Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

January, 2012

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2012	*ambien,ambien cr,sleep ii,nighttime sleep aid,halcion,edluar,zaleplon,zolpidem tartrate,lorazepam,zolpimist,sleep aid,chloral hydrate,sominex, sominex max strength,flurazepam hcl,zolpidem tartrate er,wal-som,wal-sleep z,precedex,simply sleep,sleep-eze 3,sleep tabs,ativan,diphenhydramine hcl,nytol,sleepgels,sleeping,ormir,sleep tablet,fast sleep,nighttime sleep gel,sleep-aid,l-tryptophan,alka-seltzer plus allergy,temazepam,triazolam,lunesta,sonata,estazolam,zzzquil,midazolam hcl,ez nite sleep,rest simply,restfully*	*zolpidem tartrate,diphenhydramine hcl,triazolam,zaleplon,lorazepam,doxylamine succinate,chloral hydrate,flurazepam hcl,dexmedetomidine hcl,dexmedetomidine hcl in 0.9 % sodium chloride,tryptophan,temazepam,eszopiclone,estazolam, midazolam hcl,ethyl alcohol/herbal drugs,quazepam,doxepin hcl,lorazepam in 0.9 % sodium chloride,suvorexant,midazolam/ketamine hcl/ondansetron hcl,dexmedetomidine in 5 % dextrose in water,ketamine hcl*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sleep,lydia pinkham herbal,unisom,unisom sleepmelts,unisom sleep aid,nytol quickcaps,quazepam,silenor,sleeptime,medi-sleep,ultra sleep,somnote,restoril,intermezzo,doral,lorazepam-ns,compoz,prosom,dalmane,z-sleep,eszopiclone,dexmedetomidine hcl,nighttime sleep-aid,belsomra,nyt-time sleep,dexmedetomidine-0.9% nacl,mko (midazolam-ketamine-ondan),dexmedetomidine-d5w,ketamine hcl,doxepin hcl				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2012	*ambien,ambien cr,sleep ii,nighttime sleep aid,halcion,edluar,zaleplon,zolpidem tartrate,lorazepam,zolpimist,sleep aid,chloral hydrate,sominex, sominex max strength,flurazepam hcl,zolpidem tartrate er,wal-som,wal-sleep z,precedex,simply sleep,sleep-eze 3,sleep tabs,ativan,diphenhydramine hcl,nytol,sleepgels,sleeping,ormir,sleep tablet,fast sleep,nighttime sleep gel,sleep-aid,l-tryptophan,alka-seltzer plus allergy,temazepam,triazolam,lunesta,sonata,estazolam,zzzquil,midazolam hcl,ez nite sleep,rest simply,restfully sleep,lydia pinkham herbal,unisom,unisom*	*zolpidem tartrate,diphenhydramine hcl,triazolam,zaleplon,lorazepam,doxylamine succinate,chloral hydrate,flurazepam hcl,dexmedetomidine hcl,dexmedetomidine hcl in 0.9 % sodium chloride,tryptophan,temazepam,eszopiclone,estazolam, midazolam hcl,ethyl alcohol/herbal drugs,quazepam,doxepin hcl,lorazepam in 0.9 % sodium chloride,suvorexant,midazolam/ketamine hcl/ondansetron hcl,dexmedetomidine in 5 % dextrose in water,ketamine hcl*	ADD UM: CUSTOM		Carve out - Bill MDCH FFS

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sleepmelts,unisom sleep aid,nytol quickcaps,quazepam,silenor,sleeptime,medi-sleep,ultra sleep,somnote,restoril,intermezzo,doral,lorazepam-ns,compoz,prosom,dalmane,z-sleep,eszopiclone,dexmedetomidine hcl,nighttime sleep-aid,belsomra,nyt-time sleep,dexmedetomidine-0.9% nacl,mko (midazolam-ketamine-ondan),dexmedetomidine-d5w,ketamine hcl,doxepin hcl				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

October, 2012

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2012	*lithostat,enulose, sodium phenylbutyrate,lactulose,carbaglu, generlac,buphenyl,ammonul,ravicti,sodium phenylacet-sod benzoate*	*acetohydroxamic acid,lactulose,sodium phenylbutyrate,carglumic acid,sodium benzoate/sodium phenylacetate,glycerol phenylbutyrate*	ADD TO FORMULARY		Not Covered
10/01/2012	*lithostat,enulose, sodium phenylbutyrate,lactulose,carbaglu, generlac,buphenyl,ammonul,ravicti,sodium phenylacet-sod benzoate*	*acetohydroxamic acid,lactulose,sodium phenylbutyrate,carglumic acid,sodium benzoate/sodium phenylacetate,glycerol phenylbutyrate*	ADD UM: CUSTOM		Carve-out - Bill MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

July, 2019

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2019	*ambrisentan*	*ambrisentan*	ADD TO FORMULARY		Covered
07/01/2019	*ambrisentan*	*ambrisentan*	ADD UM: PANAME		PA Applies
07/01/2019	*ambrisentan*	*ambrisentan*	ADD UM: SPECIALTY		Specialty Drug
07/01/2019	*ambrisentan*	*ambrisentan*	ADD TO FORMULARY		Covered
07/01/2019	*ambrisentan*	*ambrisentan*	ADD UM: PANAME		PA Applies
07/01/2019	*ambrisentan*	*ambrisentan*	ADD UM: SPECIALTY		Specialty Drug
07/01/2019	*tadalafil*	*tadalafil*	ADD TO FORMULARY		Covered
07/01/2019	*tadalafil*	*tadalafil*	ADD UM: QUANTITY		2 / day
07/01/2019	*tadalafil*	*tadalafil*	ADD UM: PANAME		PA Applies

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

October, 2019

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2019	KARIVA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

January, 2020

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*tretinoin*	*tretinoin*	ADD UM: STEP		ST applies
01/01/2020	*mesalamine*	*mesalamine*	ADD UM: STEP		ST applies
01/01/2020	BEVESPI AEROSPHERE	*glycopyrrolate/formoterol fumarate*	ADD UM: STEP		ST applies
01/01/2020	ENTRESTO	*sacubitril/valsartan*	ADD UM: STEP		ST applies
01/01/2020	*azelastine hcl*	*azelastine hcl*	ADD UM: STEP		ST applies
01/01/2020	ENTRESTO	*sacubitril/valsartan*	ADD UM: STEP		ST applies
01/01/2020	OVIDE	*malathion*	ADD UM: STEP		ST applies
01/01/2020	ENTRESTO	*sacubitril/valsartan*	ADD UM: STEP		ST applies
01/01/2020	*etonogestrel-ethinyl estradiol*	*etonogestrel/ethinyl estradiol*	ADD TO FORMULARY		Covered
01/01/2020	*etonogestrel-ethinyl estradiol*	*etonogestrel/ethinyl estradiol*	ADD UM: GENDER		Female
01/01/2020	ELURYNG	*etonogestrel/ethinyl estradiol*	ADD TO FORMULARY		Covered
01/01/2020	ELURYNG	*etonogestrel/ethinyl estradiol*	ADD UM: GENDER		Female
01/01/2020	*etonogestrel-ethinyl estradiol*	*etonogestrel/ethinyl estradiol*	ADD UM: QUANTITY		3 / 84 days
01/01/2020	ELURYNG	*etonogestrel/ethinyl estradiol*	ADD UM: QUANTITY		3 / 84 days

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*ambien,ambien cr,sleep ii,nighttime sleep aid,halcion,edluar,zaleplon,zolpidem tartrate,lorazepam,zolpimist,sleep aid,chloral hydrate,sominex, sominex max strength,flurazepam hcl,zolpidem tartrate er,wal-som,wal-sleep z,precedex,simply sleep,sleep-eze 3,sleep tabs,ativan,diphenhydramine hcl,nytol,sleepgels,sleeping,ormir,sleep tablet,fast sleep,nighttime sleep gel,sleep-aid,l-tryptophan,alka-seltzer plus allergy,temazepam,triazolam,lunesta,sonata,estazolam,zzzquil,midazolam hcl,ez nite sleep,rest simply,restfully sleep,lydia pinkham herbal,unisom,unisom*	*zolpidem tartrate,diphenhydramine hcl,triazolam,zaleplon,lorazepam,doxylamine succinate,chloral hydrate,flurazepam hcl,dexmedetomidine hcl,dexmedetomidine hcl in 0.9 % sodium chloride,tryptophan,temazepam,eszopiclone,estazolam, midazolam hcl,ethyl alcohol/herbal drugs,quazepam,doxepin hcl,lorazepam in 0.9 % sodium chloride,suvorexant,midazolam/ketamine hcl/ondansetron hcl,dexmedetomidine in 5 % dextrose in water,ketamine hcl*	CHANGE TIER		Not Covered

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sleepmelts,unisom sleep aid,nytol quickcaps,quazepam,silenor,sleeptime,medi-sleep,ultra sleep,somnote,restoril,intermezzo,doral,lorazepam-ns,compoz,prosom,dalmane,z-sleep,eszopiclone,dexmedetomidine hcl,nighttime sleep-aid,belsomra,nyt-time sleep,dexmedetomidine-0.9% nacl,mko (midazolam-ketamine-ondan),dexmedetomidine-d5w,ketamine hcl,doxepin hcl				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*ambien,ambien cr,sleep ii,nighttime sleep aid,halcion,edluar,zaleplon,zolpidem tartrate,lorazepam,zolpimist,sleep aid,chloral hydrate,sominex, sominex max strength,flurazepam hcl,zolpidem tartrate er,wal-som,wal-sleep z,precedex,simply sleep,sleep-eze 3,sleep tabs,ativan,diphenhydramine hcl,nytol,sleepgels,sleeping,ormir,sleep tablet,fast sleep,nighttime sleep gel,sleep-aid,l-tryptophan,alka-seltzer plus allergy,temazepam,triazolam,lunesta,sonata,estazolam,zzzquil,midazolam hcl,ez nite sleep,rest simply,restfully sleep,lydia pinkham herbal,unisom,unisom*	*zolpidem tartrate,diphenhydramine hcl,triazolam,zaleplon,lorazepam,doxylamine succinate,chloral hydrate,flurazepam hcl,dexmedetomidine hcl,dexmedetomidine hcl in 0.9 % sodium chloride,tryptophan,temazepam,eszopiclone,estazolam, midazolam hcl,ethyl alcohol/herbal drugs,quazepam,doxepin hcl,lorazepam in 0.9 % sodium chloride,suvorexant,midazolam/ketamine hcl/ondansetron hcl,dexmedetomidine in 5 % dextrose in water,ketamine hcl*	CHANGE UM: CUSTOM		Carve-out - Bill MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sleepmelts,unisom sleep aid,nytol quickcaps,quazepam,silenor,sleep time,medi-sleep,ultra sleep,somnote,restoril,intermezzo,doral,lorazepam-ns,compoz,prosom,dalmane,z-sleep,eszopiclone,dexmedetomidine hcl,nighttime sleep-aid,belsomra,nyt-time sleep,dexmedetomidine-0.9% nacl,mko (midazolam-ketamine-ondan),dexmedetomidine-d5w,ketamine hcl,doxepin hcl				
01/01/2020	*lithostat,enulose,sodium phenylbutyrate,lactulose,carbaglu,generlac,buphenyl,ammonul,ravicti,sodium phenylacet-sod benzoate*	*acetohydroxamic acid,lactulose,sodium phenylbutyrate,carglumic acid,sodium benzoate/sodium phenylacetate,glycerol phenylbutyrate*	CHANGE TIER		Not Covered
01/01/2020	ARISTADA	*aripiprazole lauroxil*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*depakene,valproic acid*	*valproic acid (as sodium salt) (valproate sodium),valproate sodium*	CHANGE TIER		Not Covered
01/01/2020	REBINYN	*factor ix (human) recombinant, pegylated*	ADD TO FORMULARY		Not Covered
01/01/2020	REBINYN	*factor ix (human) recombinant, pegylated*	ADD TO FORMULARY		Not Covered
01/01/2020	*seroquel xr,quetiapine fumarate er*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	*halcion,triazolam*	*triazolam*	CHANGE TIER		Not Covered
01/01/2020	*seroquel xr,quetiapine fumarate er*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	*seroquel xr,quetiapine fumarate er*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	*triazolam*	*triazolam*	CHANGE TIER		Not Covered
01/01/2020	*depakote,divalproex sodium*	*divalproex sodium*	CHANGE TIER		Not Covered
01/01/2020	*depakote,divalproex sodium*	*divalproex sodium*	CHANGE TIER		Not Covered
01/01/2020	*adderall,dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*adderall,dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*adderall,dextroamphetamine-amphetamine,amphetamine salt combo*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	PEGANONE	*ethotoin*	ADD TO FORMULARY		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*depakene,valproic acid*	*valproic acid*	CHANGE TIER		Not Covered
01/01/2020	*forfivo xl,bupropion xl*	*bupropion hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	ZYKADIA	*ceritinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*dilantin-125,phenytoin*	*phenytoin*	CHANGE TIER		Not Covered
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	ADD TO FORMULARY		Not Covered
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	ADD TO FORMULARY		Not Covered
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	SOVALDI	*sofosbuvir*	ADD TO FORMULARY		Not Covered

