

## Connecticut Department of Social Services Medical Assistance Program www.ctdssmap.com

Provider Bulletin 2016-09 March 2016

**TO:** Pharmacy Providers

**RE:** Notification of Federal Upper Limit Changes

Effective on April 1, 2016, the Connecticut Medical Assistance Program (CMAP) will utilize the Federal Upper Limit (FUL) file published by the Centers for Medicare and Medicaid Services (CMS) for reimbursement of multiple source prescription drugs. This change is pursuant to the Affordable Care Act and requirements of §447.512(b) of the final regulation pertaining to Medicaid reimbursement for covered outpatient drugs.

CMS plans to finalize the FULs in late March, 2016. Those FULs will become effective on April 1, 2016, the date the final rule takes effect. FULs will be updated monthly thereafter on the Medicaid.gov Web site, and will become effective on the first day of the month following the publication of the update.

CMS has released a revised Methodology and Data Elements Guide that explains the FUL calculation, available on the Medicaid.gov Web site at <a href="http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Federal-Upper-Limits.html">http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Federal-Upper-Limits.html</a>.

As a reminder, prescription drugs reimbursed under the FUL are <u>not</u> eligible for reimbursement modification under the State of CT Maximum Allowable Cost (MAC) program.

For further information, Please contact the Provider Assistance Center at 1-800-842-8440.