 8, 2022 3:00 –5:00 PM

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 248-509-0316,256252904#](tel:+12485090316256252904) United States, Pontiac

Phone Conference ID: 256 252 904#

[Find a local number](#) | [Reset PIN](#)

**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

Pursuant to the Michigan Open Meetings Act, as amended, this will be a virtual meeting to mitigate the spread of COVID-19 and protect the health of the public and members of the Board.

3:00 – 3:05 Welcome and Introductions – Vice-Chairperson James Forshee, MD

3:05 - 3:10 Review of Minutes – Vice-Chairperson James Forshee, MD

3:10 – 3:40 MDHHS Updates – Trish Bouck

3:40 – 4:15 Whole Health Rx Update – Daphne Atria, PharmD

- **Provider Outreach Update**
- **2Q 2022 Algorithm Selection**

4:15– 4:50 RetroDUR – Donna Johnson, PharmD

- **Opioids**
 - **Lowering MME Threshold**
 - **Opioid-related Standards**
 - **SUPPORT Act/ Opioid Potentiators**
 - **Overdose Emergency Room Trends**
- **Medication Assisted Treatment (MAT) Utilization**
- **COVID-19 Trends**
- **VFC Pharmacy Expansion Program**
- **Incretin Mimetic Utilization**

4:50 – 5:00 Public Comment, Vice-Chairperson James Forshee, MD

5:00 Adjourn

Meeting Minutes

Drug Utilization Review (DUR) Board

December 7, 2021 Meeting

Draft

Board Members Present: Jennifer Stanley (Ingram County), James Forshee (Kent County), Susan DeVuyst-Miller (Kent County), Chris Meny (Oakland County), Jacob Manteuffel (Maui, Hawaii), Geraldine Marks (Oakland County)

Board Members Absent: none

MDHHS/Magellan Present: Trish Bouck, Daphne Atria and Donna Johnson

The MDHHS DUR Board meeting was held via Microsoft Teams web conference with teleconference only option of participation also available.

Dr. Stanley opened the meeting at 3:03 pm with roll call of the members present and approval of minutes. The members provided the location from which they were attending.

Dr. Stanley welcomed Geraldine Marks to the Board. She is replacing the position left by Bob DeYoung. Dr. DeYoung was also the vice chair. Dr. Stanley requested nominations for the vice chair position. Dr. Forshee was nominated and elected.

Ms. Bouck presented an update on the single Medicaid Preferred Drug List which was effective October 1, 2020. The Medicaid Health Plans began following the Single PDL. Implementation went smoothly. FY21 boilerplate reports captured the first two quarters of savings data. The FY22 Section 1879 report due June 2022 will provide additional monitoring data. Quarterly, the MCO Common Formulary workgroup provides input and recommendations on Single PDL coverage for P&T Workgroup consideration before each full P&T Committee meeting. The P&T Committee makes clinical recommendations for both the Michigan Pharmaceutical Product List (MPPL) and the subset of drugs on the Single PDL. Ms. Bouck announced the new quarterly web posting "Summary of PDL Changes" effective 11/2021 is available as a reference. Ms. Bouck also reminded everyone of the [Brand Preferred Products \(Brand over Generic\) List](#) that is posted on the website. Dr. Forshee asked about Single PDL utilization trends. In particular, has MDHHS seen increases in any drug classes. He asked if this Board could look at the Single PDL drug class trends and provide input if they have any concerns.

Ms. Bouck announced that a new policy, [MSA 21-49](#), will provide pharmacy coverage of anti-obesity drug products. Currently, the Medicaid State Plan excludes coverage for agents when used for anorexia, weight loss or weight gain. However, there has been an increasing number of non-formulary prior authorization requests for anti-obesity drugs that have been approved for medical necessity. Coverage of these products aligns with current standards of practice and supports recognized treatments of comorbid conditions, such as diabetes. MSA 21-49 will be effective February 1, 2022. The P&T Committee reviewed the specific covered drug products for the new Anti-Obesity PDL drug class.

Ms. Bouck provided updates on the COVID-19 vaccine policies. Effective August 12, 2021, MDHHS began covering an additional/booster dose. MDHHS will reimburse a \$37.85 incentive fee regardless of first, second, single dose, or additional dose. Effective June 8, 2021, COVID-19 vaccine administration is covered for Medicaid recipients in their place of residence/home. An additional \$33.24 will be reimbursed for administration in the home (i.e., Place of Service = 12). There is no co-pay required for COVID-19 vaccines. COVID-19 vaccines are covered for Emergency Services Only (ESO) when claim is submitted with Level of Service = 3 in accordance with provisions in MSA 20-40. [MSA 21-50](#) provides coverage of COVID-19 testing. Effective for dates of service on or after August 30, 2021, both full at-home tests or samples taken at home then mailed to a lab for results will be covered. Copays are excluded

for both Medicaid FFS and Health Plans. Authorized prescribers include pharmacists. Pharmacy-specific billing instructions and a list of covered FDA-approved COVID-19 tests are available at www.michigan.magellanrx.com/. The Centers for Disease Control (CDC) and the State of Michigan website resources for the Coronavirus pandemic (i.e. COVID-19) were provided. For FAQs, a data dashboard, and communications materials on the COVID-19 vaccine for providers to share with the public at www.Michigan.gov/covidvaccine. Additional coverage updates will be communicated via web announcements posted at <https://michigan.magellanrx.com/provider/> and at www.Michigan.gov/MCOPharmacy.

CMS notified States on December 3, 2021 that the FFY2020 Drug Utilization Review (DUR) Reports are complete. National summary and individual State reports for both FFS and MCOs are posted at Medicaid.gov.

MDHHS reported on the “We Treat Hep C” initiative. MDHHS Public Health Administration has begun implementing the statewide elimination plan and development of provider training and consultation resources. This includes MDHHS partnering with Medicaid Health Plans to increase Hepatitis C virus (HCV) screening/testing rates in accordance with new CDC guidelines. Effective April 1, 2021, MDHHS contracted with AbbVie and removed all prior authorization and list their pangenotypic Hep C direct-acting antiviral (DAA), Mavyret as the sole preferred product for the Medicaid program. All other Hep C DAA non-preferred products can still be approved when medically necessary via prior authorization. Pharmacies are encouraged to have an adequate supply of MAVYRET in stock, including ability to fill the entire prescription days supply of an 8-week regimen when prescribed as single fill. Ms. Bouck presented slides of the State’s “We Treat Hep C” website. The program’s success depends on getting more providers to treat HCV.

MDHHS received CMS approval in October 2018 to pursue Outcomes-Based Contracts/Value-Based Agreements with drug manufacturers to address high-cost drugs. In August 2020, MDHHS executed its first outcomes-based contract with Novartis Gene Therapies for the gene therapy drug Zolgensma. The April 2021 contract with Abbvie for the drug Mavyret was the second agreement. MDHHS continues to review potential agreements with several drug manufacturers. Agreements that allow MDHHS staff to track outcomes instead of by a third-party data aggregator are preferred. MDHHS also prefers contracts where the outcomes can be easily tracked using claims data.

Denise Tran and Yoona Kim kicked off the Whole Health Clinical Program Update with a presentation of the WH outcomes analysis for July 2020 through December 2020 Outreach. The algorithms that encompassed this analysis included BH Polypharmacy of 5 or more Medications, Atypical Antipsychotic Polypharmacy, Dose Optimization of Fluoxetine, Antidepressant Adherence and Antipsychotic Adherence. Results discussed were consistent with previous outcome gap closures ranging from 45%- 65% of gaps closed during the 6-month post intervention period. Yoona brought up how we are not able to see the cost savings from the program because this primarily comes from ER admissions and hospital inpatient stay and we do not have access to medical data.

Dr. Atria then discussed current initiatives for Quarter 4 2021 which includes Behavioral Health Polypharmacy of 6 or more medications and Low Dose Seroquel. She discussed the member and provider outlier counts identified, as well as overall insights. Most notable providers have been receptive to both outreach initiatives and although prescribers are still utilizing low dose Seroquel, they are requiring laboratory follow up and monitoring for side effects. Many providers were very appreciative of the pharmacist partnership when discussing complex patient medication regimens through the polypharmacy algorithm.

Dr. Atria then discussed the Quarter 1 2022 Algorithm recommendations which were two-fold. The first recommendation was for Atypical Antipsychotic polypharmacy to be paired with Pediatric Antipsychotic Polypharmacy primarily due to the fact that the pediatric algorithm has not been recently run. The second recommendation was to focus on the “We treat Hep C” initiative and outreach the top 100 providers throughout Quarter 1. Dr. Atria also provided a provider/member outlier count to answer Dr. Forshee’s question posed at the last DUR board meeting regarding concurrent utilization of antipsychotic, stimulant, and benzodiazepine. The number of member outliers was approximately 1400 and provider outliers came in at 950. In error, the item presented on the slide was for ‘stimulant, benzodiazepine, and opioid.’ The committee discussed making the Hep C

initiative a priority for the quarter and then returning to the behavioral health set in quarter 2. Dr. Stanley and other committee members agreed to focus on increasing hep treatment with the primary care providers, however Dr. Forshee wanted to continue the BH focus on the new algorithm combination as well as more BH focus. With discussion, Dr. Atria confirmed that it would take time to develop the template for the new algorithm and this could be the focus for Quarter 2. Dr. Stanley, Dr. Forshee, and committee came to a consensus with focusing on Hep C for Quarter 1 and then back to behavioral health set for Quarter 2.

For the next meeting, Dr Atria will discuss an update on Quarter 1 outreach and review recommendations for Quarter 2 2022.

Dr. Johnson presented information on the current morphine milligram equivalents (MME) edit. The Department lowered the threshold from 120 MME per day to 90 MME on July 1, 2021. She presented a graph that showed the continual decline in high doses of opioids among FFS beneficiaries since October 2017. Dr. DuVuyst-Miller asked if the decrease in MME limits inversely related to an increase in overdose deaths from illicit drug use. She requested that we look at emergency room (ER) data related to overdoses and overlap with the patient with MME changes. Dr. Manteuffel noted that overdoses are almost exclusively due to fentanyl-contaminated opioids or other illicit drugs. He asked if the Board should consider whether to revert back to allowing high MME opioids limit it to buprenorphine formulations to see if this would offset the overdose death trend. He noted that this would still not address the illicit drug use dynamic. The Board asked how many patients are paying cash for their opioid prescriptions. Trish stated that at this time MDHHS does not have access to the MAPS database to query which FFS beneficiaries are paying cash for opioids. Hopefully, that will change in a few years.

Dr. Johnson provided information and utilization data on two opioid-related standards. Claims and call center data were presented on the Department's edit that limits the coverage of short-acting narcotic analgesics for Fee-For-Service (FFS) members who are opioid treatment-naïve to a 7-day supply. Additionally, she reported on naloxone claims utilization in members with opioid doses of 90 morphine milligram equivalents (MME) or more compared to the naloxone utilization of all members taking opioids.

Dr. Johnson presented a summary of the SUPPORT Act and the requirements for both the FFS and 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 2021.

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. She clarified that concurrent use is determined by a 30 day or greater overlap in both an opioid and a potentiator. 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 with opioid claims are not on concurrent potentiator medications.

Dr. Johnson reported on the Medication Assisted Treatment (MAT) Utilization for service period 7/1/2020 through 9/30/2021. She presented the utilization metrics, patient demographics, patient diagnoses and prescriber taxonomies for these medications. Additionally, she reported on the FFS beneficiaries who had claims for an opioid within 45 days of a MAT claim. The results of her analysis revealed that of the 2,568 beneficiaries who received a MAT medication between 4/1/2021 and 9/30/2021, only 52 received an opioid claim within 45 days. The majority of these opioid claims appeared to be for acute medical issues.

Dr. 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 presented utilization

data on these emergency steps. She also presented pharmacy claim utilization data on the COVID-19 vaccines since coverage began on 12/1/2020.

Effective May 8, 2021, MI Medicaid expanded vaccine administration in the pharmacy setting to mitigate the reduction in vaccine immunization rates for children as a result of the COVID-19 pandemic. Pharmacies participating in the expansion will bill VFC vaccine administration fees to Medicaid Fee-for-Service for all beneficiaries who are 3 through 18 years of age, including those who are enrolled in a Medicaid Health Plan (MHP). Dr. Johnson presented paid claims data of the non-seasonal vaccine utilization from May 2021 through September 2021. We will continue to monitor the utilization as more pharmacies enroll in the program.

Ms. Bouck presented the proposed meeting dates for 2022 – March 8, June 7, September 7 and December 7. Dr. Stanley noted that she is unable to attend the March 8th meeting and may be able to join the June meeting from out-of-state. Dr. Forshee confirmed that he will be able to chair the March and June meetings if needed.

The next meeting will be March 8th at 3pm.

Meeting adjourned at 4:47 pm.



Michigan Department of Health & Human Services

Drug Utilization Review Board

March 8, 2022

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Budget Update

- The Governor's FY23 Executive Budget Recommendation posted February 9th
- These recommendations will be considered by the legislature
- Focus on numerous investments due to current economy and COVID-19 additional funding
- Press Release summarizes recommendations at:
www.michigan.gov/budget

MDHHS Organizational Restructure: PRHASA

- Under the umbrella of MDHHS:
 - In January: The Health and Aging Services Administration (HASA) was created under [Executive Order 2021-14](#) combining Aging and Adult Services Agency and our former administration, Medical Services (MSA).
 - Last week, it was announced that HASA will become Behavioral and Physical Health and Aging Services
 - Acronym change on policies and other published documents MSA → HASA → BPHAS

Office of Medical Affairs - Chief

- Dr. Jed Miller joined the Health and Aging Services Administration (HASA) as the Chief Medical Consultant in the Office of Medical Affairs on February 7th
- Board Certified General Pediatrics
- Master's degree in Public Health from John Hopkins University and background in environmental health and children with special health care needs.

Published L-Letter

L 22-05

L 22-05: Clarification of Michigan Automated Prescription System (MAPS) Record Retention Requirements

- a. MSA 21-30 issued on 7/30/2021 specific to performing a MAPS check & documentation by prescribers or designees of providers
- b. MAPS verification for pharmacies was encouraged as a best-practice
- c. Some prescribers utilize software that integrates their patients' electronic health records with MAPS, i.e., "PMP AWAREX-MAPS"
- d. This software stores the MAPS check documentation according to the MAPS record retention policy
- e. This L letter, issued on 2/24/2022, clarified that document retention can be stored for either the Medicaid Documentation Requirements currently at 7 years OR the MAPS record retention policy of 5 years and one day, *whichever applies to the provider.*

Published L-Letter

L 22-04 COVID-19 coverage and MTM

[L 22-04](#): Additional Guidance and Clarification for the Coverage of COVID-19 Prevention, Treatment, and Support Services

- a. In accordance with the MTM policy, [MSA 17-09](#), pharmacies may bill Vaccine Counseling Services
- b. Effective January 1, 2022 and extending through the last day of the calendar quarter in which the COVID-19 PHE declared by the Secretary of Health and Human Services terminates
- c. Pharmacy Billing: <https://www.michigan.gov/medicaidproviders> > Billing & Reimbursement > Provider Specific Information > COVID-19 Response > January 2021 PDF, Click “Go”
- d. Place of Service = 02—Telehealth, GT interactive modifier must be used, and required in the “Remarks” section is “services provided via telephone”

Published L-Letter

L 22-04 COVID-19 ANTIVIRALS

L 22-04: Additional Guidance and Clarification for the Coverage of COVID-19 Prevention, Treatment, and Support Services

- a. On February 2, 2021, MDHHS issued bulletin [MSA 20-81](#), which declared coverage of FDA EUA drugs, devices and biological products for COVID-19 prevention and treatment.
- b. MDHHS is providing clarification that this policy applies to coverage of EUA oral antiviral drugs for the treatment of COVID-19 when billed in accordance with their respective FDA EUA provisions.
- c. The Department recognizes the additional coordination with prescribers and patient education by pharmacists tied to these treatments. As such, we have classified these agents as specialty products retro effective to their market entry.
- d. FFS and MHP pharmacy coding was updated to allow a specialty dispensing fee of \$20.02 for the COVID-19 oral antiviral treatments retroactive to coverage effective date.

Proposed & Published Policy

Monoclonal Antibody Injections by Pharmacy Providers

[2202-Pharmacy](#): COVID-19 Response: Coverage of U.S. Food & Drug Administration (FDA) Emergency Use Authorization (EUA) COVID-19 Monoclonal Antibody Injections by Pharmacy Providers

- Public comments to Vicki Goethals at GoethalsV@michigan.gov with “COVID-19 Response: Coverage of U.S. FDA EUA COVID-19 Monoclonal Antibody Injections by Pharmacy Providers” in the subject line

[HASA 22-02](#): COVID-19 Response: Coverage of FDA Emergency Use Authorization (EUA) COVID-19 Monoclonal Antibody Injections by Pharmacy Providers

- HHS issued the 9th amendment of the PREP Act, which expanded access to COVID-19 Treatments.
- Part of that expansion included pharmacist, techs, and interns’ approval to inject COVID-19 mAb treatment or post-exposure prophylaxis (PEP) of COVID-19, or for the pre-exposure prophylaxis (PrEP) of COVID-19 where authorized, and in accordance with their respective EUA provisions
- At this time, no mAb treatments are currently authorized for this, but that may change

Proposed Policy

Proof of Delivery Requirements

2156-Pharmacy: Signature Log and Proof of Delivery Requirements

- The signature log requirements waived in March 26, 2020 as outlined in [L 20-20](#)
- Remain waived due to the ongoing Public Health Emergency (PHE) since March 26, 2020
- Once MDHHS communicates the termination of that flexibility, the enhanced/new policy will become effective
 - Applicable to all prescriptions delivered to the beneficiary's place of residence, pharmacy providers must document receipt or delivery of new or refilled medications to the intended Medicaid beneficiary.
 - This documentation must include EITHER
 - The manual or electronic signature of the beneficiary or their representative; OR
 - The tracking detail from the common carrier showing the specific prescription was delivered including both date & time of delivery

Proposed Policy

Update to Contraceptive Supply Limit

- [2155-Pharmacy](#): Proposes increase allowing up to 12-months supply per fill, effective 5/1/2022 for:
 - Oral Contraceptives
 - Vaginal Rings
 - Contraceptive Hormonal Patch
- Purpose:
 - Reduction in both gaps in medication continuation and unintended pregnancies
 - Improving pregnancy timing and spacing.
 - Improving contraceptive equity and health outcomes while lowering direct costs of pregnancy management

COVID-19 At-home test coverage

- Pharmacy benefit coverage during PHE
- Subject to change, an NDC listing of Medicaid Covered COVID-19 home tests is available:
www.michigan.magellanrx.com > *Providers* > *Documents* > *COVID-19 Test Products Covered NDC List*
- Coverage details per [MSA 21-50](#)

CMS Annual DUR Reports FFY2021

- CMS notified States that they are planning FFY2021 survey templates (FFS and MCO) to be finalized by 4/1/2022 and target due date of 6/30/2022.
- Reports posted at: [Medicaid.gov](https://www.Medicaid.gov) include:
 - (1) National FFS Summary Report
 - (2) FFS State Individual Reports
 - (3) National MCO Summary Report
 - (4) MCO State Individual Reports
 - (5) MCO Abbreviated Reports

Single PDL Coverages

- Quarterly, the MCO Common Formulary workgroup provides recommendations on Single PDL coverage for P&T Workgroup consideration. The P&T Committee makes clinical recommendations for both the Michigan Pharmaceutical Product List (MPPL) and the subset of drugs on the Single PDL
- **‘Brand over Generic List’** is available at:
<https://michigan.magellanrx.com> > *Providers* > *Documents*
- Quarterly **‘Summary of PDL changes’** available to better inform prescribers/pharmacies following P&T Committee:
<https://michigan.magellanrx.com> > **“Recent Changes – MI Single Preferred Drug List (Single PDL)”**
- The quarterly update after the March 8th P&T will be posted with a May 1, 2022 effective date

Coronavirus Resources

- [CDC.gov/Coronavirus](https://www.cdc.gov/Coronavirus) or [Michigan.gov/Coronavirus](https://www.Michigan.gov/Coronavirus)
- All communications materials on the COVID-19 vaccine for providers to share with the public: www.Michigan.gov/covidvaccine
- For local vaccine sites, visit the CDC: www.vaccinefinder.org
- Any additional MDHHS pharmacy coverage or policy updates will be communicated via web announcements posted at:
 - <https://michigan.magellanrx.com/provider/>
 - [Michigan.gov/MCOPharmacy](https://www.Michigan.gov/MCOPharmacy)
- FDA listing of currently approved and EUA-authorized tests: <https://www.fda.gov/medicaldevices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd>
- Monoclonal Antibody Locator: www.michigan.gov/coronavirus > Resources > COVID-19 Therapeutics Information Page > Find An Antibody Treatment Site *Sotrovimab is currently available

Additional Resources

- MDHHS Policy Bulletins: www.michigan.gov/medicaidproviders >
Policy, Letters & Forms
- Web Announcements: <https://michigan.magellanrx.com>
- Magellan Technical Call Center Phone: **877-624-5204**
- MDHHS Pharmacy Services Contact:
MDHHSPharmacyServices@Michigan.gov
- **Trish Bouck**
Director, Pharmacy Management Division
Bureau of Medicaid Care Management & Customer Service
BouckT@michigan.gov

MDHHS Fee-For-Service Pharmacy

 LIVE VIBRANTLY
Whole Health

An Innovative Approach to Behavioral Health and
Opioid Management

Daphne Atria, PharmD, BCPS, CPE

MagellanRx
MANAGEMENTSM

Agenda

- Current Initiatives and Outreach Updates (1st Quarter 2022)
- 2nd Quarter 2022 Algorithm Selections



Current Initiatives and Outreach Updates (1st Quarter 2022)



WE TREAT HEP C

CREATING THE CLINICAL CAPACITY
TO CURE HEPATITIS C VIRUS FOR
ALL MICHIGANDERS.

