

# Medicaid Pharmacy Administrators State Report

STATE:

**New York**

Time Period: *CY 2012*

## State Medicaid Program Overview

Total # of Medicaid Eligibles (*unduplicated*)

6,100,000 – unduplicated eligibles on NYS Medicaid at some point in 2012  
5,100,000 - monthly average of eligibles

Total Medicaid Program Expenditures (*annual*)

\$48,900,000,000

Medicaid MCO's? *If yes, how many MCO's?*

Yes - 20

Pharmacy Carve-Out from Managed Care?

No

# of FFS Unduplicated Recipients of Rx Services

1,006,000

Drug Program FFS Expenditures (*annual*)

\$889,500,000

Total # of Rx Paid Claims (*annual*)

15,500,000 (FFS);

OBRA Rebates Collected including physician-administered drugs (*annual*)

\$2.500,000,000

Supplemental Rebates Collected (*annual*)

\$104,000,000

Generic Dispense Rate %

80% (FFS)

Contractor name and the start date/contract period for the following:

Computer Sciences Corporation

1) MMIS

2) Pharmacy Clams Processor/POS

Computer Sciences Corporation

3) MAC Program

Magellan Medicaid Administration

4) Rebates

NYS Medicaid Pharmacy Program

5) PDL / Supplemental Rebates

Magellan Medicaid Administration

6) Prior Authorization

Magellan Medicaid Administration

7) Rx claims auditing/Program Integrity

NYS Office of Medicaid Inspector General

## Prescription Reimbursement

Prescription Co-Payment(s)

\$3.00 Brnd, \$1.00 Prfd Brnds & Generics, \$0.50 OTCs

Source of Drug File Pricing (*FDB, MediSpan*)

Medispan

Reimb. formula, disp fee, and effective date for the following:

[http://www.health.ny.gov/health\\_care/medicaid/program/docs/pharmacy\\_reimbursement.pdf](http://www.health.ny.gov/health_care/medicaid/program/docs/pharmacy_reimbursement.pdf)

1) Brands

See link above

2) Generics

See link above

3) Maximum Allowable Cost (MAC) drugs

\$4.25

4) Compounds

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

n/a

**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

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

Up to 90 days for most maintenance meds.

OTC

Certain OTCs are covered

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

Some. Diabetic supplies are covered through the pharmacy program at POS with supplemental rebates.

Prior Authorization

Yes

PDL

Yes

P&T Committee

No

DUR Board

Yes

e-Prescribing

Yes

Academic Detailing

Yes (aka Prescriber Education Program)

Specialty Drugs

No

Mail Order

No

340B

Yes

Lock-In

Yes (aka Restricted Recipient Program)

Other