

HAP Empowered Medicaid 2023 Drug Formulary

The updated Medicaid Drug Formulary and formulary changes are available at www.hap.org/medicaidformulary. Using the formulary is easy. You can:

- Search the formulary to:
 - Check the status of a specific drug
 - Look at a drug category to view preferred and non-preferred status
 - View restrictions and prior authorization criteria
- View or print the complete formulary document

You can also request a printed copy of the drug formulary and related documents by calling Pharmacy Care Management at **(313) 664-8940, option 3**.

Preferred Drug List

Remember, Medicaid Health Plans align with the State's Fee-for-Service Medicaid Preferred Drug List. All Medicaid Health Plans administer the Common Formulary, including drugs on the Single Preferred Drug List (SPDL). When prescribing, please consider the drugs in Tier 1 and Tier 2:

- Tier 1: Covered on Common Formulary
- Tier 2: Preferred PDL Product
- Tier 3: Non-Preferred PDL Product
- NF (Non-Formulary): Please contact HAP to request an exception to the formulary for medical necessity
- SCO (State Carve-Out): These drugs are covered by the State under the MDHHS fee-for-service program. Pharmacies bill these drugs directly to MDHHS through the State's pharmacy benefit manager.

Prior authorization and formulary exception requests

Below are the methods to submit prior authorization or formulary exception requests for your HAP Empowered Medicaid, MICHild, Healthy Michigan Plan, and Children's Special Health Care Services patients:

- Fax completed *Request for Prior Authorization Form* to **(313) 664-5460**
The form can be found at hap.org/hap-empowered/medicaid/prescription; Formulary and Forms. Note: We will accept any similar form
- Call the prior authorization line at **(313) 664-8940, option 3**

Online resources

Below are some online resources for providers and members.

Providers can visit www.hap.org/medicaidformulary to find:	
<ul style="list-style-type: none"> • The HAP Empowered Medicaid formulary (updated annually and throughout the year as needed) • List of formulary changes* • Prior authorization/step therapy criteria • Other related formulary documents 	
Providers and members can visit www.hap.org/hap-empowered/Medicaid/prescription to find:	
<ul style="list-style-type: none"> • How to use the formulary • Formulary restrictions and preferences • Explanation of limits • Information about generic drugs or brand preferred drugs, prior authorization, step therapy 	<ul style="list-style-type: none"> • How to submit a formulary exception request • Specialty drugs • Pharmacy reimbursement form

*We send a letter to members and their prescriber if they are affected by formulary changes that result in drug restrictions or replacements.