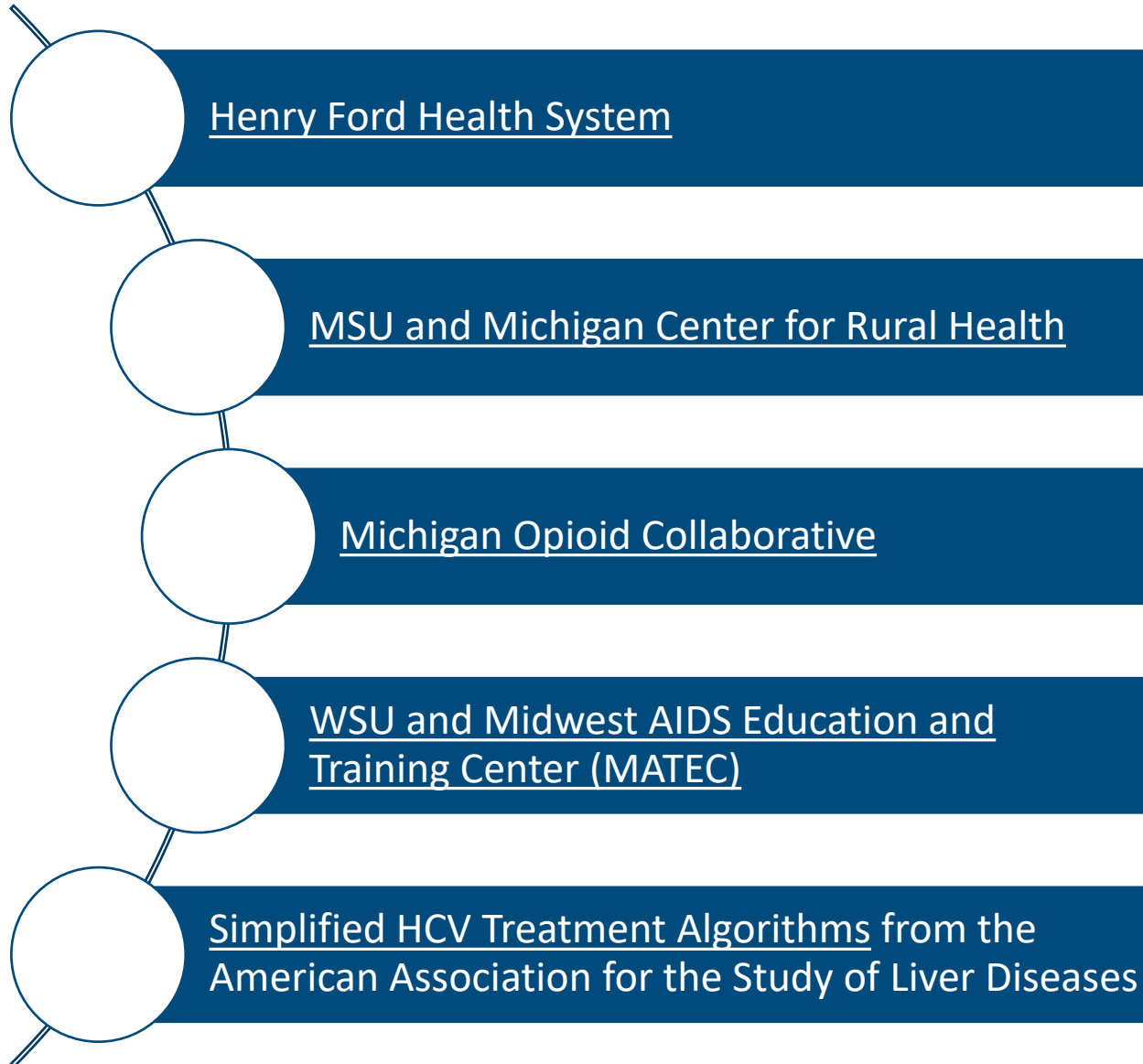
MDHHS
Michigan Department of Health & Human Services

Michigan.gov/WeTreatHepC

Outreach top 100+ providers with untreated HCV patients

As of 2/28/22 – 84 providers have been reached

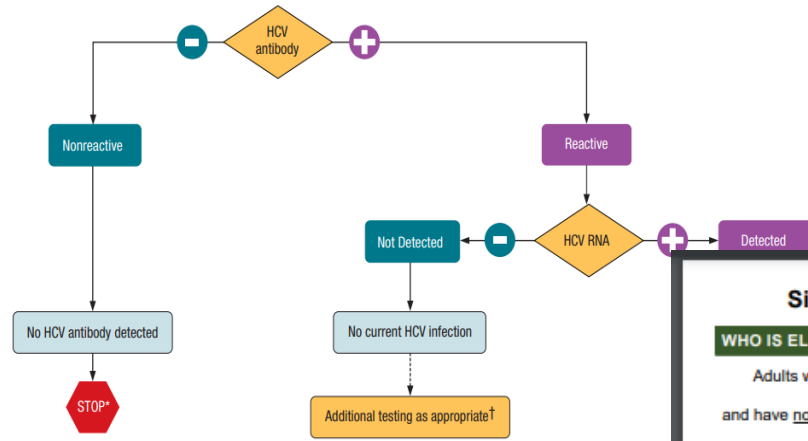
Hep C Provider Resources Shared



Hep C Resources



Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection



* For persons who might have been exposed to HCV within the past 6 months, testing for HCV RNA or follow-up testing for HCV antibody is recommended. For persons who are immunocompromised, testing for HCV RNA can be considered.

† To differentiate past, resolved HCV infection from biologic false positivity for HCV antibody, testing with another HCV antibody assay can be considered. Repeat HCV RNA test is suspected to have had HCV exposure within the past 6 months or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

Source: CDC. Testing for HCV infection: An update of guidance for clinicians and laboratories. *MMWR* 2013;62(18).

Simplified HCV Treatment Algorithm for Treatment-Naive Adults Without Cirrhosis

WHO IS ELIGIBLE FOR SIMPLIFIED TREATMENT

Adults with chronic hepatitis C (any genotype) who do not have cirrhosis and have not previously received hepatitis C treatment

WHO IS NOT ELIGIBLE FOR SIMPLIFIED TREATMENT

Patients who have any of the following characteristics:

- Prior hepatitis C treatment
- Cirrhosis (see simplified treatment for treatment-naive adults with compensated cirrhosis)
- HIV or HBsAg positive
- Current pregnancy
- Known or suspected hepatocellular carcinoma
- Prior liver transplantation

PRETREATMENT ASSESSMENT*

- **Calculate FIB-4 score.**
- **Cirrhosis assessment:** Liver biopsy is not required. For the purpose of this guidance, a patient is presumed to have cirrhosis if they have a FIB-4 score >3.25 or any of the following findings from a previously performed test.
 - › Transient elastography indicating cirrhosis (eg, FibroScan stiffness >12.5 kPa)
 - › Noninvasive serologic tests above proprietary cutoffs indicating cirrhosis (eg, FibroSure, Enhanced Liver Fibrosis Test, etc)
 - › Clinical evidence of cirrhosis (eg, liver nodularity and/or splenomegaly on imaging, platelet count <150,000/mm³, etc)
 - › Prior liver biopsy showing cirrhosis
- **Medication reconciliation:** Record current medications, including over-the-counter drugs, and herbal/dietary supplements.
- **Potential drug-drug interaction assessment:** Drug-drug interactions can be assessed using the AASLD/IDSA guidance or the University of Liverpool drug interaction checker.
- **Education:** Educate the patient about proper administration of

Pretreatment laboratory testing

Within 6 months of initiating treatment:

- › Complete blood count (CBC)
- › Hepatic function panel (ie, albumin, total and direct bilirubin, alanine aminotransferase [ALT], and aspartate aminotransferase [AST])
- › Calculated glomerular filtration rate (eGFR)

Any time prior to starting antiviral therapy:

- › Quantitative HCV RNA (HCV viral load)
- › HIV antigen/antibody test
- › Hepatitis B surface antigen

Before initiating antiviral therapy:

- › Serum pregnancy testing and counseling about pregnancy risks of HCV medication should be offered to women of childbearing age.



Patient perceptions

Delays in reporting of lab results- many patients are no longer being seen

Time and lack of expertise

Concern about lengthy counseling with patients

Providers to discuss with patients at next visit- notes will be flagged



Quarter 1 2022 Outreach Concurrent Algorithms

1

Behavioral Health Polypharmacy- 6 or More Medications

- Multiple antipsychotics on board
- Patients are high acuity, many with recent hospitalizations
- Primary care providers are managing patients

2

Low Dose Seroquel

- Overall providers have been receptive
- Primarily found that primary care providers start and continue low doses the most
- Majority monitor for side effects

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 blue one, and a medium magenta one.

Algorithm Selection: 2nd Quarter 2022

Potential Algorithm Report

Potential Algorithm Report: January 2022 Data

MagellanRx
MANAGEMENT™

Algorithm Triggered	Unique Members per Algorithm	Unique Providers per Algorithm
Antidepressant adherence	86975	13983
Antipsychotic adherence	34105	7043
New Start Psychotropic Medications in Children	27150	5044
Low dose Seroquel	7986	3461
Atypical Antipsychotic Polypharmacy	7093	2127
Pediatric Age Alert- Antidepressants	6744	1933
Polypharmacy Trigger 5 or More Behavioral Health Medications - 30 days overlap	4274	2335
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI) Polypharmacy	2837	2491
Pediatric Behavioral Health Polypharmacy - 4 or more medications	1689	703
Pediatric Age Alert- Antipsychotics	1597	561
Behavioral Health Polypharmacy - 6 or more medications	1009	915
Pediatric Antipsychotic Polypharmacy	747	377
Pediatric Atypical Antipsychotic Polypharmacy	683	365
Dose Optimization-Sertraline HCl Tab 50 mg 2 tabs per day	556	491
Dose Optimization-Olanzapine Tab 5 mg 2 tabs per day	555	390
Dose Optimization-Olanzapine Tab 10 mg 2 tabs per day	446	326
Dose optimization - Aripiprazole 5 mg 2 tabs per day	433	288
Dose Optimization-Sertraline HCl Tab 25 mg 2 tabs per day	404	336
Pediatric Behavioral Health Polypharmacy - 5 or more medications	396	253
High Morphine Milligram Equivalents (>=50)	388	366
Dose Optimization-Venlafaxine HCl Cap SR 24HR 75 mg 2 tabs per day	384	357
Dose Optimization-Escitalopram Oxalate Tab 10 mg 2 tabs per day	340	316
Concurrent Utilization: Stimulant, Benzodiazepine, Opioid (adult)	333	309
Dose Optimization-Venlafaxine HCl Cap SR 24HR 37.5 mg 2 tabs per day	326	292
Doctor/Pharmacy Shopping (3 or more)	314	773

thm Triggered	Unique Members per Algorithm	Unique Providers per Algorithm
HCl Cap SR 24HR 37.5 mg 2 tabs per day	311	284
of age taking psychotropic medication	261	208
HCl Tab/Cap 10 mg 2 tabs/caps per day	247	224
ipiprazole 10 mg 2 tabs per day	240	187
iram Oxalate Tab 5 mg 2 tabs per day	210	189
Hydrobromide Tab 20 mg 2 tabs per day	200	193
zapine Tab 2.5 mg 2 tabs per day	183	152
lert - ADHD Medications	167	138
nzapine Tab 5 mg 3 tabs per day	143	124
milligram Equivalents (>=90)	137	151
rasidone 20 mg 2 tabs per day	128	111
enidate HCl ER Cap 20 mg 2 tabs per day	102	77
enzodiazepine, Antipsychotic, Opioid (adult)	100	161
ipiprazole 15 mg 2 tabs per day	97	86
(>=50) with Concomitant Benzodiazepine Use	96	166
rasidone 40 mg 2 tabs per day	91	73
rasidone 60 mg 2 tabs per day	81	72
idate HCl Cap SR 24 HR 15 mg 2 tabs per day	75	55
amfetamine 30 mg 2 tabs per day	73	62
milligram Equivalents (>=120)	72	83
ripiprazole 5 mg 3 tabs per day	72	61
am Equivalent Dose	70	74
enidate HCl ER Cap 10 mg 2 tabs per day	64	54
Hydrobromide Tab 10 mg 2 tabs per day	60	59
zapine Tab 30 mg 1.5 tabs per day	57	54
amfetamine 20 mg 2 tabs per day	56	51
45 days of a Suboxone prescription	52	89
zapine Tab 7.5 mg 2 tabs per day	52	49
zapine Tab 7.5 mg 2 tabs per day	47	44

MagellanRx
MANAGEMENT™

2nd Quarter 2022 Recommendations:

- Atypical Antipsychotic Polypharmacy
- Pediatric Antipsychotic Polypharmacy



Next DUR Meeting

- Outcomes Report: January 2021- June 2021 Outreach
 - Review 2nd Quarter 2022 Initiatives
 - 3rd Quarter 2022 Algorithm Selection

Questions



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

Daphne Atria, PharmD, BCPS, CPE
Strategic Clinical Pharmacist
Magellan Rx Management
DAtria@MagellanHealth.com



Leading humanity
to healthy,
vibrant lives



MagellanRx
MANAGEMENTSM

RetroDUR Reviews 4Q 2021

DONNA JOHNSON, PHARMD

MagellanRx
MANAGEMENTSM

The slide features a light gray background with a white diagonal stripe running from the top-left to the bottom-right. Several colorful triangles are scattered across the slide: a large orange triangle on the left, a smaller lime green triangle above it, a purple triangle in the upper right, a cyan triangle to its right, and a magenta triangle below the purple one.

Opioids

Morphine Milligram Equivalent Daily Dose (MEDD) Threshold

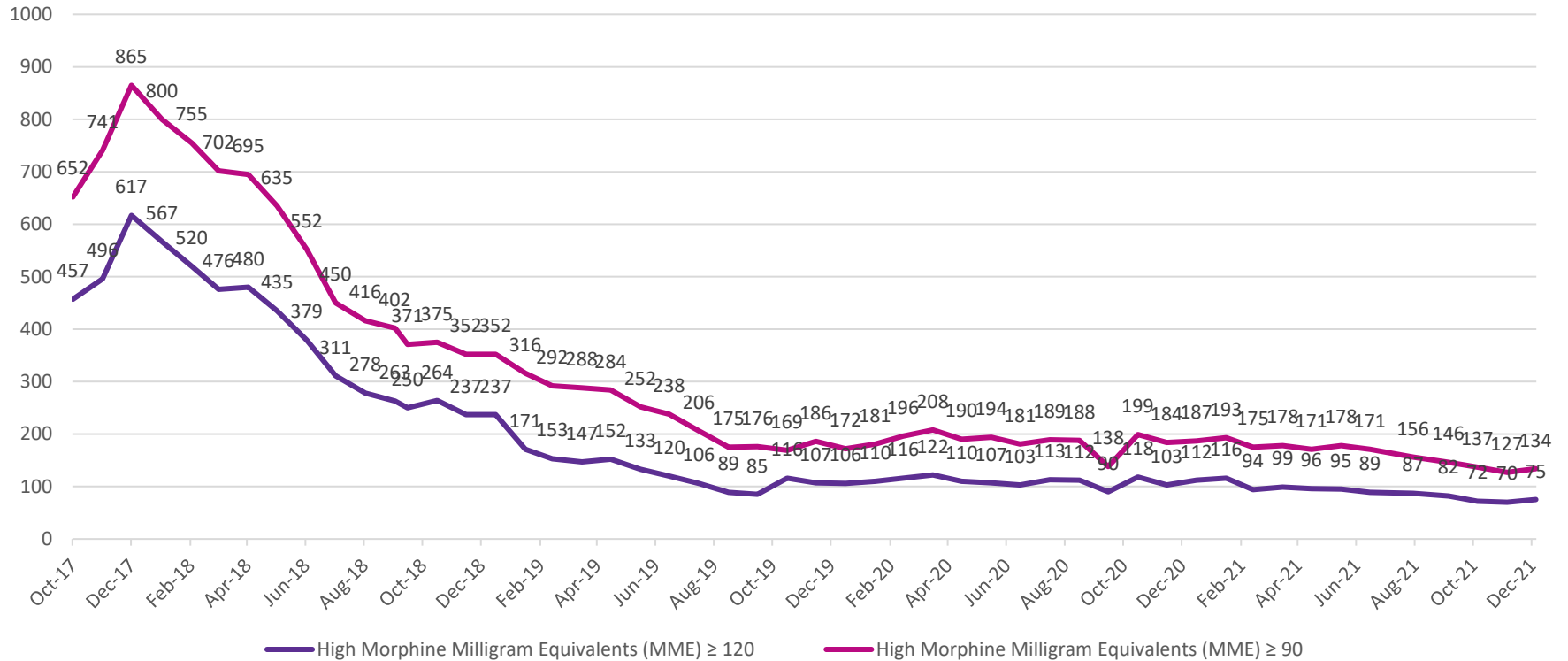
- Effective 9/21/2018, to promote safe opioid prescribing practices, the MDHHS implemented a new safety edit targeting claims with high morphine milligram equivalent daily dose (MEDD).
- The edit requires a clinical prior authorization. To minimize medication disruption, initial requests may be authorized for a 7 days' supply while the prescriber compiles and submits a new prior authorization request with clinical justification supporting the medical necessity of the high MEDD treatment plan and/or a taper plan.
- Prescribers may submit prior authorization requests to exceed these limits. Furthermore, an emergency supply of medication can be requested by the pharmacy (e.g. when the prescriber is unavailable to initiate the clinical prior authorization).
- The MDHHS maximum allowed MEDD was gradually lowered on a periodic basis until the MEDD threshold aligned with guidelines issued by the Centers for Disease Control and Prevention.
- MDHHS lowered the threshold to 90 MEDD on July 1, 2021.

	9/21/2018	1/15/2019	8/1/2019	12/1/2019	7/1/2021
MME Threshold	500	200	150	120	90

Morphine Milligram Equivalent Daily Dose (MEDD) Trends



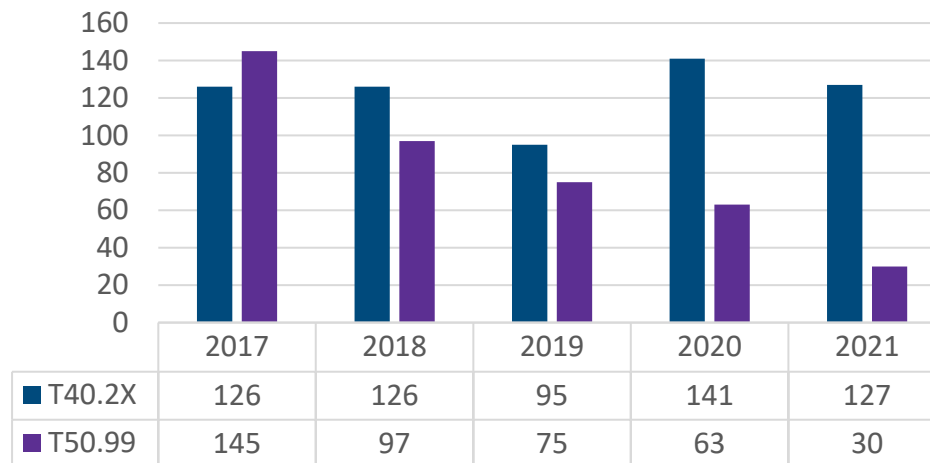
High Morphine Milligram Equivalents (MME) - Members



Overdose Emergency Room Trends



- Considering the increased management of opioid prescriptions in recent years, the DUR Board was interested to see if there was a corresponding increase in the incidence of emergency room visits due to overdoses.
- Medical claims were reviewed for emergency room visits between 2017 and 2021 due to overdose using the following ICD-10 codes:
 - T40.2X - POISONING BY, ADVERSE EFFECT OF AND UNDERDOSING OF OPIOIDS
 - T50.99 - POISONING BY, ADVERSE EFFECT OF AND UNDERDOSING OF OTHER DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES
- The incidence of overdoses due to opioids increased in 2020 and 2021 but the incidence of overdose due to any agent has been trending down since 2017. Overall, we were unable to draw a direct comparison using the available data.



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



October 1, 2021 – December 31, 2021

Month		Distinct Beneficiaries	Beneficiaries with Subsequent Fills	Call Center Requests	Distinct Beneficiaries
Jul	Denied Claims	1511		Call Center Requests	44
	Paid Claims	387		Approved	41
	≤7 ds	302	127	Denied	0
	>7 ds	173		Informational	3
Aug	Denied Claims	1510		Call Center Requests	34
	Paid Claims	298		Approved	33
	≤7 ds	255	113	Denied	0
	>7 ds	126		Informational	1
Sep	Denied Claims	1588		Call Center Requests	57
	Paid Claims	322		Approved	54
	≤7 ds	262	130	Denied	0
	>7 ds	157		Informational	3

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



7/1/2021– 12/31/2021

Adults	Members	P1000M	Naloxone Utilization (n)	Naloxone Utilization (%)
Opioid Dosage >=90 MME/day	238	0.08	32	13.45%
Total Members on Opioids	12,450	4.21	303	2.43%
Members with naloxone claim – no opioid claim during service period			257	

Pediatrics	Members	P1000M	Naloxone Utilization (n)	Naloxone Utilization (%)
Opioid Dosage >=90 MME/day	1	0.00	0	0.00%
Total Members on Opioids	823	0.27	12	1.46%
Members with naloxone claim – no opioid claim during service period			9	



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 - 2021 Q4 (Dates of Service: 10/01/2021-12/31/2021)							
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	269	40	16	3	3	4	335
Opioids and Benzodiazepines Only	65	19	10	2	3	1	100
Opioids, Antipsychotics, and Benzodiazepines	95	26	15	2	1	-	139
Total	429	85	41	7	7	5	574
Total Opioids	8,890	3,404	855	134	66	40	13,389

SUPPORT Act – Concurrent Utilization



MHP Population							
Opioid Only Utilization and Opioid Concurrent Utilization with Antipsychotics and Benzodiazepines - 2021 Q4 (Dates of Service: 10/01/2021-12/31/2021)							
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	4,283	1,791	528	79	58	20	6,759
Opioids and Benzodiazepines Only	4,788	2,407	824	137	112	56	8,324
Opioids, Antipsychotics, and Benzodiazepines	1,179	550	205	39	33	10	2,016
Total	10,250	4,748	1,557	255	203	86	17,099
Total Opioids	66,923	21,183	5,885	792	595	297	95,675

SUPPORT Act – Concurrent Utilization



Total Medicaid Population							
Opioid Only Utilization and Opioid Concurrent Utilization with Antipsychotics and Benzodiazepines - 2021 Q4 (Dates of Service: 10/01/2021-12/31/2021)							
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	4,552	1,831	544	82	61	24	7,094
Opioids and Benzodiazepines Only	4,853	2,426	834	139	115	57	8,424
Opioids, Antipsychotics, and Benzodiazepines	1,274	576	220	41	34	10	2,155
Total	10,679	4,833	1,598	262	210	91	17,673
Total Opioids	75,813	24,587	6,740	926	661	337	109,064

