

Medicaid Pharmacy Administrators State Report

STATE:

Maryland

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

CY 2012

State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	1,041,227
Total Medicaid Program Expenditures <i>(annual)</i>	\$6,250,000,000.00
Medicaid MCO's? <i>If yes, how many MCO's?</i>	YES 8
Pharmacy Carve-Out from Managed Care?	YES MENTAL HEALTH AND HIV/AIDS
# of FFS Unduplicated Recipients of Rx Services	48,478
Drug Program FFS Expenditures <i>(annual)</i>	\$369,596,031.37
Total # of Rx Paid Claims <i>(annual)</i>	3,417,237
CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i>	\$289,716,368.00
Supplemental Rebates Collected <i>(annual)</i>	\$12,257,539.00
Generic Dispense Rate %	81%
Contractor name and the start date/contract period for the following:	IN HOUSE
1) MMIS	
2) Pharmacy Clams Processor/POS	XEROX
3) MAC Program	IN HOUSE
4) Rebates	XEROX AND MAGELLAN
5) PDL / Supplemental Rebates	MAGELLAN
6) Prior Authorization	XEROX, UNIVERSITY OF MD, IN HOUSE
7) Rx claims auditing/Program Integrity	IN HOUSE OIG

Prescription Reimbursement

Prescription Co-Payment(s)	\$1.00 generics/preferred brands \$3.00 non-preferred brand \$7.50 PAC
Source of Drug File Pricing <i>(FDB, MediSpan)</i>	FDB, MEDISPAN
Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following:	LOWER OF AWP – 12%, WAC OR DIRECT + 8%, U&C, + \$3.51 OR \$2.56 7/1/11
1) Brands	
2) Generics	AS ABOVE AND FUL, SMAC + \$3.51 7/1/11
3) MAC drugs	SMAC + \$3.51 7/1/11
4) Compounds	SAME AS BRAND/GENERIC ABOVE + \$3.51
5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i>	AS ABOVE FOR COMMUNITY AND SPECIALTY PHARMACY. LTC ADD \$1.00 TO 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	
Days' Supply <i>(e.g., for routine meds, maintenance meds, other)</i>	MAINTENANCE UP TO 100 D/S AFTER UP TO 34 D/S FIRST FILL OTHERS 34 D/S

Medicaid Pharmacy Administrators State Report

STATE:	Maryland	Time Period: <i>(specify CY 2012, SFY 2012, or SFY 2013)</i>	CY 2012
OTC		EC ASA 325MG, FERROUS SALTS, VERY FEW OTHERS	
Supplies/DME <i>(Coverage through pharmacy program? POS? Rebates?)</i>		SYRINGES AND NEEDLES ONLY - POS - NO REBATES	
Prior Authorization		YES	
PDL			
P&T Committee		YES	
DUR Board		YES	
e-Prescribing		NO	
Academic Detailing		NO	
Specialty Drugs		YES – MUST BE APPROVED AND REQUIRES A MANUAL CLAIM	
Mail Order		NO	
340B		NO BUT WORKING ON IT	
Lock-In		YES LIMITED THROUGH MCO'S	
Other		PEER REVIEW	