



Michigan Department of Health & Human Services

# Medicaid Health Plan MCO Common Formulary

October 7, 2019

*Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.*

# Panel Introductions

- **Kathy Stiffler** (Director, MDHHS Bureau of Medicaid Care Management & Customer Service)
- **Colleen Barry, M.D.** (MDHHS Office of Medical Affairs – CSHCS)
- **Trish Bouck** (Director, MDHHS Pharmacy Management Division)
- **Sheryl Waudby, RPh** (Upper Peninsula Health Plan)
- **Donald S. Beam, M.D.** (Chief Medical Officer, BCC)

# Purpose of the Meeting

- The purpose of our meeting today is to provide an opportunity for stakeholder engagement and clarification of content on the Medicaid Health Plan Common Formulary.
- Please note that this meeting is not intended to be a venue for pharmaceutical drug product-specific presentations.

## Format of Today's Meeting

- We will provide a general overview of the Medicaid Health Plan Common Formulary. There will be an opportunity after the presentation to ask additional questions. Feel free to ask questions throughout the presentation as well.
- We will ask that questions be put in writing to allow us to review and provide written responses after the meeting.
- To best utilize the time available today, please line up at one of the microphones when you are ready to read your question.
- If you are unable to line up at one of the microphones, please raise your hand or ask for assistance.

# Format of Today's Meeting

- After reading your written question(s) at the microphone, deposit the card(s) in the box.
- Please write legibly! There are no limits on cards or questions (but read no more than two at a time unless instructed otherwise).
- If you do not wish to read your question aloud, but would like the facilitator to read it, turn the question(s) in at the box at the registration desk.
- Panelists may respond to questions during the meeting or may choose to defer a response pending further review.



# MHP Common Formulary

- A formulary that is common across all health plans for the current Comprehensive Health Plan contract.
- First created as required under Section 1806 of Public Act 84 of 2015 and fully implemented September 30, 2016.
- Ongoing legislative reporting requirements under the Department's boilerplate Section 1806.
- The Common Formulary only applies to pharmacy claims paid by Medicaid Health Plans
  - *it does not apply to Fee-for-Service paid claims*
  - *it does not apply to medical claims paid by Plans*

# Purpose of MHP Common Formulary

- Promote continuity of care.
- Reduce interruptions in a beneficiary's drug therapy due to a change in health plan.
- Streamline drug coverage policies and reduce administrative burden for providers.
- Facilitate collaboration among health plans.

# Website

- [Michigan.gov/MCOpharmacy](https://Michigan.gov/MCOpharmacy)
  - Medicaid Health Plan Common Formulary
  - Prior Authorization Criteria
  - Standard Prior Authorization Form
  - Step Therapy Criteria
  - Medicaid Health Plan Contact Information
  - General Frequently Asked Questions (FAQ's)
  - Public Comment Notice
  - Drug Class & Workgroup Review Schedule

## Common Formulary Mailbox

[MDHHSCOMMONFORMULARY@MICHIGAN.GOV](mailto:MDHHSCOMMONFORMULARY@MICHIGAN.GOV)



# MHP Common Formulary Project

- MDHHS convenes a MHP Common Formulary Workgroup of representatives from current contractors. *See next slide for more details.*
- The Workgroup makes its recommendations to MDHHS on drugs to include in the MCO Common Formulary along with related Utilization Management.
- MDHHS has final approval authority. This includes a comprehensive clinical review and recommendation by the Department's Office of Medical Affairs physicians.



# MCO Common Formulary Workgroup

- The contracted Medicaid Health Plan's Medical Directors and Pharmacy Directors are invited to participate in the Workgroup.

# MCO Common Formulary Workgroup

(As of 5/31/2019)

