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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0003-B

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

Center for Medicaid and CHIP Services

Medicaid Benefits and Health Programs Group

March 13, 2024

Traylor Rains
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

re: Oklahoma State Plan Amendment (SPA) 24-0003-B

Dear Traylor Rains:

The CMS Division of Pharmacy team has reviewed Oklahoma's SPA24-0003-B, received in the CMS Division of Program Operations on January 31, 2024. This amendment proposes to replace instances of the term "Naloxone" with the broader term "opioid overdose reversal agent" as newer products of the class become available.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you OK-24-0003-B is approved with an effective date of March 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Oklahoma's state plan.

If you have any questions regarding this state plan amendment, please contact Desiree Elekwa Izuakor at 667-290-9590 or desiree.elekwaizuakor@cms.hhs.gov.

Sincerely,

[redacted]

Cynthia R. Denemark, R.Ph.
Director, Division of Pharmacy

cc: Heather Cox, Oklahoma Health Care Authority
Kasie McCarty, Oklahoma Health Care Authority
Sandra Puebla, Oklahoma Health Care Authority
Stacey Steiner, Oklahoma State Lead, CMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 24 — 0 0 0 3B

2. STATE: OK

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
SSA 1916, SSA 1916A, 42 CFR 447.50 through 57

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $ 0.00
b. FFY 2025 $ 0.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 5a-1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Page 5a-1; TN #20-0009A

9. SUBJECT OF AMENDMENT

State Plan amendment to replace instances of the term "Naloxone" with the broader term "opioid overdose reversal agent" as newer products of the class come available.

10. GOVERNOR'S REVIEW *(Check One)*

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
- ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- ☑ OTHER, AS SPECIFIED:
  The governor's office does not review state plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Traylor Rains

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
January 31, 2024

15. RETURN TO
Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

cc: Kasie McCarty; Heather Cox

FOR CMS USE ONLY

16. DATE RECEIVED
January 31, 2024

17. DATE APPROVED
March 13, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2024

19. [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Cynthia R. Denemark, R.Ph.

21. TITLE OF APPROVING OFFICIAL
Director, Division of Pharmacy

22. REMARKS

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

12a. **Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

Prescription Drugs

Payment:
Payment is made from Title XIX funds to pharmacies with whom the Agency has a contract on behalf of categorically needy recipients up to a maximum of six (6) prescriptions (new or refill) with a limit of two (2) brand name per month per eligible recipient. A brand limit override is available for one additional brand prescription based on medical necessity and established criteria. The policy regarding the monthly two (2) brand name limitation and the one (1) brand limit override is effective January 1, 2012.

Exceptions:
(1) For persons served by a 1915(c) home and community based services waiver, payment is made from Title XIX funds for up to a maximum of six (6) prescriptions (new or refill) with a limit of three (3) brand name per month per eligible recipient.

(2) Prescription drugs under EPSDT, antineoplastics, antiretroviral agents for persons diagnosed with acquired immune deficiency syndrome (AIDS)/human immunodeficiency virus (HIV), certain prescriptions which require frequent monitoring, contraceptives, drugs used for medication assisted treatment, opioid overdose reversal agents, prenatal vitamins, drugs used for tobacco cessation products, and hemophilia drugs are not limited to either the six (6) prescriptions per month or the two (2) brand name drugs per month limit.

Limitations:
(1) Prescription quantities are limited to a 34-day supply unless (1) the medication is included in the Maintenance Drug List, in which case, a 90-day supply may be dispensed or (2) the drug has a recommended dispensing quantity less than either of those limits. Drug classes listed on the Maintenance Drug List include anticoagulation, asthma, diabetic, hormone, cardiovascular, thyroid, and seizure. A complete list of the selected drugs included on the Maintenance Drug List can be viewed on the agency's website at www.okhca.org.

(2) Some prescription drugs may require prior authorization as determined by the Drug Utilization Review Board (DUR).

(3) Only prescription drugs whose manufacturers have a rebate agreement with CMS are covered.

(4) Investigational drugs are not covered, including FDA approved drugs being used in post-marketing studies.

Prior Authorization

The prior authorization process provides for a response by telephone or other telecommunications device within 24 hours of receipt of a completed prior authorization request. In emergency situations, providers may be reimbursed for a 72-hour supply of medication.