

# **Pennsylvania State Plan Amendment (SPA) 13-048**

## **Prior Authorization for Pharmacy Services**

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### **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: PA-13-048**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Pharmacy Team Approval Letter
- 3) CMS Form 179/Summary Form (with 179-like data)
- 4) 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 #121820134059

**DEC 19 2013**

Beverly Mackereth, Secretary  
Department of Public Welfare  
Room 333, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, Pennsylvania 17105-2675

Dear Secretary Mackereth:

The Centers for Medicare & Medicaid Services (CMS) is pleased to inform you of the approval of Pennsylvania State Plan Amendment (SPA) 13-048, Prescribed Drugs-Limitations which was submitted to update the Pennsylvania State Plan and make changes to prior authorization for pharmacy services by the addition of Vecamyl to the list of drugs that require prior authorization.

The effective date of this amendment is December 2, 2013. This SPA was approved by the CMS Pharmacy Team on December 6, 2013. You should have received a letter from Larry Reed, Director of the Division of Pharmacy.

Enclosed are copies of the approved SPA pages and the signed CMS-179 form. If you have any questions regarding this amendment, please contact Mary McKeon, of my staff at 215-861-4181.

Sincerely,

/s/

FRANCIS J. MCCAMOUGH  
Associate Regional Administrator

Enclosures

cc: Daniel Sorge, DPW, Bureau of Policy, Analysis and Planning  
Terry Simananda, Division of Pharmacy

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



**Disabled & Elderly Health Programs Group**

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December 6, 2013

Ms. Beverly Mackereth  
Secretary of Public Welfare  
Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Medical Assistance Programs  
Bureau of Policy, Analysis and Planning  
Health & Welfare Building  
P.O. Box 8046  
Harrisburg, PA 17105-2675

Dear Ms. Mackereth:

We have reviewed Pennsylvania State Plan Amendment (SPA) 13-048, Prescribed Drugs - Limitations, received in the Regional Office on November 12, 2013. This amendment proposed to add Vecamyl to the list of drugs that require prior authorization.

We are pleased to inform you that the amendment is approved, effective December 2, 2013. A copy of the CMS-179 form, as well as the pages approved for incorporation into the Pennsylvania state plan, will be forwarded by the Philadelphia Regional Office. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

Larry Reed  
Director  
Division of Pharmacy

cc: Francis McCullough, ARA, Philadelphia Regional Office  
Mary McKeon, Philadelphia Regional Office



**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
13-048

2. STATE  
Pennsylvania

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
December 2, 2013

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE 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 1927 of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$0.00  
b. FFY 2015 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 5eb of Attachment 3.1.A

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

Page 5eb of Attachment 3.1.A

10. SUBJECT OF AMENDMENT:  
Prescribed Drugs - Limitations

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

OTHER, AS SPECIFIED: Review and  
approval authority has been delegated to  
the Department of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:  
Beverly D. Mackereth

14. TITLE:  
Secretary of Public Welfare

15. DATE SUBMITTED: NOV 12 2013

16. RETURN TO:

Commonwealth of Pennsylvania  
Department of Public Welfare  
Office of Medical Assistance Programs  
Bureau of Policy, Analysis and Planning  
P.O. Box 8046  
Harrisburg, Pa. 17105

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

DEC 06 2013

19. EFFECTIVE DATE OF APPROVED MATERIAL:

DEC 02 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Francis McCullough

22. TITLE:

Associate Regional Administrator

23. REMARKS:



SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u>	
12.a. Prescribed Drugs (continued)	<p><u>Limitations on Payment</u></p> <p>3. Drugs not included on the Preferred Drug List, and designated as non-preferred.</p> <p>4. Reserved</p> <p>5. Reserved</p> <p>6. Synagis</p> <p>7. Xolair</p> <p>8. Tysabri</p> <p>9. Early Refills – a request for a refill when more than 15 percent of an earlier-dispensed medication would remain when taken in compliance with the directions and quantity prescribed.</p> <p>10. Reserved</p> <p>11. Legend and non-legend cough and cold medications when prescribed for children under 6 (six) years of age.</p> <p>12. Reserved</p> <p>13. Reserved</p> <p>14. Benzodiazepines when prescribed for children under age 21 or that represents duplicate therapy.</p> <p>15. Reserved</p> <p>16. Nuedexta</p> <p>17. Makena</p> <p>18. Xyrem</p> <p>19. Kalydeco</p> <p>20. Korlym</p> <p>21. H.P. Acthar Gel</p> <p>22. Vecamyl</p> <p>(f) Drug Rebate Agreements</p> <p>1. The Commonwealth is in compliance with section 1927 of the Social 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 invoicing and verification.</p> <p>2. The Commonwealth will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the Commonwealth and a pharmaceutical manufacturer will be separate from the federal rebates.</p> <p>3. CMS authorized a rebate agreement between the Commonwealth and a drug manufacturer for drugs provided to Medicaid recipients, "TOP\$<sup>sm</sup> The Optimal PDL Solution State Supplemental Rebate Agreement Among Participating Medicaid Programs Provider Synergies, L.L.C. and (Manufacturer)".</p> <p>4. The Commonwealth will continue state-specific supplemental rebates and will also participate in a multi-state pooling program that will negotiate supplemental rebates in addition to federal rebates provided for in Title XIX. This multi-state pooling program is known as The Optimal PDL Solution (TOP\$<sup>sm</sup>). TOP\$<sup>sm</sup> rebate agreements will be separate from the federal rebates. TOP\$<sup>sm</sup> supplemental rebates received by the Commonwealth 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.</p> <p>5. CMS has authorized the Commonwealth of Pennsylvania to enter into "The Optimal PDL Solution (TOP\$<sup>sm</sup>)." The TOP\$<sup>sm</sup> supplemental rebate agreement is effective October 1, 2013 for the Commonwealth of Pennsylvania.</p>

TN# 13-048  
 Supersedes  
 TN# 13-023

Approval Date DEC 06 2013

Effective Date: December 2, 2013