

Bulletin Number: MSA 05-47

Distribution: County Health Plans, Pharmacies

Issued: September 2005

Subject: HIV/AIDS Drugs

Effective: October 1, 2005

Programs Affected: Adult Benefits Waiver

The purpose of this bulletin is to alert affected providers that HIV/AIDS drugs are being added to the list of medication classes that must be billed through the Michigan Department of Community Health's pharmacy benefit manager's (First Health Services Corporation [FHSC]) point-of-sale reimbursement system for ABW beneficiaries enrolled in a County Health Plan (CHP).

Following is the list of medication classes that will be reimbursed through FHSC for CHP-enrolled beneficiaries effective for dates of services on and after October 1, 2005.

- H7Z class psychotropic drugs;
- Anti-retroviral classes, including protease inhibitors and reverse transcriptase inhibitors; and
- Anti-psychotic classes, including all NDCs associated with the phenothiazine derivatives, thioxanthene derivatives, phenylbutylpiperandine derivatives, dihydroindolone derivatives, dibenzapine derivatives, benzisoxazole derivatives, and quinolone derivatives.

A list of specific covered drugs in these classes is maintained on the FHSC website (www.michigan.fhsc.com) under the category "Classes for Psychotropic and HIV/AIDS Carve Out." The FHSC list is updated as necessary to add and delete drugs approved for coverage. It is recommended providers review the list routinely as no notice of changes will be issued directly to providers.

Providers billing for these services must be enrolled in Medicaid. All other services provided to beneficiaries enrolled in CHPs are billable to the CHP.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov . When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration