

APR 24 2012

Stephen Fitton, Director  
Medical Services Administration  
Federal Liaison Unit  
Michigan Department of Community Health  
400 South Pine  
Lansing, Michigan 48933

ATTN: Loni Hackney

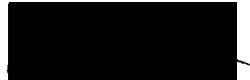
Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal #12-001 Removes non-compliant State Plan language for covered excluded drugs
- Effective January 1, 2012

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or [Leslie.Campbell@cms.hhs.gov](mailto:Leslie.Campbell@cms.hhs.gov).

Sincerely,



Alan Freund  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

	1. TRANSMITTAL NUMBER: <b>12 - 01</b>	2. STATE: <b>Michigan</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2012</b>	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: Sections 1927(d)(2) and 1927(k) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 2
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10. SUBJECT OF AMENDMENT:  
The amendment removes non-compliant State Plan language for covered excluded drugs.

11. GOVERNOR'S REVIEW (Check One):

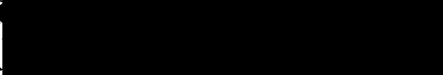
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Stephen Fitton, Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division Capitol Commons Center - 7th Floor 400 South Pine Street Lansing, Michigan 48933
13. TYPED NAME: Stephen Fitton	Attn: Loni Hackney
14. TITLE: Director, Medical Services Administration	
15. DATE SUBMITTED: February 13, 2012	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>February 14, 2012</b>	18. DATE APPROVED: <b>MAR 19 2012</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2012</b>	20. SIGNATURE: 
21. TYPE NAME: <b>Verlon Johnson</b>	22. TITLE: <b>Associate Regional Administrator</b>

23. 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 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><li><input checked="" type="checkbox"/> (h) barbiturates (see specific drug categories below)</li><li><input checked="" type="checkbox"/> (i) benzodiazepines (see specific drug categories below)</li></ul></li></ul> <p>Specific category of drugs:</p> <ul style="list-style-type: none"><li>- <del>Select</del> <input checked="" type="checkbox"/> Vitamin and mineral products (EXCEPT PRENATAL VITAMINS AND FLUORIDE) PRESCRIBED BY A PHYSICIAN TO TREAT A SPECIFIC DIAGNOSED DEFICIENCY. <del>at the therapeutic doses for deficiency diagnosis</del></li><li>- Select over-the-counter (OTC) drugs such as analgesic/antipyretics, antihistamines, dermatological agents, family planning, gastrointestinal agents, ophthalmic and otic agents, <del>saline solution</del>, smoking cessation products, AND vaginal antifungals <del>and vehicles used to compounded drugs</del>.</li></ul> <p><input type="checkbox"/> No excluded drugs are covered</p>

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TN NO.: 12-01

Approval Date:

**MAR 19 2012**

Effective Date: 1/1/2012

Supersedes  
TN No.: 05-19