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State/Territory Name: Michigan State Plan

Amendment (SPA) #: 21-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

March 4, 2022

Ms. Kate Massey
Medicaid Director
Michigan Health and Aging Services Administration
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison
Capitol Commons Center – 7th Floor
400 South Pine
Lansing, Michigan 48933

Dear Ms. Massey:

The CMS Division of Pharmacy team has reviewed Michigan's State Plan Amendment (SPA) 21-0018 received in the CMS Medicaid & CHIP Operations Group on December 21, 2021. This SPA proposes to include certain drug products for the treatment of obesity to be covered within the State Plan.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0018 is approved with an effective date of February 1, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Michigan's state plan. If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of John M. Coster.

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Erin Black, Federal Liaison, Michigan Health and Aging Services Administration
Keri Toback, CMS Division of Program Operations – East Branch

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>21</u> — <u>0018</u>	2. STATE <u>MI</u>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
3. PROPOSED EFFECTIVE DATE February 1, 2022	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$0 b. FFY 2023 \$0	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(13) of the Social Security Act	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A.1 Page 2 (TN# 14-012)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A.1 Page 2	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT

This SPA provides authority for coverage of select anti-obesity drugs.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Health and Aging Services Administration Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison Capitol Commons Center – 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Erin Black
11. TYPED NAME Kate Massey	
12. TITLE Director, Health and Aging Services Administration	
13. DATE SUBMITTED December 21, 2021	

FOR CMS USE ONLY

16. DATE RECEIVED DECEMBER 21, 2021	17. DATE APPROVED 3/4/2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL FEBRUARY 1, 2022	APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL JOHN COSTER	21. TITLE OF APPROVING OFFICIAL DIRECTOR

22. 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***

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> <p><input checked="" type="checkbox"/> The following excluded drugs are covered:</p> <ul style="list-style-type: none"><input checked="" 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) <p>Specific category of drugs:</p> <ul style="list-style-type: none">- SELECT ANTI-OBESITY DRUGS- 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, and vaginal antifungals. <p><input type="checkbox"/> No excluded drugs are covered</p>

TN NO.: 21-0018

Approval Date: 3/4/2022

Effective Date: 2/1/2022

Supersedes

TN No.: 14-012