State/Territory Name: PUERTO RICO

State Plan Amendment (SPA) #: 20-0008

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Pages
July 21, 2020

Luz E. Cruz Romero  
Medicaid Director  
Puerto Rico Medicaid Program  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, PR 00936-8184

Dear Ms. Romero:

The CMS Division of Pharmacy team has reviewed Puerto Rico’s State Plan Amendment (SPA) 20-0008 received in the CMS Division of Program Operations on June 29, 2020. This SPA proposes to allow Puerto Rico to cover MAVYRET, a Hepatitis C drug, through their fee-for-service (FFS) program with the following reimbursement rates:

- **Independent Pharmacies:** AWP -17.50% $2.50 dispensing fee
- **Hospital and CDT Pharmacies:** AWP -17.50% $2.50 dispensing fee
- **National Chain Pharmacies:** AWP -18% $1.75 dispensing fee

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0008 is approved with an effective date of June 1, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Puerto Rico’s state plan will be forwarded by the CMS Division of Program Operations.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov.

Sincerely,

John Coster, PhD, R.Ph.,  
Director  
Division of Pharmacy

cc: James G. Scott, Division Director, CMS Division of Program Operations  
Ivelisse Salce, CMS Division of Program Operations - East Branch
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTER FOR MEDICARE & MEDICAID SERVICES (CMS)

1. TRANSMITTAL NUMBER
PR-20-0008

2. STATE
Puerto Rico

3. PROGRAM IDENTIFICATION:
Title XIX of the Social Security Act (Medicaid)

4. PROPOSED EFFECTIVE DATE
June 1, 2020

5. TYPE OF PLAN MATERIAL (Check One)
☐ NEW STATE PLAN ☐ AMENDMENT TO CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
Section 1905 (a) of the Social Security Act
42 CFR Part 440

7. FEDERAL BUDGET IMPACT
a. FFY 2020 (3 quarters) $ 12,540,945
b. FFY 2021 $ 25,721,979

See Actuarial Certification for SPA PR-20-0001.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, page 1a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, page 1a

10. SUBJECT OF AMENDMENT
Hepatitis C Covered Drug: Reimbursement to the Pharmacy Providers

11. GOVERNOR’S REVIEW (Check One)
☐ GOVERNOR’S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED
☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPE NAME
Luz E. Cruz-Romero

14. TITLE
EXECUTIVE DIRECTOR

15. DATE SUBMITTED
June 29, 2020

16. RETURN TO
LUZ E. CRUZ-ROMERO
EXECUTIVE DIRECTOR
PUERTO RICO MEDICAID PROGRAM
PUERTO RICO DEPARTMENT OF HEALTH
PO BOX 70184
SAN JUAN PR  00936-8184

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
June 29, 2020

18. DATE APPROVED
July 21, 2020

19. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2020

20. SIGNATURE REGIONAL OFFICIAL
digitally signed by James G. Scott -S
Date: 2020.07.27 12:37:06 -05'00'

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

Instructions on Back
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICES

5. Dental Services:
Limited to services provided in public facilities, including contract facilities. Reimbursement as part of an all-inclusive out-patient hospital or clinic rates.

6. Prescribed Drugs and Medical and Supplies:
Reimbursement on the basis of an all-inclusive out-patient hospital or clinic rates.

**Hepatitis C Covered Drug:**
The reimbursement to the pharmacy providers is based on Average Wholesale Price (AWP) – Discount Fee plus dispensing fee.

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<thead>
<tr>
<th>Drug Name</th>
<th>GPI Name</th>
<th>Average Wholesale Price (AWP) – Discount Fee</th>
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<tbody>
<tr>
<td>Mavyret</td>
<td>GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG</td>
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<td>Hospitals and CDT’s Pharmacies</td>
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<td>National Chains Pharmacies</td>
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<tr>
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7. Clinical Services:
Reasonable cost as specified in Federal Regulation 42 CFR 250.30 (B) (3) (ii).
There is an all-inclusive rate for services provided in governmental medical installations including contract facilities.

TN No.: PR-20-0008 Approval Date: July 21, 2020 Effective Date: June 1, 2020
Supersedes: PR-20-0001