



2024 MI Maximum Formulary Changes

Non-formulary Drug	Covered Alternative
FLAVOXATE HCL TAB 100 MG	Consult your Provider for appropriate alternatives for the diagnosis given
FLOVENT HFA AER 44MCG FLOVENT HFA AER 110MCG FLOVENT HFA AER 220MCG	ARNUITY ELPT INH 50MCG ARNUITY ELPT INH 100MCG ARNUITY ELPT INH 200MCG Or ASMANEX HFA AER 50MCG ASMANEX HFA AER 100MCG ASMANEX HFA AER 200MCG
LOTEPREDNOL ETABONATE OPHTH GEL 0.5% LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1% PREDNISOLONE ACETATE OPHTH SUSP 1% FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%
SYMBICORT AER 80MCG-4.5MCG SYMBICORT AER 160MCG-4.5MCG	FLUTICASONE/SALMETEROL AER 100MCG/50MCG FLUTICASONE/SALMETEROL AER 250MCG/50MCG FLUTICASONE/SALMETEROL AER 500MCG/50MCG
VICTOZA INJ 18MG/3ML	TRULICITY INJ 0.75MG/0.5ML TRULICITY INJ 1.5MG/0.5ML TRULICITY INJ 3MG/0.5ML TRULICITY INJ 4.5MG/0.5ML Or OZEMPIC INJ 2MG/1.5ML OZEMPIC INJ 2MG/3M OZEMPIC INJ 4MG/3ML OZEMPIC INJ 8MG/3ML

Please refer to our [pharmacy information](#) page to reference our searchable formulary, learn about coverage determination (prior authorizations) and redetermination (appeal) process, and review our pharmacy programs. If your drug is not on the formulary, talk with your doctor to decide if you should change to a covered alternative.