

March 5, 2010

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656. Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656 Arabic: TTY 1-866-501-5656 اإذا كان لديكم أيّ سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ٢١٩٠-١٠٢

<FIRST NAME> <LAST NAME> <ADDRESS1> <ADDRESS2> <CITY> <STATE> <ZIP>

Dear Beneficiary:

This letter applies only to Medicaid beneficiaries in the household who are age 21 and older and are in a health plan.

Starting April 1, 2010, Medicaid will pay for some medicines instead of your health plan. Your pharmacy knows what medicines Medicaid will pay for and what medicines your health plan will pay for.

When you go to your pharmacy to get more medicine you will need to show both your green mihealth card and your health plan card.

Starting April 1, 2010, you will have a co-pay if you need one of the medicines on the list that came with this letter. You will have a co-pay even if your health plan did not have a co-pay for the same medicine.

Your co-pay will be \$1.00 for generic medicines or \$3.00 for brand name medicines. Your pharmacy can tell you if your medicine is a generic or a brand medicine.

Your pharmacy can tell you how much your co-pay will be. You can call the First Health Beneficiary Help Line toll-free at 1-877-681-7540 to ask about co-pays.

Some medicines on the list may need to be approved by Medicaid. They will need to be approved before your pharmacy can give you the medicine. If your medicine needs to get approved by Medicaid, your doctor will get that approval.

If you have questions about this letter, you can:

- Call Member Services at your health plan,
- Call First Health Services Beneficiary Help Line toll-free at 1-877-681-7540,
- Call the Medicaid Beneficiary Help Line toll-free at 1-800-642-3195, or
- Ask your pharmacy.

Medicaid is making this change because of the drug rebate law found in Section 1927 of the Social Security Act (Payment for Covered Outpatient Drugs).

If your co-pays or Medicaid approval for your medicines (also called prior authorization) have changed because of the drug rebate law, you do not have a right to a hearing.

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If you think your co-pays or Medicaid approval for your medicines (also called prior authorization) have changed for a reason other than the drug rebate law, you may request a hearing. Hearing requests must be made in writing to the State Office of Administrative Hearings and Rules within 90 calendar days of the date of this notice. The written hearing request must be signed by you or an authorized person and include you or your authorized person's name, address, and telephone number.

If you have the right to a hearing, you can call the Beneficiary Help Line toll-free at 1-800-642-3195 to get a "Request for Hearing" form. The written request or the form must be mailed to:

> State Office of Administrative Hearings and Rules for the Michigan Department of Community Health P.O. Box 30763 Lansing, Michigan 48909

You may call the State Office of Administrative Hearings and Rules (SOAHR) toll-free at 1-877-833-0870, if you have questions about hearings.

Sincerely,

Alton

Stephen Fitton, Director Medical Services Administration

Michigan Department of Community Health List of medicines that Medicaid will pay for instead of your health plan starting April 1, 2010 MEDICATION NAMES

40 WINKS ACABAMATE ACETAMINOPHN/DP-HYDRAM HCL/NIA ADAPIN ADDERALL ADDERALL XR AID TO SLEEP AID TO SLEEP W/DIPHENHYDRAMINE ALPRAZOLAM ALPRAZOLAM ER ALPRAZOLAM INTENSOL ALPRAZOLAM XR ALTERRA AMBIEN AMBIEN CR AMBIEN PAK AMITID AMITRIP HCL/CHLORDIAZEPOXIDE AMITRIPTYLINE HCL AMITRIPTYLINE HCL AMITRIPTYLINE W/ PERPHENAZINE AMITRIPTYLINE/ CHLORDIAZEPOXIDE AMITRIPTYLINE-CHLORDIAZEPOXIDE AMITRIPTYLINE-PERPHENAZINE AMMONIA AMMONIA AROMATIC AMMONIUM/SODIUM/POTASSIUM AMOBARBITAL AMOBARBITAL SODIUM AMOBARBITAL SODIUM/SECOBARB NA AMOPLY AMOXAPINE AMPHET ASP/AMPHET/D-AMPHET

