

**Michigan Department of Health and Human Services**

Questions about the MCO Common Formulary

Stakeholder Meeting – November 19, 2015

1.	<b>Will Prior Authorization criteria be available in the public domain, and will they be consistent across all plans?</b>	The Department is evaluating the possibility of posting the prior authorization criteria developed for the MCO Common Formulary to the Department’s website.
2.	<b>Will the standard Prior Authorization form be the only one required or will providers need to use the Health Plan’s Prior Authorization form?</b>	As required by MCL 500.2212c, a standard prior authorization form, FIS 2288, was created to simplify the process of requesting prior authorization for prescription drugs. The form is available at <a href="http://www.Michigan.gov/difs">www.Michigan.gov/difs</a> >> <b>Forms &gt;&gt; Insurance</b> . All health plans are required to accept this form.
3.	<b>Regarding the DPP-4 class, why is a Prior Authorization placed across the category? What are your thoughts about limited or delayed access come January 1<sup>st</sup> for those on a DPP-4 where a Prior Authorization was not previously required? Can this decision be reconsidered?</b>	The Workgroup recommended prior authorization for all DPP-4 products to determine if they are the most clinically appropriate products based on the individual’s medical and medication history. Note that even if the product is listed on the MCO Common Formulary as requiring prior authorization, individual health plans have the option to be less restrictive and not require prior authorization from these products.
4.	<b>[Is the Department] still planning on [adding] a footnote that oncology medications are covered per indication per National Comprehensive Cancer Network guidelines?</b>	Health plans will consider coverage of drugs for medically accepted indications. Medically accepted indications include any use of a drug which is approved under the Federal Food, Drug and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in the compendia listed in Section 1927(g)(1)(B)(i) of the Social Security Act. A medically accepted indication may also be identified if it meets Categories 1, 2A and/or 2B of the National Comprehensive Cancer Network Categories of Evidence and Consensus.
5.	<b>Can you confirm there will be no Prior Authorization or Step Edits on any smoking cessation medications, and that all products are covered?</b>	All smoking cessation products on the MCO Common Formulary that are prescribed according to FDA guidelines will be covered without prior authorization or step therapy requirements.

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6.	<b>Are cancer drugs protected under the Common Formulary? If so, why are antineoplastics on the grandfathering list for 12 months if they are protected?</b>	<p>The Department is requiring health plans to allow beneficiaries to remain on drugs in the protected classes (including antineoplastics) for 12 months without having to transition to a therapeutically-equivalent drug on the MCO Common Formulary. After 12 months the health plan may require prior authorization to review the clinical appropriateness of continued coverage of the drug.</p> <p>As a reminder, MCL 400.109h prohibits the Department from placing prior authorization on certain drug classes, but it excludes MCOs from this requirement.</p>
7.	<b>What percentage of generic products are on the Common Formulary?</b>	We estimate that approximately 65% of the products on the MCO Common Formulary are generic drugs.
8.	<b>Was Invokana added to the Formulary, or did it replace Farxiga?</b>	Both Invokana and Farxiga are included in the 12/7/2015 version of the MCO Common Formulary.
9.	<b>Are the biologics for rheumatoid arthritis, psoriasis, etc. protected?</b>	The protected drug classes with 12-month grandfathering are antineoplastics, immunosuppressants, and disease-modifying medications for Multiple Sclerosis. At least a 90-day transition period will be allowed for any maintenance medications that may require Prior Authorization to be covered according to the MCO Common Formulary.
10.	<b>Where are the oral chemotherapy agents listed?</b>	Most oral chemotherapy agents are listed under the therapeutic classes that begin with “Antineoplastic” on the MCO Common Formulary.
11.	<b>Since MCOs have the flexibility to be more generous in their coverage, why is grandfathering even necessary? Can you provide an example?</b>	The Department is establishing certain minimum requirements for health plans as they transition their members to the MCO Common Formulary. One of these requirements is grandfathering certain drug classes. The health plans may be less restrictive than these minimum requirements – for example, they may grandfather additional drugs and/or apply a grandfathering period that exceeds 12 months.
12.	<b>How is the Contracted Health Plans’ compliance with the Common Formulary monitored?</b>	The Department’s Pharmacy Management Division will monitor the health plans’ compliance with the MCO Common Formulary by reviewing the health plans’ policies, conducting site visits, and comparing encounter data with the Common Formulary.

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<b>13.</b>	<b>How will the Pharmacy &amp; Therapeutics Committee interact with the Common Formulary Workgroup?</b>	The Department's P&T Committee will not be reviewing the Common Formulary. Health plans will continue to have their respective P&T committees review the MCO Common Formulary. The MCO Workgroup representatives will bring the recommendations made by these committees to the Department for consideration. This project is not intended to replace the P&T Committee review process that health plans already have in place.
<b>14.</b>	<b>Is the minimal formulary the Fee-for-Service Preferred Drug List?</b>	No, the MCO Common Formulary is separate from the Fee-for-Service (FFS) Preferred Drug List. The Department's Preferred Drug List, a subset of drug classes covered under the Michigan Pharmaceutical Product List (MPPL), only applies to FFS paid pharmacy claims. The MCO Common Formulary applies to Health Plan beneficiaries.
<b>15.</b>	<b>Will future quarterly Common Formulary Workgroup meetings be open to the public, much like Medicaid Fee-for-Service Pharmacy &amp; Therapeutics Committee meetings?</b>	<p>Stakeholders and other members of the public will have the opportunity to provide input on the MCO Common Formulary through a written public comment period that will be held at least once per calendar quarter. The written public comments will be reviewed by the Department and the Common Formulary Workgroup. Changes to the Common Formulary may be made based on these comments on a quarterly basis.</p> <p>In addition, based on feedback received, the Department will hold an annual, in-person meeting to answer questions, obtain feedback and engage with a broad array of Medicaid stakeholders.</p>
<b>16.</b>	<b>Since August, the formulary has changed in several classes. Will there be additional changes or additional discussion prior to the January 1<sup>st</sup> announcement? Can we expect additional updates?</b>	Some minor changes have been incorporated since the last Stakeholder meeting on November 19 <sup>th</sup> . In addition, the MCO Common Formulary will be updated on at least a quarterly basis.

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<b>17.</b>	<b>You mentioned utilization review as part of the quarterly review. How will you account for new medicines or those that just were approved this fall that may not have high utilization as of now?</b>	<p>Similar to the Department’s Michigan Pharmaceutical Product List (MPPL) new product review process, new medications available in the market will be reviewed by the MCO Common Formulary Workgroup and Department for inclusion in the Common Formulary six months following the Food and Drug Administration approval.</p> <p>Health plans may consider requests for coverage of new products that have not yet been reviewed for inclusion in the Common Formulary.</p>
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