

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
ATTACHMENT TO
ATTACHMENT 3.1-A PAGE 5

State/Territory: Maine

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

Item 12a Prescribed Drugs

Limited to prescribed medications, including certain prescribed over-the-counter drugs.

The State is in compliance with Section 1927 of the Social Security Act. The state will cover drugs of manufacturers participating in the federal rebate program. The state is in compliance with reporting requirements for utilization and restrictions to coverage. Based on the requirements for Section 1927 of the Act, the State has the following policies for the supplemental rebate program for the Medicaid population:

- a. A July 1, 2010 version of the rebate entitled "Supplemental Rebate Agreement" between the State and a drug manufacturer for drugs provided to the Medicaid population and the Sovereign States Drug Consortium Addendum to Member States' Supplemental Rebate Agreements as submitted to CMS on November 22, 2010 have been authorized by CMS.
- b. Funds received from supplemental rebate agreements will be reported to CMS. The State will remit the Federal portion of any supplemental rebates collected.
- c. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.
- d. The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927(b)(3)(D) of the Social Security Act (the Act). No changes will be made to the agreement without CMS authorization.
- e. The state will negotiate supplemental rebates in addition to federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates. Supplemental rebates received by the state in excess of those required under the federal drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the federal rebate agreement.
- f. The State may negotiate the Supplemental Rebate Agreement that would classify any covered drug as preferred for as long as the agreement is in effect.
- g. The prior authorization process for covered outpatient drugs conforms to section 12927(d)(5) of the Act. Utilization of certain covered drug products may be restricted by means of the prior authorization process, in compliance with federal law. Prior authorization programs for covered outpatient drugs provide a response within 24-hours of a request for prior authorization and for the dispensing of a 96-hour supply of medications in emergency situations.
- h. Drugs that do not require prior authorization are considered preferred. Pursuant to 42 USC 1396r-8, the state has established a preferred drug list (PDL) with prior authorization requirements for drugs not included on the preferred drug list to negotiate drug discounts, rebates, or benefits for the Medicaid program.

TN No. 10-006

Supersedes

Approval Date: 12/03/10

Effective Date: 07/01/2010

TN No. 06-002

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State/Territory: **Maine**

CMS has authorized the State of Maine to enter into “The Sovereign States Drug Consortium (SSDC).” The SSDC serves as a vehicle that allows the state to pool its data, lives, and resources with other state Medicaid programs desiring supplemental rebates, but the Consortium does not itself contract with any manufacturers. Participation in the SSDC multi-state rebate agreement will not limit the state’s ability to negotiate state-specific supplemental agreements. Maine will continue to contract directly with each manufacturer.

Item 12b Dentures

Limited to permanent dentures, with prior authorization required for partial dentures. Individuals age 21 and over with qualifying medical conditions, submitting requests for prior authorization, will be considered for full and partial dentures or other appropriate dental services under the adult dental services criteria. Prior to approving adult dental services the department determines that the provision of those services is medically necessary to correct or ameliorate an underlying medical condition, and will be cost-effective in comparison to the provision of other covered medical services for the treatment of that condition.

Item 12c Orthotics and Prosthetics

Only one pair of orthotic shoes and one pair of inserts will be allowed per year for adults age 21 and over.

Item 12d Eyeglasses

Limited to first pair of eyeglasses for individuals not covered under EPSDT when the power is equal to or greater than +10 diopters. The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from one supplier.

TN No. 10-006

Supersedes

Approval Date: 12/03/10

Effective Date: 07/01/2010

TN No. 06-002