

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 3

12. a. Nevada Medicaid will meet all reporting and provision of information requirements of Section 1927(b)(2) and the requirements of subsections (d) and (g) of Section 1927.

The State assures that the State will not provide reimbursement for an innovator multi-source drug, subject to the Federal Upper Limits (42 CFR 447.332(a)), if, under applicable State law, a less expensive non-innovator multi-source drug could have been dispensed.

1. Payment for multi-source drugs shall be the lowest of (a) Federal Upper Limit (FUL) as established by the Centers for Medicare and Medicaid Services (CMS) for listed multi-source drugs plus a professional dispensing fee of \$10.17 per prescription; (b) State Maximum Allowable Cost (MAC) plus a professional dispensing fee of \$10.17 per prescription; (c) Actual Acquisition Cost (AAC) plus a professional dispensing fee of \$10.17 per prescription; or (d) the ~~pharmacist's provider's submitted~~ usual and customary charge.
2. Payment for covered outpatient drugs other than multi-source drugs shall not exceed the lower of (a) AAC plus a professional dispensing fee of \$10.17 per prescription; or (b) the pharmacist's usual and customary charge to the general public.
3. Actual Acquisition Cost (AAC) is defined by Nevada Medicaid as the Agency's determination of the actual prices paid by pharmacy providers to acquire drug products marked or sold by specific manufacturers and is based on the National Average Drug Acquisition Cost (NADAC). Wholesale Acquisition Cost (WAC) + 0% will be offered for those drugs not available on NADAC, plus a professional dispensing fee of \$10.17 per prescription.
4. A generic drug may be considered for MAC pricing if there are two or more therapeutically equivalent, multi-sources, non-innovator drugs with a significant cost difference. The MAC will be based on drug status (including non-rebatable, rebatable, obsolete, therapeutic equivalency ratings) marketplace availability and cost. The obsolete drug status will be taken into account to ensure that the MAC pricing is not influenced by the prices listed for obsolete drugs. The MAC will be based on drug prices obtained from a nationally recognized comprehensive data file maintained by a vendor under contract with the Department.
5. Ingredient cost reimbursement for 340B covered entities shall be the lowest of (a) AAC, or (b) the 340B ceiling price. A professional dispensing fee of \$10.17 will also be paid.
6. Drugs acquired through the federal 340B drug pricing program and dispensed by 340B contract pharmacies are not covered.
7. For drugs that are purchased outside the 340B program, the ingredient cost reimbursement will be based on AAC plus a professional dispensing fee of \$10.17 per prescription.
8. For drugs purchased through the Federal Supply Schedule (FSS), the ingredient cost reimbursement is based on AAC plus a professional dispensing fee of \$10.17 per prescription.

TN No.: ~~17-00421-0006~~
~~2017~~ July 1, 2021

Approval Date: ~~July 21, 2017~~

Effective Date: ~~April 1,~~

Supersedes

TN No.: ~~14-01017-004~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 3 (Continued)

9. For drugs acquired at a nominal price (outside of 340B or FSS), the ingredient cost reimbursement is based on AAC plus a professional dispensing fee of \$10.17 per prescription.
10. Providers that are approved to be reimbursed through an encounter rate(s) meet AAC requirements.
11. ~~Reimbursement for~~ drugs ~~(such as specialty drugs)~~ not distributed by a retail community pharmacy, and distributed primarily through the mail, the ingredient cost reimbursement is based on AAC plus a professional dispensing fee of \$10.17 per prescription.
 - a. ~~Reimbursement for specialty pharmacies is WAC – 2%. A professional dispensing fee does not apply.~~
12. For drugs (such as a long-term care facility drugs) not distributed by a retail community pharmacy, the ingredient cost reimbursement will be based on AAC plus a professional dispensing fee of \$10.17 per prescription.
13. For ~~p~~Physician-~~a~~Administered ~~d~~Drugs, the ingredient cost reimbursement shall be the lowest of (a) MAC; (b) AAC; or (c) the ~~physician's-provider's submitted~~ usual and customary charge.
 - a. For 340B physician-administered drugs, the ingredient cost reimbursement will be the lowest of (a) AAC or (b) 340B ceiling price.
14. ~~Reimbursement for~~ clotting factor drugs ~~dispensed by specialty pharmacies is WAC – 2%. A professional dispensing fee does not apply. If pricing cannot be accessed within the Specialty Pharmacy Drug Program, the,~~ ingredient cost reimbursement will be the lowest of AAC plus a professional dispensing fee of \$10.17 per prescription, or the pharmacist's usual and customary charge.
 - a. For clotting factor drugs provided by 340B entities, the ingredient cost reimbursement will be the lowest of (a) AAC, or (b) 340B ceiling price, plus a professional dispensing fee of \$10.17 per prescription.
15. Out-of-state providers will be reimbursed a professional dispensing fee of \$10.17 per prescription.
16. The state of Nevada does not cover investigational drugs.

TN No.: ~~17-00421-0006~~
2017 July 1, 2021

Approval Date: July 21, 2017

Effective Date: April 1,

Supersedes

TN No.: NEW17-004