

Medicaid Pharmacy Administrators State Report

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|---------------|----------------------|---|-----------------|
| STATE: | Massachusetts | Time Period: <i>(specify CY 2012, SFY 2012, or SFY 2013)</i> | SFY 2012 |
|---------------|----------------------|---|-----------------|

State Medicaid Program Overview

| | |
|---|--|
| Total # of Medicaid Eligibles <i>(unduplicated)</i> | 1,360,000 |
| Total Medicaid Program Expenditures <i>(annual)</i> | \$10,000,000,000 |
| Medicaid MCO's? <i>If yes, how many MCO's?</i> | Yes, 5 MCO's |
| Pharmacy Carve-Out from Managed Care? | No |
| # of FFS Unduplicated Recipients of Rx Services | 291,000 |
| Drug Program FFS Expenditures <i>(annual)</i> | \$522,689,407 |
| Total # of Rx Paid Claims <i>(annual)</i> | 12,889,017 |
| CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i> | \$377,976,344.42 |
| Supplemental Rebates Collected <i>(annual)</i> | \$2,219,594.17 |
| Generic Dispense Rate % | 83.57% |
| Contractor name and the start date/contract period for the following: | |
| 1) MMIS | HP 5/6/2005 – 5/30/2014 |
| 2) Pharmacy Clams Processor/POS | Xerox (formerly ACS State Healthcare) 7/1/2010 – 6/30/2016 |
| 3) MAC Program | N/A |
| 4) Rebates | Xerox (formerly ACS State Healthcare) 7/1/2010 – 6/30/2016 |
| 5) PDL / Supplemental Rebates | N/A |
| 6) Prior Authorization | UMass Medical School |
| 7) Rx claims auditing/Program Integrity | N/A |

Prescription Reimbursement

| | |
|---|---|
| Prescription Co-Payment(s) | \$3.65 for brands, most generics and OTC's. \$1.00 for generic antihypertensives, antihyperlipidemics and antihyperglycemics |
| Source of Drug File Pricing <i>(FDB, MediSpan)</i> | FDB |
| Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following: | Lower of WAC+5%+\$3 dispensing fee or provider's charge |
| 1) Brands | |
| 2) Generics | Lowest of (WAC+5% or SMAC or FMAC)+\$3 dispensing fee or provider's charge |
| 3) MAC drugs | Lowest of (WAC+5% or SMAC or FMAC)+\$3 dispensing fee or provider's charge |
| 4) Compounds | Lowest of (WAC+5% or SMAC or FMAC)+dispensing fee (\$4 liquids, \$5 solids) or provider's charge |
| 5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i> | 340B – Actual acquisition cost + \$10 dispensing fee |

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> | | | Yes – 30 days in general, 90 days when MassHealth secondary. 60 days methylphenidate and amphetamines. Exceptions allowed for clinical, dosage form or packaging reasons. |
| OTC | | | Yes – limited list covered |
| Supplies/DME <i>(Coverage through pharmacy program? POS? Rebates?)</i> | | | Yes – limited list covered |
| Prior Authorization | | | Yes – brands w/generic equivalents, selected drugs and drug classes, generally to preclude off label or non-medically necessary use. |
| PDL | | | Yes – MassHealth Drug List, based on clinical criteria. |
| P&T Committee | | | No |
| DUR Board | | | Yes |
| e-Prescribing | | | Yes – permitted, but no formal program within MassHealth |
| Academic Detailing | | | Yes, limited |
| Specialty Drugs | | | No |
| Mail Order | | | No |
| 340B | | | Yes |
| Lock-In | | | Yes – Pharmacy lock in for members w/>10 controlled Rx claims from >3 pharmacies or prescribers within 90 days. |
| Other | | | |