

Upper Peninsula Health Plan - Duals Updates

January, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	XENICAL	<i>orlistat</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>benzphetamine hcl</i>	<i>benzphetamine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>phentermine hcl</i>	<i>phentermine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ADIPEX-P	<i>phentermine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	LOMAIRA	<i>phentermine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>diethylpropion hcl</i>	<i>diethylpropion hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>diethylpropion hcl, diethylpropion hcl er</i>	<i>diethylpropion hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>phendimetrazine tartrate</i>	<i>phendimetrazine tartrate</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>phendimetrazine tartrate, phendimetrazine tartrate er</i>	<i>phendimetrazine tartrate</i>	ADD UM: PANAME		Clinical PA
01/01/2024	SAXENDA	<i>liraglutide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	WEGOVY	<i>semaglutide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	WEGOVY	<i>semaglutide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	WEGOVY	<i>semaglutide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	WEGOVY	<i>semaglutide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	WEGOVY	<i>semaglutide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA

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01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>calcium carbonate</i>	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>calcium carbonate</i>	<i>calcium carbonate</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>oyster shell calcium w-vit d,oyster shell calcium-vit d3</i>	<i>calcium carbonate/cholecalciferol (vitamin d3)</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>oyster shell calcium w-vit d,oyster shell calcium-vit d3</i>	<i>calcium carbonate/cholecalciferol (vitamin d3)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>calcium 500 + vit d,calcium 500-vit d3,oyster shell calcium w-vit d</i>	<i>calcium carbonate/cholecalciferol (vitamin d3)</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	<i>calcium 500 + vit d,calcium 500-vit d3,oyster shell calcium w-vit d</i>	<i>calcium carbonate/cholecalciferol (vitamin d3)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>magnesium oxide</i>	<i>magnesium oxide</i>	CHANGE TIER		NON-PDL
01/01/2024	<i>magnesium oxide</i>	<i>magnesium oxide</i>	ADD UM: FI1		Maintenance Medication

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01/01/2024	NU-MAG	<i>magnesium chloride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	NU-MAG	<i>magnesium chloride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>copper chloride</i>	<i>cupric chloride</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>copper chloride</i>	<i>cupric chloride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>manganese chloride</i>	<i>manganese chloride</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>manganese chloride</i>	<i>manganese chloride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>chromium</i>	<i>chromic chloride</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>chromium</i>	<i>chromic chloride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	TRIPHROCAPS	<i>vitamin b complex and vitamin c no.20/folic acid</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	TRIPHROCAPS	<i>vitamin b complex and vitamin c no.20/folic acid</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	DIALYVITE 3000	<i>folic acid/vitamin b comp and c/selenium/minerals/zinc</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	DIALYVITE 3000	<i>folic acid/vitamin b comp and c/selenium/minerals/zinc</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	WESTAB MAX	<i>cyanocobalamin/folic acid/pyridoxine</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	WESTAB MAX	<i>cyanocobalamin/folic acid/pyridoxine</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	NIVA-FOL	<i>cyanocobalamin/folic acid/pyridoxine</i>	CHANGE TIER	Non-Preferred	NON-PDL

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01/01/2024	NIVA-FOL	<i>cyanocobalamin/folic acid/pyridoxine</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	VITAL-D RX	<i>vit b complex no.4/vit d3/ascorbic acid/folic acid/zinc oxid</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	VITAL-D RX	<i>vit b complex no.4/vit d3/ascorbic acid/folic acid/zinc oxid</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	DIALYVITE 5000	<i>multivitamins with minerals no.11/folic acid</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	DIALYVITE 5000	<i>multivitamins with minerals no.11/folic acid</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	ADIPEX-P	<i>phentermine hcl</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	WEGOVY	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	LOMAIRA	<i>phentermine hcl</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	WEGOVY	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	WEGOVY	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	WEGOVY	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	WEGOVY	<i>semaglutide</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	XENICAL	<i>orlistat</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	SAXENDA	<i>liraglutide</i>	CHANGE TIER	Non-Preferred	Preferred
01/01/2024	DIALYVITE ZINC	<i>vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	DIALYVITE ZINC	<i>vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	DIALYVITE SUPREME D	<i>multivitamin-minerals no.25/folic acid/vitamin d3</i>	CHANGE TIER	Non-Preferred	NON-PDL

