

Bulletin Number: MSA 15-55

Distribution: All Providers

Issued: December 1, 2015

Subject: Medicaid Health Plan Common Formulary

Effective: January 1, 2016

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

In order to streamline drug coverage policies for Medicaid and Healthy Michigan Plan members and providers, the Michigan Department of Health and Human Services (MDHHS) will pursue a formulary that is common across all contracted Medicaid Health Plans (MHPs) for the next Comprehensive Health Plan Contract. A Managed Care Common Formulary will better align coverage across health plans. The intent is to reduce interruptions in a member's drug therapy due to a change in health plan. The development of the Common Formulary is required under Section 1806 of Public Act 84 of 2015. The current version of the Common Formulary is available at www.Michigan.gov/MDHHS >> Doing Business With MDHHS >> Health Care Providers >> Managed Care >> Medicaid Health Plans >> MCO Common Formulary.

Minimum requirements have been established for drug utilization management tools, such as quantity limits, age and gender edits, prior authorization criteria and step therapies. MHPs may be less restrictive, but not more restrictive, than the coverage parameters of the Common Formulary. The list of drugs that are currently covered under the Fee-for-Service benefit will remain unchanged.

To promote safe medication transitions and minimize the burden on prescribers and patients, MDHHS will establish certain minimum requirements for transition of care and grandfathering of drug therapy. This policy will be announced in a subsequent Provider Bulletin.

MHPs will integrate the Common Formulary in their claims system and will begin transitioning members' drug therapies to the Common Formulary starting April 1, 2016. With the exception of drug therapies that have been grandfathered, it is expected that all members' drug therapies will be transitioned to the Common Formulary by September 30, 2016.

The Common Formulary will be reviewed on a quarterly basis. During these reviews new medications that are Food and Drug Administration (FDA)-approved will be evaluated after they have been available in the marketplace for at least six months.

Manual Maintenance

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

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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 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 "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke at the end.

Chris Priest, Director
Medical Services Administration