

MICHIGAN PHARMACEUTICAL PRODUCT LIST (MPPL)

INTRODUCTION

The Michigan Pharmaceutical Product List (MPPL) provides specific pharmacy coverage information for billing the Michigan Department of Health and Human Services (MDHHS) fee-for-service programs: Medicaid, Healthy Michigan Plan (HMP), Children's Special Health Care Services (CSHCS), and Maternity Outpatient Medical Services (MOMS). It applies to drug products billed by retail and long-term care (LTC) pharmacies that are enrolled in CHAMPS. 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 MDHHS is informed that a drug product availability prevents the use a rebatable national drug code (NDC), the MDHHS 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.
CARVE	Drug Products that are part of MHP Pharmacy POS carve-out list.
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.)
INJ	Injectable Drug Products Covered for Home Infusion and LTC Beneficiaries
NCC	Drug Products Not Covered for CSHCS Program.
NOLTC	Drug Products Not Reimbursed to Pharmacies for LTC beneficiaries.
REMARKS	Examples: 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).
SPL	Effective April 1, 2017 these specialty drug products are eligible for a specialty dispensing fee as described in the Drug Dispensing Fee Table located at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Pharmacy.
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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