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01/01/2024	DIALYVITE SUPREME D	<i>multivitamin-minerals no.25/folic acid/vitamin d3</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>ergocalciferol (vitamin d2),vitamin d2</i>	<i>ergocalciferol (vitamin d2)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>vitamin d,vitamin d2</i>	<i>ergocalciferol (vitamin d2)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	<i>vitamin d3</i>	<i>cholecalciferol (vitamin d3)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	INFUVITE PEDIATRIC	<i>multivitamin infusion, pediatric no. 1 with vitamin k</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	INFUVITE PEDIATRIC	<i>multivitamin infusion, pediatric no. 1 with vitamin k</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>multi-vitamin with fluoride,multivitamin with fluoride,multivitamins with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride,pediatric multivitamins no.17 with sodium fluoride</i>	CHANGE TIER		NON-PDL
01/01/2024	<i>multi-vitamin with fluoride,multivitamin with fluoride,multivitamins with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride,pediatric multivitamins no.17 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>multi-vitamin with fluoride,multivitamin with fluoride,multivitamins with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride,pediatric multivitamins combination no.12/sodium fluoride,pediatric multivitamins no.17 with sodium fluoride</i>	CHANGE TIER		NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>multi-vitamin with fluoride, multivitamin with fluoride, multivitamins with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride, pediatric multivitamins combination no. 12/sodium fluoride, pediatric multivitamins no. 17 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>multi-vitamin with fluoride, multivitamin with fluoride, multivitamins with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride, pediatric multivitamins combination no. 12/sodium fluoride, pediatric multivitamins no. 17 with sodium fluoride</i>	CHANGE TIER		NON-PDL
01/01/2024	<i>multi-vitamin with fluoride, multivitamin with fluoride, multivitamins with fluoride</i>	<i>pediatric multivitamin no.242 with sodium fluoride, pediatric multivitamins combination no. 12/sodium fluoride, pediatric multivitamins no. 17 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	TRI-VITE WITH FLUORIDE	<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	TRI-VITE WITH FLUORIDE	<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	TRI-VITE WITH FLUORIDE	<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	TRI-VITE WITH FLUORIDE	<i>pediatric multivit with a,c,d3 no.21/sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	QUFLORA	<i>pediatric multivitamin no.63 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	QUFLORA	<i>pediatric multivitamin no.63 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	QUFLORA	<i>pediatric multivitamin no.63 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	QUFLORA	<i>pediatric multivitamin no.63 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	QUFLORA	<i>pediatric multivitamin no.63 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	QUFLORA	<i>pediatric multivitamin no.63 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>multi-vitamin w-fluoride,multivitamin and fluoride,multivitamin with fluoride,multivitamins with fluoride</i>	<i>pediatric multivitamin no.150 with sodium fluoride,pediatric multivitamin no.2/sodium fluoride,pediatric multivitamin no.82 with sodium fluoride</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>multi-vitamin w-fluoride,multivitamin with fluoride,multivitamins with fluoride,polyvitamins-fluoride</i>	<i>pediatric multivitamin no.2/sodium fluoride</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>multi-vitamin w-fluoride-iron,multi-vitamin-fluor-iron,multivitamin-iron-fluoride,multivitamins w-fluoride-iron</i>	<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate,pediatric multivitamin no.75/sodium fluoride/ferrous sulfate</i>	CHANGE TIER	Preferred	NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	QUFLORA	<i>pediatric multivitamin no.83 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	QUFLORA	<i>pediatric multivitamin no.83 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	QUFLORA	<i>pediatric multivitamin no.84 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	QUFLORA	<i>pediatric multivitamin no.84 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	FLORIVA	<i>pediatric multivitamin no.85 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	FLORIVA	<i>pediatric multivitamin no.85 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	FLORIVA	<i>pediatric multivitamin no.85 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	FLORIVA	<i>pediatric multivitamin no.85 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	FLORIVA	<i>pediatric multivitamin no.85 with sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	FLORIVA	<i>pediatric multivitamin no.85 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	QUFLORA FE	<i>pediatric multivitamin no. 142/iron,carbonyl/sodium fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	QUFLORA FE	<i>pediatric multivitamin no. 142/iron,carbonyl/sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	QUFLORA FE	<i>pediatric multivitamin no. 151/ferrous sulfate/sod fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	QUFLORA FE	<i>pediatric multivitamin no.151/ferrous sulfate/sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.213 with sodium fluoride,pediatric multivitamin no.220 with fluoride</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.213 with sodium fluoride,pediatric multivitamin no.220 with fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.175 with fluoride</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.175 with fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.175 with fluoride</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.175 with fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.175 with fluoride</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	POLY-VI-FLOR	<i>pediatric multivitamin no.175 with fluoride</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	POLY-VI-FLOR WITH IRON	<i>pediatric multivitamin no.175 with fluoride and iron</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	POLY-VI-FLOR WITH IRON	<i>pediatric multivitamin no.175 with fluoride and iron</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	POLY-VI-FLOR WITH IRON	<i>pediatric multivitamin no.220/sodium fluoride/iron sulfate</i>	ADD TO FORMULARY		NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	POLY-VI-FLOR WITH IRON	<i>pediatric multivitamin no.220/sodium fluoride/iron sulfate</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>vitamin k1</i>	<i>phytonadione (vit k1)</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>phytonadione</i>	<i>phytonadione (vit k1)</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>vitamin k1</i>	<i>phytonadione (vit k1)</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>phytonadione</i>	<i>phytonadione,phytonadione (vit k1)</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>cyanocobalamin injection</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>hydroxocobalamin</i>	<i>hydroxocobalamin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>hydroxocobalamin</i>	<i>hydroxocobalamin</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	FOLTRATE	<i>cyanocobalamin/folic acid</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	FOLTRATE	<i>cyanocobalamin/folic acid</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	NASCOBAL	<i>cyanocobalamin (vitamin b-12)</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	NASCOBAL	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	<i>cyanocobalamin</i>	<i>cyanocobalamin (vitamin b-12)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>folic acid</i>	<i>folic acid</i>	CHANGE TIER	Preferred	NON-PDL

