

Medicaid Pharmacy Administrators State Report

STATE:

New Jersey (FFS)

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

CY 2013

State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	Approx. 1.3 million
Total Medicaid Program Expenditures <i>(annual)</i>	Approx. \$11 billion
Medicaid MCO's? <i>If yes, how many MCO's?</i>	Four
Pharmacy Carve-Out from Managed Care?	No
# of FFS Unduplicated Recipients of Rx Services	September 2013: 49,446
Drug Program FFS Expenditures <i>(annual)</i>	\$124,274,604
Total # of Rx Paid Claims <i>(annual)</i>	1,910,388
CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i>	\$150M (FFS & HMO Encounter Claims)
Supplemental Rebates Collected <i>(annual)</i>	\$0
Generic Dispense Rate %	79.7%
Contractor name and the start date/contract period for the following:	
1) MMIS	Molina Medicaid Solutions (formerly Unisys) November 1991 - 2016
2) Pharmacy Claims Processor/POS	Molina Medicaid Solutions March 18, 1996 - Present
3) MAC Program	Goold Health Systems (GHS) May 18, 2011 - Present
4) Rebates	NJ Division of Medical Assistance and Health Services April 15, 1991 - Present
5) PDL / Supplemental Rebates	Not Applicable
6) Prior Authorization	Molina Medicaid Solutions January 15, 2000 - Present
7) Rx claims auditing/Program Integrity	BCBS of NJ (former) HMS Government Services December 1, 1991 – Present

Prescription Reimbursement

Prescription Co-Payment(s)	None
Source of Drug File Pricing <i>(FDB, MediSpan)</i>	First DataBank
Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following:	
1) Brands	Wholesale Acquisition Cost – 1% + (\$3.73 - \$3.99) July 1, 2011 to Present
2) Generics	Wholesale Acquisition Cost – 1% + (\$3.73 - \$3.99) July 1, 2011 to Present
3) MAC drugs	SUL prices are calculated at 150% of the lowest State Wholesale Acquisition Cost (SWAC) for the same drug, strength and route of administration.

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4) Compounds

WAC – 1% + (\$3.73 - \$3.99) or State Upper Limit Price, if applicable + (\$3.73 - \$3.99)
July 1, 2011 to Present

5) Other Reimbursement Formulas (*e.g., specialty, 340B, mail order, large volume pharmacy*)

Not Applicable

Descriptions of Programs/Benefit Designs Within Medicaid Pharmacy Program

Monthly Rx Limits

None

Days' Supply

30 days supply or 100 dosage units, whichever is greater

(e.g., for routine meds, maintenance meds, other)

All Medicaid beneficiaries:

Contraceptive devices and supplies
OTC family planning supplies
Diabetic testing materials
Insulin needles and syringes, Insulin
Antacids, Proton Pump Inhibitors
Ophthalmics – antihistamines
Ophthalmics – artificial tears
2nd generation antihistamines

Children under the age of 21:

Analgesics, salicylates
Analgesics/antipyretics, non-salicylate
Antidiarrheals
Anti-emetics
Antiflatulents
Antihistamines
Antipruritics
Antitussives, non-narcotic
Cathartics
Cough and cold preparations
Decongestants
Emetics
Expectorants
Hematinics
Iron replacement supplements
Laxatives
Lice treatment products
Multiple vitamin preparations
Oral anti-inflammatory agents
Pediatric vitamin preparations
Vitamin A, B, C, D, E, K, B1, B2, B6, B12
Polymyxin and derivatives
Topical preparations, antibacterial
Topical antibiotics
Topical anti-inflammatory preparations

OTC

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

POS processing limited to diabetic materials and supplies; pharmaceutical devices
No supplemental rebates apply

Prior Authorization

Medical Exception Process (MEP)

- Clinically-based authorizations related to maximum daily dosage; durations of drug use; drug-drug interactions; therapeutic duplication; ACA non-billing providers; refill-too-soon requirements

PDL

None

P&T Committee

None

DUR Board

NJ Drug Utilization Review Board
See:<http://nj.gov/humanservices/dmahs/boards/durb/>

e-Prescribing

Not applicable

Academic Detailing

Not applicable

Specialty Drugs

Covered

Mail Order

Not covered

340B

State policy under review

Lock-In

Yes

Other