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State Name: Delaware

State Plan Amendment (SPA) #: 13-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 150 S. Independence Mall West Suite 216, The Public Ledger Building Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #121120134013

FEB 2 0 2014

Mr. Stephen M. Groff, Director Division of Medicaid and Medical Assistance P.O. Box 906 New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 13-0019. This amendment proposes to modify the Multi-State Pharmaceutical Purchasing Pool Supplemental Rebate Agreement.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is October 1, 2013.

If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely

Francis McCyllough
Associate Regional Administrator

Enclosures

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	SPA #13-0019	DELAWARE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	OCTOBER 1, 2013		
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	XXX AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	ch umenament)	
SECTION 1902(a) SOCAL SECURITY ACT	a. FFY 2014 \$ Minimal (see Si	PA cover letter)	
42 CFR PART 447	b. FFY 2015 \$ Minimal (see SPA cover letter)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:			
U. TAGE HOMBER OF THE FEATURE DEFICITION OR AT THORING.	OR ATTACHMENT (If Applicable):		
ATTACHMENT 3.1-A PAGE 5 ADDENDUM (UNNUMBERED)	ATTACHMENT 3.1-A PAGE 5 ADDENDUM CONTINUED 1		
ATTACHMENT 3.1-A PAGE 5 ADDENDUM (UNNUMBERED)	ATTACHMENT 3.1-A PAGE 5 ADDENDUM CONTINUED 2		
ATTACHMENT 3.1-A PAGE 5 ADDENDUM CONTINUED 3	NEW PAGE		
ATTACHMENT 3.1-A PAGE 5 ADDENDUM CONTINUED 4	NEW PAGE		
10. SUBJECT OF AMENDMENT: MODIFICATIONS TO THE MULTI-S	TATE PURCHASING POOL SUPPLEMENT	AL REBATE AGREEMENT	
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	XXX OTHER, AS SPECTOR COMMENTS UP CORRESPONDENCE		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
12. SIGNATURE OF STATE AGENCY OFFICIAE.	IO. RETORN TO.		
	Stephen M. Groff		
Stephen M. Groff, Director, Delaware Division of Medicaid and	Director		
Medical Assistance	Division of Medicaid and Medical Assistance		
14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware	P.O. Box 906		
Health and Social Services	New Castle, Delaware 19720-0906		
15. DATE SUBMITTED:			
December 4, 2013			
FOR REGIONAL O	FFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:		
12 4 2013	FFR 2	0 2014	
PLAN APPROVED – O	NE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL:		
21. TYPED NAME:	22. TITLE:	22. TITLE:	
FRANCIS Mc Cullough 23. REMARKS:	Associate Regional Administrator / DMCHO		
23. REMARKS:	J	,	

STATE: **DELAWARE**

LIMITATIONS

12.a. **Prescribed Drugs Continued:**

- potential for abuse, misuse and diversion
- I. experimental use opportunity, and
- m. cost effectiveness relative to similar therapies

The recommendations of the Drug Utilization Review Board shall constitute interpretive guidelines to be used in the determination whether to grant or deny prior authorization of a prescription drug. The makeup and membership authority for the DUR Board complies with 42 U.S.C. s1396r-8.

3. A request for prior authorization for covered outpatient drugs is processed within 24 hours of receipt of a completed prior authorization request from a prescribing provider by telephone, mail or electronic communication. A 72-hour supply of medically necessary covered drugs is provided in an emergency situation as mandated and pursuant to 42 United States Code s1396r-8.

Preferred Drug Lists with Prior Authorization

A process is established which utilized a preferred drug list (PDL) for selected therapeutic classes. Drugs in those classes that are not included on the PDL shall require prior authorization. A Pharmaceutical & Therapeutics (P&T) Committee, comprised of pharmacists, physicians, and community members, appointed by the Secretary, Delaware Health & Social Services, selects drugs for the PDL.

Delaware will participate in a multi-state pooling program that will negotiate supplemental rebates in addition to the federal rebates provided for in Title XIX of the Social Security Act.

Drug Rebate Agreements

The Centers for Medicare and Medicaid Services (CMS) has authorized a rebate agreement between the State and a drug manufacturer that provides supplemental rebates for drugs provided to the Delaware Medicaid program as follows:

- CMS has authorized the state of Delaware to enter into The State of Delaware Department of Health and Social Services supplemental drug rebate agreement. This supplemental drug rebate agreement was submitted to CMS on April 7, 2005 and has been authorized by CMS.
- CMS has authorized the State of Delaware to enter into "The Optimal PDL Solution (TOP\$) State Supplemental Drug Rebate Agreement, a Medicaid multi-state pooling program. The amendment to the Supplemental Drug Rebate Agreement was submitted to CMS on December 20, 2005 and CMS has authorized the State of Delaware to enter into the "TOP\$ Medicaid Program Participation Agreement".

TN No. SPA #13-0019

Supersedes TN No. SP-412

Approval Date FFB 2 0 70 4

STATE: **DELAWARE**

LIMITATIONS

12.a. Prescribed Drugs Continued:

Drug Rebate Agreements

- A supplemental rebate agreement submitted to CMS on December 10, 2013 amended the December 20, 2005 version of the "State of Delaware TOP\$SM The Optimal PDL \$solution ("TOP\$") State Supplemental Rebate Agreement" authorized under Transmittal Number SP-412, has been authorized by CMS.
 - Pharmaceutical manufacturers are allowed to audit utilization rates;
 - Compliance with the reporting requirements for state utilization information and restrictions to coverage;
 - The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification; and,
 - Rebate agreements between the state and a pharmaceutical manufacturer that are separate from the drug
 rebate agreements of Section 1927 are authorized by the Centers for Medicare and Medicaid Services. The
 state reports rebates from separate agreements to the Secretary for Health and Human Services. The state
 will remit the federal portion of any state supplemental rebates collected.
 - Participation in the TOP\$ multi-state rebate program will not limit the state's ability to submit a SPA to authorize the implementation of a state-specific supplemental rebate agreement.

TN No. <u>SPA #13-0019</u>

Supersedes TN No. SP-412 Approval Date FEB 2 0 2014

STATE: **DELAWARE**

LIMITATIONS

12.c. <u>Prosthetic Devices</u>

Prosthetic and orthotic devices, as well as other durable medical equipment and assistive technology services, are covered when documented as medically necessary.

Approval Date _____

TN No. <u>SPA #13-0019</u> Supersedes TN No. <u>SP-412</u>

STATE: **DELAWARE**

LIMITATIONS

13.a. <u>Diagnostic Services</u>

Medicaid will pay for the rental of an apnea monitor to monitor the breathing of an infant for whom a diagnosis of apneic episodes (near-miss Sudden Infant Death Syndrome) has been made.

TN No. <u>SPA #13-0019</u> Supersedes

TN No. <u>SP-412</u>

Approval Date ___

FEB 20