Opioid Potentiator Utilization

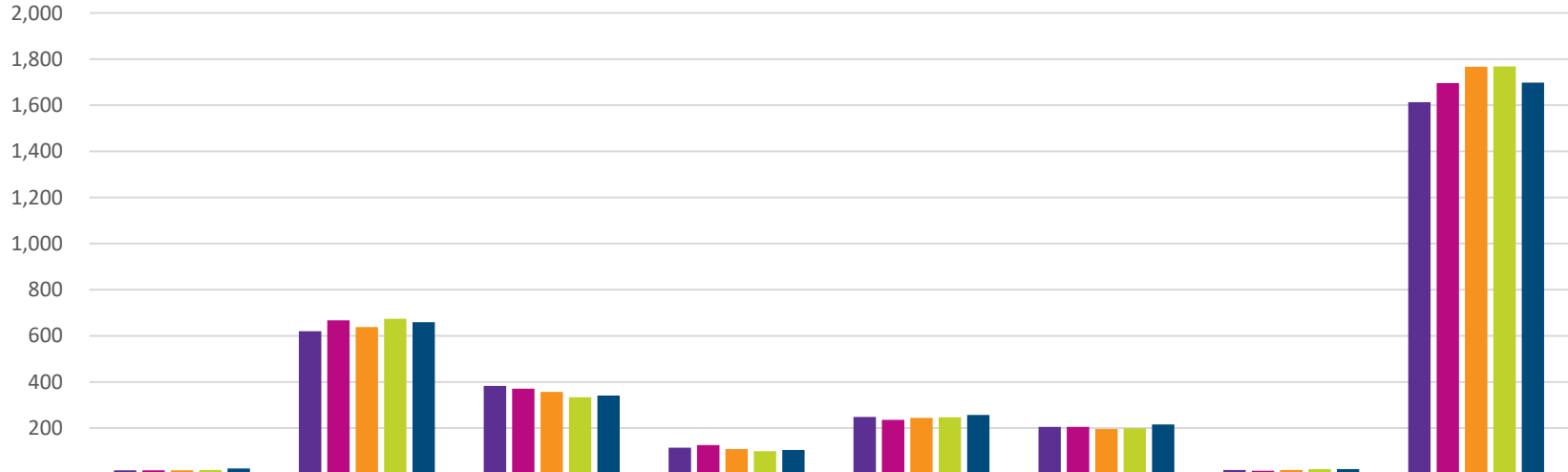


- Paid pharmacy claims were searched for opioids for both adult and pediatric FFS populations
 - Service period 10/1/2021 through 12/31/2021
- Additional analysis was performed on the identified members with concurrent utilization with a 30 day or longer overlap with potentiator medications.
 - Potentiator 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



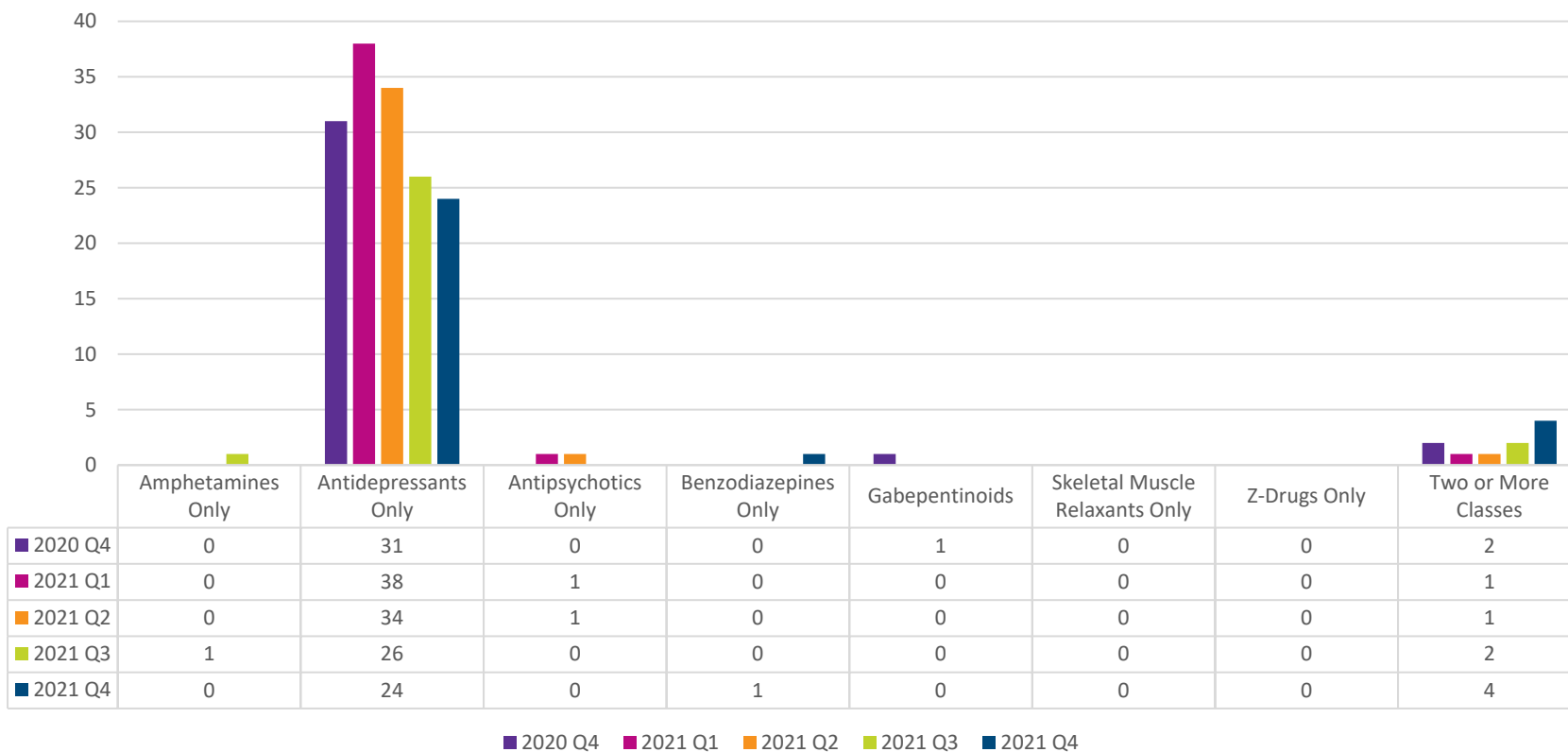
	Amphetamines Only	Antidepressants Only	Antipsychotics Only	Benzodiazepines Only	Gabapentinoids	Skeletal Muscle Relaxants Only	Z-Drugs Only	Two or More Classes
2020 Q4	17	620	383	115	248	205	18	1,613
2021 Q1	17	667	371	126	236	205	15	1,696
2021 Q2	17	638	357	109	244	196	18	1,767
2021 Q3	18	674	334	100	247	199	22	1,768
2021 Q4	25	659	341	105	257	216	22	1,698


2020 Q4 2021 Q1 2021 Q2 2021 Q3 2021 Q4

Opioid Potentiator Utilization



Opioid Potentiator Utilization - Pediatrics





Medication Assisted Treatment (MAT) Utilization

Medication Assisted Treatment (MAT) Utilization

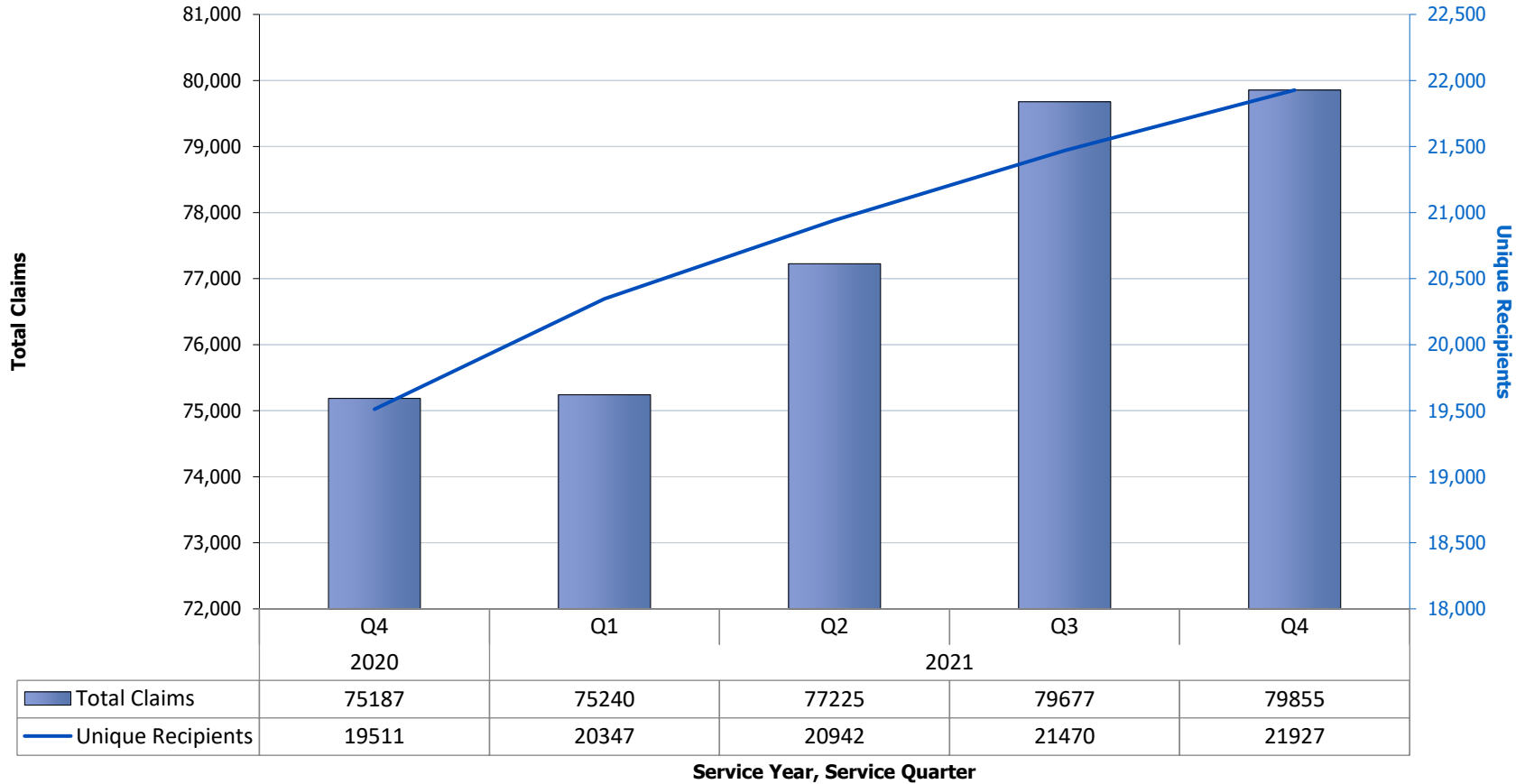


- Paid pharmacy claims were searched for 10/1/2020 – 12/31/2021 to show the trend in utilization for each quarter.
- Paid pharmacy and medical claims were searched for FFS and managed Medicaid Health Plan (MHP) members taking MAT medications
 - Service period: 10/1/2021 through 12/31/2021
- Utilization metrics and prescriber taxonomies are displayed on the following slides

Medication Assisted Treatment (MAT) Utilization



Utilization Trend – 10/1/2020 – 12/31/2021



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 (2021 Q4)	21,927	79,855
Percentage Change	38.2% ↑	35.1% ↑

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 HCL/NALOXONE	FILM	14,073	56,117	1,067	13	4
ZUBSOLV*	BUPRENORPHINE HCL/NALOXONE	TAB SUBL	1,417	5,476	304	5	4
BUPRENORPHINE-NALOXONE*	BUPRENORPHINE HCL/NALOXONE	TAB SUBL	1,687	5,151	458	4	3
NALTREXONE*	NALTREXONE HCL	TABLET	2,815	4,830	1,592	2	2
BUPRENORPHINE*	BUPRENORPHINE HCL	TAB SUBL	1,062	3,357	372	3	3
VIVITROL*	NALTREXONE MICROSPHERES	SUS ER REC	1,420	2,716	512	3	2
SUBLOCADE*	BUPRENORPHINE	SOLER SYR	886	1,853	148	6	2
BUPRENORPHINE-NALOXONE	BUPRENORPHINE HCL/NALOXONE	FILM	135	355	118	1	3
Summary			21,927	79,855	2,592		

* 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
21,927	2,592	79,855	2,003	824	5,580	20,347	2,431	74,275

Medication Assisted Treatment (MAT) Utilization



Prescriber Taxonomy	Total Prescribers
Family Practice/General Practice	613
Nurse Practitioner	501
Physicians Assistant	307
Internal Medicine	292
Psychiatry	286
Emergency Medicine	118
Addiction Specialist	32
Pain Specialist	26
Physical Medicine and Rehab	20
Obstetrics/Gynecology	18
Anesthesiology	16
Pediatrics	12
Surgery	5

Medication Assisted Treatment (MAT) Utilization



Vivitrol Diagnoses	Nbr Mbrs
Alcohol Abuse	151
Opioid Abuse	730

35 members with both alcohol and opioid abuse diagnoses

Pregnancy-related Diagnoses	Nbr Mbrs
MAT products	1186



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 Pharmacy Period Overrides



Call Center Overrides

Year	Quarter	Early Refill	Quantity Limit	Average Days Supply
2020	Q2	3,125	726	28.46
	Q3	3267	689	28.45
	Q4	3270	660	23.69
2021	Q1	3634	721	21.67
	Q2	3271	613	24.50
	Q3	3110	569	27.27
	Q4	3192	640	24.33
Summary		22,869	4618	25.48

COVID-19 Pharmacy Vaccine Utilization



- COVID-19 vaccines covered as a pharmacy benefit effective December 1, 2020
- No co-pay required for beneficiaries
- Pharmacies must submit claims in accordance with NCPDP Guidance as follows below:
 - Professional Service Code = "MA" (Medication Administered)
 - Incentive Amount Submitted
 - Submission Clarification Codes (SCC)
 - SCC = 2 indicates a first dose
 - SCC = 6 indicates a final dose
 - SCC = 7 indicates an additional dose (effective August 12, 2021)
 - SCC = 10 (Meets Plan Limitations) – indicated booster dose for broader population with waning immunity. NCPDP Emergency Preparedness Guidance v1.11, Sept 2021, Section 10.5
 - MDHHS will reimburse \$37.85 incentive fee regardless of dose
 - Prescription Origin Code '5'
 - Basis of Cost Determination '15' (free product or no associated cost)
 - Place of Service = '12' (Home)
 - Effective June 8, 2021, COVID-19 vaccine administration is covered for Medicaid recipients in their place of residence. An additional \$33.24 will be reimbursed for home administration.
- Currently, three vaccines are authorized by CMS:
 - Pfizer-BioNTech COVID-19 vaccine – FDA has approved.
 - 2 shots, 21 days apart
 - Moderna's COVID-19 vaccine
 - 2 shots, 28 days apart
 - Janssen's COVID-19 vaccine
 - 1 shot

COVID-19 Pharmacy Vaccine Utilization



12/1/2020 – 12/31/2021

Vaccine	Claims Count	Member Count
PFIZER COVID-19 VACCINE (EUA)	12,453	8,661
MODERNA COVID-19 VACCINE (EUA)	8,902	6,596
JANSSEN COVID-19 VACCINE (EUA)	927	940

Member Demographics

Gender	
Female	Male
8,934	7,250

Age (yrs) – range 5y– 94y					
5-10	11-15	16-29	30-49	50-64	≥65
402	1249	4366	4995	4361	811

COVID-19 Pharmacy Vaccine Utilization



Member Demographics

RACE	COVID-19 VACCINE UTILIZER COUNT	TOTAL MEDICAID POPULATION COUNT	% OF TOTAL POPULATION
1-Non-Migrant White, not of Hispanic Origin	9,891	1,647,639	1.10%
2-Non-Migrant Black, not of Hispanic Origin	2,589	771,128	0.19%
5-Non-Migrant Unknown	1,043	166,730	0.42%
Z-Non-Migrant Unspecified	746	66,459	0.29%
3-Non-Migrant American Indian or Alaskan Native	1,598	40,412	1.63%
4-Non-Migrant Race not included elsewhere	204	31,095	0.12%
K-Non-Migrant Asian Indian	0	8,068	0.00%
6-Non-Migrant Hispanic	22	3,182	0.60%
V-Non-Migrant Vietnamese	0	3,225	0.00%
L-Non-Migrant Chinese	0	2,593	0.00%
A-Migrant White, not of Hispanic Origin	76	2,054	0.00%
8-Non-Migrant Native Hawaiian	0	2,186	0.00%
9-Non-Migrant Pacific Islander	0	1,120	0.00%
T-Non-Migrant Korean	0	1,113	0.00%
M-Non-Migrant Filipino	0	1,044	0.00%
O-Migrant Unspecified	0	199	0.00%
S-Non-Migrant Japanese	0	279	0.00%
E-Migrant Unknown	13	151	0.00%
W-Non-Migrant Samoan	0	137	0.00%
R-Non-Migrant Guamanian or Chamorro	0	93	0.00%
7-Not provided. Default value if race code is null.	0	49	0.00%
F-Migrant Hispanic	0	10	0.00%
C-Migrant American Indian or Alaskan Native	0	15	0.00%
B-Migrant Black, not of Hispanic Origin	0	18	0.00%
SUMMARY	16,184	2,748,999	0.59%



Vaccines For Children (VFC) Pharmacy Expansion Program

VFC Pharmacy Expansion Program



- Bulletin Number: MSA 21-10 - Vaccines for Children (VFC) Pharmacy Expansion
- Effective 5/8/2021, Medicaid **expanded vaccine administration in the pharmacy setting** to mitigate the reduction in vaccine immunization rates for children as a result of the COVID-19 pandemic.
- Pharmacies participating in the expansion will bill VFC vaccine administration fees to Medicaid Fee-for-Service **for all beneficiaries who are 3 through 18 years of age**, including those who are enrolled in a Medicaid Health Plan (MHP).

VFC Pharmacy Expansion Program



Paid pharmacy claims were searched to identify trends in non-seasonal vaccine utilization from May 2021 through December 2021 for children ages 3 years to 18 years.

- Results:
 - Total Claims: 16
 - Total Recipients: 11
 - Age Range (years): 11y to 18y
- Will continue to monitor as more pharmacies are enrolled

Service Month	Vaccine Name	Total Claims	Unique Recipients
May	TRUMENBA GARDASIL 9 SYRINGE	2	2
August	BOOSTRIX TDAP	1	1
September	BOOSTRIX TDAP	4	4
October	BOOSTRIX TDAP MENACTRA ENGERIX-B	8	8
November	BOOSTRIX TDAP MENACTRA	2	2
Summary		16	11



INCRETIN MIMETIC UTILIZATION

INCRETIN MIMETIC UTILIZATION



- GLP-1 receptor agonist medications stimulate the secretion of insulin and slow the release of glucagon, influencing blood glucose control. GLP-1s also help with weight loss by acting on the body's "set point," reducing appetite and increasing satiety.
- The FDA has approved two GLP-1 agonists, liraglutide (Saxenda) and semaglutide (Wegovy), for weight loss.
- Both of these medications are also available as products approved for type 2 diabetes – Victoza (liraglutide), Ozempic (semaglutide) and Rybelsus (semaglutide, oral).
- Paid claims for Victoza and Ozempic were reviewed to identify high doses that may indicate these products were being used for weight loss rather than diabetes.
 - Service period 7/1/21 – 12/31/21
 - Three members identified with Victoza doses greater than 1.8mg/day. Two did not have a diabetes diagnosis in history.
 - No members were identified with Ozempic doses greater than the maximum recommended dose
- There does not appear to be a significant issue with off-label use of these diabetic medications for weight loss.

Drug	Total Claims	Total Members	Mbr Dose >Max
Victoza (max dose 1.8mg/day)	1341	481	3
Ozempic (max dose 1mg/wk)	871	358	0

A large blue triangle points from the top-left towards the bottom-right. Several smaller triangles of 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

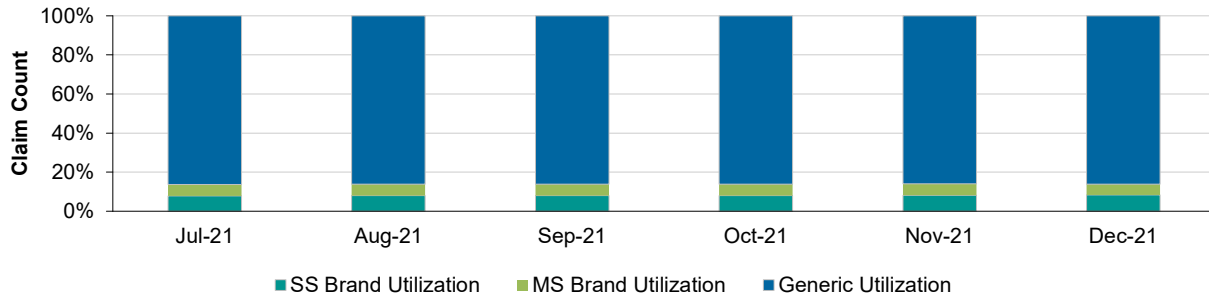
2021Q4

Generic Metric Report: The average generic utilization remains at 86.0% in Q4.

