MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Vicl	ii Goethals
Phone Number: 517	'-335-6611
Initial 🗌	Public Comment 🖂 Final 🗌
Brief description o	policy:
This policy annound be covered on comp	es that certain Active Pharmaceutical Ingredients (API) and excipients will cound drug claims.
Reason for policy	problem being addressed):
states clarifying the APIs and excipients 1927(k)(2) of the So and receive federal Therefore, certain A	the Centers for Medicare & Medicaid Services (CMS) issued a notice to coverage policy for APIs and excipients. The notice clarified that although do not meet the definition of covered outpatient drugs as defined in section ocial Security Act, states may choose to cover certain APIs and excipients matching funds if those products were noted as covered in their state plant PI and excipient products will be added to the State Plan in order to become ral matching funds and Medicaid coverage.
Budget implication budget neutral will cost MDHHS will save MDHHS	\$, and (select one) budgeted in current appropriation
Is this policy chan	ge mandated per federal requirements?
No	
Does policy have o	perational implications on other parts of MDHHS?
No	
Does policy have o	perational implications on other departments?
No	
Summary of input: controversial acceptable to mo limited public into	<u> </u>
Supporting Docum	entation:
If Yes, please provid ☐ Approved ☐	ent Required: Yes No Public Notice Required: Yes No Notice Required: Yes

1/18 Policy Info Sheet

DRAFT FOR PUBLIC COMMENT					
Michigan Department of					
Health and Human Services	Project Number: 1933-Pl	narmacy Date: December 16, 2019			
Comments Due: January 21, 2020 Proposed Effective Date: As Indicated Direct Comments To: Vicki Goethals Address: Pharmacy Management Division/MDHHS/MSA/CCC 6 th Floor E-Mail Address: goethalsv@michigan.gov Phone: 517-335-6611 Fax: 517-346-9809					
Policy Subject: Coverage o	of Active Pharmaceutical Ing	redients and Excipients			
Affected Programs: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)					
Distribution: Pharmacy Providers, Federally Qualified Health Centers, Tribal Health Centers					
Summary: This policy announces that certain Active Pharmaceutical Ingredients (APIs) and excipients will be covered on compound drug claims.					
Purpose: Certain APIs and excipient products are eligible for both federal matching funds and Medicaid coverage. The purpose of this bulletin is to provide for coverage of those APIs and excipients for Medicaid Pharmacy Fee-for-Service (FFS) reimbursement, which will help ensure standards of care and patient compliance for compounded drug therapies.					
Cost Implications: None					
Potential Hearings & Appeal Issues: None					
State Plan Amendment Required: Yes No Delic Notice Required: Yes No Submitted Notice Required: Yes Delic Notice Required: Yes Del					
Tribal Notification: Yes ⊠ No ☐ - Date: September 21, 2019					
THIS SECTION COMPLETED BY RECEIVER					
☐ Approved		o Comments			
☐ See Comments Below ☐ Disapproved ☐ See Comments in Text					
Signature:		Phone Number			
Signature Printed:					
Bureau/Administration (ple	ase print)	Date			

Comment001 Revised 6/16



Michigan Department of Health and Human Services Medical Services Administration

Distribution: Pharmacy Providers, Federally Qualified Health Centers, Tribal Health

Centers

Issued: February 1, 2020 (Proposed)

Subject: Coverage of Active Pharmaceutical Ingredients and Excipients

Effective: As Indicated (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care

Services (CSHCS)

NOTE: Implementation of this policy is contingent upon approval of a State Plan Amendment by the Centers for Medicare & Medicaid Services (CMS).

The purpose of this bulletin is to provide for coverage of certain Active Pharmaceutical Ingredients (APIs) and excipients for Medicaid Pharmacy Fee-for-Service (FFS) reimbursement. Effective for dates of service on and after October 1, 2019, the APIs and excipients listed in the attached document will be covered on compound drug claims. The coverage of these products helps ensure standards of care and patient compliance for compounded drug therapies. The list of covered APIs and excipients will also be maintained on the Michigan Medicaid Pharmacy Benefits Manager website at Michigan.magellanrx.com.

APIs are bulk drug substances, which are defined by the U.S. Food and Drug Administration (FDA) as any substance that is represented for use in a drug and that, when used in the manufacturing, processing, or packaging of a drug, becomes an active ingredient of the drug product. An excipient is an inactive substance used in a compound that assists with medication delivery (e.g., mineral oil for topical applications, flavored syrup for liquid cough products, etc.).



