

Medicaid Pharmacy Administrators State Report

STATE: **Tennessee**

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

SFY2013

State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	1.2 million
Total Medicaid Program Expenditures <i>(annual)</i>	\$ 840 million
Medicaid MCO's? <i>If yes, how many MCO's?</i>	Yes - 3
Pharmacy Carve-Out from Managed Care?	Yes – 100% carved out
# of FFS Unduplicated Recipients of Rx Services	
Drug Program FFS Expenditures <i>(annual)</i>	\$ 840 million
Total # of Rx Paid Claims <i>(annual)</i>	15 million
OBRA Rebates Collected including physician-administered drugs <i>(annual)</i>	\$ 370 million
Supplemental Rebates Collected <i>(annual)</i>	\$
Generic Dispense Rate %	86%
Contractor name and the start date/contract period for the following:	Hewlett-Packard
1) MMIS	
2) Pharmacy Claims Processor/POS	Magellan Medicaid Administration beginning 6/1/13; Catamaran prior to 6/1/13
3) MAC Program	Magellan Medicaid Administration beginning 6/1/13; Catamaran prior to 6/1/13
4) Rebates	Magellan Medicaid Administration beginning 6/1/13; Catamaran prior to 6/1/13
5) PDL / Supplemental Rebates	Magellan Medicaid Administration beginning 6/1/13; Catamaran prior to 6/1/13
6) Prior Authorization	Magellan Medicaid Administration beginning 6/1/13; Catamaran prior to 6/1/13
7) Rx claims auditing/Program Integrity	Magellan Medicaid Administration beginning 6/1/13; Catamaran prior to 6/1/13

Prescription Reimbursement

Prescription Co-Payment(s)	\$3 brand; \$1.50 generic (effective 10/1/13)
Source of Drug File Pricing <i>(FDB, MediSpan)</i>	FDB after 6/1/13; MediSpan prior to 6/1
Reimb. formula, disp. fee, and effective date for following:	
1) Brands	AWP – 13% + \$2.50
2) Generics	TN MAC + \$3 or AWP – 13% + \$2.50
3) Maximum Allowable Cost (MAC) drugs	TN MAC + \$3
4) Compounds	TN MAC + \$25 or AWP – 13% + \$25
5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i>	Specialty: AWP – 16% or MAC

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)*

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Monthly Rx Limits

5 Rx (3 generic, 2 brand)

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

31

OTC

Limited coverage

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

Selected coverage, mostly glucometers and strips

Prior Authorization

Yes

PDL

Yes

P&T Committee

Yes

DUR Board

Yes

e-Prescribing

No

Academic Detailing

PBM is required to employ provider educators

Specialty Drugs

Yes

Mail Order

No

340B

Yes

Lock-In

Yes

Other