

STATE	Texas	A
DATE REC'D	2-1-12	
DATE APPV'D	4-26-12	
DATE EFF	1-1-12	
HLFA 179	12-03	

12a. Prescribed Drugs, continued.

- d) A program benefit offered by the manufacturer or labeler of the drug partially or wholly in lieu of a supplemental rebate and accepted by the state; and
- e) Written evidence offered by a manufacturer or labeler supporting the inclusion of a product on the PDL.

The state will examine information from any or all of these sources when considering the drugs to be included in the PDL.

The state will only include on the PDL drugs provided by a manufacturer or labeler that: (1) has reached an agreement with the state for supplemental rebates for drugs provided to Medicaid recipients, or for program benefits in lieu of supplemental rebates; or (2) has not reached an agreement for supplemental rebates, if the state determines that inclusion of the drug on the PDL will have no negative cost impact. Manufacturers or labelers that offer a program benefit must first have a supplemental rebate agreement.

F. Supplemental Medicaid Drug Rebate Agreement: Pursuant to Section 1927 of the Act, the state has the following policies for Medicaid supplemental rebates and program benefits:

- a) A model agreement between the state and a drug manufacturer for drugs provided to the Medicaid population, submitted to CMS on February 1, 2012, and entitled "Texas Health and Human Services Commission, Title XIX Vendor Drug Program, Supplemental Rebate Agreement," has been authorized by CMS.
- b) Supplemental rebates received by the state 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) A model program benefit agreement between the state and the drug manufacturer for program benefits provided to the Medicaid program, submitted to CMS on February 1, 2012, and entitled "Texas Health and Human Services Commission Title XIX Vendor Drug Program Benefit Agreement" has been authorized by CMS.
- d) Program benefits will consist of benefits, services, or expenditures that the state would otherwise bear under its state plan as medical or administrative expense.

TN: 12-03 Approval Date: 4-26-12 Effective Date: 1-1-12
Supersedes TN: 09-39

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