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01/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	ENLYTE	<i>iron/folate no.8/ps-dha/ps-epa/fad/nadh/betaine/multivit 47</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>niacin</i>	<i>niacin</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>pyridoxine hcl</i>	<i>pyridoxine hcl (vitamin b6)</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>thiamine hcl</i>	<i>thiamine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>thiamine hcl</i>	<i>thiamine hcl</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	BACMIN	<i>multivitamin with minerals no.20/iron/folic acid</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	CORVITE	<i>folic acid/multivitamin,ther and minerals/lycopene/lutein</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	CORVITA	<i>folic acid/multivitamin,ther and minerals/lycopene/lutein</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	STROVITE FORTE	<i>multivitwith iron and minerals combo no.5/folic acid</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	VIT 3	<i>omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	VIT 3	<i>omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	STROVITE ONE	<i>multivit with mins10/folic acid/vit d3/a lipoic acid/lutein</i>	CHANGE TIER	Non-Preferred	NON-PDL

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01/01/2024	INFUVITE ADULT	<i>multivitamin infusion, adult no.4 with vitamin k,mvi, adult no.4 with vit k</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	INFUVITE ADULT	<i>multivitamin infusion, adult no.4 with vitamin k,mvi, adult no.4 with vit k</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>antacid</i>	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	CAL-GEST	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>calcium antacid</i>	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>calcium antacid</i>	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	<i>lansoprazole</i>	<i>lansoprazole</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>orlistat</i>	<i>orlistat</i>	ADD TO FORMULARY		Preferred
01/01/2024	<i>orlistat</i>	<i>orlistat</i>	ADD UM: PANAME		Clinical PA
01/01/2024	KAOPECTATE	<i>bismuth subsalicylate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	STOMACH RELIEF	<i>bismuth subsalicylate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	STOMACH RELIEF	<i>bismuth subsalicylate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	STOMACH RELIEF	<i>bismuth subsalicylate</i>	REMOVE UM: CUSTOM		
01/01/2024	STOMACH RELIEF	<i>bismuth subsalicylate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>bismuth</i>	<i>bismuth subsalicylate</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>pink bismuth</i>	<i>bismuth subsalicylate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	STOMACH RELIEF	<i>bismuth subsalicylate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
01/01/2024	PINK BISMUTH	<i>bismuth subsalicylate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	GENTLE LAXATIVE	<i>bisacodyl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>laxative</i>	<i>bisacodyl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	COLACE	<i>docusate sodium</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>docusate sodium</i>	<i>docusate sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	STOOL SOFTENER	<i>docusate sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>docusate sodium</i>	<i>docusate sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>docusate sodium</i>	<i>docusate sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>polyethylene glycol 3350</i>	<i>polyethylene glycol 3350</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>polyethylene glycol 3350</i>	<i>polyethylene glycol 3350</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	CLEARLAX	<i>polyethylene glycol 3350</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	CLEARLAX	<i>polyethylene glycol 3350</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	HEALTHYLAX	<i>polyethylene glycol 3350</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	HEALTHYLAX	<i>polyethylene glycol 3350</i>	ADD UM: MAXQTYPERDAY		2.0 per day
01/01/2024	OPTION 2	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	OPTION 2	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	<i>levonorgestrel</i>	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>levonorgestrel</i>	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	NEW DAY	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	NEW DAY	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	ECONTRA EZ	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ECONTRA EZ	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	ECONTRA ONE-STEP	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ECONTRA ONE-STEP	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	HER STYLE	<i>levonorgestrel</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	HER STYLE	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	OPTION 2	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	<i>levonorgestrel</i>	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	NEW DAY	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	ECONTRA EZ	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	ECONTRA ONE-STEP	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	HER STYLE	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	OPCICON ONE-STEP	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	OPCICON ONE-STEP	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	OPCICON ONE-STEP	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	MY CHOICE	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	MY CHOICE	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	MY CHOICE	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	MY WAY	<i>levonorgestrel</i>	CHANGE TIER	Preferred	NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	MY WAY	<i>levonorgestrel</i>	ADD UM: QUANTITY		365 days / claim
01/01/2024	MY WAY	<i>levonorgestrel</i>	ADD UM: AGE		Up to 50 yrs old
01/01/2024	<i>aspirin</i>	<i>aspirin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>aspirin</i>	<i>aspirin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tri-buffered aspirin</i>	<i>aspirin/calcium carbonate/magnesium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>aspirin buffered,buffered aspirin</i>	<i>aspirin/calcium carbonate/magnesium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	MAPAP	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	FEVERALL	<i>acetaminophen</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	FEVERALL	<i>acetaminophen</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	FEVERALL	<i>acetaminophen</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ED-APAP	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
01/01/2024	MAPAP	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	PAIN RELIEVER	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>pain relief extra strength,pain reliever</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>pain relief</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	CHILDREN'S MAPAP	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	TENSION HEADACHE	<i>acetaminophen/caffeine</i>	CHANGE TIER	Non-Preferred	NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	FEVERALL	<i>acetaminophen</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>infants' acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	CHILDREN'S PAIN RELIEVER	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	PAIN RELIEF, PAIN RELIEVER	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	8 HOUR ACETAMINOPHEN, 8 HOUR PAIN RELIEF, 8 HOUR PAIN RELIEVER, 8HR ARTHRITIS PAIN, 8HR ARTHRITIS PAIN RELIEF	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>acetaminophen, acetaminophen 8 hour, acetaminophen er</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	HISTAFLEX	<i>acetaminophen/pyrilamine maleate</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>naloxone hcl</i>	<i>naloxone hcl</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	CHANGE UM: QUANTITY		28/28 days
01/01/2024	IMCIVREE	<i>setmelanotide acetate</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	IMCIVREE	<i>setmelanotide acetate</i>	ADD UM: SPECIALTY		Specialty Drug
01/01/2024	<i>ammonium lactate</i>	<i>ammonium lactate</i>	CHANGE TIER	Preferred	NON-PDL