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	DELSTRIGO	*doravirine/lamivudine/tenofovir disoproxil fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	*dextroamphetamine-amphet er,adderall xr*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine-amphet er,adderall xr*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine-amphet er,adderall xr*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	SUNOSI	*solriamfetol hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	SUNOSI	*solriamfetol hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*dilantin,phenytoin*	*phenytoin*	CHANGE TIER		Not Covered
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	ADD TO FORMULARY		Not Covered
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	ADD TO FORMULARY		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	SECUADO	*asenapine*	ADD TO FORMULARY		Not Covered
01/01/2020	SECUADO	*asenapine*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*nembutal sodium,pentobarbital sodium*	*pentobarbital sodium*	ADD TO FORMULARY		Not Covered
01/01/2020	SECUADO	*asenapine*	ADD TO FORMULARY		Not Covered
01/01/2020	*xanax,alprazolam*	*alprazolam*	CHANGE TIER		Not Covered
01/01/2020	*xanax,alprazolam*	*alprazolam*	CHANGE TIER		Not Covered
01/01/2020	*xanax,alprazolam*	*alprazolam*	CHANGE TIER		Not Covered
01/01/2020	*xanax,alprazolam*	*alprazolam*	CHANGE TIER		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*gabapentin,neurontin*	*gabapentin*	CHANGE TIER		Not Covered
01/01/2020	*neurontin,gabapentin*	*gabapentin*	CHANGE TIER		Not Covered
01/01/2020	*levocarnitine,carnitor*	*levocarnitine (with sugar)*	CHANGE TIER		Not Covered
01/01/2020	*perphenazine*	*perphenazine*	CHANGE TIER		Not Covered
01/01/2020	*perphenazine*	*perphenazine*	CHANGE TIER		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*perphenazine*	*perphenazine*	CHANGE TIER		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*perphenazine*	*perphenazine*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*gabapentin,neurontin*	*gabapentin*	CHANGE TIER		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*orap,pimozide*	*pimozide*	CHANGE TIER		Not Covered
01/01/2020	BRIVIACT	*brivaracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	BRIVIACT	*brivaracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	BRIVIACT	*brivaracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	BRIVIACT	*brivaracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	ADD TO FORMULARY		Not Covered
01/01/2020	BRIVIACT	*brivaracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	BRIVIACT	*brivaracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	NITYR	*nitisinone*	ADD TO FORMULARY		Not Covered
01/01/2020	BRIVIACT	*brivaracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	ADD TO FORMULARY		Not Covered
01/01/2020	NITYR	*nitisinone*	ADD TO FORMULARY		Not Covered
01/01/2020	*diazepam*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	NITYR	*nitisinone*	ADD TO FORMULARY		Not Covered
01/01/2020	*diazepam*	*diazepam*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*dexedrine,dextroamphetamine sulfate er*	*dextroamphetamine sulfate*	CHANGE TIER		Not Covered
01/01/2020	*dexedrine,dextroamphetamine sulfate er*	*dextroamphetamine sulfate*	CHANGE TIER		Not Covered
01/01/2020	*dexedrine,dextroamphetamine sulfate er,dextroamphetamine sulfate*	*dextroamphetamine sulfate*	CHANGE TIER		Not Covered
01/01/2020	*valium,diazepam*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	*methylin er,methylphenidate er,metadate er*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*valium,diazepam*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	*valium,diazepam*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	*lamictal odt,lamotrigine odt*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	REBINYN	*factor ix (human) recombinant, pegylated*	ADD TO FORMULARY		Not Covered
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*estazolam,prosom*	*estazolam*	CHANGE TIER		Not Covered
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*estazolam*	*estazolam*	CHANGE TIER		Not Covered
01/01/2020	BALVERSA	*erdafitinib*	ADD TO FORMULARY		Not Covered
01/01/2020	BALVERSA	*erdafitinib*	ADD TO FORMULARY		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*evekeo,amphetamine sulfate*	*amphetamine sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	*kaletra,lopinavir-ritonavir*	*lopinavir/ritonavir*	CHANGE TIER		Not Covered
01/01/2020	RUBRACA	*rucaparib camsylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*lamictal xr,lamotrigine er*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	ISENTRESS	*raltegravir potassium*	CHANGE TIER		Not Covered
01/01/2020	*lamictal xr,lamotrigine er*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*evekeo,amphetamine sulfate*	*amphetamine sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	ADD TO FORMULARY		Not Covered
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	ADD TO FORMULARY		Not Covered
01/01/2020	*buspirone hcl,buspar*	*buspirone hcl*	CHANGE TIER		Not Covered
01/01/2020	*buspar,buspirone hcl*	*buspirone hcl*	CHANGE TIER		Not Covered
01/01/2020	*buspirone hcl,buspar*	*buspirone hcl*	CHANGE TIER		Not Covered
01/01/2020	BALVERSA	*erdafitinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*parnate,tranylcypromine sulfate*	*tranylcypromine sulfate*	CHANGE TIER		Not Covered
01/01/2020	MARPLAN	*isocarboxazid*	CHANGE TIER		Not Covered
01/01/2020	SPRITAM	*levetiracetam*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	SPRITAM	*levetiracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	*nevirapine,viramune*	*nevirapine*	CHANGE TIER		Not Covered
01/01/2020	*nevirapine,viramune*	*nevirapine*	CHANGE TIER		Not Covered
01/01/2020	TASIGNA	*nilotinib hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	MONONINE,ALPHANINE SD	*factor ix*	CHANGE TIER		Not Covered
01/01/2020	*lithium carbonate er,lithium carbonate,lithobid*	*lithium carbonate*	CHANGE TIER		Not Covered
01/01/2020	ALPHANINE SD,MONONINE	*factor ix*	CHANGE TIER		Not Covered
01/01/2020	*lithium carbonate er,lithium carbonate*	*lithium carbonate*	CHANGE TIER		Not Covered
01/01/2020	MEPSEVII	*vestronidase alfa-vjbk*	ADD TO FORMULARY		Not Covered
01/01/2020	SYMFI	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	KOGENATE FS,HELIXATE FS,ADVATE,KOVALTRY	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	CHANGE TIER		Not Covered
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD TO FORMULARY		Not Covered
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD TO FORMULARY		Not Covered
01/01/2020	CIMDUO,TEMIXYS	*lamivudine/tenofovir disoproxil fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	ADD TO FORMULARY		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered
01/01/2020	*gabitril,tiagabine hcl*	*tiagabine hcl*	CHANGE TIER		Not Covered
01/01/2020	SELZENTRY	*maraviroc*	ADD TO FORMULARY		Not Covered
01/01/2020	TYKERB	*lapatinib ditosylate*	ADD TO FORMULARY		Not Covered
01/01/2020	KYPROLIS	*carfilzomib*	ADD TO FORMULARY		Not Covered
01/01/2020	JULUCA	*dolutegravir sodium/rilpivirine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	NOVOSEVEN RT	*coagulation factor viia (recombinant)*	CHANGE TIER		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	NOVOSEVEN RT	*coagulation factor viia (recombinant)*	CHANGE TIER		Not Covered
01/01/2020	*neurontin,gabapentin*	*gabapentin*	CHANGE TIER		Not Covered
01/01/2020	*lamictal xr,lamotrigine er*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*strattera,atomoxetine hcl*	*atomoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	ADD TO FORMULARY		Not Covered
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	ADD TO FORMULARY		Not Covered
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	ADD TO FORMULARY		Not Covered
01/01/2020	LYNPARZA	*olaparib*	ADD TO FORMULARY		Not Covered
01/01/2020	*strattera,atomoxetine hcl*	*atomoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*strattera,atomoxetine hcl*	*atomoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*duloxetine hcl,cymbalta*	*duloxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*strattera,atomoxetine hcl*	*atomoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	LYNPARZA	*olaparib*	ADD TO FORMULARY		Not Covered
01/01/2020	*duloxetine hcl,cymbalta*	*duloxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*cymbalta,duloxetine hcl*	*duloxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*epzicom,abacavir-lamivudine*	*abacavir sulfate/lamivudine*	CHANGE TIER		Not Covered
01/01/2020	*albuminar-25,plasbumin-25,alburx,albumin (human),albutein, albuked-25,kedbumin*	*albumin human*	CHANGE TIER		Not Covered
01/01/2020	*strattera,atomoxetine hcl*	*atomoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	PLASBUMIN-5,ALBURX,ALBUTEIN,ALBUKED-5	*albumin human*	CHANGE TIER		Not Covered
01/01/2020	PROBUPHINE	*buprenorphine hcl*	ADD TO FORMULARY		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*dextroamphetamine sulfate,zenzedi,dextrostat,dexedrine*	*dextroamphetamine sulfate*	CHANGE TIER		Not Covered
01/01/2020	*benztropine mesylate*	*benztropine mesylate*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine sulfate,zenzedi,dextrostat,dexedrine*	*dextroamphetamine sulfate*	CHANGE TIER		Not Covered
01/01/2020	*benztropine mesylate*	*benztropine mesylate*	CHANGE TIER		Not Covered
01/01/2020	LENVIMA	*lenvatinib mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	LENVIMA	*lenvatinib mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*albuminar-5,buminate,albumin (human),albutein,flexbumin*	*albumin human*	CHANGE TIER		Not Covered
01/01/2020	*benztropine mesylate*	*benztropine mesylate*	CHANGE TIER		Not Covered
01/01/2020	*depakote er,divalproex sodium er,depakote*	*divalproex sodium*	CHANGE TIER		Not Covered
01/01/2020	*lorazepam-d5w*	*lorazepam in 5 % dextrose and water*	ADD TO FORMULARY		Not Covered
01/01/2020	*depakote er,divalproex sodium er*	*divalproex sodium*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered
01/01/2020	*tranexamic acid-nacl*	*tranexamic acid in sodium chloride,iso-osmotic*	ADD TO FORMULARY		Not Covered
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered
01/01/2020	*citalopram hbr*	*citalopram hydrobromide*	ADD TO FORMULARY		Not Covered
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered
01/01/2020	THROMBATE III	*antithrombin iii (human plasma derived)*	CHANGE TIER		Not Covered
01/01/2020	*nuvigil,armodafinil*	*armodafinil*	CHANGE TIER		Not Covered
01/01/2020	*nuvigil,armodafinil*	*armodafinil*	CHANGE TIER		Not Covered
01/01/2020	*nuvigil,armodafinil*	*armodafinil*	CHANGE TIER		Not Covered
01/01/2020	CORIFACT	*factor xiii*	ADD TO FORMULARY		Not Covered
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered
01/01/2020	PERSERIS	*risperidone*	ADD TO FORMULARY		Not Covered
01/01/2020	PERSERIS	*risperidone*	ADD TO FORMULARY		Not Covered
01/01/2020	*lamictal xr,lamotrigine er*	*lamotrigine*	CHANGE TIER		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*strattera,atomoxetine hcl*	*atomoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*strattera,atomoxetine hcl*	*atomoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	NORVIR	*ritonavir*	ADD TO FORMULARY		Not Covered
01/01/2020	FUZEON	*enfuvirtide*	CHANGE TIER		Not Covered
01/01/2020	*effexor xr,venlafaxine hcl er*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*effexor xr,venlafaxine hcl er*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*effexor xr,venlafaxine hcl er*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*effexor,venlafaxine hcl*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*effexor,venlafaxine hcl*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*effexor,venlafaxine hcl*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	ULTOMIRIS	*ravulizumab-cwvz*	ADD TO FORMULARY		Not Covered
01/01/2020	*venlafaxine hcl,effexor*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*venlafaxine hcl,effexor*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	LENVIMA	*lenvatinib mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	EPIDIOLEX	*cannabidiol (cbd)*	ADD TO FORMULARY		Not Covered
01/01/2020	*modafinil,provigil*	*modafinil*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*modafinil,provigil*	*modafinil*	CHANGE TIER		Not Covered
01/01/2020	ADASUVE	*loxapine*	ADD TO FORMULARY		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	TAKHZYRO	*lanadelumab-flyo*	ADD TO FORMULARY		Not Covered
01/01/2020	LORBRENA	*lorlatinib*	ADD TO FORMULARY		Not Covered
01/01/2020	LORBRENA	*lorlatinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*invega,paliperidone er*	*paliperidone*	CHANGE TIER		Not Covered
01/01/2020	QUILLICHEW ER	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*abilify,aripiprazole*	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	VONVENDI	*von willebrand factor (recombinant)*	ADD TO FORMULARY		Not Covered
01/01/2020	*temazepam,restoril*	*temazepam*	CHANGE TIER		Not Covered
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	ADD TO FORMULARY		Not Covered
01/01/2020	HAEGARDA	*c1 esterase inhibitor*	ADD TO FORMULARY		Not Covered
01/01/2020	*temazepam,restoril*	*temazepam*	CHANGE TIER		Not Covered
01/01/2020	*temazepam,restoril*	*temazepam*	CHANGE TIER		Not Covered
01/01/2020	VONVENDI	*von willebrand factor (recombinant)*	ADD TO FORMULARY		Not Covered
01/01/2020	*lexiva,fosamprenavir calcium*	*fosamprenavir calcium*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	BRUKINSA	*zanubrutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	VRAYLAR	*cariprazine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*epivir,lamivudine*	*lamivudine*	CHANGE TIER		Not Covered
01/01/2020	*epivir,lamivudine*	*lamivudine*	CHANGE TIER		Not Covered
01/01/2020	KCENTRA	*human prothrombin complex concentrate (pcc), 4-factor*	ADD TO FORMULARY		Not Covered
01/01/2020	*lorazepam,ativan*	*lorazepam*	CHANGE TIER		Not Covered
01/01/2020	*lorazepam,ativan*	*lorazepam*	CHANGE TIER		Not Covered
01/01/2020	QUILLICHEW ER	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*lorazepam,ativan*	*lorazepam*	CHANGE TIER		Not Covered
01/01/2020	*gleevec,imatinib mesylate*	*imatinib mesylate*	CHANGE TIER		Not Covered
01/01/2020	*zerit,stavudine*	*stavudine*	CHANGE TIER		Not Covered
01/01/2020	*gleevec,imatinib mesylate*	*imatinib mesylate*	CHANGE TIER		Not Covered
01/01/2020	*zerit,stavudine*	*stavudine*	CHANGE TIER		Not Covered
01/01/2020	*zerit,stavudine*	*stavudine*	CHANGE TIER		Not Covered
01/01/2020	*zerit,stavudine*	*stavudine*	CHANGE TIER		Not Covered
01/01/2020	QUILLICHEW ER	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	JORNAY PM	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	JORNAY PM	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	AMYTAL SODIUM	*amobarbital sodium*	ADD TO FORMULARY		Not Covered
01/01/2020	*temazepam,restoril*	*temazepam*	CHANGE TIER		Not Covered
01/01/2020	JORNAY PM	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	JORNAY PM	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	PEXEVA	*paroxetine mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	PEXEVA	*paroxetine mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	PEXEVA	*paroxetine mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	PEXEVA	*paroxetine mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*vandetanib,caprelsa*	*vandetanib*	ADD TO FORMULARY		Not Covered
01/01/2020	*vandetanib,caprelsa*	*vandetanib*	ADD TO FORMULARY		Not Covered
01/01/2020	*fluphenazine decanoate*	*fluphenazine decanoate*	CHANGE TIER		Not Covered
01/01/2020	ADZENYS XR-ODT	*amphetamine*	ADD TO FORMULARY		Not Covered
01/01/2020	ADZENYS XR-ODT	*amphetamine*	ADD TO FORMULARY		Not Covered
01/01/2020	ADZENYS XR-ODT	*amphetamine*	ADD TO FORMULARY		Not Covered
01/01/2020	*lorazepam,ativan*	*lorazepam*	CHANGE TIER		Not Covered
01/01/2020	*lorazepam,ativan*	*lorazepam*	CHANGE TIER		Not Covered
01/01/2020	GABACAINE	*gabapentin/lidocaine*	ADD TO FORMULARY		Not Covered
01/01/2020	TURALIO	*pexidartinib hydrochloride*	ADD TO FORMULARY		Not Covered
01/01/2020	JORNAY PM	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	RIASTAP	*fibrinogen*	CHANGE TIER		Not Covered
01/01/2020	ADZENYS XR-ODT	*amphetamine*	ADD TO FORMULARY		Not Covered
01/01/2020	ADZENYS XR-ODT	*amphetamine*	ADD TO FORMULARY		Not Covered
01/01/2020	TRETTEN	*factor xiii a-subunit, recombinant*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADZENYS XR-ODT	*amphetamine*	ADD TO FORMULARY		Not Covered
01/01/2020	*zonisamide,zonegran*	*zonisamide*	CHANGE TIER		Not Covered
01/01/2020	KALYDECO	*ivacaftor*	ADD TO FORMULARY		Not Covered
01/01/2020	*abilify,aripiprazole*	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	ALPHANINE SD	*factor ix*	CHANGE TIER		Not Covered
01/01/2020	*istodax,romidepsin*	*romidepsin*	ADD TO FORMULARY		Not Covered
01/01/2020	NUPLAZID	*pimavanserin tartrate*	ADD TO FORMULARY		Not Covered
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*citalopram hbr,celexa*	*citalopram hydrobromide*	CHANGE TIER		Not Covered
01/01/2020	*citalopram hbr,celexa*	*citalopram hydrobromide*	CHANGE TIER		Not Covered
01/01/2020	*remeron,mirtazapine*	*mirtazapine*	CHANGE TIER		Not Covered
01/01/2020	*citalopram hbr,citalopram,celexa*	*citalopram hydrobromide*	CHANGE TIER		Not Covered
01/01/2020	*citalopram hbr,celexa*	*citalopram hydrobromide*	CHANGE TIER		Not Covered
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ODEFSEY	*emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	NUPLAZID	*pimavanserin tartrate*	ADD TO FORMULARY		Not Covered
01/01/2020	ALIQOPA	*copanlisib di-hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*ritalin la,methylphenidate la*	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*paxil,paroxetine hcl*	*paroxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	ALBUMINEX	*albumin human-kjda*	ADD TO FORMULARY		Not Covered
01/01/2020	*epclusa,sofosbuvir-velpatasvir*	*sofosbuvir/velpatasvir*	ADD TO FORMULARY		Not Covered
01/01/2020	ALBUMINEX	*albumin human-kjda*	ADD TO FORMULARY		Not Covered
01/01/2020	*paxil,paroxetine hcl*	*paroxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*paxil,paroxetine hcl*	*paroxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*paxil,paroxetine hcl*	*paroxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*buspirone hcl,vanspar*	*buspirone hcl*	CHANGE TIER		Not Covered
01/01/2020	*sarafem,fluoxetine hcl,rapiflux*	*fluoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*fluoxetine hcl,prozac*	*fluoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*fluoxetine hcl,sarafem*	*fluoxetine hcl*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*fluoxetine hcl,selfemra,prozac*	*fluoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*lexapro,escitalopram oxalate*	*escitalopram oxalate*	CHANGE TIER		Not Covered
01/01/2020	*fluoxetine hcl,selfemra,prozac*	*fluoxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*sustiva,efavirenz*	*efavirenz*	CHANGE TIER		Not Covered
01/01/2020	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	*sustiva,efavirenz*	*efavirenz*	CHANGE TIER		Not Covered
01/01/2020	*methamphetamine hcl,desoxyn*	*methamphetamine hcl*	CHANGE TIER		Not Covered
01/01/2020	*zavesca,miglustat*	*miglustat*	CHANGE TIER		Not Covered
01/01/2020	*lithium carbonate*	*lithium carbonate*	CHANGE TIER		Not Covered
01/01/2020	*lithium carbonate*	*lithium carbonate*	CHANGE TIER		Not Covered
01/01/2020	DIACOMIT	*stiripentol*	ADD TO FORMULARY		Not Covered
01/01/2020	*lithium carbonate*	*lithium carbonate*	CHANGE TIER		Not Covered
01/01/2020	DIACOMIT	*stiripentol*	ADD TO FORMULARY		Not Covered
01/01/2020	DIACOMIT	*stiripentol*	ADD TO FORMULARY		Not Covered
01/01/2020	DIACOMIT	*stiripentol*	ADD TO FORMULARY		Not Covered
01/01/2020	*meprobamate*	*meprobamate*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	*meprobamate*	*meprobamate*	CHANGE TIER		Not Covered
01/01/2020	*neurontin,gabapentin*	*gabapentin*	CHANGE TIER		Not Covered
01/01/2020	*epivir,lamivudine*	*lamivudine*	CHANGE TIER		Not Covered
01/01/2020	ALUNBRIG	*brigatinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	ALUNBRIG	*brigatinib*	ADD TO FORMULARY		Not Covered
01/01/2020	RYDAPT	*midostaurin*	ADD TO FORMULARY		Not Covered
01/01/2020	*clozapine odt,fazaclo*	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	*reyataz,atazanavir sulfate*	*atazanavir sulfate*	CHANGE TIER		Not Covered
01/01/2020	*reyataz,atazanavir sulfate*	*atazanavir sulfate*	CHANGE TIER		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	ADD TO FORMULARY		Not Covered
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*zonisamide,zonegran*	*zonisamide*	CHANGE TIER		Not Covered
01/01/2020	KOATE-DVI,KOATE	*antihemophilic factor, human*	ADD TO FORMULARY		Not Covered
01/01/2020	MONOCLATE-P	*antihemophilic factor, human*	CHANGE TIER		Not Covered
01/01/2020	MONOCLATE-P,KOATE-DVI,KOATE	*antihemophilic factor, human*	CHANGE TIER		Not Covered
01/01/2020	KOGENATE FS,HELIXATE FS,ADVATE UH,ADVATE,KOVALTRY	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	CHANGE TIER		Not Covered
01/01/2020	*diazepam*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	RUBRACA	*rucaparib camsylate*	ADD TO FORMULARY		Not Covered
01/01/2020	KOATE-DVI,KOATE	*antihemophilic factor, human*	ADD TO FORMULARY		Not Covered
01/01/2020	RUBRACA	*rucaparib camsylate*	ADD TO FORMULARY		Not Covered
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	ADD TO FORMULARY		Not Covered
01/01/2020	PROFILNINE SD,PROFILNINE	*factor ix complex human,factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	ADD TO FORMULARY		Not Covered
01/01/2020	BIKTARVY	*bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	ADD TO FORMULARY		Not Covered
01/01/2020	SYMFI LO	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	CINRYZE	*c1 esterase inhibitor*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	MEKINIST	*trametinib dimethyl sulfoxide*	ADD TO FORMULARY		Not Covered
01/01/2020	MEKINIST	*trametinib dimethyl sulfoxide*	ADD TO FORMULARY		Not Covered
01/01/2020	PROFILNINE SD,PROFILNINE	*factor ix complex human,factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	ADD TO FORMULARY		Not Covered
01/01/2020	BEBULIN VH IMMUNO,BEBULIN	*factor ix complex, prothrombin complex conc. (pcc) comb. 6,factor ix complex, prothrombin cplx conc(pcc) no.6, 3-factor*	ADD TO FORMULARY		Not Covered
01/01/2020	CALQUENCE	*acalabrutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	PROFILNINE SD,PROFILNINE	*factor ix complex human,factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	ADD TO FORMULARY		Not Covered
01/01/2020	*orfadin,nitisinone*	*nitisinone*	CHANGE TIER		Not Covered
01/01/2020	*zoloft,sertraline hcl*	*sertraline hcl*	CHANGE TIER		Not Covered
01/01/2020	*zoloft,sertraline hcl*	*sertraline hcl*	CHANGE TIER		Not Covered
01/01/2020	*zoloft,sertraline hcl*	*sertraline hcl*	CHANGE TIER		Not Covered
01/01/2020	*zoloft,sertraline hcl*	*sertraline hcl*	CHANGE TIER		Not Covered
01/01/2020	*lamictal (blue),lamotrigine ,lamotrigine (blue),subvenite (blue)*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*orfadin,nitisinone*	*nitisinone*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*orfadin,nitisinone*	*nitisinone*	CHANGE TIER		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered
01/01/2020	*adzenys er,amphetamine*	*amphetamine*	ADD TO FORMULARY		Not Covered
01/01/2020	*aminocaproic acid*	*aminocaproic acid*	CHANGE TIER		Not Covered
01/01/2020	*budeprion sr,wellbutrin sr,bupropion hcl sr*	*bupropion hcl*	CHANGE TIER		Not Covered
01/01/2020	ELELYSO	*taliglucerase alfa*	ADD TO FORMULARY		Not Covered
01/01/2020	*budeprion sr,wellbutrin sr,bupropion hcl sr*	*bupropion hcl*	CHANGE TIER		Not Covered
01/01/2020	*bupropion hcl,wellbutrin*	*bupropion hcl*	CHANGE TIER		Not Covered
01/01/2020	*bupropion hcl,wellbutrin*	*bupropion hcl*	CHANGE TIER		Not Covered
01/01/2020	*lamictal (orange),lamotrigine,lamotrigine (orange),subvenite (orange)*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	MEKTOVI	*binimetinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*lamictal (green),lamotrigine,lamotrigine (green),subvenite (green)*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*aminocaproic acid,amicar*	*aminocaproic acid*	CHANGE TIER		Not Covered
01/01/2020	*levetiracetam*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	*trazodone hcl,desyrel*	*trazodone hcl*	CHANGE TIER		Not Covered
01/01/2020	*trazodone hcl,desyrel*	*trazodone hcl*	CHANGE TIER		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered
01/01/2020	*diazepam,diastat*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	*trazodone hcl*	*trazodone hcl*	CHANGE TIER		Not Covered
01/01/2020	*trazodone hcl*	*trazodone hcl*	CHANGE TIER		Not Covered
01/01/2020	*lamictal xr,lamotrigine er*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*carnitor sf,levocarnitine sf*	*levocarnitine*	CHANGE TIER		Not Covered
01/01/2020	FYCOMPA	*perampanel*	ADD TO FORMULARY		Not Covered
01/01/2020	*moban,molindone hcl*	*molindone hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*amicar,aminocaproic acid*	*aminocaproic acid*	CHANGE TIER		Not Covered
01/01/2020	*pristiq,desvenlafaxine succinate er*	*desvenlafaxine succinate*	ADD TO FORMULARY		Not Covered
01/01/2020	ARISTADA INITIO	*aripiprazole lauroxil, submicronized*	ADD TO FORMULARY		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*moban,molindone hcl*	*molindone hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered
01/01/2020	*diazepam,diastat acudial*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	*moban,molindone hcl*	*molindone hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*diazepam,diastat acudial*	*diazepam*	CHANGE TIER		Not Covered
01/01/2020	FETZIMA	*levomilnacipran hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	FETZIMA	*levomilnacipran hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	NAYZILAM	*midazolam*	ADD TO FORMULARY		Not Covered
01/01/2020	*dilantin,phenytoin sodium extended*	*phenytoin sodium extended*	CHANGE TIER		Not Covered
01/01/2020	IMBRUVICA	*ibrutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	CHANGE TIER		Not Covered
01/01/2020	FETZIMA	*levomilnacipran hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	FETZIMA	*levomilnacipran hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	CHANGE TIER		Not Covered
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	CHANGE TIER		Not Covered
01/01/2020	ABILIFY MAINTENA	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	REVCOVI	*elapegademase-lvlr*	ADD TO FORMULARY		Not Covered
01/01/2020	FETZIMA	*levomilnacipran hcl*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*phenobarbital-ns,phenobarbital-0.9% nacl*	*phenobarbital sodium in 0.9 % sodium chloride*	ADD TO FORMULARY		Not Covered
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	CHANGE TIER		Not Covered
01/01/2020	*remeron,mirtazapine*	*mirtazapine*	CHANGE TIER		Not Covered
01/01/2020	*remeron,mirtazapine*	*mirtazapine*	CHANGE TIER		Not Covered
01/01/2020	*remeron,mirtazapine*	*mirtazapine*	CHANGE TIER		Not Covered
01/01/2020	*lamictal odt,lamotrigine odt*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*navane,thiothixene*	*thiothixene*	CHANGE TIER		Not Covered
01/01/2020	BRINTELLIX,TRINTELLIX	*vortioxetine hydrobromide*	ADD TO FORMULARY		Not Covered
01/01/2020	*navane,thiothixene*	*thiothixene*	CHANGE TIER		Not Covered
01/01/2020	*thiothixene*	*thiothixene*	CHANGE TIER		Not Covered
01/01/2020	BRINTELLIX,TRINTELLIX	*vortioxetine hydrobromide*	ADD TO FORMULARY		Not Covered
01/01/2020	*primidone,mysoline*	*primidone*	CHANGE TIER		Not Covered
01/01/2020	*primidone,mysoline*	*primidone*	CHANGE TIER		Not Covered
01/01/2020	BRINTELLIX,TRINTELLIX	*vortioxetine hydrobromide*	ADD TO FORMULARY		Not Covered
01/01/2020	*navane,thiothixene*	*thiothixene*	CHANGE TIER		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ABILIFY MYCITE	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	ABILIFY MYCITE	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	ABILIFY MYCITE	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	ABILIFY MYCITE	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	ABILIFY MYCITE	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	ABILIFY MYCITE	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	SYMDEKO	*tezacaftor/ivacaftor*	ADD TO FORMULARY		Not Covered
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY		Not Covered
01/01/2020	TALZENNA	*talazoparib tosylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	IMBRUVICA	*ibrutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	IMBRUVICA	*ibrutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	IMBRUVICA	*ibrutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*harvoni,ledipasvir-sofosbuvir*	*ledipasvir/sofosbuvir*	CHANGE TIER		Not Covered
01/01/2020	IMBRUVICA	*ibrutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	PIQRAY	*alpelisib*	ADD TO FORMULARY		Not Covered
01/01/2020	PIQRAY	*alpelisib*	ADD TO FORMULARY		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*clomipramine hcl,anafranil*	*clomipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*clomipramine hcl,anafranil*	*clomipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*clomipramine hcl,anafranil*	*clomipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*clorazepate dipotassium,tranxene t-tab*	*clorazepate dipotassium*	CHANGE TIER		Not Covered
01/01/2020	*intuniv,guanfacine hcl er*	*guanfacine hcl*	CHANGE TIER		Not Covered
01/01/2020	ORFADIN	*nitisinone*	ADD TO FORMULARY		Not Covered
01/01/2020	NUPLAZID	*pimavanserin tartrate*	ADD TO FORMULARY		Not Covered
01/01/2020	FEIBA NF	*anti-inhibitor coagulant complex*	CHANGE TIER		Not Covered
01/01/2020	*suboxone,buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	CHANGE TIER		Not Covered
01/01/2020	*suboxone,buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	CHANGE TIER		Not Covered
01/01/2020	*acamprosate calcium,campral*	*acamprosate calcium*	CHANGE TIER		Not Covered
01/01/2020	HARVONI	*ledipasvir/sofosbuvir*	ADD TO FORMULARY		Not Covered
01/01/2020	SOVALDI	*sofosbuvir*	ADD TO FORMULARY		Not Covered
01/01/2020	*clonidine hcl er,kapvay*	*clonidine hcl*	CHANGE TIER		Not Covered
01/01/2020	VERZENIO	*abemaciclib*	ADD TO FORMULARY		Not Covered
01/01/2020	VERZENIO	*abemaciclib*	ADD TO FORMULARY		Not Covered
01/01/2020	PIQRAY	*alpelisib*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*tegretol,carbamazepine*	*carbamazepine*	CHANGE TIER		Not Covered
01/01/2020	VERZENIO	*abemaciclib*	ADD TO FORMULARY		Not Covered
01/01/2020	VERZENIO	*abemaciclib*	ADD TO FORMULARY		Not Covered
01/01/2020	*dextroamphetamine-amphetamine,adderall xr*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine-amphetamine,adderall xr*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	*klonopin,clonazepam*	*clonazepam*	CHANGE TIER		Not Covered
01/01/2020	*levetiracetam,keppra,roweepra*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	CEREZYME	*imiglucerase*	ADD TO FORMULARY		Not Covered
01/01/2020	*levetiracetam,keppra*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	RETROVIR	*zidovudine*	CHANGE TIER		Not Covered
01/01/2020	SYMTUZA	*darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide*	ADD TO FORMULARY		Not Covered
01/01/2020	VPRIV	*velaglucerase alfa*	ADD TO FORMULARY		Not Covered
01/01/2020	*intuniv,guanfacine hcl er*	*guanfacine hcl*	CHANGE TIER		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*intuniv,guanfacine hcl er*	*guanfacine hcl*	CHANGE TIER		Not Covered
01/01/2020	*intuniv,guanfacine hcl er*	*guanfacine hcl*	CHANGE TIER		Not Covered
01/01/2020	*ritalin la,methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*aminocaproic acid,amicar*	*aminocaproic acid*	CHANGE TIER		Not Covered
01/01/2020	*lorazepam-0.9% nacl,lorazepam-ns*	*lorazepam in 0.9 % sodium chloride*	ADD TO FORMULARY		Not Covered
01/01/2020	ZEJULA	*niraparib tosylate*	ADD TO FORMULARY		Not Covered
01/01/2020	SPRITAM	*levetiracetam*	ADD TO FORMULARY		Not Covered
01/01/2020	HAEGARDA	*c1 esterase inhibitor*	ADD TO FORMULARY		Not Covered
01/01/2020	*clozapine odt,fazaclo,clozapine*	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	*clozapine odt,fazaclo,clozapine*	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	WILATE	*antihemophilic factor, human/von willebrand factor,human*	ADD TO FORMULARY		Not Covered
01/01/2020	WILATE	*antihemophilic factor, human/von willebrand factor,human*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*dextroamphetamine-amphetamine,adderall,amphetamine salt combo*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine-amphetamine,adderall,amphetamine salt combo*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	XYNTHA	*antihemophilic factor (factor viii) recomb,b-domain deleted*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine-amphetamine,adderall,amphetamine salt combo*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine-amphetamine,adderall,amphetamine salt combo*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	SOD POLYSULTHIONATE-FOLIC ACID,SULFZIX	*sulfur/sodium sulfate/sodium thiosulfate/folic acid*	ADD TO FORMULARY		Not Covered
01/01/2020	*viramune xr,nevirapine er*	*nevirapine*	CHANGE TIER		Not Covered
01/01/2020	ROZLYTREK	*entrectinib*	ADD TO FORMULARY		Not Covered
01/01/2020	ROZLYTREK	*entrectinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*oxcarbazepine,trileptal*	*oxcarbazepine*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	INREBIC	*fedratinib dihydrochloride*	ADD TO FORMULARY		Not Covered
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	CHANGE TIER		Not Covered
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	CHANGE TIER		Not Covered
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	CHANGE TIER		Not Covered
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	CHANGE TIER		Not Covered
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	CHANGE TIER		Not Covered
01/01/2020	ORKAMBI	*lumacaftor/ivacaftor*	ADD TO FORMULARY		Not Covered
01/01/2020	ZUBSOLV	*buprenorphine hcl/naloxone hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*haloperidol lactate*	*haloperidol lactate*	ADD TO FORMULARY		Not Covered
01/01/2020	*nuvigil,armodafinil*	*armodafinil*	CHANGE TIER		Not Covered
01/01/2020	*geodon,ziprasidone hcl*	*ziprasidone hcl*	CHANGE TIER		Not Covered
01/01/2020	*gabitril,tiagabine hcl*	*tiagabine hcl*	CHANGE TIER		Not Covered
01/01/2020	*geodon,ziprasidone hcl*	*ziprasidone hcl*	CHANGE TIER		Not Covered
01/01/2020	*gabitril,tiagabine hcl*	*tiagabine hcl*	CHANGE TIER		Not Covered
01/01/2020	*geodon,ziprasidone hcl*	*ziprasidone hcl*	CHANGE TIER		Not Covered
01/01/2020	*gabitril,tiagabine hcl*	*tiagabine hcl*	CHANGE TIER		Not Covered

