

10. Prior approval is required for all dental care except preventive prophylactic and other routine dental care services and supplies.

12a. Prior authorization or dispensing validation is required for some prescription drugs. The State has established a preferred drug program with prior authorization for drugs not included on the preferred drug list. The prior authorization complies with the requirements of Section 1927 (d)(5) of the Social Security Act and provides for a 24-hour turnaround by either telephone or other telecommunications device from receipt of request and provides for a 72-hour supply of drugs in emergency circumstances. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health. Prior authorization is required for a generic equivalent of a brand name drug, including a generic equivalent that is on the preferred drug list or the clinical drug review program, when the net cost of the brand-name drug, after consideration of all rebates, is less than the cost of the generic equivalent.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. Outpatient drugs of any manufacturer which has entered into and complies with a rebate agreement under Sections 1902(a) (54) and 1927 (a) of the Act with the Centers for Medicare and Medicaid Services (CMS) which are prescribed for a medically accepted indication. All drugs covered by the National Drug Rebate Agreements remain available to Medicaid beneficiaries, although some may require prior authorization. Drugs for the treatment of erectile dysfunction, as set forth in 42 U.S.C. § 1396r-8(d)(2)(K), are not a covered service, on and after April 1, 2006, unless such drugs are used to treat conditions other than sexual or erectile dysfunction and these uses have been approved by the Food and Drug Administration.

2. Supplemental Rebate Programs

The State is in compliance with Section 1927 of the Social Security Act. The State has the following policies for the Supplemental Rebate Programs for the Medicaid population.

a) CMS has authorized the State of New York to enter into the National Medicaid Pooling Initiative (NMPI) for drugs provided to Medicaid beneficiaries. The NMPI Supplemental Rebate Agreement (SRA) and the Amendment to the SRA submitted to CMS on March 30, 2006 have been authorized for pharmaceutical manufacturers' existing agreements through their current expiration dates. The updated NMPI SRA submitted to CMS on March 20, 2008 has been authorized for renewal and new agreements with pharmaceutical manufacturers for drugs provided to Medicaid beneficiaries.

b) CMS has authorized the State of New York to enter into Medicaid State-specific Supplemental Rebate Agreement directly with manufacturers to receive supplemental rebates of covered outpatient drugs for Medicaid beneficiaries. The State-specific Supplemental Rebate Agreement was submitted to CMS on March 31, 2010 and has been authorized by CMS.

[b)] c) The prior authorization process complies with the requirements of Section 1927 of the Social Security Act and provides for a 24-hour turn-around response by either telephone or telecommunications device from the receipt of a prior authorization request. In emergency situations, providers may dispense a 72-hour supply of medications.

[c)] d) The terms of the supplemental rebate programs apply only to covered outpatient drugs for which the State is eligible for federal financial participation. Supplemental rebates received by the State in excess of those required under the National Drug Rebate Program will be shared with the Federal Government on the same percentage basis as applied under the National Drug Rebate Agreement.

[d)] e) Any [contracts] Supplemental Rebate Agreement not [approved] authorized by CMS will be submitted to CMS for [approval] authorization.

[e)] f) All drugs covered by the programs will comply with the provisions of the national drug rebate agreement.

3. Any changes to the NMPI Supplemental Rebate Agreement must be submitted to CMS for [approval] authorization. Any changes to the State-specific Supplemental Rebate Agreement NY State holds directly with the manufacturer must be submitted to CMS for authorization.

4. As provided by the Act, a new drug manufactured by a company which has entered into a rebate agreement may be covered subject to prior approval, unless the drug is subject to the allowable exclusion categories provided by the Act.

5. As specified in Section 1927(b)(3)(D) of the Act, notwithstanding any other provisions of law, rebate information disclosed by a manufacturer shall not be disclosed by the state for purposes other than rebate invoicing and verification.

TN#: 10-10

Approval Date: SEP 29 2010

Supersedes TN#: 09-52

Effective Date: JAN 01 2010

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  - (b) c) The prior authorization process complies with the requirements of Section 1927 of the Social Security Act and provides for a 24-hour turn-around response by either telephone or telecommunications device from the receipt of a prior authorization request. In emergency situations, providers may dispense a 72-hour supply of medications.
  - (c) d) The terms of the supplemental rebate programs apply only to covered outpatient drugs for which the State is eligible for federal financial participation. Supplemental rebates received by the State in excess of those required under the National Drug Rebate Program will be shared with the Federal Government on the same percentage basis as applied under the National Drug Rebate Agreement.
  - (d) e) Any [contracts] Supplemental Rebate Agreement not [approved] authorized by CMS will be submitted to CMS for [approval] authorization.
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