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>ammonium lactate</i>	<i>ammonium lactate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ACNE MEDICATION, ACNE PIMPLE MEDICATION	<i>benzoyl peroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>benzoyl peroxide</i>	<i>benzoyl peroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ACNE MEDICATION	<i>benzoyl peroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>benzoyl peroxide</i>	<i>benzoyl peroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ACNE MEDICATION	<i>benzoyl peroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>benzoyl peroxide</i>	<i>benzoyl peroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ACNE MEDICATION	<i>benzoyl peroxide</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>benzoyl peroxide</i>	<i>benzoyl peroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	RETIN-A	<i>tretinoin</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A	<i>tretinoin</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A	<i>tretinoin</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A	<i>tretinoin</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A	<i>tretinoin</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	ATRALIN	<i>tretinoin</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	ATRALIN	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin</i>	<i>tretinoin</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>adapalene</i>	<i>adapalene</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A MICRO	<i>tretinoin microspheres</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A MICRO	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>adapalene</i>	<i>adapalene</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A MICRO	<i>tretinoin microspheres</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A MICRO	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old

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Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A MICRO PUMP	<i>tretinoin microspheres</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A MICRO PUMP	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A MICRO PUMP	<i>tretinoin microspheres</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A MICRO PUMP	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	RETIN-A MICRO PUMP	<i>tretinoin microspheres</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	RETIN-A MICRO PUMP	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	<i>tretinoin microsphere</i>	<i>tretinoin microspheres</i>	ADD UM: AGE		Up to 30 yrs old
01/01/2024	FABIOR	<i>tazarotene</i>	CHANGE TIER	Non-Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	RENOVA,RENOVA PUMP	<i>tretinoin/emollient base</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>aspirin</i>	<i>aspirin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>aspirin</i>	<i>aspirin</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>children's aspirin</i>	<i>aspirin</i>	ADD UM: FI1		Maintenance Medication
01/01/2024	GENTLE LAXATIVE	<i>bisacodyl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ENEMA,FLEET ENEMA	<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	ENEMA,SALINE ENEMA	<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ENEMA DISPOSABLE	<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	PEDIA-LAX ENEMA	<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>clotrimazole</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>miconazole 7</i>	<i>miconazole nitrate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>miconazole 7</i>	<i>miconazole nitrate</i>	REMOVE UM: GENDER		
01/01/2024	<i>miconazole 7</i>	<i>miconazole nitrate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>miconazole 7</i>	<i>miconazole nitrate</i>	REMOVE UM: GENDER		
01/01/2024	<i>tioconazole 1,tioconazole-1</i>	<i>tioconazole</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>tioconazole 1, tioconazole-1</i>	<i>tioconazole</i>	REMOVE UM: GENDER		
01/01/2024	3-DAY VAGINAL CREAM	<i>clotrimazole</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>clotrimazole-3</i>	<i>clotrimazole</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>miconazole 1</i>	<i>miconazole nitrate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	FIRST AID ANTISEPTIC	<i>povidone-iodine</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	BETADINE	<i>povidone-iodine</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>povidone-iodine</i>	<i>povidone-iodine</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	MYCOZYL AC	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	MICOTRIN AC	<i>clotrimazole</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	FUNGOID TINCTURE	<i>miconazole nitrate</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>miconazole nitrate</i>	<i>miconazole nitrate</i>	ADD TO FORMULARY		Preferred
01/01/2024	ULTRA LIDO	<i>lidocaine</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	ITCH RELIEF WITH ALOE	<i>hydrocortisone/aloe vera</i>	ADD TO FORMULARY		Preferred
01/01/2024	LICE TREATMENT	<i>permethrin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	LICE KILLING	<i>permethrin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	LICE TREATMENT	<i>permethrin</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>lice treatment</i>	<i>piperonyl butoxide/pyrethrins</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	FIRST AID ANTIBIOTIC	<i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	<i>polyvinyl alcohol</i>	<i>polyvinyl alcohol</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	REFRESH LIQUIGEL	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	REFRESH TEARS	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>carboxymethylcellulose sodium</i>	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	VENTIVA TEARS	<i>carboxymethylcellulose sodium</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	REFRESH PLUS	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	LUBRICATING PLUS	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>carboxymethylcellulose sodium</i>	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>artificial tears</i>	<i>polyvinyl alcohol/povidone</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	REFRESH CELLUVISC	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	SYSTANE GEL	<i>hypromellose</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	GENTEAL TEARS SEVERE	<i>hypromellose</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	LUBRIFRESH PM	<i>mineral oil/petrolatum,white</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	REFRESH LACRI-LUBE	<i>mineral oil/petrolatum,white</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	SYSTANE	<i>mineral oil/petrolatum,white</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	GENTEAL TEARS SEVERE	<i>mineral oil/petrolatum,white</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	REFRESH P.M.	<i>mineral oil/petrolatum,white</i>	CHANGE TIER	Non-Preferred	NON-PDL

