

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



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

April 12, 2017

Ms. Ann Berg
Deputy Medicaid Director
Minnesota Department of Human Services
P.O. Box 64998
St. Paul, MN 55164-0998


Dear Ms. Berg:

We have reviewed Minnesota's State Plan Amendment (SPA) 17-0004, Prescribed Drugs, received in the Chicago Regional Office on February 2, 2017. This amendment proposes to update the state plan to include utilization from participating MCOs for supplemental drug rebates for direct-acting antivirals for the treatment of hepatitis C.

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 17-0004 is approved with an effective date of January 1, 2017. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Minnesota state plan will be forwarded by the Chicago Regional Office.

If you have any questions regarding this amendment, please contact Lisa Ferrandi at (410) 786-5445 or lisa.ferrandi@cms.hhs.gov.

Sincerely,



Meagan T. Khau
Deputy Director
Division of Pharmacy

CC: Ruth Hughes, ARA, CMS, Chicago Regional Office
Sandra Porter, CMS, Chicago Regional Office
Sean Barrett, Minnesota Department of Human Services

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2017

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TN: 17-04

Approved: 4-12-17

Supersedes: 13-10 (13-02, 12-19, 08-01, 05-09, 04-09, 03-36)

12.a. Prescribed drugs. (continued)

Prior Authorization:

A. The following requirements, found in §1927(d)(5) of the Act, are met:

- The prior authorization program provides a response by telephone or other telecommunication device within 24 hours of a request.
- The prior authorization program provides for the dispensing of at least a 72-hour supply of a covered drug in an emergency situation (except for those drugs that are excluded or restricted from coverage, as noted above).

B. Prior authorization, for a period of not more than 180 days, may automatically be required for drugs approved by the FDA on or after July 1, 2005. The 180-day period begins no later than the first day that a drug is available for shipment to pharmacies within Minnesota. The Department's Drug Formulary Committee will establish general authorization criteria to be used during the 180-day period.

C. Based on the requirements in §1927, the State has the following policies for the supplemental drug rebate program for Medicaid recipients:

1. CMS has authorized the State of Minnesota to enter into the Michigan Multi-State Pooling Agreement (MMSPA) also referred to as 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 April 30, 2004 have been authorized for pharmaceutical manufacturers' existing agreements through their current expiration dates. The updated NMPI SRA effective for January 1, 2017, has been authorized for renewal and new agreements with pharmaceutical manufacturers for drugs provided to Medicaid beneficiaries.
2. Supplemental drug 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 drug rebate agreement.
3. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: January 1, 2017

Page 45f

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