AMPHET RESIN/ DEXTROAMPHETAMINE AMPHET SULF/ DEXTROAMPHETAMINE AMPHET SULF/D-AMPHET/ M-AMPHT AMPHETAMINE SALT COMBO AMPHETAMINE SULFATE AMYTAL SODIUM ANAFRANIL ANITSPASMATIC ANTISPASMODIC **APLENZIN** A-POXIDE **APROBARBITAL** AQUACHLORAL ARMODAFINIL ASENDIN ASPIRIN/ACETAMINOPHEN/ PYRIL ATIVAN ATOMOXETINE HCL ATRETOL AVENTYL HCL B.B.S. BANZEL BARBASED BARBITA **BELLADONNA W/PHENOBARBITAL** BELLASTAL BENACTYZINE HCL/MEPROBAMATE BET-R-REST BROMIDE **BUDEPRION SR BUDEPRION XL BUPROPION HBR BUPROPION HCL BUPROPION HCL SR BUPROPION XL** BUSODIUM

BUSPAR **BUSPIRONE HCL** BUTABARBITAL **BUTABARBITAL NA/M-AMPHT HCL BUTABARBITAL SODIUM** BUTA-KAY BUTALBITAL BUTALIX BUTATRAN BUTISOL SODIUM CAL GLUCONATE/NIA/NIAC/PB CALM-AID CALMIUM CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL CARBROMAL CDP CEBERCLON CELEXA CELONTIN CENTRUM ST. JOHN'S WORT CEREBYX CHAMOMILE FLOWERS CHLOR POX 10 CHLOR POX 25 **CHLOR POX 5** CHLORAL HYDRATE **CHLORDIAZEPOXIDE** CHLORDIAZEPOXIDE HCL **CHLORMEZANONE CIBALITH-S CITALOPRAM** CITALOPRAM HBR CITALOPRAM HYDROBROMIDE CLOMIPRAMINE HCL **CLONAZEPAM** CLORAZEPATE DIPOTASSIUM COHIDRATE COLSPAN

COMPOZ CONCERTA COPROBATE CYLERT **CYMBALTA** DALMANE DALPRO DARO DAS DAYTRANA DEANOL DECONIL DEPACON DEPAKENE DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE **DEPA-SYRUP** DEPROIC DESIPRAMINE HCL DESOXYN DESOXYN GRADUMET DESVENLAFAXINE SUCCINATE DESYREL DEXAMPEX DEXEDRINE DEXMEDETOMIDINE HCL DEXMETHYLPHENIDATE HCL DEXTROAMPHETAMINE SULFATE DEXTROAMPHETAMINE-AMPHETAMINE DEXTROSTAT DIASTAT DIASTAT ACUDIAL DIAZEPAM DIAZEPAM/SOYBEAN OIL DILANTIN **DILANTIN-125** DIPHEN **DI-PHEN**

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List of medicines that Medicaid will pay for instead of your health plan starting April 1, 2010

MEDICATION NAMES

DIPHENHYDRAMINE HCL DIPHENLHYDANTOIN SODIUM DIPHENTIN DIPHENTOIN **DIPHENYLAN SODIUM** DIPHENYLHYDANTOIN SODIUM DITAN DI-TRAN **DIVALPROEX SODIUM** DIVALPROEX SODIUM ER DIZAC DON-A-SPAS DONNAPINE DONNATAL DOPRAM DORAL DORMALIN DOXAPRAM HCL DOXEPIN HCL DOXYLAMINE SUCCINATE DOXYSOM D-TRAN DULOXETINE HCL D-VAL EASY SLEEP EDLUAR EFFEXOR EFFEXOR XR ELAVIL **EMITRIP** EMSAM ENDEP ENOVIL EPITOL EQUANIL EQUETRO ESCITALOPRAM OXALATE ESKALITH ESKALITH CR ESTAZOLAM ESZOPICLONE

ETHCHLORVYNOL ETHINAMATE ETHOSUXIMIDE **ETHOTOIN** ETHYL ALCOHOL/HERBAL DRUGS **ETNOFRIL** ETRAFON 2-10 ETRAFON 2-25 ETRAFON A 4-10 **ETRAFON FORTE 4-25** E-VILL 10 **E-VILL 100** E-VILL 25 E-VILL 50 E-VILL 75 FAST SLEEP FELBAMATE FELBATOL FELSULES FERNDEX FLUOXETINE HCL FLURAZEPAM HCL FLUVOXAMINE MALEATE FOCALIN FOCALIN XR FORTY WINKS FOSPHENYTOIN SODIUM GABAPENTIN GABARONE GABITRIL **GEN-XENE GLUTETHIMIDE** HALAZEPAM HALCION HCA SLEEP-EX HEXOBARBITAL HM SLEEPING HM ST. JOHNS WORT H-TRAN HYOSOPHEN ICN-AZEPOX

