

Medicaid Pharmacy Administrators State Report

STATE:

Nebraska

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

SFY 2012

State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	237,543
Total Medicaid Program Expenditures <i>(annual)</i>	\$1,602,347,345
Medicaid MCO's? <i>If yes, how many MCO's?</i>	3
Pharmacy Carve-Out from Managed Care?	Yes
# of FFS Unduplicated Recipients of Rx Services	80,659
Drug Program FFS Expenditures <i>(annual)</i>	\$163,847,964
Total # of Rx Paid Claims <i>(annual)</i>	3,093,241
CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i>	\$77,243,318
Supplemental Rebates Collected <i>(annual)</i>	\$4,556,682
Generic Dispense Rate %	81.34%
Contractor name and the start date/contract period for the following:	In-house
1) MMIS	
2) Pharmacy Clams Processor/POS	Magellan Medicaid Administration 12/31/2016
3) MAC Program	Magellan Medicaid Administration 12/31/2016
4) Rebates	In-house
5) PDL / Supplemental Rebates	Magellan Medicaid Administration 2/25/2014 *RFP in process*
6) Prior Authorization	Magellan Medicaid Administration 12/31/2016
7) Rx claims auditing/Program Integrity	In-house

Prescription Reimbursement

Prescription Co-Payment(s)	\$2.00 generic \$3.00 brand
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:	Lesser of WAC + 6.8% or SMAC or FUL + dispensing fee
1) Brands	
2) Generics	Lesser of WAC + 6.8% or SMAC or FUL + dispensing fee
3) MAC drugs	SMAC or FUL + dispensing fee
4) Compounds	Lesser of WAC + 6.8% or SMAC or FUL + dispensing fee
5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i>	none

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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

Days' Supply
(e.g., for routine meds, maintenance meds, other)

Up to 90 days supply for oral maintenance meds & insulin, 30 days supply on controlled substances

OTC

Yes

Supplies/DME
(Coverage through pharmacy program? POS? Rebates?)

Not covered through pharmacy program

Prior Authorization

Yes

PDL

Yes

P&T Committee

Yes

DUR Board

Yes

e-Prescribing

No

Academic Detailing

No

Specialty Drugs

No

Mail Order

No

340B

Yes

Lock-In

Yes

Other