

Medicaid Pharmacy Administrators State Report

STATE:

Pennsylvania

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

CY 2012

State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	2,322,820 projected for SFY 13-14
Total Medicaid Program Expenditures <i>(annual)</i>	\$19.5 Billion projected for SFY 13-14
Medicaid MCO's? <i>If yes, how many MCO's?</i>	8
Pharmacy Carve-Out from Managed Care?	No
# of FFS Unduplicated Recipients of Rx Services	598,639 (includes dual eligibles)
Drug Program FFS Expenditures <i>(annual)</i>	\$455,140,728 CY 2012
Total # of Rx Paid Claims <i>(annual)</i>	8,343,585 CY 2012
CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i>	\$639,632,155
Supplemental Rebates Collected <i>(annual)</i>	\$8,139,164
Generic Dispense Rate %	82.5%
Contractor name and the start date/contract period for the following:	
1) MMIS	HP Enterprise Services: Contract End Date 10/31/2015
2) Pharmacy Clams Processor/POS	HP Enterprise Services: Contract End Date 10/31/2015
3) MAC Program	Mercer: Contract End Date: 10/31/2017
4) Rebates	Unisys: Contract End Date: 10/31/2015
5) PDL / Supplemental Rebates	Magellan Medicaid Administration, Inc.: Contract End Date: 3/31/2015
6) Prior Authorization	In-House Pharmacy Division
7) Rx claims auditing/Program Integrity	In-House Bureau of Program Integrity

Prescription Reimbursement

Prescription Co-Payment(s)	Generic: \$1, Brand: \$3
Source of Drug File Pricing <i>(FDB, MediSpan)</i>	FDB, MediSpan, Micromedex
Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following:	Effective 6/1/2012: Lesser of AWP-14% or WAC+3.2% plus \$2 (\$0.50 for TPL Claims)
1) Brands	
2) Generics	Effective 6/1/2012: Lesser of AWP-25%, WAC, SMAC, or FUL plus \$2 (\$0.50 for TPL Claims)
	The lower of:
	1. FUL or
	2. Provided that the generic product is available from at least two wholesalers:
	a. If the generic product is available from more than one manufacturer, the base price of 150% of the lowest acquisition cost for the generic product, unless 150% of the lowest acquisition cost is not at least 120% of the second lowest acquisition cost, in which case the base price will be set at 120% of the
3) MAC drugs	

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4) Compounds

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

second lowest acquisition cost.
b. If the generic product is available from only one manufacturer, the base price is 120% of the acquisition cost for the generic product.

Effective 6/1/2012: Applicable Brand/Generic Formula plus \$3 (\$0.50 for TPL Claims)

Specialty Pharmacy rates by contract

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

OTC

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

Prior Authorization

PDL

P&T Committee

DUR Board

e-Prescribing

Academic Detailing

Specialty Drugs

Mail Order

340B

Lock-In

Other

Categorically needy adult MA recipients 21 years of age and older, will be eligible for six prescriptions for drugs per calendar month. Excludes pregnant and LTC recipients.

30 Days or 100 Units, whichever is greater

Covered

Market share rebates on Diabetic Supplies

Yes

Yes

Yes

Yes

Yes

No

Yes

No

Yes

Yes