Data Source : MICHIGAN MEDICAID

Service Date : Jul 2021 to Dec 2021

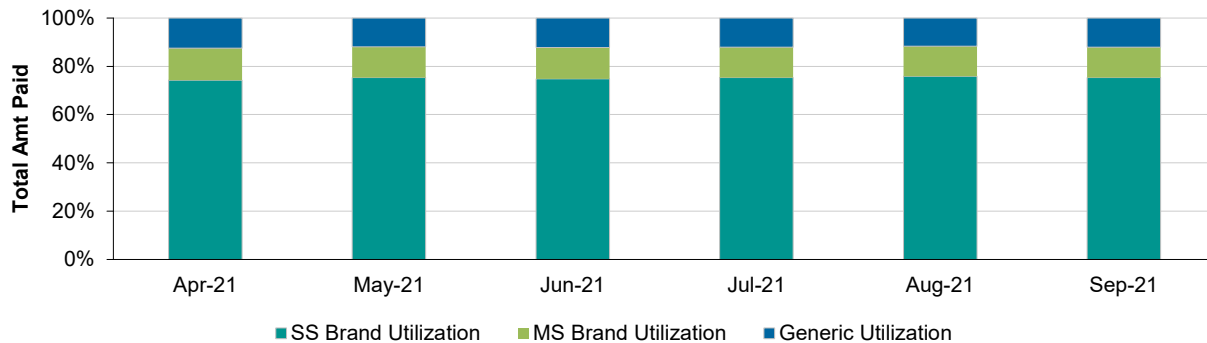
Brand/Generic Utilization By Claim Count



Tabular Data

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
SS Brand Utilization	7.90%	8.08%	8.04%	8.06%	8.24%	8.27%
MS Brand Utilization	5.78%	5.70%	5.84%	5.77%	5.77%	5.64%
Generic Utilization	86.32%	86.22%	86.11%	86.17%	85.98%	86.09%

Brand/Generic Utilization By Paid Amt



Tabular Data

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
SS Brand Utilization	74.31%	75.36%	74.78%	75.36%	75.84%	75.42%
MS Brand Utilization	13.19%	12.70%	13.03%	12.57%	12.51%	12.46%
Generic Utilization	12.49%	11.95%	12.19%	12.07%	11.65%	12.12%



Standard Clinical Metrics: Summary and Trend

Data Source : MICHIGAN MEDICAID
 Service Date : Oct - 2021 to Jan - 2022

	Oct - 2021	Nov - 2021	Dec - 2021	Jan - 2022	SMLY* (Jan - 2021)	Fiscal YTD** (Oct - 2021 -> Sep - 2022)
Total Amt Paid	\$121,660,489.21	\$122,275,384.20	\$128,909,331.49	\$132,004,288.95	\$115,613,038.20	\$504,849,493.85
Claims Count	799,295	800,752	819,384	837,019	790,080	3,256,450
Paid/Claim	\$152.21	\$152.70	\$157.32	\$157.71	\$146.33	\$155.03
Paid PUPM	\$340.57	\$343.63	\$360.17	\$359.44	\$330.92	\$351.02
Paid PMPM	\$23.96	\$24.05	\$25.23	\$25.75	\$24.04	\$24.75
Claims/User/Month	2.2	2.3	2.3	2.3	2.3	2.3
Generic Utilization	86.17%	85.98%	86.09%	86.11%	84.55%	86.09%
% Users	7.04%	7.00%	7.01%	7.16%	7.27%	7.05%
User-Months	357,231	355,835	357,912	367,251	349,365	1,438,229
Member-Months	5,077,015	5,084,665	5,108,883	5,125,789	4,808,196	20,396,352
BH PMPM	\$9.21	\$9.33	\$9.53	\$9.59	\$10.01	\$9.42
Specialty Drug PMPM	\$10.77	\$10.71	\$11.43	\$11.40	\$9.88	\$11.08

* SMLY = Same Month Last Year

** Fiscal YTD = Client Specific Fiscal Year

© 2022 Magellan Health, Inc. All Rights Reserved

Appendix B

ProDUR Reports

2021Q4

ProDUR Message Report: No trends to report

ProDUR Top Ten Message Report: No trends to report

ProDUR Message and Savings Report 2021Q4

Message		Dec 2021		Nov 2021		Oct 2021	
DC	inferred dis. - level 1	14,705	\$5,923,249	14,041	\$5,499,807	14,143	\$6,647,004
DD	drug-drug - level 1	1,182	\$786,623	1,257	\$996,692	1,291	\$1,272,953
ER	early refill	146,775	\$83,614,814	138,657	\$75,073,994	140,683	\$74,205,023
LR	late refill (filtered)	104,522	\$53,069,601	99,131	\$53,522,960	97,137	\$53,233,112
MC	known dis - level 1	88,861	\$22,665,140	86,779	\$25,413,502	88,347	\$24,721,458
MIN-MAX	(Max only; Min suppressed)	31,909	\$35,747,305	31,201	\$36,270,261	31,420	\$33,723,240
PA	geriatric - level 1	3,363	\$339,813	3,174	\$312,629	3,236	\$324,153
	pediatric - level 1	81	\$2,295	117	\$4,451	99	\$2,953
SX	drug to gender - level 1	280	\$621,819	221	\$497,942	174	\$450,025
TD	therapeutic dup.	446,744	\$192,500,525	433,444	\$182,628,149	436,911	\$191,155,619
TOTALS (seen at POS)		838,422	\$395,271,183	808,022	\$380,220,386	813,441	\$385,735,540
# of trans. w/ mess. - at POS		529,353		511,652		512,975	
Avg. mess./claims - POS		1.58		1.58		1.59	
Paid Transactions w/ a message reversed & not resubmitted		35,472	\$7,671,642	35,961	\$8,955,359	33,984	\$7,389,548
Transactions denied and not resubmitted		156,591	\$42,239,502	149,813	\$39,339,091	150,352	\$36,806,932
Total ProDUR Savings			\$49,911,144		\$48,294,450		\$44,196,479
Total submitted transactions		1,707,125	\$287,497,454	1,631,610	\$278,278,405	1,667,326	\$276,280,816
Total paid transactions (claims)		819,329	\$128,870,043	817,332	\$125,335,347	798,248	\$121,566,783
% of total trans. w/mes. POS			31%		31%		31%
Savings as % of paid trans.			39%		39%		36%

**Top Ten ProDUR Message Report
2021Q4**

Alert:	Inferred Disease	Dec-21				Nov-21				Oct-21				
		DC	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Bupropion to epilepsy		1	3,268	36,415	8.97%	1	3,079	36,083	8.53%	1	3,087	35,643	8.66%
	Methylphenidate to anxiety		2	1,884	30,877	6.10%	2	1,751	31,490	5.56%	2	1,800	31,310	5.75%
	Haloperidol to Parkinson's disease		3	1,487	3,317	44.83%	3	1,501	3,232	46.44%	3	1,440	3,136	45.92%
	Fluticasone/salmeterol to acute asthma		4	937	2,554	36.69%	4	941	2,499	37.66%	4	921	2,548	36.15%
	Dexmethylphenidate to anxiety		5	648	10,790	6.01%	5	630	11,227	5.61%	6	611	10,996	5.56%
	Fluphenazine to parkinsonism		6	620	1,328	46.69%	6	615	1,256	48.96%	5	642	1,309	49.05%
	Cyclobenzaprine to heart failure		7	404	4,979	8.11%	7	375	4,965	7.55%	7	344	5,050	6.81%
	Metoprolol tartrate to asthma		8	277	3,165	8.75%	8	282	2,923	9.65%	10	245	2,991	8.19%
	Amphetamine salts to anxiety		9	260	69,748	0.37%	10	218	68,016	0.32%	8	257	68,246	0.38%
	Chlorpromazine to parkinsonism		10	242	1,060	22.83%	9	230	967	23.78%	9	249	985	25.28%
	Carvedilol to asthma		na				na				na			

Alert:	Drug to Drug Interaction	Dec-21				Nov-21				Oct-21				
		DD	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Simvastatin to amlodipine		1	55	1,627	3.38%	3	42	1,532	2.74%	2	55	1,659	3.32%
	Atorvastatin to gemfibrozil		2	44	213	20.66%	1	47	271	17.34%	1	56	12,235	0.46%
	Buprenorphine/naloxone to naltrexone		3	33	45,125	0.07%	5	35	43,435	0.08%	3	48	41,596	0.12%
	Darunavir/cobicistat to alprazolam		4	32	27,121	0.12%	na				5	33	26,048	0.13%
	Sacubitril/valsartan to lisinopril		5	31	651	4.76%	2	45	592	7.60%	na			
	Ketorolac to ibuprofen		6	30	729	4.12%	4	37	734	5.04%	na			
	Elviteg/cob/emtri/tenofovir to alprazolam		7	27	27,121	0.10%	6	32	25,676	0.12%	6	30	26,048	0.12%
	Clopidogrel to pioglitazone		8	25	1,497	1.67%	na				na			
	Escitalopram to hydroxychloroquine		9	21	558	3.76%	8	29	603	4.81%	10	18	544	3.31%
	Metaxolone to duloxetine		10	20	156	12.82%	na				na			
	Fluconazole to hydroxychloroquine		na				9	25	4,379	0.57%	4	39	4,305	0.91%
	Azithromycin to hydroxychloroquine		na				7	31	7,983	0.39%	7	27	7,536	0.36%
	Ondansetron to hydroxychloroquine		na				na				8	23	4,978	0.46%
	Pimozide to fluoxetine		na				na				9	22	91	24.18%
	Darunavir/cobi/emtri/tenof to alprazolam		na				10	24	744	3.23%	na			

Alert:	Early Refill	Dec-21				Nov-21				Oct-21				
		ER	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Sertraline		2	6,298	49,937	12.61%	2	6,320	50,617	12.49%	1	6,302	48,761	12.92%
	Buprenorphine/naloxone		1	6,496	45,125	14.40%	1	6,450	43,435	14.85%	2	5,757	41,596	13.84%
	Trazodone		4	5,728	41,120	13.93%	3	5,636	40,870	13.79%	3	5,452	41,127	13.26%
	Amphetamine salts		3	5,718	39,009	14.66%	4	5,153	68,016	7.58%	4	5,418	68,246	7.94%
	Quetiapine		5	5,924	69,748	8.49%	5	5,134	37,746	13.60%	5	5,230	37,496	13.95%
	Gabapentin		6	4,748	52,514	9.04%	6	4,404	50,367	8.74%	6	4,860	50,908	9.55%
	Bupropion		7	4,559	36,415	12.52%	7	4,336	36,083	12.02%	7	4,230	35,643	11.87%
	Escitalopram		8	4,287	35,439	12.10%	8	4,142	35,359	11.71%	8	4,048	35,362	11.45%
	Duloxetine		na				10	3,721	28,474	13.07%	9	3,711	28,453	13.04%
	Fluoxetine		9	3,912	31,300	12.50%	9	3,793	30,960	12.25%	10	3,591	30,283	11.86%
	Aripiprazole		10	3,863	29,205	13.23%	na				na			

Alert:	Min-Max*	Dec-21				Nov-21				Oct-21				
		HD/LD	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions
	Escitalopram - G-max 0.500EA		1	1,081	35,439	3.05%	2	984	35,359	2.78%	2	1,023	35,362	2.89%
	Escitalopram - A-max 1.000EA		2	1,051	35,439	2.97%	1	984	35,359	2.78%	1	1,025	35,362	2.90%
	Amphetamine salts - A-max 2.000EA		3	980	69,748	1.41%	3	934	68,016	1.37%	3	929	68,246	1.36%
	Venlafaxine-A-max 1.000EA		4	829	18,967	4.37%	4	873	18,821	4.64%	4	814	18,452	4.41%
	Zolpidem - G-max 0.500EA		5	815	7,546	10.80%	5	808	7,430	10.87%	5	794	7,364	10.78%
	Bupropion - A-max 2.000EA		6	699	36,415	1.92%	6	705	36,083	1.95%	6	685	35,643	1.92%
	Citalopram - G-max 0.500EA		7	697	15,428	4.52%	7	649	15,824	4.10%	7	684	16,007	4.27%
	Alprazolam - A-max 2.000EA		8	548	27,121	2.02%	8	548	25,676	2.13%	8	570	26,048	2.19%
	Olanzapine - A-max 1.000EA		9	497	12,950	3.84%	9	499	12,747	3.91%	9	481	12,530	3.84%
	Ergocalciferol - G-max 0.200EA		10	419	20,039	2.09%	na				na			
	Levetiracetam - A-max 3.000EA		na				10	391	14,755	2.65%	10	456	14,735	3.09%

* A-max = Adult maximum

G-max = Geriatric maximum

P-max = Pediatric Maximum

Top Ten ProDUR Message Report 2021Q4

Alert:	Late Refill	Dec-21				Nov-21				Oct-21			
		LR	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Gabapentin	1	7,834	52,514	14.92%	1	7,013	50,367	13.92%	1	7,202	50,908	14.15%
	Sertraline	2	5,767	49,937	11.55%	2	5,669	50,617	11.20%	2	5,363	48,761	11.00%
	Trazodone	3	4,910	41,120	11.94%	3	4,697	40,870	11.49%	3	4,752	41,127	11.55%
	Buprenorphine/naloxone	4	4,660	45,125	10.33%	4	4,422	43,435	10.18%	4	4,196	41,596	10.09%
	Bupropion	5	4,219	36,415	11.59%	5	3,970	36,083	11.00%	5	3,942	35,643	11.06%
	Escitalopram	6	4,139	35,439	11.68%	6	3,896	35,359	11.02%	6	3,923	35,362	11.09%
	Fluoxetine	7	3,660	31,300	11.69%	7	3,655	30,960	11.81%	7	3,503	30,283	11.57%
	Clonazepam	8	3,326	20,220	16.45%	9	3,129	19,675	15.90%	8	3,138	19,780	15.86%
	Duloxetine	9	3,209	28,682	11.19%	8	3,149	28,474	11.06%	9	2,997	28,453	10.53%
	Albuterol	10	2,879	25,342	11.36%	10	2,776	26,037	10.66%	10	2,526	25,741	9.81%

Alert:	Known Disease	Dec-21				Nov-21				Oct-21			
		MC	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Amphetamine salts to pregnancy	1	932	69,748	1.34%	1	841	68,016	1.24%	2	758	68,246	1.11%
	Aspirin to GI hemorrhage	2	874	22,334	3.91%	2	786	21,862	3.60%	1	834	22,224	3.75%
	Aspirin to melena	3	766	22,334	3.43%	3	767	21,862	3.51%	3	748	22,224	3.37%
	Amphetamine salts to tachycardia	4	720	69,748	1.03%	4	728	68,016	1.07%	5	713	68,246	1.04%
	Ibuprofen to pregnancy	5	691	12,675	5.45%	5	726	12,823	5.66%	4	720	13,500	5.33%
	Amphetamine salts to chest pain	6	641	69,748	0.92%	6	615	68,016	0.90%	7	581	68,246	0.85%
	Aspirin to blood in stool	7	617	22,334	2.76%	7	613	21,862	2.80%	6	647	22,224	2.91%
	Bupropion to alcohol withdrawal	8	325	36,415	0.89%	8	297	36,083	0.82%	9	306	35,643	0.86%
	Diazepam to pregnancy	9	305	9,482	3.22%	na				8	332	9,810	3.38%
	Docusate to intestinal obstruction	10	287	12,288	2.34%	10	277	12,028	2.30%	na			
	Divalproex to pregnancy	na				9	279	14,198	1.97%	10	296	14,349	2.06%

Alert:	Geriatric	Dec-21				Nov-21				Oct-21			
		PA	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Amitriptyline	1	1,580	12,514	12.63%	1	1,504	12,187	12.34%	1	1,527	12,145	12.57%
	Benzotropine mesylate	2	825	7,339	11.24%	2	844	7,201	11.72%	2	848	7,638	11.10%
	Doxepin	3	474	3,402	13.93%	3	420	3,293	12.75%	3	410	3,388	12.10%
	Trihexyphenidyl	4	116	713	16.27%	4	120	762	15.75%	5	102	754	13.53%
	Thyroid, pork	5	97	368	26.36%	7	53	278	19.06%	7	61	312	19.55%
	Chlorpromazine	6	70	1,060	6.60%	6	62	967	6.41%	6	67	985	6.80%
	Chlordiazepoxide	7	68	858	7.93%	5	67	906	7.40%	4	103	909	11.33%
	Indomethacin	8	65	232	28.02%	8	32	203	15.76%	8	33	212	15.57%
	Megestrol	9	18	121	14.88%	9	32	127	25.20%	9	25	172	14.53%
	Nifedipine	10	17	967	1.76%	na				na			
	Chlorzoxazone	na				10	20	75	26.67%	10	20	88	22.73%

Alert:	Pediatric	Dec-21				Nov-21				Oct-21			
		PA	Drug	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts
	Guaifenesin/dextromethorphan	1	22	709	3.10%	1	38	704	5.40%	1	44	669	6.58%
	Loperamide	2	19	574	3.31%	2	10	542	1.85%	3	9	594	1.52%
	Phenylephrine/diphenhydramine	3	8	5	160.00%	5	6	4	150.00%	10	2	3	66.67%
	Brompheniramine/PE/dm	4	6	11	54.55%	3	9	8	112.50%	na			
	Acetaminophen with codeine	5	5	1,880	0.27%	9	4	1,827	0.22%	2	9	1,822	0.49%
	Metoclopramide	6	4	642	0.62%	na				na			
	Brompheniramine/pseudoephed/dm	7	2	147	1.36%	6	5	152	3.29%	4	4	160	2.50%
	Codeine phosphate/guaifenesin	8	2	326	0.61%	10	3	309	0.97%	na			
	Dexbrompheniramine/chlophedianol	9	2	2	100.00%	na				na			
	Dextromethorphan	10	2	22	9.09%	4	6	19	31.58%	na			
	Silver sulfadiazine	na				8	5	275	1.82%	5	4	254	1.57%
	Brompheniramine/PE	na				na				6	2	9	22.22%
	Dexbrompheniramine/doxylamine	na				na				7	2	2	100.00%
	Dextromethorphan/PE	na				na				8	2	2	100.00%
	Guaifenesin/dextromethorphan/PE	na				na				9	2	24	8.33%
	Cetirizine/pseudoephedrine	na				7	5	66	7.58%	na			

**Top Ten ProDUR Message Report
2021Q4**

Alert: SX	Gender Drug	Dec-21				Nov-21				Oct-21			
		Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%
	Testosterone (M)	1	91	165	55.15%	3	31	115	26.96%	1	31	170	18.24%
	Progesterone, micronized (W)	2	47	303	15.51%	1	49	322	15.22%	2	27	335	8.06%
	Estradiol (W)	3	37	823	4.50%	2	34	887	3.83%	4	17	856	1.99%
	Finasteride (M)	4	26	442	5.88%	5	14	404	3.47%	3	20	467	4.28%
	Tranexamic acid (W)	5	21	544	3.86%	7	11	585	1.88%	10	7	589	1.19%
	Olaparib (W)	6	15	80	18.75%	4	19	87	21.84%	6	12	120	10.00%
	Anastrozole (W)	7	10	386	2.59%	8	9	347	2.59%	5	12	346	3.47%
	Neratinib (W)	8	10	32	31.25%	9	9	34	26.47%	7	9	42	21.43%
	Alfuzosin (M)	9	9	86	10.47%	10	8	70	11.43%	8	8	66	12.12%
	Miconazole (W)	10	2	399	0.50%	na				na			
	Sildenafil (M)	na				na				9	8	15	53.33%
	Bicalutamide (M)	na				6	12	25	48.00%	na			

Alert: TD	Therapeutic Duplication Drug	Dec-21				Nov-21				Oct-21			
		Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%	Rank	# of alerts	# of transactions	%
	Amphet. salts to amphet. Salts	1	17,640	69,748	25.29%	1	16,511	68,016	24.28%	1	17,080	68,246	25.03%
	Quetiapine to quetiapine	2	11,698	39,009	29.99%	2	11,301	37,746	29.94%	2	11,487	37,496	30.64%
	Sertaline to sertraline	3	10,656	49,937	21.34%	3	10,652	50,617	21.04%	3	10,186	48,761	20.89%
	Fluoxetine to fluoxetine	4	10,219	31,300	32.65%	4	10,158	30,960	32.81%	4	9,917	30,283	32.75%
	Venlafaxine to venlafaxine	5	8,464	18,967	44.62%	7	8,044	18,821	42.74%	7	7,680	18,452	41.62%
	Bupropion to bupropion	6	8,389	36,415	23.04%	6	8,255	36,083	22.88%	5	8,177	35,643	22.94%
	Duloxetine to duloxetine	7	8,162	28,682	28.46%	5	8,318	28,474	29.21%	6	8,120	28,453	28.54%
	Methylphenidate to methylphenidate	8	7,004	30,877	22.68%	8	7,233	31,490	22.97%	8	7,451	31,310	23.80%
	Buprenorphine/naloxone to bupren/nalox	9	5,664	45,125	12.55%	10	5,364	43,435	12.35%	10	4,902	41,596	11.78%
	Escitalopram to escitalopram	10	5,486	35,439	15.48%	9	5,482	35,359	15.50%	9	5,871	35,362	16.60%

Appendix C

Utilization Reports

2021Q4

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

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

Michigan Medicaid
Top 25 Therapeutic Class Analysis Summary Sorted by Claim Count
For Service Period Between Oct 1, 2021 and Dec 31, 2021

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	320,474	13.17%	\$32,803,189.08	8.73%	119,157	\$275.29
H2S	SEROTONIN SPEC REUPTAKE INHIB(SSRI)	273,859	11.25%	\$3,926,382.17	1.05%	136,836	\$28.69
H7T	ANTIPSY, ATYP, DOP, & SERO, ANTAG	172,144	7.07%	\$50,115,563.10	13.34%	56,936	\$880.21
J5B	ADRENERG.,AROMAT.,NON-CATECHOLAMINE	138,036	5.67%	\$16,222,859.76	4.32%	48,827	\$332.25
H7C	SEROT-NOREPINEPH REUP-INHIB (SNRIS)	108,644	4.46%	\$3,100,497.09	0.83%	51,109	\$60.66
H20	Antianxiety-Benzodiazepine type	92,913	3.82%	\$1,096,838.99	0.29%	43,380	\$25.28
H7E	SEROT-2 ANTAG/REUPTAKE INHIB(SARIS)	81,188	3.34%	\$1,068,550.85	0.28%	39,602	\$26.98
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	72,361	2.97%	\$22,997,230.64	6.12%	18,029	\$1,275.57
H7D	NOREPINEPH & DOP REUP INHIB (NDRIS)	70,647	2.90%	\$1,961,984.59	0.52%	35,664	\$55.01
H2F	ANTI-ANXIETY DRUGS	63,912	2.63%	\$940,306.21	0.25%	29,582	\$31.79
H7X	ANTIPSYCH, ATYP, D2 PART AG/5HT MIX	63,155	2.60%	\$21,141,774.39	5.63%	25,792	\$819.70
H2V	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS	62,919	2.59%	\$7,480,460.57	1.99%	24,015	\$311.49
Z2Q	ANTIHISTAMINES - 2ND GENERATION	47,441	1.95%	\$505,658.86	0.13%	22,245	\$22.73
H4A	Anticonvulsants-Benzodiaz. Type	46,104	1.89%	\$3,474,691.88	0.93%	18,963	\$183.24
H2U	TRICY ANTIDEPR & REL NSRUI	40,116	1.65%	\$857,918.39	0.23%	19,889	\$43.14
M9P	PLATELET AGGREGATION INHIBITORS	33,883	1.39%	\$444,407.45	0.12%	15,424	\$28.81
C6D	VITAMIN D PREPARATIONS	33,557	1.38%	\$345,532.21	0.09%	16,686	\$20.71
H8M	TX ADHD-SELECTIVE ALPH-2 RCPT AGNST	29,183	1.20%	\$757,107.91	0.20%	12,264	\$61.73
D6S	LAXATIVES AND CATHARTICS	28,396	1.17%	\$518,358.45	0.14%	12,379	\$41.87
H7B	ALPHA-2 RECEPT ANTAG ANTIDEPRESSANT	24,359	1.00%	\$392,252.21	0.10%	11,510	\$34.08
D4J	PROTON-PUMP INHIBITORS	19,956	0.82%	\$316,370.58	0.08%	10,489	\$30.16
S2B	ANTI-INFLAMMATORY AGENTS	19,068	0.78%	\$219,946.67	0.06%	13,790	\$15.95
M4D	ANTIHYPERLIPD-HMG COA REDUCT INHB	18,646	0.77%	\$227,112.78	0.06%	9,072	\$25.03
H2E	NON-BARBITURATES, SEDATIVE-HYPNOTIC	16,786	0.69%	\$367,821.03	0.10%	7,325	\$50.21
H3E	ANALGESIC/ANTIPYRETIC,NON-SALICYLAT	16,248	0.67%	\$184,796.35	0.05%	9,502	\$19.45