BRAND-NAME DRUGS are CAPITALIZED. *Generic drugs are lower-case italics.*

Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	LUBRICANT EYE,LUBRICANT PM,NIGHTTIME RELIEF LUBRICANT EYE	<i>mineral oil/petrolatum,white</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>cromolyn sodium</i>	<i>cromolyn sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	24 HOUR ALLERGY,24 HOUR ALLERGY RELIEF	<i>fluticasone propionate</i>	ADD TO FORMULARY		Non-Preferred
01/01/2024	<i>budesonide</i>	<i>budesonide</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	K-PHOS NEUTRAL	<i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	PHOSPHO-TRIN 250 NEUTRAL	<i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	PHOSPHA 250 NEUTRAL	<i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	WES-PHOS 250 NEUTRAL	<i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	PHOSPHOROUS	<i>sodium phosphate,dibasic/pot phos,monob/sod phosphate mono</i>	ADD TO FORMULARY		NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	K-PHOS ORIGINAL	<i>potassium phosphate, monobasic</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	PHOSPHO-TRIN K500	<i>potassium phosphate, monobasic</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	PAIN RELIEF	<i>ibuprofen</i>	ADD TO FORMULARY		Preferred
01/01/2024	DUAL ACTION PAIN RELIEF, DUAL ACTION PAIN RELIEVER	<i>ibuprofen/acetaminophen</i>	ADD TO FORMULARY		Non-Preferred
01/01/2024	<i>acetaminophen-ibuprofen</i>	<i>ibuprofen/acetaminophen</i>	ADD TO FORMULARY		Non-Preferred
01/01/2024	<i>cimetidine</i>	<i>cimetidine</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	PEPCID	<i>famotidine</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	ACID REDUCER	<i>famotidine</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	HEARTBURN RELIEF	<i>famotidine</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	HEARTBURN RELIEF	<i>famotidine</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ACID REDUCER-ANTACID	<i>famotidine/calcium carbonate/magnesium hydroxide</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	DUAL ACTION, DUAL ACTION COMPLETE	<i>famotidine/calcium carbonate/magnesium hydroxide</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ACID REDUCER COMPLETE	<i>famotidine/calcium carbonate/magnesium hydroxide</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ALLERGY RELIEF	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY RELIEF	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	BANOPHEN	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	BANOPHEN	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	ALLERGY,ALLERGY RELIEF	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY,ALLERGY RELIEF	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	BANOPHEN	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	BANOPHEN	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	BANOPHEN	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	BANOPHEN	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	ALLERGY	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	ALLER-G-TIME	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLER-G-TIME	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	ED CHLORPED JR	<i>chlorpheniramine maleate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLER-CHLOR	<i>chlorpheniramine maleate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY	<i>chlorpheniramine maleate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY RELIEF	<i>chlorpheniramine maleate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY-TIME	<i>chlorpheniramine maleate</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	CHILDREN'S ALLERGY, CHILDREN'S ALLERGY RELIEF	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	CHILDREN'S ALLERGY, CHILDREN'S ALLERGY RELIEF	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	DIPHEDRYL	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	DIPHEDRYL	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	ALLERGY	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	ALLERGY RELIEF, CHILDREN'S ALLERGY RELIEF	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	ALLERGY RELIEF, CHILDREN'S ALLERGY RELIEF	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	M-DRYL	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	M-DRYL	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
01/01/2024	ALA-HIST IR	<i>dexbrompheniramine maleate</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	PEDIACLEAR PD	<i>triprolidine hcl</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>triprolidine hcl</i>	<i>triprolidine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	HISTEX PD	<i>triprolidine hcl</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	<i>triprolidine hcl</i>	<i>triprolidine hcl</i>	CHANGE TIER	Preferred	NON-PDL
01/01/2024	HISTEX	<i>triprolidine hcl</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	PEDIAVENT	<i>dexbrompheniramine maleate</i>	CHANGE TIER	Non-Preferred	NON-PDL
01/01/2024	ALLERGY RELIEF	<i>diphenhydramine hcl</i>	ADD TO FORMULARY		NON-PDL
01/01/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	<i>children's cetirizine hcl</i>	<i>cetirizine hcl</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	<i>children's cetirizine hcl</i>	<i>cetirizine hcl</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	CHANGE TIER	Preferred	Non-Preferred
01/01/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>children's cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>children's cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>cetirizine hcl</i>	<i>cetirizine hcl</i>	ADD UM: PANAME		Clinical PA
01/01/2024	LOTRIMIN AF	<i>clotrimazole</i>	ADD UM: PANAME		Clinical PA