Organization	Representative
Aetna/Coventry Cares	Michael Hammoud, Pharm.D
	Ted Cummings, RPh
Blue Cross Complete of Michigan	Christopher Meny, RPh
	Shalena Easter, CPhT
HAP Empowered	Geraldine Marks, Pharm.D
	Lorraine Peery, RPh
Trusted Health Plan Michigan (formerly Harbor)	Jose Diaz-Luna, Pharm.D., RPh
	Kin-Sang (Jason) Lam, Pharm. D., RPh
McLaren Health Plan	Randall Taylor, Pharm.D.
	Kathleen Kudray, DO
Meridian Health Plan	Almir Zeqo, Pharm.D.
	Brandi Basket, DO
Molina Healthcare of Michigan	Cynthia Vansteenburgh, Pharm.D
	Vinh Tran, Pharm.D.
Priority Health Choice	Jamie Lyberg, Pharm.D
	Margaux Porter
Total Health Care	Jill LeCheminant, Pharm.D
	Justin Bentley, CPhT
United HealthCare Community Plan, Inc.	Robert D. Schneider, RPh
	Jeanne Cavanaugh, Pharm.D
Upper Peninsula Health Plan	Sheryl Waudby, RPh
	Michael Mlsna, MD



# Workgroup Recommendations

- The recommendations made by the Workgroup to MDHHS included:
  - Drugs to include in the MHP Common Formulary
  - Utilization Management of included drugs
- The purpose of Utilization Management is to ensure the drug being used is medically necessary, clinically appropriate, safe for the patient, and a cost-effective treatment option for the clinical circumstances. Examples of Utilization Management include, but may not be limited to:
  - Prior Authorization (PA), quantity limits, age/gender edits



# Michigan Pharmaceutical Product List (MPPL)

- The Medicaid Health Plans are contractually required to have a process to approve physicians' requests to prescribe **any medically appropriate drug that is covered under the Michigan Pharmaceutical Product List (MPPL)**.
- Exception: Those products on the MPPL that are carved-out and billed at point-of-sale as a Fee-For-Service pharmacy benefit.



# Drugs That Are Carved Out of Managed Care

Carve-Out drugs currently billed as a Fee-for-Service point-of-sale pharmacy benefit that will remain unchanged, include but are not limited to:

- HIV antivirals
- Behavioral Health/Psychotropics
- Select substance abuse treatments

## Coverage Requirements

Contracted Health plans may be less restrictive, but not more restrictive, than the coverage parameters of the MCO Common Formulary.

- Health plans may cover additional drugs than those identified on the MCO Common Formulary
- Health plans may have utilization management tools that are less stringent than those on the MCO Common Formulary
- Health plans are still required to have a mechanism to cover medically necessary products on the MPPL

# MDHHS Public Health Initiatives

- Oral Contraceptives: 3-month supply per fill
- Tobacco Cessation products
- Naloxone nasal spray and vials to reduce effects of opioid overdose
- Opioid safety edits



# Products Covered As A Medical Benefit

- The Common Formulary includes drugs that are covered as an outpatient point-of-sale pharmacy benefit.
- Examples of products that are not identified on the Common Formulary because health plans **may continue to cover as a medical benefit including, but not limited to:**
  - Physician-administered injectable drugs
  - Vaccines
  - Intrauterine Devices

# Vitamins and Supplements

- Prenatal vitamins are available for coverage for women of child-bearing age.
- Vitamin D, Folic Acid and fluoride are available for coverage for select ages and conditions.
- Additional select vitamins are covered only for members in the Children's Special Health Care Services (CSHCS) program as indicated on the Michigan Pharmaceutical Products List (MPPL).



# Transition to Common Formulary

- All members' drug therapies were transitioned to the Common Formulary on September 30, 2016.
- *For additional safety and continuity of care reasons, Health Plans can continue to allow additional transition time based on their clinical judgement related to member utilization and any prescriber impact analyses.*

# Maintenance of Common Formulary

- The MDHHS leads the MHP Common Formulary Workgroup meetings.
- The physicians in the Department's Office of Medical Affairs serve in a clinical advisory role while the Department's Pharmacy Management Division staff serve in an operational oversight role for the Department
- The Workgroup meets at least quarterly to discuss new drug products
- Each drug class is reviewed at least annually by the Workgroup. *The drug review schedule is on the website.*

# Maintenance of Common Formulary

- This is the fourth in-person Common Formulary Stakeholder Meeting that MDHHS has held, and MDHHS continues to support holding annual in-person stakeholder meetings on the Common Formulary in addition to quarterly written public comment
- ALL public comment and recommendations brought from the Plan's workgroup representatives (e.g. Plans' P&T Committees' recommendations) are reviewed/considered.