Michigan Medicaid
Top 25 Therapeutic Class Analysis Summary Sorted by Payment Amount
For Service Period Between Oct 1, 2021 and Dec 31, 2021

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	172,144	7.07%	\$50,115,563.10	13.34%	56,936	\$880.21
H4B	ANTICONVULSANTS	320,474	13.17%	\$32,803,189.08	8.73%	119,157	\$275.29
W5X	ARV CMB-NRTI INTEGRASE INHIB	7,224	0.30%	\$26,146,797.68	6.96%	3,103	\$8,426.30
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	72,361	2.97%	\$22,997,230.64	6.12%	18,029	\$1,275.57
V1Q	ANTINEOP SYS ENZYME INHIB	1,805	0.07%	\$21,608,177.28	5.75%	698	\$30,957.27
H7X	ANTIPSYCH, ATYP, D2 PART AG/5HT MIX	63,155	2.60%	\$21,141,774.39	5.63%	25,792	\$819.70
J5B	ADRENERG.,AROMAT.,NON-CATECHOLAMINE	138,036	5.67%	\$16,222,859.76	4.32%	48,827	\$332.25
B0F	CFTR POTENT & CORRECT COMB	1,120	0.05%	\$14,797,035.57	3.94%	413	\$35,828.17
H8W	ANTIPSYCH-ATYP-D3/D2 PART	10,170	0.42%	\$12,207,286.89	3.25%	4,445	\$2,746.30
W0E	HEP C- NS5A AND NS3/4A COMB	818	0.03%	\$11,252,893.83	3.00%	545	\$20,647.51
H2V	ANTI-NARCOLEPSY/ANTI-HYPERKINESIS	62,919	2.59%	\$7,480,460.57	1.99%	24,015	\$311.49
M0P	Hemophilia TX-Non-Factor Repl	341	0.01%	\$7,083,647.22	1.89%	103	\$68,773.27
M0E	ANTIHEMOPHILIC FACTORS	311	0.01%	\$6,622,653.54	1.76%	119	\$55,652.55
H8T	SSRI & SEROTN RECPT MOD ANTIDEP	12,051	0.50%	\$5,533,202.48	1.47%	5,435	\$1,018.07
W0H	PI-Nucleoside-Nucleotide	1,228	0.05%	\$4,738,474.65	1.26%	488	\$9,709.99
C4G	INSULINS	15,539	0.64%	\$4,412,427.73	1.17%	5,546	\$795.61
Z1T	GENET D/O TX-EXON I.A.O.	124	0.01%	\$4,243,048.85	1.13%	46	\$92,240.19
H2S	SEROTONIN SPEC REUPTAKE INHIB(SSRI)	273,859	11.25%	\$3,926,382.17	1.05%	136,836	\$28.69
Z1R	D/O TX-EXON SKIP ANTI OLIGONUC	117	0.00%	\$3,721,870.78	0.99%	15	\$248,124.72
C0D	ANTIALCOHOLIC PREPARATIONS	4,547	0.19%	\$3,627,659.31	0.97%	2,377	\$1,526.15
W5O	ANTIVIR,HIVSPEC,NUCLEOSD-TIDE ANLOG	2,581	0.11%	\$3,520,617.00	0.94%	1,298	\$2,712.34
H4A	Anticonvulsants-Benzodiaz. Type	46,104	1.89%	\$3,474,691.88	0.93%	18,963	\$183.24
H4E	Anticonvulsant-Cannabinoid	1,342	0.06%	\$3,248,791.77	0.86%	472	\$6,883.03
W5Z	ARV COMB-NRTIS&INTEGRASE INHB	953	0.04%	\$3,117,709.87	0.83%	407	\$7,660.22
W5Q	ARTV - NUCLEOSIDE/NUCLEOTIDE/NON-NU	1,074	0.04%	\$3,111,375.76	0.83%	445	\$6,991.86

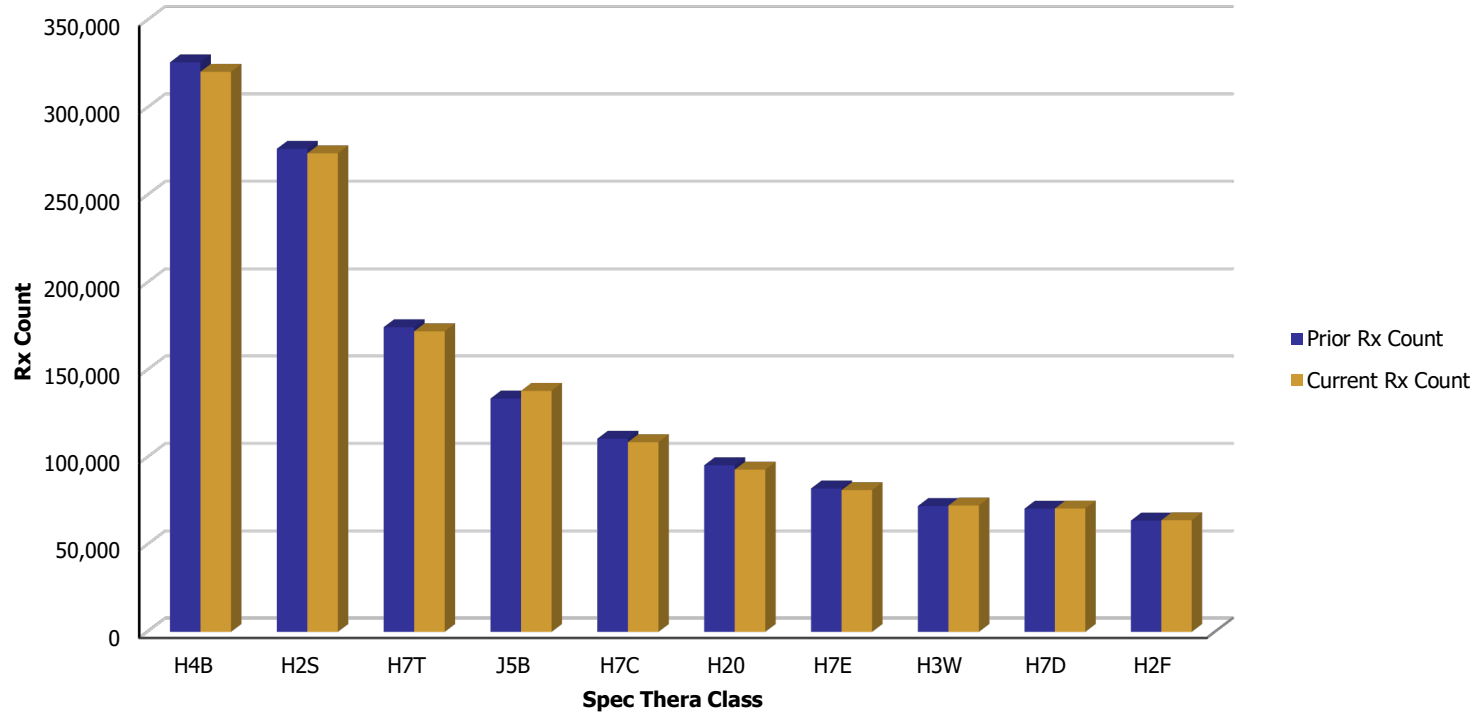
□

Michigan Medicaid

Top 10 Therapeutic Classes Ranked by Claim Volume

Current Service Dates from Oct 1, 2021 to Dec 31, 2021
Prior Service Dates from Jul 1, 2021 to Sep 30, 2021

□

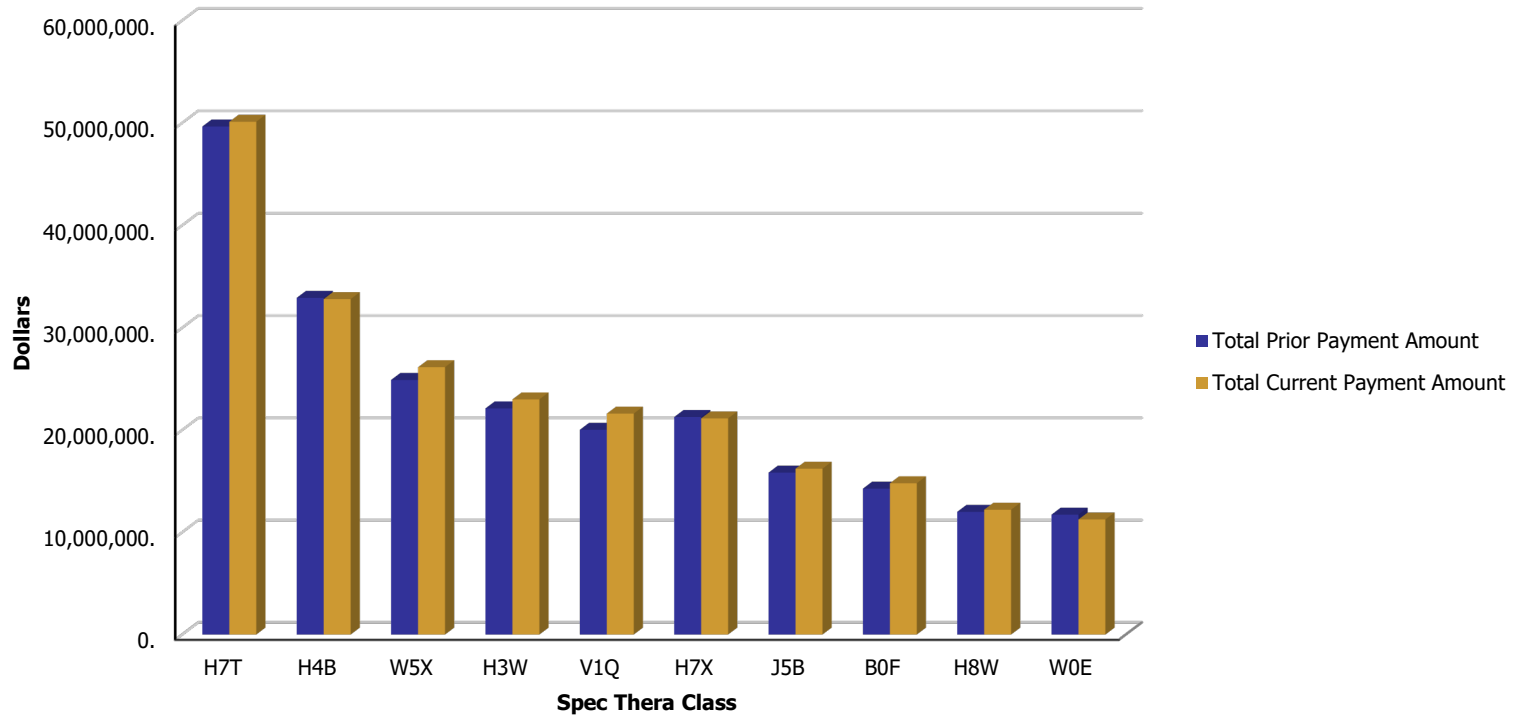


Spec Thera Class	Spec Thera Desc	Prior Rx Count	Current Rx Count	% Change in Rx Count	Total Ingredient Cost	Total Payment Amount
H4B	ANTICONVULSANTS	325,868	320,474	-1.66%	\$31,156,318.11	\$32,803,189.08
H2S	SEROTONIN SPEC REUPTAKE INHIB(SSRI)	276,423	273,859	-0.93%	\$1,409,829.40	\$3,926,382.17
H7T	ANTIPSY, ATYP, DOP, & SERO, ANTAG	174,471	172,144	-1.33%	\$48,806,965.38	\$50,115,563.10
J5B	ADRENERG.,AROMAT.,NON-CATECHOLAMINE	133,633	138,036	3.29%	\$15,074,970.56	\$16,222,859.76
H7C	SEROT-NOREPINEPH REUP-INHIB (SNRIS)	110,626	108,644	-1.79%	\$2,030,449.74	\$3,100,497.09
H20	Antianxiety-Benzodiazepine type	95,422	92,913	-2.63%	\$225,754.44	\$1,096,838.99
H7E	SEROT-2 ANTAG/REUPTAKE INHIB(SARIS)	82,138	81,188	-1.16%	\$334,687.24	\$1,068,550.85
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	72,101	72,361	0.36%	\$22,475,105.27	\$22,997,230.64
H7D	NOREPINEPH & DOP REUP INHIB (NDRIS)	70,552	70,647	0.13%	\$1,258,283.78	\$1,961,984.59
H2F	ANTI-ANXIETY DRUGS	63,749	63,912	0.26%	\$325,002.52	\$940,306.21

Michigan Medicaid

Top 10 Therapeutic Classes Ranked by Payment Amount

Current Service Dates from Oct 1, 2021 to Dec 31, 2021
Prior Service Dates from Jul 1, 2021 to Sep 30, 2021



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	174,471	172,144	0.93%	\$49,652,192.43	\$50,115,563.10
H4B	ANTICONVULSANTS	325,868	320,474	-0.38%	\$32,926,730.64	\$32,803,189.08
W5X	ARV CMB-NRTI INTEGRASE INHIB	6,946	7,224	5.00%	\$24,900,969.60	\$26,146,797.68
H3W	NARCOTIC WITHDRAWAL THERAPY AGENTS	72,101	72,361	3.98%	\$22,117,636.41	\$22,997,230.64
V1Q	ANTINEOP SYS ENZYME INHIB	1,687	1,805	7.89%	\$20,028,104.97	\$21,608,177.28
H7X	ANTIPSYCH, ATYP, D2 PART AG/5HT MIX	63,875	63,155	-0.64%	\$21,278,427.86	\$21,141,774.39
J5B	ADRENERG.,AROMAT.,NON-CATECHOLAMINE	133,633	138,036	2.44%	\$15,836,474.83	\$16,222,859.76
B0F	CFTR POTENT & CORRECT COMB	1,182	1,120	3.69%	\$14,270,392.79	\$14,797,035.57
H8W	ANTIPSYCH-ATYP-D3/D2 PART	10,076	10,170	1.71%	\$12,001,621.17	\$12,207,286.89
W0E	HEP C- N5SA AND NS3/4A COMB	903	818	-4.05%	\$11,727,591.98	\$11,252,893.83

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Oct 1, 2021 and Dec 31, 2021

All Ages

Grand Total Payment Amount - \$375,627,705.38

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	107,063	48,397	\$1,800,727.11	\$37.21	96.71	30.69	\$16.82	2.45%
2	DEXTROAMPHETAMINE/AMPHETAMINE	103,920	35,698	\$6,198,880.44	\$173.65	43.31	29.43	\$59.65	8.44%
3	SERTRALINE HCL	94,754	48,374	\$1,208,182.43	\$24.98	47.97	39.75	\$12.75	1.65%
4	TRAZODONE HCL	81,188	39,602	\$1,068,550.85	\$26.98	43.74	35.12	\$13.16	1.46%
5	QUETIAPINE FUMARATE	74,531	26,342	\$1,183,256.63	\$44.92	39.17	28.81	\$15.88	1.61%
6	BUPROPION HCL	70,644	35,666	\$1,885,872.97	\$52.88	49.83	39.37	\$26.70	2.57%
7	BUPRENORPHINE HCL/NALOXONE HCL	67,148	16,727	\$19,684,934.70	\$1,176.84	36.82	18.47	\$293.16	26.81%
8	ESCITALOPRAM OXALATE	66,038	34,818	\$884,924.67	\$25.42	43.45	39.99	\$13.40	1.21%
9	BUSPIRONE HCL	63,912	29,582	\$940,306.21	\$31.79	68.45	29.12	\$14.71	1.28%
10	FLUOXETINE HCL	61,247	29,576	\$972,071.09	\$32.87	48.31	38.65	\$15.87	1.32%
11	DULOXETINE HCL	57,909	27,914	\$1,035,122.80	\$37.08	52.52	39.47	\$17.87	1.41%
12	ARIPIPIRAZOLE	54,081	22,207	\$9,245,560.62	\$416.34	31.26	28.94	\$170.96	12.59%
13	ALPRAZOLAM	54,064	23,777	\$631,441.17	\$26.56	52.55	25.14	\$11.68	0.86%
14	METHYLPHENIDATE HCL	45,399	17,773	\$4,840,648.59	\$272.36	44.13	29.41	\$106.62	6.59%
15	LAMOTRIGINE	42,074	17,646	\$2,232,783.65	\$126.53	67.35	35.19	\$53.07	3.04%
16	CLONAZEPAM	38,891	16,065	\$505,010.37	\$31.44	54.11	27.29	\$12.99	0.69%
17	VENLAFAXINE HCL	36,783	17,249	\$1,117,299.18	\$64.77	50.62	41.04	\$30.38	1.52%
18	TOPIRAMATE	33,500	16,001	\$4,025,302.99	\$251.57	70.80	36.92	\$120.16	5.48%
19	LISDEXAMFETAMINE DIMESYLATE	33,047	13,984	\$9,812,391.75	\$701.69	30.10	29.49	\$296.92	13.36%
20	PREGABALIN	32,782	14,582	\$829,978.89	\$56.92	69.04	30.87	\$25.32	1.13%
21	ASPIRIN	32,712	14,832	\$328,346.71	\$22.14	36.19	35.69	\$10.04	0.45%
22	ERGOCALCIFEROL (VITAMIN D2)	30,952	15,176	\$313,023.95	\$20.63	5.07	34.91	\$10.11	0.43%
23	CITALOPRAM HYDROBROMIDE	30,685	16,399	\$340,939.17	\$20.79	45.13	42.52	\$11.11	0.46%
24	DIVALPROEX SODIUM	28,308	11,014	\$839,338.20	\$76.21	80.67	31.45	\$29.65	1.14%
25	LEVETIRACETAM	27,292	12,245	\$1,496,372.70	\$122.20	171.29	36.47	\$54.83	2.04%
All Drugs Total Payment for Period				\$73,421,267.84					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Oct 1, 2021 and Dec 31, 2021

All Ages

Grand Total Payment Amount - \$375,627,705.38

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	17,629	7,063	\$23,078,098.74	\$3,267.46	31.04	28.91	\$1,309.10	10.48%	
2	BICTEGRAV/EMTRICIT/TENOFOV ALA	5,840	2,512	\$21,129,128.87	\$8,411.28	34.32	34.34	\$3,618.00	9.60%	
3	PALIPERIDONE PALMITATE	7,664	3,253	\$19,972,399.47	\$6,139.69	1.28	32.42	\$2,606.00	9.07%	
4	BUPRENORPHINE HCL/NALOXONE HCL	67,148	16,727	\$19,684,934.70	\$1,176.84	36.82	18.47	\$293.16	8.94%	
5	ELEXACAFTOR/TEZACAFTOR/IVACAFT	1,035	385	\$13,570,806.03	\$35,248.85	83.92	28.00	\$13,111.89	6.16%	
6	CARIPRAZINE HCL	10,170	4,445	\$12,207,286.89	\$2,746.30	30.02	29.01	\$1,200.32	5.54%	
7	GLECAPREVIR/PIBRENTASVIR	817	544	\$11,245,593.81	\$20,672.05	89.41	29.97	\$13,764.50	5.11%	
8	BREXPIPRAZOLE	8,192	3,420	\$9,825,771.18	\$2,873.03	30.63	29.35	\$1,199.43	4.46%	
9	LISDEXAMFETAMINE DIMESYLATE	33,047	13,984	\$9,812,391.75	\$701.69	30.10	29.49	\$296.92	4.46%	
10	ARIPIPRAZOLE	54,081	22,207	\$9,245,560.62	\$416.34	31.26	28.94	\$170.96	4.20%	
11	LACOSAMIDE	7,707	2,904	\$7,518,990.98	\$2,589.18	147.45	31.91	\$975.61	3.41%	
12	EMICIZUMAB-KXWH	341	103	\$7,083,647.22	\$68,773.27	2.24	27.74	\$20,773.16	3.22%	
13	DEXTROAMPHETAMINE/AMPHETAMINE	103,920	35,698	\$6,198,880.44	\$173.65	43.31	29.43	\$59.65	2.82%	
14	VORTIOXETINE HYDROBROMIDE	12,051	5,435	\$5,533,202.48	\$1,018.07	34.42	33.52	\$459.15	2.51%	
15	ELVITEG/COB/EMTRI/TENOF ALAFEN	1,339	579	\$4,862,354.60	\$8,397.85	34.14	34.14	\$3,631.33	2.21%	
16	METHYLPHENIDATE HCL	45,399	17,773	\$4,840,648.59	\$272.36	44.13	29.41	\$106.62	2.20%	
17	DARUNAVIR/COB/EMTRI/TENOF ALAF	1,228	488	\$4,738,474.65	\$9,709.99	30.42	30.42	\$3,858.69	2.15%	
18	PALBOCICLIB	358	135	\$4,614,674.88	\$34,182.78	20.88	27.90	\$12,890.15	2.10%	
19	VIGABATRIN	441	162	\$4,564,950.34	\$28,178.71	153.65	31.33	\$10,351.36	2.07%	
20	TOPIRAMATE	33,500	16,001	\$4,025,302.99	\$251.57	70.80	36.92	\$120.16	1.83%	
21	NALTREXONE MICROSPPHERES	2,731	1,425	\$3,456,115.59	\$2,425.34	1.01	28.12	\$1,265.51	1.57%	
22	EMTRICITABINE/TENOFOV ALAFENAM	1,603	720	\$3,409,114.34	\$4,734.88	35.19	35.18	\$2,126.71	1.55%	
23	CANNABIDIOL (CBD)	1,342	472	\$3,248,791.77	\$6,883.03	197.07	29.60	\$2,420.86	1.48%	
24	BUPRENORPHINE	1,927	921	\$3,211,393.34	\$3,486.85	1.14	28.52	\$1,666.52	1.46%	
25	ABACAIVR/DOLUTEGRAVIR/LAMIVUDI	953	407	\$3,117,709.87	\$7,660.22	33.33	33.30	\$3,271.47	1.42%	
All Drugs Total Payment for Period				\$220,196,224.14						

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Oct 1, 2021 and Dec 31, 2021
Ages 0 - 18 years

