

MICHIGAN PHARMACEUTICAL PRODUCT LIST (MPPL)

INTRODUCTION

Michigan Pharmaceutical Product List (MPPL) provides specific pharmacy coverage information for billing the Michigan Department of Community Health (MDCH) fee-for-service programs: Medicaid, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS), Adult Benefits Waiver (ABW) [formerly State Medical Program (SMP)] and Plan First! It applies to drug products billed by retail and long-term care (LTC) pharmacies that are enrolled as Medicaid Provider Types 50. The MPPL is to assist you in the pre-point of sale (POS) decision making only. POS is your most reliable source of information regarding coverage parameters. The drug products listed are not necessarily covered for all programs. The presence of a particular drug product in this file **does not guarantee payment**. Changes to drug product coverage may occur between postings of this document.

The MPPL lists drug products alphabetically and specifies coverage parameters such as prior authorization, age, and sex requirements. Covered drug products include both prescription and prescribed over-the-counter (OTC) drugs where applicable. Every effort is made to list a drug product under its generic name with a reference to the brand name.

Drug products listed on the MPPL are reimbursable based on the parameters listed and if they are manufactured by a Centers for Medicare Medicaid Services (CMS) approved labeler or medically necessary. **Note: If the MDCH is informed that a drug product availability prevents the use a rebatable national drug code (NDC), the MDCH will consider the coverage of the most cost effective alternative.**

The MPPL does not apply to drug products used:

- ❖ In an Inpatient Hospital Setting
- ❖ In an Outpatient Hospital Emergency Room or Clinic Setting
- ❖ In a Physician's Office or a Clinic Setting
- ❖ For Persons enrolled in Medicaid Health Plans (MHPs) or County Health Plans (CHPs)
- ❖ In Mental Health Hospital LTC Units and Medical Care Facilities with In-house Pharmacies

Drug product coverage not individually listed within the MPPL are:

- ❖ X1B – Diaphragms
- ❖ X1B - Artificial Tears Ophthalmic. Solution [Maximum Allowable Cost (MAC) = 0.41650/ml]

DRUG LIST ABBREVIATIONS AND REMARKS:

The following drug list abbreviations and remarks indicate conditions of coverage for a specific drug product.

Abbreviation	Meaning of Abbreviation
#	Prior Authorization (PA) Required. (Refer to prior approval instructions)
CC	Covered only for CSHCS Program
EFFECTIVE DATE	First Date the Drug Product Is Covered or Recent MAC Price Change.
EQ	MAC Price Established. (Override must be obtained for reimbursement above the MAC rate.)
HIV	HIV Drug Products that are part of MHP and CHP Carve-Out
INJ	Injectable Drug Products Covered for Home Infusion and LTC Beneficiaries
P1 st	Drug Products that are payable under Plan First! Program
NCC	Drug Products Not Covered for CSHCS Program
NOSMP	Drug Products Not Covered for ABW Program (formerly SMP)
NOLTC	Drug Products Not Reimbursed to Pharmacies for LTC beneficiaries.
PSY	Drug Products that are part of MHP and CHP Psychotropic Carve-Outs.
REMARKS	<p>Examples:</p> <ol style="list-style-type: none"> 1) For 10 Years of Age and Under Only (The drug product will not be reimbursed for beneficiaries 11 years old and over). 2) No PA for 6-17 Years of Age (PA is required for beneficiaries 5 years old and under as well as 18 years old and over). 3) PA for 30 Years of Age & Over (PA is not needed for beneficiaries 29 years old and under). 4) Reproductive Females Only (Prenatal vitamins are covered during the ante and postpartum term and not as a daily multiple vitamin).
UNIT	Units Are Either EACH, ML OR GM. (The billing quantity listed on the invoice must be based on the unit listed for the drug. Note: When the unit is each, bill the quantity based on the dosage form. An exception is an antihemophilic drug, which must be billed per Antihemophilic Factor Unit (AHF). Humate has a unit of each, the dosage form is vial, but the remarks state use AHF units.)

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