

IMPORTANT: PHARMACY CHANGES EFFECTIVE OCT. 1, 2020

Michigan Department of Health and Human Services (MDHHS) has worked with its health plan partners to create a list of drugs that all Medicaid health plans must cover. This list is called the *Michigan Medicaid Managed Care Common Formulary*. This NEW formulary will take effect **Oct. 1, 2020** and it may change how medications are covered.

Effective for dates of service on or after **Oct. 1, 2020**, MDHHS will require Medicaid health plans to follow the Michigan Preferred Drug List (PDL) used by the Fee-for-Service pharmacy program.

The Michigan PDL is available online at michigan.magellanrx.com>Provider>Michigan Preferred Drug List. McLaren Health Plan (MHP) will send letters to prescribing providers and to members impacted by this formulary change. Your patients may contact you for instructions regarding their medication(s).

Member letters will explain the formulary change, provide preferred formulary alternatives and encourage members to contact their doctor:

Dear Member,

*You recently filled a drug called «Drug» on «Fill_Date». **You will be able to fill this drug until Sept. 30, 2020.** On **Oct. 1, 2020**, coverage of this drug will change because of a Michigan Department of Health and Human Services policy change. Your doctor will need to switch you to a different drug or request a prior authorization for you to keep taking «Drug».*

What should you do? *Please talk to your doctor about this letter as soon as possible.*

*All Medicaid health plans must cover a list of drugs called the Michigan Medicaid Managed Care Common Formulary. Other drugs on this list that may work for you are:
«Preferred_Formulary_Alternatives»*

Talk to your doctor about these drugs. If your doctor feels that you cannot use another drug, he or she may request a prior authorization for the drug you are taking.

If you don't follow these steps, you may have issues getting «Drug» after Sept. 30, 2020. Please contact Customer Service at 888-327-0671 (TTY: 711) if you have questions.

Provider letters will explain the Common Formulary and provide preferred formulary alternatives:

*“Our records show that you recently wrote a prescription for a/an «Drug_Class». As of **Oct. 1, 2020**, McLaren Health Plan (MHP) is required to use the Michigan Preferred Drug List. All non-preferred medications will need to be switched to a preferred formulary alternative drug or a prior authorization will be required.*

Preferred formulary alternatives include: «Preferred_Formulary_Alternatives»”

If you have any questions, please contact Customer Service at 888-327-0671 (TTY: 711).