

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy and Health System Innovation

Project Number:	1607-Pharmacy	Comments Due:	May 10, 2016	Proposed Effective Date:	July 1, 2016
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Policy Subject: Drug Coverage Updates

Affected Programs: Medicaid, Healthy Michigan Plan

Distribution: Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Nurse Practitioners (NP), Hospital-Outpatient, Rural Health Clinics (RHC), Tribal Health Centers (THC), Pharmacy Providers

Policy Summary: This policy clarifies Bulletin MSA 15-56 by announcing that naltrexone will continue to be made available without a prior authorization requirement. It also clarifies that beneficiaries must be maintained on the lowest effective dose of buprenorphine treatment for opioid dependence. Finally, the bulletin updates current MDHHS policy on hormone replacement therapy.

Purpose: To provide clarification of Bulletin MSA 15-56, and update current policy on hormone replacement therapy.

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

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Issued: June 1, 2016 (Proposed)

Subject: Drug Coverage Updates

Effective: July 1, 2016 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan

The purpose of this bulletin is to provide updates on certain drug coverage policies under Medicaid and the Healthy Michigan Plan.

Clarification of Bulletin MSA 15-56 on Fee-for-Service Coverage of Office-Based Opioid Treatment

The prior authorization requirements described in Bulletin MSA 15-56 on Fee-for-Service Coverage of Office-Based Opioid Treatment applies to opioid partial agonist treatments. Opioid antagonist treatments will not require prior authorization at this time. Refer to the Michigan Pharmaceutical Products List at <https://michigan.fhsc.com/Providers/DrugInfo.asp> for products that require prior authorization.

In addition, MSA 15-56 states that, "Beneficiaries must be maintained at all times on the lowest possible dose of medication used to treat opioid dependency." The intent of this statement is to require that beneficiaries are maintained on the lowest **effective** dose of the medication.

Hormone Replacement Therapy

Hormone replacement therapy will be covered if the treatment meets the requirements of medical necessity.