Active Pharmaceutical Ingredients

NDC	Description
NDC 38779245805	Description COENZYME Q-10 POWDER
38779245808	COENZYME Q-10 POWDER
38779245809	COENZYME Q-10 POWDER
30779243009	GOEINZTIME Q-101 OWDER
51552048904	CREATINE MONOHYDRATE POWDER
51552048905	CREATINE MONOHYDRATE POWDER
51552048907	CREATINE MONOHYDRATE POWDER
51927257100	CREATINE MONOHYDRATE POWDER
0.02.2000	OKE/KINE MONOTHER OF STREET
51552066505	L-CITRULLINE POWDER
51552066507	L-CITRULLINE POWDER
51927261000	L-CITRULLINE POWDER
51552098807	L-ORNITHINE HCL POWDER
52372083401	L-ORNITHINE HCL POWDER
52372083402	L-ORNITHINE HCL POWDER
62991281001	L-ORNITHINE HCL POWDER
62991281002	L-ORNITHINE HCL POWDER
38779256400	PENDERM CREAM BASE
38779256401	PENDERM CREAM BASE
38779256405	PENDERM CREAM BASE
38779256407	PENDERM CREAM BASE
38779256408	PENDERM CREAM BASE
38779256409	PENDERM CREAM BASE
51927104800	PCCA BASE ANHYDROUS OINT
51927288300	BASE, PCCA POLYPEG WAX
51927329500	PCCA VANISHING BASE CREAM
51927336000	PCCA POLYGLYCOL TROCHE BASE
38779055103	SODIUM BENZOATE POWDER
51552022105	SODIUM BENZOATE POWDER
62991138101	SODIUM BENZOATE POWDER
62991138102	SODIUM BENZOATE POWDER
62991138104	SODIUM BENZOATE POWDER
00019739603	SODIUM BICARBONATE POWDER
00019739620	SODIUM BICARBONATE POWDER
00019741203	SODIUM BICARBONATE AR POWD

Active Pharmaceutical Ingredients & Excipient Coverage List

NDO	Provided and
NDC	Description
00228157904	SODIUM BICARBONATE POWDER
00228157916	SODIUM BICARBONATE POWDER
00367157904	SODIUM BICARBONATE POWDER
00367157916	SODIUM BICARBONATE POWDER
00395268501	SODIUM BICARBONATE POWDER
00395268594	SODIUM BICARBONATE POWDER
00395571694	SODIUM BICARBONATE POWDER
00406739603	SODIUM BICARBONATE POWDER
00406739620	SODIUM BICARBONATE POWDER
00406741203	SODIUM BICARBONATE AR POWD
00923083004	SODIUM BICARBONATE POWDER
10106350601	SODIUM BICARBONATE POWDER
10106350605	SODIUM BICARBONATE POWDER
10106350607	SODIUM BICARBONATE POWDER
10106350805	SODIUM BICARBONATE POWDER
10106350901	SODIUM BICARBONATE POWDER
10106350905	SODIUM BICARBONATE POWDER
17317049701	SODIUM BICARBONATE POWDER
17317049705	SODIUM BICARBONATE POWDER
17317157001	SODIUM BICARBONATE POWDER
17317157005	SODIUM BICARBONATE POWDER
24385068694	SODIUM BICARBONATE POWDER
51552005905	SODIUM BICARBONATE POWDER
51552005906	SODIUM BICARBONATE POWDER
51552005907	SODIUM BICARBONATE POWDER
51552005909	SODIUM BICARBONATE POWDER
51552005916	SODIUM BICARBONATE POWDER
55532117016	SODIUM BICARBONATE POWDER
87701039633	BL SODIUM BICARBONATE POWD



Excipients

NDC	Description
00574030216	ORA-SWEET-SF SYRUP
00574030316	ORA-PLUS SUSPENDING VEHICLE
00574030416	ORA-SWEET ORAL SYRUP
00574031116	ORA-BLEND SUSPENSION
00574031216	ORA-BLEND SF SUSPENSION
00904669716	BLENDED SUSPENDING COMPOUND
00904669816	ORAL SUSPENDING COMPOUND PLUS
00904669916	SWEETENING SUSPEND COMPOUND
09046069716	BLENDED SUSPENDING COMPOUND
09046069816	ORAL SUSPENDING COMPOUND PLUS
09046069916	SWEETENING SUSPEND COMPOUND