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*geodon,ziprasidone hcl*	*ziprasidone hcl*	CHANGE TIER		Not Covered
01/01/2020	ORFADIN	*nitisinone*	ADD TO FORMULARY		Not Covered
01/01/2020	*lamictal xr,lamotrigine er*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	HETLIOZ	*tasimelteon*	ADD TO FORMULARY		Not Covered
01/01/2020	*abilify,aripiprazole*	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	COTEMPLA XR-ODT	*methylphenidate*	ADD TO FORMULARY		Not Covered
01/01/2020	COTEMPLA XR-ODT	*methylphenidate*	ADD TO FORMULARY		Not Covered
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY		Not Covered
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY		Not Covered
01/01/2020	COTEMPLA XR-ODT	*methylphenidate*	ADD TO FORMULARY		Not Covered
01/01/2020	RUCONEST	*c1 esterase inhibitor, recombinant*	CHANGE TIER		Not Covered
01/01/2020	KOGENATE FS,HELIXATE FS,ADVATE,ADVATE M,KOVALTRY	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol*	*haloperidol*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADVATE,ADVATE SH	*antihemophilic factor (fviii) recombinant,full length,antihemophilic factor (fviii) recomb,full length (alb-free)*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol*	*haloperidol*	CHANGE TIER		Not Covered
01/01/2020	KOGENATE FS,HELIXATE FS,ADVATE,ADVATE L,KOVALTRY	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	CHANGE TIER		Not Covered
01/01/2020	KOGENATE FS,HELIXATE FS,ADVATE,ADVATE H,KOVALTRY	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol*	*haloperidol*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol*	*haloperidol*	CHANGE TIER		Not Covered
01/01/2020	*abilify,aripiprazole*	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol*	*haloperidol*	CHANGE TIER		Not Covered
01/01/2020	*abilify,aripiprazole*	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol*	*haloperidol*	CHANGE TIER		Not Covered
01/01/2020	*abilify,aripiprazole*	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	*ramelteon,rozerem*	*ramelteon*	CHANGE TIER		Not Covered
01/01/2020	ISENTRESS HD	*raltegravir potassium*	ADD TO FORMULARY		Not Covered
01/01/2020	SPRITAM	*levetiracetam*	ADD TO FORMULARY		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*irenka,duloxetine hcl*	*duloxetine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	ORKAMBI	*lumacaftor/ivacaftor*	ADD TO FORMULARY		Not Covered
01/01/2020	*sustiva,efavirenz*	*efavirenz*	CHANGE TIER		Not Covered
01/01/2020	KYPROLIS	*carfilzomib*	ADD TO FORMULARY		Not Covered
01/01/2020	*buspirone hcl,buspar*	*buspirone hcl*	CHANGE TIER		Not Covered
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*disulfiram,antabuse*	*disulfiram*	CHANGE TIER		Not Covered
01/01/2020	HEMOFIL M	*antihemophilic factor, human*	CHANGE TIER		Not Covered
01/01/2020	*invega,paliperidone er*	*paliperidone*	CHANGE TIER		Not Covered
01/01/2020	PANHEMATIN	*hemin*	ADD TO FORMULARY		Not Covered
01/01/2020	*haloperidol lactate*	*haloperidol lactate*	CHANGE TIER		Not Covered
01/01/2020	*nortriptyline hcl*	*nortriptyline hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*disulfiram,antabuse*	*disulfiram*	CHANGE TIER		Not Covered
01/01/2020	*abilify,aripiprazole*	*aripiprazole*	CHANGE TIER		Not Covered
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	RIXUBIS,BENEFIX	*factor ix human recombinant*	CHANGE TIER		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	RIXUBIS,BENEFIX	*factor ix human recombinant*	CHANGE TIER		Not Covered
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY		Not Covered
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	ADD TO FORMULARY		Not Covered
01/01/2020	*invega,paliperidone er*	*paliperidone*	CHANGE TIER		Not Covered
01/01/2020	*invega,paliperidone er*	*paliperidone*	CHANGE TIER		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	*sabril,vigabatrin*	*vigabatrin*	CHANGE TIER		Not Covered
01/01/2020	*sabril,vigabatrin,vigadrone*	*vigabatrin*	CHANGE TIER		Not Covered
01/01/2020	*lamotrigine,lamictal,subvenite*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*lamotrigine,lamictal,subvenite*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*brisdelle,paroxetine mesylate*	*paroxetine mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	RIXUBIS,BENEFIX	*factor ix human recombinant*	CHANGE TIER		Not Covered
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*onfi,clobazam*	*clobazam*	CHANGE TIER		Not Covered
01/01/2020	*pristiq,desvenlafaxine succinate er*	*desvenlafaxine succinate*	CHANGE TIER		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*pristiq,desvenlafaxine succinate er*	*desvenlafaxine succinate*	CHANGE TIER		Not Covered
01/01/2020	*lamotrigine,lamictal,subvenite*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*depakote sprinkle,divalproex sodium*	*divalproex sodium*	CHANGE TIER		Not Covered
01/01/2020	*lamotrigine,lamictal,subvenite*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*lamotrigine,lamictal*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*lamotrigine,lamictal*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate hcl cd,metadate cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate hcl cd,metadate cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate hcl cd,metadate cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	FEIBA VH IMMUNO,FEIBA NF	*anti-inhibitor coagulant complex*	CHANGE TIER		Not Covered
01/01/2020	*dextroamphetamine-amphet er,adderall xr*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	CHANGE TIER		Not Covered
01/01/2020	*onfi,clobazam*	*clobazam*	CHANGE TIER		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*buprenorphine-naloxone,suboxone*	*buprenorphine hcl/naloxone hcl*	CHANGE TIER		Not Covered
01/01/2020	*onfi,clobazam*	*clobazam*	CHANGE TIER		Not Covered
01/01/2020	*buprenorphine-naloxone,suboxone*	*buprenorphine hcl/naloxone hcl*	CHANGE TIER		Not Covered
01/01/2020	*escitalopram oxalate,lexapro*	*escitalopram oxalate*	CHANGE TIER		Not Covered
01/01/2020	*tegretol,epitol,carbamazepine*	*carbamazepine*	CHANGE TIER		Not Covered
01/01/2020	ALUNBRIG	*brigatinib*	ADD TO FORMULARY		Not Covered
01/01/2020	ALUNBRIG	*brigatinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*norvir,ritonavir*	*ritonavir*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate er,concerta*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*escitalopram oxalate,lexapro*	*escitalopram oxalate*	CHANGE TIER		Not Covered
01/01/2020	COPIKTRA	*duvelisib*	ADD TO FORMULARY		Not Covered
01/01/2020	COPIKTRA	*duvelisib*	ADD TO FORMULARY		Not Covered
01/01/2020	*focalin,dexmethylphenidate hcl*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*focalin,dexmethylphenidate hcl*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*focalin,dexmethylphenidate hcl*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	XOSPATA	*gilteritinib fumarate*	ADD TO FORMULARY		Not Covered
01/01/2020	*depacon,valproate sodium*	*valproic acid (as sodium salt) (valproate sodium)*	CHANGE TIER		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*zarontin,ethosuximide*	*ethosuximide*	CHANGE TIER		Not Covered
01/01/2020	*cyklokapron,tranexamic acid*	*tranexamic acid*	CHANGE TIER		Not Covered
01/01/2020	*zarontin,ethosuximide*	*ethosuximide*	CHANGE TIER		Not Covered
01/01/2020	ILARIS	*canakinumab/pf*	ADD TO FORMULARY		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol decanoate*	*haloperidol decanoate*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate hcl cd,metadate cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol decanoate*	*haloperidol decanoate*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate hcl cd,metadate cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate hcl cd,metadate cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*ritalin la,methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	CHANGE TIER		Not Covered

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01/01/2020	*ritalin la,methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	VIZIMPRO	*dacomitinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*tarceva,erlotinib hcl*	*erlotinib hcl*	CHANGE TIER		Not Covered
01/01/2020	*tarceva,erlotinib hcl*	*erlotinib hcl*	CHANGE TIER		Not Covered
01/01/2020	VIZIMPRO	*dacomitinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*tarceva,erlotinib hcl*	*erlotinib hcl*	CHANGE TIER		Not Covered
01/01/2020	VIZIMPRO	*dacomitinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*ziagen,abacavir*	*abacavir sulfate*	CHANGE TIER		Not Covered
01/01/2020	QUILLIVANT XR	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	CYSTADANE	*betaine*	ADD TO FORMULARY		Not Covered
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	*buprenorphine hcl,subutex*	*buprenorphine hcl*	CHANGE TIER		Not Covered
01/01/2020	*buprenorphine hcl,subutex*	*buprenorphine hcl*	CHANGE TIER		Not Covered
01/01/2020	PIFELTRO	*doravirine*	ADD TO FORMULARY		Not Covered
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	ADD TO FORMULARY		Not Covered
01/01/2020	KISQALI	*ribociclib succinate*	ADD TO FORMULARY		Not Covered
01/01/2020	KISQALI	*ribociclib succinate*	ADD TO FORMULARY		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*ritalin,methylin,methylphenidate hcl*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	ICLUSIG	*ponatinib hcl*	CHANGE TIER		Not Covered
01/01/2020	ICLUSIG	*ponatinib hcl*	CHANGE TIER		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	CABOMETYX	*cabozantinib s-malate*	ADD TO FORMULARY		Not Covered
01/01/2020	CABOMETYX	*cabozantinib s-malate*	ADD TO FORMULARY		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	KISQALI	*ribociclib succinate*	ADD TO FORMULARY		Not Covered
01/01/2020	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	ADD TO FORMULARY		Not Covered
01/01/2020	CABOMETYX	*cabozantinib s-malate*	ADD TO FORMULARY		Not Covered
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	VIEKIRA XR	*ombitasvir/paritaprevir/ritonavir/dasabuvir sodium*	ADD TO FORMULARY		Not Covered
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	*levetiracetam er,keppra xr,roweepra xr*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	ADD TO FORMULARY		Not Covered
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	ADD TO FORMULARY		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*quetiapine fumarate,seroquel*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*quetiapine fumarate,seroquel*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*midazolam hcl*	*midazolam hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	CHANGE TIER		Not Covered
01/01/2020	*quetiapine fumarate,seroquel*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	*quetiapine fumarate,seroquel*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	*ritalin,methylin,methylphenidate hcl*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	ADD TO FORMULARY		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	*ritalin,methylin,methylphenidate hcl*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*focalin xr,dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	H.P. ACTHAR,ACTHAR	*corticotropin*	CHANGE TIER		Not Covered
01/01/2020	SYMPAZAN	*clobazam*	ADD TO FORMULARY		Not Covered
01/01/2020	*nortriptyline hcl,pamelor*	*nortriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	SYMPAZAN	*clobazam*	ADD TO FORMULARY		Not Covered
01/01/2020	*ziagen,abacavir*	*abacavir sulfate*	CHANGE TIER		Not Covered
01/01/2020	*suboxone,buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	CHANGE TIER		Not Covered
01/01/2020	*suboxone,buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	CHANGE TIER		Not Covered
01/01/2020	SYMPAZAN	*clobazam*	ADD TO FORMULARY		Not Covered
01/01/2020	ACTIVE-PAC	*gabapentin/lidocaine hcl/menthol*	ADD TO FORMULARY		Not Covered
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	*amitriptyline hcl,elavil*	*amitriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	CHANGE TIER		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	VOTRIENT	*pazopanib hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*tegretol xr,carbamazepine er*	*carbamazepine*	CHANGE TIER		Not Covered
01/01/2020	*ritalin la,methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	KCENTRA	*human prothrombin complex concentrate (pcc), 4-factor*	ADD TO FORMULARY		Not Covered
01/01/2020	*lyrica,pregabalin*	*pregabalin*	CHANGE TIER		Not Covered
01/01/2020	*tofranil,imipramine hcl*	*imipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*tofranil,imipramine hcl*	*imipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*tofranil,imipramine hcl*	*imipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*remeron,mirtazapine*	*mirtazapine*	CHANGE TIER		Not Covered
01/01/2020	BOSULIF	*bosutinib*	ADD TO FORMULARY		Not Covered
01/01/2020	*nortriptyline hcl,pamelor*	*nortriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	VRAYLAR	*cariprazine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*nortriptyline hcl,pamelor*	*nortriptyline hcl*	CHANGE TIER		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*levetiracetam er,keppra xr,roweepra xr*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	*nortriptyline hcl,pamelor*	*nortriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	INVEGA SUSTENNA	*paliperidone palmitate*	CHANGE TIER		Not Covered
01/01/2020	*nortriptyline hcl,pamelor*	*nortriptyline hcl*	CHANGE TIER		Not Covered
01/01/2020	SELZENTRY	*maraviroc*	ADD TO FORMULARY		Not Covered
01/01/2020	SELZENTRY	*maraviroc*	ADD TO FORMULARY		Not Covered
01/01/2020	MYALEPT	*metreleptin*	ADD TO FORMULARY		Not Covered
01/01/2020	*doxepin hcl*	*doxepin hcl*	CHANGE TIER		Not Covered
01/01/2020	*doxepin hcl*	*doxepin hcl*	CHANGE TIER		Not Covered
01/01/2020	VRAYLAR	*cariprazine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*clozapine,clozaril*	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	*quazepam,doral*	*quazepam*	ADD TO FORMULARY		Not Covered
01/01/2020	VRAYLAR	*cariprazine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	VRAYLAR	*cariprazine hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	*doxepin hcl*	*doxepin hcl*	CHANGE TIER		Not Covered
01/01/2020	*doxepin hcl*	*doxepin hcl*	CHANGE TIER		Not Covered
01/01/2020	*doxepin hcl*	*doxepin hcl*	CHANGE TIER		Not Covered
01/01/2020	SECONAL SODIUM	*secobarbital sodium*	ADD TO FORMULARY		Not Covered
01/01/2020	SUBLOCADE	*buprenorphine*	ADD TO FORMULARY		Not Covered
01/01/2020	SUBLOCADE	*buprenorphine*	ADD TO FORMULARY		Not Covered