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
01/01/2024	MYCOZYL AC	<i>clotrimazole</i>	ADD UM: PANAME		Clinical PA
01/01/2024	MICOTRIN AC	<i>clotrimazole</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ZADITOR	<i>ketotifen fumarate</i>	ADD UM: PANAME		Clinical PA
01/01/2024	ALLERGY RELIEF	<i>fluticasone propionate</i>	ADD UM: PANAME		Clinical PA
01/01/2024	24 HOUR ALLERGY,24 HOUR ALLERGY RELIEF	<i>fluticasone propionate</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	ADD UM: PANAME		Clinical PA
01/01/2024	<i>budesonide</i>	<i>budesonide</i>	ADD UM: PANAME		Clinical PA
01/07/2024	<i>bisacodyl</i>	<i>bisacodyl</i>	CHANGE TIER	Preferred	NON-PDL
01/21/2024	<i>acid reducer</i>	<i>famotidine</i>	CHANGE TIER	Preferred	NON-PDL
01/28/2024	<i>miconazole 7,miconazole nitrate,miconazole-7</i>	<i>miconazole nitrate</i>	CHANGE TIER	Preferred	NON-PDL
01/28/2024	<i>miconazole 7,miconazole nitrate,miconazole-7</i>	<i>miconazole nitrate</i>	REMOVE UM: GENDER		
01/28/2024	<i>lidocaine</i>	<i>lidocaine</i>	CHANGE TIER		NON-PDL
01/28/2024	LUBRICANT EYE DROP,LUBRICANT EYE DROPS	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Preferred	NON-PDL
01/28/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

February, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	ANTACID, ANTA CID EXTRA STRENGTH	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ANTACID, ANTA CID EXTRA STRENGTH	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	SMOOTH ANTACID, SMOO TH DISSOLVING ANTACID	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	MAG-AL PLUS	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ANTACID PLUS GAS RELIEF, ANTACI D-ANTIGAS	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ADVANCED ANTACID- ANTIGAS	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>alum-mag hydroxide- simethicone</i>	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ANTACID	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ADVANCED ANTACID- ANTIGAS	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	<i>antacid,antacid maximum strength</i>	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ANTACID-ANTIGAS	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	MAG-AL PLUS XS	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ALMACONE-2	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	MINTOX MAXIMUM STRENGTH	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>alum-mag hydroxide-simethicone</i>	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>antacid-antigas,antacid-gas relief</i>	<i>magnesium hydroxide/aluminum hydroxide/simethicone</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>aluminum hydroxide</i>	<i>aluminum hydroxide</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	MAG-AL	<i>magnesium hydroxide/aluminum hydroxide</i>	CHANGE TIER	Non-Preferred	NON-PDL
02/01/2024	HEARTBURN RELIEF	<i>magnesium carbonate/aluminum hydroxide/alginate acid</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	ANTACID ULTRA STRENGTH	<i>calcium carbonate</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/01/2024	ACID GONE ANTACID	<i>magnesium carbonate/aluminum hydroxide/alginate acid</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>bisacodyl</i>	<i>bisacodyl</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	WOMEN'S GENTLE LAXATIVE	<i>bisacodyl</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	KAOPECTATE	<i>docusate calcium</i>	CHANGE TIER	Non-Preferred	NON-PDL
02/01/2024	<i>docusate calcium</i>	<i>docusate calcium</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	STOOL SOFTENER	<i>docusate calcium</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>aspirin ec</i>	<i>aspirin</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>acetaminophen, acetaminophen es</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	CHILDREN'S PAIN-FEVER	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	<i>arthritis pain, arthritis pain relief, arthritis pain reliever</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
02/01/2024	LUBRICANT EYE DROP	<i>carboxymethylcellulose sodium</i>	CHANGE TIER	Preferred	NON-PDL
02/18/2024	<i>adapalene</i>	<i>adapalene</i>	CHANGE TIER	Preferred	NON-PDL
02/18/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: AGE		Up to 30 yrs old
02/18/2024	<i>adapalene</i>	<i>adapalene</i>	CHANGE TIER	Preferred	NON-PDL
02/18/2024	<i>adapalene</i>	<i>adapalene</i>	ADD UM: AGE		Up to 30 yrs old
02/25/2024	RAYALDEE	<i>calcifediol</i>	CHANGE TIER	Non-Preferred	NON-PDL
02/25/2024	RAYALDEE	<i>calcifediol</i>	ADD UM: SPECIALTY		Specialty Drug

