

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***

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"><input checked="" type="checkbox"/> The following excluded drugs are covered:<ul style="list-style-type: none"><input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)<input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)<input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)<input type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds (see specific categories below)<input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific categories below)<input checked="" type="checkbox"/> (f) nonprescription drugs (see specific categories below)<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)<input checked="" type="checkbox"/> (h) barbiturates Effective January 1, 2013 – except for dual eligible individuals when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Medicare Part D will cover those indications.<input checked="" type="checkbox"/> (i) benzodiazepines Effective January 1, 2013 – except for dual eligible individuals as Medicare Part D will cover all indications.<input type="checkbox"/> Specific category of drugs:<ul style="list-style-type: none">- Vitamin and mineral products (except prenatal vitamins and fluoride) prescribed by a physician to treat a specific diagnosed deficiency.- Select over-the-counter (OTC) “drugs” limited to analgesic/antipyretics, antihistamines, dermatological, family planning, gastrointestinal, ophthalmic, otic, smoking cessation, and vaginal antifungals.<input type="checkbox"/> No excluded drugs are covered

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