

Formulary Changes Effective 7/1/2021

Formulary Coding Changes:

Therapeutic category	Medication	Action
Migraine -CGRP	Aimovig	Moved to Tier 3 - Non-Preferred Add Prior Authorization Requirement
Migraine -CGRP	Ajovy	Moved to Tier 3 - Non-Preferred Add Prior Authorization Requirement
Migraine -CGRP	Emgality	Moved to Tier 3 - Non-Preferred Add Prior Authorization Requirement
Asthma	Proair HFA	Moved to Tier 3 - Non-Preferred *Generic Albuterol HFA remains on Tier 1
Asthma	Proair Respiclick	Moved to Tier 3 - Non-Preferred

CGRP Updated Criteria Changes:

Therapeutic category	Medication	Prior Authorization Criteria Requirement
Migraine -CGRP	Aimovig Ajovy Emgality	Trial of two medications from two different classes of chronic migraine prevention agents (beta blockers, antidepressants, anticonvulsants)

*CGRP: Patients that have met the prior step therapy requirements must go through the prior authorization process effective 7/1/21. Step therapy will not be honored as a means of coverage. Clinical criteria must be met for approval.



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