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
02/25/2024	ALLERGY RELIEF	<i>fluticasone propionate</i>	CHANGE TIER	Preferred	Non-Preferred
02/25/2024	<i>famotidine</i>	<i>famotidine</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

March, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
03/01/2024	<i>phytonadione</i>	<i>phytonadione (vit k1)</i>	CHANGE TIER	Preferred	NON-PDL
03/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE TIER	Preferred	NON-PDL
03/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QUANTITY		306/34 days
03/03/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE TIER	Preferred	NON-PDL
03/03/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QUANTITY		306/34 days
03/03/2024	<i>miconazole 3</i>	<i>miconazole nitrate</i>	CHANGE TIER	Preferred	NON-PDL
03/03/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
03/03/2024	<i>diphenhydramine hcl</i>	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old

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Upper Peninsula Health Plan - Duals Updates

April, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/01/2024	<i>stool softener</i>	<i>docusate sodium</i>	CHANGE TIER	Non-Preferred	NON-PDL
04/07/2024	PAIN RELIEF	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
04/07/2024	<i>pain reliever</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
04/07/2024	<i>tioconazole 1,tioconazole-1</i>	<i>tioconazole</i>	CHANGE TIER	Preferred	NON-PDL
04/07/2024	<i>tioconazole 1,tioconazole-1</i>	<i>tioconazole</i>	REMOVE UM: GENDER		
04/07/2024	ALLERGY RELIEF	<i>diphenhydramine hcl</i>	CHANGE TIER	Preferred	NON-PDL
04/07/2024	ALLERGY RELIEF	<i>diphenhydramine hcl</i>	ADD UM: AGE		Up to 64 yrs old
04/14/2024	M-PAP	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
04/14/2024	<i>pain relief,pain relief extra strength</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
04/14/2024	INFANT PAIN-FEVER,INFANTS ' PAIN-FEVER	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
04/14/2024	INFANT PAIN RELIEF,INFANT PAIN-FEVER,INFANTS ' PAIN RELIEVER	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
04/21/2024	<i>fluticasone propionate</i>	<i>fluticasone propionate</i>	CHANGE TIER	Preferred	Non-Preferred

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
04/28/2024	<i>children's acetaminophen,c hildrens suspension</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

May, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/01/2024	<i>magnesium oxide</i>	<i>magnesium oxide</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>magnesium oxide</i>	<i>magnesium oxide</i>	ADD UM: FI1		Maintenance Medication
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
05/01/2024	<i>children's acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>children's acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/01/2024	<i>acetaminophen</i>	<i>acetaminophen</i>	CHANGE TIER	Preferred	NON-PDL
05/05/2024	ADULT ASPIRIN,ADULT ASPIRIN REGIMEN,ASPIRIN REGIMEN	<i>aspirin</i>	CHANGE TIER	Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
05/05/2024	ADULT ASPIRIN,ADULT ASPIRIN REGIMEN,ASPIRIN REGIMEN	<i>aspirin</i>	ADD UM: FI1		Maintenance Medication
05/05/2024	LICE KILLING	<i>piperonyl butoxide/pyrethrins</i>	CHANGE TIER	Preferred	NON-PDL
05/10/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD TO FORMULARY		NON-PDL
05/10/2024	<i>cupric chloride</i>	<i>cupric chloride</i>	ADD UM: FI1		Maintenance Medication
05/12/2024	ENEMA	<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>	CHANGE TIER	Preferred	NON-PDL
05/14/2024	<i>aspirin ec</i>	<i>aspirin</i>	CHANGE TIER	Preferred	NON-PDL
05/14/2024	<i>aspirin ec</i>	<i>aspirin</i>	ADD UM: FI1		Maintenance Medication
05/19/2024	<i>triple antibiotic</i>	<i>neomycin sulfate/bacitracin zinc/polymyxin b</i>	CHANGE TIER	Non-Preferred	NON-PDL

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Upper Peninsula Health Plan - Duals Updates

June, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	FEOSOL	<i>ferrous sulfate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
06/01/2024	FEOSOL	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>ferrous sulfate,iron</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
06/01/2024	<i>ferrous sulfate,iron</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	FEROSUL	<i>ferrous sulfate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
06/01/2024	FEROSUL	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>iron</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
06/01/2024	<i>iron</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	FERRO-TIME	<i>ferrous sulfate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
06/01/2024	FERRO-TIME	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY	Non-Formulary	NON-PDL
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>children's ferrous sulfate,ferrous sulfate,infant-toddler iron,pediatric iron</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		NON-PDL

