



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

July 21, 2020

Luz E. Cruz Romero  
Medicaid Director  
Puerto Rico Medicaid Program  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, PR 00936-8184

Dear Ms. Romero:

The CMS Division of Pharmacy team has reviewed Puerto Rico's State Plan Amendment (SPA) 20-0008 received in the CMS Division of Program Operations on June 29, 2020. This SPA proposes to allow Puerto Rico to cover MAVYRET, a Hepatitis C drug, through their fee-for-service (FFS) program with the following reimbursement rates:

Independent Pharmacies	AWP -17.50%	\$2.50 dispensing fee
Hospital and CDT Pharmacies	AWP -17.50%	\$2.50 dispensing fee
National Chain Pharmacies	AWP -18%	\$1.75 dispensing fee

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0008 is approved with an effective date of June 1, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Puerto Rico's state plan will be forwarded by the CMS Division of Program Operations.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or [charlotte.amponsah@cms.hhs.gov](mailto:charlotte.amponsah@cms.hhs.gov).

Sincerely,

/s/

John Coster, PhD, R.Ph.,  
Director  
Division of Pharmacy

cc: James G. Scott, Division Director, CMS Division of Program Operations  
Ivelisse Salce, CMS Division of Program Operations - East Branch

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES (CMS)</b>	1. TRANSMITTAL NUMBER <b>PR-20-0008</b>	2. STATE Puerto Rico
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare & Medicaid Services (CMS) Department of Health and Human Services (HHS)	4. PROPOSED EFFECTIVE DATE <b>June 1, 2020</b>	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION Section 1905 (a) of the Social Security Act 42 CFR Part 440	7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> (3 quarters)      \$ <u>12,540,945</u> b. FFY <u>2021</u> \$ <u>25,721,979</u> <b>See Actuarial Certification for SPA PR-20-0001.</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 1a
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10. SUBJECT OF AMENDMENT  
**Hepatitis C Covered Drug: Reimbursement to the Pharmacy Providers**

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 	16. RETURN TO  LUZ E. CRUZ-ROMERO EXECUTIVE DIRECTOR PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184
13. TYPE NAME Luz E. Cruz-Romero	
14. TITLE EXECUTIVE DIRECTOR	
15. DATE SUBMITTED <b>June 29, 2020</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 29, 2020	18. DATE APPROVED July 21, 2020
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations
23. REMARKS	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: PUERTO RICOMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER  
TYPES OF CARE OR SERVICES

## 5. Dental Services:

Limited to services provided in public facilities, including contract facilities.  
Reimbursement as part of an all-inclusive out-patient hospital or clinic rates.

## 6. Prescribed Drugs and Medical and Supplies:

Reimbursement on the basis of an all-inclusive out-patient hospital or clinic rates.

Hepatitis C Covered Drug:

The reimbursement to the pharmacy providers is based on Average Wholesale Price (AWP) – Discount Fee plus dispensing fee.

Drug Name	GPI Name	Average Wholesale Price (AWP) – Discount Fee		
		Independent Pharmacies	Hospitals and CDT's Pharmacies	National Chains Pharmacies
Mavyret	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	17.50%	17.50%	18.00%

Drug Name	GPI Name	Dispensing Fee		
		Independent Pharmacies	Hospitals and CDT's Pharmacies	National Chains Pharmacies
Mavyret	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	\$2.50	\$2.50	\$1.75

## 7. Clinical Services:

Reasonable cost as specified in Federal Regulation 42 CFR 250.30 (B) (3) (ii).

There is an all-inclusive rate for services provided in governmental medical installations including contract facilities.