# Compliance Monitoring: Formulary Maintenance

- Medicaid Health Plans are required to investigate and correct any deficiencies that are either reported or discovered by audit or regular compliance monitoring
- Providers and members of the public may report any issues and concerns regarding health plan compliance to:
  - [MDHHSCommonFormulary@Michigan.gov](mailto:MDHHSCommonFormulary@Michigan.gov)
- Common issues reviewed for compliance:
  - Prior authorization denials/timeliness
  - Coding of pharmacy claims
  - Lack of coverage consideration of a particular drug

# Compliance Monitoring: Formulary Maintenance

- Major Health Plan MCO Common Formulary contract requirements:
  - Provide a response to prior authorization requests within 24 hours of receipt
  - Must have a process to approve requests for any medically appropriate drug, vitamin, or supplement that is covered on the Fee-For-Service Medicaid Pharmaceutical Product List (MPPL)
  - Coverage cannot be more restrictive than what is established under the MCO Common Formulary
  - A unique set of pharmacy billing identifiers (BIN/PCN) for the Plan's Medicaid lines of business
  - Outpatient pharmacy point-of-sale coding must be updated within 60 days of MDHHS approval of change(s)
  - A process for and timely response to MAC pricing review requests

# Public Comment: Formulary Maintenance

- The public is encouraged to submit written comment on drug coverage determinations to be reviewed by MDHHS and the Workgroup during the quarterly meetings.
- The quarterly requests for public comment, including upcoming drug classes to be reviewed can be found at [Michigan.gov/MCOpharmacy](https://Michigan.gov/MCOpharmacy).
- Please refer to the MDHHS quarterly request for public comment for details.
- **You will receive an acknowledgement that your comment was received then later of the outcome**



# Drug Class & Workgroup Review Schedule 2019

[www.Michigan.gov/MCOPharmacy](http://www.Michigan.gov/MCOPharmacy) (then scroll down page)

Fee-For-Service P&T Committee	Drug Class Description	Medicaid Health Plan Common Formulary Workgroup Meeting	Medicaid Health Plan Common Formulary Sub-Group Assigned	Public Comment Period Open (posted on the bottom of the website page)	MCO Common Formulary changes Effective Date
December 2018	Analgesics	January 2019	Total; Priority; McLaren	10/17/2018 through 11/23/2018	April 1, 2019
December 2018	CNS	January 2019	Aetna; Blue Cross; Molina		
December 2018	Dermatological	January 2019	HAP; Harbor; Meridian		
N/A	Antineoplastic	January 2019	United; UPHP		
March 2019	Cardiac	April 2019	Aetna; Blue Cross; Molina	1/16/2019 through 2/22/2019	July 1, 2019
March 2019	Ophthalmic	April 2019	United; UPHP		
N/A	Biologics	April 2019	Total; Priority; McLaren		
June 2019	Anti-Infective	July 2019	Aetna; Blue Cross; Molina	4/10/2019 through 5/17/2019	October 1, 2019
June 2019	Respiratory-Asthma/Allergy/COPD	July 2019	United; UPHP		
September 2019	Diabetes	October 2019	HAP; Trusted (formally Harbor); Meridian	7/17/2019 through 8/23/2019	January 1, 2020
September 2019	GI	October 2019	Total; Priority; McLaren		
September 2019	P & T Miscellaneous	October 2019	Aetna; Blue Cross; Molina		
December 2019	Analgesics	January 2020	HAP; Trusted (formally Harbor); Meridian	10/17/2019 through 11/23/2019	April 1, 2020
December 2019	CNS	January 2020	United; UPHP		
December 2019	Dermatological	January 2020	Total; Priority; McLaren		
N/A	Antineoplastic	January 2020	Aetna; Blue Cross; Molina		



# Drugs to be Carved-In 1/1/2020

- To further streamline prescription drug coverage and the medical management of complex drug therapies for our MHP enrollees, select outpatient drug classes currently billed as a Fee-for-Service pharmacy point-of-sale benefit are anticipated to be carved-in to Managed Care effective 1/1/2020. This includes, but is not limited to the following:
  - Hemophilia Clotting Factors
  - Drugs used to treat rare metabolic diseases
  - CFTR Modulators for Cystic Fibrosis
  - Antineoplastic Agents that weren't already carved-in
- *Reminder:* MCO Common Formulary coverage is reviewed and ultimately approved by the MDHHS.



