



# Pharmaceutical Management

## Medicaid

### 2026



Toll-free Contact Number: 888-327-0671 (TTY: 711)  
Pharmacy Administration: 810-244-1660

[McLarenHealthPlan.org](https://www.McLarenHealthPlan.org)

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## Introduction

Pharmaceutical Management promotes the use of the most clinically appropriate, safe and cost-effective medications. McLaren Health Plan's (MHP) Medicaid Drug Formulary is based upon the Michigan Medicaid Common Drug Formulary (Common Formulary) and MDHHS Single Preferred Drug List (SPDL). The use of the Common Formulary and SPDL is a requirement of all Medicaid health plans in the state of Michigan. One or more medications are available in all required drug classes. The MHP Medicaid Drug Formulary can be found at [McLarenHealthPlan.org](https://www.McLarenHealthPlan.org).

In addition to the MHP Medicaid Drug Formulary, MHP has created a Quick Formulary Guide (Quick Guide). The Quick Guide is a list of commonly prescribed medications which are covered by MHP. The Quick Guide is sorted by drug class and can be found on our website or by calling MedImpact at 888-274-9689.

## Covered Benefits

- Medications listed on the Common Formulary and Single Preferred Drug List
- Federal legend drugs identified on the MHP Medicaid Drug Formulary
- Select over-the-counter (OTC) items, identified on the Medicaid Pharmaceutical Product List (MPPL), prescribed by a provider
- Diabetic supplies limited to needles, syringes, alcohol swabs, lancets and test strips\*

*\*MHP has a preferred manufacturer of diabetic test strips.*

## Non-Covered Benefits

- Medications that are not listed on the MPPL (Michigan Pharmaceutical Product List)
- Medications prescribed for cosmetic or convenience purposes
- Experimental or unproven use of medications. Medications which are excluded from coverage under Michigan Medicaid:
  - Cough and cold medications
  - Sexual Enhancement or Erectile Dysfunction medications
  - Medications used to promote fertility
- Medical foods or agents that are not regulated by the Food and Drug Administration (FDA)

In addition, the drug benefit does not reimburse for drug products acquired for, or administered at, an inpatient hospital, an outpatient hospital, emergency room/clinic, a physician's office/clinic.

## **Michigan Department of Health and Human Services Carve-Out Program**

Michigan Department of Health and Human Services (MDHHS) has created a list of medications that are not reimbursable under MHP. These medications are identified on the drug formulary as “Carve Out.” Any medication listed as carve out should be billed to straight Fee-for-Service (FFS) Medicaid. For questions regarding a medication identified as carve out, contact the Magellan Medicaid Beneficiary Help Line at 877-681-7540.

## **Dispense As Written (D.A.W) and Generic Mandate Policy**

There is automatic generic substitution required on all prescriptions. If there is a generic form of a medication available and a provider feels the brand name is medically necessary, the prior authorization process can be used (see Prior Authorization/Drug Exception Request.)

## **Prior Authorization/Drug Exception Request**

Certain medications throughout the drug formulary are identified as having a Prior Authorization (PA) restriction. PA means special approval must be given by the health plan before the medication will be covered through a pharmacy. A medication may require a PA due to safety concerns or to ensure a more cost-effective formulary alternative cannot be used.

If a prescribing provider feels a medication which requires a PA is medically necessary, then a PA form, (on page 5) should be completed by the prescribing provider and faxed to the number indicated on the form. Contact MedImpact at 888-274-9689 if you have questions regarding the PA process or the status of a PA request.

*Note: If the member is in need of an emergency supply of a medication that requires a PA, please contact Customer Service at 888-327-0671 for assistance.*

## **Step Therapy Edits**

Step Therapy (ST) Edits allow MHP to define a sequence of medication alternatives. MHP provides coverage for medications indicated as ST required after a list of formulary alternatives have been tried and failed.

## **Compounded Medications**

All compounded medications require a PA. Upon approval, the medication must be obtained via an in-network compounding pharmacy and billed to MHP electronically. Paper claims submitted by an out-of-network compounding pharmacy will not be accepted.

## **Specialty Pharmacy Medications**

Specialty Pharmacy (SP) medications are used to treat complex medical conditions and may require special storage and handling. Medications used to treat cancer, endometriosis, hepatitis C, multiple sclerosis, osteoporosis and rheumatoid arthritis are some examples of specialty pharmacy agents.

## **Dose Optimization and Quantity Limits**

Quantity Limits (QL) are used to ensure patient safety, increase patient compliance and decrease pharmacy costs. Medications with QL are identified on the MHP Medicaid Drug Formulary with a QL restriction. The health plan may limit the quantity of a medication to:

- A specified quantity per day, month or year
- A specified quantity per lifetime
- A specified quantity across a drug class

Note: If a prescribing provider feels a different quantity is medically necessary for a patient, a request for a PA (see page 5) should be submitted to the health plan for review.

## **Drug Formulary Review and Modification**

A committee of health professionals (doctors and pharmacists) maintains the Common Drug Formulary. This committee meets a minimum of four times per year to review changes in the market which may affect the Common Drug Formulary. The changes in the market may include but are not limited to:

- Drug recalls
- Marketplace withdrawals
- Product discontinuation
- New generic availability
- New medication releases

Prescribing providers may ask for a modification to the MHP Medicaid Drug Formulary by contacting our

Pharmacy Administration Department at 810-244-1660 or by faxing a written request to 810-600-7929 or by sending an email to [mhppharmacy@mclaren.org](mailto:mhppharmacy@mclaren.org). Requests for formulary modification will be reviewed by MHP's Pharmacy Administration Department and then taken to the Quality, Safety, and Service Improvement Committee (QSSIC) for determination.

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### Medication Request Form

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Attn: Prior Authorization Department  
 10181 Scripps Gateway Court  
 San Diego, CA 92131  
 Phone: 1-800-788-2949  
 Fax: 858-790-7100

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Denied:
Returned:
PA #

**Instructions:**

This form is to be used by participating physicians and providers to obtain coverage for a formulary drug requiring prior authorization (PA), a non-formulary drug for which there is no suitable alternative available, or any overrides of pharmacy management procedures such as step therapy, quantity limit or other edits. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (858) 790-7100 or please call (800) 788-2949 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 788-2949.

**Review Criteria:**

The following criteria are used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

**REQUEST FOR EXPEDITED/URGENT REVIEW:** BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

**Medication Request Information (please complete each section of this form prior to transmittal): \*Denotes Required Fields**

PATIENT INFORMATION			PHYSICIAN INFORMATION	
*Name:			*Name:	
*ID#:			*Specialty:	
*Date of Birth:	*Height:	*Weight:	ID# / DEA#:	
*Health Plan:			*Phone: (     ) -     -	*Fax: (     ) -     -
*Diagnosis (ICD-10 Code, if known):				
REQUESTED DRUG INFORMATION			PHARMACY INFORMATION	
*Requested Drug:			Name:	
Dose:	Strength:		Phone: (     ) -     -	Fax: (     ) -     -
Quantity: (per month)	Dosage Form: (Oral, Injection, etc)		Length of Treatment: (Please be specific.)	
Reason for Medication Request (Please be specific, give detail.):				
Other Medications Tried and/or Failed (Please be specific, give detail.):				
Other Pertinent History (Relative or pertaining to this request.):				

Revised: 10/18