IMAVATE **IMIPRAMINE HCL** IMIPRAMINE PAMOATE **INSOMNIA NO.40 ISOCARBOXAZID** JANIMINE J-TRAN K PH.MBDB/YELLOW JASMINE **KENRAX** KENVIL **KEPPRA KEPPRA XR** KIRA ST. JOHN'S WORT **KLONOPIN** LACOSAMIDE LAMICTAL LAMICTAL (BLUE) LAMICTAL (GREEN) LAMICTAL (ORANGE) LAMICTAL ODT LAMICTAL ODT (BLUE) LAMICTAL ODT (GREEN) LAMICTAL ODT (ORANGE) LAMICTAL XR LAMICTAL XR (BLUE) LAMICTAL XR (GREEN) LAMICTAL XR (ORANGE) LAMOTRIGINE LANABARB NO.1 LANABARB NO.2 LARGON LEVETIRACETAM LEXAPRO LIBACA LIBRITABS LIBRIUM LIMBITROL LIMBITROL DS LIPOXIDE LIQUADD LISDEXAMFETAMINE DIMESYLATE LITHANE LITHIUM CARBONATE LITHIUM CITRATE LITHOBID LITHONATE LITHOTABS LORANTOIN LORAZEPAM LORAZEPAM INTENSOL LORAZEPAM/DEXTROSE 5%-WATER LORAZEPAM/NORMAL SALINE LORAZEPAM-D5W LORAZEPAM-NS L-TRYPTOPHAN LUDIOMIL LUMINAL LUMINAL SODIUM LUNESTA LUVOX LUVOX CR LYDIA E. PINKHAM LYDIA PINKHAM HERBAL LYRICA MAPROTILINE HCL MARPLAN MB-TAB MEBARAL MEDI-SLEEP **MEPHENYTOIN MEPHOBARBITAL** MEPROBAMATE **MEPROBAN-400 MEPROMATE** MESANTOIN METADATE CD METADATE ER METHAMPHETAMINE HCL METHAQUALONE HCL **METHARBITAL** METHOXAMINE HCL

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List of medicines that Medicaid will pay for instead of your health plan starting April 1, 2010

MEDICATION NAMES

METHOXYPHENAMINE HCL	NORTRIPTYLINE HCL	PHENSUXIMIDE	RESTFULLY SLEEP
METHSUXIMIDE	NUVIGIL	PHENURONE	RESTORIL
METHYLIN	NYTOL	PHENYLTOIN SODIUM	RITALIN
METHYLIN ER	OXAZEPAM	PHENYTEK	RITALIN LA
METHYLPHENIDATE	OXCARBAZEPINE	PHENYTEX EXTENDED	RITALIN-SR
METHYLPHENIDATE ER	OXYDESS	PHENYTOIN	RO-AZEPAM
METHYLPHENIDATE HCL	OXYDESS II	PHENYTOIN PROMPT	RO-POXIDE
METHYLPHENIDATE SR	PAMELOR	PHENYTOIN PROMPT SODIUM	ROZEREM
METHYPRYLON	PARADIONE	PHENYTOIN SOD PROMPT	RUFINAMIDE
MIDAZOLAM HCL	PARALDEHYDE	PHENYTOIN SODIUM	SABRIL
MILES NERVINE	PARAMETHADIONE	PHENYTOIN SODIUM EXTENDED	SARAFEM
MILTOWN	PARNATE	PHENYTOIN SODIUM, EXTENDED	SECOBARBITAL
MIRTAZAPINE	PAROXETINE HCL	PHENYTOIN SODIUM INJECTION	SECOBARBITAL SODIUM
MITRAN	PAROXETINE MESYLATE	PHENYTOIN SODIUM/	SECONAL SODIUM
MODAFINIL	PAX 400	PHENOBARBITAL	SECONAL SODIOM
MOVANA	PAXIL	PLACIDYL	SELEGILINE
MOVANA M-TRAN	PAXIL CR	POXI	SELFEMRA
MURCIL	PAXIE OK	PRAZEPAM	SERAX
MYPROIC ACID	PEECE		SEREEN
MYSOLINE	PEGANONE	PRECEDEX PREGABALIN PRIMIDONE PRISTIQ	SERENITAS
NARDIL	PEMOLINE		SERTRALINE HCL
NEFAZODONE HCL	PENTOBARBITAL		SERZONE
NEMBUTAL	PENTOBARBITAL PENTOBARBITAL SODIUM	PROBATE	SIMPLE NERVOUS CONDITIONS
NEMBUTAL SODIUM		PROCENTRA	
	PENTOBARBITAL	PROPIOMAZINE HCL	SIMPLY SLEEP
NEURATE-400		PROPIOMAZINE HCL PROSOM	
NEURONTIN	PERPHENAZINE/AMITRIPTYLINE	PROSOM PROTRIPTYLINE HCL	SK-AMITRIPTYLINE
NEUROVAL NIGHT TIME SLEEP AID			SK-BAMATE SK-CHLORAL HYDRATE
	PERPHENAZINE-AMITRIPTYLINE	PROVIGIL	
	PER-TRIP	PROZAC	SK-LYGEN
NIGHT-TIME SLEEP	PEXEVA	PROZAC WEEKLY	SK-PHENOBARBITAL
		PYRILAMINE MALEATE	SK-PRAMINE
NIGHT-TIME SLEEP AID	PHENELZINE SULFATE	Q.E.L	SLEEP AID
NIGHTTIME SLEEP GEL	PHENOBARB SOD/BUTAB NA/AP-	Q-BAM 400	SLEEP-AID
NIKETHAMIDE		Q-PAM	SLEEP CAPS
	PHENOBARB/BUTAB	QUANTERRA EMOTIONAL	SLEEP EASY
	NA/SECOBARB	QUAZEPAM	SLEEP FORMULA
	PHENOBARB/HYOSCY/ATROPINE/	RAMELTEON	SLEEP II
NITETIME SLEEP-AID	SCOP	RAPIFLUX	SLEEP SAFE
NOCTEC	PHENOBARBITAL	RE-LIVE	SLEEP SERENE
NORFRANIL	PHENOBARBITAL SODIUM	REMERON	SLEEP TABLET
NORPRAMIN	PHENOBARBITAL/ALLOBARBITAL	REST SIMPLY	SLEEP TABS