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	<i>children's ferrous sulfate,ferrous sulfate,infant-toddler iron,pediatric iron</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	PEDIATRIC FE-VITE	<i>ferrous sulfate</i>	ADD TO FORMULARY		NON-PDL
06/01/2024	PEDIATRIC FE-VITE	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	PEDIA IRON	<i>ferrous sulfate</i>	ADD TO FORMULARY		NON-PDL
06/01/2024	PEDIA IRON	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		NON-PDL
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>ferrous sulfate,onevite ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		NON-PDL
06/01/2024	<i>ferrous sulfate,onevite ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD TO FORMULARY		NON-PDL
06/01/2024	<i>ferrous sulfate</i>	<i>ferrous sulfate</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>folic acid</i>	<i>folic acid</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>folic acid</i>	<i>folic acid</i>	ADD UM: FI1		Maintenance Medication
06/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	CHANGE TIER	Preferred	Non-Preferred
06/01/2024	<i>omeprazole</i>	<i>omeprazole</i>	ADD UM: PANAME		Clinical PA

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Upper Peninsula Health Plan - Duals Updates

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
06/01/2024	<i>omeprazole magnesium</i>	<i>omeprazole magnesium</i>	CHANGE TIER	Preferred	Non-Preferred
06/01/2024	<i>omeprazole magnesium</i>	<i>omeprazole magnesium</i>	ADD UM: PANAME		Clinical PA
06/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	CHANGE UM: QUANTITY		306/34 days
06/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>nicotine gum</i>	<i>nicotine polacrilex</i>	CHANGE UM: QUANTITY		306/34 days
06/01/2024	<i>nicotine, nicotine patch</i>	<i>nicotine</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>nicotine, nicotine patch</i>	<i>nicotine</i>	CHANGE UM: QUANTITY		28/28 days
06/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	CHANGE UM: QUANTITY		28/28 days
06/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>nicotine patch</i>	<i>nicotine</i>	CHANGE UM: QUANTITY		28/28 days
06/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QUANTITY		306/34 days
06/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	CHANGE TIER	Preferred	NON-PDL
06/01/2024	<i>nicotine lozenge</i>	<i>nicotine polacrilex</i>	ADD UM: QUANTITY		306/34 days

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Upper Peninsula Health Plan - Duals Updates

July, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
07/01/2024	SLOW-MAG, SLOWMAG	<i>magnesium chloride</i>	CHANGE TIER	Non-Preferred	NON-PDL
07/02/2024	CHILDREN'S PAIN AND FEVER	<i>acetaminophen</i>	ADD TO FORMULARY		NON-PDL

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Upper Peninsula Health Plan - Duals Updates

August, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
08/08/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
08/08/2024	ZEPBOUND	<i>tirzepatide</i>	ADD TO FORMULARY		Preferred
08/21/2024	<i>oyster shell calcium</i>	<i>calcium carbonate</i>	ADD TO FORMULARY		NON-PDL
08/21/2024	<i>oyster shell calcium</i>	<i>calcium carbonate</i>	ADD UM: FI1		Maintenance Medication

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Upper Peninsula Health Plan - Duals Updates

September, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
09/13/2024	SOLUVITA MULTIVITAMIN FLUORIDE	<i>pediatric multivitamin no.82 with sodium fluoride</i>	ADD TO FORMULARY		NON-PDL
09/13/2024	SOLUVITA MULTIVITAMIN FLUORIDE	<i>pediatric multivitamin no.82 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication
09/13/2024	SOLUVITA MULTIVITAMIN FLUORIDE	<i>pediatric multivitamin no.82 with sodium fluoride</i>	ADD TO FORMULARY		NON-PDL
09/13/2024	SOLUVITA MULTIVITAMIN FLUORIDE	<i>pediatric multivitamin no.82 with sodium fluoride</i>	ADD UM: FI1		Maintenance Medication

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Upper Peninsula Health Plan - Duals Updates

October, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
10/01/2024	DOCUSATE SODIUM	<i>docusate sodium</i>	ADD TO FORMULARY		NON-PDL
10/10/2024	BISACODYL	<i>bisacodyl</i>	ADD TO FORMULARY		NON-PDL

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Upper Peninsula Health Plan - Duals Updates

November, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
11/01/2024	INFUVITE PEDIATRIC	<i>multivitamin infusion, pediatric no.1 with vitamin k</i>	ADD UM: AGE		Up to 11 yrs old

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Upper Peninsula Health Plan - Duals Updates

December, 2024

Effective Date	Brand Name	Generic Name	Type of Change	Previous Value	New Value
12/01/2024	DIFFERIN	<i>adapalene</i>	ADD UM: AGE		Up to 30 yrs old
12/01/2024	DIFFERIN	<i>adapalene</i>	ADD UM: AGE		Up to 30 yrs old
12/01/2024	DIFFERIN	<i>adapalene</i>	ADD UM: AGE		Up to 30 yrs old

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