

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: **DELAWARE** LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

**12.a Prescribed Drugs Continued:**

**Supplemental Rebate Agreements Continued**

Supplemental rebate agreements are unique to each state. The Centers for Medicare and Medicaid Services {CMS} has authorized the April 7, 2005, December 20, 2005, and December 10, 2013 versions of the "Delaware State Supplemental Rebate Agreement." These agreements were effective for drugs dispensed prior to July 1, 2016.

CMS has authorized Delaware to enter into "The Sovereign States Drug Consortium {SSDC}" Medicaid multi-State purchasing pool. The supplemental rebate agreement submitted to CMS on July 1, 2016 amends the December 10, 2013 version of the "Delaware State Supplemental Drug Rebate Agreement" authorized under Transmittal Number SPA #15-001. CMS has authorized this amended version of the "Delaware State Supplemental Drug Rebate Agreement" and the January 1, 2015 addendum to this agreement, entitled "Sovereign States Drug Consortium, Addendum to Member States Agreements". This agreement and the Addendum apply to drugs dispensed beginning July 1, 2016.

The State may enter into value-based contracts with manufacturers on a voluntary basis. These contracts will be executed on the model agreement entitled "Value-Based Supplemental Rebate Agreement" submitted to CMS and authorized for use beginning 10/1/23.

In addition the State has the following policies for the supplemental rebate program for the Medicaid population:

1. Funds received from supplemental rebate agreements will be reported to CMS. The state will remit the federal portion of any supplemental rebates collected.
2. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.
3. The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927(b)(3)(D) of the Social Security Act.
4. The State of Delaware's Division of Medicaid and Medical Assistance {DMMA} may require prior authorization for covered outpatient drugs. Non-preferred drugs are available with prior authorization.
5. The prior authorization process for covered outpatient drugs will conform to the provisions of section 1927(d)(5) of the Social Security Act.

TN No. SPA #

Approval Date

Supersedes

TN No. SPA #16-006

Effective Date October 1, 2023