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MEDICATION NAMES

TRIAVIL 25-2

SLEEPTABS SLEEP-ETTES D SLEEP-EZE 3 SLEEPGELS SLEEPINAL SLEEPING SLEEPING TABLET **SLEEPWELL 2-NITE** SOLFOTON SOMINEX SOMINEX MAX STRENGTH SOMNICAPS SOMNISED SOMNITAB SOMNITABS FORMULA II SOMNOTE SONATA SPANTRAN SPASMACAPS SPASMOLIN SPAZ-10 SPAZ-5 ST. JOHN'S WORT STABANIL STAVZOR

STRATTERA SURMONTIL TALBUTAL **TEGA-DONNA** TEGRETOL TEGRETOL XR TEMAZEPAM TIAGABINE HCL TOFRANIL TOFRANIL-PM TOPAMAX TOPIRAMATE TRANCOPAL TRANMEP TRANQUIL TRANQUIL-EZE TRANXENE SD **TRANXENE T-TAB** TRANXENE-T TRANYLCYPROMINE SULFATE TRAZODONE HCL TRIAVIL 10-2 TRIAVIL 2-10 TRIAVIL 2-25

STERASOLINE

TRIAVIL 25-4 TRIAVIL 4-10 TRIAVIL 4-25 TRIAVIL 4-50 TRIAZOLAM TRIDIONE TRILEPTAL TRIMETHADIONE TRIMIPRAMINE MALEATE TRYPTOMINE TRYPTOPHAN **TRYPTO-SOM** TUINAL TWILITE TYBAMATE **ULTRA SLEEP** ULTRA-SLEEP UNISOM UNISOM SLEEP AID UNISOM SLEEPMELTS VALINE/CA CARBONATE/MAG/VAL VALIUM VALPROATE SODIUM VALPROIC ACID

VALUSOM VANATRIP VANSPAR VASOXYL **VENLAFAXINE HCL** VENLAFAXINE HCL ER VERSED VIGABATRIN VIMPAT VIVACTIL VYVANSE WAL-SOM WELLBUTRIN WELLBUTRIN SR WELLBUTRIN XL XANAX XANAX XR X-O'SPAZ ZALEPLON ZARONTIN ZETRAN ZOLOFT ZOLPIDEM TARTRATE ZONEGRAN ZONISAMIDE

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