

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA)#: 22-0008**

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services 7500  
Security Boulevard, Mail Stop S2-14-26 Baltimore,  
Maryland 21244-1850



**Center for Medicaid and CHIP Services**  
**Disabled and Elderly Health Programs Group**

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May 19, 2022

Suzanne Bierman, Administrator  
Department of Health and Human Services  
Division of Health Care Financing and Policy  
1100 East William Street, Suite 101  
Carson City, NV 89701

Dear Suzanne Bierman,

The CMS Division of Pharmacy team has reviewed Nevada's State Plan Amendment (SPA) 22-0008 received in the CMS Medicaid & CHIP Operations Group on March 30, 2022. This SPA proposes to allow for participation in the National Medicaid Pooling Initiative (NMPI).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that NV-22-0008 is approved with an effective date of July 1, 2022. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Nevada's state plan.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or [michael.forman@cms.hhs.gov](mailto:michael.forman@cms.hhs.gov).

Sincerely,

A large black rectangular box redacting the signature of John M. Coster.

John M. Coster, Ph.D., R.Ph.  
Director, Division of Pharmacy

Cc: Sandi Ruybalid, Deputy Administrator, Nevada Division of Health Care Financing and Policy  
Peter Banks, CMS, Medicaid & CHIP Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 8

2. STATE

NV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Section 1927 of Title XIX Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment(s) 3.1-A, Page 5b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment(s) 3.1-A, Page 5b

9. SUBJECT OF AMENDMENT

Supplemental Drug Rebate Agreements

10. 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

☒ OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
RICHARD WHITLEY

13. TITLE  
DIRECTOR, DHHS

14. DATE SUBMITTED  
March 30, 2022

15. RETURN TO

Sandie Ruybalid, Deputy Administrator  
DHCFP/Medicaid  
1100 East William Street, Suite 101  
Carson City, NV 89701

**FOR CMS USE ONLY**

16. DATE RECEIVED  
3/30/22

17. DATE APPROVED  
5/19/22

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
7/1/22

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
John M. Coster, Ph.D., R.Ph

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Pharmacy

22. REMARKS



3. The State will not pay for covered outpatients' drugs of a non-participating manufacturer, except for drugs rated "1-A" by the FDA. If such a medication is essential to the health of a recipient and a physician has obtained approval for use of the drugs in advance of its dispensing, it may be covered by the program pursuant to Section 1927(a)(3).
4. The Medicaid program restricts coverage of certain covered outpatient drugs through the operation of a prior authorization program. The prior authorization process provides for a turn-around response by either telephone or other telecommunications device within twenty-four hours of receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two-hour supply of medication in accordance with the provisions of §1927 (d)(5) of the (SSA).
5. Pursuant to 42 U.S.C. Section 1396r-8, the state is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list. The state, or the state in consultation with a contractor, may negotiate supplemental rebate agreements that will reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect.
6. Pursuant to Section 1927(d)(6), the State has established a maximum quantity of medication per prescription as a 34-day supply; maintenance drugs per prescription as a 100-day (three month) supply; and contraceptives per prescription as a 12-month supply.
  - a. In those cases where less than a 30-day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee may be disallowed.
  - b. In nursing facilities if the prescriber fails to indicate the duration of therapy for maintenance drug, the pharmacy must estimate and provide at least a 30-day supply.
7. The state will meet the requirements of Section 1927 of the SSA. Based on the requirements for Section 1927 of the act, the state has the following policies for the supplemental rebate program for Medicaid recipients:
  - a. CMS has authorized the State of Nevada to enter into direct agreements with pharmaceutical manufacturers for a supplemental drug rebate program. The supplemental rebate agreement effective July 1, 2014 amends the original, January 1, 2012 version, which is effective through their expiration dates. Additionally, CMS has authorized the State of Nevada to enter into the Michigan multi-state pooling agreement (MMSPA) also referred as the National Medicaid Pooling Initiative (NMPI) for drugs provided to Medicaid beneficiaries. The NMPI Supplemental Rebate Agreement (SRA) was submitted to CMS on March 30, 2022 and has been reviewed and authorized by CMS.
  - b. Supplemental rebates received by the State under these agreements by the State that are in excess of those required under the national drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the national rebate agreement.
  - c. All drugs covered by the program, irrespective of a supplemental agreement, will comply with provisions of the national drug rebate agreement.