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*norpramin,desipramine hcl*	*desipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*norpramin,desipramine hcl*	*desipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*norpramin,desipramine hcl*	*desipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*phenobarbital*	*phenobarbital*	CHANGE TIER		Not Covered
01/01/2020	*norpramin,desipramine hcl*	*desipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*norpramin,desipramine hcl*	*desipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*lamivudine-zidovudine,combivir*	*lamivudine/zidovudine*	CHANGE TIER		Not Covered
01/01/2020	VELCADE	*bortezomib*	CHANGE TIER		Not Covered
01/01/2020	*felbatol,felbamate*	*felbamate*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate er,concerta*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*norpramin,desipramine hcl*	*desipramine hcl*	CHANGE TIER		Not Covered
01/01/2020	*felbatol,felbamate*	*felbamate*	CHANGE TIER		Not Covered
01/01/2020	*felbatol,felbamate*	*felbamate*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate er,concerta*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	VERSACLOZ	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	TIVICAY	*dolutegravir sodium*	ADD TO FORMULARY		Not Covered
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	CHANGE TIER		Not Covered
01/01/2020	TIVICAY	*dolutegravir sodium*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*levetiracetam,keppra,roweepra*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	*trimipramine maleate,surmontil*	*trimipramine maleate*	CHANGE TIER		Not Covered
01/01/2020	*trimipramine maleate,surmontil*	*trimipramine maleate*	CHANGE TIER		Not Covered
01/01/2020	NERLYNX	*neratinib maleate*	ADD TO FORMULARY		Not Covered
01/01/2020	*trimipramine maleate,surmontil*	*trimipramine maleate*	CHANGE TIER		Not Covered
01/01/2020	*budeprion xl,wellbutrin xl,bupropion xl*	*bupropion hcl*	CHANGE TIER		Not Covered
01/01/2020	*remeron,mirtazapine*	*mirtazapine*	CHANGE TIER		Not Covered
01/01/2020	*levetiracetam,keppra,roweepra*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	*levetiracetam,keppra*	*levetiracetam*	CHANGE TIER		Not Covered
01/01/2020	*budeprion xl,bupropion xl,wellbutrin xl*	*bupropion hcl*	CHANGE TIER		Not Covered
01/01/2020	*bortezomib*	*bortezomib*	ADD TO FORMULARY		Not Covered
01/01/2020	*escitalopram oxalate,lexapro*	*escitalopram oxalate*	CHANGE TIER		Not Covered
01/01/2020	*lamotrigine odt,lamictal odt*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	VOSEVI	*sofosbuvir/velpatasvir/voxilaprevir*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*methylphenidate hcl,methylin*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate hcl,methylin*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*methylin,methylphenidate hcl*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*methylin,methylphenidate hcl*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*methylin,methylphenidate hcl*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	BELEODAQ	*belinostat*	ADD TO FORMULARY		Not Covered
01/01/2020	*quetiapine fumarate,seroquel*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	*mirtazapine*	*mirtazapine*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate er,concerta*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	*cerebyx,fosphenytoin sodium*	*fosphenytoin sodium*	CHANGE TIER		Not Covered
01/01/2020	*paxil cr,paroxetine er,paroxetine hcl,paroxetine cr*	*paroxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*valproic acid*	*valproic acid (as sodium salt) (valproate sodium)*	CHANGE TIER		Not Covered
01/01/2020	LENVIMA	*lenvatinib mesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	*paxil cr,paroxetine er,paroxetine hcl,paroxetine cr*	*paroxetine hcl*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*paxil cr,paroxetine er,paroxetine cr,paroxetine hcl*	*paroxetine hcl*	CHANGE TIER		Not Covered
01/01/2020	*cerebyx,fosphenytoin sodium*	*fosphenytoin sodium*	CHANGE TIER		Not Covered
01/01/2020	*methylphenidate er,relexxii*	*methylphenidate hcl*	ADD TO FORMULARY		Not Covered
01/01/2020	FIBRYGA	*fibrinogen*	ADD TO FORMULARY		Not Covered
01/01/2020	*quetiapine fumarate,seroquel*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	ADD TO FORMULARY		Not Covered
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	ADD TO FORMULARY		Not Covered
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	ADD TO FORMULARY		Not Covered
01/01/2020	*lamictal odt,lamotrigine odt*	*lamotrigine*	CHANGE TIER		Not Covered
01/01/2020	*khedezla,desvenlafaxine er*	*desvenlafaxine*	ADD TO FORMULARY		Not Covered
01/01/2020	*khedezla,desvenlafaxine er*	*desvenlafaxine*	ADD TO FORMULARY		Not Covered
01/01/2020	HUMATE-P	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*abilify discmelt,aripiprazole odt*	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	*clozapine,clozaril*	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	*clozaril,clozapine*	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	*abilify discmelt,aripiprazole odt*	*aripiprazole*	ADD TO FORMULARY		Not Covered
01/01/2020	*valproic acid*	*valproic acid (as sodium salt) (valproate sodium)*	CHANGE TIER		Not Covered
01/01/2020	VITRAKVI	*larotrectinib sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	*clozaril,clozapine*	*clozapine*	CHANGE TIER		Not Covered
01/01/2020	MAVYRET	*glecaprevir/pibrentasvir*	ADD TO FORMULARY		Not Covered
01/01/2020	*seroquel xr,quetiapine fumarate er*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	VITRAKVI	*larotrectinib sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	VITRAKVI	*larotrectinib sulfate*	ADD TO FORMULARY		Not Covered
01/01/2020	*tranexamic acid,lysteda*	*tranexamic acid*	CHANGE TIER		Not Covered
01/01/2020	*zyprexa,olanzapine*	*olanzapine*	CHANGE TIER		Not Covered
01/01/2020	*zyprexa,olanzapine*	*olanzapine*	CHANGE TIER		Not Covered
01/01/2020	*zyprexa,olanzapine*	*olanzapine*	CHANGE TIER		Not Covered
01/01/2020	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	CHANGE TIER		Not Covered
01/01/2020	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	CHANGE TIER		Not Covered
01/01/2020	GEODON	*ziprasidone mesylate*	CHANGE TIER		Not Covered
01/01/2020	*zyprexa,olanzapine*	*olanzapine*	CHANGE TIER		Not Covered
01/01/2020	*zyprexa,olanzapine*	*olanzapine*	CHANGE TIER		Not Covered
01/01/2020	*zyprexa,olanzapine*	*olanzapine*	CHANGE TIER		Not Covered
01/01/2020	*desvenlafaxine er*	*desvenlafaxine*	ADD TO FORMULARY		Not Covered
01/01/2020	*viread,tenofovir disoproxil fumarate*	*tenofovir disoproxil fumarate*	CHANGE TIER		Not Covered
01/01/2020	*tranexamic acid,cyklokapron*	*tranexamic acid*	CHANGE TIER		Not Covered
01/01/2020	*desvenlafaxine er*	*desvenlafaxine*	ADD TO FORMULARY		Not Covered
01/01/2020	HUMATE-P	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered
01/01/2020	HUMATE-P	*antihemophilic factor, human/von willebrand factor,human*	CHANGE TIER		Not Covered
01/01/2020	*risperidone,risperdal*	*risperidone*	CHANGE TIER		Not Covered
01/01/2020	*reyataz,atazanavir sulfate*	*atazanavir sulfate*	CHANGE TIER		Not Covered
01/01/2020	CEPROTIN	*protein c, human*	ADD TO FORMULARY		Not Covered
01/01/2020	CEPROTIN	*protein c, human*	ADD TO FORMULARY		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*haloperidol decanoate 100,haldol decanoate 100,haloperidol decanoate*	*haloperidol decanoate*	CHANGE TIER		Not Covered
01/01/2020	*haloperidol decanoate,haldol decanoate 50*	*haloperidol decanoate*	CHANGE TIER		Not Covered
01/01/2020	*viramune xr,nevirapine er*	*nevirapine*	CHANGE TIER		Not Covered
01/01/2020	*ritalin-sr,methylin er,methylphenida te er,methylphenida te sr,metadate er*	*methylphenidate hcl*	CHANGE TIER		Not Covered
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	ADD TO FORMULARY		Not Covered
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	ADD TO FORMULARY		Not Covered
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	CHANGE TIER		Not Covered
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	CHANGE TIER		Not Covered
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	CHANGE TIER		Not Covered
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	CHANGE TIER		Not Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*bupropion hcl sr,wellbutrin sr,bupropion hcl er*	*bupropion hcl*	CHANGE TIER		Not Covered
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	ADD TO FORMULARY		Not Covered
01/01/2020	TROKENDI XR	*topiramate*	CHANGE TIER		Not Covered
01/01/2020	TROKENDI XR	*topiramate*	CHANGE TIER		Not Covered
01/01/2020	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	CHANGE TIER		Not Covered
01/01/2020	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	CHANGE TIER		Not Covered
01/01/2020	TROKENDI XR	*topiramate*	CHANGE TIER		Not Covered
01/01/2020	TROKENDI XR	*topiramate*	CHANGE TIER		Not Covered
01/01/2020	SYMDEKO	*tezacaftor/ivacaftor*	ADD TO FORMULARY		Not Covered
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	ADD TO FORMULARY		Not Covered
01/01/2020	*seroquel xr,quetiapine fumarate er*	*quetiapine fumarate*	CHANGE TIER		Not Covered
01/01/2020	PRED FORTE	*prednisolone acetate*	REMOVE FROM FORMULARY	Covered	Non-Formulary
01/01/2020	HUMALOG KWIKPEN U-100	*insulin lispro*	REMOVE UM: AGE		
01/01/2020	HUMALOG KWIKPEN U-100	*insulin lispro*	REMOVE UM: QUANTITY		
01/01/2020	PROAIR HFA	*albuterol sulfate*	REMOVE UM: QUANTITY	18 / 25 days	
01/01/2020	VIVITROL	*naltrexone microspheres*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	OXTELLAR XR	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EFFEXOR XR	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALBITOR	*ecallantide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PRECEDEX	*dexmedetomidine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OXTELLAR XR	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OXTELLAR XR	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ICLUSIG	*ponatinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ICLUSIG	*ponatinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOFRANIL	*imipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*escitalopram oxalate*	*escitalopram oxalate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALUNBRIG	*brigatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALUNBRIG	*brigatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*erlotinib hcl*	*erlotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*erlotinib hcl*	*erlotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*erlotinib hcl*	*erlotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LORAZEPAM INTENSOL	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TARCEVA	*erlotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MAVYRET	*glecaprevir/pibrentasvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TARCEVA	*erlotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clomipramine hcl*	*clomipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TARCEVA	*erlotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine odt*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAXIL	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPACON	*valproic acid (as sodium salt) (valproate sodium)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*flurazepam hcl*	*flurazepam hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*lamivudine*	*lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levocarnitine*	*levocarnitine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam-d5w*	*lorazepam in 5 % dextrose and water*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADZENYS XR-ODT	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTIVUS	*tipranavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CONCERTA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thioridazine hcl*	*thioridazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*tiagabine hcl*	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*molindone hcl*	*molindone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	CELEXA	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DILANTIN	*phenytoin sodium extended*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADZENYS ER	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sertraline hcl*	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUILLIVANT XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RYDAPT	*midostaurin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALUNBRIG	*brigatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*modafinil*	*modafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BENEFIX	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIRAMUNE	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenytoin*	*phenytoin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EPIVIR	*lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LEXIVA	*fosamprenavir calcium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*oxcarbazepine*	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	FOCALIN	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NITYR	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NITYR	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALYDECO	*ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NITYR	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALYDECO	*ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nortriptyline hcl*	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol*	*haloperidol*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	CAPRELSA	*vandetanib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CAPRELSA	*vandetanib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SURMONTIL	*trimipramine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aminocaproic acid*	*aminocaproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*vigabatrin*	*vigabatrin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*vigabatrin*	*vigabatrin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	FELBATOL	*felbamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RITALIN	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thiothixene*	*thiothixene*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol lactate*	*haloperidol lactate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKOTE	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COTEMPLA XR-ODT	*methylphenidate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fosamprenavir calcium*	*fosamprenavir calcium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ATIVAN	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COTEMPLA XR-ODT	*methylphenidate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COTEMPLA XR-ODT	*methylphenidate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*abacavir*	*abacavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NINLARO	*ixazomib citrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NINLARO	*ixazomib citrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol decanoate*	*haloperidol decanoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital sodium*	*phenobarbital sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FYCOMPA	*perampanel*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CEREZYME	*imiglucerase*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FYCOMPA	*perampanel*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZOLOFT	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ethosuximide*	*ethosuximide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NINLARO	*ixazomib citrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRINTELLIX	*vortioxetine hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*oxcarbazepine*	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRINTELLIX	*vortioxetine hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*tranexamic acid*	*tranexamic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRINTELLIX	*vortioxetine hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZERIT	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*oxazepam*	*oxazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NEXAVAR	*sorafenib tosylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYKADIA	*ceritinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lithium carbonate*	*lithium carbonate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PLASBUMIN-5	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	PLASMANATE	*plasma protein fraction*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ARISTADA INITIO	*aripiprazole lauroxil, submicronized*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PREZISTA	*darunavir ethanolate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LATUDA	*lurasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRANXENE T-TAB	*clorazepate dipotassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIREAD	*tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIREAD	*tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIREAD	*tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FABRAZYME	*agalsidase beta*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIREAD	*tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUNAVAIL	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUMINATE	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VALIUM	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	TRETTEN	*factor xiii a-subunit, recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUNAVAIL	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUNAVAIL	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*estazolam*	*estazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LATUDA	*lurasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REMERON	*mirtazapine*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	RIXUBIS	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INREBIC	*fedratinib dihydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIXUBIS	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIXUBIS	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIXUBIS	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*citalopram hbr,citalopram*	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ROZLYTREK	*entrectinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIXUBIS	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ROZLYTREK	*entrectinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	VIRAMUNE XR	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GEODON	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lactulose*	*lactulose*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*nevirapine er*	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORAP	*pimozide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*abacavir*	*abacavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZOLOFT	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*valproic acid*	*valproate sodium,valproic acid (as sodium salt) (valproate sodium)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ZUBSOLV	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FORFIVO XL	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FLEXBUMIN	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZUBSOLV	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paliperidone er*	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paliperidone er*	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paliperidone er*	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine odt*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RELEXXII	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYDELIG	*idelalisib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALDURAZYME	*laronidase*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYDELIG	*idelalisib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IRESSA	*gefitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fosphenytoin sodium*	*fosphenytoin sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKENE	*valproic acid (as sodium salt) (valproate sodium)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*quetiapine fumarate*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*oxazepam*	*oxazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ANAFRANIL	*clomipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MKO (MIDAZOLAM-KETAMINE-ONDAN)	*midazolam/ketamine hcl/ondansetron hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYSTEDA	*tranexamic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion xl*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fosphenytoin sodium*	*fosphenytoin sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imipramine hcl*	*imipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STIVARGA	*regorafenib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TIVICAY	*dolutegravir sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RITALIN LA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TIVICAY	*dolutegravir sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate la,methylphenidate er (la)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GALAFOLD	*migalastat hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRATTERA	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	HELIXATE FS	*antihemophilic factor viii, human recombinant,antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRATTERA	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRATTERA	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TASIGNA	*nilotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*tranexamic acid*	*tranexamic acid*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	TYKERB	*lapatinib ditosylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOPAMAX	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clobazam*	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRATTERA	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ONFI	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALBUMINEX	*albumin human-kjda*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALBUMINEX	*albumin human-kjda*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRILEPTAL	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*gabapentin*	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUSTIVA	*efavirenz*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CORIFACT	*factor xiii*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate er*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*gabapentin*	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imipramine pamoate*	*imipramine pamoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine sulfate*	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL M-TAB	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ILARIS	*canakinumab/pf*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*mirtazapine*	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	DILANTIN-125	*phenytoin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL M-TAB	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIRAMUNE	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XOSPATA	*gilteritinib fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NAYZILAM	*midazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZARONTIN	*ethosuximide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ethosuximide*	*ethosuximide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BENEFIX	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nortriptyline hcl*	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HETLIOZ	*tasimelteon*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BENEFIX	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*divalproex sodium er*	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VITRAKVI	*larotrectinib sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRISDELLE	*paroxetine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VITRAKVI	*larotrectinib sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*pimozide*	*pimozide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	VITRAKVI	*larotrectinib sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*nefazodone hcl*	*nefazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*oxcarbazepine*	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TALZENNA	*talazoparib tosylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zonisamide*	*zonisamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxapram hcl*	*doxapram hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAMELOR	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TALZENNA	*talazoparib tosylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	IMBRUVICA	*ibrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BENEFIX	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALETRA	*lopinavir/ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*valproate sodium*	*valproic acid (as sodium salt) (valproate sodium)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	ELAPRASE	*idursulfase*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUVIGIL	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RAVICTI	*glycerol phenylbutyrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA ZYDIS	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JORNAY PM	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JORNAY PM	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	JORNAY PM	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*armodafinil*	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JORNAY PM	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EVOTAZ	*atazanavir sulfate/cobicistat*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JORNAY PM	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*citalopram hbr*	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion hcl sr,bupropion hcl er*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZARONTIN	*ethosuximide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*dexmedetomidine -0.9% nacl*	*dexmedetomidine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*molindone hcl*	*molindone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlordiazepoxide-amitriptyline,amitriptyline-chlordiazepoxide*	*amitriptyline hcl/chlordiazepoxide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PRECEDEX	*dexmedetomidine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SOVALDI	*sofosbuvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMIZIM	*elosulfase alfa*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atazanavir sulfate*	*atazanavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lithium carbonate er,lithium carbonate*	*lithium carbonate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZOLOFT	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*atazanavir sulfate*	*atazanavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PARNATE	*tranylcypromine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORKAMBI	*lumacaftor/ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trimipramine maleate*	*trimipramine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SECONAL SODIUM	*secobarbital sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTIOM	*eslicarbazepine acetate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thioridazine hcl*	*thioridazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTIOM	*eslicarbazepine acetate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTIOM	*eslicarbazepine acetate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTIOM	*eslicarbazepine acetate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SONATA	*zaleplon*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FUZEON	*enfuvirtide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*didanosine*	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GABITRIL	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DIASTAT	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*phenytoin sodium extended*	*phenytoin sodium extended*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HALDOL DECANOATE 100	*haloperidol decanoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine odt*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOFRANIL	*imipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amoxapine*	*amoxapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NEURONTIN	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DIACOMIT	*stiripentol*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate er*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thioridazine hcl*	*thioridazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALBUKED-5	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZUBSOLV	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RESTORIL	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sertraline hcl*	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COMPLERA	*emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	RISPERDAL	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DIACOMIT	*stiripentol*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NORVIR	*ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMDEKO	*tezacaftor/ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TEMIXYS	*lamivudine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALBURX	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA TRINZA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALBURX	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA TRINZA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SAPHRIS	*asenapine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA TRINZA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA TRINZA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IBRANCE	*palbociclib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IBRANCE	*palbociclib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*meprobamate*	*meprobamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SAPHRIS	*asenapine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KLONOPIN	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IBRANCE	*palbociclib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*pentobarbital sodium*	*pentobarbital sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ziprasidone hcl*	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	ZIAGEN	*abacavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REMERON	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HAEGARDA	*c1 esterase inhibitor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HAEGARDA	*c1 esterase inhibitor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOGENATE FS	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*divalproex sodium er*	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKOTE ER	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LEVO-T	*levothyroxine sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DAKLINZA	*daclatasvir dihydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluphenazine decanoate*	*fluphenazine decanoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BANZEL	*rufinamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VRAYLAR	*cariprazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYKADIA	*ceritinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELOCTATE	*antihemophilic factor (fviii) recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROVIGIL	*modafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA ZYDIS	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KYPROLIS	*carfilzomib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKOTE	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clorazepate dipotassium*	*clorazepate dipotassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DYANAVEL XR	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEGANONE	*ethotoin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ANTABUSE	*disulfiram*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*divalproex sodium*	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	KOGENATE FS	*antihemophilic factor, hum rec,antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZONEGRAN	*zonisamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMFI LO	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FELBATOL	*felbamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADVATE	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PHENYTEK	*phenytoin sodium extended*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RECOMBINATE	*antihemophilic factor viii, human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine sulfate er,dextroamphetamine sulfate*	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine*	*perphenazine*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	SABRIL	*vigabatrin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*dexmethylphenidate hcl*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HELIXATE FS	*antihemophilic factor viii, human recombinant,antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	PAXIL	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone odt*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone odt*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone odt*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SABRIL	*vigabatrin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EVEKEO ODT	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PLASBUMIN-25	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARNITOR	*levocarnitine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRIKAFTA	*elexacaftor/tezacaftor/ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*modafinil*	*modafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APLENZIN	*bupropion hbr*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APLENZIN	*bupropion hbr*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PRISTIQ	*desvenlafaxine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PRISTIQ	*desvenlafaxine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zidovudine*	*zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amoxapine*	*amoxapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA SOLOFUSE	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol*	*haloperidol*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*levetiracetam*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone odt*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NEURONTIN	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*albumin (human)*	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CLOZARIL	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NEURONTIN	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GABITRIL	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NERLYNX	*neratinib maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRILEPTAL	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nitisinone*	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FAZACLO	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VOSEVI	*sofosbuvir/velpatasvir/voxilaprevir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole odt*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ILARIS	*canakinumab/pf*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole odt*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GABACAINE	*gabapentin/lidocaine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADAGEN	*pegademase bovine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*flurazepam hcl*	*flurazepam hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FAZACLO	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FAZACLO	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEGASYS	*peginterferon alfa-2a*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amoxapine*	*amoxapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CELONTIN	*methsuximide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOGENATE FS	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ZYPREXA RELPREVV	*olanzapine pamoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA RELPREVV	*olanzapine pamoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA RELPREVV	*olanzapine pamoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FANAPT	*iloperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ISTODAX	*romidepsin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRATTERA	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine sulfate*	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	SUBLOCADE	*buprenorphine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRATTERA	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKOTE ER	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	THROMBATE III	*antithrombin iii (human plasma derived)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nortriptyline hcl*	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*tiagabine hcl*	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HALDOL DECANOATE 50	*haloperidol decanoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARBATROL	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*molindone hcl*	*molindone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desipramine hcl*	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRIVIACT	*brivaracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRIVIACT	*brivaracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*meprobamate*	*meprobamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRIVIACT	*brivaracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRIVIACT	*brivaracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*trazodone hcl*	*trazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nitisinone*	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRIVIACT	*brivaracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nitisinone*	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CINRYZE	*c1 esterase inhibitor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FAZACLO	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRIVIACT	*brivaracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluphenazine hcl*	*fluphenazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*felbamate*	*felbamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KINERET	*anakinra*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	SUBLOCADE	*buprenorphine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZUBSOLV	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*loxapine*	*loxapine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KISQALI	*ribociclib succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL XR	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KISQALI	*ribociclib succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KISQALI	*ribociclib succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*mirtazapine*	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRIVIACT	*brivaracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	JIVI	*antihemophilic factor (fviii) rec, b-domain deleted peg-aucl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPINRAZA	*nusinersen sodium/pf*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FAZACLO	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*romidepsin*	*romidepsin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FIBRYGA	*fibrinogen*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion hcl sr*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*gabapentin*	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	KOGENATE FS	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*temazepam*	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EPIVIR	*lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA SUSTENNA	*paliperidone palmitate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRITAM	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRITAM	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRITAM	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRITAM	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate er*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lithium carbonate*	*lithium carbonate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REMERON	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORFADIN	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*disulfiram*	*disulfiram*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*fluphenazine hcl*	*fluphenazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KCENTRA	*human prothrombin complex concentrate (pcc), 4-factor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIDEX EC	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BENEFIX	*factor ix human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*oxazepam*	*oxazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CALQUENCE	*acalabrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORFADIN	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZIAGEN	*abacavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imipramine hcl*	*imipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORFADIN	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUCRAID	*sacrosidase*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VELCADE	*bortezomib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thiothixene*	*thiothixene*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY		Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	RESTORIL	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IMBRUVICA	*ibrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ribavirin*	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IMBRUVICA	*ibrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IMBRUVICA	*ibrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IMBRUVICA	*ibrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEXEDRINE	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sertraline hcl*	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMBIEN	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALUNBRIG	*brigatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKENE	*valproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MYSOLINE	*primidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BELEODAQ	*belinostat*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SARAFEM	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine er*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine er*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ONFI	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*albumin (human)*	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam er,alprazolam xr*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine er*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX XR	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TYBOST	*cobicistat*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX XR	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX XR	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ONFI	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam er,alprazolam xr*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam er,alprazolam xr*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam er,alprazolam xr*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SILENOR	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*valproic acid*	*valproic acid (as sodium salt) (valproate sodium)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COGENTIN	*benztropine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SILENOR	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEXEDRINE	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine er*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FEIBA NF	*anti-inhibitor coagulant complex*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROZAC	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OBIZUR	*antihemophilic factor viii, recombinant porcine sequence*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenytoin sodium extended*	*phenytoin sodium extended*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*dextroamphetamine sulfate er*	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*tenofovir disoproxil fumarate*	*tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMICAR	*aminocaproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paroxetine hcl*	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX XR	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*efavirenz*	*efavirenz*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imipramine pamoate*	*imipramine pamoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desipramine hcl*	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIZIMPRO	*dacomitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIZIMPRO	*dacomitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIZIMPRO	*dacomitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EPIDIOLEX	*cannabidiol (cbd)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROVIGIL	*modafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	INTELENCE	*etravirine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desipramine hcl*	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIASTAP	*fibrinogen*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REYATAZ	*atazanavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL XR (GREEN)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL XR (ORANGE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XANAX	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL XR	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	LAMICTAL XR (BLUE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*didanosine*	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GABITRIL	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PREZISTA	*darunavir ethanolate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol*	*haloperidol*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	LAMICTAL XR	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL XR	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KUVAN	*sapropterin dihydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	REMERON	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	TURALIO	*pexidartinib hydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL XR	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*loxapine*	*loxapine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*efavirenz*	*efavirenz*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam-nacl*	*levetiracetam in sodium chloride, iso-osmotic*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MEKTOVI	*binimetinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EMSAM	*selegiline*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EMSAM	*selegiline*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EMSAM	*selegiline*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALBUKED-25	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKOTE	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atomoxetine hcl*	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	SUSTIVA	*efavirenz*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thioridazine hcl*	*thioridazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine odt*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine odt*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluphenazine hcl*	*fluphenazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MODERIBA	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MODERIBA	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MODERIBA	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MODERIBA	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aminocaproic acid*	*aminocaproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CIMDUO	*lamivudine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	MODERIBA	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMICAR	*aminocaproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMFI	*efavirenz/lamivudine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*felbamate*	*felbamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PHENYTEK	*phenytoin sodium extended*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZUBSOLV	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZUBSOLV	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TASIGNA	*nilotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DORAL	*quazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenytoin sodium extended*	*phenytoin sodium extended*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine*	*perphenazine*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*aripiprazole*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ABILIFY	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ROWEEPRA XR	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FYCOMPA	*perampanel*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ROWEEPRA XR	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FYCOMPA	*perampanel*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALETRA	*lopinavir/ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desipramine hcl*	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBOXONE	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBOXONE	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIGADRONE	*vigabatrin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HELIXATE FS	*antihemophilic factor viii, human recombinant,antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aripiprazole*	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sodium phenylbutyrate*	*sodium phenylbutyrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KUVAN	*sapropterin dihydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RECOMBINATE	*antihemophilic factor viii, human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RECOMBINATE	*antihemophilic factor viii, human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlordiazepoxide hcl*	*chlordiazepoxide hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIRACEPT	*nelfinavir mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol lactate*	*haloperidol lactate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluvoxamine maleate*	*fluvoxamine maleate*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*maprotiline hcl*	*maprotiline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*methylphenidate hcl cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NARDIL	*phenelzine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl cd,methylphenidate hcl er (cd)*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ACTIVE-PAC	*gabapentin/lidocaine hcl/menthol*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HEMOFIL M	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HEMOFIL M	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*oxcarbazepine*	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paliperidone er*	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clomipramine hcl*	*clomipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVEGA	*paliperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEXEDRINE	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*fluphenazine hcl*	*fluphenazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRIZIVIR	*abacavir sulfate/lamivudine/zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine er*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BRUKINSA	*zanubrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZOLOFT	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EFFEXOR XR	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARNITOR	*levocarnitine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amphetamine sulfate*	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amphetamine sulfate*	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EVEKEO	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine er*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine er*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*armodafinil*	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZERIT	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	ALPRAZOLAM INTENSOL	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*armodafinil*	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUVIGIL	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmedetomidine -0.9% nacl*	*dexmedetomidine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmedetomidine -0.9% nacl*	*dexmedetomidine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*armodafinil*	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAXIL	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buspirone hcl*	*buspirone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	IXINITY	*factor ix human recombinant, threonine 148*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIRAMUNE XR	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*temazepam*	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NORVIR	*ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	RESTORIL	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIDEX EC	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PRECEDEX	*dexmedetomidine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PRECEDEX	*dexmedetomidine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*disulfiram*	*disulfiram*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VALIUM	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine*	*perphenazine*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*buprenorphine hcl*	*buprenorphine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*temazepam*	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORFADIN	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nevirapine er*	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KUVAN	*sapropterin dihydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PIQRAY	*alpelisib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PIQRAY	*alpelisib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	PIQRAY	*alpelisib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine,lamotrigine (blue)*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine,lamotrigine (green)*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine,lamotrigine (orange)*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LEXIVA	*fosamprenavir calcium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ziprasidone hcl*	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORFADIN	*nitisinone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DIASTAT ACUDIAL	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HARVONI	*ledipasvir/sofosbuvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DIASTAT ACUDIAL	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL XR	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL XR	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL XR	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SOVALDI	*sofosbuvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*clonazepam*	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*benztropine mesylate*	*benztropine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL XR	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALBUMINAR-5	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desipramine hcl*	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine sulfate*	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ritonavir*	*ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUPLAZID	*pimavanserin tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUVIGIL	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VYVANSE	*lisdexamfetamine dimesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUVIGIL	*armodafinil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DESCOVY	*emtricitabine/tenofovir alafenamide fumarate*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ZENZEDI	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*gabapentin*	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL (BLUE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL (GREEN)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RITALIN LA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RITALIN LA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL (ORANGE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TASIGNA	*nilotinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MAINTENA	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MAINTENA	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NORVIR	*ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOSEVEN RT	*coagulation factor viia (recombinant)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EPIVIR	*lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	PROCENTRA	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	METADATE ER	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EVEKEO	*amphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OCTAPLAS	*plasma human, blood group a*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*benztropine mesylate*	*benztropine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OCTAPLAS	*plasma human, blood group ab*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*cosyntropin*	*cosyntropin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RITALIN LA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OCTAPLAS	*plasma human, blood group o*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RUBRACA	*rucaparib camsylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INTERMEZZO	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RUBRACA	*rucaparib camsylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INTERMEZZO	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PRISTIQ	*desvenlafaxine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ISENTRESS	*raltegravir potassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*olanzapine*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RUCONEST	*c1 esterase inhibitor, recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ISENTRESS	*raltegravir potassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA SOLOFUSE	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imatinib mesylate*	*imatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trimipramine maleate*	*trimipramine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FYCOMPA	*perampanel*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imatinib mesylate*	*imatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*tiagabine hcl*	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*atazanavir sulfate*	*atazanavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVIRASE	*saquinavir mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	FLEXBUMIN	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BOSULIF	*bosutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buspirone hcl*	*buspirone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALETRA	*lopinavir/ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GLEEVEC	*imatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DEPAKOTE SPRINKLE	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GLEEVEC	*imatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*miglustat*	*miglustat*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA SOLOFUSE	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZAVESCA	*miglustat*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RITALIN	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlordiazepoxide hcl*	*chlordiazepoxide hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	SYMBYAX	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMBYAX	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*abacavir-lamivudine-zidovudine*	*abacavir sulfate/lamivudine/zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMBYAX	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TEGRETOL XR	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMBYAX	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate er*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INTELENCE	*etravirine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HARVONI	*ledipasvir/sofosbuvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRIUMEQ	*abacavir sulfate/dolutegravir sodium/lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TAKHZYRO	*lanadelumab-flyo*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine odt*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine odt*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ledipasvir-sofosbuvir*	*ledipasvir/sofosbuvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	INTELENCE	*etravirine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nefazodone hcl*	*nefazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SONATA	*zaleplon*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*stavudine*	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lithium carbonate*	*lithium carbonate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RETROVIR	*zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*didanosine*	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenytoin sodium*	*phenytoin sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	IDELVION	*factor ix recombinant,albumin fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion xl*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTENSIO XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EPZICOM	*abacavir sulfate/lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SAPHRIS	*asenapine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WELLBUTRIN XL	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRYCEL	*dasatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRYCEL	*dasatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion xl*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DESOXYN	*methamphetamine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WELLBUTRIN SR	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trazodone hcl*	*trazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam odt*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam odt*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam odt*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam odt*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REXULTI	*brexpiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thiothixene*	*thiothixene*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CONCERTA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LEXAPRO	*escitalopram oxalate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL CONSTA	*risperidone microspheres*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*escitalopram oxalate*	*escitalopram oxalate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANINE SD	*factor ix*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANINE SD	*factor ix*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BANZEL	*rufinamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*risperidone*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluvoxamine maleate*	*fluvoxamine maleate*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	BANZEL	*rufinamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RUBRACA	*rucaparib camsylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WELLBUTRIN SR	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRUVADA	*emtricitabine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUPLAZID	*pimavanserin tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DRIZALMA SPRINKLE	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methamphetamine hcl*	*methamphetamine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUPLAZID	*pimavanserin tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*duloxetine hcl*	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*duloxetine hcl*	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*acamprosate calcium*	*acamprosate calcium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AFSTYLA	*antihemophilic factor viii recomb,single-chn,b-dom truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*pimozide*	*pimozide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SURMONTIL	*trimipramine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CYMBALTA	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol lactate*	*haloperidol lactate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	LYNPARZA	*olaparib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*duloxetine hcl*	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CYMBALTA	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CYMBALTA	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*eszopiclone*	*eszopiclone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*eszopiclone*	*eszopiclone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIEKIRA PAK	*ombitasvir/paritaprevir/ritonavir/dasabuvir sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital-ns,phenobarbital-0.9% nacl*	*phenobarbital sodium in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*eszopiclone*	*eszopiclone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*abacavir-lamivudine*	*abacavir sulfate/lamivudine*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*paroxetine hcl*	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PREZCOBIX	*darunavir ethanolate/cobicistat*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SURMONTIL	*trimipramine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluvoxamine maleate er*	*fluvoxamine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*fluvoxamine maleate er*	*fluvoxamine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZERIT	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REMERON	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KYPROLIS	*carfilzomib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*midazolam hcl*	*midazolam hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GENVOYA	*elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nortriptyline hcl*	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LUNESTA	*eszopiclone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RESTORIL	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	LUNESTA	*eszopiclone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LUNESTA	*eszopiclone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CERDELGA	*eliglustat tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALIQOPA	*copanlisib di-hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion hcl sr,bupropion hcl er*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*didanosine*	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GEODON	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EMTRIVA	*emtricitabine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MYALEPT	*metreleptin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NORPRAMIN	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMDEKO	*tezacaftor/ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ANAFRANIL	*clomipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUDEXY XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmedetomidine -d5w*	*dexmedetomidine in 5 % dextrose in water*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUTISOL SODIUM	*butabarbital sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmedetomidine -d5w*	*dexmedetomidine in 5 % dextrose in water*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*triazolam*	*triazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*estazolam*	*estazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ARCALYST	*rilonacept*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EFFEXOR XR	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ELELYSO	*taliglucerase alfa*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*duloxetine hcl*	*duloxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROZAC	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMPAZAN	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LORBRENA	*lorlatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LORBRENA	*lorlatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMPAZAN	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	NORPRAMIN	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMPAZAN	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buspirone hcl*	*buspirone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	XALKORI	*crizotinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XALKORI	*crizotinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADVATE,ADVATE SH	*antihemophilic factor (fviii) recombinant,full length,antihemophilic factor (fviii) recomb,full length (alb-free)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADVATE,ADVATE H	*antihemophilic factor (fviii) recombinant,full length,antihemophilic factor (fviii) recomb,full length (alb-free)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SARAFEM	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADVATE,ADVATE L	*antihemophilic factor (fviii) recombinant,full length,antihemophilic factor (fviii) recomb,full length (alb-free)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADVATE,ADVATE M	*antihemophilic factor (fviii) recombinant,full length,antihemophilic factor (fviii) recomb,full length (alb-free)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOPAMAX	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALYDECO	*ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clorazepate dipotassium*	*clorazepate dipotassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*maprotiline hcl*	*maprotiline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol*	*haloperidol*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	INLYTA	*axitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INLYTA	*axitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA SOLOFUSE	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amphetamine*	*amphetamine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZEPATIER	*elbasvir/grazoprevir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAMELOR	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*desipramine hcl*	*desipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUDEXY XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUDEXY XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUDEXY XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOPAMAX	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUDEXY XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bortezomib*	*bortezomib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*albutein*	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BIKTARVY	*bictegravir sodium/emtricitabine/tenofovir alafenamide fumar*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenytoin*	*phenytoin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA SOLOFUSE	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*dexmedetomidine -0.9% nacl*	*dexmedetomidine hcl in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LATUDA	*lurasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imipramine pamoate*	*imipramine pamoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FABRAZYME	*agalsidase beta*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lithium,lithium citrate*	*lithium citrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADASUVE	*loxapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TEGRETOL XR	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ATIVAN	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ribavirin*	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ARISTADA	*aripiprazole lauroxil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PREZISTA	*darunavir ethanolate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GABITRIL	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*mirtazapine*	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COPEGUS	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*tiagabine hcl*	*tiagabine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEGASYS PROCLICK	*peginterferon alfa-2a*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEGASYS PROCLICK	*peginterferon alfa-2a*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine hcl*	*buprenorphine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine hcl*	*buprenorphine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL XR	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clorazepate dipotassium*	*clorazepate dipotassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*mirtazapine*	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*stavudine*	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMICAR	*aminocaproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CORTROSYN	*cosyntropin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	ULTOMIRIS	*ravulizumab-cwvz*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOPAMAX	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*divalproex sodium*	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TROKENDI XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TROKENDI XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TROKENDI XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TROKENDI XR	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*mirtazapine*	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FELBATOL	*felbamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MARPLAN	*isocarboxazid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUMINATE	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COPIKTRA	*duvelisib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ARISTADA	*aripiprazole lauroxil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ARISTADA	*aripiprazole lauroxil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COPIKTRA	*duvelisib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	RETROVIR	*zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COMBIVIR	*lamivudine/zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine er*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LATUDA	*lurasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ARISTADA	*aripiprazole lauroxil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADVATE UH,ADVATE	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*tranylcypromine sulfate*	*tranylcypromine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BEBULIN	*factor ix complex, prothrombin cplx conc(pcc) no.6, 3-factor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LATUDA	*lurasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paroxetine hcl*	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZOLPIMIST	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	BELSOMRA	*suvorexant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ROWEEPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROZAC	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VRAYLAR	*cariprazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VRAYLAR	*cariprazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VRAYLAR	*cariprazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REYATAZ	*atazanavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOEIGHT	*antihemophilic factor viii recombinant, b-domain truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REYATAZ	*atazanavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOEIGHT	*antihemophilic factor viii recombinant, b-domain truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOEIGHT	*antihemophilic factor viii recombinant, b-domain truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOEIGHT	*antihemophilic factor viii recombinant, b-domain truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	NOVOEIGHT	*antihemophilic factor viii recombinant, b-domain truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sodium phenylbutyrate*	*sodium phenylbutyrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CYSTADANE	*betaine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOEIGHT	*antihemophilic factor viii recombinant, b-domain truncated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARBAGLU	*carglumic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BELSOMRA	*suvorexant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BELSOMRA	*suvorexant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SOLIRIS	*eculizumab*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BELSOMRA	*suvorexant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam er*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MONOCLATE-P	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KYPROLIS	*carfilzomib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADVATE	*antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nortriptyline hcl*	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VRAYLAR	*cariprazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIDEX EC	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MYCITE	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MYCITE	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paroxetine hcl*	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine*	*perphenazine*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	ATIVAN	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BERINERT	*c1 esterase inhibitor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROFILNINE SD,PROFILNINE	*factor ix complex human,factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CONCERTA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate er*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	SELZENTRY	*maraviroc*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOGENATE FS	*antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SELZENTRY	*maraviroc*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lopinavir-ritonavir*	*lopinavir/ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine xr,carbamazepine er*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ISENTRESS	*raltegravir potassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate er,methylphenidate sr*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GILOTRIF	*afatinib dimaleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DILANTIN	*phenytoin sodium extended*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MYCITE	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*fluphenazine hcl*	*fluphenazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamivudine*	*lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RESCRIPTOR	*delavirdine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CABOMETYX	*cabozantinib s-malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CABOMETYX	*cabozantinib s-malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GILOTRIF	*afatinib dimaleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zidovudine*	*zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CABOMETYX	*cabozantinib s-malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GILOTRIF	*afatinib dimaleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMYTAL SODIUM	*amobarbital sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FYCOMPA	*perampanel*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MYCITE	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MYCITE	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MYCITE	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BALVERSA	*erdafitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTIVUS	*tipranavir/vitamin e tpgs*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone odt*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORKAMBI	*lumacaftor/ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAXIL CR	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SULFZIX	*sulfur/sodium sulfate/sodium thiosulfate/folic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OCTAPLAS	*plasma human, blood group b*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clomipramine hcl*	*clomipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CEPROTIN	*protein c, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CEPROTIN	*protein c, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HUMATE-P	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HUMATE-P	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlordiazepoxide-amitriptyline,amitriptyline-chlordiazepoxide*	*amitriptyline hcl/chlordiazepoxide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL M-TAB	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REYATAZ	*atazanavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ANTABUSE	*disulfiram*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL M-TAB	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*olanzapine odt*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*maprotiline hcl*	*maprotiline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*mirtazapine*	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORAP	*pimozide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HUMATE-P	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*stavudine*	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TEGRETOL XR	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REBETOL	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUTENT	*sunitinib malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DAKLINZA	*daclatasvir dihydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ATRYN	*antithrombin iii, human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROFILNINE SD,PROFILNINE	*factor ix complex human,factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	DOPRAM	*doxapram hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine sulfate er*	*dextroamphetamine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA XR	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUTENT	*sunitinib malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUTENT	*sunitinib malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FEIBA NF	*anti-inhibitor coagulant complex*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRYCEL	*dasatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUNOSI	*solriamfetol hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUNOSI	*solriamfetol hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*benztropine mesylate*	*benztropine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAXIL CR	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PROFILNINE SD,PROFILNINE	*factor ix complex human,factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAXIL CR	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBASPHERE	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ROZEREM	*ramelteon*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPHANINE SD	*factor ix*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WELLBUTRIN SR	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*droperidol*	*droperidol*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FEIBA NF	*anti-inhibitor coagulant complex*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRYCEL	*dasatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRYCEL	*dasatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NEURONTIN	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine er*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nefazodone hcl*	*nefazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BALVERSA	*erdafitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUPHENYL	*sodium phenylbutyrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BALVERSA	*erdafitinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ODEFSEY	*emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*lamivudine-zidovudine*	*lamivudine/zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GEODON	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenelzine sulfate*	*phenelzine sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EDURANT	*rilpivirine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DIACOMIT	*stiripentol*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KLONOPIN	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HEMOFIL M	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lithium carbonate*	*lithium carbonate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NEMBUTAL SODIUM	*pentobarbital sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BOSULIF	*bosutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BOSULIF	*bosutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	LITHOBID	*lithium carbonate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HELIXATE FS	*antihemophilic factor viii, human recombinant,antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADHANSIA XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTENSIO XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTENSIO XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTENSIO XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTENSIO XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTENSIO XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APTENSIO XR	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA ZYDIS	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	VONVENDI	*von willebrand factor (recombinant)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*citalopram hbr*	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VONVENDI	*von willebrand factor (recombinant)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEGASYS	*peginterferon alfa-2a*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*naltrexone hcl*	*naltrexone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*albumin (human)*	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zaleplon*	*zaleplon*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ABILIFY MAINTENA	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desvenlafaxine er*	*desvenlafaxine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sofosbuvir-velpatasvir*	*sofosbuvir/velpatasvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ABILIFY MAINTENA	*aripiprazole*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EPCLUSA	*sofosbuvir/velpatasvir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aminocaproic acid*	*aminocaproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA XR	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DAYTRANA	*methylphenidate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desvenlafaxine er*	*desvenlafaxine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NUWIQ	*antihemophilic factor viii rec hek cell, b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levocarnitine sf*	*levocarnitine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam er*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ROWEEPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ROWEEPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOVALTRY	*antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HALDOL	*haloperidol lactate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GEODON	*ziprasidone mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*escitalopram oxalate*	*escitalopram oxalate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*risperidone odt*	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*mirtazapine*	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOVALTRY	*antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	CELEXA	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MYDAYIS	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOFRANIL	*imipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*primidone*	*primidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZEJULA	*niraparib tosylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOVALTRY	*antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOVALTRY	*antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOVALTRY	*antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluphenazine hcl*	*fluphenazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYNPARZA	*olaparib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYNPARZA	*olaparib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAXIL	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*benztropine mesylate*	*benztropine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*loxapine*	*loxapine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PERSERIS	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PERSERIS	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zolpidem tartrate er*	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zolpidem tartrate er*	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALPROLIX	*factor ix recombinant, fc fusion protein*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desvenlafaxine er*	*desvenlafaxine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HALCION	*triazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RITALIN	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam*	*levetiracetam*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	PROBUPHINE	*buprenorphine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	RESCRIPTOR	*delavirdine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zonisamide*	*zonisamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zonisamide*	*zonisamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*protriptyline hcl*	*protriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EDLUAR	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EDLUAR	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PREZISTA	*darunavir ethanolate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ISENTRESS HD	*raltegravir potassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmedetomidine hcl*	*dexmedetomidine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WILATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WILATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ZONEGRAN	*zonisamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REVCOVI	*elapegademase-lvlr*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine odt*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine odt*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*lamotrigine odt*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZERIT	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INTUNIV	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INTUNIV	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INTUNIV	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*guanfacine hcl er*	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*guanfacine hcl er*	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MYSOLINE	*primidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*lamotrigine odt (blue)*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine odt (green)*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine odt*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine odt (orange)*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RETROVIR	*zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL XR	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	XYNTHA	*antihemophilic factor (factor viii) recomb,b-domain deleted*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SELZENTRY	*maraviroc*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate er*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*quetiapine fumarate er*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INTUNIV	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	APLENZIN	*bupropion hbr*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADYNOVATE	*antihemophilic factor (fviii) recombinant, full length, peg*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL XR	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL XR	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL ODT	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL ODT	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sodium phenylacet-sod benzoate*	*sodium benzoate/sodium phenylacetate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine er*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL ODT	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL ODT	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	LAMICTAL ODT (GREEN)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL ODT (BLUE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMMONUL	*sodium benzoate/sodium phenylacetate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zolpidem tartrate*	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ziprasidone hcl*	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUTENT	*sunitinib malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBAPAK,RIBASPHERE RIBAPAK	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBAPAK,RIBASPHERE RIBAPAK	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIMPAT	*lacosamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*gabapentin*	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*temazepam*	*temazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIDEX	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KCENTRA	*human prothrombin complex concentrate (pcc), 4-factor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIEKIRA XR	*ombitasvir/paritaprevir/ritonavir/dasabuvir sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VPRIV	*velaglucerase alfa*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluvoxamine maleate*	*fluvoxamine maleate*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*protriptyline hcl*	*protriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EMTRIVA	*emtricitabine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REBINYN	*factor ix (human) recombinant, pegylated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HEMLIBRA	*emicizumab-kxwh*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ATIVAN	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REBINYN	*factor ix (human) recombinant, pegylated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REBINYN	*factor ix (human) recombinant, pegylated*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*olanzapine-fluoxetine hcl*	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*valproic acid*	*valproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOPAMAX	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*efavirenz*	*efavirenz*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRATTERA	*atomoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBAPAK,RIBASPHERE RIBAPAK	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*thiothixene*	*thiothixene*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trifluoperazine hcl*	*trifluoperazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VERZENIO	*abemaciclib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FYCOMPA	*perampanel*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VERZENIO	*abemaciclib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VERZENIO	*abemaciclib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VERZENIO	*abemaciclib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*pregabalin*	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LITHOSTAT	*acetohydroxamic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NEURONTIN	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion hcl*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SYMTUZA	*darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CELEXA	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amitriptyline hcl*	*amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imipramine hcl*	*imipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBASPHERE	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZYPREXA	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate er*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate er*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate er*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	JULUCA	*dolutegravir sodium/rilpivirine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*desvenlafaxine succinate er*	*desvenlafaxine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*felbamate*	*felbamate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TEGRETOL	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARNITOR SF	*levocarnitine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*imipramine pamoate*	*imipramine pamoate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zidovudine*	*zidovudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluoxetine hcl*	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBASPHERE	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VALIUM	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBASPHERE	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	AMBIEN CR	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam*	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BUPHENYL	*sodium phenylbutyrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMBIEN CR	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenytoin sodium*	*phenytoin sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ISENTRESS	*raltegravir potassium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamivudine*	*lamivudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAMELOR	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LUMIZYME	*alglucosidase alfa*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TIVICAY	*dolutegravir sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CLOZARIL	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*amoxapine*	*amoxapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TAGRISSO	*osimertinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TAGRISSO	*osimertinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*levocarnitine*	*levocarnitine (with sugar)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clobazam*	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clobazam*	*clobazam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIDEX EC	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate er*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*escitalopram oxalate*	*escitalopram oxalate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LEXAPRO	*escitalopram oxalate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LEXAPRO	*escitalopram oxalate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CYKLOKAPRON	*tranexamic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MEPSEVII	*vestronidase alfa-vjbk*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quetiapine fumarate*	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUILLICHEW ER	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*nefazodone hcl*	*nefazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RIBASPHERE RIBAPAK	*ribavirin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	METHYLIN	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	METHYLIN	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital sodium*	*phenobarbital sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*sertraline hcl*	*sertraline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*naltrexone hcl*	*naltrexone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	RECOMBINATE	*antihemophilic factor viii, human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CRIXIVAN	*indinavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COTELLIC	*cobimetinib fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CEREBYX	*fosphenytoin sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CEREBYX	*fosphenytoin sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GEODON	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ATRYN	*antithrombin iii, human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	NEURONTIN	*gabapentin*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	KHEDEZLA	*desvenlafaxine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUILLICHEW ER	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KHEDEZLA	*desvenlafaxine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	QUILLICHEW ER	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluoxetine dr*	*fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	AMBIEN	*zolpidem tartrate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAMELOR	*nortriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LENVIMA	*lenvatinib mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*gabapentin*	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buspirone hcl*	*buspirone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	ALBUTEIN	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZELBORAF	*vemurafenib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VOTRIENT	*pazopanib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	RISPERDAL	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TOPAMAX	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*bupropion hcl*	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nevirapine*	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buprenorphine-naloxone*	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ALECENSA	*alectinib hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	STRIBILD	*elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CLOZARIL	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CLOZARIL	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SECUADO	*asenapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SECUADO	*asenapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SECUADO	*asenapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paroxetine mesylate*	*paroxetine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUSTIVA	*efavirenz*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenobarbital*	*phenobarbital*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nevirapine*	*nevirapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	IMBRUVICA	*ibrutinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol*	*haloperidol*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	CRIXIVAN	*indinavir sulfate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*buspirone hcl*	*buspirone hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	KEDBUMIN	*albumin human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBOXONE	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBOXONE	*buprenorphine hcl/naloxone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MEKINIST	*trametinib dimethyl sulfoxide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ADDERALL XR	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL XR	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VERSACLOZ	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*topiramate*	*topiramate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL XR	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL XR	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*doxepin hcl*	*doxepin hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ziprasidone hcl*	*ziprasidone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DIACOMIT	*stiripentol*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WELLBUTRIN XL	*bupropion hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DELSTRIGO	*doravirine/lamivudine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRILEPTAL	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FETZIMA	*levomilnacipran hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	SYMBYAX	*olanzapine/fluoxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FETZIMA	*levomilnacipran hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FETZIMA	*levomilnacipran hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FETZIMA	*levomilnacipran hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ZERIT	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FETZIMA	*levomilnacipran hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	GENERLAC	*lactulose*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*quazepam*	*quazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PIFELTRO	*doravirine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clonidine hcl er*	*clonidine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KAPVAY	*clonidine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	PEGINTRON	*peginterferon alfa-2b*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paroxetine er,paroxetine hcl,paroxetine cr*	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*aminocaproic acid*	*aminocaproic acid*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MEKINIST	*trametinib dimethyl sulfoxide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RECOMBINATE	*antihemophilic factor viii, human recombinant*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TEGRETOL	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ATIVAN	*lorazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL XR	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	BERINERT	*c1 esterase inhibitor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlordiazepoxide hcl*	*chlordiazepoxide hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARBATROL	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SEROQUEL	*quetiapine fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trazodone hcl*	*trazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*paroxetine er,paroxetine cr,paroxetine hcl*	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*paroxetine er,paroxetine hcl,paroxetine cr*	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MONONINE	*factor ix*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphet er*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	INVIRASE	*saquinavir mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARBATROL	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ketamine hcl*	*ketamine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*clozapine*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EQUETRO	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ANAFRANIL	*clomipramine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EQUETRO	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate er*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	HELIXATE FS	*antihemophilic factor (fviii) recombinant,full length*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	MONOCLATE-P	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	RISPERDAL	*risperidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PANHEMATIN	*hemin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*guanfacine hcl er*	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol decanoate,haloperidol decanoate 100*	*haloperidol decanoate*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*guanfacine hcl er*	*guanfacine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SPRYCEL	*dasatinib*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ATRIPLA	*efavirenz/emtricitabine/tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PAXIL	*paroxetine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COMETRIQ	*cabozantinib s-malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*venlafaxine hcl er*	*venlafaxine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ZYPREXA ZYDIS	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEXEVA	*paroxetine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEXEVA	*paroxetine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LAMICTAL ODT (ORANGE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEXEVA	*paroxetine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PEXEVA	*paroxetine mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COMETRIQ	*cabozantinib s-malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	COMETRIQ	*cabozantinib s-malate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dextroamphetamine-amphetamine*	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*loxapine*	*loxapine succinate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*haloperidol*	*haloperidol*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	EPITOL	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate hcl*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*divalproex sodium*	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*olanzapine*	*olanzapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	DILANTIN	*phenytoin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	PREZISTA	*darunavir ethanolate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CONCERTA	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*alprazolam*	*alprazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ENULOSE	*lactulose*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	CARNITOR	*levocarnitine (with sugar)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*phenytoin*	*phenytoin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lorazepam-0.9% nacl,lorazepam-ns*	*lorazepam in 0.9 % sodium chloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*chlorpromazine hcl*	*chlorpromazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*primidone*	*primidone*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KALYDECO	*ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	OLYSIO	*simeprevir sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NAGLAZYME	*galsulfase*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	*clozapine odt*	*clozapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	EQUETRO	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SELZENTRY	*maraviroc*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBVENITE	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBVENITE	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	DAKLINZA	*daclatasvir dihydrochloride*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KEPPRA	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trimipramine maleate*	*trimipramine maleate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOATE	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOATE	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIREAD	*tenofovir disoproxil fumarate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	KOATE	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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01/01/2020	WILATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIDEX	*didanosine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	HEMOFIL M	*antihemophilic factor, human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*divalproex sodium*	*divalproex sodium*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*tranexamic acid-nacl*	*tranexamic acid in sodium chloride,iso-osmotic*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	WILATE	*antihemophilic factor, human/von willebrand factor,human*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIIBRYD	*vilazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	VIRACEPT	*nelfinavir mesylate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*zaleplon*	*zaleplon*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*trihexyphenidyl hcl*	*trihexyphenidyl hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORKAMBI	*lumacaftor/ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ORKAMBI	*lumacaftor/ivacaftor*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ACTHAR	*corticotropin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*levetiracetam*	*levetiracetam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lamotrigine*	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBVENITE (BLUE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*fluphenazine hcl*	*fluphenazine hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBVENITE (GREEN)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*ramelteon*	*ramelteon*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TECHNIVIE	*ombitasvir/paritaprevir/ritonavir*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	LYRICA	*pregabalin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBVENITE (ORANGE)	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ACTHREL	*corticorelin ovine triflutate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*stavudine*	*stavudine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	TRILEPTAL	*oxcarbazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*citalopram hbr*	*citalopram hydrobromide*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	ADDERALL	*dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*lithium carbonate er,lithium carbonate*	*lithium carbonate*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*nefazodone hcl*	*nefazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOSEVEN RT	*coagulation factor viia (recombinant)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOSEVEN RT	*coagulation factor viia (recombinant)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	NOVOSEVEN RT	*coagulation factor viia (recombinant)*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*diazepam*	*diazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	REMERON	*mirtazapine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	KLONOPIN	*clonazepam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*dexmethylphenidate hcl er*	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	FOCALIN XR	*dexmethylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*gabapentin*	*gabapentin*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*triazolam*	*triazolam*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*carbamazepine xr,carbamazepine er*	*carbamazepine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*methylphenidate la*	*methylphenidate hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*perphenazine-amitriptyline*	*perphenazine/amitriptyline hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SELZENTRY	*maraviroc*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*trazodone hcl*	*trazodone hcl*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBVENITE	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	SUBVENITE	*lamotrigine*	REMOVE FROM FORMULARY	Not Covered	Non-Formulary
01/01/2020	*octreotide acetate*	*octreotide acetate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AVONEX	*interferon beta-1a/albumin human*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	HUMIRA(CF) PEDIATRIC CROHN'S	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*copaxone,glatopa ,glatiramer acetate*	*glatiramer acetate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	TRACLEER	*bosentan*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	OTEZLA	*apremilast*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	OTEZLA	*apremilast*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*octreotide acetate*	*octreotide acetate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	OTEZLA	*apremilast*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	THALOMID	*thalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AVONEX	*interferon beta-1a*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*ceenu,lomustine, gleostine*	*lomustine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*ceenu,lomustine, gleostine*	*lomustine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*ceenu,lomustine, gleostine*	*lomustine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZYTIGA	*abiraterone acetate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	VYNDAMAX	*tafamidis*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AVONEX PEN	*interferon beta-1a*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	INTRON A	*interferon alfa-2b,recomb.*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*micronor,norethindrone,errin,camila,lyza,ortho micronor,nor-q-d,nora-be,jolivette,jencycla,heather,norlyroc,sharobel,deblitane,norlyda,tulana,incassia*	*norethindrone*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA(CF) PEN PSOR-UV-ADOL HS	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*tobi,tobramycin*	*tobramycin in 0.225 % sodium chloride*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CIMZIA	*certolizumab pegol*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	REVLIMID	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	REVLIMID	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ENBREL	*etanercept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	REVLIMID	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	JAKAFI	*ruxolitinib phosphate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	JAKAFI	*ruxolitinib phosphate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	VYNDAQEL	*tafamidis meglumine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	JAKAFI	*ruxolitinib phosphate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	JAKAFI	*ruxolitinib phosphate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	XELJANZ	*tofacitinib citrate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	JAKAFI	*ruxolitinib phosphate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CREON	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*afinitor,everolimus*	*everolimus*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ORENCIA	*abatacept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	PANCRELIPASE 5,000,ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ERIVEDGE	*vismodegib*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	POMALYST	*pomalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*leuprolide acetate,lupron*	*leuprolide acetate*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	YONSA	*abiraterone acetate, submicronized*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ENBREL SURECLICK	*etanercept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*ampyra,dalfampridine er*	*dalfampridine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	VENCLEXTA STARTING PACK	*venetoclax*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	OLUMIANT	*baricitinib*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	INTRON A	*interferon alfa-2b,recomb.*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ACTEMRA	*tocilizumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	THALOMID	*thalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	VENCLEXTA	*venetoclax*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	XYREM	*sodium oxybate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ENDARI	*glutamine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ORENCIA CLICKJECT	*abatacept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA(CF) PEDIATRIC CROHN'S	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	HUMIRA,HUMIRA PEDIATRIC CROHN'S	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	VENCLEXTA	*venetoclax*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	VENCLEXTA	*venetoclax*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	NORDITROPIN NORDIFLEX,NORDITROPIN FLEXPRO	*somatropin*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA(CF) PEN	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ACTEMRA ACTPEN	*tocilizumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA(CF)	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*sandostatin,octreotide acetate*	*octreotide acetate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CAYSTON	*aztreonam lysine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*sandostatin,octreotide acetate*	*octreotide acetate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA PEN,HUMIRA PEN CROHN'S-UC-HS,HUMIRA PEN PSOR-UVEITS-ADOL HS	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA(CF) PEN CROHN'S-UC-HS,HUMIRA(CF) PEN	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*afinitor,everolimus*	*everolimus*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	TOBI PODHALER	*tobramycin*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	XTANDI	*enzalutamide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ADEMPAS	*riociguat*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ADEMPAS	*riociguat*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*letairis,ambrisentan*	*ambrisentan*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*letairis,ambrisentan*	*ambrisentan*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	INCRELEX	*mecasermin*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ORENCIA	*abatacept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ODOMZO	*sonidegib phosphate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	SILIQ	*brodalumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	REVLIMID	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AVONEX	*interferon beta-1a*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ENBREL	*etanercept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AFINITOR DISPERZ	*everolimus*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	NORDITROPIN NORDIFLEX,NORDITROPIN FLEXPRO	*somatropin*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	NORDITROPIN NORDIFLEX,NORDITROPIN FLEXPRO	*somatropin*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	XATMEP	*methotrexate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AFINITOR DISPERZ	*everolimus*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	NORDITROPIN NORDIFLEX,NORDITROPIN FLEXPRO	*somatropin*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	DARAPRIM	*pyrimethamine*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	POMALYST	*pomalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ORENCIA	*abatacept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	POMALYST	*pomalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	POMALYST	*pomalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ERLEADA	*apalutamide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CREON	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	FARYDAK	*panobinostat lactate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*afinitor,everolimus*	*everolimus*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ZENPEP	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	GILENYA	*fingolimod hcl*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	BRAFTOVI	*encorafenib*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	REVLIMID	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*alkeran,melphalan*	*melphalan*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	REVLIMID	*lenalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	BRAFTOVI	*encorafenib*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CIMZIA	*certolizumab pegol*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	VEMLIDY	*tenofovir alafenamide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	FARYDAK	*panobinostat lactate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ARANESP	*darbepoetin alfa in polysorbate 80*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	FARYDAK	*panobinostat lactate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*tracleer,bosentan*	*bosentan*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CHEMET	*succimer*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*tracleer,bosentan*	*bosentan*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*copaxone,glatiramer acetate,glatopa*	*glatiramer acetate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ENBREL	*etanercept*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	XELJANZ	*tofacitinib citrate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	SYNAGIS	*palivizumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AFINITOR DISPERZ	*everolimus*	ADD UM: SPECIALTY		Specialty Drug