Grand Total Payment Amount - \$90,502,563.60

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	43,712	15,587	\$2,999,281.09	\$192.42	34.98	29.59	\$68.61	13.46%
2	METHYLPHENIDATE HCL	36,462	14,410	\$4,254,361.20	\$295.24	42.56	29.47	\$116.68	19.09%
3	GUANFACINE HCL	24,001	10,143	\$516,203.97	\$50.89	36.95	32.73	\$21.51	2.32%
4	LISDEXAMFETAMINE DIMESYLATE	22,530	9,833	\$6,612,812.05	\$672.51	30.07	29.61	\$293.51	29.68%
5	SERTRALINE HCL	21,474	10,308	\$261,399.07	\$25.36	42.29	36.08	\$12.17	1.17%
6	FLUOXETINE HCL	18,017	8,247	\$279,963.40	\$33.95	42.54	34.54	\$15.54	1.26%
7	DESMETHYLPHENIDATE HCL	16,086	6,093	\$2,298,048.11	\$377.16	34.98	29.48	\$142.86	10.31%
8	ARIPIPIRAZOLE	14,722	5,856	\$1,048,272.18	\$179.01	38.97	28.89	\$71.20	4.70%
9	ESCITALOPRAM OXALATE	13,925	6,939	\$182,136.49	\$26.25	41.19	35.32	\$13.08	0.82%
10	TRAZODONE HCL	11,098	5,021	\$122,512.44	\$24.40	38.34	32.16	\$11.04	0.55%
11	RISPERIDONE	10,735	3,944	\$213,046.77	\$54.02	53.44	29.26	\$19.85	0.96%
12	QUETIAPINE FUMARATE	8,478	2,876	\$113,247.04	\$39.38	39.58	28.59	\$13.36	0.51%
13	ATOMOXETINE HCL	7,947	3,567	\$385,003.21	\$107.93	35.23	32.23	\$48.45	1.73%
14	LEVETIRACETAM	7,591	3,321	\$389,128.04	\$117.17	272.66	36.07	\$51.26	1.75%
15	LAMOTRIGINE	7,308	2,836	\$517,133.77	\$182.35	81.71	34.04	\$70.76	2.32%
16	OXCARBAZEPINE	7,115	2,803	\$861,064.72	\$307.19	172.35	32.00	\$121.02	3.86%
17	BUSPIRONE HCL	6,607	3,210	\$84,787.63	\$26.41	62.96	29.17	\$12.83	0.38%
18	BUPROPION HCL	6,387	3,221	\$140,731.82	\$43.69	40.35	35.33	\$22.03	0.63%
19	CLONIDINE HCL	6,382	2,757	\$210,657.91	\$76.41	61.03	32.95	\$33.01	0.95%
20	ALBUTEROL SULFATE	5,839	4,159	\$226,090.46	\$54.36	74.05	19.88	\$38.72	1.01%
21	CETIRIZINE HCL	5,019	3,084	\$54,078.64	\$17.54	87.36	28.71	\$10.77	0.24%
22	FLUTICASONE PROPIONATE	5,002	3,352	\$246,430.00	\$73.52	14.81	30.38	\$49.27	1.11%
23	DIVALPROEX SODIUM	4,955	1,826	\$156,235.78	\$85.56	93.60	31.64	\$31.53	0.70%
24	AMOXICILLIN	4,655	4,364	\$40,164.48	\$9.20	138.15	9.68	\$8.63	0.18%
25	OLANZAPINE	3,879	1,491	\$70,067.84	\$46.99	38.85	28.09	\$18.06	0.31%
All Drugs Total Payment for Period				\$22,282,858.11					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Oct 1, 2021 and Dec 31, 2021
Ages 0 - 18 years

Grand Total Payment Amount - \$90,502,563.60

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	ELEXACFTOR/TEZACFTOR/IVACAFT	552	204	\$8,054,810.35	\$39,484.36	83.86	28.00	\$14,592.05	13.27%
2	LISDEXAMFETAMINE DIMESYLATE	22,530	9,833	\$6,612,812.05	\$672.51	30.07	29.61	\$293.51	10.90%
3	METHYLPHENIDATE HCL	36,462	14,410	\$4,254,361.20	\$295.24	42.56	29.47	\$116.68	7.01%
4	LURASIDONE HCL	3,272	1,288	\$4,044,184.88	\$3,139.90	31.45	29.16	\$1,236.00	6.66%
5	VIGABATRIN	406	148	\$3,890,380.43	\$26,286.35	149.57	30.86	\$9,582.22	6.41%
6	EMICIZUMAB-KXWH	211	67	\$3,727,236.00	\$55,630.39	1.81	28.00	\$17,664.63	6.14%
7	DEXTRAMPHETAMINE/AMPHETAMINE	43,712	15,587	\$2,999,281.09	\$192.42	34.98	29.59	\$68.61	4.94%
8	DESMETHYLPHENIDATE HCL	16,086	6,093	\$2,298,048.11	\$377.16	34.98	29.48	\$142.86	3.79%
9	ETEPLIRSEN	49	9	\$2,291,280.08	\$254,586.68	58.45	28.00	\$46,760.82	3.78%
10	GLYCEROL PHENYLBUTYRATE	60	24	\$2,194,338.00	\$91,430.75	229.17	27.83	\$36,572.30	3.62%
11	NUSINERSEN SODIUM/PF	17	15	\$2,167,500.00	\$144,500.00	5.00	30.71	\$127,500.00	3.57%
12	ONASEMNOGENE ABEPARVOVEC-XIOI	3	1	\$2,125,000.00	\$2,125,000.00	0.33	1.00	\$708,333.33	3.50%
13	RISDIPLAM	100	28	\$1,822,276.02	\$65,081.29	150.40	23.44	\$18,222.76	3.00%
14	COAGULATION FACTOR VIIA,RECOMB	17	5	\$1,774,506.60	\$354,901.32	110,882.35	17.29	\$104,382.74	2.92%
15	CANNABIDIOL (CBD)	858	298	\$1,748,604.68	\$5,867.80	169.25	29.67	\$2,038.00	2.88%
16	LACOSAMIDE	1,720	651	\$1,456,499.84	\$2,237.33	282.69	31.55	\$846.80	2.40%
17	CANAKINUMAB/PF	73	26	\$1,267,554.70	\$48,752.10	1.11	28.26	\$17,363.76	2.09%
18	CLOBAZAM	3,200	1,220	\$1,207,432.39	\$989.70	168.52	31.55	\$377.32	1.99%
19	LUMACAFTOR/IVACAFTOR	71	26	\$1,116,189.54	\$42,930.37	74.14	28.00	\$15,720.98	1.84%
20	IVACAFTOR	51	21	\$1,072,135.17	\$51,054.06	54.35	28.00	\$21,022.26	1.77%
21	ARIPIRAZOLE	14,722	5,856	\$1,048,272.18	\$179.01	38.97	28.89	\$71.20	1.73%
22	PALIPERIDONE PALMITATE	429	180	\$971,323.73	\$5,396.24	1.17	30.07	\$2,264.16	1.60%
23	OXCARBAZEPINE	7,115	2,803	\$861,064.72	\$307.19	172.35	32.00	\$121.02	1.42%
24	CARIPRAZINE HCL	712	315	\$854,333.94	\$2,712.17	31.31	28.36	\$1,199.91	1.41%
25	ANTIHEMOPH.FVIII REC,FC FUSION	31	11	\$819,992.89	\$74,544.81	16,790.68	24.42	\$26,451.38	1.35%
All Drugs Total Payment for Period				\$60,679,418.59					

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Oct 1, 2021 and Dec 31, 2021
Ages 19 - 49 years

Grand Total Payment Amount - \$212,150,632.09

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	63,318	28,422	\$1,073,521.93	\$37.77	96.31	30.36	\$16.95	2.51%
2	BUPRENORPHINE HCL/NALOXONE HCL	58,915	14,644	\$17,215,869.03	\$1,175.63	36.63	18.39	\$292.22	40.30%
3	DEXTROAMPHETAMINE/AMPHETAMINE	55,155	18,378	\$2,929,698.14	\$159.41	49.05	29.31	\$53.12	6.86%
4	SERTRALINE HCL	55,089	29,060	\$712,817.11	\$24.53	49.77	40.88	\$12.94	1.67%
5	BUPROPION HCL	48,328	24,571	\$1,289,766.66	\$52.49	49.75	39.54	\$26.69	3.02%
6	TRAZODONE HCL	46,037	23,114	\$612,635.23	\$26.50	43.81	35.00	\$13.31	1.43%
7	QUETIAPINE FUMARATE	45,920	16,551	\$744,640.13	\$44.99	39.16	28.74	\$16.22	1.74%
8	BUSPIRONE HCL	43,487	20,494	\$646,462.14	\$31.54	68.98	29.10	\$14.87	1.51%
9	ESCITALOPRAM OXALATE	40,173	21,829	\$538,320.57	\$24.66	44.21	41.25	\$13.40	1.26%
10	ALPRAZOLAM	36,330	16,070	\$428,948.43	\$26.69	52.40	24.96	\$11.81	1.00%
11	DULOXETINE HCL	35,174	17,052	\$629,424.09	\$36.91	52.25	39.37	\$17.89	1.47%
12	FLUOXETINE HCL	32,627	16,147	\$515,638.56	\$31.93	49.99	39.83	\$15.80	1.21%
13	ARIPIPIRAZOLE	30,726	12,977	\$6,908,431.46	\$532.36	28.15	28.88	\$224.84	16.17%
14	LAMOTRIGINE	28,900	12,368	\$1,500,482.74	\$121.32	64.68	35.43	\$51.92	3.51%
15	CLONAZEPAM	27,829	11,420	\$349,742.95	\$30.63	54.04	27.18	\$12.57	0.82%
16	VENLAFAXINE HCL	24,875	11,690	\$742,064.24	\$63.48	50.28	40.92	\$29.83	1.74%
17	TOPIRAMATE	23,042	11,214	\$2,828,853.98	\$252.26	69.74	37.20	\$122.77	6.62%
18	PREGABALIN	19,708	8,759	\$483,695.60	\$55.22	69.24	30.79	\$24.54	1.13%
19	CITALOPRAM HYDROBROMIDE	19,014	10,328	\$210,487.56	\$20.38	45.24	42.60	\$11.07	0.49%
20	DIVALPROEX SODIUM	17,447	6,902	\$531,045.60	\$76.94	79.60	31.36	\$30.44	1.24%
21	OLANZAPINE	15,358	5,878	\$304,696.18	\$51.84	35.00	27.90	\$19.84	0.71%
22	AMITRIPTYLINE HCL	14,819	7,699	\$245,734.00	\$31.92	47.66	38.54	\$16.58	0.58%
23	LORAZEPAM	14,158	7,254	\$167,406.26	\$23.08	44.04	22.35	\$11.82	0.39%
24	MIRTAZAPINE	13,867	6,737	\$218,824.72	\$32.48	33.94	32.98	\$15.78	0.51%
25	LEVETIRACETAM	13,453	6,176	\$891,046.13	\$144.28	141.67	37.20	\$66.23	2.09%
All Drugs Total Payment for Period				\$42,720,253.44					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Oct 1, 2021 and Dec 31, 2021

Ages 19 - 49 years

Grand Total Payment Amount - \$212,150,632.09

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	58,915	14,644	\$17,215,869.03	\$1,175.63	36.63	18.39	\$292.22	11.83%
2	BICTEGRAV/EMTRICIT/TENOFOV ALA	4,316	1,881	\$15,778,329.01	\$8,388.27	34.66	34.66	\$3,655.78	10.84%
3	PALIPERIDONE PALMITATE	6,007	2,537	\$15,676,360.10	\$6,179.09	1.28	32.33	\$2,609.68	10.77%
4	LURASIDONE HCL	11,565	4,745	\$15,203,194.72	\$3,204.05	30.84	28.79	\$1,314.59	10.45%
5	CARIPRAZINE HCL	7,772	3,444	\$9,293,696.50	\$2,698.52	29.90	29.04	\$1,195.79	6.39%
6	GLECAPREVIR/PIBRENTASVIR	589	397	\$8,188,881.38	\$20,626.91	90.06	30.12	\$13,903.02	5.63%
7	BREXIPRAZOLE	5,879	2,484	\$7,029,955.52	\$2,830.09	30.51	29.30	\$1,195.77	4.83%
8	ARIPIPIRAZOLE	30,726	12,977	\$6,908,431.46	\$532.36	28.15	28.88	\$224.84	4.75%
9	ELEXACAFOR/TEZACAFOR/IVACAF	464	173	\$5,255,171.81	\$30,376.72	84.00	28.00	\$11,325.80	3.61%
10	LACOSAMIDE	4,496	1,753	\$4,750,270.10	\$2,709.79	118.07	33.31	\$1,056.55	3.26%
11	VORTIOXETINE HYDROBROMIDE	8,522	3,884	\$3,911,581.07	\$1,007.10	34.56	33.57	\$459.00	2.69%
12	DARUNAVIR/COB/EMTRI/TENOF ALAF	913	364	\$3,538,015.80	\$9,719.82	30.36	30.36	\$3,875.15	2.43%
13	ELVITEG/COB/EMTRI/TENOF ALAFEN	919	408	\$3,382,600.99	\$8,290.69	34.64	34.64	\$3,680.74	2.32%
14	EMICIZUMAB-KXWH	122	33	\$3,225,577.16	\$97,744.76	2.96	27.25	\$26,439.16	2.22%
15	BUPRENORPHINE	1,791	850	\$3,011,865.68	\$3,543.37	1.10	28.55	\$1,681.67	2.07%
16	LISDEXAMFETAMINE DIMESYLATE	9,895	3,919	\$3,002,816.71	\$766.22	30.16	29.24	\$303.47	2.06%
17	DEXTROAMPHETAMINE/AMPHETAMINE	55,155	18,378	\$2,929,698.14	\$159.41	49.05	29.31	\$53.12	2.01%
18	TOPIRAMATE	23,042	11,214	\$2,828,853.98	\$252.26	69.74	37.20	\$122.77	1.94%
19	NALTREXONE MICROSPHERES	2,173	1,152	\$2,750,146.78	\$2,387.28	1.00	28.07	\$1,265.60	1.89%
20	EMTRICITABINE/TENOFOV ALAFENAM	1,205	550	\$2,566,106.51	\$4,665.65	35.34	35.34	\$2,129.55	1.76%
21	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	645	283	\$2,152,363.37	\$7,605.52	33.49	33.49	\$3,337.00	1.48%
22	PALBOCICLIB	137	52	\$1,791,683.56	\$34,455.45	21.00	27.90	\$13,077.98	1.23%
23	EMTRICITAB/RILPIVIRI/TENOF ALA	568	237	\$1,778,406.00	\$7,503.82	33.12	33.12	\$3,131.00	1.22%
24	ARIPIPIRAZOLE LAUROXIL	722	333	\$1,683,624.36	\$5,055.93	2.83	29.19	\$2,331.89	1.16%
25	BRIVARACETAM	1,174	496	\$1,677,250.94	\$3,381.55	95.62	33.51	\$1,428.66	1.15%
All Drugs Total Payment for Period				\$145,530,750.68					

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Oct 1, 2021 and Dec 31, 2021
Ages 50 - 64 years

Grand Total Payment Amount - \$70,603,605.88

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	41,273	18,774	\$680,846.01	\$36.27	95.53	31.24	\$16.50	7.25%
2	TRAZODONE HCL	23,750	11,314	\$330,318.42	\$29.20	46.16	36.73	\$13.91	3.52%
3	DULOXETINE HCL	20,139	9,608	\$359,141.88	\$37.38	54.11	40.17	\$17.83	3.82%
4	QUETIAPINE FUMARATE	19,850	6,805	\$322,416.90	\$47.38	39.04	29.08	\$16.24	3.43%
5	SERTRALINE HCL	17,710	8,774	\$228,623.21	\$26.06	49.44	40.76	\$12.91	2.43%
6	ALPRAZOLAM	16,821	7,141	\$193,221.40	\$27.06	53.58	25.78	\$11.49	2.06%
7	BUPROPION HCL	15,788	7,805	\$453,356.18	\$58.09	53.96	40.51	\$28.72	4.83%
8	ASPIRIN	13,886	6,370	\$139,320.55	\$21.87	36.34	35.88	\$10.03	1.48%
9	BUSPIRONE HCL	13,689	5,823	\$207,617.53	\$35.65	69.43	29.17	\$15.17	2.21%
10	PREGABALIN	12,777	5,683	\$341,998.83	\$60.18	68.75	30.98	\$26.77	3.64%
11	ERGOCALCIFEROL (VITAMIN D2)	11,777	5,659	\$122,179.99	\$21.59	4.90	34.78	\$10.37	1.30%
12	ESCITALOPRAM OXALATE	11,674	5,920	\$160,767.62	\$27.16	43.66	41.29	\$13.77	1.71%
13	FLUOXETINE HCL	10,454	5,105	\$174,590.95	\$34.20	53.02	42.01	\$16.70	1.86%
14	LORATADINE	9,439	4,056	\$97,814.43	\$24.12	30.40	29.53	\$10.36	1.04%
15	VENLAFAXINE HCL	9,087	4,283	\$315,203.35	\$73.59	54.41	42.97	\$34.69	3.36%
16	CLONAZEPAM	9,047	3,621	\$114,865.18	\$31.72	54.84	28.19	\$12.70	1.22%
17	ATORVASTATIN CALCIUM	8,917	4,267	\$108,257.99	\$25.37	29.26	29.31	\$12.14	1.15%
18	ARIPIPIRAZOLE	8,569	3,352	\$1,280,730.35	\$382.08	29.15	29.26	\$149.46	13.63%
19	CITALOPRAM HYDROBROMIDE	8,468	4,453	\$96,342.56	\$21.64	46.30	44.39	\$11.38	1.03%
20	AMITRIPTYLINE HCL	8,169	4,020	\$138,753.05	\$34.52	47.29	38.69	\$16.99	1.48%
21	BUPRENORPHINE HCL/NALOXONE HCL	7,967	2,008	\$2,409,723.45	\$1,200.06	38.49	19.09	\$302.46	25.65%
22	MIRTAZAPINE	7,478	3,398	\$123,473.33	\$36.34	34.52	33.44	\$16.51	1.31%
23	DOCUSATE SODIUM	7,188	3,017	\$73,712.37	\$24.43	55.14	29.03	\$10.25	0.78%
24	TOPIRAMATE	6,591	3,027	\$707,568.79	\$233.75	68.85	37.35	\$107.35	7.53%
25	LEVETIRACETAM	6,098	2,681	\$213,527.98	\$79.64	111.04	35.42	\$35.02	2.27%
All Drugs Total Payment for Period				\$9,394,372.30					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Oct 1, 2021 and Dec 31, 2021

Ages 50 - 64 years

Grand Total Payment Amount - \$70,603,605.88

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	BICTEGRAV/EMTRICIT/TENOFOV ALA	1,274	534	\$4,559,007.48	\$8,537.47	33.66	33.71	\$3,578.50	11.47%
2	LURASIDONE HCL	2,785	1,028	\$3,822,094.89	\$3,717.99	31.40	29.09	\$1,372.39	9.61%
3	PALIPERIDONE PALMITATE	1,214	531	\$3,298,142.83	\$6,211.19	1.28	33.74	\$2,716.76	8.29%
4	GLECAPREVIR/PIBRENTASVIR	216	137	\$2,864,210.81	\$20,906.65	85.97	29.18	\$13,260.24	7.20%
5	PALBOCICLIB	212	79	\$2,705,297.76	\$34,244.28	20.80	27.89	\$12,760.84	6.80%
6	BUPRENORPHINE HCL/NALOXONE HCL	7,967	2,008	\$2,409,723.45	\$1,200.06	38.49	19.09	\$302.46	6.06%
7	BREXIPRAZOLE	1,783	704	\$2,174,959.57	\$3,089.43	30.63	29.48	\$1,219.83	5.47%
8	CARIPRAZINE HCL	1,675	682	\$2,046,691.55	\$3,001.01	30.06	29.17	\$1,221.91	5.15%
9	VORTIOXETINE HYDROBROMIDE	3,120	1,346	\$1,435,950.34	\$1,066.83	33.94	33.35	\$460.24	3.61%
10	ELVITEG/COB/EMTRI/TENOF ALAFEN	403	163	\$1,425,727.86	\$8,746.80	33.20	33.20	\$3,537.79	3.59%
11	LACOSAMIDE	1,468	496	\$1,305,865.09	\$2,632.79	73.62	28.33	\$889.55	3.28%
12	ARIPIRAZOLE	8,569	3,352	\$1,280,730.35	\$382.08	29.15	29.26	\$149.46	3.22%
13	IBRUTINIB	87	32	\$1,177,888.24	\$36,809.01	33.79	28.28	\$13,538.95	2.96%
14	DARUNAVIR/COB/EMTRI/TENOF ALAF	303	119	\$1,165,249.83	\$9,792.02	30.59	30.59	\$3,845.71	2.93%
15	ABACAIVR/DOLUTEGRAVIR/LAMIVUDI	263	106	\$880,759.25	\$8,309.05	33.29	33.18	\$3,348.89	2.22%
16	EMTRICITAB/RILPIVIRI/TENOF ALA	246	95	\$808,145.61	\$8,506.80	33.66	33.66	\$3,285.14	2.03%
17	INSULIN GLARGINE,HUM.REC.ANLOG	2,272	1,091	\$808,024.69	\$740.63	14.59	31.28	\$355.64	2.03%
18	EMTRICITABINE/TENOFOV ALAFENAM	366	153	\$769,250.99	\$5,027.78	34.57	34.57	\$2,101.78	1.93%
19	TOPIRAMATE	6,591	3,027	\$707,568.79	\$233.75	68.85	37.35	\$107.35	1.78%
20	LENVATINIB MESYLATE	35	15	\$699,335.17	\$46,622.34	64.29	29.43	\$19,981.00	1.76%
21	APIXABAN	1,758	744	\$693,705.99	\$932.40	53.73	27.04	\$394.60	1.74%
22	OLAPARIB	60	21	\$685,157.67	\$32,626.56	95.50	30.00	\$11,419.29	1.72%
23	GABAPENTIN	41,273	18,774	\$680,846.01	\$36.27	95.53	31.24	\$16.50	1.71%
24	DASATINIB	55	20	\$680,552.98	\$34,027.65	29.62	27.98	\$12,373.69	1.71%
25	NALTREXONE MICROSPHERES	534	258	\$675,945.60	\$2,619.94	1.02	28.33	\$1,265.82	1.70%
All Drugs Total Payment for Period				\$39,760,832.80					

Michigan Medicaid
Top 25 All Drugs Ranked by Claim Count
For Service Dates Between Oct 1, 2021 and Dec 31, 2021
Ages 65 years and older

