



Re: Summary of Formulary Changes Effective November 1, 2024

Dear Health Partner,

As of 11/01/2024, there will be changes in the HAP CareSource™ drug formulary.

Changes may include:

- Addition of a quantity limit or restriction
- Addition of prior authorization requirements
- Removal of the drug from the formulary list

Drug Name	Coverage Change
INVOKANA (all strengths)	Non-Preferred, Prior Authorization added
INVOKAMET (all strengths)	Non-Preferred, Prior Authorization added
WIXELA (all strengths)	Non-Preferred, Prior Authorization added
AMITIZA (all strengths)	Age Edit, Quantity Limit added
LINZESS (all strengths)	Age Edit, Quantity Limit added

These changes are required by the Michigan Department of Health and Human Services (MDHHS) for the Medicaid Single Preferred Drug List (PDL). The Single PDL is effective for all Michigan Medicaid Health Plans and Fee-for-Service Medicaid. Please write new prescriptions for patients when applicable.

We've notified members who are affected by this change and encouraged them to discuss alternative medications with their providers.

Upon request, we can send a list of your HAP CareSource members with changes. Please email PharmacyConversionProgram@CareSource.com. Include medication names and your secure fax number in the request. We will fax your list of patients prescribed these medications.

Go to [Drug Formulary | Michigan – HAP CareSource | CareSource](#) for the complete formulary list and other related documents. Printed copies are available upon request.

We appreciate your efforts in transitioning members who may be impacted by Michigan Medicaid Single PDL changes. If you have questions or concerns, please contact HAP CareSource Provider Services at 1-833-230-2102 Monday through Friday, 7 a.m. to 8 p.m. Eastern Time (ET).

Sincerely,

HAP CareSource

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