MICHIGAN PHARMACEUTICAL PRODUCT LIST (MPPL)

INTRODUCTION

The Michigan Pharmaceutical Product List (MPPL) provides specific pharmacy coverage information for billing the Michigan Department of Health and Human Services (MDHHS) fee-for-service programs: Medicaid, Healthy Michigan Plan (HMP), Children's Special Health Care Services (CSHCS), and Maternity Outpatient Medical Services (MOMS). It applies to drug products billed by retail and long-term care (LTC) pharmacies that are enrolled in CHAMPS. The MPPL is to assist you in the pre-point of sale (POS) decision making only.

POS is your most reliable source of information regarding coverage parameters. The drug products listed are not necessarily covered for all programs. The presence of a particular drug product in this file **does not guarantee payment**. Changes to drug product coverage may occur between postings of this document.

The MPPL lists drug products alphabetically by specific therapeutic class and specifies coverage parameters such as prior authorization, age, and quantity limits. Covered drug products include both prescription and prescribed over-the-counter (OTC) drugs where applicable. Drug products are listed by brand name, generic name and label name. Label name provides the drug strength and dosage form.

Drug products listed on the MPPL are reimbursable based on the parameters listed and if they are manufactured by a Centers for Medicare Medicaid Services (CMS) approved labeler or medically necessary. **Note: If the MDHHS is informed that a drug product availability prevents the use of a rebatable national drug code (NDC), the MDHHS will consider the coverage of the most cost-effective alternative.**
The MPPL does not apply to drug products used:
- *In an Inpatient Hospital Setting*
- *In an Outpatient Hospital Emergency Room or Clinic Setting*
- *In a Physician's Office or a Clinic Setting*
- *For Persons enrolled in Medicaid Health Plans (MHPs) - with the exception of MHP carve-out medications*
- *In Mental Health Hospital LTC Units and Medical Care Facilities with In-house Pharmacies*

DRUG LIST TERMS:

The following drug list terms indicate conditions of coverage for a specific drug product.

Term	Meaning of Term
HIC3	Specific therapeutic class of the drug product
Dosage Form	Describes the units as either each, ml or gm. (The billing quantity listed on the invoice must be based on the unit listed for the drug. **Note: When the unit is each, bill the quantity based on the dosage form. An exception is an antihemophilic drug, which must be billed per Antihemophilic Factor Unit (AHF). Humate has a unit of each, the dosage form is vial, but the remarks state use AHF units.)**
Drug Type	Indicates brand name product or generic
Rx_OTC	Indicates if the drug product requires a prescription or if it is an over-the-counter (OTC) medication
Covered	Indicates that the drug product is covered (Y) or if it is only covered in compounds or only for CSHCS
PDL Status	If the drug product is in a PDL class, then it will display as either Preferred or Non-preferred
Prior Authorization	Indicates if a prior authorization is required for the drug product
Covered for Duals	Indicates if a product is covered for beneficiaries with dual coverage with Medicare Part D
HP Carveout	Drug Products that are part of MHP Pharmacy POS carve-out list.
Specialty	Effective April 1, 2017 these specialty drug products are eligible for a specialty dispensing fee as described in the Drug Dispensing Fee Table located at www.michigan.gov/medicaidproviders >> Billing and Reimbursement>> Provider Specific Information >> Pharmacy.
Copay	Indicates if the drug product requires a copay
Injectable Coverage	Indicates if the injectable drug product is covered as a self-administered injection or only if given for Home Infusion or LTC Beneficiaries
Maintenance Drug	A maximum days supply of 102 days is allowed for maintenance drugs
Rolling Limitation	Indicates the maximum quantity of a drug product that can be dispensed during a rolling period of time. (e.g 4 per 28 days)
Max Quantity per Day	Indicates the maximum quantity that can be dosed per day of the drug product
Max Quantity per Claim	Indicates the maximum quantity that can be dispensed per claim for the drug product
Max Age	Indicates the maximum age (yrs) of the beneficiary that is approved for the drug product

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