# Drugs to be Carved-In 1/1/2020

- Anticipating a final policy bulletin that will announce additional information about the drugs to be carved-in with effective date of 1/1/2020, including transition fills
- Transition Fills: The Medicaid Health Plans must extend continued coverage of these drug products for their members until at least March 31, 2020.
- Additionally, any Fee-For-Service prior authorizations in effect for an MHP enrollee will remain in effect through the original end-date.



# Drugs to be Carved-In 1/1/2020

- The Department is leveraging its experience and implementing processes that resulted in a successful 10/1/2012 transition of CSHCS program beneficiaries into managed care.
- To ensure the smoothest transition as possible, both the Department and the Plans determined a 1/1/2020 effective date would allow additional time for planning, pharmacy network contracting, and overall preparation.
- So far, the Department has held special MCO Common Formulary workgroup meetings on 7/29/2019, 8/2/2019, 8/15/2019 and 9/27/2019. These included clinical case study reviews and identification of current standards of care and best practices involving these drugs.



# Drugs to be Carved-In 1/1/2020

- The Department and Plans have also been collaborating with advocacy groups like the Michigan Hemophilia Foundation and the Cystic Fibrosis experts
- Notable: The Plans will not be financially responsible for select products identified as ‘high cost’ which are excluded from their capitation rates. The Plans will pay for the upfront cost of the drug but then be fully reimbursed by the Department via a new quarterly high cost pharmacy reimbursement process.
- Due to all the steps being taken, the Department anticipates the MCO Common Formulary coverage will align closely with historical FFS pharmacy coverage of the products identified for the 1/1/2020 carve-in.

# Frequently Asked Questions About MCO Common Formulary

**Q: What is the workgroup review schedule in order for the public to provide comment? What is the best method to provide comment?**

**A:** The MCO Common Formulary Workgroup review schedule piggybacks off of the FFS P&T Committee quarterly meetings. The **Drug Review and Workgroup Schedule** (including corresponding public comment periods) is available at:

**[www.Michigan.gov/MCOpharmacy](http://www.Michigan.gov/MCOpharmacy)**

# Frequently Asked Questions About MCO Common Formulary

**Q: How will updates to the formulary be communicated?**

A: The updated formulary will be posted after completion of the approval process following the MCO Common Formulary Workgroup meetings. Within the first pages of the updated formulary is a list of formulary changes.

# Frequently Asked Questions About MCO Common Formulary

**Q: How will drug manufacturers present clinical information about drugs to the plans?**

A: There is no change. Drug manufacturers will continue to use the same process as prior to the MCO Common Formulary implementation. The Health Plans still have their own P&T Committees. This information should still be forwarded to the plans for review with their committees. The plans will then bring the information to the MCO Common Formulary Workgroup.



# Frequently Asked Questions About MCO Common Formulary

**Q: Is a drug that is listed on the Michigan Pharmaceutical Product List (MPPL) automatically covered on the MCO Common Formulary?**

**A: No, if a drug is on the MPPL found at [Michigan.fhsc.com](http://Michigan.fhsc.com) >> **Providers >> Drug Information >> MPPL and Coverage Information**, but not covered on the MCO Common Formulary, the Health Plans must have a means to cover that drug through a non-formulary prior authorization process. Refer to the second page of the Medicaid Health Plan Common Formulary found at [Michigan.gov/MCOpharmacy](http://Michigan.gov/MCOpharmacy).**

# Frequently Asked Questions About MCO Common Formulary

**Q: Can plans cover a drug before it is on the MPPL?**

A: New drug products are usually on the market for 6 months before considered for formulary addition. Due to the ability to be less restrictive, plans could choose to cover a drug prior to it being put on the MPPL. A non-formulary prior authorization can always be requested for medical necessity coverage considerations.

