



# ADMINISTRATIVE POLICY STATEMENT

## Michigan Health Link

Policy Name & Number	Date Effective
Medicaid-Covered Pharmacy Product Reviews-AD-11422	01/01/2025
Policy Type	
<b>ADMINISTRATIVE</b>	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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**A. Subject**

Medicaid-Covered Pharmacy Product Reviews

**B. Background**

Michigan Health Link Medicare-Medicaid Plan (MMP) covers Medicaid-covered drugs and products that are not covered by Medicare Part D through a member’s Medicaid benefit. Some of these Medicaid-covered products (i.e. OTC products and non-Part D drugs) are covered automatically through the required Michigan Additional Demonstration Drug file list, with no restrictions. Some of these products do not carry product-specific review criteria but still require a medical necessity review.

HAP CareSource, in partnership with our Pharmacy Benefit Manager, Express Scripts, will review these products per the policy below upon prior authorization request.

**C. Definitions**

Hierarchical Ingredient Code List – unique primary active ingredient or combination of active ingredients

**D. Policy**

I. If a Medicaid-covered drug or product not covered by Medicare Part D requires review and product-specific criteria is not present, approval will be provided if the following criteria are met:

- A. Trial of at least three preferred alternatives within the same Hierarchical Ingredient Code List or Specific Therapeutic Class; AND
- B. Submission of two peer-reviewed medical articles citing efficacy and safety of the drug or product

**E. Conditions of Coverage**

If approval is warranted, authorization will be placed for 1 year

**F. Related Policies/Rules**

N/A

**G. Review/Revision History**

DATE		ACTION
<b>Date Issued</b>	11/14/2024	Policy Composed
<b>Date Revised</b>		
<b>Date Effective</b>	01/01/2024	
<b>Date Archived</b>		

**H. References**

N/A

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.