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	HUMIRA(CF)	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	THALOMID	*thalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CREON	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CREON	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	CREON	*lipase/protease/amylase*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	INTRON A	*interferon alfa-2b,recomb.*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*targretin,bexarotene*	*bexarotene*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	BETHKIS	*tobramycin*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	INTRON A	*interferon alfa-2b,recomb.*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	TYMLOS	*abaloparatide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	SYNAGIS	*palivizumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	XELJANZ XR	*tofacitinib citrate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	TOBI PODHALER	*tobramycin*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	NUBEQA	*darolutamide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	INTRON A	*interferon alfa-2b,recomb.*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	IDHIFA	*enasidenib mesylate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	AFINITOR	*everolimus*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ADEMPAS	*riociguat*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	THALOMID	*thalidomide*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ADEMPAS	*riociguat*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	ADEMPAS	*riociguat*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	DAURISMO	*glasdegib maleate*	ADD UM: SPECIALTY		Specialty Drug

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	DAURISMO	*glasdegib maleate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	TECFIDERA	*dimethyl fumarate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	HUMIRA(CF)	*adalimumab*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	TECFIDERA	*dimethyl fumarate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	IDHIFA	*enasidenib mesylate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	TECFIDERA	*dimethyl fumarate*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	*kitabis pak,tobramycin*	*tobramycin/nebulizer*	ADD UM: SPECIALTY		Specialty Drug
01/01/2020	LETAIRIS	*ambrisentan*	REMOVE FROM FORMULARY	Covered	Non-Formulary
01/01/2020	LETAIRIS	*ambrisentan*	REMOVE UM: SPECIALTY	Specialty Drug	
01/01/2020	LETAIRIS	*ambrisentan*	REMOVE UM: QUANTITY		
01/01/2020	LETAIRIS	*ambrisentan*	REMOVE FROM FORMULARY	Covered	Non-Formulary
01/01/2020	LETAIRIS	*ambrisentan*	REMOVE UM: SPECIALTY	Specialty Drug	
01/01/2020	LETAIRIS	*ambrisentan*	REMOVE UM: QUANTITY		
01/01/2020	*ambrisentan*	*ambrisentan*	ADD UM: QUANTITY		1 / day
01/01/2020	*ambrisentan*	*ambrisentan*	ADD UM: QUANTITY		1 / day
01/01/2020	*dalfampridine er*	*dalfampridine*	REMOVE UM: CUSTOM		
01/01/2020	YONSA	*abiraterone acetate, submicronized*	ADD UM: PANAME		PA Applies
01/01/2020	*budesonide-formoterol fumarate*	*budesonide/formoterol fumarate*	ADD TO FORMULARY		Covered
01/01/2020	*budesonide-formoterol fumarate*	*budesonide/formoterol fumarate*	ADD UM: QUANTITY		10.2 / 30 days

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01/01/2020	*budesonide-formoterol fumarate*	*budesonide/formoterol fumarate*	ADD UM: AGE		Up to 17 yrs old
01/01/2020	*budesonide-formoterol fumarate*	*budesonide/formoterol fumarate*	ADD TO FORMULARY		Covered
01/01/2020	*budesonide-formoterol fumarate*	*budesonide/formoterol fumarate*	ADD UM: QUANTITY		10.2 / 30 days
01/01/2020	*budesonide-formoterol fumarate*	*budesonide/formoterol fumarate*	ADD UM: AGE		Up to 17 yrs old
01/01/2020	*butrans,buprenorphine,sublocade*	*buprenorphine*	ADD UM: CUSTOM		Carve out - Bill MDCH FFS
01/01/2020	*butrans,buprenorphine,sublocade*	*buprenorphine*	REMOVE UM: CUSTOM	Carve out - Bill MDCH FFS	
01/01/2020	SUBLOCADE	*buprenorphine*	ADD UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	SUBLOCADE	*buprenorphine*	ADD UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*buprenorphine-naloxone,suboxone,zubsolv,bunavail*	*buprenorphine hcl/naloxone hcl*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	AMPYRA	*dalfampridine*	REMOVE FROM FORMULARY	Covered	Non-Formulary
01/01/2020	AMPYRA	*dalfampridine*	REMOVE UM: SPECIALTY	Specialty Drug	
01/01/2020	AMPYRA	*dalfampridine*	REMOVE UM: CUSTOM	CARVE OUT - BILL MDCH FFS	
01/01/2020	KALBITOR,TAKHZYRO	*ecallantide,lanadelumab-flyo*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	KALYDECO	*ivacaftor*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	ORKAMBI,SYMDEKO,TRIKAFTA	*lumacaftor/ivacaftor,tezacaftor/ivacaftor,elexacaftor/tezacaftor/ivacaftor*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*levocarnitine,carnitor,carnitor sf,cystadane,sulfzix,xizflus,sod polysulthionate-folic acid,glygest,levocarnitine sf*	*levocarnitine,levocarnitine (with sugar),betaine,sulfur/sodium sulfate/sodium thiosulf/methyltetrahydrofolate,sulfur/sodium sulfate/sodium thiosulfate/folic acid,fucosyllactose/lacto-n-neotetraose*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*gas-x prevention,lactrase,lactose fast acting,lactaid,lactaid fast act,lac-dose,milk digestant,lactase, lactase fast acting,ultra dairy digestive,dairy digestive,dairy relief,dairy aid,anti-gas,enzymatic digestant,digestive enzyme,milco-zyme,mm-zyme,dairy digest,digestive enzymes,beano,enzyme digest,lactase enzyme,lactaid extra strength,fast acting lactase,sucraid,dairy digestive supplement,lactaid ultra,betaine hcl,tri-zyme,digex,enzymall,digesplen plus,dayto-anase,enzymax,betazyme,lactose fast acting relief,superior digestive*	*alpha-d-galactosidase,lactase,lactase/rennet,pepsin/amylase/ox bile extract/pancreatin/betaine hcl/papain,enzymes,digestive,pepsin/glutamic acid/betaine,amylase/cellulase/lipase/maltase/protease/lactase/invertase,sacrosidase,pepsin/betaine hcl,lipase/lactase/amylase,cellulase/amylase/lipase/protease/phenyltoloxamine/hyoscy,pepsin/cellulase/simethicone/whole bile/pancreatin,cellulase/amylase/lipase/protease,protease/betaine hcl,digestive enzymes combo no.7,digestive enzymes combo no.8/l. acidophilus/pectin, citrus,amylase/protease/papain/papaya*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	enzyme,papaya	*enzyme*			

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*gas-x prevention,lactrase,lactose fast acting,lactaid,lactaid fast act,lac-dose,milk digestant,lactase, lactase fast acting,ultra dairy digestive,dairy digestive,dairy relief,dairy aid,anti-gas,enzymatic digestant,digestive enzyme,milco-zyme,mm-zyme,dairy digest,digestive enzymes,beano,enzyme digest,lactase enzyme,lactaid extra strength,fast acting lactase,sucraid,dairy digestive supplement,lactaid ultra,betaine hcl,tri-zyme,digex,enzymall,digesplen plus,dayto-anase,enzymax,betazyme,lactose fast acting relief,superior digestive*	*alpha-d-galactosidase,lactase,lactase/rennet,pepsin/amylase/ox bile extract/pancreatin/betaine hcl/papain,enzymes,digestive,pepsin/glutamic acid/betaine,amylase/cellulase/lipase/maltase/protease/lactase/invertase,sacrosidase,pepsin/betaine hcl,lipase/lactase/amylase,cellulase/amylase/lipase/protease/phenyltoloxamine/hyoscy,pepsin/cellulase/simethicone/whole bile/pancreatin,cellulase/amylase/lipase/protease,protease/betaine hcl,digestive enzymes combo no.7,digestive enzymes combo no.8/l. acidophilus/pectin, citrus,amylase/protease/papain/papaya*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	enzyme,papaya enzyme				
01/01/2020	*xanax,xanax xr,alprazolam intensol,diazepam,lorazepam intensol,lorazepam,alprazolam er,valium,oxazepam,alprazolam,alprazolam odt,clorazepate dipotassium,chlordiazepoxide hcl,alprazolam xr,ativan,tranxene t-tab*	*alprazolam,diazepam,lorazepam,oxazepam,clorazepate dipotassium,chlordiazepoxide hcl*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*xanax,xanax xr,alprazolam intensol,diazepam,lorazepam intensol,lorazepam,alprazolam er,valium,oxazepam,alprazolam,alprazolam odt,clorazepate dipotassium,chlordiazepoxide hcl,alprazolam xr,ativan,tranxene t-tab*	*alprazolam,diazepam,lorazepam,oxazepam,clorazepate dipotassium,chlordiazepoxide hcl*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*halcion,midazolam hcl,triazolam,estazolam,temazepam,flurazepam hcl,restoril,lorazepam,ativan,lorazepam-0.9% nacl,lorazepam-ns,lorazepam-d5w,doral,quazepam*	*triazolam,midazolam hcl,estazolam,temazepam,flurazepam hcl,lorazepam,lorazepam in 0.9 % sodium chloride,lorazepam in 5 % dextrose and water,quazepam*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*ambien,ambien cr,sleep ii,nighttime sleep aid,halcion,edluar,zaleplon,zolpidem tartrate,lorazepam,zolpimist,sleep aid,chloral hydrate,sominex, sominex max strength,flurazepam hcl,zolpidem tartrate er,wal-som,wal-sleep z,precedex,simply sleep,sleep-eze 3,sleep tabs,ativan,diphenhydramine hcl,nytol,sleepgels,sleeping,ormir,sleep tablet,fast sleep,nighttime sleep gel,sleep-aid,l-tryptophan,alka-seltzer plus allergy,temazepam,triazolam,lunesta,sonata,estazolam,zzzquil,midazolam hcl,ez nite sleep,rest simply,restfully sleep,lydia pinkham herbal,unisom,unisom*	*zolpidem tartrate,diphenhydramine hcl,triazolam,zaleplon,lorazepam,doxylamine succinate,chloral hydrate,flurazepam hcl,dexmedetomidine hcl,dexmedetomidine hcl in 0.9 % sodium chloride,tryptophan,temazepam,eszopiclone,estazolam, midazolam hcl,ethyl alcohol/herbal drugs,quazepam,doxepin hcl,lorazepam in 0.9 % sodium chloride,suvorexant,midazolam/ketamine hcl/ondansetron hcl,dexmedetomidine in 5 % dextrose in water,ketamine hcl*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sleepmelts,unisom sleep aid,nytol quickcaps,quazepam,silenor,sleeptime,medi-sleep,ultra sleep,somnote,restoril,intermezzo,doral,lorazepam-ns,compoz,prosom,dalmane,z-sleep,eszopiclone,dexmedetomidine hcl,nighttime sleep-aid,belsomra,nyt-time sleep,dexmedetomidine-0.9% nacl,mko (midazolam-ketamine-ondan),dexmedetomidine-d5w,ketamine hcl,doxepin hcl				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*ambien,ambien cr,sleep ii,nighttime sleep aid,halcion,edluar,zaleplon,zolpidem tartrate,lorazepam,zolpimist,sleep aid,chloral hydrate,sominex,sominex max strength,flurazepam hcl,zolpidem tartrate er,wal-som,wal-sleep z,precedex,simply sleep,sleep-eze 3,sleep tabs,ativan,diphenhydramine hcl,nytol,sleepgels,sleeping,ormir,sleep tablet,fast sleep,nighttime sleep gel,sleep-aid,l-tryptophan,alka-seltzer plus allergy,temazepam,triazolam,lunesta,sonata,estazolam,zzzquil,midazolam hcl,ez nite sleep,rest simply,restfully sleep,lydia pinkham herbal,unisom,unisom*	*zolpidem tartrate,diphenhydramine hcl,triazolam,zaleplon,lorazepam,doxylamine succinate,chloral hydrate,flurazepam hcl,dexmedetomidine hcl,dexmedetomidine hcl in 0.9 % sodium chloride,tryptophan,temazepam,eszopiclone,estazolam,midazolam hcl,ethyl alcohol/herbal drugs,quazepam,doxepin hcl,lorazepam in 0.9 % sodium chloride,suvorexant,midazolam/ketamine hcl/ondansetron hcl,dexmedetomidine in 5 % dextrose in water,ketamine hcl*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sleepmelts,unisom sleep aid,nytol quickcaps,quazepam,silenor,sleep time,medi-sleep,ultra sleep,somnote,restoril,intermezzo, doral,lorazepam-ns,compoz,prosom,dalmane,z-sleep,eszopiclone,dexmedetomidine hcl,nighttime sleep-aid,belsomra,nyt-time sleep,dexmedetomidine-0.9% nacl,mko (midazolam-ketamine-ondan),dexmedetomidine-d5w,ketamine hcl,doxepin hcl				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*ambien,ambien cr,sleep ii,nighttime sleep aid,halcion,edluar,zaleplon,zolpidem tartrate,lorazepam,zolpimist,sleep aid,chloral hydrate,sominex, sominex max strength,flurazepam hcl,zolpidem tartrate er,wal-som,wal-sleep z,precedex,simply sleep,sleep-eze 3,sleep tabs,ativan,diphenhydramine hcl,nytol,sleepgels,sleeping,ormir,sleep tablet,fast sleep,nighttime sleep gel,sleep-aid,l-tryptophan,alka-seltzer plus allergy,temazepam,triazolam,lunesta,sonata,estazolam,zzzquil,midazolam hcl,ez nite sleep,rest simply,restfully sleep,lydia pinkham herbal,unisom,unisom*	*zolpidem tartrate,diphenhydramine hcl,triazolam,zaleplon,lorazepam,doxylamine succinate,chloral hydrate,flurazepam hcl,dexmedetomidine hcl,dexmedetomidine hcl in 0.9 % sodium chloride,tryptophan,temazepam,eszopiclone,estazolam, midazolam hcl,ethyl alcohol/herbal drugs,quazepam,doxepin hcl,lorazepam in 0.9 % sodium chloride,suvorexant,midazolam/ketamine hcl/ondansetron hcl,dexmedetomidine in 5 % dextrose in water,ketamine hcl*	REMOVE UM: AGE		