Grand Total Payment Amount - \$2,036,737.46

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	15,262	6,680	\$155,964.50	\$23.35	35.80	35.43	\$10.22	19.66%
2	ERGOCALCIFEROL (VITAMIN D2)	11,088	4,961	\$117,119.19	\$23.61	4.70	33.59	\$10.56	14.77%
3	ACETAMINOPHEN	7,367	3,509	\$86,241.55	\$24.58	79.71	23.47	\$11.71	10.87%
4	LORATADINE	7,038	2,990	\$73,939.84	\$24.73	29.44	29.03	\$10.51	9.32%
5	DOCUSATE SODIUM	5,414	2,293	\$57,342.51	\$25.01	52.28	29.36	\$10.59	7.23%
6	CETIRIZINE HCL	3,895	1,707	\$41,882.36	\$24.54	29.57	29.28	\$10.75	5.28%
7	FOLIC ACID	3,260	1,508	\$31,949.38	\$21.19	36.35	34.24	\$9.80	4.03%
8	CALCIUM CARBONATE/VITAMIN D3	2,926	1,191	\$31,916.55	\$26.80	60.27	34.09	\$10.91	4.02%
9	POLYETHYLENE GLYCOL 3350	1,617	820	\$74,202.80	\$90.49	40.11	27.60	\$45.89	9.36%
10	MAGNESIUM OXIDE	1,538	677	\$17,971.20	\$26.55	49.55	33.56	\$11.68	2.27%
11	BISACODYL	1,250	592	\$13,386.69	\$22.61	40.80	26.23	\$10.71	1.69%
12	ATORVASTATIN CALCIUM	803	415	\$8,270.21	\$19.93	28.53	28.61	\$10.30	1.04%
13	CARBOXYMETHYLCELLULOSE SODIUM	715	347	\$12,784.82	\$36.84	19.37	27.81	\$17.88	1.61%
14	GABAPENTIN	654	299	\$7,255.97	\$24.27	68.29	27.83	\$11.09	0.91%
15	CYANOCOBALAMIN (VITAMIN B-12)	497	228	\$4,758.28	\$20.87	1.48	26.17	\$9.57	0.60%
16	KETOTIFEN FUMARATE	487	246	\$8,581.85	\$34.89	5.21	26.40	\$17.62	1.08%
17	POLYVINYL ALCOHOL	475	259	\$7,501.35	\$28.96	15.09	27.84	\$15.79	0.95%
18	SERTRALINE HCL	410	189	\$4,359.60	\$23.07	38.51	35.19	\$10.63	0.55%
19	METFORMIN HCL	405	235	\$4,258.36	\$18.12	75.27	37.52	\$10.51	0.54%
20	AMLODIPINE BESYLATE	399	230	\$3,403.05	\$14.80	37.22	36.34	\$8.53	0.43%
21	FAMOTIDINE	349	184	\$4,152.11	\$22.57	41.90	27.11	\$11.90	0.52%
22	LISINOPRIL	345	202	\$3,142.51	\$15.56	38.89	37.59	\$9.11	0.40%
23	LEVOTHYROXINE SODIUM	343	169	\$3,980.84	\$23.56	34.17	34.11	\$11.61	0.50%
24	OMEPRAZOLE	328	180	\$3,477.29	\$19.32	35.66	29.27	\$10.60	0.44%
25	NICOTINE	321	193	\$15,328.64	\$79.42	24.47	23.69	\$47.75	1.93%
All Drugs Total Payment for Period				\$793,171.45					

Michigan Medicaid
Top 25 All Drugs Ranked by Payment Amount
For Service Dates Between Oct 1, 2021 and Dec 31, 2021
Ages 65 years and older

Grand Total Payment Amount - \$2,036,737.46

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	15,262	6,680	\$155,964.50	\$23.35	35.80	35.43	\$10.22	12.12%
2	ERGOCALCIFEROL (VITAMIN D2)	11,088	4,961	\$117,119.19	\$23.61	4.70	33.59	\$10.56	9.10%
3	IBRUTINIB	7	2	\$97,531.53	\$48,765.77	28.00	28.00	\$13,933.08	7.58%
4	ACETAMINOPHEN	7,367	3,509	\$86,241.55	\$24.58	79.71	23.47	\$11.71	6.70%
5	POLYETHYLENE GLYCOL 3350	1,617	820	\$74,202.80	\$90.49	40.11	27.60	\$45.89	5.77%
6	LORATADINE	7,038	2,990	\$73,939.84	\$24.73	29.44	29.03	\$10.51	5.75%
7	LENVATINIB MESYLATE	3	1	\$61,098.00	\$61,098.00	30.00	30.00	\$20,366.00	4.75%
8	DOCUSATE SODIUM	5,414	2,293	\$57,342.51	\$25.01	52.28	29.36	\$10.59	4.46%
9	APIXABAN	170	79	\$54,361.92	\$688.13	49.06	24.87	\$319.78	4.22%
10	INSULIN GLARGINE,HUM.REC.ANLOG	183	90	\$53,198.88	\$591.10	11.66	30.50	\$290.70	4.13%
11	GLECAPREVIR/PIBRENTASVIR	4	2	\$52,492.80	\$26,246.40	84.00	28.00	\$13,123.20	4.08%
12	NILOTINIB HCL	3	1	\$47,259.42	\$47,259.42	112.00	28.00	\$15,753.14	3.67%
13	CETIRIZINE HCL	3,895	1,707	\$41,882.36	\$24.54	29.57	29.28	\$10.75	3.25%
14	SITAGLIPTIN PHOSPHATE	68	35	\$34,476.63	\$985.05	34.93	34.93	\$507.01	2.68%
15	FOLIC ACID	3,260	1,508	\$31,949.38	\$21.19	36.35	34.24	\$9.80	2.48%
16	CALCIUM CARBONATE/VITAMIN D3	2,926	1,191	\$31,916.55	\$26.80	60.27	34.09	\$10.91	2.48%
17	OSIMERTINIB MESYLATE	2	1	\$30,410.94	\$30,410.94	30.00	30.00	\$15,205.47	2.36%
18	EMPAGLIFLOZIN	61	31	\$27,242.25	\$878.78	28.44	28.44	\$446.59	2.12%
19	SOFOSBUVIR/VELPATAS/VOXILAPREV	1	1	\$24,925.00	\$24,925.00	28.00	28.00	\$24,925.00	1.94%
20	ENZALUTAMIDE	2	1	\$24,556.40	\$24,556.40	120.00	30.00	\$12,278.20	1.91%
21	ADALIMUMAB	4	2	\$23,260.12	\$11,630.06	2.00	28.00	\$5,815.03	1.81%
22	BICTEGRAV/EMTRICIT/TENOFOV ALA	9	4	\$23,153.81	\$5,788.45	30.00	30.00	\$2,572.65	1.80%
23	CABOZANTINIB S-MALATE	1	1	\$21,664.80	\$21,664.80	30.00	30.00	\$21,664.80	1.68%
24	RIVAROXABAN	57	28	\$20,710.85	\$739.67	29.75	28.12	\$363.35	1.61%
25	IMATINIB MESYLATE	3	1	\$20,102.80	\$20,102.80	30.00	30.00	\$6,700.93	1.56%
All Drugs Total Payment for Period				\$1,287,004.83					

Appendix D

Preferred Drug List

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 tramadol ER <u>tablets</u>	Belbuca® ² buprenorphine films ² Conzip ER® Diskets® Embeda® ² hydrocodone ER (generic Hysingla®) 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 capsules Ultram ER® Xtampza ER® ² Zohydro ER®
Narcotics – Short and Intermediate Acting	codeine ² codeine/acetaminophen hydrocodone/acetaminophen hydromorphone oral tablets ² morphine sulfate tablets, solution ² morphine sulfate supp oxycodone tabs (5mg,10mg,15mg) ² oxycodone oral solution ² oxycodone /acetaminophen	Actiq® ² Apadaz® benzhydrocodone/acetaminophen butorphanol ² codeine / acetaminophen/caffeine /butalbital codeine / aspirin /caffeine /butalbital Demerol® tablets, solution ² Dilaudid® all forms ² fentanyl citrate buccal 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 tramadol/acetaminophen	<i>Fentora</i> ® ² <i>Fioricet w/ Codeine</i> ® <i>Fiorinal w/ Codeine</i> ® <i>hydrocodone/ ibuprofen</i> <i>hydromorphone suppository</i> <i>levorphanol</i> <i>Lorcet</i> ®, <i>Lorcet HD</i> ®, <i>Lorcet Plus</i> ® <i>Lortab</i> ® <i>meperidine tablets, solution</i> ² <i>Nalocet</i> ® <i>Norco</i> ® <i>Nucynta</i> ® <i>Oxaydo</i> ® <i>oxycodone/aspirin</i> <i>oxycodone caps</i> ² <i>oxycodone tabs (20mg, 30mg)</i> ² <i>oxycodone oral conc soln</i> ² <i>oxycodone oral syr</i> ² <i>oxycodone/ibuprofen</i> <i>oxymorphone</i> ² <i>pentazocine/naloxone</i> <i>Percocet</i> ® <i>Prolate</i> ® <i>tablets, solution</i> <i>Qdolo</i> ® ² ♦ <i>Roxicodone</i> ® ² <i>Rybix ODT</i> ® <i>Stadol</i> ®, <i>Stadol NS</i> ® ² <i>Talwin</i> ®, <i>Talwin NX</i> ® <i>Tylox</i> ® <i>Ultram</i> ®/ <i>Ultracet</i> ®
Narcotics – Transdermal	<i>Butrans</i> ® ² fentanyl patches (generic only) ²	<i>buprenorphine patches</i> ² <i>Duragesic</i> ® ² <i>fentanyl patches 37.5mg, 62.5mg and 87.5mg only</i>
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	diclofenac diclofenac topical gel 1% diclofenac topical solution 1.5%	<i>Arthrotec</i> ® <i>Daypro</i> ® <i>diclofenac 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
	ibuprofen indomethacin ketoprofen immediate release ketorolac meloxicam nabumetone naproxen OTC naproxen (generic for Naprosyn®) sulindac	<i>diclofenac epolamine 1.3% patch</i> <i>diclofenac-misoprostol</i> <i>diclofenac potassium</i> <i>diflunisal</i> Duexis® EC-Naprosyn® EC-naproxen etodolac / etodolac ER Feldene® fenoprofen Flector Patch® ² flurbiprofen Indocin® oral suspension ¹ indomethacin ext release ketoprofen ext release Licart® ² Lofena® meclofenamate sodium mefenamic acid Mobic® Motrin® Nalfon® Naprelan CR® naproxen (generic for Anaprox) naproxen delayed release naproxen/esomeprazole (generic for Vimovo) naproxen suspension oxaprozin Pennsaid® piroxicam Relafen DS® Sprix® [◆] tolmetin sodium Vimovo® [◆] Vivlodex® Voltaren® gel

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
		Zipsor® Zorvolex®♦
Non-Steroidal Anti-Inflammatory – Cox II Inhibitors	celecoxib ^{2,9}	Celebrex® ^{2, 9}
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>buprenorphine/naloxone SL film (generic Suboxone films)</i> ²
Opioid Withdrawal Symptom Management	clonidine tabs guanfacine/guanfacine ER	Catapres® tabs Lucremyra® 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 ketoconazole tablets nystatin oral susp, tablets terbinafine ²	Brexafemme²♦ <i>Cresemba®♦</i> <i>Diflucan®²</i> <i>flucytosine</i> <i>griseofulvin tablets</i> <i>griseofulvin microsize tablets</i> <i>griseofulvin ultramicrosize</i> <i>itraconazole²♦</i> <i>Noxafil®, Noxafil DR®</i> <i>Oravig®</i> <i>posaconazole</i> <i>Sporanox®²♦</i> <i>Tolsura®</i> <i>Vfend®♦</i> <i>voriconazole♦</i>
Antifungals – Topical	ciclopirox cream (generic for Loprox, Ciclodan) ciclopirox 8% solution (generic for Ciclodan) 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 shampoo</i> <i>ciclopirox suspension (generic for Loprox®)</i> <i>clotrimazole / betamethasone lotion</i> <i>clotrimazole Rx solution</i> <i>econazole nitrate</i> <i>Ertaczo®</i> <i>Exelderm®</i> <i>Extina®</i> <i>Fungoid-D®</i> <i>Jublia®♦</i> <i>Kerydin®♦</i> <i>ketoconazole foam</i> <i>Ketodan®</i> <i>Loprox®</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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>Lotrimin AF®</i> <i>Iuliconazole</i> <i>Luzu®</i> <i>Mentax®</i> <i>miconazole/zinc oxide/petrolatum</i> <i>Naftin®</i> <i>naftifine</i> <i>oxiconazole</i> <i>Oxistat®</i> <i>tavaborole</i> <i>Vusion®</i>
Antivirals – Herpes	acyclovir tablets, capsules, suspension famciclovir valacyclovir	<i>Sitavig®</i> <i>Valtrex®</i> <i>Zovirax®</i>
Antivirals – Influenza ⁵	oseltamivir ² Relenza® ² rimantadine Tamiflu® ² Xofluza®	<i>Flumadine®</i>
Antivirals – Topical	Denavir® Zovirax® cream, ointment	<i>acyclovir cream, ointment</i> <i>Xerese®</i>
Cephalosporins - 1st Generation	cefadroxil capsules ² cefadroxil suspension cephalixin	<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 capsules, suspension ²	<i>cefixime capsules, suspension</i> <i>cefpodoxime tablets²</i> <i>cefpodoxime suspension</i> <i>Suprax® capsules, chew tabs, suspension</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Hepatitis C	Pegasys® ² Peg-Intron® ribavirin	Intron A® [◆] ribavirin dose pack
Hepatitis C – Direct-Acting Antivirals	Mavyret®	Epclusa® Harvoni® ledipasvir/sofosbuvir (generic for Harvoni) sofosbuvir/velpatasvir (generic for Epclusa) Sovaldi® Viekira Pak® Vosevi® Zepatier®
Macrolides	azithromycin ² clarithromycin ² erythromycin ethylsuccinate tablets erythromycin ethylsuccinate 200mg susp Erythrocin®	clarithromycin ER E.E.S.® tablets and 400mg suspension E.E.S.® 200mg suspension EryPed® Ery-Tab® erythromycin base erythromycin ethylsuccinate 400mg suspension Zithromax® tablets ² , suspension
Oxazolidinones	linezolid tablets ²	linezolid suspension Sivextro® ² ◆ Zyvox® ²
Quinolones	ciprofloxacin suspension, tablets ² levofloxacin ²	Baxdela® ciprofloxacin suspension Cipro® suspension, tablets ² moxifloxacin ² ofloxacin

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Ophthalmic Fluoroquinolones	ciprofloxacin moxifloxacin (generic for Vigamox®) ofloxacin	<i>Besivance®</i> <i>Ciloxan®</i> <i>gatifloxacin</i> <i>levofloxacin</i> <i>Moxeza®</i> <i>moxifloxacin (generic for Moxeza®)</i> <i>Ocuflox®</i> <i>Vigamox®</i> <i>Zymaxid®</i>
Ophthalmic Macrolides	erythromycin ointment	<i>Azasite®</i>
Otic Quinolones	Ciprodex® ofloxacin otic	<i>ciprofloxacin otic</i> <i>ciprofloxacin/dexamethasone (generic for Ciprodex®)</i> <i>Cipro HC®</i> <i>Otovel®</i>
Topical Antibiotics	mupiricin ointment	<i>Centany®</i> <i>mupiricin cream</i> <i>Xepi®²</i>
Gastrointestinal Antibiotics	Firvanq® metronidazole tablets neomycin tablets tinidazole tablets vancomycin capsules	<i>Aemcolo®^{2,10}◆</i> <i>Dificid®◆</i> <i>Flagyl® tablets and capsules</i> <i>metronidazole capsules</i> <i>nitazoxanide tablets</i> <i>Vancocin®</i> <i>vancomycin solution</i> <i>Xifaxan® 200mg^{2,10}◆</i> <i>Xifaxan® 550mg⁷◆</i>
Vaginal Antibiotics	Cleocin® Ovules clindamycin (generic for Cleocin) 2% cream metronidazole (generic for Metro-Gel and Vandazole) gel Nuversa® 1.3% gel	<i>Cleocin® 2% cream</i> <i>Clindesse® 2% cream</i> <i>Metro-Gel® 0.75% gel</i> <i>Vandazole® (0.75% gel)</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Anticholinergic Agents - Short Acting	Atrovent HFA® ² (MDI) ipratropium nebulizer solution	
Anticholinergic Agents - Long Acting	Incruse Ellipta® (DPI) Spiriva® ² (DPI) Spiriva Respimat® ² (ISI)	Lonhala Magnair nebulizer solution Seebri Neohaler® (DPI) Tudorza Pressair® (DPI) Yupelri® nebulizer solution
Beta Adrenergic and Anticholinergic Combinations	Anoro Ellipta® (DPI) Bevespi Aerosphere® (MDI) Combivent RESPIMAT® (ISI) ipratropium/albuterol nebulizer solution Stiolto Respimat® (ISI)	Duaklir Pressair® (DPI) Utibron Neohaler® (DPI)
Beta Adrenergic/ Anticholinergic/ Corticosteroid Combinations – new PDL class	Trelegy Ellipta® (DPI)	Breztri Aerosphere® (MDI)
Beta Adrenergics – Short Acting	albuterol sulfate nebulizer solution ProAir HFA® ² (MDI) Ventolin HFA® ² (MDI)	albuterol HFA ² (MDI) levalbuterol HFA ² (MDI) levalbuterol nebulizer solution ProAir Digihaler® (DPI) ProAir Respiclick® ² (DPI) Proventil HFA® ² (MDI) Xopenex HFA® ² (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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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) arformoterol nebulizer solution ♦ formoterol nebulizer solution ♦ 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 Digihaler® ² (DPI) 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 110 mcg (DPI) ^{1,2} Asmanex® Twisthaler 220 mcg (DPI) ² budesonide 0.25, 0.5mg, 1mg nebulizer solution Flovent HFA® ² (MDI)	Alvesco® (MDI)♦ ArmonAir Digihaler® (DPI) 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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, soft gels</i> <i>cetirizine 5mg/5ml solution (cups)</i> <i>Clarinet®</i> <i>desloratadine</i> <i>fexofenadine tablets</i> <i>levocetirizine solution</i>
Leukotriene Inhibitors	montelukast tablets, 4mg chew tabs ¹¹ , 5mg chew tabs ¹²	<i>Accolate®</i> <i>montelukast granules</i> <i>Singulair® tablets, 4mg chew tabs¹¹, 5mg chew tabs¹²</i> <i>Singulair granules¹¹</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>flunisolide</i> <i>fluticasone (OTC)</i> <i>mometasone</i> <i>Nasonex®</i> <i>Omnaris®</i> <i>Qnasl®</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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/ enalapril HCT lisinopril/ lisinopril HCT	<i>Accupril®</i> <i>Accuretic®</i> <i>Altace®</i> <i>captopril/ captopril HCT</i> <i>Epaned®</i> ◆ <i>fosinopril/ fosinopril HCT</i> <i>Lotensin® / Lotensin HCT®</i> <i>moexipril / moexipril HCT</i> <i>perindopril</i> <i>Prinivil®</i> <i>Qbrelis®</i> ◆ <i>quinapril / quinapril HCT</i> <i>ramipril</i> <i>trandolapril</i> <i>Vasotec® / Vaseretic®</i> <i>Zestril® / Zestoretic®</i>
Alpha Adrenergic Agents	<i>Catapres TTS®</i> ² clonidine guanfacine methyldopa	<i>Catapres®</i> <i>clonidine transdermal</i> ² <i>methyldopa / HCTZ</i>
Antihypertensive Combinations: ACEI-CCB	amlodipine / benazepril	<i>Lotrel®</i> <i>Prestalia®</i> <i>Tarka®</i> <i>trandolapril / verapamil</i>
Antihypertensive Combinations: ARB-CCB	amlodipine/olmesartan amlodipine/valsartan amlodipine/valsartan/HCTZ	<i>amlodipine/olmesartan/HCTZ</i> <i>Azor®</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 olmesartan/ olmesartan 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>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 Sorine® sotalol / sotalol AF	<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> <i>Kaspargo®</i> <i>Lopressor®</i> <i>metoprolol HCT</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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>nadolol</i> <i>nadolol/bendromethiazide</i> <i>pindolol</i> <i>propranolol HCT</i> <i>Sotylize®</i> <i>Tenormin®/ Tenoretic®</i> <i>timolol maleate</i> <i>Toprol XL®</i> <i>Ziac®</i>
Calcium Channel Blockers – Dihydropyridine	amlodipine besylate nifedipine / nifedipine SA	<i>Adalat CC®</i> <i>felodipine ER</i> <i>isradipine</i> <i>Katerzia®</i> <i>nicardipine</i> <i>nisoldipine</i> <i>Norvasc®</i> <i>Procardia / Procardia XL®</i> <i>Sular®</i>
Calcium Channel Blockers – Non- Dihydropyridine	diltiazem / diltiazem XR / diltiazem ER Taztia XT® verapamil / verapamil ER tablets	<i>Calan®/ Calan SR®</i> <i>Cardizem® / Cardizem LA® / Cardizem CD®</i> <i>diltiazem LA</i> <i>Matzim LA®</i> <i>Tiadyt ER®</i> <i>Tiazac®</i> <i>verapamil ER capsules</i> <i>Verelan® / Verelan PM®</i> <i>verapamil cap 24-hr pellet capsules</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Lipotropics: Fibric Acid Derivatives	fenofibrate, nanocrystallized (generic for Tricor®) fenofibrate <u>capsules</u> (generic for Lofibra® caps) fenofibrate <u>tablets</u> (generic for Lofibra® tablets) gemfibrozil	<i>Antara®</i> <i>fenofibrate, micronized (generic for Antara®)</i> <i>fenofibrate, nanocrystallized (generic for Triglide®)</i> <i>fenofibric acid (generic for Fibracor®)</i> <i>fenofibric acid (generic for Trilipix®)</i> <i>Fenoglide®</i> <i>Lopid®</i> <i>Lipofen®</i> <i>Tricor®</i> <i>Trilipix®</i>
Lipotropics: Bile Acid Sequestrants	cholestyramine/ cholestyramine light colestipol tablets Prevalite packet, powder	<i>Colestia®</i> <i>colestipol <u>granules</u></i> <i>colesevelam</i> <i>Questran®/ Questran Light®</i> <i>Welchol® powder and tablets</i>
Lipotropics: Statins²	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	<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> <i>Lipitor®</i> <i>Livalo®</i> <i>Pravachol®</i> <i>Vytorin®</i> <i>Zocor®</i> <i>Zypitamag®</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Lipotropics: Niacin Derivatives	Niaspan®	<i>niacin and niacin ER</i>
Lipotropics: Other	ezetimibe	<i>icosapent ethyl</i> ♦ <i>Lovaza</i> ® ♦ <i>Nexletol</i> ® ♦ <i>Nexlizet</i> ® ♦ <i>omega-3 acid ethyl esters (generic for Lovaza)</i> ♦ <i>Vascepa</i> ® ♦ <i>Zetia</i> ®
Lipotropics: PCSK9 Inhibitors ♦	Repatha® ²	<i>Praluent</i> ® ²
Anticoagulants	Eliquis® enoxaparin Pradaxa® warfarin Xarelto®/ Xarelto® Dose Pack/ Xarelto® suspension	<i>Arixtra</i> ® <i>Coumadin</i> ® <i>fondaparinux</i> <i>Fragmin</i> ® syringes and vials <i>Lovenox</i> ® <i>Savaysa</i> ® ♦
Platelet Aggregation Inhibitors	Brilinta® clopidogrel prasugrel ¹³	<i>aspirin/dipyridamole</i> <i>dipyridamole</i> <i>Effient</i> ® ¹³ ♦ <i>Plavix</i> ® <i>Zontivity</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 ♦	Alyq® ambrisentan (generic for Letairis®) Opsumit® Revatio® <u>suspension</u> sildenafil tablets (generic for Revatio®) tadalafil (generic for Adcirca®) Tracleer® <u>tablets</u> Tyvaso® Upravi® Ventavis®	Adcirca® Adempas® <i>bosentan tablets (generic for Tracleer®)</i> Letairis® Orenitram ER® Revatio® <u>tablets</u> <i>sildenafil suspension (generic for Revatio®)</i> Tracleer® <u>suspension</u>

