Michigan Department of Health and Human Services
Questions about the MCO Common Formulary Stakeholder Meeting
October 7, 2019

1.	**Why doesn't the Common Formulary schedule for reviewing biologics align with P&T?**	The Fee-For-Service Pharmacy and Therapeutics Committee's review of biologic products has historically spread throughout the year based on the condition the product is treating and more specific Preferred Drug List drug class. The Common Formulary workgroup members desired to group and review all the biologic products together (regardless of condition being used to treat). The Department attempts to align the review schedules (FFS and MCO) while also ensuring that each drug class is reviewed at least once annually.
2.	**We have had experiences where certain drugs have been reviewed out of schedule. What are the rules around drugs being reviewed out of schedule?**	Drug product coverage may be reviewed outside the annual review schedule as a result of public comment and/or when a workgroup member proposes a coverage modification as a result of market changes. Each drug class is reviewed at least annually in accordance with the posted workgroup review schedule.
3.	**Why are there differences in the way that the biologics are listed on the Common Formulary in comparison to the MPPL?**	The Common Formulary may group and classify individual drug products differently than the Fee-For-Service listings (e.g. the Michigan Pharmaceutical Product List or the Michigan Preferred Drug List).
4.	**a. When formulary changes are made, how are patients informed of the changes?** **b. How are they informed of Grandfathering?** **c. If that Grandfathering is not honored, what is the process for reconsideration?**	a. The Medicaid Health Plans are required to mail an advanced notice to Plan members that may be affected by any formulary change that is more restrictive. Plans also mail notices to the prescribers of affected members. b. Details about any grandfathering, or continuation of coverage would be included in the notices to the affected members and prescribers. c. Any MCO Common Formulary coverage issues should be reported to the Common Formulary mailbox at MDHHSCommonFormulary@michigan.gov for compliance monitoring.
5.	**What is the Department's expectation for the continuity of care for drugs that are prescribed in acute care settings with patients then being discharged into the community? There is a possibility for disruptions in care due to prior authorizations being denied.**	The workgroup has reviewed and updated prior authorization of select products in the past to address public comment concerns and to prevent hospital discharge related medication access issues. We welcome additional recommendations for the workgroup's review and consideration.
6.	**a. With the current opioid crisis in Michigan, why is Lucemyra currently not on the Common Formulary?**	a. Public Comment regarding this product's coverage was presented at the September 2019 FFS P&T Committee and will be reviewed at the October 2019 MCO Common Formulary workgroup meeting.

	b. How can we get access for our patients?	b. Similar to any product(s) listed as covered on the Michigan Pharmaceutical Product List (MPPL) but not listed as covered on the MCO Common Formulary, a non-formulary prior authorization can be submitted to the Medicaid Health Plan for coverage consideration.
7.	**What is the State's plan to address the lack of Medicaid coverage of bulk powdered supplements for the treatment of genetic inborn errors of metabolism?**	The Department is in the process of promulgating policy to add coverage of bulk powder supplements for the treatment of inborn errors of metabolism. This policy should alleviate non-formulary prior authorization coverage requirements that exist today. Historically bulk powders have not been part of the MPPL due to the FDA not recognizing them as an approved drug. The policy will propose the addition of select active product ingredients and excipients to allow for prescriptions to be covered for our beneficiaries. Currently our coverage requires an individual non-formulary PA request for each non-covered product as these products are not specifically identified as covered in our Medicaid State Plan.
8.	**Is there a list of the Medical Benefit drugs that are covered by FFS, that the managed care plans can refer to?**	A listing of physician administered drugs covered by Fee-For-Service is available on the Department's website.
9.	**Does outpatient pharmacy include injectables that are administered by a provider in an outpatient setting?**	Injectable drug products administered in the home (e.g. self-administered or administered by a trained caregiver) are considered an outpatient pharmacy benefit.
10.	**Will the public have an opportunity to review the list of products that will be added for the coverage of inborn errors of metabolism? We want to ensure it is truly comprehensive enough.**	There will be a public comment period to review and provide feedback once the proposed policy is released.
11.	**There was proposed policy changes recently issued by the Department. When will details about the public comments and final policy details be available?**	In accordance with established procedures, after the public comment period ends the Policy Specialist will prepare a consultation summary. Upon careful review, the Department will issue a final policy bulletin with any changes that result from public comment. The timeframe varies based on issues such as the volume of public comment and the complexity of the policy.