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	sleepmelts,unisom sleep aid,nytol quickcaps,quazepam,silenor,sleep time,medi-sleep,ultra sleep,somnote,restoril,intermezzo, doral,lorazepam-ns,compoz,prosom,dalmane,z-sleep,eszopiclone,dexmedetomidine hcl,nighttime sleep-aid,belsomra,nyt-time sleep,dexmedetomidine-0.9% nacl,mko (midazolam-ketamine-ondan),dexmedetomidine-d5w,ketamine hcl,doxepin hcl				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*prozac weekly,paxil cr,paxil,zoloft,citalopram hbr,fluvoxamine maleate,fluoxetine hcl,escitalopram oxalate,paroxetine hcl,selfemra,sertraline hcl,paroxetine er,sarafem,lexapro,celexa,fluoxetine dr,prozac,st. john's wort,fluvoxamine maleate er,paroxetine cr,luvox cr,pexeva,citalopram,rapiflux*	*fluoxetine hcl,paroxetine hcl,sertraline hcl,citalopram hydrobromide,fluvoxamine maleate,escitalopram oxalate,st. john's wort,paroxetine mesylate*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*prozac weekly,paxil cr,paxil,zoloft,citalopram hbr,fluvoxamine maleate,fluoxetine hcl,escitalopram oxalate,paroxetine hcl,selfemra,sertraline hcl,paroxetine er,sarafem,lexapro,celexa,fluoxetine dr,prozac,st. john's wort,fluvoxamine maleate er,paroxetine cr,luvox cr,pexeva,citalopram,rapiflux*	*fluoxetine hcl,paroxetine hcl,sertraline hcl,citalopram hydrobromide,fluvoxamine maleate,escitalopram oxalate,st. john's wort,paroxetine mesylate*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*protriptyline hcl,imipramine pamoate,norpramin,nortriptyline hcl,clomipramine hcl,doxepin hcl,maprotiline hcl,amitriptyline hcl,anafranil,pamelor,tofranil,tofranil-pm,amoxapine,imipramine hcl,desipramine hcl,trimipramine maleate,surmontil,vivactil,elavil*	*protriptyline hcl,imipramine pamoate,desipramine hcl,nortriptyline hcl,clomipramine hcl,doxepin hcl,maprotiline hcl,amitriptyline hcl,imipramine hcl,amoxapine,trimipramine maleate*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*ritalin la,focalin,focalin xr,ritalin,ritalin-sr,dexmethylphenidate hcl,methylphenidate hcl cd,methylphenidate la,methylphenidate er,methylin,methylphenidate hcl,methylin er,methylphenidate sr,concerta,quillivant xr,metadate cd,metadate er,daytrana,dexmethylphenidate hcl er,aptensio xr,methylphenidate er (la),quillichew er,methylphenidate hcl er (cd),cotempla xr-odt,relexxii,jornay pm,adhansia xr*	*methylphenidate hcl,dexmethylphenidate hcl,methylphenidate*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*klonopin,clonazepam,diazepam,diastat acudial,diastat,onfi,clobazam,sympazan,nayzilam,valtoco*	*clonazepam,diazepam,clobazam,midazolam*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*klonopin,gabapentin,felbatol,oxcarbazepine,levetiracetam,cerebyx,dilantin,zarontin,neurontin,celontin,lyrica,dilantin-125,depacon,depakote er,depakene,depakote sprinkle,depakote,trileptal,tegretol,tegretol xr,lamotrigine,epitol,carbamazepine,topiramate,clonazepam,carbamazepine er,divalproex sodium er,divalproex sodium,levetiracetam er,valproic acid,ethosuximide,primidone,vimpat,valproate sodium,fosphenytoin sodium,phenytoin sodium,lamictal,lamictal (orange),lamictal (blue),lamictal xr,lamictal xr (blue),lamictal xr (green),lamictal xr (orange),lamictal*	*clonazepam,gabapentin,felbamate,oxcarbazepine,levetiracetam,fosphenytoin sodium,phenytoin,ethosuximide,phenytoin sodium extended,methsuximide,pregabalin,valproic acid (as sodium salt) (valproate sodium),divalproex sodium,valproic acid,carbamazepine,lamotrigine,topiramate,valproate sodium,primidone,lacosamide,phenytoin sodium,ezogabine,zonisamide,tiagabine hcl,mephobarbital,diazepam,rufinamide,vigabatrin,ethotoin,levetiracetam in sodium chloride, iso-osmotic,perampanel,eslicarbazepine acetate,gabapentin/lidocaine hcl/menthol,gabapentin/capsaicin/methyl salicylate/menthol,brivaracetam,stiripentol,gabapentin/lidocaine*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	odt,lamictal odt (orange),lamictal odt (blue),lamictal odt (green),potiga,lamictal (green),zonisamide,topiragen,phenytoin sodium extended,phenytek,phenytoin,carbamazepine xr,gabitril,keppra,topamax,zonegran,trokendi xr,oxtellar xr,keppra xr,fanatrex,lamotrigine er,felbamate,carbatrol,mebaral,diastat acudial,tiagabine hcl,banzel,mysoline,sabril,peganone,levetiracetam-nacl,stavzor,fycompa,mephobarbital,aptiom,qudexy xr,topiramate er,lamotrigine odt,lamotrigine odt (blue),lamotrigine odt (green),lamotrigine odt (orange),spritam,smartrx				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	gabakit,active-pac,smartrx gaba-v kit,roweepra,brivi act,vigabatrin,lam otrigine (orange),lamotrigi ne (green),lamotrigin e (blue),roweepra xr,subvenite,subv enite (orange),subvenit e (blue),subvenite (green),vigadrone ,diacomit,pregab alin,gabacaine				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*klonopin,gabapentin,felbatol,oxcarbazepine,levetiracetam,cerebyx,dilantin,zarontin,neurontin,celontin,lyrica,dilantin-125,depacon,depakote er,depakene,depakote sprinkle,depakote,trileptal,tegretol,tegretol xr,lamotrigine,epitol,carbamazepine,topiramate,clonazepam,carbamazepine er,divalproex sodium er,divalproex sodium,levetiracetam er,valproic acid,ethosuximide,primidone,vimpat,valproate sodium,fosphenytoin sodium,phenytoin sodium,lamictal,lamictal (orange),lamictal (blue),lamictal xr,lamictal xr (blue),lamictal xr (green),lamictal xr (orange),lamictal*	*clonazepam,gabapentin,felbamate,oxcarbazepine,levetiracetam,fosphenytoin sodium,phenytoin,ethosuximide,phenytoin sodium extended,methsuximide,pregabalin,valproic acid (as sodium salt) (valproate sodium),divalproex sodium,valproic acid,carbamazepine,lamotrigine,topiramate,valproate sodium,primidone,lacosamide,phenytoin sodium,ezogabine,zonisamide,tiagabine hcl,mephobarbital,diazepam,rufinamide,vigabatrin,ethotoin,levetiracetam in sodium chloride, iso-osmotic,perampanel,eslicarbazepine acetate,gabapentin/lidocaine hcl/menthol,gabapentin/capsaicin/methyl salicylate/menthol,brivaracetam,stiripentol,gabapentin/lidocaine*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	odt,lamictal odt (orange),lamictal odt (blue),lamictal odt (green),potiga,lamictal (green),zonisamide,topiragen,phenytoin sodium extended,phenytek,phenytoin,carbamazepine xr,gabitril,keppra,topamax,zonegran,trokendi xr,oxtellar xr,keppra xr,fanatrex,lamotrigine er,felbamate,carbatrol,mebaral,diastat acudial,tiagabine hcl,banzel,mysoline,sabril,peganone,levetiracetam-nacl,stavzor,fycompa,mephobarbital,aptiom,qudexy xr,topiramate er,lamotrigine odt,lamotrigine odt (blue),lamotrigine odt (green),lamotrigine odt (orange),spritam,smartrx				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	gabakit,active-pac,smartrx gaba-v kit,roweepra,brivi act,vigabatrin,lam otrigine (orange),lamotrigi ne (green),lamotrigin e (blue),roweepra xr,subvenite,subv enite (orange),subvenit e (blue),subvenite (green),vigadrone ,diacomit,pregab alin,gabacaine				
01/01/2020	*cymbalta,effexor, duloxetine hcl,effexor xr,pristiq,venlafax ine hcl,venlafaxine hcl er,khedezla,desv enlafaxine er,fetzima,desven lafaxine fumarate er,irenka,desvenl afaxine succinate er,drizalma sprinkle*	*duloxetine hcl,venlafaxine hcl,desvenlafaxine succinate,desvenlafaxine,lev omilnacipran hcl,desvenlafaxine fumarate*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*cymbalta,effexor, duloxetine hcl,effexor xr,pristiq,venlafaxine hcl,venlafaxine hcl er,khedezla,desvenlafaxine er,fetzima,desvenlafaxine fumarate er,irenka,desvenlafaxine succinate er,drizalma sprinkle*	*duloxetine hcl,venlafaxine hcl,desvenlafaxine succinate,desvenlafaxine,levomilnacipran hcl,desvenlafaxine fumarate*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*aplenzin,bupropion hcl,budeprion xl,budeprion sr,bupropion hcl sr,bupropion xl,wellbutrin sr,wellbutrin,wellbutrin xl,forfivo xl,bupropion hcl er*	*bupropion hbr,bupropion hcl*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*saphris,olanzapine odt,zyprexa,zyprexa zydis,zyprexa relprevv,geodon,risperidone,quetiapine fumarate,clozaril,fanapt,clozapine odt,clozapine,olanzapine,seroquel,seroquel xr,risperidone odt,ziprasidone hcl,risperdal,fazaclo,invega,risperdal consta,risperdal m-tab,invega sustenna,latuda,versacloz,invega trinza,paliperidone er,quetiapine fumarate er,perseris,secuado,caplyta*	*asenapine maleate,olanzapine,olanzapine pamoate,ziprasidone mesylate,ziprasidone hcl,risperidone,quetiapine fumarate,clozapine,iloperidone,paliperidone,risperidone microspheres,paliperidone palmitate,lurasidone hcl,asenapine,lumateperone tosylate*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*saphris,olanzapine odt,zyprexa,zyprexa zydis,zyprexa relprevv,geodon,risperidone,quetiapine fumarate,clozaril,fanapt,clozapine odt,clozapine,olanzapine,seroquel,seroquel xr,risperidone odt,ziprasidone hcl,risperdal,fazaclo,invega,risperdal consta,risperdal m-tab,invega sustenna,latuda,versacloz,invega trinza,paliperidone er,quetiapine fumarate er,perseris,secuado,caplyta*	*asenapine maleate,olanzapine,olanzapine pamoate,ziprasidone mesylate,ziprasidone hcl,risperidone,quetiapine fumarate,clozapine,iloperidone,paliperidone,risperidone microspheres,paliperidone palmitate,lurasidone hcl,asenapine,lumateperone tosylate*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*abilify,abilify maintena,abilify discmelt,aripiprazole,rexulti,aripiprazole odt,aristada,aristada initio,abilify mycite*	*aripiprazole,brexpiprazole,aripiprazole lauroxil,aripiprazole lauroxil, submicronized*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*rozerem,hetlioz,ramelteon*	*ramelteon,tasimelteon*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*modafinil,provigil, nuvigil,armodafinil,sunosi*	*modafinil,armodafinil,solriamfetol hcl*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	NUPLAZID	*pimavanserin tartrate*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*dextroamphetamine sulfate,dexedrine, dextroamphetamine-amphetamine,dextroamphetamine-amphetamine,methamphetamine hcl,dextroamphetamine sulfate er,adderall,procentra,vyvanse,zenzedi,adderall xr,amphetamine salt combo,desoxyn,liquadd,dextrostat, evekeo,dyanavel xr,adzenys xr-odt,mydayis,adzenys er,amphetamine sulfate,evekeo odt,amphetamine*	*dextroamphetamine sulfate,dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate,methamphetamine hcl,lisdexamfetamine dimesylate,amphetamine sulfate,amphetamine*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*albuminar-5,albuminar-25,atryn,buminate,flexbumin,thrombate iii,plasmanate,plasbumin-25,plasbumin-5,alburx,albumin (human),octaplas,albutein,albuked-25,albuked-5,kedbumin,albuminex*	*albumin human,antithrombin iii, human recombinant,antithrombin iii (human plasma derived),plasma protein fraction,plasma human, blood group a,plasma human, blood group b,plasma human, blood group ab,plasma human, blood group o,albumin human-kjda*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	KOGENATE FS,HUMATE-P,MONOCLATE-P,HELIXATE FS,NOVOSEVEN RT,NOVOSEVEN,RECOMBINATE,ADVATE,HEMOFIL M,ADVATE L,ADVATE M,ADVATE H,ADVATE SH,ADVATE UH,KOATE-DVI,XYNTHA,XYNTHA SOLOFUSE,FEIBA VH IMMUNO,FEIBA NF,WILATE,ALPHANATE,REFACTO,MONARC-M,ELOCTATE,OBIZUR,NOVOEIGHT,KOATE,NUWIQ,ADYNOVATE,KOVALTRY,AFSTYLA,JIVI,ESPEROCT	*antihemophilic factor, hum rec,antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length,antihemophilic factor, human/von willebrand factor,human,antihemophilic factor, human,antihemophilic factor viii, human recombinant,coagulation factor viia (recombinant),antihemophilic factor (factor viii) recomb,b-domain deleted,anti-inhibitor coagulant complex,antihemophilic factor (fviii) recombinant, fc fusion protein,antihemophilic factor viii, recombinant porcine sequence,antihemophilic factor viii recombinant, b-domain truncated,antihemophilic factor viii rec hek cell, b-domain deleted,antihemophilic factor (fviii) recombinant, full length, peg,antihemophilic factor viii recomb,single-chn,b-dom truncated,antihemophilic factor (fviii) rec, b-domain deleted peg-aucl,antihemophilic factor (fviii) rec, b-dom truncated*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
		peg-exei			

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	KOGENATE FS,HUMATE-P,MONOCLATE-P,HELIXATE FS,NOVOSEVEN RT,NOVOSEVEN,RECOMBINATE,ADVATE,HEMOFIL M,ADVATE L,ADVATE M,ADVATE H,ADVATE SH,ADVATE UH,KOATE-DVI,XYNTHA,XYNTHA SOLOFUSE,FEIBA VH IMMUNO,FEIBA NF,WILATE,ALPHANATE,REFACTO,MONARC-M,ELOCTATE,OBIZUR,NOVOEIGHT,KOATE,NUWIQ,ADYNOVATE,KOVALTRY,AFSTYLA,JIVI,ESPEROCT	*antihemophilic factor, human rec,antihemophilic factor (fviii) recomb,full length (alb-free),antihemophilic factor (fviii) recombinant,full length,antihemophilic factor, human/von willebrand factor,human,antihemophilic factor, human,antihemophilic factor viii, human recombinant,coagulation factor viia (recombinant),antihemophilic factor (factor viii) recomb,b-domain deleted,anti-inhibitor coagulant complex,antihemophilic factor (fviii) recombinant, fc fusion protein,antihemophilic factor viii, recombinant porcine sequence,antihemophilic factor viii recombinant, b-domain truncated,antihemophilic factor viii rec hek cell, b-domain deleted,antihemophilic factor (fviii) recombinant, full length, peg,antihemophilic factor viii recomb,single-chn,b-dom truncated,antihemophilic factor (fviii) rec, b-domain deleted peg-aucl,antihemophilic factor (fviii) rec, b-dom truncated*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
		peg-exei			
01/01/2020	SOLIRIS,ULTOMIRIS	*eculizumab,ravulizumab-cwvz*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*tranexamic acid,cyklokapron,aminocaproic acid,amicar,lysteda,riastap,fibryga,tranexamic acid-nacl*	*tranexamic acid,aminocaproic acid,fibrinogen,tranexamic acid in sodium chloride,iso-osmotic*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*sprycel,bosulif,inlyta,sutent,xalkori,gleevec,tasigna,tykerb,votrient,iressa,vandetanib,caprelsa,gilotrif,cometriq,tarceva,stivarga,nexavar,velcade,kyprolis,iclusig,imbruvica,zykadia,zydelig,lynparza,ibrance,lenvima,tagrisso,ninlaro,alecensa,imatinib mesylate,cabometyx,rubraca,kisqali,zejula,rydapt,alunbrig,nerlynx,aliqopa,verzenio,calquence,bortezomib,copiktra,vizimpro,talzenna,lorbrena,vitrakvi,xospata,balversa,erlotinib hcl,piqray,turalio,rozlytrek,inrebic,brukinsa,ayvakit*	*dasatinib,bosutinib,axitinib,sunitinib malate,crizotinib,imatinib mesylate,nilotinib hcl,lapatinib ditosylate,pazopanib hcl,gefitinib,vandetanib,afatinib dimaleate,cabozantinib s-malate,erlotinib hcl,regorafenib,sorafenib tosylate,bortezomib,carfilzomib,ponatinib hcl,ibrutinib,ceritinib,idelalisib,olaparib,palbociclib,lenvatinib mesylate,osimertinib mesylate,ixazomib citrate,alectinib hcl,rucaparib camsylate,ribociclib succinate,niraparib tosylate,midostaurin,brigatinib,neratinib maleate,copanlisib di-hcl,abemaciclib,acalabrutinib,duvelisib,dacomitinib,talazoparib tosylate,lorlatinib,larotrectinib sulfate,gilteritinib fumarate,erdafitinib,alpelisib,pexidartinib hydrochloride,entrectinib,fedratinib dihydrochloride,zanubrutinib,avapritinib*	REMOVE FROM FORMULARY		Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*sprycel,bosulif,inlyta,sutent,xalkori,gleevec,tasigna,tykerb,votrient,iressa,vandetanib,caprelsa,gilotrif,cometriq,tarceva,stivarga,nexavar,velcade,kyprolis,iclusig,imbruvica,zykadia,zydelig,lynparza,ibrance,lenvima,tagrisso,ninlaro,alecensa,imatinib mesylate,cabometyx,rubraca,kisqali,zejula,rydapt,alunbrig,nerlynx,aliqopa,verzenio,calquence,bortezomib,copiktra,vizimpro,talzenna,lorbrena,vitrakvi,xospata,balversa,erlotinib hcl,piqray,turalio,rozlytrek,inrebic,brukinsa,ayvakit*	*dasatinib,bosutinib,axitinib,sunitinib malate,crizotinib,imatinib mesylate,nilotinib hcl,lapatinib ditosylate,pazopanib hcl,gefitinib,vandetanib,afatinib dimaleate,cabozantinib s-malate,erlotinib hcl,regorafenib,sorafenib tosylate,bortezomib,carfilzomib,ponatinib hcl,ibrutinib,ceritinib,idelalisib,olaparib,palbociclib,lenvatinib mesylate,osimertinib mesylate,ixazomib citrate,alectinib hcl,rucaparib camsylate,ribociclib succinate,niraparib tosylate,midostaurin,brigatinib,neratinib maleate,copanlisib di-hcl,abemaciclib,acalabrutinib,duvelisib,dacomitinib,talazoparib tosylate,lorlatinib,larotrectinib sulfate,gilteritinib fumarate,erdafitinib,alpelisib,pexidartinib hydrochloride,entrectinib,fedratinib dihydrochloride,zanubrutinib,avapritinib*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*harvoni,epclusa,ledipasvir-sofosbuvir,sofosbuvir-velpatasvir*	*ledipasvir/sofosbuvir,sofosbuvir/velpatasvir*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	TROGARZO	*ibalizumab-uiyk*	ADD UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*copegus,pegasys ,pegasys proclick,rebetol,p egintron,pegintro n redipen,ribavirin,r ibatab,ribapak,rib asphere,ribasphe re ribapak,infergen, moderiba*	*ribavirin,peginterferon alfa-2a,peginterferon alfa-2b,interferon alfacon-1*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	*copegus,pegasys ,pegasys proclick,rebetol,p egintron,pegintro n redipen,ribavirin,r ibatab,ribapak,rib asphere,ribasphe re ribapak,infergen, moderiba*	*ribavirin,peginterferon alfa-2a,peginterferon alfa-2b,interferon alfacon-1*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	*nevirapine,sustiv a,viramune,viram une xr,rescriptor,intel ence,edurant,nev irapine er,efavirenz,pifelt ro*	*nevirapine,efavirenz,delavird ine mesylate,etravirine,rilpivirine hcl,doravirine*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	TRUVADA,DESCOVY,CIMDUO,TEMIXYS	*emtricitabine/tenofovir disoproxil fumarate,emtricitabine/tenofovir alafenamide fumarate,lamivudine/tenofovir disoproxil fumarate*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	ATRIPLA,COMPLERA,ODEFSEY,SYMFI LO,SYMFI,DELSTRIGO	*efavirenz/emtricitabine/tenofovir disoproxil fumarate,emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate,emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate,efavirenz/lamivudine/tenofovir disoproxil fumarate,doravirine/lamivudine/tenofovir disoproxil fumarate*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	SOVALDI	*sofosbuvir*	CHANGE UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	EXONDYS-51,VYONDYS-53	*eteplirsen,golodirsen*	ADD UM: CUSTOM		CARVE OUT - BILL MDCH FFS
01/01/2020	KARIVA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	KARIVA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	REMOVE UM: GENDER		
01/01/2020	KARIVA	*desogestrel-ethinyl estradiol/ethinyl estradiol*	REMOVE UM: QUANTITY		
01/01/2020	*everolimus*	*everolimus*	ADD TO FORMULARY		Covered
01/01/2020	*everolimus*	*everolimus*	ADD TO FORMULARY		Covered
01/01/2020	*everolimus*	*everolimus*	ADD TO FORMULARY		Covered
01/01/2020	*insulin lispro*	*insulin lispro*	ADD TO FORMULARY		Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*insulin lispro*	*insulin lispro*	ADD UM: QUANTITY		30
01/01/2020	*insulin lispro*	*insulin lispro*	ADD UM: PANAME		PA Applies
01/01/2020	VICTOZA 3-PAK	*liraglutide*	CHANGE UM: QUANTITY	6 / 30 days	9/30 days
01/01/2020	*methylergonovine maleate*	*methylergonovine maleate*	REMOVE FROM FORMULARY	Covered	Non-Formulary

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*levo-dromoran,fentanyl,endocet,hydrocodone-acetaminophen,acetaminophen-codeine,oxycodone-acetaminophen,kadian,demerol,onsolis,morphine sulfate,codeine sulfate,hydromorphone hcl,oxymorphone hcl,methadone hcl,levorphanol tartrate,oxycodone hcl,butorphanol tartrate,meperidine hcl,methadone intensol,roxicet,dolophine hcl,diskets,tylenol-codeine no.3,tylenol-codeine no.4,codeine phosphate,vicodin,vicodin es,vicodin hp,vicoprofen,tramadol hcl,propoxyphene nap-acetaminophen,propoxyphene hcl,fentanyl citrate,zolvit,lorta*	*levorphanol tartrate,fentanyl,oxycodone hcl/acetaminophen,hydrocodone bitartrate/acetaminophen,acetaminophen with codeine phosphate,morphine sulfate,meperidine hcl,fentanyl citrate,codeine sulfate,hydromorphone hcl,oxymorphone hcl,methadone hcl,oxycodone hcl,butorphanol tartrate,codeine phosphate,hydrocodone/ibuprofen,tramadol hcl,propoxyphene napsylate/acetaminophen,propoxyphene hcl,butalbital/acetaminophen/caffeine/codeine phosphate,tramadol hcl/acetaminophen,carisoprodol/aspirin/codeine phosphate,ibuprofen/oxycodone hcl,propoxyphene hcl/acetaminophen,oxycodone hcl/aspirin,meperidine hcl/pf,fentanyl citrate/pf,nalbuphine hcl,pentazocine lactate,buprenorphine hcl,morphine sulfate/pf,hydromorphone hcl/pf,alfentanil hcl,sufentanil citrate,morphine sulfate/dextrose 5%-*	CHANGE UM: CUSTOM		Cumulative MED 200 mg/day Edit

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	b,hydrocodone-ibuprofen,oxymorphone hcl er,co-gesic,butalb-caff-acetaminoph-codein,tramadol hcl-acetaminophen,carisoprodol compound-codeine,morphine sulfate er,oxycodone hcl-ibuprofen,capital w-codeine,propoxyphene hcl-acetaminophen,oxycodone hcl-aspirin,methadose,nalbuphine hcl,talwin,buprenorphine hcl,alfentanil hcl,sufentanil citrate,morphine sulfate in dextrose,hydrogesic,panlorss,butalbital compound-codeine,belladonna-opium,pentazocine-naloxone hcl,pentazocine-acetaminophen,oxycodone-aspirin,butalb-	*water/pf,dihydrocodeine bitartrate/acetaminophen/caffeine,codeine phosphate/butalbital/aspirin/caffeine,opium/belladonna alkaloids,pentazocine hcl/naloxone hcl,pentazocine hcl/acetaminophen,oxycodone hcl/oxycodone terephthalate/aspirin,hydrocodone bit/acetaminophen,tapentadol hcl,acetaminophen/caffeine/dihydrocodeine bitartrate,morphine sulfate in 0.9 % sodium chloride/pf,fentanyl citrate in 0.9 % sodium chloride/pf,methadone hydrochloride in 0.9 % sodium chloride,hydromorphone hcl/bupivacaine hcl in 0.9% sodium chloride/pf,hydromorphone hcl in 0.9 % sodium chloride/pf,meperidine hcl in 0.9 % sodium chloride,fentanyl citrate/bupivacaine hcl in 0.9 % sodium chloride/pf,fentanyl citrate/ropivacaine hcl/sodium chloride 0.9%/pf,sufentanil citrate/pf,morphine sulfate liposomal/pf,morphine*			

