

This provides notice of changes being made to the Michigan Preferred Drug List (PDL)/ Single PDL effective February 1, 2026

New Drugs Added to the PDL

1. **Bonsity (teriparatide) prefilled syringe** – added to the PDL class: Osteoporosis Agents: Other as non-preferred with the additional medication-specific criteria:
 - Treatment of osteoporosis in postmenopausal women who are at high risk for fractures
 - Increase of bone mass in men with primary or hypogonadal osteoporosis who are at high risk for fractures
 - Treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk for fracture
 - Length of authorization: maximum cumulative duration of 2 years per lifetime, unless clinical documentation is provided showing patient remains at or has returned to having a high risk for fracture
2. **Brynovin (sitagliptin) oral solution** – added to the PDL class: Oral Hypoglycemics – DPP-4 inhibitors as non-preferred with the additional medication-specific criteria:
 - Patient has difficulty swallowing
 - Quantity Limit: 4ml/day
3. **ibuprofen 300 mg tablet** – added to the PDL class: Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) as non-preferred with the additional medication-specific criteria:
 - Prescriber will need to justify medical necessity of unique strength
 - Length of approval: For the duration of the prescription up to 1 year
4. **Imuldosa (ustekinumab-srlf) prefilled syringe and vial** - added to the PDL classes: Biologics: Agents to Treat Plaque Psoriasis; Agents to treat Psoriatic Arthritis; Agents to Treat Crohn’s Disease; Agents to Treat Ulcerative Colitis with the additional medication-specific criteria:
 - Diagnosis of plaque psoriasis or psoriatic arthritis; **AND**
 - Quantity limit:
 - 90 mg every 12 weeks with initial dose Week 0 and 4; **OR**
 - Diagnosis of Crohn’s disease or ulcerative colitis; **AND**
 - Quantity limit:
 - 520 mg for initial dose
 - 90 mg every 8 weeks
 - Length of approval: 1 year
5. **Merilog (insulin aspart-szjj) vial and Merilog Solostar (insulin aspart-szjj) prefilled pen** – added to the PDL class: Insulins, Rapid Acting as non-preferred.
6. **Tryptyr (acoltremon) vial for ophthalmic use** – added to the PDL class: Ophthalmic Anti-inflammatory/Immunomodulators/Dry Eye as non-preferred with the additional medication-specific criteria:
 - Patient is ≥ 18 years of age
 - Quantity Limits: 60 single dose vials (one vial can be used to dose both eyes) per 30 days
 - Length of approval: 1 year
7. **Yutrepia (Trepstinil sodium) inhalation capsule** – added to the PDL class: Pulmonary Arterial Hypertension (PAH) Agents as non-preferred with the additional medication-specific criteria:
 - Patient is ≥ 18 years of age; **AND**
 - Therapeutic failure with one month trial of preferred trepstinil sodium (e.g., Tyvaso Solution)

PDL Class Category: Analgesics

1. NSAIDs

- Add ibuprofen 300mg tablet to non-preferred with medication specific criteria

2. Opioids - Transdermal

- Butrans: Quantity Limit reduced to 4 per 28 days

PDL Class Category: Central Nervous System Drugs

1. Antimigraine Agents, Acute Treatment – Other

- Move Ubrelvy (ubrogepant) tablets to preferred with existing Preferred agent clinical PA
- Elyxib (celecoxib) – clarify quantity limit as 14 doses (67.2 ml) per 30 days

2. Antimigraine Agents, Preventive Treatment

- Move Qulipta (atogepant) tablets to preferred

3. Skeletal Muscle Relaxants

- Move methocarbamol 1,000mg tablet to non-preferred with new medication specific criteria:
 - Bypass PDL criteria except require trial and failure of both PDL preferred methocarbamol 500mg and 750mg tablets
- Keep methocarbamol 500mg tablet and 750mg tablet preferred

PDL Class Category: Dermatological Agents

1. Topical Steroids - Medium Potency

- Move fluocinolone acetonide solution (topical) to preferred