STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: COMMONWEALTH OF PENNSYLVANIA

1. X. C.

ATTACHMENT 3.1A Page 5eb

DESCRIPTION OF LIMITATIONS

SERVICE LIMITATIONS 12. Prescribed Drugs, Dentures. and Prosthelic Devices, and Eveniasses 12.a. **Prescribed Drugs** Limitations on Payment (continued) Drugs not included on the Preferred Drug List, and designated as non-3. preferred. 4. **Botulinum Toxins** Reserved 5. Synagis 6. 7. Xolair 8. Tysabri 9. Early Refile - a request for a refill when more than 25 percent of an earlier-dispensed medication would remain when taken in compliance with the directions and quantity prescribed. 10 Reserved \mathbf{v} 11. Legend and non-legend cough and cold medications when prescribed for children under 6 (six) years of age. 12. Reserved 13. Reserved 14. Benzodiazepines when prescribed for children under age 21. 16. Reserved 16. Nuedexta 17. Makena (1) **Drug Rebate Agreements** The Commonwealth is in compliance with section 1927 of the Social 1. Security Act. The state will cover drugs of federal rebate participating manufacturers. The state is in compliance with reporting requirements for utilization and restrictions to coverage. Pharmaceutical manufacturers can audit utilization data. The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate involcing and verification. The Commonwealth will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates. A rebate agreement between the state and a drug manufacturer for drugs provided to Medicaid recipients, submitted to CMS on October 1, 2005, and entitled State of Pennsylvania Department of Public Welfare Supplemental Repate Agreement" has been authorized by CMS. The Commonwealth will continue state-specific supplemental rebates Note: See the revised Drug and will also participate in a multi-state pooling program that will negotiate supplemental Rebate approval letter from rebates in addition to federal rebates provided for in Title XIX. This mutil-state pooling program is know as The Optimal PDL Solution (TOP\$^{4m}). TOP\$^{4m} rebate agreements will be separate from the federal rebates. TOP\$^{4m} supplemental rebates received by the CMS (dated 3/2/10) and the full agreement text at the end of this section by Commonwealth in excess of those required under the federal drug rebate agreement will clicking here. be shared with the federal government on the same percentage basis as applied under the federal rebate agreement. CMS has authorized the state of Pennsylvania to enter into "The Optimal PDL Solution (TOP\$***)." The TOP\$*** supplemental rebate agreement was authorized by CMS on 3/13/2007 and is effective January 1, 2007 for the state of Pennsylvania. TN# 11-014 MAR 0 5 2012 Supersedes Effective Date___ August 8, 2011 Approval Date TN# 11-010