

## **Center for Medicaid and CHIP Services**

Disabled and Elderly Health Programs Group

March 21, 2019

Mari Cantwell, State Medicaid Director Department of Health Care Services P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413

Dear Ms. Cantwell:

We have reviewed California State Plan Amendment (SPA) 19-0008, received in the San Francisco Regional Office on February 13, 2019. This amendment proposes to revise the state's Supplemental Drug Rebate Agreement template. The template updates the term Estimated Acquisition Cost (EAC) with Actual Acquisition Cost (AAC).

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 19-0008 is approved with an effective date of January 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the California state plan will be forwarded by the San Francisco Regional Office.

If you have any questions regarding this amendment, please contact Mickey Morgan at (410) 786-4048 or mickey.morgan@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph. Director Division of Pharmacy

CC:

Harry Hendrix, Chief, Pharmacy Benefits Division Richard C. Allen, Director, Western Regional Operations Group Trudi Balestreri, Project Manager Pharmacy Benefits Division Cheryl Young, CMS San Francisco Regional Office

FORM APPROVED OMB No. 0938-0193

	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1 9 — 00 0 8	California
	3. PROGRAM IDENTIFICATION:	
	Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2019	
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 AMEN	DMENT (Separate transmittal for each an	nendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2018/2019 <u>\$</u> 0	
42 CFR Part 447 Subpart I – Payment for Drugs	b. FFY <u>2019/2020 <b>\$</b></u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Supplement 2 to Attachment 4.19-B, page 11	Supplement 2 to Attachment 4.19-B, page 11	
	Supplement 2 to Attachment	4.19-D, page 11
10. SUBJECT OF AMENDMENT		
Modify the Net Cost Supplemental Drug Rebate Contract	t template to replace the term E	Estimated
Acquisition Cost (EAC) with Actual Acquisition Cost (AA	• •	
11. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	B. RETURN TO	
D	epartment of Health Care Servi	ices
	n: Director's Office	
	D. Box 997413, MS 0000	
	cramento, CA 95899-7413	
State Medicaid Director		
15. DATE SUBMITTED February 13, 2019		
FOR REGIONAL OFF	ICE USE ONLY	
	B. DATE APPROVED	
	March 21, 2019	
PLAN APPROVED - ONE COPY ATTACHED		
	. SIGNATURE OF REGIONAL OFFICIAL	-
January 1, 2019		
21. TYPED NAME 22	TITLE	
Richard C. Allen	Director, Regional Operations Group	
23. REMARKS	-	
For Box 11 "Other, As Specified," Please note: The Gov	ernor's Office does not wish to	review the State
Plan Amendment.		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: California METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -PRESCRIBED DRUGS

## DRUG REBATE PROGRAM

The State Agency is in compliance with Section 1927 of the Social Security Act. The State Agency reimburses providers of drugs of manufacturers participating in the drug rebate program and is in compliance with reporting requirements for utilization and restrictions to coverage. Pharmaceutical manufacturers can audit utilization data to the extent allowed under the Health Insurance Portability and Accountability Act (HIPAA) in order to ensure that the Department is protecting information in accordance with HIPAA. The unit rebate amount is confidential and is not disclosed to anyone not entitled to the information for purposes of rebate contracting, invoicing and verification.

## SUPPLEMENTAL REBATE PROGRAM

The State Agency negotiates supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer are separately identified from the federal rebates.

Supplemental rebates received by the State Agency in excess of those required under the national drug rebate agreement are shared with the Federal government on the same percentage basis as applied under the national rebate agreement. CMS has authorized the State of California to enter into the Medi-Cal Supplemental Drug Rebate Average Manufacturer Price (AMP) Agreement. This supplemental drug rebate agreement was submitted to CMS on December 1, 2014 and has been authorized by CMS. CMS has also authorized the State of California to enter into the Medi-Cal Net Cost Supplemental Drug Rebate Agreements. This supplemental drug rebate agreement was submitted to CMS on February 13, 2019 and has been authorized by CMS. All drugs covered by the program, notwithstanding a prior authorization agreement, will comply with the provisions of the national drug rebate agreement.