

May 1 formulary changes for Priority Health Medicaid members

Drug name	What's changing?	Preferred alternative(s)
Carvedilol ER	Carvedilol will become Preferred Drug List (PDL) Non-Preferred and will require prior authorization	atenolol, atenolol-chlorthalidone, bisoprolol/bisoprolol-hctz, carvedilol, labetalol, metoprolol, nadolol, nebivolol, propranolol, sotalol tablets
Restasis® Multidose vial	Restasis® Multidose vial will become PDL Non-Preferred and will require prior authorization	Restasis® single use vial Xiidra®
Glucagon 1mg emergency kit made by Amphastar Pharmaceutical	Glucagon 1mg emergency kit will become PDL Non-Preferred and will require prior authorization	Baqsimi, Gvoke Hypopen, Zegalogue
Polysaccharide iron capsules	Polysaccharide will no longer be covered	ferrous sulfate 324mg tablets ferrous sulfate 325mg tablets ferrous gluconate 324mg tablets
Sandostatin® 30mg vial	Sandostatin® will no longer be covered under the pharmacy benefit	Sandostatin® will remain covered under the medical benefit with no prior authorization requirements

The Michigan Department of Health and Human Services (MDHHS) works with its health plan partners to create the Medicaid Health Plan Common Formulary — a list of drugs that all Medicaid health plans must cover. The formulary is reviewed each quarter by MDHHS's Common Formulary Workgroup.

For formulary information visit our [Drug information page](#).