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	acetaminoph-caff-codein,duramorph,infumorph,margesic h,lorcet plus,lorcet 10-650,balacet 325,tramadol hcl er,oxycodone hcl-acetaminophen,sublimaze,sufenta, alfenta,buprenex, hycet,ryzolt,nucynta,avinza,acetaminoph-caff-dihydrocodein,morphine sulfate cr,opana er,oxycontin,percocet,meperitab,duragesic,darvocet-n 100,opana,dilaudid,xodol 10-300,magnacet,darvon,fentora,exalgo,endodan,zerlor,subsys,ultracet, ultram er,xodol 5-300,xodol 7.5-300,trezix,xolox,roxicodone,primlev,morphine sulfate-0.9% nacl,fentanyl citrate-0.9% nacl,methadone hcl-0.9% nacl,hydromorph	*sulfate/naltrexone hcl,buprenorphine,tramadol hcl/glucosamine sulfate,hydromorphone hcl in 0.9 % sodium chloride,morphine sulfate in 0.9 % sodium chloride,aspirin/caffeine/dihydrocodeine bitartrate,morphine sulfate in sodium chloride, iso-osmotic/pf,codeine phosphate/carisoprodol/aspirin,morphine sulfate/dextrose 5 % in water,remifentanil hcl in 0.9 % sodium chloride/pf,sufentanil citrate/bupivacaine hcl/0.9 % sodium chloride/pf,propoxyphene napsylate,fentanyl citrate in dextrose 5% in water/pf,hydromorphone hcl in dextrose 5 %-water/pf,remifentanil hcl,tramadol hcl/dietary supplement,misc. cb.11,hydrocodone bitartrate/acetaminophen/dietary supplement #11,dihydrocodeine bitartrate/aspirin/caffeine,fentanyl citrate/droperidol,benzoyl peroxide,aspirin/codeine phosphate,meperidine hcl/promethazine hcl,hydrocodone*			

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	one-bupivacaine-ns,hydromorphone hcl-0.9% nacl,morphine sulfate-d5w,meperidine hcl-0.9% nacl,fentanyl-bupivacaine-ns,fentanyl-ropivacaine-ns,fentanyl citrate-ns,reprexain,depodur,ms contin,oramorph sr,norco,actiq,embeda,butrans,nucynta er,abstral,synapryn,hydromorphone-bupivacaine,meperidine hcl-ns,synalgos-dc,ultram,tylox,ibudone,cocet plus,cocet,lazanda,ascomp with codeine,morphine sulfate-nacl,iso-osm,maxidone,fioricet with codeine,fiorinal with codeine #3,zydone,conzip,darvocet a500,hydrocodone bit-	*bitartrate,fentanyl hcl,meperidine hcl in 0.9 % sodium chloride/pf,hydromorphone hcl/ropivacaine in 0.9 % sodium chloride/pf,oxycodone myristate,hydromorphone hcl in sterile water/pf,benzhydrocodone hcl/acetaminophen*			

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	ibuprofen,aspirin-caffeine-dihydrocodein,stagesic,dilaudid-hp,rybix odt,oxecta,fentanyl-bupivacaine-0.9% nacl,fentanyl-ropivacaine-0.9% nacl,remifentanil hcl-ns,hydromorph-bupivac-0.9% nacl,sufentanil-bupivac-0.9% nacl,astramorph-pf,percodan,asa-butalb-caffeine-codeine,zamicet, oxycodone concentrate,carisoprodol-aspirin-codeine,propoxacet-n 100,darvon-n,darvocet-n 50,roxicodone intensol,fentanyl citrate-d5w,hydromorphone hcl-d5w,ultiva,theratramadol-60,theratramadol-90,theracodophen-325,theracodophen-650,theracodoph				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	en-low-90,talacen,talwinnx,combunox,panlordc,polygesic,roxanol,eth-oxydose,anexsia,primalev,fentanyl with droperidol,dilaudid-5,hydrocet,benzefoam,phrenilin-caffeine-codeine,aspirin with codeine,meprozine,dolorex forte,meperidine-promethazine,oxyir,stadol,hydromorphone hcl-ns,numorphan,dazidox,alcet,vopac,zohydroer,xartemis xr,lorcet,lorcet hd,hydromorphoneer,verdrocet,xylon 10,oxycodone hcl er,hysingla er,ionsys,acetamin-caff-dihydrocodeine,oxaydo,belbuca,hydromorph-ropiva-0.9% nacl,xtampza				

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
	er,arymo er,morphabond er,buprenorphine, fentanyl citrate-sterile water,remifentanil hcl,fentanyl citrate-water,panlor,nalocet,roxybond,mitigo,hydromorphone hcl-water,dvorah,dsuvia,apadaz,benzhydrocodone-acetaminophen,hydrocodone bitartrate er,prolate				
01/01/2020	*fc2 female condom*	*condoms, female*	ADD TO FORMULARY		Covered
01/01/2020	*fc2 female condom*	*condoms, female*	ADD UM: QUANTITY		36 / 30 days
01/01/2020	VAGIFEM	*estradiol*	REMOVE FROM FORMULARY	Covered	Non-Formulary
01/01/2020	GIANVI	*ethinyl estradiol/drospirenone*	REMOVE FROM FORMULARY		Non-Formulary
01/01/2020	ORENCIA	*abatacept*	REMOVE UM: MED	Medical Drug	
01/01/2020	ORENCIA CLICKJECT	*abatacept*	REMOVE UM: MED	Medical Drug	
01/01/2020	ORENCIA	*abatacept*	REMOVE UM: MED	Medical Drug	
01/01/2020	ORENCIA	*abatacept*	REMOVE UM: MED	Medical Drug	
01/01/2020	*sevelamer carbonate*	*sevelamer carbonate*	CHANGE TIER		Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2020	*sevelamer carbonate*	*sevelamer carbonate*	ADD UM: PANAME		PA Applies
01/01/2020	*sevelamer hcl*	*sevelamer hcl*	ADD TO FORMULARY		Covered
01/01/2020	*sevelamer hcl*	*sevelamer hcl*	ADD UM: PANAME		PA Applies
01/01/2020	*sevelamer hcl*	*sevelamer hcl*	ADD TO FORMULARY		Covered
01/01/2020	*sevelamer hcl*	*sevelamer hcl*	ADD UM: PANAME		PA Applies
01/01/2020	*sevelamer carbonate*	*sevelamer carbonate*	ADD TO FORMULARY		Covered
01/01/2020	*sevelamer carbonate*	*sevelamer carbonate*	ADD UM: PANAME		PA Applies
01/01/2020	*sevelamer carbonate*	*sevelamer carbonate*	ADD TO FORMULARY		Covered
01/01/2020	*sevelamer carbonate*	*sevelamer carbonate*	ADD UM: PANAME		PA Applies

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

February, 2020

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2020	RUZURGI	*amifampridine*	REMOVE UM: CUSTOM	CARVE OUT - BILL MDCH FFS	

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

March, 2020

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/27/2020	VENTOLIN HFA	*albuterol sulfate*	ADD TO FORMULARY		Covered
03/27/2020	PROAIR HFA	*albuterol sulfate*	ADD TO FORMULARY		Covered
03/27/2020	PROVENTIL HFA	*albuterol sulfate*	ADD TO FORMULARY		Covered

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

April, 2020

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2020	PRIFTIN	*rifapentine*	ADD TO FORMULARY		Covered
04/01/2020	PRIFTIN	*rifapentine*	ADD UM: QUANTITY		24
04/01/2020	*bicalutamide*	*bicalutamide*	ADD UM: QUANTITY		1
04/01/2020	*bicalutamide*	*bicalutamide*	REMOVE UM: GENDER		
04/01/2020	XTANDI	*enzalutamide*	REMOVE UM: GENDER	Male	
04/01/2020	*flutamide*	*flutamide*	REMOVE UM: GENDER		
04/01/2020	*anastrozole*	*anastrozole*	REMOVE UM: GENDER		
04/01/2020	EMCYT	*estramustine phosphate sodium*	REMOVE UM: GENDER	Male	
04/01/2020	*megestrol acetate*	*megestrol acetate*	REMOVE UM: GENDER		
04/01/2020	*megestrol acetate*	*megestrol acetate*	REMOVE UM: GENDER		
04/01/2020	*tamoxifen citrate*	*tamoxifen citrate*	REMOVE UM: GENDER		
04/01/2020	*tamoxifen citrate*	*tamoxifen citrate*	REMOVE UM: GENDER		
04/01/2020	POMALYST	*pomalidomide*	ADD UM: QUANTITY		1
04/01/2020	POMALYST	*pomalidomide*	ADD UM: QUANTITY		1
04/01/2020	POMALYST	*pomalidomide*	ADD UM: QUANTITY		1
04/01/2020	REVLIMID	*lenalidomide*	ADD UM: QUANTITY		1
04/01/2020	POMALYST	*pomalidomide*	ADD UM: QUANTITY		1
04/01/2020	REVLIMID	*lenalidomide*	ADD UM: QUANTITY		1
04/01/2020	*fenofibric acid*	*fenofibric acid (choline)*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	*fenofibric acid*	*fenofibric acid (choline)*	REMOVE UM: QUANTITY		

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2020	*fenofibric acid*	*fenofibric acid (choline)*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	*fenofibric acid*	*fenofibric acid (choline)*	REMOVE UM: QUANTITY		
04/01/2020	*entacapone*	*entacapone*	ADD TO FORMULARY		Covered
04/01/2020	*entacapone*	*entacapone*	ADD UM: QUANTITY		4
04/01/2020	ZENATANE	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	ZENATANE	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	ZENATANE	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	ZENATANE	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	ZENATANE	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	ZENATANE	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	MYORISAN	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	MYORISAN	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	MYORISAN	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	MYORISAN	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	MYORISAN	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	MYORISAN	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	MYORISAN	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	MYORISAN	*isotretinoin*	CHANGE UM: QUANTITY	2 / 1 days	2
04/01/2020	MYORISAN	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	AMNESTEEM	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	AMNESTEEM	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	AMNESTEEM	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	ZENATANE	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	ZENATANE	*isotretinoin*	CHANGE UM: QUANTITY		2

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2020	ZENATANE	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	ZENATANE	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	ZENATANE	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	ZENATANE	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	AMNESTEEM	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	AMNESTEEM	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	AMNESTEEM	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	AMNESTEEM	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	AMNESTEEM	*isotretinoin*	CHANGE UM: QUANTITY		2
04/01/2020	AMNESTEEM	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	*clindamycin phosphate*	*clindamycin phosphate*	CHANGE TIER		Covered
04/01/2020	*clindamycin phosphate*	*clindamycin phosphate*	ADD UM: QUANTITY		180
04/01/2020	*spinosad*	*spinosad*	ADD TO FORMULARY		Covered
04/01/2020	*spinosad*	*spinosad*	ADD UM: QUANTITY		240
04/01/2020	*spinosad*	*spinosad*	ADD UM: STEP		ST applies
04/01/2020	*ammonium lactate*	*ammonium lactate*	ADD UM: QUANTITY		140
04/01/2020	*ammonium lactate*	*ammonium lactate*	ADD UM: QUANTITY		225
04/01/2020	AUBAGIO	*teriflunomide*	ADD TO FORMULARY		Covered
04/01/2020	AUBAGIO	*teriflunomide*	ADD UM: QUANTITY		1
04/01/2020	AUBAGIO	*teriflunomide*	ADD UM: PANAME		PA Applies
04/01/2020	AUBAGIO	*teriflunomide*	ADD TO FORMULARY		Covered
04/01/2020	AUBAGIO	*teriflunomide*	ADD UM: QUANTITY		1

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2020	AUBAGIO	*teriflunomide*	ADD UM: PANAME		PA Applies
04/01/2020	*diphenhydramine hcl*	*diphenhydramine hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	*diphenhydramine hcl*	*diphenhydramine hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	YONSA	*abiraterone acetate, submicronized*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	YONSA	*abiraterone acetate, submicronized*	REMOVE UM: PANAME	PA Applies	
04/01/2020	ZYTIGA	*abiraterone acetate*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	ZYTIGA	*abiraterone acetate*	REMOVE UM: GENDER	Male	
04/01/2020	ZYTIGA	*abiraterone acetate*	REMOVE UM: QUANTITY	2 / 1 days	
04/01/2020	ZYTIGA	*abiraterone acetate*	REMOVE UM: GENDER	Male	
04/01/2020	ZYTIGA	*abiraterone acetate*	REMOVE UM: QUANTITY	4 / Day	
04/01/2020	MYORISAN	*isotretinoin*	ADD TO FORMULARY		Covered
04/01/2020	MYORISAN	*isotretinoin*	ADD UM: PANAME		PA Applies
04/01/2020	AIMOVIG AUTOINJECTOR (2 PACK)	*erenumab-aooe*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	AIMOVIG AUTOINJECTOR (2 PACK)	*erenumab-aooe*	REMOVE UM: AGE	At least 19 yrs old	
04/01/2020	AIMOVIG AUTOINJECTOR (2 PACK)	*erenumab-aooe*	REMOVE UM: QUANTITY	2 / 60 days	
04/01/2020	ORILISSA	*elagolix sodium*	ADD TO FORMULARY		Covered
04/01/2020	ORILISSA	*elagolix sodium*	ADD UM: AGE		At least 18 yrs old

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2020	ORILISSA	*elagolix sodium*	ADD UM: PANAME		PA Applies
04/01/2020	ORILISSA	*elagolix sodium*	ADD TO FORMULARY		Covered
04/01/2020	ORILISSA	*elagolix sodium*	ADD UM: AGE		At least 18 yrs old
04/01/2020	ORILISSA	*elagolix sodium*	ADD UM: PANAME		PA Applies
04/01/2020	*abiraterone acetate*	*abiraterone acetate*	REMOVE UM: GENDER		
04/01/2020	AJOVY SYRINGE	*fremanezumab-vfrm*	CHANGE UM: AGE		At least 18 yrs old
04/01/2020	EMGALITY PEN	*galcanezumab-gnlm*	CHANGE UM: AGE		At least 18 yrs old
04/01/2020	EMGALITY SYRINGE	*galcanezumab-gnlm*	CHANGE UM: QUANTITY		3
04/01/2020	EMGALITY SYRINGE	*galcanezumab-gnlm*	CHANGE UM: AGE		At least 18 yrs old
04/01/2020	OLUMIANT	*baricitinib*	ADD TO FORMULARY		Covered
04/01/2020	OLUMIANT	*baricitinib*	ADD UM: QUANTITY		1
04/01/2020	OLUMIANT	*baricitinib*	ADD UM: PANAME		PA Applies
04/01/2020	BAQSIMI	*glucagon*	ADD TO FORMULARY		Covered
04/01/2020	BAQSIMI	*glucagon*	ADD UM: QUANTITY		2
04/01/2020	BAQSIMI	*glucagon*	ADD UM: AGE		At least 4 yrs old
04/01/2020	BAQSIMI	*glucagon*	ADD TO FORMULARY		Covered
04/01/2020	BAQSIMI	*glucagon*	ADD UM: QUANTITY		1
04/01/2020	BAQSIMI	*glucagon*	ADD UM: AGE		At least 4 yrs old
04/01/2020	*promethazine hcl*	*promethazine hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
04/01/2020	*promethazine hcl*	*promethazine hcl*	REMOVE UM: AGE	2.0 to 64.0 yrs old	

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2020	EUCRISA	*crisaborole*	ADD TO FORMULARY		Covered
04/01/2020	EUCRISA	*crisaborole*	ADD UM: QUANTITY		100
04/01/2020	EUCRISA	*crisaborole*	ADD UM: AUTHORIZATION		PA applies
04/01/2020	FLOVENT HFA	*fluticasone propionate*	CHANGE UM: QUANTITY	1 / 30 days	12/30 days
04/01/2020	FLOVENT HFA	*fluticasone propionate*	CHANGE UM: QUANTITY	1 / 30 days	12/30 days
04/01/2020	FLOVENT HFA	*fluticasone propionate*	CHANGE UM: QUANTITY	1 / 30 days	12 / 30 days

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

July, 2020

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2020	*amiodarone hcl*	*amiodarone hcl*	ADD UM: QUANTITY		1 / day
07/01/2020	*nimodipine*	*nimodipine*	ADD UM: QUANTITY		21 / 365 days
07/01/2020	*verapamil er pm*	*verapamil hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	*verapamil er pm*	*verapamil hcl*	REMOVE UM: QUANTITY		
07/01/2020	*verapamil er pm*	*verapamil hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	*verapamil er pm*	*verapamil hcl*	REMOVE UM: QUANTITY		
07/01/2020	*verapamil er pm*	*verapamil hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	*verapamil er pm*	*verapamil hcl*	REMOVE UM: QUANTITY		
07/01/2020	CEREFOLIN	*cyanocobalamin/levomefolate calcium/pyridoxine/riboflavin*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	METAFOLBIC PLUS RF	*levomefolate cal/acetylcysteine/mecobalamin/schiz.algal oil*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	*levomefola-nac-mecobalm-algal,l-methylfolate-mecobalamin-nac,levomefolate-nac-mecobal-algal,l-methylfol-algal-nac-me-cbl*	*levomefolate cal/acetylcysteine/mecobalamin/schiz.algal oil*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	PODIAPN	*pyridoxal phos/methyltetrahydrofolate gluc/mecobalamin/ala*	REMOVE FROM FORMULARY	Covered	Non-Formulary

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs* are *lower-case italics.*

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2020	NEPHRO-VITE RX	*vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	STROVITE ONE	*multivit with mins10/folic acid/vit d3/a lipoic acid/lutein*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	STROVITE FORTE	*multivitwith iron and minerals combo no.5/folic acid*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	MYNATAL	*prenatal vitamins with calcium/iron,carb/docusate/folic acid*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	MYNATAL	*prenatal vitamins with calcium/iron,carb/docusate/folic acid*	REMOVE UM: GENDER	Female	
07/01/2020	MYNATAL	*prenatal vitamins with calcium/iron,carb/docusate/folic acid*	REMOVE UM: AGE	12.0 to 55.0 yrs old	
07/01/2020	MYNATAL	*prenatal vitamins with calcium/iron,carb/docusate/folic acid*	REMOVE UM: QUANTITY	1 / days	
07/01/2020	*prenatal 19*	*prenatal vits no.115/iron fumarate/folic acid/docusate sod.,prenatal vits no.119/iron fumarate/folic acid/docusate sod.*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	*prenatal 19*	*prenatal vits no.115/iron fumarate/folic acid/docusate sod.,prenatal vits no.119/iron fumarate/folic acid/docusate sod.*	REMOVE UM: GENDER		

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2020	*prenatal 19*	*prenatal vits no.115/iron fumarate/folic acid/docusate sod.,prenatal vits no.119/iron fumarate/folic acid/docusate sod.*	REMOVE UM: AGE		
07/01/2020	*prenatal 19*	*prenatal vits no.115/iron fumarate/folic acid/docusate sod.,prenatal vits no.119/iron fumarate/folic acid/docusate sod.*	REMOVE UM: QUANTITY		
07/01/2020	GLUCAGON EMERGENCY KIT	*glucagon,human recombinant*	CHANGE UM: QUANTITY	1 / 30 days	2 / 30 days
07/01/2020	*ranitidine hcl,ranitidine*	*ranitidine hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	*ranitidine hcl*	*ranitidine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2020	*ranitidine hcl*	*ranitidine hcl*	REMOVE FROM FORMULARY		Non-Formulary
07/01/2020	*ranitidine hcl*	*ranitidine hcl*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	*famotidine*	*famotidine*	ADD TO FORMULARY		Covered
07/01/2020	*famotidine*	*famotidine*	ADD UM: QUANTITY		5 / day
07/01/2020	*famotidine*	*famotidine*	ADD UM: AGE		At least 6 yrs old
07/01/2020	*trifluridine*	*trifluridine*	REMOVE FROM FORMULARY	Covered	Non-Formulary
07/01/2020	RESTASIS	*cyclosporine*	ADD TO FORMULARY		Covered
07/01/2020	RESTASIS	*cyclosporine*	ADD UM: AGE		At least 16 yrs old
07/01/2020	RESTASIS	*cyclosporine*	ADD UM: AUTHORIZATION		PA applies

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2020	*ezetimibe*	*ezetimibe*	REMOVE UM: AUTHORIZATION		
07/01/2020	RESTASIS	*cyclosporine*	ADD UM: QUANTITY		60 / 30 days
07/01/2020	RESTASIS MULTIDOSE	*cyclosporine*	ADD TO FORMULARY		Covered
07/01/2020	RESTASIS MULTIDOSE	*cyclosporine*	ADD UM: QUANTITY		5.5 / 30 days
07/01/2020	RESTASIS MULTIDOSE	*cyclosporine*	ADD UM: AGE		At least 16 yrs old
07/01/2020	RESTASIS MULTIDOSE	*cyclosporine*	ADD UM: AUTHORIZATION		PA applies
07/01/2020	*prasugrel hcl*	*prasugrel hcl*	ADD TO FORMULARY		Covered
07/01/2020	*prasugrel hcl*	*prasugrel hcl*	ADD UM: QUANTITY		1 / day
07/01/2020	*prasugrel hcl*	*prasugrel hcl*	ADD TO FORMULARY		Covered
07/01/2020	*prasugrel hcl*	*prasugrel hcl*	ADD UM: QUANTITY		1 / day
07/01/2020	*insulin lispro*	*insulin lispro*	CHANGE UM: QUANTITY	30	30 mls / 30 days
07/01/2020	TAZVERIK	*tazemetostat hydrobromide*	ADD TO FORMULARY		Covered
07/01/2020	TAZVERIK	*tazemetostat hydrobromide*	ADD UM: AUTHORIZATION		PA applies
07/01/2020	GVOKE PFS 1-PACK SYRINGE	*glucagon*	ADD TO FORMULARY		Covered
07/01/2020	GVOKE PFS 1-PACK SYRINGE	*glucagon*	ADD UM: QUANTITY		0.2 / 30 days
07/01/2020	GVOKE PFS 1-PACK SYRINGE	*glucagon*	ADD UM: AGE		At least 2 yrs old
07/01/2020	GVOKE PFS 1-PACK SYRINGE	*glucagon*	ADD TO FORMULARY		Covered
07/01/2020	GVOKE PFS 1-PACK SYRINGE	*glucagon*	ADD UM: QUANTITY		0.4 / 30 days

Upper Peninsula Health Plan, MI Medicaid Common Formulary Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2020	GVOKE PFS 1-PACK SYRINGE	*glucagon*	ADD UM: AGE		At least 2 yrs old
07/01/2020	OXBRYTA	*voxelotor*	ADD TO FORMULARY		Covered
07/01/2020	OXBRYTA	*voxelotor*	ADD UM: QUANTITY		90 / 30 days
07/01/2020	OXBRYTA	*voxelotor*	ADD UM: AGE		At least 12 yrs old
07/01/2020	OXBRYTA	*voxelotor*	ADD UM: AUTHORIZATION		PA applies
07/01/2020	OXERVATE	*cenegermin-bkbj*	ADD TO FORMULARY		Covered
07/01/2020	OXERVATE	*cenegermin-bkbj*	ADD UM: QUANTITY		28 / 28 days
07/01/2020	OXERVATE	*cenegermin-bkbj*	ADD UM: AGE		At least 2 yrs old
07/01/2020	OXERVATE	*cenegermin-bkbj*	ADD UM: AUTHORIZATION		PA applies
07/01/2020	WAKIX	*pitolisant hcl*	ADD UM: CUSTOM		Carve Out - Bill MDCH FFS
07/01/2020	WAKIX	*pitolisant hcl*	ADD UM: CUSTOM		Carve-Out - Bill MDCH FFS
07/01/2020	GVOKE PFS 2-PACK SYRINGE	*glucagon*	ADD TO FORMULARY		Covered
07/01/2020	GVOKE PFS 2-PACK SYRINGE	*glucagon*	ADD UM: QUANTITY		0.2 / 30 days
07/01/2020	GVOKE PFS 2-PACK SYRINGE	*glucagon*	ADD UM: AGE		At least 2 yrs old
07/01/2020	GVOKE PFS 2-PACK SYRINGE	*glucagon*	ADD TO FORMULARY		Covered
07/01/2020	GVOKE PFS 2-PACK SYRINGE	*glucagon*	ADD UM: QUANTITY		0.4 / 30 days
07/01/2020	GVOKE PFS 2-PACK SYRINGE	*glucagon*	ADD UM: AGE		At least 2 yrs old
07/01/2020	ACTEMRA	*tocilizumab*	REMOVE UM: MED	Medical Drug	

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2020	*famotidine*	*famotidine*	CHANGE UM: AGE	At least 6 yrs old	Up to 6 yrs old