# Frequently Asked Questions About MCO Common Formulary

**Q: What type and how much advanced notice do members/beneficiaries receive when a product's coverage is changed?**

**A:** The Medicaid Health Plans can be less restrictive than the Common Formulary, so some plans may choose to grandfather coverage of their members for a period of time or for certain members/diagnoses. If a more restrictive coverage change is implemented, the Plans are contractually required to provide the member with an adverse action notice at least 12 days in advance. To prevent medication disruption/access issues, most Plans provide notice to both the prescriber and member at least 30, 60, or 90 days in advance *(in particular if they will not be grandfathering the coverage)*

# Frequently Asked Questions About MCO Common Formulary

**Q: How soon after coverage changes on the Common Formulary does it impact a member/beneficiary?**

A: If the Workgroup votes to change coverage of a product to be more restrictive or non-covered, the enrollee may have to get prior authorization for continued coverage. The Plans have at least 60 days to code coverage changes following Workgroup vote. *Note: Plans can be less restrictive such as offering a 90-day grandfather of coverage.*

# Frequently Asked Questions About MCO Common Formulary

**Q: Is the FFS PA criteria the same as the published  
MCO Common Formulary PA Criteria?**

**A: No, the criteria may differ.**

# Frequently Asked Questions About MCO Common Formulary

**Q: Are each of the plans going to have the same PA length of approval?**

**A: The Prior Authorization (PA) Duration of Approval is identified in the PA Criteria document found at [Michigan.gov/MCOpharmacy](https://www.michigan.gov/MCOpharmacy). Plans are allowed to be less restrictive.**

# Additional Questions/Answers

## MCO Common Formulary

**Q: Are medical benefit drugs listed on the MPPL?**

*A: Neither the MPPL nor the Medicaid Health Plan Common Formulary list medical benefit drugs. Medical benefit drugs are drugs that are billed on the professional or institutional claim format and are administered by a health care provider in a clinic, office or outpatient hospital. The MPPL and Medicaid Health Plan Common Formulary list drugs that are typically covered as a pharmacy benefit. A pharmacy benefit includes drug billed by a retail pharmacy or other outpatient pharmacy that the individual either self-administers or is safely administered in the home setting by a trained family member or caregiver.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: How are vaccines covered?**

*A: Vaccines are identified in the cover pages of the Medicaid Health Plan Common Formulary as a medical benefit that are therefore not listed in the formulary. Plans may be less restrictive and can also cover them as a pharmacy benefit. The Department has encouraged the Plans to consider covering vaccines as a pharmacy benefit to align with Fee-For-Service pharmacy vaccine coverage. Please always refer to the individual health plan formulary for more details .*



# Additional Questions/Answers

## MCO Common Formulary

**Q: Is delivery device and operational function of a product considered when evaluating inhaled medications for the Common Formulary? What about devices that require training?**

*A: When special consideration of ability/training to use a device must be considered for a specific patient the individual plan will consider that as part of the medical exception review.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: There was a question raised about the future sustainability of the Common Formulary, including**

**1) Any comments on current hurdles?**

**2) Are clinical and/or financial outcomes being evaluated?**

*A: The Common Formulary was just fully implemented September 30, 2016. The Workgroup is now in the process of performing annual drug class evaluations which include comprehensive clinical evaluation and financial impact considerations. At this time the Department doesn't have concerns about the sustainability of the Common Formulary.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Are you working on a Common Formulary for specialty/biologic products?**

*A: There is no project for a separate Common Formulary for specialty/biologic drugs at this time. Specialty and biologic products covered as an outpatient pharmacy benefit would be reviewed as part of the regular drug class reviews. Please refer to the Drug Review & Workgroup Schedule on the [www.Michigan.gov/MCOPharmacy](http://www.Michigan.gov/MCOPharmacy) website.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Is the Managed Care Health Plan Common Formulary saving taxpayer dollars?**

*A: There has not been an evaluation of cost savings of this type. The goal of the Medicaid Health Plan Common Formulary was, and remains, to relieve provider burden and to improve continuity of care. It came about to address medical community concerns around the need to streamline drug coverage policies for Medicaid and Healthy Michigan Plan members and providers.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Does the State have influence to assure pharma has access to the Health Plans?**

*A: The Department has not changed this process. Pharma can continue to meet with the Health Plans prior to the Workgroup meetings as well as provide Public Comment to the Department quarterly. Public Comments that are received are shared with the Workgroup members.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Is there transparency, like availability of the names of the Therapeutic Sub-Groups/Working Committee members reviewing drug classes?**

*A: There is a random assignment of sub-groups which consist of two or three plans who are assigned to present their drug class review and lead Workgroup discussion. The list is now published to the website at [www.Michigan.gov/MCOpharmacy](http://www.Michigan.gov/MCOpharmacy) (e.g. scroll down to the bottom and look for “Drug Class & Workgroup Review Schedule”). Information provided through Public Comment is shared with entire Workgroup for review and vote.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Is there guidance on who to contact or forward information to for medications covered under medical benefit side of the plan for both FFS and the Medicaid Managed Care Health Plans?**