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® <i>donepezil 23 mg®</i> <i>galantamine ER, solution</i> <i>memantine ER</i> Namenda® Namenda XR® Namzaric® <i>Razadyne®, Razadyne ER®</i> <i>rivastigmine patch</i>
Anti-Anxiety – General	alprazolam buspirone chlordiazepoxide ³ clorazepate diazepam ³ lorazepam	<i>alprazolam ER, ODT</i> ♦ <i>alprazolam intensol solution</i> Ativan® <i>diazepam intensol</i> ♦ <i>lorazepam intensol</i> ♦ <i>meprobamate</i> <i>oxazepam</i> Tranxene® <i>Xanax / Xanax XR®</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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®) methylphenidate IR (generic Ritalin)	<u>IMMEDIATE-RELEASE</u> Methylin® solution (methylphenidate IR) methylphenidate chewable (generic Methylin) Focalin® (dexmethylphenidate IR) Ritalin® (methylphenidate IR)
	<u>EXTENDED-RELEASE</u> Concerta® (methylphenidate ER – OROS) Daytrana® (methylphenidate ER transdermal) Focalin XR® (dexmethylphenidate XR) methylphenidate SR (generic Ritalin SR®) Quillichew XR® (methylphenidate ER) Quillivant XR® (methylphenidate XR) Vyvanse® cap/chew tabs (lisdexamfetamine) ²	<u>EXTENDED-RELEASE</u> Adhansia XR® (methylphenidate ER) Aptensio XR® (methylphenidate ER) Cotempla XR-ODT® (methylphenidate ER) dexmethylphenidate XR (generic Focalin XR) Jornay PM® (methylphenidate ER) Metadate ER® (methylphenidate ER) methylphenidate CD (generic Metadate CD®) 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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®) guanfacine ER Intuniv® Strattera® Qelbree®	
Neuropathic Pain	Cymbalta® Drizalma Sprinkles® duloxetine (generic for Cymbalta) duloxetine (generic for Irenka) gabapentin ² Lyrica®, Lyrica CR® ^{2,7} Neurontin® ² pregabalin, pregabalin ER ^{2,7} Savella® ²	Gralise® ² ♦ Horizant® ² ♦
Multiple Sclerosis Agents	Avonex® ² Betaseron®/ Betaseron® Kit Copaxone 20 mg Gilenya® Tecfidera®	Aubagio® Bafiertam® ² ♦ Copaxone® 40 mg syringe dimethyl fumarate (generic for Tecfidera) Extavia® glatiramer 20 mg/ml and 40 mg/ml Glatopa® Kesimpta® ♦ Mavenclad® ♦ Mayzent® ♦ Plegridy® ♦ Ponvory® ♦ Rebif® ² / Rebif Rebidose® Vumerity® ♦ Zeposia® ♦
AntiParkinson’s Agents – Dopamine Agonists	pramipexole ropinirole	bromocriptine ♦ Kynmobi® ♦ Mirapex® Mirapex ER® Neupro® 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
		Ongentys®♦ Parlodel®♦ pramiprexole ER Requip® / Requip XL® ropinirole ER
AntiParkinson's Agents – Other	amantadine capsule, syrup benzotropine carbidopa/levodopa IR tablets carbidopa / levodopa ER trihexyphenidyl tablet	amantadine tablet Azilect® ⁷ carbidopa carbidopa / levodopa ODT carbidopa/levodopa/entacapone Comtan® Dhivy® Duopa® entacapone Gocovri®♦ Inbrija®♦ Lodosyn® Nourianz® Ongentys® 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	Ambien® / Ambien CR® ⁷ Belsomra® Dayvigo® doxepin ⁷ (generic for Silenor)

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
	zolpidem ⁷	Edluar® ⁷ ♦ estazolam eszopiclone ⁷ flurazepam ^{3,6} Halcion® ^{2,3} Hetlioz® 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, Acute Treatment - Triptans	Imitrex® nasal spray rizatriptan tab and ODT ² sumatriptan tablets, injection ²	almotriptan ² Amerge® ² eletriptan ² Frova® ² frovatriptan ² Imitrex® ² Maxalt®/ Maxalt ML T® ² naratriptan ² Onzetra Xsail® Relpax® ² sumatriptan/naproxen sumatriptan nasal spray Sumavel® /Sumavel® Dose Pack Tosymra® ² Treximet® Zembrace Symtouch® zolmitriptan, zolmitriptan ODT ² zolmitriptan nasal spray Zomig® nasal spray Zomig® tablet/ Zomig ZMT® 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Antimigraine Agents, Acute Treatment - Other	Nurtec ODT® [◆]	Reyvow ² Ubrelvy® ²
Antimigraine Agents, Preventive Treatment◆	Aimovig® ² Emgality® ² Nurtec ODT® ²	Ajovy® ²
Skeletal Muscle Relaxants	baclofen chlorzoxazone cyclobenzaprine methocarbamol orphenadrine citrate tizanidine tablets	Amrix® cyclobenzaprine ER Dantrium® dantrolene sodium Fexmid® Lorzone® metaxalone Norgesic Forte® Robaxin® Skelaxin® tizanidine capsules Zanaflex® capsules and tablets

DERMATOLOGICAL AGENTS		
Drug Class	Preferred Agents	Non-Preferred Agents
Combination Benzoyl Peroxide and Clindamycin	clindamycin / benzoyl peroxide pumps and tubes (generic for Benzacilin and Duac) clindamycin / benzoyl peroxide (generic for Acanya)	Acanya® gel and pump Benzacilin® tube and pump Neuac 1.25% kit® Onexton®
Immunomodulators: Atopic Dermatitis◆	Dupixent® Elidel® ^{2, 14} Eucrisa® ²	pimecrolimus (generic for Elidel) ^{2, 14} Protopic® ^{2, 15} Rinvoq ER® tacrolimus ^{2, 15}

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 – Low Potency	hydrocortisone acetate cream hydrocortisone acetate ointment hydrocortisone cream hydrocortisone lotion hydrocortisone ointment	<i>aclometasone dipropionate ointment and cream</i> <i>Aqua Glycolic HC®</i> <i>Capex® shampoo</i> <i>Derma-smooth – FS ®</i> <i>Desonate® gel</i> <i>desonide ointment, cream, lotion</i> <i>fluocinolone 0.01% oil</i> <i>hydrocortisone/aloe</i> <i>Proctocort®</i> <i>Scalpicin®</i> <i>Texacort ®</i>
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>clocortolone cream</i> <i>Cloderm®</i> <i>Cutivate® cream and lotion</i> <i>Dermatop® cream and ointment</i> <i>fluocinolone acetonide cream, solution</i> <i>flurandrenolide cream, lotion, ointment</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 dipropionate cream, lotion, oint. betamethasone valerate cream, lotion, oint. triamcinolone acetonide cream, lotion, oint	<i>amcinonide cream, lotion</i> <i>betamethasone dipropionate augmented cream, gel</i> <i>betamethasone dipropionate augmented lotion, oint</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
		<i>desoximetasone cream, ointment, gel and spray</i> <i>diflorasone diacetate cream and ointment</i> <i>Diprolene® ointment</i> <i>fluocinonide cream, ointment and gel</i> <i>fluocinonide emollient and solution</i> <i>halcinonide</i> <i>Halog® cream and ointment</i> <i>Kenalog® aerosol</i> <i>Psorcon®</i> <i>SanadermRx solution</i> <i>Topicort® cream, gel, ointment and spray</i> <i>triamcinolone spray</i> <i>Trianex® ointment</i> <i>Vanos®</i>
Topical Steroids – Very High Potency	clobetasol propionate solution clobetasol propionate cream clobetasol propionate ointment clobetasol propionate gel halobetasol propionate cream halobetasol propionate ointment	<i>Apexicon E®</i> <i>Bryhali®</i> <i>clobetasol emollient and lotion</i> <i>clobetasol propionate foam, spray and shampoo</i> <i>Clobex® lotion, spray and shampoo</i> <i>Clodan® shampoo and kit</i> <i>halobetasol propionate (generic for Lexette®)</i> <i>Impeklo®</i> <i>Lexette®</i> <i>Olux®</i> <i>Olux-E®</i> <i>Temovate® cream, emollient, ointment</i> <i>Tovet Foam Kit</i> <i>Tovet Emollient Foam</i> <i>Ultravate® lotion</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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® Trulicity® Victoza®	Adlyxin® Bydureon Bcise® Ozempic® ♦ Rybelsus®
Incretin Mimetics - Combinations		Soliqua® ♦ Xultophy® ♦
Insulins, Basal²	Lantus® pens, vials Levemir® pens, vials	Basaglar® pens Semglee® pens, vials 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) Lyumjev® ⁷
Insulin, Mixes²	Humulin® 70/30 Kwikpens Humalog® 50/50 pens, vials Humalog® 75/25 pens, vials Humulin® 70/30 vials Novolog® 70/30 pens, vials	insulin aspart 70/30 pens, vials insulin lispro mix 75-25 Kwikpen Novolin® 70/30 pens and 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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	Glyset® Precose®
Oral Hypoglycemics – Biguanides	metformin / metformin XR Riomet®	Fortamet® and generic Glumetza® metformin (generic for Glumetza) metformin solution (generic for Riomet) Riomet ER®
Oral Hypoglycemics – Combinations	glyburide / metformin Glyxambi® Invokamet® Janumet®/Janumet XR® Jentadueto® Synjardy® Xigduo®	Actoplus Met® / Actoplus Met XR® alogliptin/metformin alogliptin/pioglitazone Duetact® glipizide / metformin Invokamet XR® Jentadueto XR® Kazano® Kombiglyze XR® Oseni® pioglitazone/glimepride pioglitazone/metformin Qtern® repaglinide/metformin Segluromet® Steglujan® Synjardy XR® Trijardy XR®
Oral Hypoglycemics – DPP4 Inhibitors	Januvia® ² Tradjenta®	alogliptin Nesina® Onglyza®

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 – Meglitinides	nateglinide repaglinide	<i>Prandin®</i> <i>Starlix®</i>
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>
Oral Hypoglycemics – Thiazolidinediones	pioglitazone	<i>Actos®</i> <i>Avandia®</i>
Glucagon Agents	Baqsimi® ² Glucagen Hypokit Glucagon Emergency Kit (Lilly) Proglycem®	<i>Diazoxide (generic for Proglycem)</i> <i>Glucagon Emergency Kit (Fesenius)</i> <i>Gvoke®²</i> <i>Zegalogue®</i>

GASTROINTESTINAL		
Drug Class	Preferred Agents	Non-Preferred Agents
Antiemetics	Emend® 80mg ^{2, 11} granisetron ² ondansetron ²	<i>aprepitant²</i> <i>Akynzeo®² ♦</i> <i>Emend 40mg^{2, 11}</i> <i>Emend Pack®^{2, 11}</i> <i>Sancuso®²</i> <i>Varubi®² ♦</i> <i>Zofran® / Zofran ODT®²</i> <i>Zuplenz®</i>
Bile Salts	ursodiol capsules and tablets	<i>Actigall®</i> <i>Reltone®</i> <i>Urso®/Urso Forte®</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
GI Motility, Chronic Irritable bowel syndrome with constipation (IBS-C)	Amitiza® Linzess®	lubiprostone Trulance®♦ Zelnorm®♦
GI Motility, Chronic Chronic idiopathic constipation (CIC)	Amitiza® Linzess®	lubiprostone Motegrity®♦ Trulance®♦
GI Motility, Chronic Opioid-induced constipation (OIC)	Amitiza® Movantik®	lubiprostone Relistor®♦ Symproic®♦
GI Motility, Chronic Irritable bowel syndrome with diarrhea (IBS-D)	diphenoxylate/atropine (generic Lomotil®) loperamide (generic Imodium®)	alosetron♦ Lotronex®♦ Viberzi®²♦
H. pylori Treatment	Pylera®	Helidac® lansoprazole/amoxicillin/clarithromycin Omeclamox-PAK® Talaria®
Pancreatic Enzymes♦	Creon® Zenpep®	Pancreaze® Pertzye® Viokace®
Progestins for Cachexia	megestrol oral suspension	megestrol oral suspension (generic Megace ES®)
Proton Pump Inhibitors	Nexium® susp pkts omeprazole (Rx) capsules pantoprazole tablets	Aciphex® tabs, sprinkles Dexilant® caps dexlansoprazole esomeprazole magnesium capsules, susp pkts esomeprazole magnesium OTC caps lansoprazole caps, ODT lansoprazole OTC caps Nexium® capsules omeprazole OTC caps, tabs, ODT omeprazole/sodium bicarbonate caps, susp pkt pantoprazole suspension

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
		<i>Prevacid caps, solutabs</i> <i>Prilosec® susp</i> <i>Protonix® tabs, susp</i> <i>Rabeprazole tabs</i> <i>Zegerid® caps, susp pkts</i>
Ulcerative Colitis – Oral	Apriso® Lialda® sulfasalazine/ sulfasalazine DR	<i>Asacol HD®</i> <i>Azulfidine DR®</i> <i>balsalazide</i> <i>budesonide ER</i> <i>Colazal®</i> <i>Delzicol®</i> <i>Dipentum®</i> <i>mesalamine (generic for Apriso)</i> <i>mesalamine (generic for Delzicol)</i> <i>mesalamine (generic for Lialda)</i> <i>Pentasa®</i> <i>Uceris®</i>

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®, Timoptic-XE®)	<i>betaxolol</i> <i>Istalol®</i> <i>levobunolol</i> <i>timolol maleate (generic for Istalol®)</i> <i>timolol maleate (generic for Timoptic Occudose®)</i> <i>Timoptic®/ Timoptic Occudose®</i> <i>Timoptic XE®</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 – Prostaglandin Analogues	latanoprost	<i>bimatoprost (generic for Lumigan)</i> Lumigan® Travatan Z® <i>travoprost (generic for Travatan Z®)</i> Vyzulta® Xalatan® Xelpros® Zioptan®
Glaucoma – Carbonic Anhydrase Inhibitors	Azopt® dorzolamide dorzolamide/timolol Simbrinza®	<i>brinzolamide</i> <i>dorzolamide/timolol PF (generic for Cosopt PF®)</i> Cosopt®/ Cosopt PF® Trusopt®
Glaucoma – Combination Alpha-2 Adrenergic-Beta Blocker	Combigan®	<i>brimonidine/timolol (generic for Combigan®)</i>
Glaucoma – Rho Kinase Inhibitors	Rhopressa® Rocklatan®	
Ophthalmic Antihistamines	azelastine ketotifen fumarate (OTC Only) olopatadine Zaditor®	Alrex® bepotastine Bepreve® epinastine Lastacaft® Pataday® Pazeo® Zerviate®
Ophthalmic Mast Cell Stabilizers	cromolyn sodium	Alocril® Alomide®
Ophthalmic NSAIDs	diclofenac flurbiprofen ketorolac	Acular® / Acular LS® Acuvail® bromfenac Bromsite® Ilevro® <i>ketorolac LS (generic for Acular LS®)</i> Nevanac® Prolensa®

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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®, Simponi ARIA®
Biologics: Agents to Treat Ankylosing Spondylitis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Simponi®, Simponi ARIA® Taltz®♦ Xeljanz®, Xeljanz XR®♦
Biologics: Agents to Treat Juvenile Idiopathic Arthritis	Enbrel® Humira®	Actemra® SC Orencia® SC Simponi ARIA® Xeljanz®♦ tabs, solution
Biologics: Agents to Treat Plaque Psoriasis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Ilumya®♦ Otezla®♦ Siliq®♦ Skyrizi®♦ Stelara® Taltz®♦ Tremfya®♦
Biologics: Agents to Treat Psoriatic Arthritis	Cosentyx® Enbrel® Humira®	Cimzia®, Cimzia Kit® Orencia® SC Otezla®♦ Rinvoq ER®♦ Simponi®, Simponi ARIA® Stelara® Skyrizi®♦ Taltz®♦ Tremfya®♦

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
		<i>Xeljanz®</i> , <i>Xeljanz XR®</i> ◆
Biologics: Agents to Treat Crohn's Disease	Humira®	<i>Cimzia®</i> , <i>Cimzia Kit®</i> <i>Entyvio®</i> ◆ <i>Stelara®</i>
Biologics: Agents to Treat Ulcerative Colitis	Humira®	<i>Simponi®</i> <i>Stelara®</i> <i>Entyvio®</i> ◆ <i>Xeljanz®</i> , <i>Xeljanz XR®</i> ◆
Biologics: Agents to Non-radiographic Axial Spondyloarthritis	Cosentyx®	<i>Cimzia®</i> , <i>Cimzia Kit®</i>
Androgenic Agents (topical)◆	testosterone pump (generic for AndroGel®)	<i>Androderm®</i> <i>AndroGel®</i> packet and gel pump <i>Fortesta®</i> <i>Testim®</i> testosterone <i>Vogelxo®</i>
Antihyperuricemic Agents	allopurinol colchicine tablets (generic for Colcrys) probenecid/colchicine probenecid	<i>colchicine capsules (generic for Mitigare)</i> <i>Colcrys® (colchicine)</i> <i>febuxostat</i> <i>Gloperba® (colchicine)</i> <i>Mitigare® (colchicine capsules)</i> <i>Uloric (febuxostat)</i> <i>Zyloprim (allopurinol)</i>
Anti-Obesity Agents◆ - new class	<i>Adipex-P® (phentermine)</i> benzphetamine <i>Contrave® (bupropion/naltrexone)</i> diethylpropion <i>Lomaira® (phentermine)</i> phendimetrazine phentermine <i>Qsymia® (phentermine/topiramate)</i> <i>Saxenda® (liraglutide)</i> <i>Wegovy® (semaglutide)</i> <i>Xenical® (orlistat)</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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
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	Neupogen® Nyvepria® ² Udenyca® ²	Fulphila® Granix® Leukine® Neulasta® syringe ² ; Neulasta® Onpro Kit ² Nivestym® Zarxio® ² Ziextenzo® ²
Electrolyte Depleters♦	calcium acetate capsules and tablets sevelamer carbonate tablets	Auryxia® Fosrenol® / Fosrenol® powder pak lanthanum Phoslyra® Renagel® Renvela powder pkts and tablets sevelamer carbonate powder pkts sevelamer HCL tablets Velphoro®
Epinephrine Injectable²	epinephrine (generic for Epi Pen®)	epinephrine (generic for Adrenaclick®) Epi Pen®, Epi Pen Jr® Symjepi®

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Growth Hormones ♦	Genotropin® Norditropin Flexpro®	Humatrope® Nutropin AQ® Omnitrope® Saizen® Serostim®♦ Zomacton® Zorbtive®
Hematopoietic Agents ♦	Aranesp® Epogen® Retacrit®	Procrit®
Osteoporosis Agents: Bisphosphonates	alendronate sodium	Actonel® ² alendronate sodium oral solution Atelvia® ² Boniva® ² Fosamax® Fosamax Plus D® Ibandronate risedronate (Actonel) ² risedronate (Atelvia) ²
Osteoporosis Agents: Other	calcitonin	Forteo®♦ teriparatide♦ Tymlos®♦
Osteoporosis Agents: SERMs	raloxifene	Evista®
Progestational Agents	medroxyprogesterone (oral) progesterone (oral) norethindrone (oral)	Aygestin® (oral) Crinone® (vaginal)♦ Depo-Provera® (injection) progesterone (intramuscular) Prometrium® (oral) Provera® (oral)
	hydroxyprogesterone caproate (IM)♦	Makena Auto-Injector® (subcutaneous)♦

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
Urinary Tract Antispasmodics	oxybutynin / oxybutynin ER solifenacin Toviaz®	<i>darifenacin ER</i> <i>Detrol®/ Detrol LA®</i> <i>Ditropan / Ditropan XL®</i> <i>flavoxate HCL</i> <i>Gelnique®♦</i> <i>Gemtesa®</i> <i>Myrbetriq®</i> <i>Oxytrol®</i> <i>tolterodine/ tolterodine ER</i> <i>tropium/ tropium ER</i> <i>Vesicare®/ Vesicare LS</i>
Uterine Disorder Treatments	Orilissa ♦ OriaHnn ♦	Myfembree ♦

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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 Depakote®, Depakote ER® Depakote Sprinkle® Diacomit® Diastat®, Diastat Acudial® diazepam Dilantin® divalproex sodium, divalproex sodium ER Epidiolex® Epitol® Eprontia® Equetro® ethosuximide Felbamate® felbatol Fintepla® 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®	

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
	oxcarbazepine Oxtellar XR® Peganone® Phenytek® phenytoin, phenytoin sodium extended pregabalin primidone Qudexy XR® Roweepra®, Roweepra XR® rufinamide Sabril® Spritam® Subvenite® Sympazan® Tegretol®, Tegretol XR® tiagabine Topamax® topiramate, topiramate ER Trileptal® Trokendi XR® valproic acid Valtoco® vigabatrin Vigadrone® Vimpat® Zarontin® zonisamide	
Atypical Antipsychotics	Abilify®, Abilify MyCite® Abilify Maintena® aripiprazole Aristada®, Aristada Initio® Caplyta® clozapine Clozaril®	

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

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

♦ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider) and PDL Criteria at <https://michigan.magellanrx.com/provider>

Michigan Preferred Drug List (PDL)/Single PDL

Effective 02/01/2022

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
	Fanapt® Geodon® Invega® Invega Sustenna®, Invega Trinza® Invega Hafyera® 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 Electronic Step edit:2 or more NSAIDs on MPPL in history

10 Prior Authorization Required for Beneficiaries Under Age of 12

11 Prior Authorization Required for Beneficiaries over 5 years of age

12 Prior Authorization Required for Beneficiaries over 14 years of age

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

14 Prior Authorization Required for Beneficiaries Under 2 years of age

15 Prior Authorization Required for Beneficiaries Under 16 years of age

APAP = Acetaminophen ASA = Aspirin

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

◆ Clinical PA required; refer to [MI Clinical and PDL PA Criteria](https://michigan.magellanrx.com/provider/) and PDL Criteria at <https://michigan.magellanrx.com/provider/>