

# Medicaid Pharmacy Administrators State Report

STATE:

**Georgia**

Time Period: *(specify CY 2012, SFY 2012, or SFY 2013)*

**CY2012 unless  
otherwise specified**

## State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	SFY2013 1,770,886
Total Medicaid Program Expenditures <i>(annual)</i>	SFY2012 \$ 8.4 billion
Medicaid MCO's? <i>If yes, how many MCO's?</i>	3
Pharmacy Carve-Out from Managed Care?	No
# of FFS Unduplicated Recipients of Rx Services	650,000
Drug Program FFS Expenditures <i>(annual)</i>	\$ \$527,903,683.36
Total # of Rx Paid Claims <i>(annual)</i>	7,997,051
CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i>	\$ 386,759,371.88
Supplemental Rebates Collected <i>(annual)</i>	\$ 15,164,703.05
Generic Dispense Rate %	77
Contractor name and the start date/contract period for the following:	HP (2010)
1) MMIS	
2) Pharmacy Clams Processor/POS	Catamaran (2007)
3) MAC Program	Catamaran/State (2007)
4) Rebates	GHS (2010)
5) PDL / Supplemental Rebates	GHS (2010)
6) Prior Authorization	SXC (2007)
7) Rx claims auditing/Program Integrity	Northstar Healthcare Consulting + PI unit (2007)

## Prescription Reimbursement

Prescription Co-Payment(s)	Medicaid standard tiered
Source of Drug File Pricing <i>(FDB, MediSpan)</i>	MediSpan
Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following:	Lesser of AWP-11%, U&C, GMAC,FUL, or Most Favored Nations rate
1) Brands	
2) Generics	Lesser of AWP-11%, U&C, GMAC,FUL, or Most Favored Nations rate
3) MAC drugs	Georgia MAC or FUL, whichever is lower
4) Compounds	Each line priced individually plus standard dispensing fee
5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i>	Specialty Pharmacy Pricing Rate (variable, by product, percent off AWP)

**Descriptions of Programs/Benefit Designs Within Medicaid Pharmacy Program** *(If State has programs that are listed or additional programs, respond "yes" and include brief descriptions. If more space is needed, overflow automatically continues down & over to next page)*

Monthly Rx Limits none

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Days' Supply <i>(e.g., for routine meds, maintenance meds, other)</i>		30	
OTC		Low-sedating antihistamines with a prescription; OTC iron, antihistamines, enteric coated aspirin for dual eligibles; cough and cold, multivitamins, ibuprofen suspension for children	
Supplies/DME <i>(Coverage through pharmacy program? POS? Rebates?)</i>		Diabetic supplies through special rebate contract (2 vendors), billed POS by pharmacy only. All other DME is billed through MMIS.	
Prior Authorization		Yes, many.	
PDL		Yes	
P&T Committee		Combined with DUR Board	
DUR Board		Yes	
e-Prescribing		Not mandated by Medicaid	
Academic Detailing		No	
Specialty Drugs		Just Specialty Product rates (published)	
Mail Order		No, except for specialty drugs with limited distribution	
340B		Yes	
Lock-In		Yes	
Other			