*A: The Department is currently in the process of updating its website to further clarify medical benefit coverage for the FFS program. This includes the identification of Medicaid Health Plan medical benefit carve outs. Questions regarding FFS medical benefit questions can be directed to [MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov)*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Continuity of care has been mentioned between Medicaid Managed Care Health Plans – What about continuity of care between FFS Medicaid to the Medicaid Managed Care Health Plans since members are transitioned to Medicaid Managed Care?**

*A: The Medicaid Health Plan Common Formulary was created to provide continuity between the Health Plans. The Medicaid Health Plans do consider transition of care coverage requests for members newly enrolled into managed care.*



# Additional Questions/Answers

## MCO Common Formulary

**Q: Is there any consideration of opening the Medicaid Health Plan Common Formulary Workgroup meetings or posting the meeting minutes?**

*A: At this time the Department is not considering making the Workgroup meetings open to the public, however the Department strongly encourages public comment from stakeholders. Public Comment is provided to the Workgroup members prior to each meeting for their consideration. The results of the Workgroup meetings are then posted on the website, both at the beginning of the Medicaid Health Plan Common Formulary, and in the link History of Formulary Changes. Please check the website for Department approved changes. Additionally, the Department remains committed to an annual in-person meeting with stakeholders.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Where can someone sign up for Public Comment notification?**

*A: If you would like to receive the quarterly Public Comment notices please subscribe to the Medicaid ListServ. The subscription instructions are found here: [http://www.michigan.gov/documents/LISTSERV\\_127789\\_7.pdf](http://www.michigan.gov/documents/LISTSERV_127789_7.pdf). Please select either “Medicaid – Pharmacy” or “Medicaid – MHP” under the Medicaid Services section. This subscription-based e-mail service notifies subscribers of important news relative to the Michigan Medicaid Program, including Public Comment notices.*

# Additional Questions/Answers

## MCO Common Formulary

**Q: Is there a drug class subgroup for the Common Formulary like the Fee-For-Service Pharmacy and Therapeutics (P&T) Committee?**

**A:** The full Common Formulary workgroup is comprised primarily of medical and pharmacy director representatives from each of the Department's contracted Medicaid Health Plans. Drug class reviews are assigned by the Department to a subgroup of at least 2 of the 11 plans on a rotating basis. The **Drug Class & Workgroup Review Schedule** is now available at the bottom of the main webpage at:

[www.Michigan.gov/MCOPharmacy](http://www.Michigan.gov/MCOPharmacy)

# **Additional Questions/Answers**

## **MCO Common Formulary**

**Q: How do oncology drugs fall into the review process for the Common Formulary?**

A: Oncology drugs are included the drug class review schedule for the Common Formulary. Notification of upcoming drug class reviews and public comment periods are listed on the MCO Common Formulary website.

# Additional Questions/Answers

## MCO Common Formulary

**Q: Are oncology new drugs reviewed by the Common Formulary on an ad-hoc basis?**

A: The Common Formulary includes an annual review of oncology drugs within the antineoplastic drug class review. Any new oncology drugs that might fall under Common Formulary coverage (outpatient pharmacy setting) would be reviewed by the Common Formulary similar to the Fee-For-Service P&T Committee review schedule. For example, once a new product is available in the market for at least six months it will be scheduled for Common Formulary workgroup review. If the FDA issued a priority rating of the product it may be reviewed for Common Formulary coverage before six months of being available in the market.

# Additional Questions/Answers

## MCO Common Formulary

**Q: Are public comments included in next quarterly meeting when it falls outside of the public comment window for the current meeting?**

A: If your public comment is submitted outside of the current public comment window, it will still be captured by the Department and included in the next Common Formulary Workgroup meeting. There are also no restrictions on the resubmission of a public comment. *Note: Based on stakeholder feedback and Public Comment requests for increased transparency and understandability, the Department updated the Common Formulary website to include the Drug Class & Workgroup Review Schedule*

# **Additional Questions/Answers**

## **MCO Common Formulary**

**Q: Does the Common Formulary Workgroup review medications in the psychotropic drug class?**

A: Psychotropic medications are not reviewed by the Common Formulary as they are not covered by the MCO's. Psychotropic medications fall under the Fee-For-Service Pharmacy Carve-out Program.

