

# **Table of Contents**

**State/Territory Name: Michigan State Plan**

**Amendment (SPA) #: 21-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

March 4, 2022

Ms. Kate Massey  
Medicaid Director  
Michigan Health and Aging Services Administration  
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison  
Capitol Commons Center – 7th Floor  
400 South Pine  
Lansing, Michigan 48933

Dear Ms. Massey:

The CMS Division of Pharmacy team has reviewed Michigan's State Plan Amendment (SPA) 21-0018 received in the CMS Medicaid & CHIP Operations Group on December 21, 2021. This SPA proposes to include certain drug products for the treatment of obesity to be covered within the State Plan.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0018 is approved with an effective date of February 1, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Michigan's state plan. If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or [charlotte.amponsah@cms.hhs.gov](mailto:charlotte.amponsah@cms.hhs.gov).

Sincerely,

John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

cc: Erin Black, Federal Liaison, Michigan Health and Aging Services Administration  
Keri Toback, CMS Division of Program Operations – East Branch

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>21</u> — <u>0018</u>	2. STATE <u>MI</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE  
February 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1905(a)(13) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$0  
b. FFY 2023 \$0

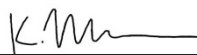
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-A.1 Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 3.1-A.1 Page 2 (TN# 14-012)

9. SUBJECT OF AMENDMENT  
  
This SPA provides authority for coverage of select anti-obesity drugs.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL  


11. TYPED NAME  
Kate Massey

12. TITLE  
Director, Health and Aging Services Administration

13. DATE SUBMITTED  
December 21, 2021

15. RETURN TO  
Health and Aging Services Administration  
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison  
Capitol Commons Center – 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933  
  
Attn: Erin Black

**FOR CMS USE ONLY**

16. DATE RECEIVED  
DECEMBER 21, 2021

17. DATE APPROVED  
3/4/2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
FEBRUARY 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
JOHN COSTER

21. TITLE OF APPROVING OFFICIAL  
DIRECTOR

22. REMARKS



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Requirements Relating to Covered Outpatient Drugs  
For the Categorically and Medically Needy***

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Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	<p>1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> The following excluded drugs are covered:<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)</li><li><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</li><li><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)</li><li><input type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds (see specific categories below)</li><li><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific categories below)</li><li><input checked="" type="checkbox"/> (f) nonprescription drugs (see specific categories below)</li><li><input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)</li></ul></li></ul> <p>Specific category of drugs:</p> <ul style="list-style-type: none"><li>- SELECT ANTI-OBESITY DRUGS</li><li>- Vitamin and mineral products (except prenatal vitamins and fluoride) prescribed by a physician to treat a specific diagnosed deficiency.</li><li>- Select over-the-counter (OTC) “drugs” limited to analgesic/antipyretics, antihistamines, dermatological, family planning, gastrointestinal, ophthalmic, otic, and vaginal antifungals.</li></ul> <p><input type="checkbox"/> No excluded drugs are covered</p>

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TN NO.: 21-0018

Approval Date: 3/4/2022

Effective Date: 2/1/2022

Supersedes

TN No.: 14-012