# **Additional Questions/Answers**

## **MCO Common Formulary**

**Q: Is the Department interested in harmonizing the coverage process for products that are covered under both the pharmacy and medical benefits?**

**A: The Department welcomes all feedback on how we can better align coverage for these products and improve the program overall.**



# Additional Questions/Answers

## MCO Common Formulary

**Q: Why do certain smoking cessation and weight loss products have a prior authorization process?**

A: The Department requires the health plans to cover a multitude of smoking cessation products, with at least one of every form of each product covered without prior authorization. Weight loss products would be covered based on formulary status and any documentation submitted for non-formulary coverage exception with supporting evidenced-based literature.

# Additional Questions/Answers

## MCO Common Formulary

**Q: Could the MCO's come up with a common rejection code notification for drugs that are not covered on the pharmacy benefit but are covered under the medical benefit?**

A: The Common Formulary covers pharmacy benefits only. For any medical benefit related issues you would need to contact the MCO's directly. The Department will review national standard rejection coding options and determine if specific error codes should be used uniformly by the Common Formulary to reject claims that should instead be billed as a medical benefit.

# Additional Questions/Answers

## MCO Common Formulary

**Q: Why are there no neutral parties in the Common Formulary Workgroup?**

A: The Common Formulary Workgroup was created as a result of state law. Statute requires the Department to convene this workgroup and have final authority over the Common Formulary. Prior guidance after review of various legal issues/laws that govern the State programs and contracts, recommended the Workgroup (i.e. comprised of representatives from each of the Department's contracted Medicaid Health Plans) be informal/advisory in nature. For this reason, the Common Formulary workgroup operates significantly different than the very formal Fee-For-Service Pharmacy and Therapeutics Committee. Furthermore, the Common Formulary Workgroup does not replace individual Medicaid Health Plan Pharmacy & Therapeutic Committees. Stakeholders are encouraged to submit public comment regarding Common Formulary coverage concerns and related recommendations. The Department reviews and also shares all submitted public comment with the Workgroup. Furthermore, stakeholders should continue to contact individual Medicaid Health P&T Committees regarding Plan specific coverage considerations. Workgroup representatives from the plans are responsible for bringing plan recommendations to the Workgroup vote and ultimately to the Department for consideration.

# Additional Questions/Answers

## MCO Common Formulary

**Q: Is there a mechanism in place for the continued coverage of acute care medications when a patient transitions from an inpatient to outpatient setting?**

A: The Common Formulary Workgroup has made changes historically on issues associated with transition of care coverage as the result of public comment. If you learn of an example and want to advocate for that consideration, please submit a public comment for the workgroup to review.

# **Additional Questions/Answers**

## **MCO Common Formulary**

**Q: Are all the MCO's aware of the availability of vaccines at the county health departments? Are they set up to reimburse for vaccines given at county health departments even if they are potentially out of network?**

A: The Department has reminded the MCOs of their contractual obligations regarding vaccine coverage and shared that a stakeholder concern was raised regarding MCO lack of coverage or awareness of vaccine coverage at the county health department level.

# Additional Questions/Answers

## MCO Common Formulary

**Q: Can you speak to the lack of transparency in The Common Formulary drug class review decision process?**

A: The Department wants to make The Common Formulary Workgroup review process as easily understood and transparent as possible. The Department welcomes additional feedback on how it might improve further. *Note: Based on prior stakeholder feedback for increased transparency and understandability, the Department updated the Common Formulary website to include both the Drug Class & Workgroup Review Schedule. This identifies the corresponding Public Comment periods.*

# Questions

- We would like to open the remainder of the meeting up for stakeholder questions.
- Please line up at the microphone to ask your question(s) and limit yourself to 2 questions per turn so that all stakeholders have an opportunity.
- Reminder: Place written questions in the box so that the Department can compile new questions and answers for posting to the website, including any questions that the panelists desire to research further.

# Thank You!

Thank you for joining us today and providing your valuable input regarding the MCO Common Formulary.

Additional questions can be directed to:

[MDHHSCommonFormulary@michigan.gov](mailto:MDHHSCommonFormulary@michigan.gov)